

THE USE OF DOGS IN CALIFORNIA PUBLIC SCHOOLS: CURRENT USE, SUPPORT  
FOR, POTENTIAL CONCERNS AND EDUCATOR FAMILIARITY WITH POTENTIAL  
BENEFITS

By

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ABSTRACT

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The Use of Dogs in Selected California Schools: Current Use, Support For, Potential  
(Title)

Concerns and Educator Familiarity with Potential Benefits

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The purpose of this study was to determine the current use of dogs in California public schools, to determine the familiarity of various educators, in particular school psychologists and school counselors with pet facilitated therapy, to determine the support for pet facilitated therapy and to determine potential concerns of educators in implementing a pet facilitated therapy program in their school and/or district. A survey was sent to 560 guidance departments representing 388 districts and 154 counties in the state of California. A response rate of 14.9% was achieved. Of respondents surveyed, 17.5% of them currently use dogs in their school, while only 7.2% of respondents reported using dogs in a "therapeutic program." Additionally, 6.2% of respondents reported knowing of another school other than their own that currently use dogs in a therapeutic program. As a group, the two concerns rated most frequently as very important were legal issues and liability, and potential allergic reactions of students and staff. If all concerns were met, 92.8% of respondents reported they would be in favor of using dogs in their school or district.

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## CHAPTER ONE

### Introduction

Severely disturbed and at risk children present a variety of challenges to schools and educators. Students defined as severely disturbed or at risk often include children with autism, learning disabilities, emotional or behavioral disturbances, attention deficit – hyperactivity, and children with physical and/or mental disabilities. In addition, educators are faced with the daily task of motivating their students to perform required work. Often, it can be even harder to find adequate motivators for students with learning disabilities than it can for children who are more severely disabled. Several studies have shown minimal success rates (Dunn, 1996; Tindal, 1985; Waters, 1990) and high burnout among professionals working with these populations (Johnson, 1981; Zabel, 1981). There is a real need for new and creative therapy techniques in working with these challenging populations.

#### *Pet Facilitated Therapy*

Pet facilitated therapy, particularly using dogs, is an increasingly used therapeutic approach in working with several special populations. The Delta Society has estimated that there are 2000 Animal Assisted Therapy programs in operation throughout the United States (Fine, 2000). According to Fine (2000), Animal Assisted Therapy is most commonly utilized in physical rehabilitation programs, but there is evidence to suggest positive effects using dogs with children who have autism, emotional or behavior disturbances, physically and mentally disabled individuals, and as a facilitator in traditional talk therapy (Arkow, 1981;

Katcher & Beck, 1983; Corson & Corson, 1977; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971, 1978; Marino, 1995; Redefer & Goodman, 1989).

The available literature shows that dogs can be used effectively in working with populations that pose challenges to educators; however, there are very limited published reports of using dogs in traditional school settings. We can assume that if dogs have positive benefits in working with these populations in other facilities (e.g. residential treatment centers, psychiatric hospitals), they are likely to have some of the same benefits if used in a traditional school setting. Furthermore, of the few studies found (Kaye, 1984; Condoret, 1983; Owens & Williams, 1995) that have been published regarding the benefits of using dogs in a traditional school setting, none could be found that offered results which were obtained empirically. Rather, benefits obtained in implementing pet facilitated therapy programs are generally gathered anecdotally rather than in a controlled study. The purpose of this study is to determine the current use of dogs in "therapeutic" programs in California's public schools, define the potential concerns in using dogs in schools and to determine the support for the use of dogs in a therapeutic program within the school.

### *Benefits and Limitations of Pet Facilitated Therapy*

Numerous studies have been done assessing the benefits of Pet Therapy, Animal Assisted Therapy, Animal Facilitated Therapy, Pet Facilitated Psychotherapy, Pet-Mediated Therapy, Pet-Oriented Psychotherapy, and Pet Facilitated Therapy in addressing needs of at risk populations including: adolescent delinquents, children with autism, cognitive delays, physical challenges, depression and the medically ill (Arkow, 1981; Beck

1985; Beck & Katcher 1983, 1985; Beck & Katcher, 1984; Corson & Corson. 1977; Dickstein, 1997; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971, 1978; Marino, 1995; Redefer & Goodman, 1989) There are even more pet facilitated therapy programs that report success with these populations but do not offer empirical evidence or publish results. Such programs are often heard about on television news shows, in the local paper, or other non-academic publications. If you were to walk into a nursing home, it would be unusual if you were not to see some type of animal present that has an intended therapeutic purpose for the residents. If you were to talk to a residential treatment center that works with at risk adolescents, you would likely be told that most use animals for some therapeutic purpose even in the most informal ways. Some facilities and programs do not call what they are doing pet facilitated therapy, nor do they formally recognize their use of pets as an official form of therapy. However, many programs and facilities use animals in more informal ways such as having a staff member bring their own pet to work on occasion. It is not known how pervasive the informal use of animals is in various facilities. It can however be concluded that there are many more programs and facilities that use animals therapeutically than there is research conducted.

Research indicates that pet facilitated therapy activities appear beneficial, however, an accurate definition of benefits, mechanisms, hazards, and potential problems has yet to be scientifically defined. As Arkow (1980) states "while the theoretical basis of pet facilitated therapy has not been established and precise reasons for pet's therapeutic effects remain unclear, many noteworthy programs have been introduced and others planned" (p. 3). "In general, the people interested in animal-assisted therapy don't do research and the

people doing research aren't interested in pet facilitated therapy" (Rackl, 2001 p. 3). Empirical research that has been conducted provides mixed results. Numerous studies show evidence of positive effects when using pets in various therapeutic milieus (Arkow, 1981; Beck 1985; Beck & Katcher 1983; Corson & Corson 1977; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971, 1978; Marino, 1995; Redefer & Goodman, 1989). Other studies however, show little to no therapeutic value (Arkow, 1981; Beck & Katcher, 1984; Dickstein, 1997; Marino, 1995). Still other published reports speak of observable benefits of pet facilitated therapy (Arkow, 1981; Corson & Corson. 1977; Levinson, 1971, 1978; Redefer & Goodman, 1989). However, there is a shortage of empirical research supporting such intriguing therapeutic case studies. If advancement is to be made in this area, it will be necessary for more empirically designed studies to be conducted, and ultimately published. As Dickstein (1997) states, "empirical research is needed to document the effectiveness of pet facilitated therapy and identify mechanisms by which animals exert their therapeutic effects" (p.18).

Empirical evidence has shown that pets provide people with many therapeutic benefits: companionship, love, humor, play, exercise, a sense of power, and outlets for displacement, projection, and nurturance. Talking to animals and the tactile experience of petting animals has been shown to reduce stress and enhance longevity and physical health (Katcher, 1981; Jenkins, 1986). Animals can enhance children's psychological development, improve social skills, increase self-esteem, and teach basic facts of biology such as the nature of birth, sex, anatomy, excretion, and death (Katcher & Beck, 1983). "Pets do not react to the color of a child's skin, his uncombed hair, dirty clothes, bad report

card, or substandard speech" (Levinson, 1969, p. 67 ). Dogs also teach responsibility, compassion, and respect for other living things. Pets replace absent parents and siblings and provide opportunities for children to play out their fantasies, express feelings, and act out conflicts and dreams (Katcher & Beck, 1983). They are part of the child's imaginative and projective world (Levinson, 1972). Dogs can be a source of comfort and can contribute to ego strength among children (Corson & Corson, 1978).

### *Pet Facilitated Therapy in Schools*

Given the strong support for using pet facilitated therapy when working with children and adolescents, the question remains, what is preventing the use of them in our schools. Several hypotheses would include the lack of knowledge as to the proposed benefits of pet facilitated therapy with students in schools; the difficulty of obtaining guidelines for implementing a program; and resistance to change.

Lack of knowledge about the therapeutic potential of using dogs in schools is elementary. If one doesn't know of something, it does not exist. The question is why don't they know of it. While pet facilitated therapy is growing quite rapidly, literature and research in this area can be hard to find. Additionally, there is a lack of scientific study in this area. Several programs anecdotally report successful results, but do not scientifically document it in a way that does not call into question the accuracy of the findings. Some programs do not attempt to scientifically quantify the results of their programs, instead providing anecdotal reports of observed changes as a result of implementing such programs. Some studies show mixed or little therapeutic value when implementing various

pet facilitated therapy programs. Furthermore, many studies conducted lack the scientific accuracy to convince us one way or another of the results. Lastly, research and literature in this area is not easily accessible by someone who is not intentionally seeking it. Even then, information is difficult and expensive to obtain. So, one who does not experience, first hand, the impact these programs have had, will be hard pressed to buy into it. It is expected this will be the biggest roadblock to the widespread use of pets in therapeutic programs in our schools. Programs using pets in therapy must begin to scientifically document, in standardized ways, effects of using such programs. Control groups are needed and attention to observer bias and other potential problems of research must be accounted for. That is not all. We must also make active efforts to inform others in our respective fields of the results of our studies. Invite others to come see ongoing programs, conduct special workshops at national conferences, and publish research findings in prominent journals in our field that can be easily accessed. Until the above is done, we cannot expect that educators would even know of the potential benefits a pet facilitated therapy program could have in their school or district.

The few that do know of the purported benefits of using pets in therapeutic programs and wish to implement a program, have no one source of information on how to implement a program in their public school setting. Several published reports (Arkow, 1981; Bustad, 1979; Craig, 1995; Hart & Hart, 1984; Levinson, 1972; McCulloch, 1985) provide information regarding dog selection, hygiene, animal maintenance and care, program implementation, and teaching staff. However, this information is not readily available to an educator interested in implementing a pet facilitated therapy program.

Administrators and teachers will unsurprisingly be resistant to changing or altering current programs. Implementing a pet facilitated therapy program will take work, coordination, and support from various sources. Gaining needed support will be a struggle. Being knowledgeable and providing supporting research will help, along with answers to the potential concerns of interested parties. This study will provide educators with the ammunition to challenge those administrators who might stand in their way. Furthermore, teaching others as to the positive benefits of pet facilitated therapy is hoped to spark their interest. In order to manage resistance to change educators will need to be prepared to educate others as to the potential benefits of pet facilitated therapy, provide information, open communication to all staff as to concerns, negotiate with staff and administration as to how the program will be implemented, become persuasive in arguments for pet facilitated therapy programs and offer ongoing evaluation of the program (Theron & Westhuizen, 1996; Gordon, Houghton, & Edwards, 1998). Perseverance, a strong commitment, but more importantly a strong belief in the benefits of such programs, will ultimately determine their success.

