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An Occupational Therapist's Manual for Animal Assisted Therapy with Emotionally Distrubed Adolescents

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AN OCCUPATIONAL THERAPIST'S MANUAL FOR ANIMAL
ASSISTED THERAPY WITH EMOTIONALLY DISTURBED ADOLESCENTS

by

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This Scholarly Project Paper, submitted by Ann Marie Bilek and Hannah Osborne in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Faculty Advisor

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ABSTRACT

According to the comprehensive literature review, animals are currently being used as an effective tool during therapy and have been reported to promote improvement with communication, behaviors, quality of life, and self esteem of different treatment populations. Since emotionally disturbed adolescents often lack appropriate skills in the areas of communication, social interactions, self-esteem, independence, and boundaries, it can be challenging for occupational therapists to provide opportunities for development of these skills. Animal assisted therapy may be a tool that can assist in bridging the gap between the adult therapist and emotionally disturbed adolescents and provide a medium to promote skill development. This scholarly project addresses current evidence in the literature supporting the use of animal assisted therapy, as well as discussing limitations, and provides guidance for occupational therapists considering the use of animal assisted therapy in practice with adolescent populations. The Model of Human Occupation was used to provide recommended assessment tools, as well as to develop treatment activities and resources.

CHAPTER I

INTRODUCTION

Developing the skills and ability to regulate emotional states is important during typical adolescence. If skills and abilities are deficient, adolescents with emotional disorders often go on to experience serious psychopathology in adulthood. According to Ewing, MacDonald, Taylor, and Bowers (2007) having effective and positive intervention during adolescence is imperative to emotional growth. By using animals as positive influences, occupational therapy sessions may be able to effectively address skill areas such as independence, boundaries, social skills, communication, and self-esteem with adolescent populations.

Animal assisted therapy (AAT) has been used since the 1700's (as cited in Hooker, Freeman-Holbrook, & Stewart, 2002) and is still used today throughout the United States. Using animals as a therapeutic medium have been found to improve physical health, psychological well-being, academic achievement, and social interactions with young children (Jalongo, Astorino, & Bomboy, 2004). Adolescents have shown improvement in the areas of boundaries, expression of emotions, coping skills, depression, and anxiety (Bardill & Hutchinson, 1997; Ireland, Boustead, & Ireland, 2005).

The purpose of this scholarly project is to provide occupational therapists with the current evidence for AAT, as well as guidance and resources for implementing an AAT program with emotionally disturbed adolescents. The following chapters provide

review of the literature, model used for development of an AAT program, as well as suggested interventions, and treatment activities. Proposed methods for documenting outcomes are provided, areas addressed include skill development and abilities in areas of social interactions, communication, boundaries, self-esteem, and independence. Finally, a user friendly manual is included in the Appendix to offer guidelines for occupational therapists to consider in developing and implementing an AAT program. Included in the Appendix are suggested assessment tools and a group protocol with suggested outlines for group intervention. Materials are also provided in the manual that address hygiene concerns, the Delta Society Dog Certification Program, and information for families regarding purchasing of a pet.

CHAPTER II

LITERATURE REVIEW

Pets have been bringing people and their families comfort, motivation, and relaxation for centuries. Based on this, it is natural that animals can be an effective method of providing therapy to a variety of populations. Animal assisted therapy (AAT) has been used with adolescents (Bardill & Hutchinson, 1997; Ireland, Boustead, & Ireland, 2005); however, this area of study has not been fully researched. Due to the lack of evidence based literature focused on emotionally disturbed adolescents, a holistic approach was used to locate research articles related to animals utilized in therapy.

This literature review addresses the use of AAT with multiple populations and settings. The literature is grouped according to the developmental continuum of children through geriatrics. Each section discusses AAT with different diagnostic populations within the various age groups. Subsequent sections address sanitation, animal well being, culture, and improvements experienced from the incorporation of animals into therapy from the therapist's perspective. Lastly, the Model of Human Occupation is described. This model served as basis in developing the manual and group protocol.

The literature has shown that the terminology for AAT has been used interchangeably with pet therapy, animal assisted activity therapy, equine facilitated learning, pet facilitated therapy, and animal therapy. In the literature review

AAT terms will be used interchangeably according to how the researchers referenced them.

In the initial historical review, Tuke discussed that the first documented use of animals in therapy occurred in 1792 in England. After a tragic death in an insane asylum near York, the treatment methods of the facility were questioned. As a result, a better form of treatment was developed using yard exercise, gardening, rabbits, and birds (as cited in Hooker, Freeman-Holbrook, & Stewart, 2002). Another historical part of animals in therapy has been traced back to Florence Nightingale, a nurse and health statistician, describing the therapeutic benefits of her pet owl (as cited in Hooker et al., 2002).

In 1961, Dr. Boris Levinson documented the beginning of animals being considered for the use of therapy in health care settings. He found that patients could bond with animals which could be used as transitional objects to assist a therapist in treatment. Dr. Levinson was the first person to write about using a dog as a means to assist treatment with a child. The dog's presence with the child was found to be positive and assisted with opening communication, building rapport, decreasing defensiveness, and initiating therapy (as cited in Hooker et al., 2002). Triebenbacher (1998) demonstrated that pets serve roles similarly to those provided by inanimate transitional objects, "...pets offer emotional support, affection, and unconditional love and appear to play an important role in children's emotional well-being in ways similar to transitional objects" (p. 197).

Corson, Corson, Gwynne and Arnold completed a study that documented Ohio State University Psychiatric Hospital in the early 1970's as the first hospital setting to use

animals and collect quantitative data (as cited in Hooker et al., 2002). In the 1980's nursing literature found that long term nursing facilities began to see animals as a means for elderly to fulfill their needs to be loved and needed (as cited in Hooker et al., 2002). Carmack and Fila conducted a study with acute care facilities and observed a decrease in staff, patient, and family stress levels (as cited in Hooker et al., 2002).

In shifting from the historical perspective to current literature, AAT was introduced to children by Martin and Farnum (2002) to measure verbal and behavioral interactions on participants with pervasive developmental disorders (PDD). When children were involved with a live dog versus a stuffed dog or ball, the children gave more treats, had their attention more centered on the dog, initiated more conversation, engaged more with the therapist to inquire about the animal, spoke less about unrelated topics, and were more compliant with requests from the therapist. The study was able to "...provide some tentative support for the efficacy of AAT for children with PDD" (Martin & Farnum, 2002, p. 667).

Pet therapy with both small and large animals has been found to have positive therapeutic results. Sams, Fortney, and Willenbring (2006) found similar results as the outcomes of Martin and Farnum (2002). Children engaged with animals during treatment sessions exhibited an increased amount of social interactions and language use than when they participated in standard treatment sessions. The use of animal therapy with children diagnosed with PDD is useful for practitioners working with this population (Sams et al., 2006).

Research has shown that a wide variety of animals have been used to facilitate therapy, including horses. Equine facilitated learning (EFL) was studied to determine the

effectiveness with at-risk youth with severe emotional disorders (Ewing, MacDonald, Taylor, & Bowers, 2007). The youth participated in structured activities that incorporated grooming, feeding, and individual and group reflections. The goal was to teach skills of cooperation, responsibility, and trust which could then be transferred into daily interactions. The observations and interviews with the therapeutic riding facilitator, special education teacher, and volunteers indicated positive results. One participant was educated on how to care for and groom an animal which was then transferred to her own individual grooming and hygiene without embarrassment. Another participant with a behavioral disorder was paired with two female volunteers to develop esteem and social skills. The participant learned how to use direct communication skills and was successfully mainstreamed into a public school (Ewing et al., 2007).

Animals provide unconditional love and affection not only to children, but adolescents as well. Research has found that hospitalized adolescents showed an improvement in treatment outcomes when animals were in their environment. Bardill and Hutchinson (1997) conducted a study utilizing a free roaming dog on an adolescent psychiatric unit. Adolescents responded positively to the presence of a dog on the unit. The dog provided the adolescents with companionship, positive coping mechanisms, helped calm highly emotional situations, provided unconditional love and sensory input from the soft fur, and gave an opportunity for feeling and touching in an appropriate and loving way. The dog also allowed the adolescents to experience a sense of accomplishment when they taught the dog a new trick (Bardill & Hutchinson, 1997).

The goal of therapy should be geared towards helping adolescents to become functional, independent, and successful in life. Adolescents need to be motivated to

participate in treatment and animals can make this achievable. Ireland et al. (2005) explored coping styles and how these impacted their psychological health of adolescent offenders in a prison setting. Two groups were studied, one was the juvenile offenders with an average age of 16 and the other group was young offenders with an average age of 19. Both groups had committed violent crimes, theft, and drug related crimes. Young offenders reported using more avoidant, emotional, and detached coping skills when compared with juveniles. Juveniles had limited coping skills in comparison to young offenders. Young offenders also had more psychological stress which in turn increased feelings of depression, insomnia, and anxiety. For both young offenders and juveniles, emotional coping predicted an increase in their psychological stress. These results support adolescence as being a critical time for development of coping skills (Ireland et al., 2005).

Turner (2007) found AAT to be therapeutic and beneficial with adult offenders in a prison setting. Outcomes of AAT resulted in a calmer environment, improved self-esteem, social and parenting skills, patience, and an ability to help others. The increase in self-esteem was likely due to the increased responsibilities from the AAT program and the trust instilled from the prison staff members (Turner, 2007).

Barker and Dawson (1998) examined whether AAT sessions reduced anxiety levels of hospitalized psychiatric patients. Patients diagnosed with psychotic and mood disorders as well as other disorders had a significant reduction in anxiety after participating in AAT groups. Animals can be used as a cost effective intervention tool to positively affect patients with multiple diagnoses. It has been shown to improve patients'

quality of life, while being hospitalized for psychiatric illnesses (Barker & Dawson, 1998).

Berget, Skarsaune, Ekeberg, and Braastad (2007) studied adult psychiatric patients and found that a number of skills could be positively enhanced by working with animals on a farm. The patients, diagnosed with schizophrenia, anxiety, and personality disorders, showed the most increase in precision and intensity with work skills. Patients who participated in the farm intervention demonstrated improved self-efficacy, enhanced quality of life, and decreased anxiety. The improvements may be associated with development in patients' overall mental health (Berget et al., 2007).

A positive correlation between dogs and improved living skills was illustrated by Kovacs, Klis, Rozsa, and Rozsa (2004) with institutionalized middle-aged patients diagnosed with schizophrenia. The skills of eating, grooming, domestic activities, money management, health, leisure, transportation, and job seeking skills were analyzed and found to have improvements when a dog was involved with the therapeutic treatment. The therapy dog enhanced patient interactions and encouraged patients to give the dog affection. Simple and complex exercises were performed with the dog which improved participants affect, speech, and communication. When grooming and feeding the dog, group members learned how to care for another living being and the physical activities with the dog improved physical performance of the participants. After a strong animal/human bond was formed, the patients appeared more relaxed and motivated to pursue therapy. A strong bond with a therapeutic dog can be easily achieved through AAT which in turn will improve participation in treatment sessions (Kovacs et al., 2004).

