

**FURRY THERAPISTS: THE ADVANTAGES AND DISADVANTAGES
OF IMPLEMENTING ANIMAL THERAPY
IN SCHOOLS**


by

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ABSTRACT

The human-animal bond is a unique interaction. For many years, prisons, nursing homes, schools and other institutions have involved animals for therapy purposes. Being in the presence of animals, especially canines, has many benefits. Petting a dog and sharing its company has been said to lower blood pressure and heart rate, and reduce stress and anxiety. Dogs and other animals are also able to fulfill the need to be loved, increase self-esteem, and promote a sense of purpose. Animal-assisted therapy and animal-assisted activities can be used with people of all ages. Today many schools use animals to provide a positive influence on children for counseling purposes. Animal therapy is used with children who have emotional disabilities, cognitive disabilities, learning disabilities, and others who are in need of counseling. In libraries and schools, dogs are also used to assist children in increasing their reading skills and self-esteem.

There are a few concerns with having dogs in schools and other establishments. These concerns are considered disadvantages of using animals for therapy purposes. Some of these issues include; hygiene, animal and child safety, fear of animals, allergies, and cultural differences. However, these

matters can be decreased and even alleviated if the animal and its handler are properly trained and certified.

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Chapter I: Introduction

What is it about the presence of a dog or the touch of its soft fur that allows people to feel at ease and feel comfortable enough to release their emotions? Animals, especially canines, have been used in hospitals, schools, prisons, and other settings for years in order to bring about a therapeutic change. Empirical research shows that being in the presence of calm animals can actually reduce the level of stress that a person is experiencing (Flom, 2005; Jalongo, Astorino, & Bomboy, 2004; Burton, 1995; Nebbe, 1991). Human-animal interaction can actually bring about measurable reductions in blood pressure, heart rate, and anxiety levels (Katcher, Friedmann, Beck, & Lynch, cited in Jalongo, Astorino, & Bomboy, 2004; Burton, 1995; Nebbe, 1991). In children, being in the presence of an animal that is peaceful and composed can reduce stress more than does the presence of an adult or a friend. This is especially true when children are reading aloud or are in a doctor's office or hospital (Jalongo, Astorino, & Bomboy, 2004).

More and more schools have been using animals for the roles of therapy and support for children's emotional well-being, learning, and overall physical health (Jalongo, Astorino, & Bomboy, 2004). There are programs that allow for the visitation of trained dogs, used for the purpose of therapy, to come into schools and encourage the improvement of reading skills and fluency (Glazer, cited in Jalongo, Astorino, & Bomboy, 2004; Bueche, 2003; Lynch, 2000). Animal-assisted activities seem to also be helpful in encouraging children throughout a wide variety of subjects in addition to reading (Nebbe, cited in Jalongo, Astorino, & Bomboy, 2004).

It has been documented that animal therapy is also useful when working with populations of children who are autistic, physically and mentally disabled, and emotionally and behaviorally disturbed (Thigpen, Ellis, & Smith, 2005; Nebbe, cited in Jalongo, Astorino, & Bomboy, 2004; Marino, 1995; Katcher & Wilkins, 1994; Redefer & Goodman, 1989; Jenkins,

1986; Katcher & Beck, 1983; Arkow, 1981; Corson, Corson, & Gynne, 1977; Levinson, 1971). According to Law and Scott (1995), when children with pervasive developmental delay (PDD)/autism work with pets such as hamsters, rabbits, and turtles, they gain a sense of responsibility, increased socialization, and improved receptive and expressive language development. By nurturing and taking care of an animal, the children are able to demonstrate responsibility. Law and Scott also claimed that when these same children were involved in a pet care program that trained them how to care for pets, they learned to become independent and gained valuable problem-solving skills, and were also able to strengthen their self-esteem and self-confidence (Law & Scott, 1995). There is research that shows that close to 70% of children seem to talk to and disclose their feelings to animals (Serpell, cited in Jalongo, Astorino, & Bomboy, 2004). Due to these findings, many residential treatment facilities have begun to implement animal-assisted therapy as a common element in treatment procedures that assist children with severe emotional/behavioral problems (Jalongo, Astorino, & Bomboy, 2004; Marino, 1995; Katcher & Wilkins, 1994; Redefier & Goodman, 1989; Jenkins, 1986; Katcher & Beck, 1983; Arkow, 1981; Corson, Corson, & Gynne, 1977; Levinson, 1971).