#### *Rational, Purpose and Significance of the Study*

Numerous studies have shown that the use of dogs in therapeutic programs can have positive benefits for severely disturbed and at risk children and adolescents (Arkow, 1981; Beck, 1985; Beck & Katcher 1983; Corson & Corson 1977; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971, 1978; Marino, 1995; Redefer & Goodman, 1989). Most of these studies have been conducted in places other than schools, such as residential treatment centers, prisons, and psychiatric wards.

This study will answer several questions that have yet to be addressed in the literature or research on pet facilitated therapy in schools. First, it will determine from a sample in California what percentages of schools are currently using dogs in school. This is important because we can only assume dogs are not being used to a great degree because there is little research and few published reports of their use. Furthermore, if dogs are being used, are they being used as part of a “therapeutic program,” or more informally. Also unknown is the kind of student population with which dogs are being used. We might assume that those using dogs in a therapeutic program have discovered first hand or have been exposed to research that identifies the positive benefits of using dogs with at-risk students. A first step in advancing pet facilitated therapy in schools is to determine its current use, and success of other programs in schools. Before we can talk about success it seems important to determine to what degree dogs are currently being used in schools and with what populations.

Second, this study will provide useful information to those wishing to implement a pet facilitated therapy program by determining current concerns educators have in using dogs in schools. This information will prove useful to those interested in implementing a program because it will identify what concerns need to be addressed to put educators at ease about supporting a program. Furthermore, determining the level of support will identify if educators are even interested in such programs in their schools.

Third, it is important to determine what knowledge level educators have regarding the positive benefits of using pet facilitated therapy with different populations. This study

will determine what level of knowledge educators have in the positive benefits of using dogs with several populations.

The purpose of this study is to determine the current use of dogs in public elementary, middle and high schools, and alternative and special education schools in California; to describe the concerns that guidance personnel (School Psychologists, School Counselors) may have when considering implementation of a pet facilitated therapy program within their school; and to determine the level of support for the use of dogs in schools as an adjunct to traditional intervention techniques.

### *Research Questions*

Based upon the preceding discussion, the following research questions have been proposed:

- R1: What is the current use of dogs in "therapeutic" programs in California public schools?
- R2: What is the knowledge level of educators as to the positive benefits of using pet facilitated therapy with various populations?
- R3: What concerns do educational professionals have regarding the use of dogs in schools?
- R4: What is the degree of support for the use of dogs in schools by various educational professionals?

## CHAPTER TWO

### Review of the Literature

Pet facilitated therapy (PFT) has a history dating back some 200 years (McCulloch, 1983). Pet facilitated therapy has been successfully used in prisons, nursing homes, clinical practice (individual and group therapy), institutions (rehabilitation centers, psychiatric institutions) and schools (boarding and public). Pet facilitated therapy has been used to reduce anxiety, to assist in establishing rapport between a therapist and client, to increase self-esteem, as an educational tool, as a social catalyst, to decrease loneliness, to facilitate communication, to increase cooperation and responsibility, as a stimulus for motoric activity, and to facilitate therapy (Arkow, 1981; Beck, 1985; Beck & Katcher 1983; Corson & Corson 1977; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971, 1978; Marino, 1995; and Redefer & Goodman, 1989). This is a small list of some of the numerous benefits reported by incorporating animals into various therapies. While pet facilitated therapy does not work with all populations or individuals, it has been found to have dramatic results on others. Some of the many populations pet facilitated therapy has had promising results working with include the elderly, juvenile delinquents, and children with autism and attention deficit hyperactivity disorder.

Many terms have been used to describe using animals in therapy: pet-facilitated therapy, pet-facilitated psychotherapy, pet therapy and animal facilitated therapy. Some terms imply a restricted or specific use of animals in therapy, while others are more general in nature. For this paper, the term pet facilitated therapy (PFT), will be used. Pet

facilitated therapy involves the "introduction of an animal into the immediate surroundings of an individual or group, as a medium of interaction with a therapeutic purpose" (McCulloch, 1985, p.425). It should be noted that all therapeutic uses of animals to be mentioned, do not intend to replace other treatment but, are to be used as an adjunct to more traditional modalities.

The majority of literature on pet facilitated therapy is of a case study - anecdotal nature; generating hypotheses rather than testing them. Controlled studies that set out to prove causal relationships are limited (Katcher & Beck, 1984). Some studies that do complete formal research in this area, fail to account for what is known as the "Hawthorne Effect". According to the Hawthorne Effect, the mere knowledge of an employee participating in a study will result in increased effort and/or attention to their job and towards patients. Not accounting for this makes it difficult to determine the actual effects of the animal in the study versus the additional attention of staff and other factors that may also affect the behavior being investigated.

#### *The History of Pet Facilitated Therapy*

The first deliberate attempts to use pet facilitated therapy date back 200 years. Although no empirical research was conducted, observable benefits were anecdotally reported. In 1792, the Society of Friends in England used small animals (rabbits and poultry) to encourage patients in a psychiatric institution to focus on activities outside of themselves. In 1867, a program at a residential treatment center for epileptics in West Germany also incorporated the use of animals in their treatment milieu (McCulloch, 1983).

The first recorded use of animals in the United States was also the first known organized program ever developed. In 1942, the Pawling Army Air Force Convalescent Hospital at Pawling, New York, served veterans recovering from battle injuries or emotional trauma and included a working farm with livestock, horses, and poultry. While the experiment was successful, it was closed down and moved due to cost (Bustad & Hines, 1984).

Boris Levinson was the first to report the detailed therapeutic benefits of contact with pets for children and adults in both inpatient and outpatient settings. He is easily the person most responsible for the advancement of pet facilitated therapy. In 1953, Levinson serendipitously discovered the therapeutic benefits of using his dog "Jingles" as an adjunct therapist in his clinical practice when a child patient and his mother arrived early for an appointment. His dog "Jingles" was lying on the floor when the boy entered his office. Immediately "Jingles" approached the boy, licking his face. The boy immediately began to pet the dog. It was Levinson's opinion that his dog facilitated the development of rapport between himself and the child (Levinson, 1969, 1970, 1972, 1978). Levinson (1980) reported that children can typically be seen progressing in a sequence of four stages during animal facilitated therapy. First the child will typically ignore the therapist and play, talk to and pet the animal. Second, the child typically makes the animal part of his/her fantasy play and may use the counselor in an auxiliary role. Third, the child will typically invite the counselor to become more involved in the play. Fourth, the animal is typically not needed at this point to facilitate therapy.

Levinson's research consisted of 23 psychiatric case histories of children age three to fifteen who showed improved psychosocial functioning after animal facilitated therapy

was initiated. He actively promoted the use of animals in therapy and called for systematic studies of their effectiveness. Levinson observed that patients would allow "Jingles" to approach them almost immediately. Once a trust was developed between the child and the dog, it gradually extended toward him, the therapist. The use of pets, he felt, sped up the introduction of the patient's problems. The pet, he reported, accepts the child for what he is. The pet "holds up no ego ideal for the child to meet, as do parents, but unstintingly gives acceptance, and affection without strings" (Levinson, 1978, p.1034). The total acceptance by the pet often resulted in an increase in self-worth within the patient.

Sam and Elizabeth Corson and their associates were the first to attempt to systematically evaluate pet facilitated therapy. Dogs were matched with patients on a psychiatric ward who had failed to respond to "standard" therapy, such as medication or electroshock. Results were positive. Some patients previously uncommunicative and bedridden were transformed and eventually discharged. In their 1984 article, Bustad and Hines quoted the Corsons' opinion as to why PFT was successful (Bustad & Hines, 1984). The Corsons' (1980) reasoned that the dogs' effectiveness was because "to a withdrawn individual, the pets were undemanding, uncritical friends who served as loving links for those who have lost social skills and desires" (p.198). Furthermore, pets needed their help, they needed to be petted, bathed, and brushed. As patients began to develop a responsibility for their pet, the Corsons found they gradually began to take better care of themselves (Corson, Corson & Gynne, 1977; Corson & Corson, 1980).

### *Facilities using Pet Facilitated Therapy*

Pet facilitated therapy has been incorporated in dozens of treatment facilities serving various populations including prisons, nursing homes, individual and group therapy, institutions, rehabilitation centers and schools. While many programs report only observable benefits of pet facilitated therapy, some offer empirical evidence of its effectiveness.

#### *Psychiatric Institutions*

Ethel Wolff (1970), a psychiatrist in Philadelphia, conducted a survey of the use of animals in psychiatric institutions in the United States. Results showed that 48% of institutions that responded used animals therapeutically in some capacity. Out of the 48% that used animals, only 11% found potential hazards in using animals, 19% reported mistreatment of animals and 14% reported no disadvantages of their program.

Several positive effects were seen using parakeets and fish at the Lima State Hospital for the criminally insane, (Lee, 1978). Access to pets was based on an incentive system; patients could earn the privilege to have their own animal by caring for fish and gerbils of the ward. Responsible behavior was evaluated and an animal (hamster, gerbil, guinea pig, cage bird) or fish were given to patients to be responsible for the feeding and care of that animal. While no empirical evidence was offered, anecdotal reports stated many positive effects of this program, including increased staff contact with patients, decreased incidences of crises, reduced patient to patient and patient to staff violence, an increased level of trust, reduced problems with suicide attempts and loss of behavioral control (Lee, 1978; McCulloch, 1985).

### *Nursing Homes*

In the past 25 years there have been many studies reporting favorable results using animals with the elderly. Animals have been used in nursing homes as companions to residents, to stimulate activity, to stimulate interest and conversation among residents and staff, and to increase social interaction. Results of several studies have found the presence of an animal has increased social interactions among residents, as well as increased interaction between staff and residents (Winkler, Fairnie, Gericevich, & Long, 1989).