While AAT has shown to be valuable with psychiatric populations, physical disabilities research has been comparable. Camp (2001) examined the experience of physically disabled people who owned service dogs. A theme that emerged was an increase in social participation and all participants described having an increase in activities within the community. Companionship, independence, security, improved self-esteem, skill development, increased social contact, and fun were all areas identified as being beneficial of having a service dog. Additionally, participants shared how owning a service dog assisted them to initiate conversations, make eye contact, and develop relationships while out in public. Personal skills were also developed from having a service dog which included consistency, praise, and the ability to show emotion (Camp, 2001). The study also showed that participants felt the dogs gave them more independence and allowed participation in activities without assistance or adaptive equipment. Not only did the service dogs provide a means to complete tasks, but they met the needs of their owners. By improving social participation, facilitating personal skill development, and providing responsibility, the service dogs promoted occupation and allowed the participants to master their environments. The dogs allowed the participants to shift from feelings of dependence to those of independence (Camp, 2001).

In transitioning into late adulthood, AAT has been shown to increase social participation and decrease aggressive behaviors. A study completed by Falk and Wijk (2008) examined the interactions between older people and caged birds at a hospital. This study produced three main themes which were activity or interaction between the patients and birds, mental experience, and socializing. The patients were observed looking at the birds, expressing curiosity, pointing at the birds, and leaning towards the

cage. The patients' also left their rooms to see the birds and attempted to feed them on different occasions. The mental experience referred to the interaction with the birds, attraction to them, enchantment, and their expression of emotions. Patients made positive remarks about the birds and enjoyed looking at the bright colors. The birds also contributed to the patients smiling and laughing. The socializing theme referred to the subject of conversation. The patients wanted to discuss the birds and make other people aware of them (Falk & Wijk, 2008).

Zisselman, Rovner, Shmueli, and Ferrie (1996) wanted to determine the effects of pet therapy with patients on a geriatric psychiatric unit. Common diagnoses seen at the hospital included depression, dementia, Parkinson's disease, and stroke. During the pet therapy intervention sessions, patients visited with a dog for one hour, fed the dog, discussed their own experiences and memories with pets, and listened to a brief presentation. Self-care, disoriented behavior, depressed or anxious mood, irritableness, and withdrawn behavior were all assessed during the study. All areas evaluated, except for disoriented behavior, improved with both the pet therapy and exercise group. However, participants who received pet therapy showed less irritable behavior after the intervention. Pet therapy programs provided beneficial elements to the psychiatric multidisciplinary treatment areas that the geriatric patients received and helped increase socialization and provided a sense of mastery in activities (Zisselman et al., 1996).

In shifting the research from patients to staff working with AAT, Moody, King, and O'Rourke (2002) compiled the thoughts and opinions of staff members of a medical ward prior to and following the implementation of a pet visitation program. The main

objective of introducing the pet visitation program was to improve socialization and to reduce the traumatic effects of hospitalization on children. Another goal of the program was to improve the overall feeling of the ward for staff and families. Through play, sensory stimulation, and entertainment, the children on the ward were able to able to focus their attention away from their illness (Moody et al., 2002). Prior to the program implementation, staff members thought the pets would be distracting to the children, but would provide relaxation with a valuable program. Following implementation, the results showed that staff members thought the program made the hospital a happier place and the work environment more interesting. Outcomes showed that dog bites and damage to equipment was reduced when compared to the first survey given. An organized dog visitation program resulted in positive anticipation among staff members and high levels of satisfaction followed after the program had been implemented (Moody et al., 2002).

In the area of occupational therapy, Casey (1996) studied occupational therapists' use of pet facilitated therapy (PFT) and their opinions on it as a therapeutic modality. Satisfaction with the PFT program in the areas of patients' animal interests, following directions, attention span, motivation, verbalizations, socialization, and eye contact were analyzed. The therapists' use of PFT ranged from 2 months to 19.5 years and the most common diagnostic groups were stroke and traumatic brain injuries. Animals most commonly used were dogs and cats and the most common PFT goals were to increase range of motion and enhance socialization and participation. Most areas analyzed were in favor of PFT and its benefits. The study found that "...PFT is a modality that can be easily adapted to occupational therapy goals, is cost-effective, and is a great tool for

increasing motivation” (Casey, 1996, p. 15). Other potential benefits included improvements in overall health, lowered blood pressure, and decreased risk of cardiac issues. Improved morale and reduced loneliness seem to be impacted in a positive manner through the use of therapeutic animal intervention (Brodie & Biley, 1999).

In order for animals to be incorporated into occupational therapy, steps have to be taken to ensure patient and animal safety and well being. Jalongo, Astorino, and Bomboy (2004) found three important characteristics that must be addressed in order for animals to be used for therapy. These characteristics are certification and insurance, programming, and collaboration. For insurance purposes, both the handler of the animals and the animals are evaluated and registered by either Therapy Dogs International, Inc. or Delta Society. Delta Society trains and screens volunteers and animals for certification prior to providing animal therapy in various settings such as hospitals, schools, nursing homes, rehabilitation centers, and other facilities (Delta Society, 2008). All therapy animals are selected based on their ability to adapt to situations and demonstrate calm behavior. In order to become registered, all animals must pass a test in order to earn credentials. Programming ensures that family pets are not being brought into a school or health care facility. AAT can be fully integrated into therapy goals and collaboration is important due to multiple professionals working together. The pet handlers, health care workers, and school employees’ work together in order to provide a healing environment for patients (Jalongo et al., 2004).

To provide an optimum environment, the element of sanitation must be examined when utilizing an AAT program. The most common objections to AAT are cleanliness, risk of infection, and allergies. The biggest concern for interacting with animals is the

potential for transmission of diseases. These diseases could be animal to human or human to animal transmission (Khan & Farrag, 2000). Diseases that are passed from animals to humans are called zoonotic diseases. These diseases can be acquired from birds, cats, dogs, reptiles, farm animals, pocket pets, fish, and horses (Centers for Disease Control and Prevention, 2008). Having adults and children wash their hands prior to and after interacting with animals, supplying disposable beds or pads for the animals to rest on, and ensuring that the animals have been well groomed and vaccinated are all measures that need to be installed. Since therapy dogs are trained not to scratch or lick, infection risks will be minimal. Allergic reactions may occur, but in order to reduce dander, all animals need to be bathed and groomed prior to attending a school or health care setting (Jalongo et al., 2004). Careful selection of both the animal and client and use of sanitary actions in a controlled health care setting, will allow the potential benefits of AAT to outweigh the minimal risks (Brodie, Biley, & Shewring, 2002). If all the steps are taken to implement a healthy and safe AAT program, physical health, psychological well-being, academic achievement, and social interactions can be improved (Jalongo et al., 2004).

Heimlich (2001) found physiological changes occurred in a dog that was utilized for AAT sessions. The dog experienced chronic stress due to the strain from participation in therapeutic activities with patients having numerous diagnoses. Due to the strain involved during therapeutic treatment, the researchers found it imperative that reasonable time limits be set to reduce strain and decrease the possibility of dog exhaustion. More than one animal should be qualified and available for therapeutic sessions in order to promote high quality interactions and bonding between the animal

and human (Heimlich, 2001). Animals utilized for therapeutic purposes should be provided with a healthy diet, adequate rest, and rigorous veterinary care (Brodie et al., 2002).

Prior to incorporating an AAT program into the curriculum, professionals need to communicate with patients and families to identify any possible issues with animal therapy. Cultural differences may need to be addressed depending on one's beliefs. Additionally, the fear of dogs may cause issues for program implementation. Not forcing the issue and allowing patients to view the animals from a distance would allow comfort with the animal to develop (Jalongo et al., 2004).

In reviewing the literature, AAT was utilized with a variety of populations and was found to improve self-esteem, self efficacy, motivation, communication, attention, conversation, social interactions, participation, and allowed for accomplishments (Bardhill & Hutchinson, 1997; Berget et al., 2007; Camp, 2001; Casey, 1996; Falk & Wijk, 2008; Hooker et al., 2002; Jalongo et al., 2004; Kovacs et al., 2004; Martin & Farnum, 2002). AAT promoted skill development, improved physical health, developed positive coping mechanisms, and appropriate touch of animals. Improved overall health, decreased levels of stress and anxiety for patients, family, and staff were also demonstrated (Bardhill & Hutchinson, 1997; Berget et al., 2007; Brodie & Biley, 1999; Camp, 2001; Hooker et al., 2002). In the area of behaviors, AAT improved disoriented behavior, decreased anxious mood and withdrawn behaviors, assisted with irritable behaviors, and allowed for a sense of mastery (Zisselman et al., 1996). Clients participating in AAT showed improved affect, relaxation, emotional well being,

unconditional love, quality of life, and a strong human/animal bond. Additionally, AAT was cost effective, promoted occupation, and helped to initiate therapeutic sessions (Bardhill & Hutchinson, 1997; Berget et al., 2007; Camp, 2001; Casey, 1996; Hooker et al., 2002; Kovacs et al., 2004; Triebenbacher, 1998; Zisselman et al., 1996).

The purpose of this project is to create a manual that will guide occupational therapists while implementing an AAT program. The goal of the manual is to ease the stress involved in planning and implementing a program into a health care facility with emotionally disturbed adolescents. To aid in the development of this manual, the Model of Human Occupation (MOHO) was utilized. This model describes humans as having three elements which are volition, habituation, and performance capacity. Volition refers to the motivation a person has towards doing something and choosing what they do. Habituation is the process where doing is organized into patterns and routines. Habitual patterns of action are produced from habits and roles. Habits and roles organize, provide character, and add order to what a person does and the manner in which they do it. Performance capacity refers to the ability to do things with objective physical and mental components and subjective experiences. Another aspect of the model addressed in the manual is the environment which pertains to the physical and social contexts of a person and how that influences their performance of occupations (Kielhofner, 2008).

Using MOHO as an underlying model is complimentary to AAT and is appropriate since research has shown that animals have assisted with improving motivation, quality of life, and promoted occupation (Barker & Dawson, 1998; Camp, 2001; Casey, 1995). In this instance, a model is useful in constraining broad definitions

such as volition, habits, and performance into consistent, precise, and understandable terms for the occupational therapists utilizing the materials. The model is also useful for application in providing AAT, since it also provides a common language for assessment, intervention, and outcome. By utilizing animals as a therapeutic medium, adolescent's occupational performance can be enhanced through interventions that incorporate both MOHO and AAT.

MOHO was selected for this AAT manual since volition, habituation, and performance capacity are central to working towards the development of one's occupational performance. Adolescents may exhibit issues with occupational performance and if skills and abilities are deficient, adolescents with emotional disorders often go on to experience serious psychopathology in adulthood. According to Ewing, MacDonald, Taylor, and Bowers (2007) having effective and positive intervention during adolescence is imperative to emotional growth. The manual also includes MOHO based assessments to be utilized prior to AAT sessions which are the Role Checklist, Interest Checklist, Occupational Self Assessment, and Assessment of Communication and Interaction Skills (MOHO Clearinghouse, 2008). The various assessments will provide information regarding the adolescent's habituation (habits/routines/roles/environments), volition (interests) and performance capacity (communication and social interaction skills) (Kielhofner, 2008).