The benefits of the human-animal bond have been known for many years. In 1792, psychiatrists at the York Retreat in England had their patients care for rabbits and poultry in order to benefit their physical and emotion health (Thigpen, Ellis, & Smith, 2005; Jalongo, Astorino, & Bomboy, 2004; Heimlich, 2001; Netting, Wilson, & New, 1987). In 1942, servicemen in a convalescent hospital in Pawlings, New York were exposed to dogs who served as companions (Davis, cited in Thigpen, Ellis, Smith, 2005; McCulloch, cited in Thigpen, Ellis, Smith, 2005; Willis, cited in Thigpen, Ellis, & Smith, 2005; Netting, Wilson, & New, 1987). Levinson, a child psychologist, found that using his dog, Jingles, in the presence of children who

had emotional disturbances brought about positive effects. He discovered that he could “reach” the child when Jingles was present in therapy sessions (cited in Thigpen, Ellis, & Smith, 2005; Mallon, cited in Heimlich, 2001; Netting, Wilson, & New, 1987).

Today, there are many programs in place, such as Pets Are Wonderful Support (PAWS), which is a group that provides a companion animal to HIV patients (Spence & Kaiser, cited in Jalongo, Astorino, & Bomboy, 2004). The human-animal bond is commonly used when working with elderly populations. Both institutional (i.e. psychiatric hospitals and nursing homes) and community-based programs (i.e. animal visits and subsidy programs) are using animals and pets for “pets-on-wheels” and “pets by prescription” programs in order to bring about positive changes in the elderly (Netting, Wilson, & New, 1987).

The Purdy Treatment Center provides prison inmates with employment opportunities in fields related to dogs. They use classroom instruction and hands-on training in areas such as breeding, obedience, grooming, training, and specialized disability training (Catanzaro, cited in Thigpen, Ellis, & Smith, 2005). Reports of the training stated that the programs successfully brought about positive changes in the prisoners’ and staffs’ psychological well-being. There were even reports of rehabilitation success after the release of the prisoners (Catanzaro, cited in Thigpen, Ellis, & Smith, 2005; Netting, Wilson, & New, 1987). Flourishing programs using animals in prison demonstrate a constructive method that should be considered when working with a younger, disturbed population (Thigpen, Ellis, & Smith, 2005). With many years of research and literature backing up the benefits of animal-assisted therapy, it is no wonder that it is becoming a budding worldwide field of study (Jalongo, cited in Jalongo, Astorino, & Bomboy, 2004; Podberscek, Paul, & Serpell, cited in Jalongo, Astorino, & Bomboy, 2004; Fine, cited in

Jalongo, Astorino, & Bomboy, 2004; Ascione & Arkow, cited in Jalongo, Astorino, & Bomboy, 2004).

Animal-assisted therapy does not involve just any animal being used for services whenever they are requested. Certain animals, mainly dogs, are selected based on their demeanor and ability to adapt to different and unfamiliar situations. The dogs must pass a test in order to be accredited as a registered therapy dog (Jalongo, Astorino, & Bomboy, 2004). The trainer/handler of the dog must also be trained and registered. Dogs in the program must be at least one year of age and can be either a mixed breed or a pure-bred. The most widely-known programs that train these dogs and their handlers are Therapy Dogs International, Inc. and the Delta Society, which offer their members liability insurance through their annual dues (Jalongo, Astorino, & Bomboy, 2004). Moreover, these dogs are part of a high-quality service in which the visitation of these animals is entirely incorporated into the goals of the schools/hospitals and in which many institutions are in collaboration with the involvement of the therapy (Jalongo, Astorino, & Bomboy, 2004).

There are many reasons why therapy animals and volunteer pets are often not allowed in schools. Some of the reasons include: sanitation concerns; safety concerns (for the animals as well as humans); allergies; cultural differences; and some people's fear of animals such as canines (Jalongo, Astorino, & Bomboy, 2004). Some of the recommendations that schools can use when considering allowing animal-assisted programs in their buildings are to only work with therapy animals that are registered, always prepare the children for the animals and assess their suitability for being around the animals, and last but not least, consider the safety of the animals (Jalongo, Astorino, & Bomboy, 2004).