One of the most well known studies conducted in England found that providing caged birds to elderly retirees positively affected their feeling about themselves and their health as opposed to elderly retirees given flowers and/or a television. The birds acted as a "social lubricant," promoting people to stop by and talk about the bird to the owner, increasing social contacts of the elderly retiree (Mugford & McComsky, 1975).

The Delaware program reported that patients in several nursing homes had regained the ability to speak in the presence of visiting pets (Voith as cited in Ryder, 1985). Voith (as cited in Ryder, 1985) also found a sustained interaction between staff and residents that continued for several weeks after the program ended. This program used puppies, kittens and a Labrador retriever, allowing elderly patients to take turns holding the puppies and kittens and petting the dog. One woman, who had not spoken in three months, began to speak as soon as the animals arrived. Once she began to talk, she started talking with staff and other residents. This, however, is not an isolated incident. Many other elderly patients have also regained the ability to speak in the presence of pets in this program.

### *Prisons*

Several prisons have also reported the positive effects of using pet facilitated therapy. The Prison Partnership Program started by Kathy Quinn began at Purdy Treatment Center for Women in Gig Harbor, Washington. Inmates received classroom instruction and hands on training in obedience training, grooming, and specialized training of dogs for the disabled (Arkow, 1981; Hines, 1983). Participation in this program provided a means of vocational training for jobs with dogs after release from prison as well as increasing morale of participants.

Other successful programs include an informal program at the Pima County juvenile jail in Clark County, Washington. Here Earnie, a golden retriever is used with adolescents to boost morale and provide unconditional love (Innes, 2001).

An example of how pet facilitated therapy can go bad can be found by looking at the poorly structured program attempted at the California State Prison at San Quentin. Inmates were allowed to keep cats, but as the population grew, inmates began to complain of the smell. The program was discontinued and its failure was mainly a result of its poor structure, lack of supervision, and lack of attention to feline selection (Arkow, 1980).

### *Pet Facilitated Therapy in Individual and Group Therapy*

"When a child needs to love safely, without fear of losing face, the dog supplies this need. When a child craves a close cuddly affectionate nonjudgmental relationship the dog can provide it. Dogs cannot talk back when yelled at by a child. And no human being can offer to the child more general "acceptance", in its fullest multiordinal levels of

meaning than the faithful dog for whom the master can do no wrong" (Levinson, 1961, p. 62).

Levinson (1972) sent a survey to 435 New York therapists to determine the use of either a cat or dog as part of their therapy with children. He found that one third of surveyed therapists reported using cats or dogs in their therapy with children in a clinical setting. Of respondents who used pets and completed the survey, 91% found pets useful. The majority of respondents (56%) used dogs. Most respondents felt that pets are most useful with children aged 5-15. Therapists were also asked what problems were suitable for pet therapy. Respondents (21.3%) answered that uncommunicative, emotionally and socially isolated children and pre adolescents were most suitable for pet therapy; 19.1% felt patients suffering from Schizophrenia were most suitable for pet therapy; 14.9% felt patients suffering with phobias were most suitable for pet therapy, and 8.5% felt patients suffering from adjustment problems of childhood and adolescence were most suitable for pet therapy.

Levinson actively promoted the use of animals in therapy and called for systematic studies of their effectiveness. Levinson (1972) claimed the presence of a pet could provide a more natural environment, allowing the child to be more relaxed and less aware that he was under observation. Levinson (1971) observed that patients would allow his dog "Jingles" to approach them almost immediately. Once a trust was developed between the child and the dog, it gradually extended toward him, the therapist. The use of pets, he felt, sped up the introduction of the patient's problems. The pet, he reported accepts the child for what he is, he "holds up no ego ideal for the child to meet, as do parents, but unstingily gives acceptance, and affection without strings" (Levinson,

1978, p.1034). The total acceptance by the pet often showed an increase in self-worth within the patient. Levinson's research consisted of 23 psychiatric case histories of children age three to fifteen who showed improved psychosocial functioning after pet facilitated therapy was initiated.

#### *Pet Facilitated Therapy in Institutions and Rehabilitation Centers*

Pet facilitated therapy has also been beneficial in institutions and rehabilitation centers. Pets can help provide needed companionship, and become a source of strength for the child or adolescent (Levinson, 1969). They provide much needed affection and attention that understaffed institutions cannot offer, yet is essential for healthy emotional development (Levinson, 1972). Keeping pets in a residential setting can help compensate for the child's loss in leaving home, friends and family (Levinson, 1969).

Boris Levinson (1971) conducted a survey of the use of household pets in training schools around the United States. Survey results indicated 14.8% of institutions for the blind, 21.8% of institutions for the deaf, 55.5% of institutions serving children with emotional and behavior disorders and 65.2% of institutions for the mentally retarded permitted children to have a pet. Of all respondents (all types of institutions and rehabilitation facilities), 41% permitted children to have pets of their own while 65.5% of respondents reported that pets were available for children to play with. Over one-half of all training schools reported that the available pet was a dog.

Corson and Corson (1978) observed that pets contributed to ego strength among children in institutions. Pets provided a constant source of stimulation reducing head banging, rocking, finger sucking, and masturbation (Levinson, 1971). Corson and Corson (1977) reported that patients, who had failed traditional treatment, became less

withdrawn and became more verbal in therapy sessions when animals were introduced to patients in a mental hospital.

Studies by Corson and Corson (1977) report success using animals as reinforcers in a token economy for hospital patients. Dr. Stuart Finch reported "many young children enter the hospital suffering from disturbing relationships with people and animals" (p.64). In some instances the first signs of progress in their treatment was seen in the child's relationship with a resident dog-named "Skeezer" (Levinson, 1972). "Skeezer", a dog on a children's ward in a psychiatric hospital, also helped to stimulate activity in socially withdrawn and depressed children.

Professors at Virginia Commonwealth University in Richmond found that psychiatric counseling utilizing therapy dogs significantly reduced anxiety in patients hospitalized for depression, bipolar illness, and schizophrenia (Muhammad, 1999).

At Terrell State Hospital in Terrell, Texas pet facilitated therapy was found to play an important role in enhancing the benefits of conventional therapy. Sixty-nine male and female psychiatric patients were randomized into either a pet facilitated therapy psychiatric rehabilitation group or a similarly conducted control group without pet facilitated therapy to determine if pet facilitated therapy improved prosocial behaviors. The Social Behavior Scale was given daily and patients were monitored for four weeks. By the fourth week, patients in the AAT experimental group were reported to be more interactive with other patients, scored higher on measure of smiles and pleasure, were more sociable and helpful with others, and were more active and responsive to surroundings (Marr, French, Thompson, Drum, Greening, Mormon, Henderson, Hughs, 2000).

### *Pet Facilitated Therapy in Schools*

Animals can make excellent educational tools. Children can learn about life, death, reproduction, and biological processes by first observing animals (McCulloch, 1985). Pets can be used to teach physiology and anatomy. There are numerous academic skills that can be taught utilizing a child's interest in a pet: having the child read a story to the pet, read books about the pet, write a letter to the pet, and having a child write a story about the pet. As an educational tool, pets can be beneficial for all school children from Kindergartners to secondary school children.

Pets can also provide the "exceptional" child with the motivation for learning (Levinson, 1969). One of the greatest problems encountered in teaching children with emotional disturbance is their lack of interest in subject matter and the difficulty of motivating them to learn (Levinson, 1969). A pet can make education interesting and reality oriented, and is a powerful tool in teaching that naturally motivates the child to learn.

Kaye (1984), in a controlled study found that a classroom environment with animals produced positive pupil behavior towards teachers and resulted in fewer disciplinary referrals when compared to a classroom without animals. Kaye (1984) reports that one of the greatest problems facing teachers is behavior. Behavior checklists and observations were used to determine results. Using live animals, Kaye found that students' behavior improved in relationship towards teachers. Additional benefits reported were increased confidence and responsibility among students. Parents reported that as a result of the introduction of animals in schools, their children seemed to become more interested in school (Kaye, 1984).

As many as 1 in 10 children suffer from a behavior disorder that is severe enough to impede their learning and development (Fisher & Learner 1994). Characteristics of behavior disorders can include poor social skills and non-compliant or aggressive behavior. Siegal (1999) found that after showing eight sixth grade students identified as having behavior disorders how to train dogs, their social skills increased and non-compliant aggressive behaviors decreased by 6-83%. Behavior was monitored by observing videos of students' classroom behaviors and using interval recording. This study is one of the very few empirical studies conducted in schools on the benefits of using dogs.

In a third grade classroom in Chicago, "Augie", a Golden Retriever, has been held accountable for increasing responsibility, fewer absences and improved behavior among students (Owens & Williams, 1995).

Nebbe (1991), a school counselor, reported that the use of animals (a dog, cat and fish) helped her establish rapport with children. Bekker (1986) also reported beneficial results when working at school with adolescents in group sessions while her puppy was present. Bekker reported that students were more playful and more open in sessions, more open in disclosing feelings and sharing information, and appeared more at ease; behaving more naturally in the presence of the puppy (Bekker, 1986).

The Hawthorne Intermediate School in Los Angeles uses canines in a program called TLC, Teaching Love and Compassion. The three-week program is voluntary and is run on school breaks. Students are trained in dog obedience then begin training the dogs. Students learn important lessons about patience, respect and cooperation among

peers. Joan Melrod, the Humane Education Director, best explains the original intent of the program.

We wanted to take some decisive action to break this cycle of violence. We felt that if kids -- particularly those who were experiencing difficulty in school, either academically or behaviorally -- were encouraged to channel their energies into bonding with needy shelter dogs, they would learn to respect animals, grow as individuals and find it easier to get along with others (Pollyea, 1997).

Dog care and training provide direct links to basic communication and social skills.

Patience and positive reinforcement are practiced with each other as well as the dogs.

Activities and group discussions teach students how to handle interpersonal conflicts and develop constructive responses (Pollyea, 1997). Both students and teachers attest to the creation of a sense of community among participants as a result of the TLC program.