Chapter II provided a review of literature related to AAT. The goals were to establish a baseline of information and provide the foundational knowledge for developing a resource manual for occupational therapists to use while providing

programming for adolescents with emotional disturbances. Chapter III describes the activities and methodology that were used to develop the manual.

CHAPTER III

METHODOLOGY

An evident need exists for more research and evidence documenting the outcomes and effectiveness of animal assisted therapy (AAT) as an intervention with adolescents. Initial reports are promising and provide support for AAT as a therapy intervention with multiple populations. There is a need for more documentation regarding the effects of AAT in developing adaptive behaviors of therapy recipients. The literature documented limited risks associated with the physical and emotional health of AAT participants. Based on the literature, additional resources for therapists are needed to aid in implementing AAT with emotionally disturbed adolescents. The creation of this manual provides a tool to assist therapists in beginning an AAT program. In addition, recommendations are provided to further document the outcomes of AAT with emotionally disturbed adolescents.

The manual was developed using the Model of Human Occupation (MOHO) as a framework. MOHO is a model that focuses on a person's motivation for occupation and how patterns of occupational behavior underlie and support the habits, roles, and routines that become a person's chosen lifestyle (Kielhofner, 2008). For instance, during childhood tremendous changes in skills and abilities, as well as new behaviors evolve as the child develops through the occupation of play. During adolescence, often a time of

struggle, the child is seeking independence as well as competence in social relations, school, and family (Bruce & Borg, 2002). The patterns of living developed during childhood and adolescence will have an effect on successful transition into adulthood. Thus, MOHO provides a framework within which AAT can be nested. Using animals as a complimentary adjunct to MOHO is appropriate since research has shown that animals have assisted with improving motivation, quality of life, and promoted occupation (Barker & Dawson, 1998; Camp, 2001; Casey, 1995).

The authors chose to focus on three aspects of the model which are volition, habituation, and performance capacity because they are central to working towards the development of one's occupational performance. Each intervention addresses one of the three key components of MOHO mentioned above, while concentrating on boundaries, self-esteem, communication, social interactions, and independence. Assessments were selected to elicit the clients' perspectives and identify needs of the client. The assessments provide therapists with pertinent information regarding the adolescent's habituation (habits/routines/roles/environments), volition (interests) and performance capacity (communication and social interaction skills). An intake questionnaire was developed; this tool was designed to document outcomes of the interventions. Lastly, based on the findings of the literature review regarding the needs of emotionally disturbed adolescents, a group protocol was designed. This protocol includes twelve sessions that provide detailed instructions for occupational therapists to implement an AAT program with emotionally disturbed adolescents. Occupational therapists often face challenges when working with emotionally disturbed adolescents, the purpose of the

manual was to provide resources to engage adolescents in the therapeutic process and foster increased skill development.

Chapter IV provides an introduction and summary of the manual. The manual includes information and resources regarding AAT program implementation, suggested assessment tools and specific interventions that can be used with emotionally disturbed adolescents.

CHAPTER IV

PRODUCT

The purpose of this project was to create a manual for occupational therapists interested in initiating animal assisted therapy (AAT) for emotionally disturbed adolescents. The goal of this manual was to provide information on reliable resources, alleviate the fear of using animals due to allergies or insanitariness, and especially, to provide assessments and therapeutic interventions for implementation. The finished product is for occupational therapists that have an interest in animals and want to become familiar with AAT and possible resources and are willing to collaborate with AAT certified professionals.

The Model of Human Occupation (MOHO) was used in developing in developing this manual. MOHO emphasizes volition, habituation, performance capacity, and physical and social environments (Kielhofner, 2008). Each of these areas influence adolescents and their ability to successfully transition into adulthood. Adolescents require positive input which will enhance their occupational performance and can be achieved through the use of MOHO with AAT.

Occupational therapists evaluate and work with psychiatric populations and engage clients in the realms of communication, self-esteem, independence, boundaries, and social participation. The manual was designed for occupational

therapists to implement while working with emotionally disturbed adolescents. The manual consists of ten sections. The sections provide an explanation of the benefits of AAT, how to get started when implementing a program, steps to take in obtaining a handler and dog evaluation, hygiene concerns that need to be considered, and animal wellness. Other areas covered include guidelines for having a pet or animal companion for those who desire a pet following therapy and alternatives to pet ownership if owning an animal is not an option.

The section on evaluation includes four suggested MOHO assessments. These assessments are the Role Checklist, Occupational Self Assessment, Interest Checklist, and Assessment of Communication and Interaction Skills. The Role Checklist allows the adolescent to identify roles within his/her life and the importance of those roles. The assessment assists in further describing the adolescent's habituation system. The Occupational Self Assessment provides for self assessment of occupational competence and self disclosure about the adolescent's environments. The Interest Checklist allows the adolescent to share interests and build upon skills of volition. The Assessment of Communication and Interaction Skills provides a tool to observe interactions and performance among the adolescents during activities. This allows the therapist to determine the adolescent's level of ability within meaningful contexts. These assessments allow therapists to examine and identify roles, communication and interaction skills, and interests related to occupational performance with emotionally disturbed adolescents.

In addition, specific questionnaires were designed to gather information regarding experiences with pets, and client goals with AAT. These include an initial

assessment, a roles/habits/routines/values questionnaire, and a behavior rating scale. The initial assessment gathers pertinent information regarding animals in the home, allergies, and previous experience with animals and AAT for assessing appropriateness of adolescents for participation in an AAT program. The roles/habits/routines/values questionnaire assesses family household routines, habits and roles exhibited by the adolescent and parental goals for AAT. The final assessment included in the manual is the behavior rating scale. This rating scale examines the five areas of skill development and allows an occupational therapist to establish a baseline to initiate therapeutic treatment and utilize as a comparison for an outcome assessment.

Finally, the manual includes a group protocol and twelve interventions that address skill areas of boundaries, independence, self esteem, communication, social interactions, and physical and social environments. MOHO was used to guide the development of specific AAT treatment sessions. Key elements of MOHO were incorporated into each intervention. The complete manual is found in the Appendix. Chapter five provides a summary and recommendations for implementation.

CHAPTER V

SUMMARY

Limited resources were found specifically addressing emotionally disturbed adolescents with animal assisted therapy (AAT) and on how to directly develop a program for health care settings. Due to these findings, a complete manual was developed to provide occupational therapists with the appropriate guidance and resources to implement an AAT program with emotionally disturbed adolescents. The program manual included a description of benefits of AAT, dog and handler certification and evaluation information, hygiene concerns, and animal wellness. In addition, guidelines for having a pet or companion and alternatives to pet ownership were included. The Model of Human Occupation (MOHO) guided the development of the manual. Included in the manual were selected MOHO assessments to determine the adolescents' interests, roles, habits, routines, occupational performance and communication and social interaction skills. The AAT assessments included in the manual were questionnaires that examined previous animal history, a behavior rating scale, and parental and adolescent goals. A group protocol and 12 interventions pertaining to boundaries, communication, independence, social interactions, self-esteem and physical and social environments concluded the manual. Each intervention contained seven sections formatted from the Cole textbook. The intervention format from the Cole textbook contained a layout, time frame, supplies

list, introduction, activity description, sharing, processing, generalizing, application, and summary. This manual provided a creative method to enhance the various skill areas with emotionally disturbed adolescents.

In researching the literature and developing the manual, a lack of literature was found relating to AAT with emotionally disturbed adolescents. Based on this, literature addressing the use of animals with multiple populations was examined to identify the benefits and drawbacks of AAT. The literature search yielded no specific information regarding assessment tools for AAT, hence the authors designed tools to determine appropriateness and effectiveness of AAT. These tools need to be piloted in order to determine their effectiveness in documenting the outcomes of AAT.

Therapists using AAT would benefit from additional continuing education opportunities in order to promote and develop knowledge and evidence in this field. In addition, a therapist's role may include advocacy, sharing of resources, documenting outcomes. It would also be advisable for occupational therapists to remain abreast of current trends with AAT.

The manual produced for this project will be made available to occupational therapists upon request. The readers and implementers of this manual will be asked for feedback. Feedback will be taken into consideration and applied to further the effectiveness of the manual and make resources for implementing an AAT program more available to occupational therapy practitioners.

“Unlike a human relationship, the relationship with a pet is complementary, not reciprocal. We expect repayment in the form of love and affection. The love of

an animal for a person is sincere, unconditional, without a hidden agenda or ulterior motive” (Bardill & Hutchinson, 1997, p.22). It is hoped that this manual will be meaningful and useful for occupational therapists to implement in AAT programs in exciting and creative ways with emotionally disturbed adolescents.

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APPENDIX
An Occupational Therapist's Manual for Animal
Assisted Therapy with Emotionally Disturbed Adolescents



AN OCCUPATIONAL THERAPIST'S MANUAL FOR ANIMAL ASSISTED THERAPY WITH EMOTIONALLY DISTURBED ADOLESCENTS

Developed by:

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Introduction

The purpose of *An Occupational Therapist's Manual for Animal Assisted Therapy with Emotionally Disturbed Adolescents* is to provide the necessary assessments, protocols, interventions, and strategies in order to successfully implement therapeutic interventions using animals. Assessments included in the manual address animal interaction history, skills development, group participation, and roles, habits, routines, and values. Recommended assessments such as the Role Checklist, Interest Checklist, Assessment of Communication and Interaction Skills, and the Occupational Self Assessment are described and referenced. Strategies for implementing an animal assisted therapy (AAT) program include getting started with AAT, evaluations for dogs and handlers, certification, hygiene concerns, animal wellness, guidelines for owning a pet, and alternatives to pet ownership. Focus areas of the animal assisted therapy sessions will include boundaries, communication skills, self-esteem, social interactions, independence, and physical and social environments.

Due to limited evidence-based research on the occupational therapy (OT) treatment of emotionally disturbed adolescents using AAT, this guide will provide OT practitioners with an easy to use manual with AAT interventions to implement within diverse settings. Research showed that hospitalized adolescents showed an improvement in treatment when animals were in the adolescents' environment (Bardill & Hutchinson, 1997; Ireland, Boustead & Ireland, 2005). A dog provided adolescents with companionship, positive coping mechanisms, helped calm highly emotional situations, provided unconditional love and sensory input from the soft fur, and gave an opportunity for feeling and touching in an appropriate and loving way

(Bardhill & Hutchinson, 1997). Adolescents with emotional disorders often experience serious psychopathology in adulthood. Therefore, effective and positive interventions during adolescence are imperative to emotional growth (Ewing, MacDonald, Taylor, & Bowers, 2007). For the development of this manual, the Model of Human Occupation (MOHO) was utilized due to the emphasis on communication and interaction skills as well as the focus on roles, routines, personal causation, values, and how interests affect a person's occupational performance (Kielhofner, 2008). To produce an optimal occupation, emotionally disturbed adolescents require positive input which can be achieved through using MOHO with AAT. Through the use of MOHO, adolescents will develop healthy habits, roles, and routines and will be provided an opportunity to exercise volition. This will provide skills for the adolescent to use in turn successfully fulfilling roles into adulthood.