Animals bring about a certain fascination and captivation from the children who are involved with them (Melson, cited in Jalongo, Astorino, & Bomboy, 2004). Despite the hesitance some people have in allowing animals to work with children, there has been a plethora of literature which supports that animals can exert positive changes in children's physical and emotion well-being, academic achievement, and social interactions (Flom, 2005; Thigpen, Ellis, & Smith, 2005; Jalongo, Astorino, & Bomboy, 2004; Bueche, 2003; Burton, 1995; Law & Scott, 1995).

Purpose of Study

The purpose of this study is to examine the existing literature, in the spring of 2006, on using animal-assisted therapy/activities when working with children. After examining the literature, the goals of this paper are to explain the benefits and drawbacks of allowing animal therapy/activities to exist within the school setting and to describe how to implement animal therapy in a school setting.

Research Questions

The following research questions guided this study:

1. What are the advantages/disadvantages of animal-assisted therapy/activities, as stated in the literature?
2. How can schools implement an animal-assistance program if they currently do not have one?

Assumptions

There are currently a few assumptions to this area of study. The first assumption is that all schools will be open to the idea of allowing animals, for the use of therapy, into their schools. The second assumption is that the process of allowing four-legged friends into the classroom is a

fairly easy process. The third assumption is that people are willing to receive training and have their animals trained to work with students at area schools.

Limitations

There are currently also a few limitations to this area of study. The first limitation is that some adults/children have allergies to animal dander; therefore any interaction with animals could make life miserable or potentially life-threatening. The second limitation is that some students are afraid of animals. The third limitation is that there is always a risk that an animal will act out and possibly harm a child or adult, even if the animal has passed rigorous training and tests. The fourth limitation is that some children will not know how to properly treat an animal, therefore putting the animal in danger.

Definition of Terms

The following list of terms helps the reader better understand the processes of animal therapy and activities.

Animal-assisted activities (AAA): informal method that involves volunteers sharing their pets with others in which the animal acts like a “social lubricant” or a distraction in order to bring about positive results (Thigpen, Ellis, & Smith, 2005). AAA’s purpose is not for specific therapeutic process, unlike the purpose of AAT (Thigpen, Ellis, & Smith, 2005).

Animal-assisted therapy (AAT): a formally controlled method/program in which animals are used to assist in improving the welfare of an individual or group of individuals suffering from emotional or physical illness or injury (Thigpen, Ellis, & Smith, 2005; Beck & Katcher; Cusak & Smith, & Arkow, cited in Moody, King, & O’Rourke, 2002).

Chapter II: Literature Review

This literature review first provides a description of the advantages/benefits of using animal-assisted therapy (AAT) and animal-assisted activities (AAA), especially with school aged children. In addition, the disadvantages/drawbacks of AAT and AAA are also described. Finally, the chapter concludes with ways to implement an animal-assisted therapy/activity program in a school setting.

Advantages of Animal-Assisted Therapy and Animal-Assisted Activities

According to Nebbe (1991, p. 364), when discussing the advantages of animals “theory is our only best guess.” However, the literature on the benefits of the human-animal bond is plentiful. Dogs have been documented to provide social, psychological, and physical benefits for both children and adults (Heimlich, 2001). The relationships with animals are low risk and can be safe and easy (Nebbe, 1991). Animals are patient, honest, devoted, affectionate, and dependable. These traits fulfill a person’s vital need to be loved and to feel valuable (Nebbe, 1991). The non-judgmental connection with animals, especially dogs, promotes a sense of purpose and significance in children (Moody, King, & O’Rourke, 2002). Visitation of pets, known as animal-assisted activities, has been found to produce measurable benefits such as increasing awareness, facilitating mental attentiveness, and promotion of socialization (Heimlich, 2001). Animals seem to provide such a positive influence on people, especially children, that it appears that the effects are universally beneficial (Beck & Katcher, cited in Nebbe, 1991).

Physical benefits

Many physical health advantages come from interactions with animals. Research shows that being in the presence of animals and interacting with them lowers blood pressure, reduces stress reactions, reduces heart rate, reduces levels of anxiety, and even lowers triglyceride levels

(Flom, 2005; Anderson et al., cited in Thigpen, Ellis & Smith, 2005; Grossberg et al., cited in Thigpen, Ellis, & Smith, 2005; Katcher et al., cited in Thigpen, Ellis, & Smith, 2005; Katcher, Friedmann, Beck, & Lynch, cited in Jalongo, Astorino, & Bomboy, 2004; Burton, 1995; Nebbe, 1991). Research also shows that patients who have improved from heart troubles lived, on average, one year longer if they owned a pet (Friedmann, Katcher, Lynch, & Thomas, cited in Thigpen, Ellis, & Smith, 2005).