Lynch (2000) reported finding that the mere presence of a pet dog while children were learning to read aloud and in silence resulted in lower blood pressure readings. Previous observations found that blood pressures increased in children when they were learning to read in school, at home, or in a laboratory.

In a survey of the current use of dogs in Minnesota schools, Ryan (2000) found that 25% of schools surveyed used dogs. This pilot study also reported that potential concerns of administrators and other educators in implementing a program were minimal with legal implications, and allergies of students and staff rated as being of concern. If concerns were met, 94.2% of respondents reported they would be in favor of using a dog in their school or district.

### *Advantages of Pet Facilitated Therapy*

The use of pet facilitated therapy in various settings has produced several studies reporting the specific benefits of using animals as a therapeutic tool. General advantages of implementing a pet facilitated therapy program are suggested by Arkow (1980) such as enhancing the treatment milieu by "de-institutionalizing a facility and providing a more natural, home-like environment -- improving not only residents' recoveries, but also staff morale and families perceptions" (p. 4). Pet facilitated therapy programs are also cost effective. Levinson (1961) stated a dog could be a companion, friend, servant, admirer, confidant, toy, teammate, slave, scapegoat, mirror, trustee, or defender. The benefits of using animals are numerous. Dogs can be active playmates that can facilitate the release of a child's pent up energy and tension. Dogs can improve the rate of recovery from illness and ability to cope with illness (McCulloch, 1981). Dogs can provide a stimulus for motoric activity -- walking, feeding, and grooming. Dogs can help shy children break the ice with other children. Dogs have been found to increase cooperation with caregivers (Arkow, 1981). They can help children confront their fears. What children may see as too fearful to do alone may seem safer with a dog by their side, thus building self-esteem and confidence. Most importantly, dogs are accepting. They accept the child for who they are without criticism (Levinson, 1972).

### *Self - Esteem*

Juhaz (1983) conducted a survey among 12-14 year old male and female adolescents. Surveyed students were asked to list things that made them feel satisfied and good about themselves. Pets were ranked below parents but above other adults in the subjects' lives, including teachers. Many people gain a feeling of achievement with pet

facilitated therapy (McCulloch, 1985). Training a simple command, or taking part in the feeding, grooming, walking, or helping to build a dog house, all can give the child a feeling of accomplishment, increasing their self esteem.

### *Empathy*

Hyde and Kurdek (1983) conducted a survey to determine empathy among college students with pets and without pets. Results found that college age pet owners tended to have higher empathy and interpersonal trust scores than non-pet owners.

### *Education*

As an educational tool, classroom pets can be used to develop a respect for living things and foster children's natural curiosity (Vansant & Dondiego, 1995). Reduced tardiness and increased attendance have been reported benefits seen by incorporating a dog in a classroom (Owens & Williams, 1995). Two studies report students have a new found interest in school after introducing animals in a classroom (Kaye, 1984; Condoret, 1978). Improved behavior and increased responsibility have also been seen (Kaye, 1984; Owens & Williams, 1995).

### *Anxiety and Rapport Development*

Several studies have been conducted demonstrating the changes in physiological response in the presence of animals. One controlled study found that the introduction of a dog to an experimental setting produced significantly lower blood pressure in children (Friedmann, Katcher, Thomas, Lynch & Messent, 1983). The authors suggested that the presence of the dog changed the children's perception of the setting making it less anxiety provoking, resulting in lower blood pressure. Brickel (1982) suggested that the mere presence of a dog could be a distracter. Brickel reports that dogs can divert attention

from an anxiety generating stimuli that the client faces - thus serving as a distracter. A child, who is very anxious or even fearful about going to see a psychiatrist, can be distracted from his/her anxiety and/or fearfulness by the unexpected presence of a dog in the therapist's office. If the dog distracts the child long enough from his/her fear and/or anxiety - the child may soon come to realize there is no need for his/her fear and/or anxiety.

Pets can break the ice and can be of assistance in forming a relationship with some children (Levinson, 1961). Pets can help establish rapport at the outset of therapy, allowing the child to view the environment as less hostile. Not only do pets help to establish rapport between therapist and patient, but they have also been reported to facilitate communication. Corson and Corson (1978) describe this process as the "Rippling Effect". First, the patient accepts the animal, develops trust, plays with it, cares for it, talks to it, and loves it. Then the patient begins to accept the therapist as a friend since the therapist introduced the patient to the pet. Third, the patient begins to come out of withdrawal and interacts with nurses, orderlies, aides and other therapists, once the pet becomes a conversation piece. Lastly, the patient begins to draw other patients in.

The essences of pet facilitated therapy are to introduce a non-threatening loving pet to serve as a catalytic vehicle for forming adaptive and satisfactory social interactions. The patient often relates positively to pets in non-verbal and tactile interactions. Gradually, the circle of social interactions widens to first include the therapist who introduced the pet, and later to other patients and medical personnel,

then progressive expansion of positive social interactions outside hospital (Corson & Corson, 1978).

Pets have been found to facilitate positive communication between caregivers and those receiving care in settings such as prisons, schools, nursing homes, and hospitals (Beck & Katcher, 1983; Marino, 1995). Animals have also been found to facilitate and initiate communication with patients who have been uncommunicative for extended periods of time (Beck, 1985). Condoret (1983) reported that daily contact with classroom pets could facilitate language development. In a well-known study, a young autistic girl, communicated for the first time ever when a dove was introduced and flew around the room (Condoret, 1983).

#### *Pets as Social Catalysts*

Numerous evidence exists that pets can act as social catalysts. In a study by Messant (1982), men and women were found to be more approachable when accompanied by a pet than when alone. Pets facilitate interaction by being social lubricants. They can provide a neutral subject of conversation, increasing the quality and quantity of social interactions and increasing social visibility (Veevers, 1985; Corson & Corson, 1977).

#### *Pets as Mediators in Therapy*

Levinson reports (1972), that children see animals as accepting and dependent. Therapists on the other hand are often viewed as authoritarian. The acceptance provided by the pet can lead the way to improved self confidence. The child feels safe in confiding in the pet and gradually develops a trust allowing the animal to act as a mediator with the therapist (Levinson, 1972).

### *Disadvantages of Pet Facilitated Therapy*

It would be unfair to neglect to mention some of the purported disadvantages and potential problems associated with pet facilitated therapy. There is no scientific culmination of documented pet facilitated therapy failures, rather only vague references to what can go wrong are mentioned (McCulloch, 1985).

Some potential disadvantages of pet facilitated therapy can include: allergies of staff and students, certain zoonotic diseases (disease that can be transmitted from animals to humans), cost, legal liability due to patient injury or accident, and noise levels (Arkow, 1980; Bustad, 1979; McCulloch, 1985). Additionally there is a real threat for the potential of animal abuse. Animal abuse can occur either intentionally or by students who are not aware they may be harming or provoking the animal due to mental incapacities. Other disadvantages of pet facilitated therapy can be a student becoming possessive of the animal and/or the animal rejecting the student due to unrealistic expectations. "Pets can be sources of rivalry and competition in group environments" (Arkow, 1980 p. 7). Additionally, Arkow (1980) suggests that the following concerns should be addressed before implementing a pet facilitated therapy program: proper handling of animals to avoid injury to animals or children, allergies, sanitation, veterinary care, potential injury to animals, noise, zoonotic disease, and legal liability issues. Additionally, while cost is relatively minimal it should always be addressed at the outset of implementing a program (Arkow, 1980). Some concerns can be avoided by taking care in pet selection, adequate supervision, ongoing program monitoring, sufficient training of staff and students, and support provided by administration and staff, some are unavoidable risks that we can only

attempt to minimize their chance for occurrence. The simple awareness of potential concerns will help any facility take preventative measures to minimize occurrence of some of the potential disadvantages of pet facilitated therapy.

### *Populations served by Pet Facilitated Therapy*

The use of pet facilitated therapy has been found beneficial in working with several populations of people. From prisoners, to the elderly to children with autism, benefits have been seen using pet facilitated therapy. Most relevant to the present study is research addressing using pet facilitated therapy with children with autism, emotional and behavior disturbances, special needs (e.g., attention deficit disorder, conduct disorder), and juvenile delinquents.

#### *Children with Autism*

Few successful therapies exist for working with autistic children. Several studies (Issacs, 1998; Condoret, 1983; Redefer & Goodman, 1989) using animals have shown promising results working with this population. A common symptom of autism is social withdrawal. Pet facilitated therapy has been reported to increase social interactions in autistic children (Issacs, 1998; Condoret, 1983; Redefer & Goodman, 1989). Issacs (1998) reported that the use of a dog seemed to "greatly enhance" social interaction of autistic children through petting and touching, increasing eye contact, attention span, affect and affection.

In a well-known study, Condoret (1983) captured on video an autistic girl's first spontaneous interaction with living beings when she observed the flight of a dove that was brought into the classroom. His discovery was made while studying the impact of

animals on both normal and disturbed nursery school children. This autistic girl prior to watching the dove's flight had never spoken with or permitted any physical contact with people or animals. Her only interest had been in inanimate objects. After that, her attention increased with a dog, other children, and her teachers (Condoret, 1983).

Redefer and Goodman (1989) reported that the presence of a dog produced a sharp increase in social interactions and a decrease in isolation in seriously withdrawn autistic children. Children can communicate with animals primarily nonverbally. Redefer (1986) suggests that a dog's effectiveness in working with autistic children is because dogs are a simple social stimulus transmitting less complicated social cues than humans. She also explained dogs' effectiveness in working with autistic children as related to the need for repetitive play among children with autism; dogs are known to engage in repetitive simple social play.

*Children with Attention Deficit Hyperactivity Disorder (ADHD) and/or Attention Deficit Disorder (ADD)*

Mixed results have been seen when incorporating pet facilitated therapy in the treatment of ADHD children. One study found that boys with ADD were more aggressive towards animals than boys without ADD (Gislason, Swanson, Martinex, Quiroga, & Castillo, 1984). The authors concluded that the characteristics of ADD children, impulsivity, inattention, and hyperactivity, quite possibly contributed to the more aggressive behavior. Given this study, pet facilitated therapy with this population should be monitored closely. Yet, another study by Katcher and Wilkins (1994), found that children with conduct disorders and ADHD showed significant reduction in behavior pathology when exposed to animals. Two groups were compared, the first group placed

in an outward-bound program, and the second group placed in a Zoo program. The boys in the zoo program displayed less behavior problems than boys placed in the outward bound program during the program (Katcher & Wilkins, 1994).

