

Implementing Animal-Assisted Therapy into a Treatment Plan

Integrating an animal partner into treatment programs requires that the therapist use their evaluation to determine which limitations and goals will be addressed with the animal interaction. Discussing the exercises with the handler prior to a treatment session will allow the handler to determine if their dog is appropriate for the activity and also allow them to plan how to handle the dog throughout the activity. Good communication between the handler and therapist will allow for a seamless treatment session.

that the therapist has available to them, the therapist must assess if the dog is appropriate for the activity they are trying to add to their treatment session. It is important for the therapist to select the right dog prior to a treatment session. The size of the dog may also be a consideration for the activity. Many times modifications can be made so that a small dog can be placed on a surface to allow the patient to perform the exercise that the therapist wants to include as part of the treatment session. If not, the handler and therapist can work together to come up with an acceptable solution.

Occasionally, there may be an activity that a dog working in an animal-assisted therapy program is not well suited to execute. One of the benefits of working with an organization that provides dogs to a facility is that there is typically more than one therapy team available and the right dog can be identified and placed in the facility as needed. The handler's knowledge of their dog provides the organization with a profile that allows them to match dogs to facilities and even to particular therapists. Conversely, if a facility has a resident animal or if a therapist uses their own dog there is no flexibility to switch out animals better suited for an exercise.

Some of the problems seen in patients that can be addressed in treatment with an animal-handler team's involvement are: range of motion, strength, ADL's, balance, gait, coordination, gross and fine motor skills. Decreased range of motion and decreased function of an upper extremity are two of the more common problems that can be addressed with the use of dogs in therapy, but there are many other limitations that can be addressed with an animal-assisted therapy team as part of the treatment. Some of the ways that a therapist can address limitations or problems found upon evaluation include basic tasks such as petting, brushing/combing/grooming, walking or playing with the therapy dog. Treatments are carried out by the therapist and handler working together to execute the task with the dog and patient. Progression of the exercises can be obtained through positioning the animal or patient and increasing the challenge of the activity by varying or adding components to the activity.

Since most of the activities we listed above can be used to address a variety of problems we are going to discuss each activity and some of the possible exercises that can be performed to work toward short and long term patient goals. The therapist can use one of these activities as an entire sequence of events, or can progress an exercise by adding components of the activity when clinically appropriate to increase the complexity of an activity or address functional goals. The therapist can determine if all or only some of the process is applicable to their problem list and set up the activity to meet the determined goals.

Samples of Therapeutic Goals

Balance:

- Walking dog freestanding, from a wheelchair or walker
- Bending to pick up balls and toys
- Filling water bowl and setting down for the dog

- Reaching to pet, from right or left side or across the body

Endurance:

- Throwing a ball or toy for extended periods (while standing or sitting)
- Walking with the dog for extended periods of time

Fine and Gross Motor Skills:

- Grasping or reaching for treats
- Opening / closing treat container
- Working with knots, buckles, buttons, snaps, Velcro closures, clips, etc. on dog's vest or equipment
- "Undressing" and re-dressing the dog with vest and equipment
- Assisting in grooming activities, using brushes, towels, spray bottles, etc.

Memory/Cognitive:

- Remembering dog's name, breed or history
- Remembering handler's name
- Activities with dog's picture book
- Giving commands
- Remembering colors, shapes, directions

Problem Solving:

- Choosing type of toy or treat
- Deciding where to go during a walk and how to get there
- Giving dog appropriate commands
- Choosing direction
- Choosing type of activity to do with the dog
- Deciding where to hide treats for the dog to find

Range of Motion:

- Tossing a ball, Frisbee or toy
- Brushing, petting or other grooming
- Tug of war
- Giving treats

Self Esteem:

- Dog's total acceptance of disability and/or appearance
- Empowerment in giving commands and getting a response
- Increased social interaction with others because of the dog

Sensory Stimulation:

- Feel of fur and body warmth
- Dog “kisses”
- Feel of feet, nails, tails, ears, nose, etc.
- Hearing barking and other vocalizations

Speech:

- Calling the animal’s name
- Giving obedience commands
- Clicking tongue or smacking lips to get the dog’s attention
- Using voice to do any of the above

Strength:

- Squeezing toys
- Tug of war

Walking a Pet Therapy Dog

Walking a therapy dog is an exercise that may be used to improve range of motion, endurance, balance, proprioception, coordination, and gross/fine motor skills. By breaking down all the steps that go into walking a dog from putting on a collar and leash, to actually walking the dog, the therapist has several activities that they can incorporate into their treatment program. Incorporating the entire process of walking the dog can also address sequencing skills needed for ADL’s. The exercise selection should be discussed with the handler prior to the treatment session. The handler is responsible to make sure the dog is properly secured at all times in the process when collars and leashes are being removed. The handler may prefer to keep a collar on the dog at all times and the patient is actually just placing a second collar on the dog. The handler should use a leash with two handles so the handler maintains control over the dog along with the patient. If the therapist has any concerns about balance or if the patient is apprehensive about walking the dog, the therapist knows that the handler has control of dog at all times and the therapist can concentrate on the patient. If the handler understands the progression of exercises and expectations of the therapist’s treatment plan they can decide the best way for their team to assist in each exercise.

