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# Alternative Therapies for People with Special Needs: An Emphasis on Animal-Assisted Therapies

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Alternative Therapies for People with Special Needs:  
An Emphasis on Animal-Assisted Therapies

An Honors Thesis  
Presented to  
The University Honors Program  
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by  
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**Accepted by the Honors Faculty**

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**Abstract**

This paper contains research examining the effectiveness of alternative therapies - play therapy, art therapy, music therapy, horticulture therapy, and animal-assisted therapies – in helping various special needs populations. The focus of this research was on animal-assisted therapies that utilized therapy dogs or horses. These therapies provide a plethora of benefits physically, mentally, and psychologically. 11 interviews were conducted with counselors, psychologists, therapy dog owners, and an equine therapy director to further examine the effectiveness of these alternative therapy programs. Each interview presented unique evidence of the positive impact these therapies are having on various populations. All research into these therapy programs indicated confidence as a major benefit for their participants. These alternative therapy programs are demonstrating evidence of their effectiveness through the achievements of the therapeutic goals and confidence gained by their participants.

*Keywords:* alternative therapies, animal-assisted therapies, therapy dogs, hippotherapy, equine-assisted therapy, special needs, disabilities, confidence

### Alternative Therapy Programs for People with Special Needs

Autism, chronic illnesses, hearing loss and deafness, intellectual disabilities, memory loss, mental health, physical disabilities, speech and language disorders, and vision loss and blindness are all different classifications of disabilities that a person can have. In 2010 census.gov reported that 56.7 million people, roughly 19% of the population, or almost 1 in 5 people in the United States had a disability (“Census.gov”, 2012). Traditionally, these persons received treatment for their special need(s) through medication, counseling, and/or traditional therapies (i.e. physical therapy, occupational therapy, etc.). There is evidence that these conventional treatments provide many benefits. However, these are not the only treatment options available to this population. Recently, a multitude of alternative therapies have been developed and researched. Some of these therapies include play therapy, music therapy, art therapy, horticulture therapy, and animal-assisted therapies. Research into these newer innovative therapies have shown that people pursuing the right kind of therapy for their disability benefit from these alternative therapy programs. These programs have even proven to help aid, increase, and sometimes even replace the effectiveness of the traditional treatments. The purpose of this research is to examine the effectiveness of alternative therapies, specifically animal-assisted therapies, for people with special needs.

Play therapy is perhaps the most well-known type of alternative therapy. “Play therapy is a culturally sensitive approach that uses therapeutic and developmental characteristics of play to help children achieve optimal growth and development” (Siu, 2014, p. 1). When facilitated appropriately, play therapy can provide many benefits. One advantage of play therapy is that it helps improve communication skills (Swan & Ray, 2014). Children with special needs often have a hard time communicating verbally. Play is another means

through which children can communicate. Additionally, play therapy has been shown to improve language development, social skills, academic achievements, and self-concepts (Siu, 2014; Swan & Ray, 2014). Play therapy can also help decrease behavioral deficits. Research has shown that play therapy is effective at decreasing Attention Deficit Hyperactivity Disorder (ADHD) symptoms, aggressive behaviors, and irritability (Siu, 2014; Swan & Ray, 2014). While play therapy is beneficial for all children, this form of therapy can have additional benefits for children with various disabilities.

Children with autism have a hard time interacting with others and understanding social cues. Studies have shown that after participating in a play therapy program, autistic children displayed a substantial improvement in social awareness and motivation when relating to others (Siu, 2014). Children with developmental delays have experienced increased attention to others, and enhanced abilities to respond to their teachers and relate to adults (Siu, 2014). Considering these findings and more, researcher Siu conducted an experiment to examine the effects Group Theraplay, a type of play therapy, would have on children with developmental disabilities. Her research concluded that the children significantly improved their social awareness and social communication (2014). Furthermore, these developmentally delayed children could pick up on more social cues and learned how to reciprocate social behaviors (Siu, 2014). Overall, this Group Theraplay program improved these developmentally delayed children's self-confidence and sense of competence (Siu, 2014). Play therapy isn't limited to only benefiting children.

Adults with special needs can benefit from participating in adult play therapy programs as well. Adults with developmental disabilities often express many negative behaviors, for example: acting out, self-injury, and withdrawal (Demanchick, Cochran, &

Cochran, 2003). For these individuals, a person-centered play therapy program that emphasizes acceptance, unconditional positive regard, and genuineness can be a valuable experience (Demanchick, Cochran, & Cochran, 2003). A research study involving two young adults with developmental disabilities participating in a person-centered play therapy program resulted in positive changes and growth for both participants. The biggest improvements noted for both participants were that they experienced greater autonomy, environmental and self-control, confidence, and self-expression (Demanchick, Cochran, & Cochran, 2003). Play therapy is just one type of alternative therapy program being used today.

Music therapy was first used in the U.S. in veteran's hospitals after WWI (Hadley, Hadley, Dickens, & Jordon, 2001). The idea of music possessing therapeutic qualities can be traced all the way back to Plato (Hadley et al., 2001). There are no limits to the populations that can be reached via music. Music taps into inherent human response like pulse, rhythm, breathing and movement, and emotions (Hadley et al., 2001). As a result, music therapy can aid in helping people with developmental delays, emotional/behavioral problems, autism spectrum disorder, learning disabilities, mental health problems and stress (Hadley et al., 2001). By participating in this therapy, motor, communication, cognitive, affect, and social skills are enhanced (Hadley et al., 2001). When paired with an effective facilitator, music can provide many therapeutic benefits. Music is not the only type of creative therapy.

An additional form of therapy that utilizes a person's creativity is art therapy. This therapy is often used with children with special needs. It is important that the art making in this form of therapy is spontaneous, self-motivated, and self-sustained (Lee & Liu, 2016). Previous studies researching the effect of art therapy on children with autism found that these

children had more self-confidence and improved their emotion regulation (Lee & Liu, 2016). A more recent study involving six children with special educational needs (ADD, ADHD, autism, dyslexia, and/or social impairment), participated in an art therapy program once a week for fourteen weeks. This research found that during the sessions the participants experienced a strong sense of autonomy, confidence and sense of competency grew with each session, there was more willingness to try new activities, and negative moods decreased (Lee & Liu, 2016). Moreover, some parents reported that their children had fewer negative emotional and behavioral problems in addition to being better at expressing themselves and understanding other perspectives (Lee & Liu, 2016). This artistic form of creative expression can be a positive influence for people with special needs.

Social and therapeutic horticulture (STH) is a type of therapy that is often utilized in disabled or vulnerable populations (Sempik, Rickhuss, & Beeston, 2014). “STH is the use of plants and gardening in a structured and formalized way to promote health and wellbeing” (Sempik, Rickhuss, & Beeston, 2014, p. 1). Horticulture therapy has been associated with improved self-esteem, but most noticeably, STH helps improve social interaction in people with mental health problems (Sempik, Rickhuss, & Beeston, 2014). One study comprised of 143 participants all with some form of disability, measured participants’ social interaction, communication, motivation, and task engagement over the course of one year as they partook in a horticulture therapy program. All measured areas showed improvements at 90 and 180 days into the program (Sempik, Rickhuss, & Beeston, 2014). Significant improvements were found in social interaction and motivation at 90 days into the program (Sempik, Rickhuss, & Beeston, 2014). Social interaction was the one area that consistently improved at each stage

of the therapy program. The research that has been conducted into horticulture therapy thus far provides the most evidence for social benefits for those with special needs.

An alternative therapy category that is receiving a lot of positive attention is Animal-Assisted Therapies (AAT). This form of therapy has been described by the Delta Society as:

A [goal-directed] intervention in which an animal meeting specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with special expertise and within the scope of practice of his/her profession. AAT is designed to promote improvement in human, physical, social, emotional, and/or cognitive functioning. (Dilts, Trompisch, & Bergquist, 2011, p. 2).

While the research into the effectiveness of AAT is a relatively new field, the use of animals in intervention practices has been around for centuries. The earliest recorded history of using animals in therapy dates to the Quaker Society, specifically the York Retreat in England founded in 1792, which used animals to help patients with mental illnesses (Heimlich, 2001 & Wilson, Buultjens, Monfries, & Karimi, 2017). Since then, various animals have been used in multiple therapy settings helping to provide consistency, connection, trust, and acceptance (N.A., 2014).