Benefits of Animal Assisted Therapy (AAT)



AAT can be used with emotionally disturbed adolescents in diverse contexts to improve skill development in the areas of self-esteem, communication, boundaries, social interactions, independence, as well as influence growth in areas of habituation, volition, and performance capacity.



What settings can benefit from AAT?

Schools

Hospitals

Psychiatric facilities

Private therapy facilities

Physical disability settings

Community based settings

Offenders and juvenile offender programs

Getting Started

In order to successfully implement an AAT program, the first step would be to become familiar with the Delta Society. The Delta Society trains volunteers and screens multiple types of pets for animal visiting and therapy programs in hospitals, schools, nursing homes, and rehabilitation centers. They also offer AAT services that inform healthcare facilities about starting a program. The Delta Society is an international, non-profit organization that is dedicated to promoting health and well-being through animals. Within the neighboring states of Utah, Colorado, and Montana, the Delta Society offers opportunities to train volunteers and obtain certification for both animals and handlers.



Delta Society registers domesticated animals such as dogs, rabbits, cats, horses, goats, guinea pigs, rats, llamas, donkeys, pigs, birds, and chickens through evaluations.



How to Determine Whether the Animal is Appropriate

All animals excluding birds need to have lived in a home for at least six months. Birds need to have lived in a home for at least one year. Animals need to be at least one year old at the time of the animal evaluation. Pocket pets (guinea pigs, rats, and rabbits) need to be at least six months old at the time of evaluation. A calm animal who does not exhibit aggression is a candidate for certification.



Reference

Delta Society, (2008). Improving human health through service and therapy animals.

Retrieved October 1, 2008, from <http://www.deltasociety.org>.

Animal and Handler Evaluation

After becoming familiar with the Delta Society, the next aspect to consider is the handler evaluation process. In order to become a certified handler, a workshop or an at home study program needs to be completed. After completion, the animal and volunteer evaluation will need to take place. If certified by Delta Society, the therapeutic animal will be covered under their liability insurance.



Step 1

Attend a pet partners team training workshop closest to you or complete a cost effective home study course. Currently there are no Delta Society certified volunteers for the State of Wyoming.



Step 2

A two part team assessment examines the animal and handler as a team, how the animal's behavior is managed by the handler, and how the animal responds to the handler.

Test 1: Pet Partners Skills Test looks at how the animal follows commands and how the animal is controlled by the handler. This test evaluates how well the handler and animal can manage in an unfamiliar setting such as a hospital, nursing home, or school. The 12 item skills test covers basic good behavior skills. Examples may include accepting a friendly stranger, walking through a crowd, reacting to distractions, and acceptance of petting.

Test 2: Pet Partners Aptitude Test simulates conditions that may arise while visiting a client and determines the appropriate environment for the animal and if the animal

and handler have the desire, ability, capacity, and potential for AAT. This 10 part test consists of scenarios in which stressors may be presented to the handler and animal. Scenario examples may include clumsy petting of an animal, staggering or gesturing towards the animal, crowding of the animal, offering of treats, and petting by several people.



Step 3

After completion of the team training course and team evaluation, a registration packet will be sent to the handler. The packet will include a photo identification form, application form, volunteer policy and procedures agreement form, a volunteer review form, a handler questionnaire form, animal health screening form, and a volunteer contact information form. The registration packet needs to be sent to Delta Society within 90 days proceeding completion of the evaluation. There are fees for certification.

Handler with one animal	\$75.00
Handler without an animal	\$40.00
Two year patron	\$150.00
Each additional animal	\$30.00
Each additional volunteer	\$20.00



Insurance

Once certified, volunteers and their animals are eligible for the Delta Society's commercial general liability insurance. As a certified handler, you are personally and legally responsible for injuries or damages that are caused by you or the animal.

However volunteers can protect themselves from these risks by utilization of liability insurance which is offered through Delta Society. This insurance covers the cost for defending against lawsuits, payment of damages, and medical expenses. The Delta Society recommends that handlers carry additional insurance such as homeowners insurance when working with therapy animals.

Making Contact



Delta Society, 875 - 124th Avenue NE #101, Bellevue, WA 98005, or
www.deltasociety.org



Therapy Dogs International, Inc., 88 Bartley Road, Flanders, NJ 07836, (973)
252-9800, or www.tdi-dog.org (for dog certification only)



Therapy Dogs Inc., P.O. Box 20227, Cheyenne, WY 82003, (877) 843-7364, or
therapydogsinc@qwestoffice.net (for dog certification only)



Therapy Dogs International, Inc. and Therapy Dogs Inc. provide certification
services, but only for dogs.



Reference

Delta Society, (2008). Improving human health through service and therapy animals.

Retrieved October 1, 2008, from <http://www.deltasociety.org>.

Hygiene Concerns

In order to have a healthy environment for animals and humans, hygiene and sanitary concerns need to be addressed. A requirement for obtaining certification through the Delta Society is that all animals be healthy. For information about the specific health of an animal, your local veterinarian should be contacted.



Animals must be healthy and free of parasites, pass a veterinary exam, and have appropriate immunizations. (All veterinary clinics differ on recommended immunizations).



Rabies vaccinations are required and all other vaccinations should be discussed with your local veterinarian.



Animals must be groomed and cleaned prior to all therapy sessions. Bathing with anti-shedding and deodorizer shampoo needs to occur prior to coming in contact with clients. Shampoos should be perfume free and should be used with considerations for allergies, the particular animal, and client population. Animals need to have toenails trimmed and filed smoothly for safety.



Disposable products such as beds and blankets should be used to place pets on during rest periods and when appropriate in treatment sessions. All grooming supplies used during therapy need to be either disposed of or sanitized appropriately with an alcohol solution. Hard surfaces can be sprayed and wiped down with a disinfecting spray and disposable paper towels.



All clients involved in AAT need to wash their hands prior to and after coming in contact with animals.



Occasionally zoonotic diseases (diseases spread from animals) occur, but this is rare due to proper care, animal training, and animal health screenings. Making certain that the animal is under the regular care of a veterinarian will protect both animals and humans from becoming infected with parasites. It is important to stress that those who are in contact with animals should wash hands frequently and avoid contact with animal feces. Humans with compromised immune systems should not be around animals. If any unusual symptoms occur, the person should immediately contact a physician or a medical health care provider.



Refer to the Centers for Disease Control and Prevention for information on zoonotic diseases.

Centers for Disease Control and Prevention

1600 Clifton Road, Atlanta, GA 30333

(800) CDC INFO

www.cdc.gov/healthypets/



References

Centers for Disease Control and Prevention. (2008). Healthy pets healthy people.

Retrieved October 16, 2008, from <http://www.cdc.gov/healthypets/>.

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Animal Wellness

It is important for the animals involved in AAT to be monitored closely for complete wellness and signs of over exertion due to involvement in excessive therapeutic sessions. Signs of overexertion may be demonstrated by lethargy or loss of appetite. Allowing the animals to have adequate rest, food, and exercise is important for active therapy animals.



Recommended rest and conditioning periods for animals.

Animals should participate in therapeutic sessions no more than four times per week. The animals should be in good health, fed, and exercised regularly as recommended by their veterinarian.



Time Limits for therapy sessions.

Therapy sessions should not exceed one hour in order to prevent animal fatigue or distress. If animals are overworked or overstressed, they may refuse to actively participate.



Quiet, non-distracting environments are necessary for therapy to reduce possible animal distraction.

Both indoor and outdoor environments need to be evaluated for noise level. Having too much noise could interfere or distract therapeutic sessions.



Reference

Brodie, S., Biley, F., & Shewring, M., (2002). An exploration of the potential risks associated with using pet therapy in health care settings. *Journal of Clinical Nursing, 11*, 444-456.

Guidelines for Having a Pet or Animal Companion

Following AAT, families may want to continue interactions with an animal in the home. Areas that need to be considered when choosing a pet include whether to have a young or old animal, type of pet, breed, awareness of animal behavior, appropriate housing, financial considerations, and other tips that can help with the new addition to the family.



Following treatment, a pet may be desired in the home. Here are guidelines to consider prior to purchasing a pet. The guidelines can be made into a handout to provide to families.

Items to Consider When Selecting the Appropriate Animal



What type of animal is the best fit for you and your family?

Small animals such as birds, mice, fish, gerbils, hamsters, rabbits are best suited for smaller living environments. Animals such as cats, dogs, horses, goats, and llamas require larger space and more responsibility.



Is a young or old animal a better selection for a pet?

A friendly calm adult animal is usually the best choice for a family pet. Young animals require training, extra time, care, and may be fragile. Discuss your ideas with veterinarians and animal shelter professionals when considering a pet.



When considering a dog, what breed is best?

All dogs have the potential to bite and the breed of a dog is only one factor that affects their temperament. Dogs who receive socialization, obedience training,

exercise, attention, food, shelter, water, and veterinary care will be the best dogs for families to own.



How should we interact with our new family pet?

Pets need space and may need to be alone when eating, resting, and playing with toys. Be aware that a pet may become agitated from too much petting. Warning signs such as growling, hissing, ears back, and showing of teeth indicate a need for the animal to be left alone and possibly checked by a veterinarian. Animals need to be observed when around children and some animals may feel threatened when hugged or stared at. A child needs to get permission prior to approaching a pet independently. Make sure to provide a place for an animal to retreat where it can adjust to its surroundings.



Space and Shelter necessary for animals (in and outdoor spaces to accommodate large or small animals)

Depending on the type of animal that is owned, adequate in and outdoor space and shelter is necessary for housing and adequate exercise of the animal. Large animals need outdoor space and shelter, whereas smaller animals can be kept inside the home. An animal house may be necessary.



Financial expenditures

Food, spaying and neutering costs, veterinary expenses such as shots and wormers, boarding, grooming, appropriate fencing, and lawn care are all issues that necessitate financial consideration. Prices will vary depending on location and size of animal.



Other Helpful Tips

Always use leashes or halters as appropriate.

Follow local laws and regulations for licensing.

Animals should not roam freely outside of their fenced yard.

Check with the local humane society regarding licensing requirements.

Have a collar and identification tag on the animal which contains owner contact information.

Spay and neuter your pet. Neutered animals live longer, are healthier, and have fewer behavioral problems.

Additional information regarding purchasing of a pet, financial expenditures, or animal breeds can be obtained through various sources such as your local veterinarian, online resources, or the Humane Society.



Reference

Humane Society of the United States. (2008). Pet adoption information. Retrieved October 16, 2008, from <http://www.hsus.org>.

Alternatives to Pet Ownership

Due to financial, health, and space issues, pets may not be obtainable for some families. Therefore, a list has been composed for families so they may observe, interact with animals, and/or perform animal related activities. All of the listed ideas are either free or low cost and are feasible for families to do together.



Bird centers, wildlife organizations and natural reserves often provide outdoor activities which are usually free or have a nominal fee for community members.