At the Philadelphia's Devereux Foundation, a treatment center for troubled children, a 1993 study found caring for guinea pigs, birds and other small animals improved grades and behavior in students with attention deficit disorder (Muhammad, 1999).

### *Juvenile Delinquents*

Numerous studies have been conducted evaluating the promise of using pet facilitated therapy with juvenile delinquents and disturbed children and adolescents. No other population other than the elderly has had so many programs incorporating pet facilitated therapy. Levinson reports (1961) that an intense need to master something that does not talk back, that accepts the child as is, no matter who they are, is overwhelmingly prevalent among disturbed children. Disturbed children do not want to be judged. They want to be accepted and admired. Disturbed children are afraid of human contacts because they have been hurt so much and so often. They have a strong need for safe physical contact. Since their hurt is not associated with the dog, they allow the dog to approach them (Levinson, 1961). At the George B. Page Boys Ranch in Ojai, California, animals provide an alternative life for juvenile delinquents. Boys care for livestock and farm animals, thereby providing a sense of achievement as well as education (Arkow, 1981).

In a study by Robin, ten Bensel, Quigly and Anderson (1983), researchers set out to determine adolescent and children's perceptions of pets. Surveys asking about family

pets were sent to male and female students in a psychiatric hospital, a school for delinquents, and a regular high school. The study found that delinquents reported more often than other subjects that they played with their pet alone. Delinquent and hospitalized subjects emphasized more strongly the role of their pet as a love object and confidant than other groups. Furthermore, delinquent youth reported more frequently than public school youth that their pet protected them from physical harm (Robin, ten Bensel, Quigley, & Anderson 1983).

In Burbank, California dogs are used in an after school violence prevention program for elementary school children. The program teaches children how to appropriately handle and train dogs. The program is based on humane education, believing that teaching children a personal sense of responsibility and compassion and encouraging them to consider the needs, feelings and suffering of animals will in turn increase their level of compassion for people and their environment. If a child can learn how to properly treat a dog they can transfer this to their treatment with people (Latham, 2001).

In 1933, the U.S. National Parent Teacher Association stated that:

Children trained to extend justice, kindness and mercy to animals become more just, kind and considerate in their relations with one another. Character training along these lines in youths will result in men and women of broader sympathies. They will be more humane, more law-abiding, and in every respect, more valuable citizens (Battle, 2001, p. 10).

However, some recent research suggests caution using pet facilitated therapy with this group of children because of a high tendency for animal abuse (Battle, 2001). With their

need for control and aggressive tendencies, animals can be at great risk if programs utilizing them are not adequately supervised.

### *Language Disorders and Disabilities*

Positive results have also been found using pet facilitated therapy with children who have language disorders and disabilities. Pets can be used to help children imitate animal sounds, say the pet's name, give the pet a command, and communicate with the pet. In a nursery school in France, a dog was introduced into a classroom with children having various language problems. Condoret (1983) reported that many children showed some improvement in speech problems after the introduction of the dog. Condoret felt the child's increased motivations to acquire language were attributed to the child's desire to be able to communicate with the animal.

Dismuke (1984) conducted a study using horseback riding for children with language disorders. Twenty-six children with moderate to severe language disorders were randomly placed into a control or experimental group. Effects of horseback riding on language were measured by results on pre, mid and post tests given to participants. This study found that those children who received rehabilitative horseback riding made significant gains in their ability to use language efficiently and appropriately (Dismuke, 1984). In addition, this study found that children in the experimental group were found to have greater self-esteem as evidenced by scores on the Piers-Harris Self Concept Scale.

### *Children with Mental Disabilities*

In children with Down syndrome the rhythmic movement of horseback riding has been found to help them normalize their muscle tone, coordination and balance

(Muhammad, 1999). A child can sometimes for the first time experience control in his or her life by being able to control a large horse around a ring.

Pets have also been used to help prepare the mentally disabled for more productive independent lives (Gores in Levinson, 1972). Levinson (1972) speaks of an experiment by Gores in which three youngsters with Intelligence Quotients ranging from 48-85 did an excellent job caring for animals and helping to run a pet shop. Subjects reported that they felt happier and felt that they were contributing to society as a result of their job. Dogs can be used to provide the mentally disabled with vocational training starting in the early years and continuing to adulthood. Taking care of pets can help teach them responsibility and confidence. Children can be given varying amounts of responsibility for classroom dogs, as their ability allows. They can learn how to feed, groom and walk the dog which can help them later get a job that incorporates walking, feeding, grooming and general care for dogs and other animals.

### *Conclusion*

The use of animals for therapeutic purposes has been seen in prisons, mental institutions, psychiatric hospitals, nursing homes, residential treatment centers, schools, and in clinical settings. Promising results have been reported using animals with the elderly, the chronically ill, the depressed, the incarcerated, juvenile delinquents, children with ADHD, children with emotional disturbances and/or conduct disorders, children with language disorders, mentally disabled children, and children with autism. Many studies provide simple observational reports of benefits, while only a few, offer empirical evidence of true causal relationships when implementing pets as therapeutic tools. Too

many studies report results too promising to ignore the usability of pets when working with populations that traditionally offer challenges in treatment.

## CHAPTER THREE

### Methodology

#### *Subject Selection*

Approval was granted by the University of Wisconsin - Stout Human Subject Review Board to send surveys to randomly selected schools in the state of California. The California Department of Children, Families, and Learning public school elementary and secondary school directory (2000) was utilized to select 560 public schools representing 388 school districts in the state of California. Within the school districts selected, 150 surveys were sent to middle schools, 150 were sent to high schools, 150 were sent to elementary schools, 50 were sent to alternative schools and 30 surveys were sent to special education schools. Surveys were generically addressed to the Guidance Department with attention to school counselors and/or school psychologists.

#### *Procedures and Instrumentation*

The survey (Appendix A) consisted of several sets of questions. The first set of six questions asked subjects to provide demographic information such as gender, age, years in position, degree, title, type of school and location of school (urban or rural).

The second set of six questions asked subjects to rate their previous exposure to knowledge of several aspects of pet facilitated therapy. A three point Likert scale was used with 1 indicating “Novice”, defined as having never heard of pet facilitated therapy before; 2 indicating “Amateur”, defined as having read about and/or know that information exists in this area; and 3 indicating “Expert”, defined as having knowledge of, and actively seeking out information in this area. Participants rated their exposure

level in the following areas: knowledge of pet facilitated therapy; knowledge of therapeutic benefit in using animals with the elderly; knowledge of therapeutic benefit in using animals with autistic children; knowledge of therapeutic benefit in using animals with the physically and mentally disabled; and knowledge of therapeutic benefit in using animals with emotionally and/or behaviorally disturbed children and/or adolescents. Two questions then asked participants to rate their interest level in the use of dogs for therapeutic interventions in schools and their interest level in pet facilitated therapy in general. Respondents could choose from among the following responses: very interested, somewhat interested, and no interest.

The next section consisted of ten questions asking participants to rate potential concerns relating to implementing a pet facilitated therapy program in their school or district. Participants were asked to rate concerns using a five point Likert Scale with 1 indicating unimportant, 2 indicating of little importance, 3 indicating moderately important, 4 indicating important, and 5 indicating very important. Potential concerns included: hygiene/cleanliness /disease and general sanitation; legal implications and liability; effect on staff and students who may be phobic to dogs; allergic reactions of students and staff; animal upkeep (walking/feeding/cleaning up after); potential harm to students and staff (biting, scratching, other); potential harm to animal (inappropriate handling and/or abuse); animal odor; maintenance costs; and supervision of program. Participants were then asked if all the above concerns were met and dealt with, would they be for, or against using dogs in their school, classroom or district.

The final section asked respondents to answer yes or no to whether or not they currently used dogs in their school, if they currently used dogs in a therapeutic program

in their school, and if they knew of another school that used dogs in a therapeutic program. Respondents who answered yes to either the first or second question in this section were asked to complete three further questions asking them to check the appropriate box that best described the population of students with which dogs were being used; how many hours, days, weeks or months were the dogs used on average; and how long they have been using dogs in their school. Participants were also given space to explain or describe any other program or school that they knew of that currently used dogs in a therapeutic capacity. Space was provided at the end of the form for descriptive and contact information about the participant including name, position, telephone number, and e-mail address.

#### *Data Analysis*

The data were analyzed with respect to the research questions outlined in Chapter I. The research questions and the method of analysis are provided below.

R1: What is the current use of dogs in "therapeutic" programs in California public schools?

R2: What is the knowledge level of educators as to the positive benefits of using pet facilitated therapy with various populations?

R3: What concerns do educational professionals have regarding the use of dogs in schools?

R4: What is the degree of support for the use of dogs in schools by various educational professionals?

The survey data were analyzed using several descriptive indices including frequency counts, percentiles and single group comparisons. The survey was intended to be descriptive in nature; therefore no further statistical analyses were conducted.

## CHAPTER FOUR

### Results

The purpose of this study was to determine the current use of dogs in California public schools, to determine the familiarity of various educators, in particular school counselors and school psychologists with pet facilitated therapy, to determine the support for pet facilitated therapy and to determine potential concerns of educators in implementing a pet facilitated therapy program in their school and/or district. A survey was sent to 560 guidance departments representing 388 districts and 154 counties in the state of California. Ninety-seven surveys were returned. Small group sizes made it difficult to obtain significance between groups. This also limited the range of statistical operations that could be utilized. Descriptive data, response frequency and percentiles were used to describe the survey results.

Data regarding the study's sample are displayed in Table 1. Ninety-seven of the 560 surveys mailed were returned, for a rate of return of 14.9 percent. While surveys were addressed to Guidance Departments with attention to school psychologists and school counselors, respondents came from a variety of educational positions. School counselors (39.2%) and school psychologists (34.0%) had the highest response rate. School principals made up 6.2% of the sample group, 1.0 % of respondents were regular education teachers, 2.1% were special education teachers and 12.4% were from other educational positions including special education coordinators and directors, assistant principals, speech therapists, and program coordinators/facilitators.