Dolphins may not be traditional therapy animals, but they are making a splash in this field of research. Several studies have found that interacting with dolphins in a therapeutic setting has led to increased attention spans, improved play behaviors in children, increased verbal expression, improvements in sleep behavior, and increased confidence and strength (Dilts, Trompisch, & Bergquist, 2011). Another study using children with various disabilities as the participants, demonstrated further evidence for the effectiveness of dolphin assisted



therapy through the positive reports received from parents. These parents reported seeing noticeable improvements in their children's behavior including being less socially withdrawn, less fearful and anxious, and showing less aggression and acting out (Dilts, Trompisch, & Bergquist, 2011). Another animal that is making a significant impact in the Animal-Assisted Therapies research are horses.

The most popular use of horses in therapy is hippotherapy, also referred to as therapeutic horseback riding. Gross motor function is the main target of this form of horse therapy. Hippotherapy improves posture and balance, especially in participants who have physical disabilities (Granados & Agís, 2011; Heimlich, 2001; Lehrman & Ross, 2001; & Rigby & Grandjean, 2016). Furthermore, therapeutic riding can improve strength and agility, weight-bearing ability, circulation, respiration, and metabolism (Granados & Agís, 2011). Additional physical benefits of hippotherapy include improved flexibility and mobility (Lehrman & Ross, 2001). Added benefits found by other researchers are improved spasticity, muscle symmetry, and gait for children with disabilities (Rigby, & Grandjean, 2016). Reasoning behind these physical benefits of riding a horse stem from the horse's warmth and gait. Many people with physical disabilities are unable to move much, thus spend most of the day in the same position. This causes muscles and joints to tighten and stiffen. When these individuals mount a horse, the warmth from the horse helps loosen their bodies up, which in turn increases agility. Furthermore, the natural gait of a horse matches the natural gait of a person (Granados & Agís, 2011). When riding a horse, the body movement of the rider mimics walking motions, thus building muscle memory in the disabled person.

Hippotherapy can provide more than just physical and gross motor benefits. Findings in one case study of a young girl with multiple disabilities revealed how participating in a

ten-week therapeutic riding program helped influence verbal development. Before starting this program, it was noted that the participant rarely made verbal sounds (Lehrman & Ross, 2001). At the end of the ten-week program researchers Lehrman and Ross (2001) noted that the young girl “was making more verbal sounds in the form of grunts, screams, and laughter” (p. 2).

Another study examining the effects of hippotherapy for children with special needs found that most body systems are activated. These included the engagement of the skeletal, sensory, muscular, limbic, vestibular, and ocular body systems during this form of therapy (Granados & Agís, 2011). This therapy can then be utilized to help meet physical, psychological, cognitive, social, behavioral, and educational goals (Granados & Agís, 2011). Through the release of endorphins and the child-horse bond that forms when riding, these children could experience many psychological benefits, reduced stress, reduced pain, increased attention, trust, respect, empathy, a sense of control, security, acceptance, love and affection, a sense of autonomy, and confidence (Granados & Agís, 2011). Social benefits include the children thinking better of themselves, increased their empathy towards others, and the ability for them to express their thoughts and feelings without fear of criticism from their nonverbal horses (Granados & Agís, 2011). Some of the educational benefits described in this study were an increased capacity to learn and improvements in personal responsibility in the child (Granados & Agís, 2011).

Horses can be utilized in nonriding therapeutic settings as well. Equine-assisted therapy is a form of pet therapy that uses a horse to help aid the therapeutic process. For many populations, including those with severe emotional disorders, traditional therapy programs are not always effective. Animals, horses included, have been found to be useful in

helping to achieve many therapeutic goals. Equine-assisted psychotherapy is a hands-on therapy approach that allows participants to interact with a horse in their environment. The horse can provide emotional and physical comfort which leads to the development of trust and confidence (Wilson, Buultjens, Monfries, & Karimi, 2017). The purpose of this form of therapy is to have participants gain a sense of order, understand boundaries, improve focus, and instill trust (Ewing, MacDonald, Taylor, & Bowers, 2007). Participation in this form of therapy has been shown to decrease depression, help develop communication, honesty, patience, and respect skills, increase self-esteem and internal locus of control, foster social acceptance, improve interactions with others, decrease aggression and hostility, and foster relationship building skills (Ewing, et al., 2007). Further research has found equine-assisted psychotherapy to help develop nonverbal communication skills, creative thinking, assertiveness, problem-solving abilities, teamwork, confidence, and leadership skills all of which can increase self-esteem, self-efficacy, and an understanding of personal space and boundaries (Wilson, et al., 2017).

One study gauged parent perceptions of how equine therapy was affecting their children with intellectual disabilities. Parents reported that this therapy improved their child's self-esteem and confidence (Surujlal & Rufus, 2011). One parent stated, "You can feel the sense of accomplishment in him" (Surujlal & Rufus, 2011, p. 9). Many children with disabilities have a sense of powerlessness over many things in their lives, this therapy can help them experience and gain control over something which leads to being more confident in their everyday lives. Some of the parents reported improved social engagement in their children as well (Surujlal & Rufus, 2011). Perhaps the most important takeaway from these parent reports of equine therapy is that no parent had a single negative comment to make and

every parent was willing to recommend this form of therapy to other parents who have children with intellectual disabilities (Surujlal & Rufus, 2011).

Possibly the most common animals used in Animal-Assisted Therapies are different breeds of dogs. There are three categories of assistance that dogs can be labeled under: (1) emotional support dog, (2) therapy dog, and (3) service dog. An emotional support dog does not receive any specific training but can provide support, well-being, comfort, aid, or a calming atmosphere because of the companionship, unconditional positive regard, and attention they provide through proximity to their owners (Von Bergen, 2015). A therapy dog is trained and certified to bring support and comfort to people other than their owners. A service dog is “any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, and other mental disability” (Von Bergen, 2015, p.6).

Interaction with a dog has been proven to have many benefits including emotional, psychological, social, educational, and physical. Some physical benefits include a decrease in blood pressure and heartrate (Beetz, Uvnäs-Moberg, Julius, & Kotrschal, 2012; Heimlich, 2001; & Henry & Crowley, 2015), a decrease in pain and pain perception (Beetz, et al., 2012), and increase survival in coronary artery disease (Heimlich, 2001). Interaction with a dog has also been shown to have an influence on empathy, social competence, and independence (Beetz, et al., 2012) and can help foster socialization while increasing responsiveness, mental alertness, and an outward focus on the environment (Heimlich, 2001). Additionally, anxiety and psychological distress can decrease from these interactions (Beetz, et al., 2012; Crossman, Kazdin, & Knudson, 2015; & Henry & Crowley, 2015). Moreover, interaction with a dog promotes trust, reduces aggression, improves mood, increases attention

and motivation (Beetz, et al., 2012), enhances self-efficacy and coping abilities (Crossman, Kazdin, & Knudson, 2015), and can increase positive social behaviors such as smiling, laughing, and verbalizing (Tunçay Elmacı, & Cevizci, 2015).

What is the reasoning behind a dog being able to provide all these benefits? One explanation is the release of the love hormone oxytocin. Oxytocin is produced in the hypothalamus and is sent into the brain and circulatory system as a response to sensory stimulation, primarily from trusting relationships (Beetz, et al., 2012). Oxytocin has been linked to an increase in eye contact, empathy, trust, social skills, positive self-concept, and generosity (Beetz, et al., 2012). This hormone can also decrease depression and aggression (Beetz, et al., 2012). Furthermore, oxytocin can help reduce stress by decreasing the amount of the stress hormone, glucocorticoid being produced (Beetz, et al., 2012). Oxytocin levels are measurable, and many studies have been conducted to discover what types of interactions produce the most oxytocin. One documentary found that physical interaction with a dog (i.e. petting a dog) produces similar spikes in oxytocin in both the person and the dog as are produced when a woman breastfeeds a baby – one of the highest oxytocin producing activities (“Dogs Decoded - Top Documentary Films,” n.d.).