Observing in a natural environment such as a park, forest, or zoo allows you to observe animals and wildlife.



Listening to natural sounds such as bird songs or sounds of nature can be soothing and therapeutic.



Visiting a body of water including ponds, streams, or rivers will allow for viewing of fish, ducks, turtles, and other animal species.



Planning, shopping for materials, and construction of feeders and houses for various animals such as squirrels, birds, and butterflies. Families can easily participate in these types of constructive activities.



Create bird seed mixtures or plant flower gardens to attract wildlife.



Contact the Wyoming State Parks and Historic Sites & Trails for local recreational information at <http://wyoparks.state.wy.us/index.asp>.



For Casper, Wyoming information contact <http://www.casperwyoming.info>.



Reference

Casper Wyoming Adventure Capital. (2008). Retrieved November 6, 2008, from <http://www.casperwyoming.info>.

Winkle, M. & Goode, J. (2008). Animal assisted therapy in nature. *OT Practice, 13*, 22-24.

Wyoming State Parks and Historic Sites & Trails. (2008). Retrieved November 6, 2008, from <http://wyoparks.state.wy.us/index.asp>.

Model of Human Occupation Assessments

The following four assessments are recommended for usage with this manual prior to AAT sessions. By utilizing these assessments, the therapist will be able to identify past, current, and future roles from which occupation based interventions can be based upon and the level of communication and interactions skills possessed by the adolescent. This will also allow the therapist to examine occupational performance and interests in which interventions can be derived from. The assessments can be obtained from the MOHO Clearinghouse website at <http://www.moho.uic.edu/mohorelatedrsrscs.html>.

Role Checklist

The role checklist is a self-report that is used to gain information about the roles people have and how they organize their daily lives. The assessment provides data on a person's perception of their roles over their lifespan and the significance of those roles. This assessment can be used with adolescents, adults, and older adults. The role checklist has two parts, the first section has clients identify roles they have performed in the past or are currently involved with and plan to perform. In the second part, the client identifies how important and valuable each role is to their identity. This assessment takes approximately 15 minutes to complete (as cited in Kielhofner, 2008).

Occupational Self Assessment (OSA)

The OSA examines perceptions of client's occupational competence and the impact of their environment on their occupational adaptation. This assessment can be used with adolescents and adults, is client centered, and allows the client views to be heard. The OSA has a two part self rating form. The first section includes statements about occupational functioning which is then evaluated by the client. The client then places value on each of the statements previously listed. The second section includes statements about the client's environment. In the concluding step, the client establishes priorities for therapy which translate into occupational therapy goals (as cited in Kielhofner, 2008).

Interest Checklist

The Interest Checklist contains 68 activities or areas of interest. Clients indicate their interests and describe their level of interest in each of the activities. Levels of interest are then rated in those areas over the past year and previous ten years. Clients are then asked if they actively participate in each activity currently and if they would like to pursue each of those in the future (as cited in Kielhofner, 2008).

Assessment of Communication and Interaction Skills

This assessment is a formal observational tool which measures an individual's performance in an occupational task within a social group. It examines client strengths and weaknesses in communicating and interacting with others by evaluating 20 skill items that are divided into three interaction and communication domains

which are information exchange, physicality, and relations. The assessment needs to be carried out in contexts that are relevant and/or meaningful to the client. Each item is rated on a four point scale and can be used with client having a wide range of impairments (as cited in Kielhofner, 2008).



References

Kielhofner, G. (2008). *Model of human occupation: Theory and application*. (4th ed.).

Baltimore, MD: Lippincott Williams & Wilkins.

MOHO Clearinghouse. (2008). Assessments. Retrieved October 24, 2008, from

<http://www.moho.uic.edu/mohorelatedsrcs.html>.

Assessments for AAT

The following assessments were designed by the authors of this product and are recommended to be used in conjunction with implementation of an AAT program.

The assessments are as follows:

Initial assessment for adolescents being considered for AAT

This assessment should be completed by an occupational therapist prior to AAT sessions. The occupational therapist will gather data from either the adolescent, parent, guardian, or teacher. This assessment will allow the therapist to gain information needed to assess an adolescent's appropriateness for AAT. This assessment includes general information pertaining to pets in the home, allergies, fear of animals, and previous experiences with animals. It also includes adolescent goals, and status of multiple skill development areas.

Roles/Habits/Routines/Values Questionnaire

This assessment should be completed by the parent or guardian of the adolescent prior to AAT sessions. This form will allow the occupational therapist to gain knowledge from a parent or guardian and determine a base level for interventions regarding the adolescent's roles, habits, routines, and values. This assessment identifies routines within the home, level of satisfaction with those routines, habits and roles, and parent/guardian goals.

AAT Behavior Rating Scale for Emotionally Disturbed Adolescents

This assessment is to be completed by an occupational therapist, teacher and a parent/guardian prior to AAT and following completion of AAT sessions. The information obtained will allow the occupational therapist to compare skills of boundaries, communication, self-esteem, social interactions, and independence. These skill areas are rated from zero to 10.

Initial Assessment for Adolescents Being Considered for AAT

This two section assessment should be completed by an occupational therapist prior to AAT sessions. This form has been designed for assessing appropriateness of adolescents for participation in an AAT program.

Client

Diagnosis

Referral Source

Date

Medications

Interviewed (circle as appropriate)
Adolescent/Parent/Guardian/Teacher

Section 1

General Information

Please check those that apply on the list below and provide description/example.

Pets in home

Fear of animals'

Allergies to animals'

Experienced a pet loss

Experienced an animal bite

Abuse/neglect with animals

Good experience with an animal

Has participated in an AAT session before

Receiving therapeutic treatment

Problems with behaviors (outbursts or anger)

Lives with Mother Father Parents Guardian Other

Circle one or two goals that the adolescent would like to see as a result of animal assisted occupational therapy.

Increase self-esteem

Develop skills of independence

Improve social skills

Improve boundaries around others

Increase communication skills

Section 2

Skill Development Status

(Circle the phrase or word that is suitable for the adolescent and provide an example)

Boundaries

touches appropriately

touches inappropriately

uses language appropriately

uses language inappropriately

exhibits sexual issues

example_____

Communication Skills

expresses feelings

isolates

non-verbal

assertive

aggressive

passive

example_____

Self-esteem

low self-esteem

high self-esteem

optimist

motivated

little motivation

pessimist

confident

lack of confidence

example_____

Social Interactions

comfortable

uncomfortable

extrovert

interacts with others

isolates

introvert

outspoken

shy

example_____

Independence

takes on new tasks

fearful

employed

determined

intimidated

dependent

example_____

Therapist's Signature_____

Roles/Habits/Routines/Values Questionnaire

This assessment should be completed by the parent/guardian prior to AAT

Adolescent Name _____

Please list the family routine in the household (for example - waking up, breakfast, showering, going to school)

Are you satisfied with the current household routine? (circle) yes no

(If no, what would you like to change?)

What useful habits does your family member/adolescent have? (for example - always completes schoolwork at 5 p.m. daily)

What habits does your family member/adolescent have that you would like to see changed?

What roles does your family member/adolescent currently have? (circle those that apply)

Student

Brother/Sister

Worker

Son/Daughter

Grandson/Granddaughter

Parent

Caretaker of a pet

Athletic team member

Other

Circle one or two goals that you as a parent/guardian would like to see as a result of animal assisted occupational therapy.

Increase self-esteem

Improved habits

Improve social skills

Improved daily routines

Develop skills of independence

Increase communication skills

Improve boundaries around others

Parent/Guardian Signature _____

**AAT Behavior Rating Scale for Emotionally Disturbed Adolescents
Pre or Post AAT (circle)**

This rating scale should be completed by an occupational therapist, teacher, and parent/guardian prior to AAT sessions and after completion of AAT therapeutic treatment. This assessment will allow an occupational therapist to establish a baseline to initiate therapeutic treatment and utilize as a comparison for an outcome assessment.

Client/Adolescent

Diagnosis

Date

Completed by (circle as appropriate)

Parent/Guardian/Teacher/ OT

Where would you rate the client/adolescent on the scale of 0-10 with 0 as possessing no skills and 10 as having full skills.

Boundaries - being aware of and practicing what is appropriate and inappropriate behaviors around others

0	1	2	3	4	5	6	7	8	9	10
No skills					Adequate					Excellent

Communication skills - ability to share thoughts and ideas comfortably

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Positive self-esteem – positive and content feelings with oneself

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Social interactions - ability to initiate and engage in conversation with others

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Independence - ability to rely on self for making decisions and completion of tasks

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Therapist/Teacher/Parent/Guardian Signature

Interventions

The AAT therapeutic interventions in the program manual will include the skill areas of boundaries, independence, self-esteem, communication, and social interactions. Physical and social environments are also addressed in the interventions. The focus of Model of Human Occupation based interventions are roles, habits, routines, personal causation, performance capacity, interests, values, communication skills, social interactions, and physical and social environments. The interventions in this manual can utilize various animals even though specific animals were used in some of the interventions. It is recommended that group size not exceed eight members due to limitations of animals and staff members.

Group Protocol

Group title - Adolescent Skill Development

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Model – Model of Human Occupation



Purpose

These group sessions will promote an improvement in self-esteem, independence, social interaction, communication skills, and boundaries with emotionally disturbed adolescents by engaging in the 12 activities described in the manual. The adolescents' physical and social environments will also be addressed in the activities. Activities will include paper and pencil tasks, multi-media use, structured activities with animals, activities of creative expression, and games. Group members will use skills of cognition, motor and interaction to complete the tasks.



Group Members and Size

The group will consist of no more than eight emotionally disturbed adolescents between the ages of 13 and 17. Group members can include at risk youth, special needs populations, socially disadvantaged, young offenders, or adolescents diagnosed with a mental disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM IV).



Group Goals

At the end of AAT treatment, participants will be able to:

1. Initiate a minimum of two conversations with other group members
2. Verbally communicate four times

3. Identify and list five positive characteristics about themselves
4. Discuss three appropriate and three inappropriate boundaries
5. Identify three areas in which they recognize they have moved from dependence to independence in the area of roles, habits, or routines



Rationale

Mental disorders not only affect the emotional aspects of one's life, but they also affect adolescents' roles, habits, routines, values, interests and contexts. In order to address the affected areas, one needs to engage in activities that will facilitate positive interactions and activities that will improve daily functioning as well as improve self-esteem, communication skills, independence, social interactions, and boundaries.



Limitations

The group members will need supervision, guidance and concise directions. Safety is a concern and the occupational therapist needs to be aware of conflicts that could alter the safety of group members. All members will be able to make decisions and add input to group activities. Group members will also be encouraged to be creative when making projects.



Adaptations

Adaptations will be necessary for any unexpected situation that arises during the therapeutic AAT sessions. If needed, the occupational therapist will utilize sequential and repetitive instructions.



Outcome Criteria

Outcomes will be based on assessments, participation in the activities, cooperation, discussion, and completion of activities.



Method

The leadership style will be facilitative. The leader will provide the group with necessary information, structure, and supplies.