For patients with fine motor skill deficits the therapist may instruct the patient to buckle/unbuckle the dog’s collar. Collars with different closures such as buckles or snaps can be used to address a variety of different ADL goals. If there are range of motion and/or coordination deficits in the upper extremities the patient can be directed to reach for the leash at varying heights and then use fine motor skills to fasten the leash to the dog’s collar. Different leashes with different closures could be used to challenge the patient’s skills as needed.

Gait training, balance and coordination can all be addressed in the process of walking the therapy dog. Arm swing may be promoted in the extremity holding the leash as well as the contralateral side. During ambulation the therapist can use cueing to recruit some trunk rotation. The distance of the walk should be discussed with the handler prior to the walk and a plan should be in place so that if the patient is unable to complete the anticipated distance the handler takes full control of the dog and the therapist can assist the patient to sitting or to their assistive device. The activity can be resumed after a rest break or modified if the

patient cannot complete the exercise. Once the patient masters one type of surface the therapist could change surfaces. Carpet, tile and progression to inclines will all change the intensity of the activity for the patient. If the patient can safely ambulate and the therapist and the pet therapy team have the ability to go outside they can work with the patient on uneven surfaces and going up and down curbs for ADL training.

To further progress this exercise the therapist could have the person walk or weave through cones or go up and down stairs with the therapy dog. Changing the type of surface, progressing to outside with curbs and uneven paths, walking through cones, using stairs, and varying speed will all add challenges to progress a treatment.

Using Play with the Therapy Dog

The therapist can use different play activities with the therapy dog to improve grip strength, range of motion, positional tolerance, balance and coordination. This can be as simple as instructing the patient to hold a toy out for the dog and having the dog come and take the toy from the patient's hand or as advanced as a game of fetch. Positioning will be dictated by the problems and treatment goals that the therapist is working on in treatment. The patient can progress from sitting to standing, to single leg stance, or standing on an uneven surface to challenge balance and coordination. While playing with the therapy dog remember both the position of the patient and of the toy can be varied to achieve the patient's goals.

The therapist may work with the handler to have the dog perform different commands or tricks such as: sit, down, shake or paw. A patient with limited upper extremity range of motion, trunk flexion, or balance would benefit from the act of reaching out to receive the dog's paw but can also benefit from something as simple as using different hand signals for sit or down commands.

The therapist could instruct the patient to throw a ball or toy for the dog while playing fetch. The activity can be performed with the patient sitting or standing. The therapist may have the patient aim at a target and vary the distance or angle of the throw, or may even have the patient just throw the ball to the dog. The therapist may incorporate range of motion, strength, balance and endurance components into the exercise. Once the dog returns with the ball or toy, the therapist can vary how the patient retrieves the ball from the dog, either out of the dog's mouth or from the floor. This change of position can address different problems depending on the rehab goals for the patient.

Another game that may be used in therapy is tug of war. If the patient is working on standing balance you can have the patient play with the dog in a standing position, but if they lack the ability to stand you can alter the game so that the patient is seated. Bilateral or unilateral use of hands will change the activity for the patient. As stated before, not all dogs are well suited for all activities and this may be one activity that is not appropriate for all patients or dogs. The therapist must discuss this with the handler to determine if the dog is the right size and has the right grasp on commands to perform this activity.

There is an endless list of games and variations that can be made to those games that a therapist can incorporate into therapy. The most important thing to remember is that the activity should be performed to address a specific problem and goal and the treatment should be documented in a way that is objective and

measurable, as is the case with any intervention in therapy. Addressing the dog's ability to perform commands and play certain games with the handler beforehand will help the therapist develop their treatment plan.