## **Method**

### **Participants**

Participants ( $N = 11$ ) were professional counselors, psychologists, therapy dog owners, and an equine therapy director. All participants were females. The participants ages ranged from 30s to 70+. A snowball sampling method was used to find participants.

### **Instrumentation**

Two instruments were used to gather data: a demographic questionnaire and one-on-one interviews that followed an interview outline.

**Demographic questionnaire.** The questionnaire was used to gather general background information about the participants. The questionnaire obtained information about gender, age, degrees obtained, additional training, and any other credentials the participants have.

**Interview questions.** Every participant was asked the same series of questions. These questions were designed to gather information about the type of work the participants are involved in, target populations for their interventions, outcomes of their interventions, as well as personal accounts of the success they have witnessed through their line of work. Additional questions were asked of each participant based on the information they shared.

### **Design**

This study used interviews as a means of collecting data. Participants were selected based on referrals from others indicating that these people are or have worked in this field of study and would have valuable experiences to share. Most interviews were conducted in person, one was started in person and finished over the phone and one was conducted via skype. All interviews were recorded on a secure Olympus Digital Voice Recorder and stored in a fire proof safe.

### **Procedure**

Participants were recruited via email or phone. After agreeing to be interviewed, a time and place was scheduled for the meeting. Before beginning the interview, participants read and signed a consent form and filled out the demographic questionnaire. After the

paperwork was completed, the recording device was turned on and the interview commenced. The interviews were facilitated through set interview questions. Additional questions regarding some of the previous work and/or experiences of the participants were asked according to their responses from preceding questions. After each interview was completed the recording device was turned off and stored in the fire proof safe in a secure location.

To ensure confidentiality of all participants, pseudonyms were assigned to every interviewee and their animals.

## **Interviews**

### **Interview 1**

Patty works at a special needs school as a school counselor and social worker. In this position, Patty provides individual and group counseling as needed. She is the coordinator for home bound services through the school for children who are not medically able to attend school. Additionally, Patty is in charge of providing family support. This includes linking families with outside agencies, such as mental health and financial assistance. She writes referrals to social services as needed. If a family cannot find any other way to help with a financial crisis, the school has an emergency PTO fund that the committee can vote to give to families in need. When parents need to talk, Patty is there to listen. She is also available to all staff members who need to talk. Her office is a safe place for everyone to come in and share what has been burdening them. Furthermore, most of the suspected abuse and neglect reports go through her for further review and additional reporting.

Patty also works with other agencies in the community to help provide clothing for some of the students in need. There is a clothing closet in her office for students who show

up in inappropriate school attire or have an accident. Beyond these services, Patty will also pitch in and lend a hand anywhere she can. If the floor needs to be mopped, she will grab a mop and clean the floor. She explained that everyone in the school works together to help with every need.

Some of the therapy programs offered at the school include physical therapy, occupational therapy, speech and language therapy, vision-impaired therapy, and hearing-impaired therapy. When asked what the biggest benefit these programs provide for the students, Patty answered confidence. Through these therapy programs the students gain confidence in themselves and in their abilities. Patty stated, "If you are confident in what you are doing, you are going to feel better about yourself, you are going to be more successful, and you are going to push yourself more" (Anonymous, April 28, 2017). Patty attributes a lot of this gained confidence to the therapy programs helping students learn to do the things they did not think they would be able to do.

When asked about play therapy Patty stated that play therapy is partially integrated into a bunch of different activities done with the students. She believes that children can learn through play. For some, this is the only way they can communicate what they want and/or how they feel. Play therapy is not always an intentional therapy technique being utilized, but it is still being incorporated even when the students are unaware of it.

The main counseling technique that Patty utilizes when counseling students is the use of visual cue boards. These boards show either a photo or image of people experiencing different emotions or doing different things that students can use to share how they are feeling. These boards can also help teach students what to do when they experience different emotions. For example, when a student is angry they can be taught how to take deep breaths



and count to ten. Patty finds that she can use visual cues to help with almost any situation these students face. Two things she keeps in mind when deciding which technique to use with a student is their age and cognitive levels.

Some of the biggest improvements Patty has seen in students comes from their involvement in physical and occupational therapy. She can recall several students who start out completely immobile who can now walk either on their own or with only a little assistance. This is achieved through the help of therapy, strength training, braces, exercises, and setting achievable goals. Patty concluded our interview by saying that we should never look at a child and say that they will never be able to do something, because that is not something that we will ever know for certain. If goals are set and everyone works hard to achieve those goals, it does not matter what limitations a person is born with. Just because someone is born a certain way does not mean that they are destined to stay that way.

## **Interview 2**

Jessica is a school psychologist who as has had Applied Behavioral Analysis (ABA) training. She has been working within the same school district since 1995 as a school psychologist, and as the districts Lead School Psychologist since 2003. A school psychologist's role incorporates evaluating students, consulting with teachers, and helping teachers decide the best instructional methods and reinforcements that will best facilitate learning. As a lead school psychologist, Jessica helps hire, train, and service the staff within the school system who work with the special needs students. She also supervises the other school psychologists and helps with evaluations.

Jessica's job is to help schoolchildren in the Exceptional Students Program. This is a program for students with special needs. There are 14 areas of eligibility for students to

qualify for the Exceptional Students Program. While Jessica does work with students from all 14 areas, her work is primarily focused on students with autism. Jessica utilizes her ABA training when working with these students.

Some of the interventions Jessica and the other psychologists in this school district practice include: (1) direct instructions, (2) functional communication training, (3) functional behavior assessment, and (4) discrete trial. She went on to describe discrete trial training as an instructional method. Jessica explained that while most typically developing students can learn in a traditional large group setting receiving instructions from their teachers, students with autism often struggle in this setting. Most autistic children work best in small groups or individually. Discrete trial training has a distinct beginning and end as follows: (1) giving the student instructions, (2) having them follow the instructions either independently or with some prompting, (3) giving reinforcement to the student for following the instructions, and (4) recording the data and moving on to the next activity. This intervention does not tell teachers what to teach but rather instructs them how to teach these students in the most effective manner.

Jessica has utilized many different interventions in her line of work, and has found that evidence based practices are the most beneficial. She stated that all psychologists in this school district use evidence based practices in reading, math, behavior, and social skills. If it is believed that there are other evidence based practices that could work better or should be implemented in their program, Jessica will do her own thorough research into these practices. If they prove to be beneficial for their program, she will then train the other psychologists and teachers in these practices. She is constantly making sure that they are using the best evidence based practices and that they are being implemented properly in the classroom.

Many of the autistic students Jessica works with start out with zero to minimal verbal skills, have impaired social skills, and poor behavior skills. By using evidence based practices, these students have been able to interact better with their typically developing peers and are better able to assimilate into their environments. Jessica stated that the progress with these students is often slow, sometimes even taking years before significant improvement is made. Therefore, it is of utmost importance to not get discouraged. To emphasize this point, Jessica shared a success story that is still progressing.

Jessica has been working with one female student with autism since she was three-years-old. This girl started out in a blended preschool classroom. At that point in her life she did not speak and displayed stereotypical repetitive behaviors such as handclapping and finger twisting. She could say very few words but could not use them properly or without prompting. This girl has been in the Exceptional Students Program for her entire school career so far. Every year the psychologists have continued to work on her language skills despite many other people believing she would never learn to speak. This school team never gave up on her and now in the 7<sup>th</sup> grade, this girl has started using verbal words and short sentences correctly to communicate.

There are other therapies, such as music and animal based practices that have not been permanently implemented into this school system. Jessica does not deny that these types of therapies can bring about positive outcomes, especially when it comes to happiness and quality of life. However, these therapies are still new to the research field and are limited in the amount of research done evaluating their long-term effectiveness. Their evidence base is not strong yet, so they have not selected these therapies to be utilized in their practices.

### **Interview 3**

Margaret started volunteering with a therapeutic horseback riding program in 2010, and received her riding instructor certification in 2012. Margaret works with children with a wide variety of disabilities, both mental and physical. Gross motor skills are a big focus of this kind of therapy however, using the horses for pet therapy as well helps build behavioral and emotional skills too. Margaret utilizes both therapeutic riding and pet therapy techniques when working with the students in the program.