Developmental benefits

Animals have been shown to contribute in helping children learn how to trust others, be compassionate, and take responsibility for themselves and their belongings (Ascione, & Weber, cited in Thigpen, Ellis, & Smith, 2005; Levinson, cited in Thigpen, Ellis, & Smith, 2005). “Pocket pets,” which constitute small animals such as rabbits, hamsters, gerbils, fish, reptiles, and birds, are animals that can easily be taken care of by children (Flom, 2005). In a school setting, assigning a child to chore responsibilities of a pocket pet is a means of acquiring the routine of trustworthiness and dependability (Flom, 2005). Students who struggle with daily expectations and school homework profit from having a living thing be dependent on them (Flom, 2005). Also, children who come from struggling families who are not able to provide adequate hygiene assistance need help in order to understand the importance of sanitation issues, and are able to gain the knowledge of responsibility of caring for oneself by caring for these pets (Flom, 2005). These children are able to see the importance of keeping an animal clean and healthy and then can carry on these acquired skills into their own home lives simply by learning from this useful, non-humiliating educational tool (Flom, 2005).

Psychological benefits

Owning a pet has been shown to be correlated with enhancement of socialization and an optimistic attitude towards oneself (Cusack & Smith, cited in Nebbe, 1991). An 18-month long study in three nursing homes found that perceived levels of anxiety, confusion, hopelessness, tiredness, and apprehension (based on the POMS Mood State Questionnaire) were significantly reduced when the residents (n=95) were in the presence of a resident dog (Crowley-Robinson et al., cited in Moody, King, & O'Rourke, 2002). Another study done in a hospital found that animals, mainly dogs, were able to "distract" chronically ill children, which was an important coping method in the reduction of stressors of the hospital (Boyd & Hunsberger, cited in Moody, King, & O'Rourke, 2002). Animals are able to "improve social interactions" and "promote social harmony" for the children involved, as well as the general public (Brodie & Biley, cited in Moody, King, & O'Rourke, 2002, p. 539).

Service dogs are known to be used as "social lubricants" when working with children and people in a mental health or medical atmosphere (Thigpen, Ellis, & Smith, 2005, p. 2; Mugford & M'Comisky, cited in Moody, King, & O'Rourke, 2002, p. 539). When working with elderly patients in nursing homes and hospitals, animals are said to have served as a common conversation starter as well as an "attention-getting stimulus" (Barba, cited in Heimlich, 2001, p. 48; Fick, cited in Heimlich, 2001, p. 48; Savishinsky, cited in Heimlich, 2001, p. 48; Rossbach & Wilson, cited in Heimlich, 2001, p. 48; Gammonley & Yates, cited in Heimlich, 2001, p. 48). Adults who live alone seem to report that owning a pet even compensated for their lack of social interaction (Hart, cited in Thigpen, Ellis, & Smith, 2005; Smith, cited in Thigpen, Ellis, & Smith, 2005). The researchers of a study that placed a dog in a residential home for children with emotional disorders concluded that the animal was able to offer many positive benefits that

included social, emotional, and physical advantages for the children, as well as the staff (Mallon, cited in Heimlich, 2001).

In families that own a pet and where the pet is a perceived member of that family, children are shown to have greater feelings of capability and self-worth, as well as greater empathy for others (Levine & Bohn, cited in Nebbe, 1991). Families that own pets also reported less incidence of thumb-sucking among their children because the pets seemed to offer a more emotionally safe atmosphere (Levine & Bohn, cited in Nebbe, 1991). Pets also help teach children important skills such as anger control and tolerance (Levine & Bohn, cited in Nebbe, 1991).

Counselors in schools find that animals are great rapport builders and that they can help establish a bond between the counselor and the student (Nebbe, 1991). Animals provide a communication linkage because of the special mutual interest that people have of them. This shared interest allows counselors to gain trust and admiration from child clients (Nebbe, 1991). When a child will not open up to a counselor, sometimes the child will begin talking to the animal because it is warm, accepting, natural, and non-threatening (Nebbe, 1991). This can usually lead to a gradual acceptance of the counselor since the counselor is thought to “belong” to the animal (Nebbe, 1991). Counselors are also able to observe feelings and fears that are projected onto the animal by a child and are able to receive insight into a child’s character by witnessing the child’s behaviors (Nebbe, 1991). Doing special tricks and touching the animal brings out trust in children who are experiencing responsibility and control by working with the animal (Nebbe, 1991). Working with dogs and other animals can also boost low self-esteem in children and can increase the transference of vital social skills (Nebbe, 1991).