Table 1.

*Frequency and Percentage of Sample Group by Educational Position*

Job Category	n	Percent
School Counselor	38	39.2
School Psychologist	33	34.0
Teacher - Regular Education	1	1.0
Teacher - Special Education	2	2.1
Principal	6	6.2
*Other	12	12.4

*Note.* Frequency figures and percentages of respondents are shown. \* Other category was made up of special education coordinators and directors, program coordinators and facilitators, assistant principals, and directors of guidance. Five respondents did not complete this item (5.1% of respondents) therefore it is not known what position these respondents held.

Respondents were predominantly female (72.2%) versus male (23.7%), which is expected because of the greater number of female school psychologists and school counselors (4.1% of respondents did not complete this item). Respondents were primarily from urban (57.7%) areas as compared to rural areas (39.2%) and the mean number of years respondents reported being in their current position was 8.71 years. Three respondents did not complete this item therefore it is not known what area they worked in.

Table 2 presents the school setting of the respondents. Elementary, Middle and High schools were relatively equally represented, 23.7%, 30.9% and 25.8% respectively.

Special Education and Alternative Learning Centers represented 7.2% and 12.4% respectively. However, it is important to note that fewer surveys were sent to Special Education and Alternative Learning Centers hence the lower representation in the total sample.

Table 2

*Frequency and Percentage of Respondents in Sample Group by School Setting*

	n	Percent	# of Surveys originally sent
Elementary School	23	23.7	150
Middle School	30	30.9	150
High School	25	25.8	150
Special Education Schools	7	7.2	30
Alternative Learning Centers	12	12.4	50

*Note.* Frequency and percentages are shown according to number of respondents returning surveys in respective settings. Numbers of original surveys sent to respective settings are also displayed.

*Level of Knowledge in Pet Facilitated Therapy*

Table 3 shows participants' self-ratings of their knowledge of pet facilitated therapy and the therapeutic benefits of using animals with several populations. Class types were defined as: Novice (never heard of before); Amateur (read and know that information exists in this area); and Expert (have knowledge of and actively seek out information in this area). The majority of respondents characterized themselves as amateurs in their knowledge level of pet facilitated therapy across all populations.

Respondents rated themselves most familiar (Expert) in their knowledge of the benefits of pet facilitated therapy with the elderly (18.2%) and the physically disabled (14.4%).

Respondents rated themselves more frequently as Novice in their knowledge of the benefits of pet facilitated therapy with children with autism (18.6%), mental disabilities (23.7%), and adolescents with emotional or behavioral disturbances (16.5%).

Table 3

*Knowledge Level of Various Areas of Pet Facilitated Therapy*

	Novice	Amateur	Expert
Knowledge of Pet Facilitated Therapy	6.2	83.5	8.2
Knowledge of Benefit in Using Animals w/autism	18.6	72.2	8.2
Knowledge of Benefit of Using Animals w/Physically Disabled	7.2	76.3	14.4
Knowledge of Benefit in Using Animals w/Mentally Disabled	23.7	67.0	8.2
Knowledge of Benefit in Using Animals w/ Emotionally Disturbed	16.5	72.2	10.3
Knowledge of Benefit in Using Animals w/Elderly	6.2	73.2	18.6

*Note.* Percentages representing the complete sample are used. Missing data existed for some items.

*Educator Concerns*

Participants were asked to rate what the level of importance potential concerns would have if they were considering implementing a pet facilitated therapy program utilizing dogs in schools. Respondents rated items using a five point Likert Scale, ranging from unimportant to very important. Table 4 provides the means and standard

deviations for the respondents' ratings of potential concerns. Concerns rated by most respondents as very important when considering implementing a program utilizing dogs in their school or districts were legal liability or implications (mean = 4.20) supervision (mean = 4.14) and allergic reactions (mean = 3.96).

Table 4

*Concerns About Pet Facilitated Therapy (n=97)*

	Mean	SD
Hygiene/Cleanliness/Disease	3.59	1.14
Legal Implications and Liability	4.20	.98
Phobic Fears of Staff and Students	3.65	1.08
Allergic Reactions	3.96	1.03
Animal Maintenance	3.90	1.01
Potential Harm to Students/Staff	3.78	1.21
Potential Harm to Animals	3.73	1.11
Animal Odor	2.70	1.17
Maintenance Costs	3.57	1.20
Supervision	4.14	.98

*Note.* Means and Standard Deviations are reported from a 5 point Likert Scale

(1=Unimportant, 2= Of Little Importance, 3=Moderately Important, 4= Important, 5=Very Important).

*Support for Pet Facilitated Therapy*

Participants were then asked if concerns were met and dealt with, would they be for, or against, using dogs in their school or classroom. Results are found in Table 5. Of the respondents, 92.8 % said that they would be "for" it while only 4.1% would still not be interested in implementing such a program.

Table 5

*Support for the Use of Dogs*

	For	Against
If concerns were met/dealt with would you be for or against the use of dogs in schools?	92.8	4.1

*Note.* Table shows percentages of respondent's answers as a whole on this question.

Missing data existed for this item (3.1%).

Table 6 shows respondents' interest level in using dogs in school and their interest in pet facilitated therapy in general. The majority of respondents indicated that they were either somewhat or very interested in pet facilitated therapy in general (89.7%) and in using dogs in schools (79.4%).

Table 6

*Interest Level in Pet Facilitated Therapy and the Use of Dogs in Schools*

	Very Interested	Somewhat Interested	No Interest
Interest in using dogs for therapeutic interventions in schools	32.0	47.4	18.6
Interest in Pet facilitated therapy in general	33.0	56.7	9.3

*Note.* Numbers represents participants responses as a whole. Not all respondents answered these items, which account for the missing data.

*Current Use of Dogs*

Additionally, participants were asked if they currently used dogs in their school and/or district, if they used dogs in a therapeutic program in their school and/or district and if they knew of a school other than their own that used a dog in a therapeutic program

in their district. Table 7 shows the current use of dogs in a sample of California public schools. More respondents reported using dogs in schools (17.5%) than using dogs in a "therapeutic" program (7.2%) or knowing of another school using a dog in a "therapeutic" program (6.2%).

If the answer was yes to either of the first two questions, respondents were then asked to report how frequently they used dogs. Table 8 shows the average time dogs are used in school. Of those schools reporting to use dogs, the average time dogs were used was as follows: 6.44 hours daily; 3.60 days a week; 8 days a month; 91.75 days a year; and 3.53 years. For those respondents who reportedly use dogs therapeutically in schools, Table 9 represents the frequency with which dogs are used with different populations of students. Dogs were reportedly used most frequently with students with physical disabilities (38.9%) or without disabilities (38.9%). Of those using dogs therapeutically, 33.3% used dogs with cognitively disabled and 22.2% with emotional disabled/behaviorally disabled and children with autism. It is significant to note that four respondents that did not check that they "currently" use dogs, made notes on their survey that they had used dogs in the past. Additionally, one respondent stated they were getting a dog in the next month.

Table 7

*Current Use of Dogs in a Sample of California Public Schools*

	Yes	No
Do you currently use dogs in your school? (n=97)	17.5	82.5
Do you currently use dogs in a therapeutic program in your school? (n=97)	7.2	92.8
Do you know of a school that uses dogs in a therapeutic program? (n=96)	6.2	92.8

*Note.* Percentage of respondents answering yes or no.

Table 8

*Average Time Using Dogs in Schools*

	N	Mean
Average hours a day dog is used	9	6.44
Average days per week dog is used	5	3.60
Average days a month dog is used	9	8.0
Average days a year dog is used	4	91.75
Average number of years dog has been used in school	17	3.53

*Note.* Mean time dogs have been used given number of respondents.

Table 9

*Population of Students Dogs are Used With*

	ED/BD	Physically Disabled	Cognitively Disabled	Autistic	Regular Education	*Other
Frequency	4	7	6	4	7	6
Percent	22.2	38.9	33.3	22.2	38.9	33.3

*Note.* Number of respondents who answered yes to using dogs therapeutically and also answered population of students dogs were used by given respondents. No respondents reported what population of students they were referencing when checking the other category.

In Table 10, data examined the current use of dogs in therapeutic and non-therapeutic programs based on the type of school responding. Results showed that zero high schools reported using dogs therapeutically, however, sixteen percent of high schools reported using dogs in non-therapeutic programs. Special Education schools had the highest reported percentage of therapeutic (14.3%) and non-therapeutic (42.9%) use.

Table 10

*Therapeutic Use of Dogs Based on School Type*

	n	Therapeutic Use	Non-therapeutic
Alternative	12	8.3%	25.0%
Special	7	14.3%	42.9%
Education			
Elementary	23	8.7%	17.4%
Middle School	30	10.0%	10.0%
High School	25	0%	16.0%

*Note.* Given number of respondents in school type numbers represent percentages responding that use dogs therapeutically or non-therapeutically.

*Summary*

The results of this chapter will now be summarized in terms of the research hypotheses outlined in Chapter I.

R1: What is the current use of dogs in "therapeutic" programs in California public schools?

It was determined by this survey that approximately 7.2% of schools surveyed currently use dogs in therapeutic programs in their school. Additionally, 17.2% of respondents reported that while they did use dogs in their school they did not use them in what they considered a "therapeutic" program.

R2: What is the knowledge level of educators regarding the positive benefits of using pet facilitated therapy with various at-risk populations?

It was determined that educators rated themselves as most familiar (expert) in their knowledge of benefits of pet facilitated therapy with the elderly (18.2%) and the physically disabled (14.4%). Most respondents rated themselves as amateurs in all areas. Respondents were most likely to rate themselves as novice in their knowledge level in benefits of pet facilitated therapy with children with autism (18.6%), mentally disabled (23.7%), and adolescents with emotional and/or behavior disturbances (16.5%).

R3: What concerns do educational professionals have regarding the use of dogs in schools?