When riding the horses, the gait and warmth of the horse provides the most benefits for the students. Margaret explained that the natural gait of a horse is the same as the gait of a human – they have the same hip and abductor movements. When the kids who are not able to move well on their own come for a ride, they do not put a saddle on the horse. These kids ride bareback, so they are better able to feel the movement and warmth of the horse they are riding. This allows them to open their bodies up more to be able to mimic the movements of the horse. Margaret shared several stories of students who started the program in strollers or wheelchairs and are now able to walk with little to no assistance. An additional benefit of horseback riding for all riders is improved core strength.

Margaret discussed several benefits the program provides to all the students who participate in either the therapeutic riding or the pet therapy program. She mentioned the calming effect the horses have on all the students. Being near the horses also improves the mood of the students because interacting with the horses is a positive experience for the children. These horses also love the children unconditionally - even when they act out. Interacting with an animal as large as a horse has helped build confidence in all the students. Margaret has had several students who have started out scared of horses and grew to love them. She shared a story about one boy who was so scared he would not go near the horse

arena, even when there were no horses there. Very slowly they were able to get him down to the arena and on the last riding day for that school year, he got on a horse for the very first time and absolutely loved it. Margaret and the other teachers and program workers were worried he would lose this confidence over the summer, but at the start of the next school year he still loved horses and constantly asks if the horses are in the arena.

Some skills the students learn from participating in the program that Margaret shared with me include learning horsemanship skills, how to care for a horse (e.g. grooming and feeding), reading a horse's body language which transfers to being able to read other people's body language better, how to relate to other people in the world, how to interact with a horse, how to not invade personal space, and how to walk, stop, and control a horse. They also have relay races, Easter egg hunts, play animal recognition, sounds, and names games. On other occasions, the students get to go on silent rides on the trail, so they can listen to the world around them. Some activities the riders do with the horses involve weaving through poles, grabbing puppets off the top of poles, and learning how to tell their horse to go and to stop. Some activities they do with the pet therapy students involve having the students pet the horses, groom the horses, walk the horses, and sometimes even paint the horses.

Just as dog must be trained to be a therapy dog, a horse must also be trained to be a therapy horse. Margaret stated that their program does not train their horses, but they do test all the horses they use in their program to be sure they meet all their therapy horse requirements. Parts of this test include throwing balls at the horse, pushing wheel chairs and other adaptive equipment right next to the horse, screaming, and mimicking a seizure around

and on the horse. To be a good and appropriate therapy horse for this program, the horse must remain calm in every situation.

In addition to using live horses with the students in this program, Margaret also has an equicizer horse. The equicizer is a fake horse than mimics the movements of a real horse and can provide many of the same physical benefits such as improved core strength. Margaret uses this equicizer with students who are not able to ride or be near the real horses. The equicizer is likewise an excellent starting point for students who are scared of horses. If they can get used to the equicizer and come to enjoy interacting with it first, then many of those students will eventually progress to being near the real horses and not be afraid. Furthermore, on the equicizer, students get to practice tacking a horse which helps them learn horse equipment and the naming of horse equipment.

Margaret shared several stories of students who have benefited greatly from their participation in this program. For one nonverbal student, when they get on a horse to ride they will make noises to get the horse to walk and to whoa. This is the only time that child will speak. She shared several stories of students who learned to walk because of this program. Another story Margaret shared with me was about a boy who was very high on the autism scale. This child could be very violent, he was a head-banger, nonverbal, and was very difficult to reach. When he first started participating in the program it would take five people to take him kicking and screaming just to come and see a horse. Now, this child will come down to the arena quietly, will ride the mechanical horse, and knows that he likes the horses and wants to see them. She also shared a story about a young girl who was so scared she wouldn't even come out to see the horses. She eventually warmed up to petting the miniature

horses, and now she happily walks out to the arena and asks, “where my horse at” (Anonymous, April 7, 2017).

Moreover, this therapeutic riding and horse therapy program encourages students to have some responsibility outside the arena too. In order to ride, the students must be dressed appropriately in long pants and closed toed shoes. If they are not dressed appropriately, they do not get to ride. On riding days, before the kids even come to school, they have to plan ahead for their day and what they need to wear. They are learning to plan ahead and take responsibility for some of their actions and choices outside of the classroom.

This program provides even more responsibility to the students selected to be arena managers. Margaret shared about two of their arena managers. One is young lady who has been riding for years. Now that she is grown, she is unable to ride because of her weight. To keep her involved in the program, she was made an arena manager. As the arena manager this student helps water the horses, clean buckets, groom the horses, helps get other kids on and off the horses, and walks the horses. This position is helping build her responsibility and leadership skills, and helping her get exercise when she walks the horses.

The second arena manager Margaret shared about is a young man who has high functioning autism. He gets through all his classroom work very fast and grows bored which usually leads to him acting out. As an arena manager he is in the arena helping with the horses and program for four hours each riding day. He has a lot of tasks to take care of while he is in the arena that keep him busy. When he goes back to class, he has enough time to finish his work before the end of the day. Being the arena manager has helped this young man work on his behavior on non-riding days as well. This position is something he must earn every day. It is a responsibility, but it is also a privilege. If he acts out in class, then he

does not get to come to the arena. He has learned that how he acts outside the arena affects his job as the arena manager.

Margaret has witnessed the horses having a positive effect on the program volunteers as well. One volunteer is a veteran who has Post Traumatic Stress Disorder (PTSD). He never misses a riding day and claims the horses have done wonders for him. Interacting with the horses a couple days a week as helped his marriage and his relationship with his children. This opportunity allows him to get out of his own head for a little while which is the best place for him sometimes.

A few other things Margaret mentioned during our interview include a horses' ability to read a person's energy. If a person is freaked out, the horse knows and will freak out too. Margaret stated that often the horse is better able to sense the mood of a child than the people are. She also believes that horses have the potential to help reduce the need for medication in some people. Margaret used herself as an example of this. Several years ago, she was going through a rough time in her life and was on antidepressant medication. This was around the time that she started volunteering with the therapeutic horse program. As her involvement with the horses increased so did her mood and eventually she was able to stop taking her antidepressant medication. Margaret also shared about another person who has been involved with the horses who has extreme anxiety and was on 17 different medications. Now they are on zero medications and believe the horses played a large role in this medication reduction.

While Margaret oversees the therapeutic riding program at the school where she works, she has also seen the school's therapy dog in action making a difference too. While she was with the therapy dog and his owner, a student started having a seizure on the other side of the room. The dog was handed off the Margaret while others rushed over to help the



student. The dog wanted to go over to the student, so Margaret walked him over there. When the dog reached the student he instantly started to lick the kids face to help bring him out of his seizure. Margaret has seen the benefits dogs can bring children with special needs with her own dog and son. Her pet dogs are not therapy dogs, but they are still able to sense when her son is about to go into a rage state. She knows that when they both go and sit next to him that he is about to have a rage fit. Her son may swing out and hurt her, but she knows that he would never hurt either of the dogs, so when this happens she tries to stay back, give her son a bit of room, and let her dogs take care of him.

#### **Interview 4**

Deborah has been working with horses and dogs since the late 1970's. She has obtained bachelor's degrees in biology, health and physical education, theater arts, and special education. She is also a certified horseback riding instructor. Deborah has trained dogs through both police and therapy programs. Additionally, Deborah works with her horses in therapeutic riding programs.

Being a retired special education teacher, Deborah knows first-hand about some of the challenges, fears, and anxieties these students and teachers face daily. Deborah and her golden retriever, Daisy, visit a special needs classroom every Friday afternoon. The very first time they visited this classroom, there was one autistic boy who was acting out and was being restrained by two assistants. Immediately upon entering the classroom, Daisy went up to the boy, laid her head on his chest, and the boy immediately stopped fighting and relaxed. Daisy stayed with the boy until he had completely calmed himself down. "He [the autistic boy] learned that it was okay to be who you want to be. He didn't know who he wanted to be.

And Daisy accepted him for who he was, and so every time we went Daisy would go to him first... and it was like a treat for him but a job for her” (Interviewee D, April 8, 2017).