Educational benefits

Animals have been and are currently being used to develop reading and communication skills in school settings (Filiatre, Millot, & Montagner, cited in Thigpen, Ellis, & Smith, 2005; Guttman et al., cited in Thigpen, Ellis, & Smith, 2005). According to the American Psychiatric Association, stuttering is reduced and has known to even be absent when children are engaging in verbal communication in the presence of animals/pets (cited in Thigpen, Ellis, & Smith, 2005).

When dogs are used for therapy purposes for children who have learning disabilities that are considered severe, there is improvement on continual focus and cooperative relations (Limond, Bradshaw, & Cormack, cited in Thigpen, Ellis, & Smith, 2005). When animal-assisted therapy is used with children who have autism, there is a positive change in sense of worth, socialization, and improvement in language proficiency (Law & Scott, cited in Thigpen, Ellis, & Smith, 2005). Animal-assisted therapy has also been shown to aide in helping children control their actions while at the same time increasing empathy for other living things (Gonski, cited in Thigpen, Ellis, & Smith, 2005; Ross, cited in Thigpen, Ellis, & Smith, 2005).

Canines are also used in reading programs in schools, for AAT purposes, and in libraries, for AAA purposes, in which children read aloud to the animals (Thigpen, Ellis, & Smith, 2005; Bueche, 2003). The READ Program (Reading Assistance Dogs) in Salt Lake City, Utah (Bueche, 2003) and the Lincoln Parish Library in Ruston, Louisiana (Thigpen, Ellis, & Smith, 2005) are just two of the many reading programs that have been developed across America. It is believed that the dogs provide a “cold nose” (p. 5), unconditional acceptance, and full interest/attention to children who have reading difficulties (Thigpen, Ellis, & Smith, 2005; Bueche, 2003). It is thought that the dogs are able to provide the children with these qualities

and characteristics in ways that humans cannot (Ham, cited in Thigpen, Ellis, & Smith, 2005; Bueche, 2003).

The READ program in Utah uses age-appropriate, animal themed, “pawtographed” books that children who are set up with pre-determined reading goals are allowed to keep once they progress to the next reading level (Bueche, 2003). Children who have low-self esteem, refuse to read aloud, and/or who are poor readers are the populations that are selected for these reading programs (Bueche, 2003). The dogs who are able to sit for long amounts of time, are calm and mild, and who are able to become accustomed to novel situations make the best reading partners (Bueche, 2003). Canines who can “pay attention” to the child reader seem to make the best therapy dogs (Bueche, 2003). The ultimate goal of the reading programs is to initiate relaxation so that the children can forget about their reading restrictions (Bueche, 2003). In one reading pilot, all of the children who participated improved their reading by at least 2 grade levels over a 13 month period, and some children even improved by 4 grade levels in 13 months (Klotz, cited in Bueche, 2003). Some dogs are even compliant and gentle enough to allow the children to use their paws as book markers to keep place on the page (Bueche, 2003).

With all the advantages that animal-assisted therapy and animal-assisted activities can provide, when it comes to children, animals are able to foster and enhance an environment of trust, love, and acceptance. Working with animals promotes values and furthers respect for animals which can then be carried over to relations with humans (Nebbe, 1991). Communication skills, social etiquette, peer associations, and feelings are all important life lessons that can be acquired through human-animal interactions (Nebbe, 1991).

Disadvantages of Animal-Assisted Therapy and Animal-Assisted Activities

Fear of animals

Some children and even some adults have a fear of animals. In some areas of the world, canines are respected mainly because they protect people and their belongings and come across as vicious animals (Jalongo, Astorino, & Bomboy, 2004). If a child has had previous experiences where they were scared by animals, then it is imperative to offset the incidents with experiences with animals that are composed, mild, and sensitive (Hart, cited in Thigpen, Ellis, & Smith, 2005; Odenall, cited in Thigpen, Ellis, & Smith, 2005; Jalongo, Astorino, & Bomboy, 2004). According to Jalongo, Astorino, and Bomboy (2004), the best way to deal with this issue is to not force the matter and instead gradually allow the child with the fear to experience the animal. This will possibly generate an understanding that not all animals, especially dogs, are mean and vicious (Jalongo, Astorino, & Bomboy, 2004). It is important to know of a child's previous experience with animals in order to decide whether or not it is appropriate to use AAT or AAA (Netting, Wilson, & New, 1987). If a child has an animal phobia, one way to reduce this fear is by having the child watch his/her peers positively interacting with the therapy animal (Bandura, cited in Jalongo, Astorino, & Bomboy, 2004).