Time and Place of Sessions

The groups will convene during the week and will not exceed one hour sessions. Interventions take place in multiple areas such as in a large therapy room, day area, outside, and in the community.



Supplies and Cost

Supplies include: paper, pencils, white board with markers, plastic hoops, balls, frisbees, cones, and dog toys, leashes, magazines, scissors, note cards, 7' X 6' piece of carpet, blindfolds, stencils, paint brushes, paint dishes, paint, colored markers, small containers, animal cages, and animal treats.



Reference

Cole, M.B. (2005). *Group dynamics in occupational therapy: The theoretical basis and practice application of group*. Hamden, CT: Slack.

Session: Boundaries (1 of 2)

Group title “Developing a Boundaries Routine”

Format

Introduction of group - 10 minutes

Boundaries activity - 40 minutes

Discussion - 10 minutes

Supplies

Paper

Pencils

White board with markers

Description

1. Introduction

Warm-up - Ask all group members to introduce themselves to the rest of the group and invite them to share their favorite animal. Take turns going around the room. Introduce the topic of boundaries that will be covered in group. Have each group participant write down on a piece of paper what boundaries are and what behaviors support appropriate boundaries. Also, announce to the group that an animal will be in the next session and that everyone will be learning appropriate boundaries and behaviors for being around animals. This group will help everyone identify appropriate boundaries around humans and animals.

2. Activity

Discuss the difference between boundaries with humans and boundaries with animals. Make a routine that will be easy to follow for remembering appropriate boundaries. Write out the routines on the white board. Routines may consist of talking, body posture, appropriate touch, approaching the animals or humans (reaching out your hand to let the animal smell you instead of rushing up to the animal). “Making a routine will allow everyone to practice appropriate boundaries around the animal, which you will be able to apply to everyday life.”

Example routine

Introducing self to handler

Kneeling down to animals level

Reaching hand out for animal to smell

Scratching animal under the chin or petting the animal in an appropriate place

Speaking to the animal in a soft voice

After a routine has been made on the board, everyone needs to practice with either a partner or small group going through the routine. Have everyone practice the routine in order to be able to get to know an animal in the next group session.

3. Sharing

After everyone has practiced the appropriate boundary routine, discuss how everything went in the pairs or groups. Make sure that everyone is comfortable in meeting a new animal in the next group session. Answer any questions about the upcoming animal in the next session.

4. Processing

How comfortable are you with meeting a new animal?
Do you feel that using a routine will help you with learning appropriate boundaries?
What did you learn from participating in this activity?

5. Generalizing

How does the routine that everyone made today differ from what you have done in the past when meeting animals?
What did you learn from practicing the routine with another person?

6. Application

How can you make your own routines when it comes to other types of boundaries or people in your life?

7. Summary

Thank members for participating in group today. Remind members that in the next session they will be implementing what they learned in group today with an animal.







Session: Boundaries (2 of 2)

Group title “Using Your Boundaries Routine”

Format

Wash hands

Introduction of group - 10 minutes

Boundaries activity - 35 minutes

Discussion - 15 minutes

Supplies

None

Description

1. Introduction

Warm-up - Begin by asking if there are any questions that arose from the last occupational therapy session. Have everyone turn to their neighbor, greet them, and share one thing they enjoy about animals.

“Today we will be applying what we learned from the last session in making a boundaries routine. Everyone will be using the new routine to meet an animal while in group today.” Introduce the animal and handler to the group and answer any questions from the group members. Safety and sanitary concerns such as washing hands before and after engagement with animal and wiping down of areas with disinfectant need to be addressed prior to interactions with the animal.

2. Activity

Have the group members’ approach the animal one at a time going through their routine for meeting the animal. Each group members’ routine may vary, but all should focus on the steps drawn out from the prior session. After all the group members have met the animal, more questions can be asked. If appropriate, let the animal walk around the room freely and interact with the group members during discussion.

3. Sharing

Have everyone share how they felt while meeting the new animal. Everyone can go around the room and give a response.

4. Processing

How did you feel in using a routine today?

What would have been different if you just went up to the animal with no routine?

What are appropriate ways to interact with an animal?

How is this the same or different with people?

Why is safety important when being around animals?

5. Generalizing

What did you learn today?

How difficult or easy was it approaching a new animal?

What appropriate boundaries have you seen in your life?

What inappropriate boundaries have you seen in your life?

6. Application

How can you use what you learned today with people in your life?

How can you use a routine in another situation?

7. Summary

Thank everyone for participating in group. Emphasize how important appropriate boundaries are with not only animals, but humans as well. Wash hands.

Session: Independence (1 of 2)

Group title “Importance of habits, roles, and routines”

Format

Introduction of group - 10 minutes

Activity - 40 minutes

Discussion - 10 minutes

Supplies

Paper

Pencils

White board with markers

Description

1. Introduction

Warm-up - Ask if there are any questions from the last session then play animal charades. Everyone will be given an animal name on a piece of paper. Each person will go to the front of the room and act out the animal while the other participants guess what animal each person is.

Occupational therapist will define habits, routines, and roles and initiates a discussion regarding habits, routines, and roles in their daily lives. Then the therapist brings up the role, habits, and routines of an animal and the importance of them into the discussion. Together as a group, they come up with a list of the roles, habits, and routines of an animal while the therapist writes the list on the board. Discuss the importance of an animal to have a routine for eating, sleeping, exercise, social time, leisure, and play.

What would your day be like if you did not have a routine?

Do you complete your habits and routines independently or in a dependent manner?

Is anyone else involved in your habits and routines and what role do they play?

Group members will be able to discuss habits, roles, and routines and the value of them in their lives and recognize their level of dependence and/or independence to complete the habits, roles, and routines. OT can write ideas from participants on the board during the discussion.

2. Activity

Have group members write a list of the habits, roles, and routines in their lives and share them in the group.

Have participant discuss their roles, routines, and habits and what are the first three things on their list?

What does each group member feel is working for them and what doesn't seem to be working?

Discuss what they would like to change in their routines or habits.

Is there anyone in your environment who affects your routine?

Did another group member mention a role, habit, routine that you had not thought about? Does that role, habit, or routine fit for you?

If time allows, each participant will role play one habit, routine, or role that is complimentary and new to them.

3. Sharing

Ask a group member to volunteer to begin sharing something new they learned today.

4. Processing

How did you feel in regards to discussing your daily roles, routines, and habits?

Was the group easy or difficult for you to participate in?

How did it feel to share and discuss in a group setting?

How do you feel after this activity?

Is there anything you would have changed about this activity?

5. Generalizing

What common roles, routines, and habits did you notice amongst the group members today?

What types of diversity did you notice amongst the other group members' roles, routines, habits?

What parts of the activity today affected you the most?

What did you learn about yourself?

What did you learn about other group members?

6. Application

What do your roles, habits, routines reveal about you personally?

What did you learn about your level of independence or dependence in relation to your roles, habits, and routines?

What are some things you could do increase your level of independence?

7. Summary

Ask for volunteers to summarize today's session. Thank members for their honesty.

Remind group members about the rule of confidentiality.

Session: Independence (2 of 2)

Group title “Guiding an Animal Independently”

Format

Wash hands

Introduction of group - 10 minutes

Independence activity - 40 minutes

Discussion - 10 minutes

Supplies

White board with markers

Paper

Pencils

3 balls

3 frisbees

8 cones

Rope

Description

1. Introduction

Warm-up - Ask if there are questions from the last session.

“During the first 15 minutes of group, we are going to plan and diagram a small obstacle course for an animal. After completion of planning and setting up of a small obstacle course in the room, everyone will take a turn to independently lead an animal through the course. Items from the room can be utilized for the course such as hoops, balls, frisbees, rope, and cones”.

2. Activity

Participants will work in groups of twos to set up each section of the obstacle course according to the diagram. Once the course has been constructed, all group members will take turns in various activities along the obstacle course which include going through hoops, going around cones, and throwing balls and frisbees for animals to catch. The participants are free to talk to the animals during the interactive obstacle course. The goal is to guide the animal through the course independently without knocking over any obstacles. “You may need to communicate with the animal and rely on reading the animal’s non-verbal communication skills when interacting with it.” The group members will be able to use process skills to implement a planned routine (obstacle course) for animals. The participants will gain skills in independence, motor skill development, and communication skills.

* This activity can be completed outdoors.

* Depending upon what animal is used for this activity, supplies may vary.

3. Sharing

Ask a volunteer to begin sharing what the activity meant to them today.

4. Processing

How did it feel to participate in the activity today?

What parts of the group activity were easy or difficult?

Did you discover any problems while working with a team mate or while interacting with the animal during the routine?

How did it feel to create a routine for an animal?

How did it feel to guide an animal through the routine?

Go around the room and have all members give a response.

Were you able to use some of your boundary skills when you first approached the animal?

How would you rate your communication skills?

How would you rate your independence/dependence skills today?

5. Generalizing

What did you learn about yourself from being a part of this group?

6. Application

How can you incorporate what you learned today into your daily activities or into your lives?

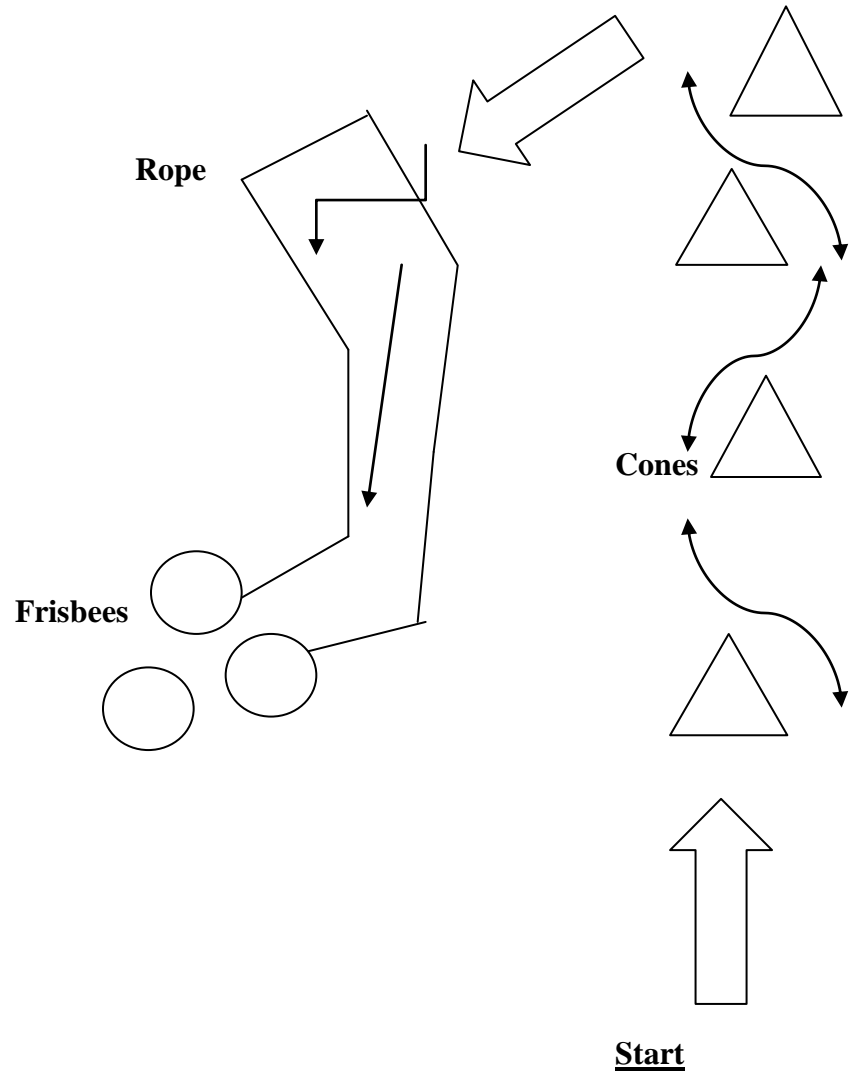
7. Summary

Ask for a volunteer to summarize.