By consistently visiting these special needs classroom, Deborah and her therapy dog have helped the students manage their temperaments, overcome their fears of dogs, reduce their anxiety, and improve their attentiveness. Deborah has witnessed several of the children’s entire demeanors change. In addition to making a difference in the classroom, this therapy dog is making an impact in the hospice field too.

Deborah and her golden retriever visit a local hospice institution regularly where patients light up at the sight of them entering their room. Deborah mentioned two women who are normally very sedate, have started asking the staff when the dog was going to visit and cheer up during their visiting hours. Another story Deborah shared from her time in hospice was of one patient who had a chair in their room full of stuffed animals. Every time Deborah and her dog visited this patient, Daisy would choose an animal off the chair, walk it over to the patient, place the stuffed animal on the patient’s arm, then gently place her front paws on the bed beside the patient.

When commenting on the work Daisy does, Deborah states: “she seems to know that it’s her job to make someone else feel different from how they were feeling” (April 8, 2017). Mood improvement cannot be emphasized enough as an important benefit of working with therapy dogs. Beyond her knowledge and experience working with therapy dogs, Deborah likewise has years of involvement working with therapy horses.

Deborah worked at a riding program at a university for several years, and for the last 10 years has allowed a local equine program to use her horses and ponies to help students heal. In these horse programs, students learn responsibility by helping feed, groom, and care

for the horses. They gain better control and ability to feel and use their muscles from riding the horses. Deborah has known several students who have started the program in wheel chairs and can now maneuver out to the riding arena with only a light walker.

Deborah further explained how riding has helped changed the behaviors of some severely autistic children:

“when they get on the horse, their demeanor changes because they are no longer in control. They can’t flee because their feet aren’t on the ground. And because they have innate fears of falling and innate fears of things that are different, they sit kind of stiff in the saddle and they’re a captive audience. So, after they do this a few times, they realize ‘oh, let your body move with the horse, it’s ok to breathe, you don’t have to scream and yell, because you’re not going to fall’” (April 8, 2017).

All the children participating in the horse therapy program learn how to interact around and trust these large horses. They gain confidence. When asked what the biggest benefit she sees students gain from this program, Deborah responded “Bravery, they learn to be brave” (August 28, 2017).

Further benefits Deborah noted during the interview about the horse therapy program included having the children be more attentive thus more productive in the classroom, encouraging the students to have better behavior, and helping them learn to think ahead and prepare. The students know that riding and being with the horses is a reward, and they know that to participate on horse day they must be dressed appropriately. These children tell their parents what clothes they need to wear to school on these days. Confidence, responsibility, and independence are all skills these students learn from the program that are transferable to other aspects of their lives.

One more success story Deborah shared with the horse therapy program involved a non-verbal girl. This girl became attached to one of the horses in the program, so much so that for the first time ever, she started singing when she saw the horse. Even more so, when Deborah went to scold the horse for some small behavior it had done, the girl became defensive on behalf the horse and started yelling noises to get Deborah to not have a negative tone with the horse. This non-verbal girl was so attached to this horse that she used sound to communicate her feelings for the first time in her life.

### **Interview 5**

Erica has been working with therapy dogs since 1984. She is currently working with her ninth therapy dog who has been certified for the past four years. Erica brings her dog, Twix, to college campuses and does special demonstrations when asked. At present, her concentration is on hospice care.

Erica discussed how many people, especially people in nursing homes, don't have many good human interactions. There are many people in hospice who don't have family close by to visit them. When Erica brings Twix to hospice facilities the patients not only get to interact with her dog, but they also with her. They share stories and reminisce about previous pets that they have had.

When asked about some of her observations she has made visiting hospice facility, Erica communicated that people who normally don't respond to other humans will smile when they see the dogs. She found that patients who do not talk to other people, will talk to the dogs. The therapy dogs additionally provide a noticeable calming to the patients. Erica shared a story of one hospice patient who was agitated about having to have her finger pricked from a diabetes test. This patient was refusing to let the nurse prick her finger. When

Erica walked into the room with her therapy dog, the patient hugged Twix and the nurse was able to prick the patients finger for the test without the patient noticing.

Erica discussed the following added benefits that the therapy dogs provided; decreased blood pressure, increased serotonin levels, better pain management, increased engagement with other people, and it simply brightens their day. Erica shared that for some people, dog visits are the one thing they look forward to. This helps motivate them to keep going another day because of the anticipation for the dog visit days, which keeps some patients going.

Beyond helping hospice patients with the day to day, therapy dogs can also help them as they are in the process of dying. Many hospice patients request to have a dog with them as they are dying. Although Erica has not had this experience with her dog, she is open to bringing her dog in if it is requested by a patient or a family member. The dog can bring some comfort during the final moments of a person's life, but maybe more importantly, the dog can help bring comfort to the families. Erica emphasized the dog's ability to also comfort the families who are distressed over their loved ones as well as the staff who have grown close to the patients. The therapy dogs aid everyone in the environment.

Outside of working with her own therapy dogs, Erica is also a therapy dog trainer. She began training dogs in 1994 and still teaches classes today. As a trainer, Erica was able to shed some insight into the process of certifying a therapy dog. When explaining the process, Erica began by describing what she looks for in a dog on the first night. She explained how any breed of dog can be a therapy dog, it is the temperament of the dog that determines if it will make a good therapy dog or not. She explained how you do not want a dog who is too skittish or jumpy. The dog needs to be comfortable with being touched all

over. The dogs also need to have a basic obedience foundation; they need to know how to sit, lay down, come when called, and stay when instructed.

Next, the dogs progress to harder training such as having a cookie extended out to them without retrieving it. It is during this stage of training that owners must do a lot of homework with their dogs. It is critical that owners take their dogs out to places where they are around people of all ages, ethnicities, and mobilities. The dogs would be limited in their exposure to other people if the only training they do is in class. Erica recommended her students take their dogs to college campuses, festivals, farmers markets, or any other venues where there will be a variety of different people.

After the completion of the formal training, the owners and their dogs are then tested prior to receiving their certification. The test is the American Kennel Club (AKC) Good Citizenship test. Erica is one of the evaluators during the test. To be certified a dog must pass approximately 20 phases, failing one phase prevents their certification, but they are able to retake the test another day. A few of the things the dogs are tested for include passing by food on the floor, walking by other dogs without stopping to sniff or play, and being placed in a sit and stay for five to ten minutes without moving while the owner leaves the room.

If the dog passes every phase of the test, that dog is then certified and insured through that organization. Although there are dog trainers located all over the U.S., the five main organizations in the country are Bright and Beautiful centered in New Jersey; Therapy Dogs International also centered in New Jersey; Pet Partners centered in Washington; Love on Leash centered in California; and Alliance of Therapy Dogs centered in Wyoming.

Since Erica is heavily involved in training dogs, I asked if she could shed some light on the differences between emotional support animals, therapy animals, and service animals.

Her response was as follows, emotional support animals are specific to the handler, solely for providing support to their them. There is no specific training required to register an emotional support animal. These animals usually serve those with emotional problems such as Post Traumatic Stress Disorder (PTSD) or agoraphobia.

Service animals are also specific to their handlers. Service animals however are trained and certified to help their owners in a very specific way. For example, a person in a wheel chair may need assistance opening doors and turning on lights; a service dog would be specifically trained to help with these tasks. Service dogs can also be trained to help people who have illnesses such as frequent seizures or diabetes. A misconception most people have is that they can train their own pet dog to be their service animal. However, most of the time this is not possible. Erica described how most pets have too many health problems and that it requires a special temperament that most dogs don't have to be a service dog. "Even in the seeing eye program which breeds their own dogs...their washout rate is pretty close to about forty percent" (Anonymous, April 10, 2017). Any dog can be an emotional support dog but only a few can be service dogs.

What makes therapy dogs different from emotional support animals is that therapy dogs are trained and certified to help bring comfort to people who are not their handlers. Service dogs are the only dogs who can go anywhere and everywhere with their handlers. Emotional support dogs and therapy dogs are allowed to go where normal dogs can go, and therapy dogs can go into any place where approval is granted, (i.e. hospice, hospitals, schools, etc.).