Potential concerns that overall respondents rated in terms of "very important" most frequently were: Legal Implications and Liability (50.5%), Supervision (43.3%), Allergic Reactions (40.2%), Potential Harm to students and staff (36.1%), Animal Maintenance (30.9%), Potential Harm to animals (28.9%), Maintenance Costs (26.8%), Hygiene/Cleanliness/Disease (26.8%), Phobic fears of staff and students (25.8%), and Animal Odor (7.2%).

R4: What is the degree of support for the use of dogs in schools by various educational professionals?

If concerns were addressed, 92.8% of respondents were for the use of dogs in schools.

## CHAPTER FIVE

### Discussion

The purpose of this study was to determine both the therapeutic and non-therapeutic use of dogs in California public schools; to determine the familiarity of primarily school psychologists and school counselors with pet facilitated therapy; to determine the support for pet facilitated therapy; and to determine potential concerns of educators in implementing a pet facilitated therapy program in their school and/or district.

At the time this study was initiated, the term pet facilitated therapy was found by the author to be the most consistent term used in research. However, the current term in literature and practice to describe goal-directed interventions in which animals are used as an integral part of the treatment process is Animal Assisted Therapy. To further the advancement of this area of practice one term should be used across settings and in research to reduce confusion. While the term for working with animals has changed frequently throughout history the most current term should be used which is now animal assisted therapy. Since the term pet facilitated therapy was used in this survey, it is not known if results would have differed significantly if the term animal assisted therapy had been used.

Five hundred and sixty surveys were mailed to 388 school districts in the state of California. Within the school districts selected, 50 surveys were sent to alternative learning centers, 150 were sent to middle schools, 150 were sent to high schools, 150 were sent to elementary schools, and 30 were sent to special education schools. While surveys were addressed to school counselors or school psychologists, surveys returned

were from a variety of educational professionals; however, school psychologists and school counselors had the highest response rate.

The survey asked respondents to rate their knowledge (Novice, Amateur, or Expert) of pet facilitated therapy. The majority of respondents rated themselves as amateurs in their general knowledge of pet facilitated therapy across all populations. Respondents were most likely to rate themselves as experts in their knowledge of the benefits of using animals with the elderly and the physically disabled. Educators were least likely to rate themselves high (Expert, Amateur) in their knowledge of the benefits of animals with the mentally disabled.

Respondents were also asked to rate potential concerns they would have in the implementation of a pet facilitated therapy program in their school or district. Respondents were most concerned with legal implications and liability, supervision, and allergic reactions of students and staff. Respondents were least concerned with animal odor. If all concerns were addressed 92.8% of respondents would be for the use of dogs in their school or district.

The survey also requested information regarding current use of dogs in school settings. More respondents reported using dogs in non-therapeutic programs than those that responded that they used dogs in therapeutic programs. Additionally, four respondents reported using dogs in the past and one respondent reported they were going to be using a dog in a therapeutic program in the next month. All respondents that used dogs in a therapeutic or non-therapeutic program reported being in favor of the use of dogs in schools. The frequency with which dogs were used with particular at-risk

populations didn't appear to vary significantly (i.e. autistic, regular education, cognitively disabled, physically disabled, and emotionally/behaviorally disturbed).

### *Critical Analysis*

Research indicates that using dogs in schools can offer educators a unique tool in working with all students. Research suggests that animals can increase self esteem and self confidence, help facilitate language development, motivate children to learn, teach children responsibility, reduce negative classroom behaviors, increase attendance, facilitate counseling, and increase socialization (Bekker, 1986; Condoret, 1978; Kaye, 1984; Levinson, 1969; Lynch, 2000; McCulloch, 1985; Nebbe, 1991 Siegal, 1999; Pollyea, 1997).

The current study provided information pertaining to the level of support for using pet facilitated therapy in schools in California. Prior to this study, it was not known whether California schools were aware of pet facilitated therapy; to what degree they were aware of its' benefits with specific populations of students; what concerns educators would have if implementing a program; the support they had for such a program in their own school or district; and the current use of dogs in both therapeutic and non-therapeutic programs in California schools. Results indicate that respondents were very interested in pet facilitated therapy in their school and/or district. Determining the level of support for such programs provides those interested in implementing a program motivation to approach schools. Researchers looking for a place to implement research should feel comfortable approaching schools as a place to conduct systematic research. Interested school psychologists and school counselors may want to pursue incorporating pet facilitated therapy programs in schools knowing support for such programming is strong.

Concerns in the current study that were rated by most respondents as very important when considering implementing programs utilizing dogs in their school or districts were legal liability or implications, allergic reactions, and supervision. If concerns were met and dealt with 92.8% of respondents reported they would be in favor of implementing a program in their school and/or district. These concerns are obviously important to address, but historically there is no documented examples that could be found of incidents where these concerns have become an issue in pet facilitated therapy. Arkow (1980) describes one study, where patients in a hospital were exposed to 67,600 hours of dog contact and no accidents or zoonoses (disease that can be transmitted from animals to humans) were attributable to the animals. Another study conducted in Minnesota nursing homes (Stryker-Gordon, 1985) over a 12-month period found no reported animal-related infections or allergies and only 19 animal related injuries. Of the 19 injuries, two were reported as serious and 17 as minor. Both of the two serious injuries were reported to be because of a resident walking a dog too rapidly without staff assistance.

Furthermore, an extensive national search found no cases or reports that pertained to lawsuits of any kind relating to pet facilitated therapy in any type of setting (hospitals, schools, residential treatment centers). However, one case heard by the Supreme Court (Clark County v. Buchanan, 924 p.2d 716 1996) emphasized the right to allow service dogs into public schools. In the 1996 case of Clark County School District v. Buchanan the Federal Supreme Court found the Clark County School District at fault for not allowing Buchanan, an elementary school teacher, also a volunteer trainer for helping dogs for handicapped people, to bring a dog she was training to her classroom every day.

The Supreme Court held that the school was a place of public accommodation and should not be precluded from refusing admittance to a person training a helping dog. Thus, there appears to be a federal precedent which might be used to support pet facilitated therapy in general and the use of dogs in schools in particular.

While legal liability and legal obstacles may need to be overcome, few states have "defined" guidelines (Arkow 1980). Many states allow animals in long-term health care facilities such as nursing homes and more and more hospitals are allowing animal visitation. Because pet facilitated therapy is still quite new to most officials, many may not be aware of specific health codes restricting or allowing its use. Therefore, Arkow (1980) suggests it may be beneficial to double check information obtained stating, "Just because someone tells you there is a prohibition against pets does not mean this is the case" (p. 15). Furthermore, Arkow (1980) stated that legal liability does not prohibit animal facilitated therapy in institutional settings:

As a general rule, institutions which carry normal insurance coverage... should be able to include these animal-related activities under existing protection without additional riders, unless such programs carry extraordinary likelihood for injury or liability (p. 15-16).

Several published reports (Arkow, 1980, 1981; Bustad, 1979; Craig, 1995; Hart & Hart, 1984; Levinson, 1972; McCulloch, 1985) provide information regarding dog selection, hygiene and animal maintenance and care, while cautioning those who are thinking about pet facilitated therapy to address such concerns before implementing a program. Dog selection can many times help in reducing the chance for allergic reactions by students and staff, as well as animal bites. Proper supervision and program

management are imperative in implementing any successful pet facilitated therapy program. Providing responsible supervision and management of a pet facilitated therapy program not only helps ensure its success, it will further reduce the chance for zoonoses (diseases that can be transmitted from animals to humans) or animal related injuries, and help to increase the growth of the discipline and public support.

Additionally, Nebbe (1991) a school counselor who has effectively used her dog to facilitate her counseling of elementary school children suggests several guidelines for using pets in a school. Nebbe suggests that a counselor or other interested party needs to be well established in his/her building and district before implementing a program. She suggests gaining support and approval from the administration prior to implementing a program. Consideration of allergies and fears of students and staff should be addressed. Also important are attending to the animal's health. The animal handler should be able to recognize when the animal needs a break and be responsible for maintaining the animal's health and safety.

Finally, this study determined the knowledge level of respondents as to the positive benefits of using dogs with several at-risk populations. Data showed that the knowledge level of educators was low. In order to increase interest in those that have the skills and resources to implement programs it will be necessary for the field to promote itself to this supportive population of professionals. Future research should be published in educational journals and presented at educational conferences.

#### *Limitations of the study*

One of the foremost limitations of the current study was the response rate. The minimal response rate to this survey did not produce a representative sample of the state

of California. Several conditions could have affected the response rate on this survey including that the survey did not include a postage paid return envelope and that the survey was addressed generically to guidance departments reducing personalization. If a similar survey were conducted, the researcher would suggest including postage paid return envelopes and addressing the survey to specific individuals as a means of improving the response rate.

Secondly, the structure or format of several questions found on the survey may have limited the accuracy and quality of some of the responses. The survey could have been improved if it had asked respondents if they had used dogs in the past and/or if they planned to use them in the near future. This information is important to determine why those that have used them in the past were not currently using them and to determine the future use of dogs in schools. Additionally, items that asked respondents to report percentage of time dogs were used and with what specific students they were used with could have been more clearly stated to increase the utility of the data collected. The format of this section appeared to have been confusing to most respondents, resulting in it not being clear on almost all surveys what percentage of time dogs were used with specific populations.

#### *Suggestions for future research*

The current study generates many questions to be answered in future research. Several group comparisons could be made if sample sizes were increased in each group. Primarily, it would be of great interest to obtain data from a more representative sample of the state. With a larger sample size, more group comparisons could be made to determine differences between type of school and current use, and differences between

ratings and type of respondent by educational position and type of school. Also interesting would be to determine who is responsible for the care of the dog and the therapeutic program. This information could be useful for providing support for teachers, school counselors, school psychologists and other educators about similar professionals heading up a program.

Additionally, data should be obtained regarding past and intended future use of dogs in schools. Those reporting using dogs in the past could provide information about why they were no longer using dogs in their school. Furthermore, future research should obtain success rates of different programs with different at-risk populations. For example determining what goals and/or skills dogs are expected to help students reach such as reinforcing good behavior, promoting self-confidence and self-esteem, facilitating counseling, and/or deterring violence.