Allergies of animals

When bringing an animal into a school, children and adults with allergies could suffer from the animal dander. Heimlich (2001) recommended that children with allergies be excluded from animal-assisted activities and therapy. Nebbe (1991) claimed that even though some children are allergic to animals, they are still captivated by them. If a therapy animal, such as a dog, is bathed right before a school visit, the dander is then drastically reduced (Jalongo, Astorino, & Bomboy, 2004). Children with allergies need to be assessed by the school and

doctor prior to interaction to determine whether it is safe for the child to participate in AAT or AAA (Jalongo, Astorino, & Bomboy, 2004). Another way to alleviate allergy issues is to do demonstrations with the animal either outside or in large rooms (Jalongo, Astorino, & Bomboy, 2004); however, this then takes away from the one-on-one personal interaction. Using alternative animals, such as “pocket pets”, that children are not allergic to may also do the trick (Flom, 2005). At any rate, parents must decide whether to give permission to allow their child who has allergies to participate or not (Jalongo, Astorino, & Bomboy, 2004).

Cultural variations

Some cultures, especially in parts of Asia, view dogs as unsanitary and/or irritating (Jalongo, Astorino, & Bomboy, 2004). It is important to understand how families view animals before creating animal therapy/activities programs for their children in a school setting. Jalongo, Astorino, and Bomboy (2004) claimed that even though some cultures don't think that animals, especially dogs, are “worthy of human companionship,” children on the other hand often express a totally opposite response which can be positive and friendly (p. 13). Some cultures see pets as filthy (Davis, cited in Thigpen, Ellis, & Smith, 2005) or as a source of food (Barry, cited in Thigpen, Ellis, & Smith, 2005), even though most U.S. cultures mainly consider pets “loveable” creatures (Thigpen, Ellis, & Smith, 2005).

Sanitation Disease concerns

One of the major concerns with allowing animals into schools and other facilities is the possible spread of zoonotic diseases, which are diseases that are spread from animals to humans (Thigpen, Ellis, & Smith, 2005; Jalongo, Astorino, & Bomboy, 2004). This is more of a concern in hospitals than in schools (Jalongo, Astorino, & Bomboy, 2004); however, it is still considered a possible disadvantage. It has been found that although dogs can carry a large number of

diseases, the animals pose minimal risk if conscientious security procedures are followed (Brodie, Biley, & Shewring, cited in Jalongo, Astorino, & Bomboy, 2004). Some ways to prevent the spread of infection is to always have anyone who comes in contact with the animals wash their hands before and after interaction, use non-reusable/throwaway pads that the animal can rest on while in the building, make sure the animal has been thoroughly checked over by a veterinarian for any health issues, and always make sure the animal is fussily groomed before a visit (Jalongo, Astorino, & Bomboy, 2004). Jalongo, Astorino, and Bomboy (2004) claimed that the majority of diseases and infections spread by animals can be controlled, since therapy dogs are required to have regular check-ups and are taught to not lick or scratch themselves. When an animal does urinate/defecate/vomit accidentally or due to illness in a school setting, it is the handler's duty to immediately clean up after the animal (Jalongo, Astorino, & Bomboy, 2004). Animals that are properly groomed and have a good bill of health are said to be "as clean as just about anything else around the school environment or the public spaces in health care facilities" (Jalongo, Astorino, & Bomboy, 2004, p. 11).

Concern for animal and child safety

A serious concern when allowing animals into a public building for the use of therapy purposes is the safety of the people, especially the children involved (Thigpen, Ellis, & Smith, 2005; Jalongo, Astorino, & Bomboy, 2004). Concern is also expressed for animal safety and well-being (Thigpen, Ellis, & Smith, 2005; Jalongo, Astorino, & Bomboy, 2004).