When asked if there was anything additional she would like to add to our interview, Erica mentioned unconditional love. "The one thing most people say about animals is that

they give unconditional love, and that is true... [being in companion with dogs] it is teaching us how to love [unconditionally and wholeheartedly] and to handle that kind of love, and also be able to give it away” (Anonymous, April 10<sup>th</sup>, 2017). Erica hinted that this may be why she believes dogs make such great therapy animals and could be the reasoning behind why we benefit so much from interacting with dogs. Dogs are nonjudgmental, and they give us unconditional love and support.

### **Interview 6**

Janet is a first-time therapy dog owner. She has been certified with her golden retriever for three years. Janet and her therapy dog, Sam, visit local elementary and middle schools where they work in classrooms and with specific individuals. A few of the types of students she is assigned to work with are those who need help with reading, English as second language students, and students who are quiet and shy.

To certify her golden retriever as a therapy dog, Janet had to take a class and pass an extensive test. When asked what Sam is specifically trained for Janet replied: “Sam is a therapy dog...a service dog is trained to do specific work for an identified person, but a therapy dog gives to somebody other than its owner. Sam gives unconditional love, and listens, and gives all the benefits of just petting a dog to somebody other than me” (April 7, 2017).

Janet and her golden retriever are highly involved in the reading program at the local schools. To help students improve their reading abilities, students read to Sam. The more the students can read the better they get. Reading to a therapy dog puts a positive spin on this activity. It also helps boost the students’ confidence because they are not being constantly corrected because the dog doesn’t care if they mispronounce a word. Janet and the teachers at



these schools have been able to watch students reading scores rise with the help of this program.

Janet shared a few of specific examples of how she and her dog are helping within the school systems. A year ago, Janet was assigned to visit a quiet and shy first-grade girl who needed some self-confidence. Janet and her golden retriever visited this girl consistently throughout the entire school year. When Janet saw the girl again at the beginning of the next school year it was clear that she and her dog had made an impact on this girl. This now second-grade girl had gained some confidence in herself and was starting to speak up in class more.

Another example of how Sam has helped a student was during a visit to a middle school. There was a boy in the front office who was in a fight and was waiting to see the principal. Sam instantly picked up on this young boy's mood, walked over to him and placed her head on his lap. The boy began to pet her and gave a small smile. Janet's therapy dog was able to help calm this boy in that specific moment of his life.

Even though Janet and Sam only visit a few of the students in the school, everyone benefits from their presence. The staff enjoy getting to see the dog. The whole school is excited to see them walking down the halls. There is an improvement in the attitude in the environment when they step onto campus. The kids get to love on the Sam, and she knows her routine through the schools.

One issue that Janet and some of the other interviewees mentioned was that this is work for the dogs. They pick up on everyone's moods and anxieties, which can be taxing for the dogs after a long period of time. "When she [Sam] is done, she's done and is ready to go" (April 7, 2017). Therapy dogs are great resources that provide so many benefits to us, it is

important to remember that they need breaks to, and that sometimes, dogs just need to be dogs.

### **Interview 7**

Heather has been working with her therapy dog for the past 7 ½ years. After passing the AKC Good Citizenship test and the therapy certification test, Heather and her dog, Bailey, visit several places; two elementary schools, an adult day care facility, nursing homes, assisted living facilities, hospice, and hospitals. Heather has had prior experiences working with mentally disabled children, this background experience helps aid her when she visits elementary schools.

Heather visits two elementary schools. In one school, she participates in their therapy dog reading program. As part of this program, the students individually read with the dog. This opportunity gives the students a fun environment to practice their reading where they do not feel pressure or competition from others in the class. The kids get to crawl all over the Bailey while they read to her. Heather shared one story of an autistic boy who participated in the reading program. The first time the boy came to read with the Bailey, he petted her and smiled. Later, the teacher informed Heather that that was the first time she had ever seen the boy smile. This first meeting happened a few years ago. To this day, the boy still gets to visit with the Bailey. He talks to her and loves on her. His teachers report that he performs better during the day after he has spent time with her.

The other elementary school that Heather takes her dog to is for emotionally disturbed children. At this school, there is more focus on socialization skills than academics. When Heather and Bailey visit, the children get to gather in a room to play with the dog. They pet her, play ball with her, run around, and chase her throughout the classroom. When it

is time for them to leave, someone will ask if they can walk the dog back to the car. Whoever is selected to do so feels a sense of pride having been selected for this privilege. It also helps give them a little self-esteem from having that responsibility.

Heather gets to witness some of the benefits of bringing her dog into these schools while she is there. Primarily she sees the calming effect Bailey has on the students. There are more positive outcomes from visiting with her therapy dog that interviewee doesn't get to see, but hears from the teachers. Teachers inform her that their students are so much better after they visit. The students' concentration improves, and they can sit still longer than they usually do. Teachers also report improved patience in their students.

When Heather visits the hospitals, a nurse gives her a list of room numbers that she can go in and visit. She also takes her dog to all the waiting rooms; intensive care, day surgery, ER, radiology, and cancer. Anyone who would like to pet her can do so. During one trip to the hospital, Heather and Bailey stopped by one patient's room who did not have any family with her. This patient told her that this was the best birthday present she has ever had. This patient, and many others, can open-up to Heather and Bailey and forget about their situations for a little while.

At the adult day care facility, staff gather the patients in a room and they each get a turn petting Bailey. All the patients smile when they get to see the dog. The patients also get a chance to play ball with her too. According to Heather, one of the ladies really enjoys throwing the ball. She feels as though she has accomplished something because Bailey will bring the ball back to her. A lot of the patients in this facility suffer from dementia. When they interact with the Bailey, Heather says there is a noticeable calming effect from having touched her.

Visiting the nursing homes and hospice works like the hospital. Heather receives a list of rooms she can stop by and visit. However, like many other interviewees, Heather reports that it is the family members who benefit the most from the visits. The families enjoy getting to see the dog. The visits help families open-up to talking about their own pets or other dogs they have interacted with. This helps them take their minds off the situation for just a little bit.

The staff at these facilities also benefit from their visits. They get to take a little break from their day to come and see the dog too. There are several staff members who will try and see her as many times as they can during one of their visits. Nurses and other staff members are often under a lot of stress and interacting with the therapy dog can help alleviate some of the pressure, even if it is for just a few moments.

No matter which place they are visiting on a given day, Heather claims a big reason that everyone benefits from interacting with Bailey is because of the calming effect she has and the unconditional love that she offers to everyone. Heather would like to be involved in more schools. The local therapy dog community she is involved with has a goal of having at least one therapy dog in every school in the county.

### **Interview 8**

Melissa is a retired teacher who has a Master's degree in psychology. During her time as a teacher, a therapy dog would visit her classroom twice each month. Melissa's students would read to the dog when she visited. The students knew which days the dog would visit and would prepare stories to read to her. Melissa saw great improvements in the students reading skills. Not only did they receive more individual attention when reading with the dog, they also were motivated to practice reading in preparation for the visits. Upon noting

the positive impacts of the therapy dogs that visited her classroom had on her students she was inspired to have a one herself.

Melissa and her therapy dog of the last three years, Lucky, have frequently visited an exceptional children's class at an elementary school. Most of the children in this class have difficulties with reading or math. Beyond seeing improvements in the students' academic skills, Melissa has also witnessed a change in their self-concepts. Since these students need additional help in the classroom they sometimes feel like they are not very smart. However, when Melissa and Lucky walk down the halls, all the students are in awe of the dog. The few students who do get to work with her, feel special and take pride in their work with her.

Melissa also takes Lucky to a senior nursing home once a week. The residents at this facility look forward to their visits. Many of them have treats prepared for the Lucky. Melissa has seen how bringing her dog to the nursing home has also helped the families of the patients. She shared one story about how the granddaughter and her son of a patient were both able to benefit in different ways from the visits. The granddaughter was terribly afraid of dogs, so she would hide in the corner of the room whenever Melissa and her dog first started to visit. Now, the granddaughter is no longer afraid of dogs, and even looks forward to getting to pet Lucky each week. The granddaughter's son has special needs and is in a wheel chair. He struggles with being able to grasp things, so they let him practice grasping the dog which has improved his grasping ability. These were unexpected and unplanned positive outcomes that came from visiting the nursing home.