Future research should also do a better job of obtaining information regarding populations of students dogs are used with as well the amount of time dogs are used with each population. With 17.5% percent of all respondents in this study reporting that they currently used dogs, it would be interesting to pinpoint, in greater detail, populations, areas, and purposes for which dogs are currently being used. Further research studies could then focus on determining the effectiveness of such programs. With current research lacking such scientific data in this area, it will be hard to move forth with such programming without further proof of its effectiveness.

Further research could compare the results of this survey with a similar survey in a different state or at a national level. Such a comparison could provide useful information regarding which states are using dogs to a greater degree in their schools. It

may also be useful to obtain information regarding the use of pet facilitated therapy with animals other than dogs.

### *Conclusion*

The present investigation examined the current use of dogs in a sample of California schools, knowledge level of educators as to the positive benefits of using dogs with several populations, the potential concerns of educators in implementing a program using dogs, and the support for the use of dogs in schools. There appears to be strong interest and support for the use of pet facilitated therapy programs in the state of California. While there are few studies published regarding the use of dogs in schools, this survey suggests that dogs are being used quite frequently both formally and informally. There is surprising interest and support for pet facilitated therapy programs.

Because research has not yet documented the exact psychological and physiological benefits of pet facilitated therapy and the theoretical basis has yet to be established service providers must rely on personal judgment and intuition rather than facts and statistics as to whether pet facilitated therapy works. Those whose lives have been significantly impacted by a pet will be more likely to believe in the magical quality pets possess.

In conclusion, Leo Bustad (1990) in his book "Compassion: Our Last Great Hope" nicely states the effect and the impact animals can have on everyone in society.

Almost everyone could benefit by contact with warm 'fuzzies' (unless we are allergic), and our companion animals offer us security, succor, esteem, understanding, forgiveness, fun and laughter, and most importantly, abundant and

unconditional love. Furthermore, they make no judgments and we can be ourselves with them. They also need our help and make us feel important (p. 49).

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February 12, 2001

Dear Sir or Madam:

Your school has been selected among Public Schools in California to participate in a survey regarding the use of dogs in educational and or guidance programming. I realize this is a busy time of year for all involved -- as such, I want to thank you in advance for your assistance in efforts to gather this information.

Your responses will be used to determine knowledge of various educational professionals as to the use of dogs in various school programs. In addition, it will also determine potential concerns and interest level of educators as to the use of dogs in their school and/or district. A previous study found that 25% of schools surveyed in Minnesota use dogs for therapeutic and/or educational purposes.

The completion of the survey implies voluntary participation in this study. No identifying information will be used and confidentiality is strictly guaranteed. You have the right to refuse to participate and may withdraw from participation at any time during the study.

I have enclosed an envelope for your convenience in returning your completed survey. If you have any questions, or concerns you may call me at 715-235-5659 and/or e-mail me at [ryanh@post.uwstout.edu](mailto:ryanh@post.uwstout.edu) or contact my research advisor - Denise E. Maricle, Ph.D at [maricled@uwstout.edu](mailto:maricled@uwstout.edu). I thank you in advance for your prompt cooperation in gathering this information.

NOTE: Questions or concerns about participation in the research or subsequent complaints should be addressed first to the researcher or research advisor and second to Dr. Ted Knous, Chair, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW-Stout, Menomonie, WI 54751, phone (715) 232-1126.

Sincerely,

Holly M. Ryan  
University of Wisconsin-Stout  
Graduate Student - School Psychology

## Survey: The Current Use of Dog's in California Schools

### I. Respondent Information

1. Gender
- |                                 |                                |                                |                                |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Male   | <input type="checkbox"/> 25-30 | <input type="checkbox"/> 30-35 | <input type="checkbox"/> 35-40 |
| <input type="checkbox"/> Female | <input type="checkbox"/> 40-45 | <input type="checkbox"/> 45-50 | <input type="checkbox"/> 50-55 |
|                                 | <input type="checkbox"/> 55 +  |                                |                                |
2. Years in Position: \_\_\_\_\_
3. Degree \_\_\_\_\_
4. School - (please specify grades i.e. K-12, 1-5, 6-8, 7-9 etc.)
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Elementary School<br>Ages: _____           | <input type="checkbox"/> Middle School<br>Ages: _____          | <input type="checkbox"/> High School<br>Ages: _____ |
| <input type="checkbox"/> Alternative Learning Center<br>Ages: _____ | <input type="checkbox"/> Early Education Center<br>Ages: _____ | <input type="checkbox"/> Other: _____               |
5. School Location
- Rural       Urban
6. Position
- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Superintendent       | <input type="checkbox"/> School Counselor     | <input type="checkbox"/> School Psychologist |
| <input type="checkbox"/> Teacher - Regular Ed | <input type="checkbox"/> Teacher - Special Ed | <input type="checkbox"/> Teacher - ED/BD     |
| <input type="checkbox"/> Principal            | <input type="checkbox"/> Other: _____         |  |

*As you may know, positive outcomes have been attributed to the use of animals in conjunction with various social, emotional, and physical interventions (pet-facilitated therapy). Such approaches have typically focused on physically challenged children or elderly adults. However, animals' (usually dogs) positive impact in educational settings is increasingly being assessed and validated. Programs employing dogs in schools characteristically do so in one of the following three ways:*

1. *As a facilitator to School Counselors;*
2. *In an ED/BD room;*
3. *In a Special Education room.*

### II. Knowledge:

Please rate your previous exposure to the following information, employing the three-point scale.

- |                      |   |
|----------------------|---|
| <b>1 = Novice -</b>  | <b>Have never heard of this before.</b>                                   |
| <b>2 = Amateur -</b> | <b>Have read about and/or know that information exists in this area.</b>  |
| <b>3 = Expert -</b>  | <b>Have knowledge of, and actively seek out information in this area.</b> |

- |  |   |   |   |
|--|---|---|---|
| 1. Knowledge of the use of animals in conjunction with various social emotional, and physical interventions (pet-facilitated therapy). | 1 | 2 | 3 |
|--|---|---|---|

- |   |   |   |   |
|---|---|---|---|
| 2. Knowledge of the therapeutic benefit in using animals with Autistic children?  | 1 | 2 | 3 |
| 3. Knowledge of the therapeutic benefit in using animals with physically disabled?  | 1 | 2 | 3 |
| 4. Knowledge of the therapeutic benefit in using animals with mentally disabled?  | 1 | 2 | 3 |
| 5. Knowledge of the therapeutic benefit in using animals with emotionally and/or behaviorally disturbed children/adolescents? | 1 | 2 | 3 |
| 6. Knowledge of therapeutic benefits in using animals with the Elderly?   | 1 | 2 | 3 |

### III. Interest Level

#### 1. What is your interest level in the use of dogs for therapeutic interventions in schools?

Very Interested \_\_\_                      Somewhat Interested \_\_\_                      No Interest \_\_\_

#### 2. What is your interest level in Pet-facilitated therapy in general?

Very Interested \_\_\_                      Somewhat Interested \_\_\_                      No Interest \_\_\_

### IV. Potential Concerns:

Please rate the following ten, potential concerns related to implementing a program-utilizing dogs in schools, using the five-point scale.

- |          |                               |
|----------|-------------------------------|
| <b>1</b> | <b>= Unimportant</b>          |
| <b>2</b> | <b>= Of little Importance</b> |
| <b>3</b> | <b>= Moderately Important</b> |
| <b>4</b> | <b>= Important</b>            |
| <b>5</b> | <b>= Very Important</b>       |

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. Hygiene/Cleanliness/Disease - general sanitation               | 1 | 2 | 3 | 4 | 5 |
| 2. Legal Implications and Liability (lawsuits)                    | 1 | 2 | 3 | 4 | 5 |
| 3. Effect on staff and students who may be phobic to dogs         | 1 | 2 | 3 | 4 | 5 |
| 4. Allergic reactions of students and staff                       | 1 | 2 | 3 | 4 | 5 |
| 5. Animal Upkeep - Walking/Feeding/Cleaning                       | 1 | 2 | 3 | 4 | 5 |
| 6. Potential harm to students and staff (Biting/scratching/other) | 1 | 2 | 3 | 4 | 5 |

- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 7. Potential harm to animal (inappropriate handling and/or abuse) | 1 | 2 | 3 | 4 | 5 |
| 8. Animal odor  | 1 | 2 | 3 | 4 | 5 |
| 9. Maintenance costs (medical/food/supplies/facilities)           | 1 | 2 | 3 | 4 | 5 |
| 10. Supervision of program  | 1 | 2 | 3 | 4 | 5 |

11. If all of the above concerns were met and dealt with, would you be for, or against using dogs in your school/classroom/district?

For  Against

#### V. Current Use

- Do you currently use dogs in your school?  
Yes \_\_\_ No \_\_\_
- Do you currently use dogs for a therapeutic program in your school?  
Yes \_\_\_ No \_\_\_
- Do you know of a school that uses dogs in a therapeutic program? If so, what is the name of the school?  
Yes \_\_\_ School: \_\_\_\_\_ No \_\_\_

**If you answered yes to either one or two please answer the following questions. If you answered no, please go to VII.**

4. Please describe the frequency of your use of dogs. Please complete all that apply.

Daily	How many hours on average	___
Weekly	How many days a week on average	___
Monthly	How many days a month on average	___
Yearly	How many days a year on average	___

5. How many years have you been using dogs in your school? \_\_\_\_\_

6. What population of students do you use dogs with in your school? Check all that apply.

- ED/BD % time \_\_\_
- Physically Disabled % time \_\_\_
- Cognitively Disabled % time \_\_\_
  
- Autistic % time \_\_\_
- Regular Ed. % time \_\_\_
- Other: \_\_\_\_\_ % time \_\_\_

**VII. Additional comments:**

Would you like results of this survey sent to you via e-mail? \_\_\_ Yes \_\_\_ No

If yes, please provide e-mail address: \_\_\_\_\_

**Contact Information**

Can I contact you if further information is needed?

Yes \_\_\_ No \_\_\_

**If yes, please provide your name, position, and telephone number and/or e-mail address.**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Position: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_