What is one thing new you learned today?

Wash hands.

Example Obstacle Course





Session: Self-esteem (1 of 2)

Group title “Building Your Self Esteem”

Format

Wash hands

Introduction of group - 10 minutes

Activity - 45 minutes

Discussion - 5 minutes

Supplies

Paper

Pencils

White board with markers

Description

1. Introduction

Warm-up - Introduce the dog and handler to the group. Answer any questions about the dog. Ask group members to define self-esteem and interests while the occupational therapist writes all the ideas on the white board. Group members will be able to refer back to their interests on the board later in the group. “Today we are going to break into small groups to plan tricks or obedience commands that you will be performing with a dog during the next group session.” Depending on what the group members’ interests are, each group may want to perform something different with the dog. While working with the dog, the participants will be able to accomplish a task and build their self esteem. The group members will incorporate collaborated interests into planning a performance routine with a dog.

*Have the dog roam freely around the room while group members are working on the activity. This will allow the dog and group members to interact and get to know one another.

2. Activity

Pass out pencils and paper to all of the small groups prior to starting the activity. “Each person will need to write down what their interests are when it comes to interacting with the animals. For example, you might be interested in working on tricks with the dog, showing how the dog fetches toys or walking the dog around the room, and showing how they obey.” Each group will need to decide what each person would like to do with the dog for the next session. The occupational therapist will need to approach each group and review the plan to be performed with the dog. Each group can practice with the dog for approximately 5-10 minutes.

3. Sharing

Sharing takes place during the activity.

4. Processing

How did it feel to take part in this group activity?

How did you feel incorporating your interests into the plan for interacting with the dog?

What parts of this group easy or hard for you?

What problems did you discover in working with the group today?

How did you perceive others felt about your comments during the collaborative planning part of the activity?

5. Generalizing

What do you think about the plan you created today?

What lessons did you learn from this experience?

What did you learn about other members?

6. Application

What insights did you gain about yourself from this experience?

How can you apply this experience to your own life?

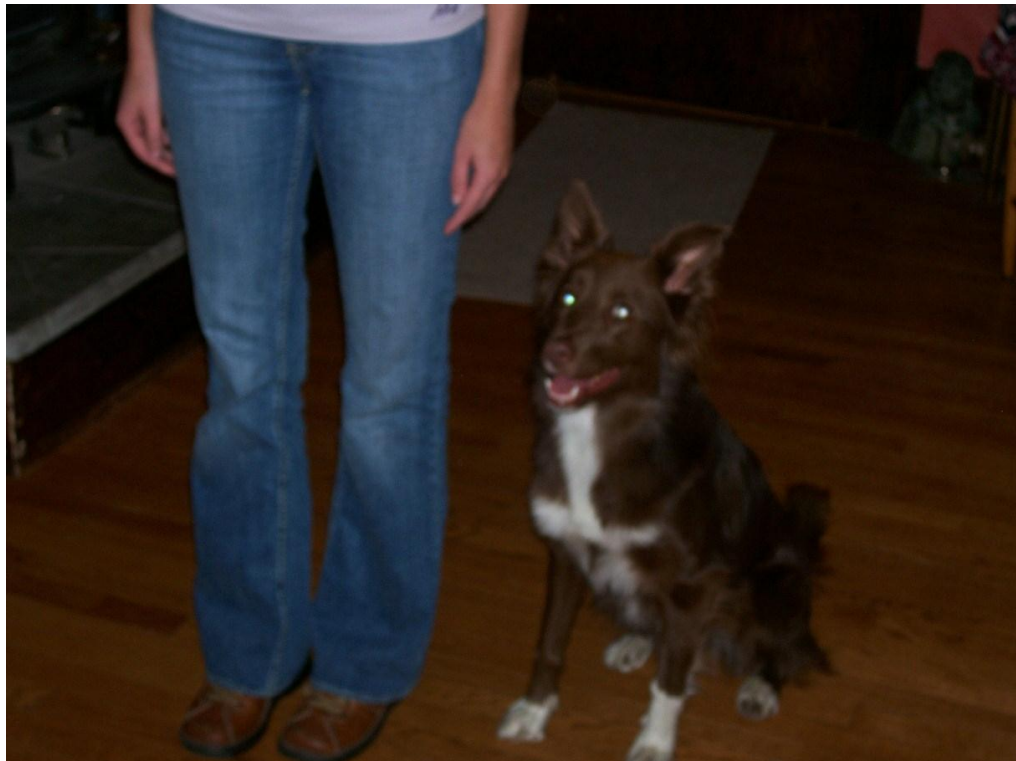
7. Summary

Ask for volunteer to summarize.

What are some new things members learned today?

OT provides feedback to members about their participation.

Wash hands.











Session: Self-esteem (2 of 2)

Session title “Performing your ideas”

Format

Wash hands.

Introduction of group - 5 minutes

Activity - 45 minutes

Discussion - 10 minutes

Supplies

Dog leash

Dog toys if needed

Dog treats

Description

1. Introduction

Warm –up - Review the concepts from the prior group session. Review the terms self-esteem and interests if needed. Answer any questions group members have about performing with the dogs. “Today we will be splitting up into your small groups and taking turns showing everyone what you decided to do with the dog. Depending on what you decided to do, we can go outside to a larger area.”

2. Activity

Each group will take turns showing what they have selected to do with the dog. After the group has finished, questions can be asked.

Performance examples

Give the dog commands such as sit, stay, down, shake, and rollover.

Walk the dog around the room and practice heeling.

Throw a frisbee or ball for the dog.

3. Sharing

Sharing takes place during the activity.

4. Processing

How did it feel performing in front of other people?

How do you feel after this activity?

How would you rate your self-esteem today? Has it improved after this activity? If no improvement happened why do you think this occurred? How can you improve your self-esteem?

Is there anything you would have changed about this activity?

Was it easy or difficult for you to participate in today’s group?

5. Generalizing

What did you learn about working with the dog?

What other things could you do to improve your self-esteem?

How can you incorporate your interests into other things you do?

6. Application

What did you learn about yourself from doing this exercise?

What parts of this group experience can you take with you and apply in other areas of your life?

7. Summary

Ask for a volunteer to summarize the group experience.

OT provides feedback to group on how well they accomplished the task.

Wash hands.

Session: Communication skills (1of 2)

Group title “Non-Verbal Communication”

Format

Wash hands.

Introduction of group - 10 minutes

Activities - 40 minutes

Discussion - 10 minutes

Supplies

White board with markers

10 magazines

Eight pairs of scissors

Eight pencils

20 note cards with a feeling or emotion notated on them

Eight blindfolds

Description

1. Introduction

Warm-up – Group members are in a circle wearing blindfolds. The therapist will whisper in each person’s ear an animal name. The challenge is to find the other animal of their type by listening to the sounds of the animals in the group. No one can talk, only animal sounds can be made. (Example: eight people have four different animal types).

Group members then participate in a group discussion regarding non-verbal communication. A dog will be in the room during the group session. All group members will take part in defining non-verbal communication while the occupational therapist writes responses on the white board with markers. During the discussion the participants are to observe and notice the dog’s body language and body posture while going around the room. This observed information will be addressed in the next session. Discuss how awareness and knowledge of non-verbal communication (posture and body language) of self and others is helpful to get a better understanding of all that is being communicated. Ask the group for examples of human body language and write them on the board. Examples may include facial expressions, eye contact or lack of eye contact, tears or crying, fidgeting body movements, blushing, personal space, pace of breathing, or crossed arms or legs and what could be read into each of the observations of body language. “We want to demonstrate body language and posture that communicates what we are saying verbally.” The occupational therapist will demonstrate how mixed signals can be sent by verbally saying “I’m interested in what you are saying” but has eyes looking away from the person involved in the conversation. Discuss how your words can say one thing while your body language can send an entirely different message.

2. Activity

Divide the group members into two teams. Each team will receive five magazines from which they are to cut out a minimum of six pictures of people demonstrating body language. The groups are to communicate and discuss amongst their team members as to what they think the person in the picture is demonstrating with their body language. Then the groups will take turns holding up their pictures to allow the other team to guess what the person in the picture is demonstrating with their body language.

After completion of the above activity, each team will receive ten note cards from the OT. The cards will contain a mix of feelings or emotions that are to be role-played by each group. The groups will take turns role-playing and guessing the type of emotion displayed by the other team. The cards will consist of the following feelings or emotions: happy, sad, angry, hurt, joyful, exhilarated, nervous, bored, anxious, depressed, cheery, proud, lonely, embarrassed, nauseated, brave, courageous, serene, confident, or discouraged.

3. Sharing

Ask for a volunteer to start and then go around the room allowing each participant to share one feeling or emotion that was new to them today and how it was demonstrated.

4. Processing

How did it feel today to role-play feelings and emotions?

Which feelings or emotions were you able to relate the most to and why?

Which feelings or emotions were the most difficult for you to relate to and why?

What made the activities easy or hard today?

How did it feel to take part in a team activity?

5. Generalizing

What did you learn about your own style of non-verbal communication?

What non-verbal messages did you observe during the role-play?

Which feelings or emotions did you learn the most about today?

6. Application

What feedback can you give to each other about non-verbal communication?

Why do you need to be aware of non-verbal communication?

Where in your own life can you apply today's exercise?

7. Summary

Ask for a volunteer to summarize.

Thank members for their honesty and self-disclosures.

Congratulate members on being able to cooperatively work in groups.

Remind members to keep disclosures confidential.

Include all group members in reviewing important lessons learned.
In the next session we will be discussing dogs, their forms of non-verbal communication, and two-way non-verbal communication between the animal and the handler. Then we will take part in handling dogs with usage of the two-way communication between handler and dog.
Wash hands.

Session: Communication skills (2 of 2)

Group title “Two-Way Communication”

Format

Wash hands.

Introduction of group - 10 minutes

Activities - 40 minutes

Discussion - 10 minutes

Supplies

White board with markers

Eight dog leashes

Eight cones

Description

1. Introduction

Warm-up - Group members review the previous AAT session regarding non-verbal communication through posture and body language. Have they been able to observe and interpret more body language since the last session? Now begin discussing how dogs demonstrate body language and discuss what they had observed from the past AAT session regarding the dog’s posture and body language. Ask the group for examples which may include body position, eye contact, tails, hair on their back, and facial expression. A dog’s ears back may indicate fear while dog’s ears forward may indicate that the dog is dominant or aggressive.