Basic Care Activities with the Pet Therapy Dog

Basic care activities, such as feeding and bathing a pet therapy dog, may prove to be useful with certain diagnoses. Allowing the patient to take part in feeding the dog can address sequencing, range of motion, balance and coordination as well as both fine & gross motor skills. The patient can be positioned in front of the dog in sitting, standing, crouching or kneeling and may be instructed to feed the dog by hand to address motor skills or to improve positional tolerance or endurance. The patient may need to grip the bowl, and/or pinch a piece of food between their fingers and release it to the dog. The therapist may even be able to vary the size of the food to pinch, based on the dog's diet and ability to use dog treats in addition to food. By pinching kibble or food between their fingers and gripping or holding the bowl the patient can work on gross and fine motor skills. Specificity to the patient's problems can easily be achieved by modifying any part of the exercise. For example, if the therapist needs to address gait deficits in a patient they could have the patient retrieve the food from another location and carry the food back to the dog. And, if gait deficits are not noted on the problem list they could eliminate this step.

In the article by Gurock and Gurock, who are both OT's, they incorporated the care of their dog Patrina, into therapy with children. In their article, children with sensory issues would bathe or shampoo the dog with shaving cream. This activity addressed bathing and also offered the children tactile stimulus by varying the texture of what was applied to the dog.

One of the things we will address in greater detail in the animal wellness section of this course is the emphasis on maintaining the safety and well being of the animal during any activity. With the help of a veterinarian, the clinician and/or handler will be aware of what to do or not do in order to keep the animal happy and healthy throughout the time they are involved in animal-assisted interventions. The health and well being of the animal is of utmost importance so that we do not negatively impact the animal's health or temperament and thus their ability to perform to animal-assisted interventions for many years to come.

The sequencing exercise we are outlining below simulates planning to bathe a dog, but the patient and therapist do not actually use any shampoo or place any other substances on the dog other than water. This simulation exercise can accomplish the same goal as the exercise Gurock and Gurock performed but without any potential risk of allergic reaction to the therapy animal. While they used their own dog and were comfortable with applying shaving cream to the dog, not all therapy dogs may be suited for this application. Throughout the bathing process the therapist could introduce different substances to the patient for tactile awareness but then the therapist would have the patient wash their hands and just simulate placing the substance on the dog without ever actually putting anything on the dog. This process will allow the patient to experience the tactile awareness of different substances but it decreases the risk of a potentially stressful situation for the animal and handler by limiting the exposure of these substances to the dog. Since there is no way to know all the things that may harm the animal it is up to the handler to ensure the animal is kept safe. By communicating with the handler in advance of treatment sessions about the exercises involving the animal it allows the handler to provide feedback to the therapist on any changes that

need to be made to the plan based on the animal's health or abilities. This also allows the handler to plan what they need to do in order to direct the dog to complete the planned task.

To simulate the bathing process, the therapist would have the patient retrieve the supplies they would need for the bath. The therapist could vary the location and distance of the supplies based on the treatment problems, goals and objectives. Next, position the patient to bathe the dog in sitting, standing or kneeling position, again based on diagnosis and goals. For example, positioning of the dog in relation to the patient could encourage range of motion exercises. The patient would simulate wetting the dog down with a sprayer, hose or various nozzles to address motor skills. These items can be different styles, weights and grip types. A spray bottle filled with water could be used if the handler agrees that the dog would not be bothered by this activity. At this point the therapist could actually vary substances placed in the patient's hands from shampoo to shaving cream in order to change the tactile experience. The patient would be instructed to wash their hands between substances and make sure their hands were free of any substances prior to touching the dog. The patient then would simulate applying shampoo to the dog. The patient could use one or both hands to simulate lathering up the dog based on involved sides or need for bilateral involvement for the specific part of the ADL being addressed.

Next, the patient would again use the nozzles or sprayer handles to simulate rinsing the dog off. At conclusion of the bath the patient could simulate drying the dog off with a towel. After the patient practices with the dog in the clinic they can apply the sequence of activities at home to their own ADL's.

As you can see a pet therapy team can be very beneficial with sequencing skills. If the long-term therapy goal of a patient is to improve the ability to perform ADL's such as bathing or feeding, the therapist could have the patient work through the parts of the activity and progress the exercise by adding steps. Once the patient has mastered the activity in its entirety they can apply those skills to their own activities of daily living.

Self-care ADL's are commonly addressed with the assistance of an animal therapy team by placing a special vest on the therapy dog with a variety of fastening devices such as zippers, velcro, snaps, ties and buttons. The patient has the opportunity to work on their fine motor skills and ADL's. The therapist may place different objects inside the pouches of the vest and instruct the patient to retrieve the objects out of the pockets of the vest.

The coordination of all these activities and sequencing of events can improve the quality of life for people of all ages in many settings. Diagnoses appropriate for these exercises can range from cerebral palsy, autism, stroke, or head injury patients. Improving quality of life and independence of a post op outpatient patient with an upper extremity injury can also be addressed with these types of activities. This versatility makes using a therapy dog a great tool for any therapist.

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