When asked if there were any other places she would like to take her therapy dog, Melissa stated that she would like to visit more schools. If she does go to another school, she would like to have her visits planned to only work with a few select students each time. In

the classroom she currently visits, her schedule is set up so that she works with all the students in the class at least once per month. In a new classroom, Melissa would like if the teacher could pick out a few of the least confident students that she could work with each time she visits. She believes that by focusing on a smaller group, the students would have more potential for improvement. Instead of helping a lot of students improve a little, she could help a few students improve a lot.

### **Interview 9**

Lisa is a pioneer in her county for incorporating a therapy dog into the school system. Lisa worked as a licensed school psychologist for 34 years. During this time, Lisa learned about therapy dogs and knew she wanted to incorporate one into the school she was working at. At that time, there were no therapy animals in the school system, and she knew that the best way to gain approval from the school administration was if the therapy dog she requested to bring in was her own.

Nine years ago, Lisa searched for a puppy that would have the right temperament and personality for being a therapy dog. Her dog, Scooter, was handpicked from his litter because of his breeding and character. Scooter is a golden retriever who is patient, calm, and even tempered. Lisa knew right away that he was the perfect dog to train as a therapy animal to work with the students. Scooter was easy to train and passed the intensive therapy dog certification exam with little trouble. To keep her certification, Lisa pays an annual fee that is accompanied by a health report signed off by her veterinarian. This fee to Therapy Dogs International includes a million-dollar insurance coverage for liability purposes.

After certifying her dog, Lisa went to her principal to propose the idea of bringing in her therapy dog to help the students. The principal was intrigued by the idea, therefore went

through all the proper channels to receive approval for the therapy dog to be brought in. One concern that had to be addressed before Lisa could bring Scooter in to work with her was making sure no child in the school was intensely allergic to dogs.

As soon as the therapy dog was approved by all the appropriate administrators in school system, Lisa started bringing Scooter to school with her every Monday. The main intention for bringing him in was to help students improve their reading abilities. Lisa set up a cozy reading area in her office and decorated the walls with a sign that read “All I need is a comfortable couch, a dog, and a good book”. Once this was established, the next decision that had to be made by the staff was which students would get to participate in this newly developed reading program. It was decided that the third graders at the school would be the ones who got to participate. A rotation system was established so all the third graders would get a chance to read with Scooter. Additionally, one student from each of the four third grade classrooms was selected to work more consistently with the therapy dog. These four students were selected by their teachers as being the ones who needed the most additional help with their reading, and some of them, with their behavior as well. These selected students got to read with the Scooter every week.

Lisa shared a special success story of one of the selected students for this reading program. This boy was repeating the third grade and his teacher told Lisa that she did not know what she was going to do with him. He had a terrible attitude and resented being retained. He was overactive and did not have a very supportive home life. This boy took to the therapy dog reading program right away, establishing an immediate bond with the Scooter. This boy would smile all day on Mondays because he knew he was going to get to read with him. This repeat third grader made the AB honor roll that school year, and was

even chosen to receive the citizen of the month award. His teacher was astounded by the difference she saw in this student because of his participation in the reading program.

Getting to consistently read with Scooter was a special experience for this boy because he was the only student in his class to get to go every single week. This program paired something that he liked - getting to spend time with the therapy dog, with an activity that he did not like - reading. Since he had to read to spend time with Scooter, this boy began to enjoy reading. His reading improved because when he missed a word or did not understand what he had read, he would not get embarrassed because Scooter did not care or judge. Lisa stated that the reading program helped improve reading abilities in a nontraditional way because "It's not a skill builder, it's a confidence builder" (Anonymous, April 25, 2017). In all her 34 years working as a school psychologist, Lisa never saw anything quite as impressive as this.

Since part of the conditions of being able to bring her therapy dog to school with her each week, was that she still got all her work done, Lisa would only help with the reading program for a couple of hours on Mondays. After this portion of the day was over, Lisa would bring Scooter over to the library where she had a corral set up for him. When teachers brought their students to the library the students were able say hello, read, and play with Scooter for a few minutes. There was a kindergarten class whose teacher used the dog as a reward for good behavior in her classroom. If all the students behaved, they would get to go visit the therapy dog in the library at the end of the day and show him their books.

An added benefit to bringing Scooter to school with her was that Lisa could educate the students in the school about dogs. Many of the students in the school are from low income families. Many live in areas where dogs are chained up in back yards and are often



used as drug and/or protection dogs. These students first response to seeing a big dog was to go as quickly in the opposite direction as possible. In the beginning, there were several students who would not come and pet Scooter because they had never had an experience with a friendly dog. However, it only took a few visits before every single student in the school would want to come by and say hi to him.

Beyond teaching the students that not all dogs are to be feared, Lisa was also able to educate the students about therapy dogs. She was able to teach them what a therapy dog was and how they differed from pets and service dogs. She also taught them how to approach a dog and how to introduce themselves properly to a dog. Lastly, Lisa taught the students the importance of always asking the owner first if it is ok to pet their dog. Lisa does not just teach these things to the students in her school. She also does special demonstrations with her therapy dog at other places, such as the YMCA library program when requested.

Lisa does not believe that we have come close to tapping into the full potential of animal therapies. She has done research into many of the ways therapy dogs are making a positive impact in the lives of others. She has found that therapy dogs can help calm autistic children, and that some autistic children can relate better to dogs because of the lack of language needed to bond with them. Lisa has also found articles that relay information about how pairing therapy dogs with veterans suffering with PTSD can help the veterans with both their physical and emotional injuries. She also read that many of these veterans feel isolated from society when they come back home, but that having a dog with them, people will come up to them to ask to pet their dog. The dog created immediate interactions for these veterans. Lisa even recently read about a local university that has a therapy dog on their baseball team.

The therapy dog is present during the players rehab from an injury. Lisa shared how the players discussed how valuable having a therapy dog on the team has been for them.

Lisa has loved all the work she has done with her therapy dog. She is retired now, and while she doesn't think the kids miss her too much, she knows they miss Scooter and he misses the students. As soon as Lisa would put his red bandana on in the morning, he knew exactly where was going and what his job was. Upon getting to the school, Scooter knew his routine; he knew where he was supposed to go and what he was supposed to do. If Lisa had to do everything all over again, she said she would have obtained a degree as a school counselor instead of a school psychologist. This would have afforded her more opportunities to talk with all the students and help them with more than just their reading. She also would have fought to have a therapy dog with her earlier on, even though the research was extremely limited when she first started working in the school system. She shared her desire for research regarding therapy animals will continue to grow exponentially, and be increasingly utilized to help more people in a variety of ways.

### **Interview 10**

Like many other interviewees, Rebecca visits nursing homes and hospices with her two therapy dogs, Buster and Chloe. These are not the only places she takes them. Rebecca also brings Buster and Chloe to hospitals and the behavioral health unit. Rebecca shared some great experiences she has had throughout the her past four years of working with therapy dogs.

Rebecca takes her dogs to the behavioral health unit and works with patients in the acute psychiatric ward. These patients are only there for 2-4 days. If they need longer term care, they are sent to other facilities. These patients vary in ages from late teens to 70 or 80

years old, stretching across all ethnicities. Aside from the few repeat patients that come through periodically, Rebecca most often sees a new set of patients when she visits. Even though she only gets to visit with each patient once for a small amount of time, a lot of improvements have been identified.

The biggest improvements that Rebecca observes are in blood pressure and mood. The patients' blood pressures are constantly being measured, and will make an almost immediate reduction back to normal when the patients interact with the dogs. The staff and patients also anticipate the dog visits and Rebecca can feel the entire mood of the ward lift when they walk through. The staff will come up and pet the Buster and Chloe and play with them when they are having a hard day. The Buster and Chloe are just as much of a reward for the staff as they are for the patients. Patients who would not otherwise get out of bed because they are dealing with depression, will get up to see the dogs. At one of the group dog visits Rebecca shared that one patient would not look at anyone and stayed completely off to the side uninterested. One of her dogs eased up to him and licked the side of his face, before this patient left that group, he was interacting with all the dogs. Another patient in the ward was petrified of dogs. Eventually she was convinced to come and visit the dogs. Right before she left she came up and thanked Rebecca for helping her get over her fear. The patients enjoy many benefits from the therapy dog visits.