Discuss how dogs live in wild packs with a leader, the alpha dog, who is the dominant dog of the pack while the other dogs demonstrate submissive behaviors. Dogs in the pack read each other’s body language to communicate and have the ability to read human’s body language for communication cues.

Volunteers will demonstrate body language with their personal dog. The volunteer stands at a make shift street corner with cones and stops while dog sits for safety prior to crossing the street in a safe manner. Volunteer slightly leans forward in a dominant position and calls the dog that approaches with ears and tail lowered in submissiveness. Then the volunteer crouches to the ground to call the dog and the dog happily runs to the owner while wagging his tail.

2. Activity

Now incorporate group members into the activity with the dogs. The participants are to listen and obey the dog’s handler, and use awareness of non-verbal communication between self, dog, and the dog’s owner.

Participants will stand at makeshift street corner and give commands of “sit” and “stay” to the dog prior to crossing the makeshift street safely. The participant now slightly leans forward and calls the dog that approaches with ears and tail lowered in

submissiveness. The dog returns to the other side of the street and is commanded to “sit” and “stay” by the participant. Then the participant crosses the street and crouches to the ground to call the dog who approaches with tail wagging.

Next, the participant is to walk with the dog for 15 paces in a heel position and then give the “sit” command. The group members can assist other participants by providing helpful advice. Now each group members will walk a dog around the facility to introduce the animal to two staff members.

3. Discussing

Ask a volunteer to start to share how they felt their two-way communication went today with an animal. Have everyone go around the room and give a response.

4. Processing

How did it feel to participate in a mostly non-verbal routine with an animal today?
Were parts of the activity easy or hard?

Did you encounter any problems while interacting with the dog or handler?

How did you perceive other members body language while you handled the dog?

What would have been different if you just went up to the animal with no understanding of boundaries, body language, or non-verbal communication skills?
Were you able to use some of your boundary skills when you first approached the animal?

How would you rate your interactions with the animal today?

How would you rate your communication skills?

5. Generalizing

What are the advantages of having awareness of non-verbal body language?

What did you learn about yourself from being a part of the group today?

6. Application

How can you use feedback, both verbal and non-verbal in your everyday life?

What insights did you gain about yourself from this experience?

7. Summary

Ask for volunteers to summarize.

Thank members for their honesty and contributions. Wash hands.





Session: Social interactions (1 of 2)

Group title “Animal Trivia”

Format

Introduction of group - 10 minutes

Activity - 40 minutes

Discussion - 10 minutes

Supplies

Note cards

Pencils

White board and markers

Description

1. Introduction

Warm-up - Begin by asking members how they are feeling today. Have everyone write down on a note card a situation where they interacted socially inappropriate with someone and place the card in the middle of the table. The therapist will gather all of the anonymous note cards and discuss with the group ways in which the situation could be altered to improve behavior.

“Today we will be splitting into small groups and playing a game. The game will deal with animals and questions pertaining to their health, well-being, and breeds.” The activity will allow group members to socially participate with others and utilize teamwork skills to win animal treats and/or prizes. This group will allow the participants to work with their peers and answer questions pertaining to different kinds of animals.

2. Activity

Have all group members sit in a circle. The occupational therapist should randomly place participants into groups. The therapist will need to make note cards with trivia questions. Rules of the game are that each group needs to have a spokesperson. Only that person can give an answer to the question, and the first group to raise their hand will be called on. Points will be kept on the board and the group to answer the most questions correctly within the allotted time wins the game.

Examples of questions follow after session outline.

3. Sharing

Took place during activity.

4. Processing

How easy or hard was it to communicate with group members?

What did you learn from this activity?

Was your social interaction today more or less than regular?

5. Generalizing

What did you learn from this activity?

What did you learn from working in a team?

How was the interaction between group members?

6. Application

How does the game relate to teamwork in the real world?

How can you improve your social interaction and teamwork skills?

7. Summary

Thank all of the group members for participating in the activity. Summarize by reinforcing positive social interaction skills at home, at school, etc.

Examples of questions

How many times a day should an animal be fed?

- a. 1 time a day
- b. 2 times a day**
- c. 4 times a day
- d. 0 times a day

Who would be the most appropriate owner of a horse?

- a. A farmer with land**
- b. A banker in the city
- c. A teacher in a subdivision
- d. None of the above

Healthy animals have?

- a. A shiny hair coat**
- b. Dry skin
- c. Dirty hair
- d. None of the above

When should animals be given water?

- a. Twice a day
- b. Three times a day
- c. Should always be available**
- d. Whenever the animal can find it

The best place for an animal to be is

- a. Tied up to a post
- b. Loose outside
- c. In a fenced yard**
- d. None of the above

What is a sign of a sick animal?

- a. Lots of hair shedding

- b. Loss of appetite
- c. Isolation
- d. All of the above**

How often should an animal get shots at the veterinarian?

- a. Once a year**
- b. Twice a year
- c. Three times a year
- d. Once a month

On average, how much money does it cost per year to own an animal?

- a. 50 dollars
- b. 100 dollars
- c. 1,000 dollars
- d. 600 dollars**

If you wanted to gain information about getting a pet who would you contact?

- a. Neighbor
- b. Cashier
- c. Mailman
- d. Veterinarian**

What should a person do after interacting with an animal?

- a. Go eat some lunch
- b. Wash their hands**
- c. Play with a friend
- d. All of the above

The fastest dog in the world is the

- a. Doberman
- b. Border Collie
- c. Lab
- d. Greyhound**

What would be the most adequate space for a large dog?

- a. Large yard
- b. Apartment building
- c. Spacious home
- d. a and c**

True or False

Animals do not need affection. **F**

Animals take a lot of dedication. **T**

Animals do not react to abuse from a person. **F**

Training a pet will not improve their behaviors. **F**

Animals do not need shelter during the rain and snow. **F**

Interaction with animals can improve self-esteem. **T**
Animals have been providing therapy since the 1700's. **T**
Animals are never dangerous. **F**
Socializing an animal with humans and other animals is important. **T**

Session: Social interactions (2 of 2)

Group title “Animal Memory Carpet”

Format

Wash hands.

Introduction of group - 10 minutes

Activity - 40 minutes

Discussion - 10 minutes

Supplies

7' X 6' light colored carpet

Stencils

Paint brushes

Paint dishes

Acrylic paint in multiple colors

Colored markers

Small containers for water

Description

1. Introduction

Warm-up - Have everyone go around the room and state what their most memorable moment with the animals has been.

“Today we will be painting and drawing on a carpet that will be kept in the occupational therapy room for everyone to view. On the carpet will be your handprints, written favorite memory with the animals in therapy, animal footprints, and names. Be creative with this project and collaborate with each other to create a theme or design.” This activity will allow the group members to collaborate and socially interact with each other to create a memory carpet of their experiences with the animals in therapy.

2. Activity

All group members will be painting, writing, and drawing on the large blank carpet. Stencils can be utilized for animal footprints if desired. The appropriate therapy animals can also participate in the activity by having their handler paint their paw and print it on the carpet.

3. Sharing

Have each member share what they painted, drew, or wrote on the carpet with the rest of the group.

4. Processing

How was your experience in working in a large group?

How do you feel the social interactions went during the activity?

What was your overall feeling of this activity?

How did you perform today? Did you actively participate?

5. Generalizing

What did you learn about yourself in doing this activity?

6. Application

Why is it important to appropriately socially interact with others?

Why is collaboration and teamwork important in life?

7. Summary

Summarize by thanking everyone for putting effort into the carpet project. Thank the handlers for bringing the animals to group. Wash hands.

Session: Physical and Social Environment (1 of 2)

Group title “Preparing for Animal Show and Tell”

Format

Wash hands.

Introduction of group - 10 minutes

Activity - 40 minutes

Discussion - 10 minutes

Supplies

Note cards

Pencils

Description

1. Introduction

Warm-up - Today we will open our discussion by talking about animals. Do you currently have a pet? Have you ever had a pet? What is a funny moment you can remember having with an animal? After the opening discussion, then lead into the activity. “Today we will be preparing to take an animal to a large area which will allow everyone to share the animal with their families. We will be preparing a presentation/plan for you to be able to use when you share the animal with your family members.” Areas can include the home of group members, a local park, or day area. When visiting with family members, it is important that the volunteers/handlers and occupational therapist also be present. This activity will present an opportunity for the participants to interact in a different physical and social environment.

2. Activity

“Make a list of tasks or information that you would like to share regarding the animal that you will be showing to your family. All items on your list should be things that you want your family to either learn or see about the animal. This may include tricks, safety information, breed information, and sanitary issues.” After a list is made, each participant will need to make a plan that will be carried out to address each of the chosen listed areas.

Example of presentation/plan

Breed information - find information on the breed type and history of animal to present to family.

Tricks - perform with dog shaking front paw, catching a ball and frisbee, and barking.

Answer questions about animal.

Play with animal and family in large area.

Each participant will have ten minutes to engage the animal with their family. This factor will need to be taken into consideration when the group members are writing out their plans.

3. Sharing

Sharing takes place during the activity.

4. Processing

How do you feel about bringing home an animal?

How comfortable are you with teaching your family something new?

Are there any issues you were worried about?

How did you think you performed in this type of situation?

5. Generalizing

Were you comfortable with sharing the dog with your family in a new environment?

What lessons did you learn from this experience?

6. Application

How can you apply making a plan to another situation?

7. Summary

Summarize by reinforcing assertive communication skills.

Ask each participant to say in his or her own words what parts of this group experience he or she valued and felt good about. Wash hands.





Session: Physical and Social Environment (2 of 2)

Group title “Show and Tell”

Format

Wash hands.

Preparation - 5 minutes

Activity - 45 minutes

Discussion - 10 minutes

Supplies

Leash

Cage

Animal Treats

Written information brought by participant

Description

1. Introduction

Warm-up - Ask group participants how they are feeling today?

How do you feel about taking on the role of teacher as you teach your family about the dog that you will interact with? Are you comfortable with your plan? Answer any questions the participant may have.

2. Activity

Each participant will perform their prepared plan for showing the animal to the family. Any tricks or talents can be shown during this time. This intervention is dependent on what the participant is interested in doing.

3. Sharing

The sharing takes place during the activity.

4. Processing

How did you feel about your role as a teacher?

How do you feel about being assertive?

Which experiences did you like best? Least?

How was it being in a different physical and social environment with the animal and your family?

5. Generalizing

What did you learn about yourself from being a part of this AAT group?

What are some lessons learned from today’s activity?

6. Application

How does a physical environment impact your behaviors?

How does a social environment impact your behaviors or interactions and overall with AAT sessions?

7. Summary

Ask for a volunteer to summarize.

What are some new things members learned today?

OT provides feedback to members about their participation. Wash hands.

There should be a fifteen minute refreshment party concluding the AAT sessions.

Pictures with the families, group members, and animals should be taken at this time.

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