Rebecca visits the hospital with a friend and her therapy dog. She shared some of the experiences that her friend, Megan, has had during their hospital visits. There was one family who requested that Megan and her dog visit their room. The patient was a lady who had not smiled in a very long time, yet she smiled when she saw the dog. The family was so grateful, thus they asked that she stop by again before she left for the day. Her friend encountered

another patient who was in the process of dying and missed her dog. After visiting with this patient, the patient told her how much comfort their visit had brought her.

Patients in nursing homes experience similar mood improvements. There are a couple of patients that Rebecca visits in the nursing homes whose lives depend on them being there. For one patient, Rebecca visiting with her dog is all that she has to look forward to anymore. She cannot do anything but lie in bed on her back. The dog makes her smile and she enjoys getting to visit with the dog and Rebecca. Rebecca witnesses the impact the Buster and Chloe have on the patients, but says she mainly visits hospice for the families. It is hard to watch someone you love to draw closer to the end of their life. The therapy dogs comfort the families just as much, if not more, as they do the patients.

Rebecca has also done some research into other places people are taking their therapy dogs. There are some funeral homes that allow therapy dogs to come to help comfort the families. Therapy dogs are also starting to have a presence in dental offices to help lower blood pressure and anxiety while the dentist works on a patient. There are even some courts in Florida that are allowing therapy dogs and their owners to sit below a child while they are testifying. This way the child can hold onto the dog to help them through this difficult situation.

When asked if there was anything else she wanted to share or anything else she wanted me to know, Rebecca responded by saying, “I personally think that this is the greatest thing that I have ever done” (Anonymous, April 11, 2017). Working with Buster and Chloe has helped many people and has been a very rewarding experience for Rebecca.

### **Interview 11**

Kate's story began when she was in graduate school. At that time in her life she had been diagnosed with Bipolar Disorder (BPD) and Post Traumatic Stress Disorder (PTSD). She was on many medications; however, many were not working or would give her horrible, and sometimes even life-threatening side-effects. Kate had a pet dog at that time who could alert her of her mood swings and panic episodes. Her doctor suggested she train her dog to be a service dog. If Kate had not listened to her doctor's advice, she believes she would have needed to drop out of graduate school. A side-effect from one of her medications impaired her ability to read. Therefore, she had to rely on her husband to read her textbooks to her. Kate took her doctor's advice, and trained her dog to be a psychiatric service dog, which then allowed her to complete her PhD.

Her story does not end there. Seven years ago, Kate developed agoraphobia, a fear of crowded and enclosed public spaces. Her second psychiatric service dog was about to retire, and Kate could barely leave her house. She was unable to drive for ten years due to her phobia. She then got her third psychiatric service dog, Lily, and has since been able to overcome many of her limitations. She is now able to drive if Lily is in the car with her. Additionally, she can actively participate in and teach dog training classes. These are all things she said she would not have been able to do prior to getting her service dog.

Kate is the president of Psychiatric Service Dog Partners. Her main responsibility as the president is the upkeep of their online peer guidance group. This includes reading and responding to around 100 emails every day. She answers phone calls about psychiatric service dogs, has done interviews on the radio, television, and phone, and provides education advocacy and support about psychiatric service dogs. She also is an advocate for the Air

Carrier Access Act – an act that allows people with a letter from their doctor to bring their psychiatric service dog on a plane with them.

Psychiatric service dogs are viewed under the same scope as traditional service dogs under the Americans with Disabilities Act (ADA), and are treated the same. Psychiatric service dogs must meet the same three requirements of a traditional service dog. These three requirements are: (1) a person must have a disability, (2) the dog must be trained to specifically work with that disability, and (3) the dog must behave well in class and in public. Psychiatric service dogs are trained to help with any psychiatric disorder, including but not limited to bipolar disorder, schizophrenia, dissociative identity disorder, PTSD, anxiety, and agoraphobia.

There are three main things that psychiatric service dogs are specifically training to do. First, dogs are trained to alert or respond to a developing condition such as an anxiety attack, mood swing, or hallucination. Second, the dogs are trained in a technique known as grounding. Grounding is when a person focuses on keeping self-centered in space and time, they focus on being in the present moment to help calm anxiety. Dogs trained to help with grounding will allow their owner to feel the hair on their body and allow the person to match their breathing with the dogs breathing. The person then centers their time and space around their dog and their dog helps keep them grounded. Third, psychiatric service dogs are trained in deep pressure therapy. Like how an autistic person might use a weighted blanket to relieve anxiety and tension, a psychiatric service dog will lay on a part of their owner's body until they feel better. For example, someone who may want to self-injure their arm can have their dog lie on their arm until the desire to self-harm passes.

Kate described a recommended approach to obtaining and training a psychiatric service dog. Unlike recommended training for traditional service dogs, the recommended training for psychiatric service dogs is for the disabled person to train their own dog. The first step is making sure you get the right dog. Kate suggested hiring someone who knows about psychiatric service dogs and can perform a temperament test on the dog. After completing some basic obedience training with the dog, Kate shared that she encourages people to take the Canine Good Citizenship test. The test is not a requirement for a dog to be a certified psychiatric service dog, but it is a good test for making sure the dog will behave good while out in public. Over the course of two years there are two types of training that the dog needs to work on. The first is work and tasks that will help with the disability they are being trained to help serve. The second is public access training which is making sure the dog will have good behavior in public settings. There is an optional public access test that handlers and their dogs can take after completing their training. Kate recommends this test so if the handler were to be brought to court for any reason involving their dog, having passed this test will be an asset in providing proof that the dog has been well trained to be a service dog and behave well in public.

Beyond sharing her personal experiences of having psychiatric service dogs, Kate shared a story of about a woman she knows who has a hallucination discernment psychiatric service dog. This woman often experiences psychotic episodes as a symptom of her disorder, mainly in the form of vivid hallucinations. When she walks into a room she is unable to distinguish who in the room is a real person and who is a hallucination. Her psychiatric service dog has been trained to indicate with his head who the real people are so this woman can identify who the hallucinations are.

There are about 350 other people on the free online peer guidance group available through Kate's organization, Psychiatric Service Dog Partners, who have shared their own success stories of using a psychiatric service dog. Another benefit of using a psychiatric service dog that Kate shared was that these dogs can help people reintegrate with the world. Many people with psychiatric disorders struggle with talking to other people in public settings. Having a service dog with them means they need to learn how to answer questions from the curious public when they go out. This helps them become familiar with their community, make connections with other people, and gives them a support group of people in their community. Additionally, while most service dogs are trained not to go up to other people because their primary role is to aid their owners, some psychiatric service dogs are trained to seek out friendly people. Kate explained how these dogs can help autistic children experience more social interactions and practice having conversations with others.

### **Discussion**

The information gained in the interviews supports the evidence found in the literature about the positive effects that alternative therapies have on the special needs population. Recurring themes presented in multiple interviews include reduction in anxiety, improvement of mood, improved functioning (physically, emotionally, cognitively, and verbally), and continual progression of these improvements. The one consistent factor found in every interview was the confidence the participants gained through their involvement with the therapy programs.

Confidence is what distinguishes a good student from a great student. Confidence is what gives a person what they need to believe in themselves and their abilities. The special needs population lacks confidence because they often struggle to see past their limitations.



These alternative therapy programs help them overcome some of those limitations. Confidence affects every aspect of a person's life. It affects their interactions with others, their work ethic, their self-efficacy, and their actions. The fundamental aim of these alternative therapies is to help improve the quality of life of their participants. Giving their participants confidence is the best way to improve quality of life.

One limitation of this study is the restricted sample size. A snowball sampling method was used to obtain participants; thus, most of the interviewees came from the same community. Another limitation was the inability to interview participants of the therapy programs or collect measurable data.

No research thus far has presented any negative outcomes of these alternative therapy programs available to the special needs population. This field of research, especially animal-assisted therapies research, is still a relatively new field of study and needs to be investigated further. These alternative therapy programs are proving to be effective at helping people with a variety of different disabilities achieve their therapeutic goals and gain confidence.

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