Worries of the animal biting, scratching, and/or kicking a child or adult is a possible disadvantage for using animals for therapy/activity purposes (Thigpen, Ellis, & Smith, 2005). Thigpen, Ellis, and Smith (2005) said that the risk for injury can be addressed if the animals are evaluated before any session or program, animal handlers are educated about possible problems

that can arise, and the conduct of the clients involved is carefully monitored in order to avoid and prevent abuse towards the animals involved. Since animal members (canines) of Therapy Dogs International, Inc. are put through an obedience course and other training procedures, acts of hostility are rare (Jalongo, Astorino, & Bomboy, 2004). Also, registered therapy dogs are able to handle situations that would be risky for untrained animals to undertake (Jalongo, Astorino, & Bomboy, 2004).

On the flip side of the issue, the safety and needs of the therapy animals should be addressed as well. The animals should always be able to access food and water, should be offered many breaks, given time to rest, and able to take part in other activities that they like (Granger & Kogan, cited in Thigpen, Ellis, & Smith, 2005), such as playing fetch, being petted, and running outside. According to Jalongo, Astorino, and Bomboy, (2004), dogs that are registered through Therapy Dogs International, Inc. are meticulously assessed, and membership (which includes veterinarian visits) for the animal and handler must be renewed yearly in order to preserve association with TDI, Inc. Counselors, teachers, and psychologists should model correct ways to behave around the animal (such as acting calm and gentle, and not pinching, poking, or teasing the animal) before therapy sessions or activities begin, in order to alleviate animal mistreatment (Jalongo, Astorino, & Bomboy, 2004). Young children who may fear large dogs, who act unpredictably around animals and children with emotional and behavior disorders should be closely supervised when in the presence of therapy animals (Jalongo, Astorino, & Bomboy, 2004). It is also important for the well-being of the animals involved to never put the animals in harm's way, to always look after them in all situations, and to never over-schedule animals where they could potentially face exhaustion (Jalongo, Astorino, & Bomboy, 2004).

Appropriate Steps towards Implementing an Animal-Assisted Therapy Program in a School

In order for an AAT/AAA program to be successful, the program must be developed with care (Thigpen, Ellis, & Smith, 2005). There are many things that need to be taken into consideration when using animals for therapy and activities while working with children in a setting such as a school (Nebbe, cited in Nebbe 1991). The following is a list of guidelines that should be implemented (Nebbe, 1991, p. 367): (1) Determine who is going to be in charge of the program that will be established before the animal-assisted therapy is integrated as a piece of his/her practice; (2) Make sure the principal/director/administrator approves of the program and entirely understands what it entails. The counselor/psychologist should be fully educated about AAT/AAA so that he/she can explain its purpose to others. Understand that the counselor/psychologist is responsible for the animals and those involved and is accountable for anything that happens during the program sessions; (3) Recognize which children are not cut out to work with the animal. Some children may be susceptible to mild to severe allergies when interacting with animals, while others may have a fear of animals. This should not result in the abandonment of the animal, but instead it should be a means for adaptation; (4) The animal that is chosen should be in good health and up to date on vaccinations and vet visits. Remember that you are a model to children, so concern should always be shown for the animal's health. Never use wild animals for therapeutic or activity purposes. When an animal dies, be honest about the death and allow the children to grieve; (5) Never allow the animal to experience stress, and immediately remove the animal when it is uncomfortable. Treat the animal humanely and with respect and never discipline or speak to the animal cruelly. If discipline seems to be required often, then the animal is not cut out to be in schools with children; (6) The counselor/psychologist must be comfortable with the animal and be in control at all times; (7) Do

not ever assume that a child knows how to act or behave around an animal. Appropriate behaviors should be modeled to children so that purposeful and accidental harm does not happen to the animal. If a child cannot treat the animal fairly, then the animal should be taken away from the child; (8) Always be prepared for possible problems and take a preventative approach when implementing the program. Have a safe home such as a kennel available on site for the animal, prepare for bites or scratches should they occur, have disposable bags along in case the animal has an “accident,” and make plans for animals that live on site (such as fish) in case of emergencies. Always be prepared and stay calm; and finally, (9) Clean up after the animal and be responsible for its actions.

Thigpen, Ellis, and Smith (2005) believe that choosing children who are appropriate for AAA/AAT is the first step in building a thriving program. They state that the next step is choosing the right animal that can properly deal with the stress of new situations, can be held or left with strangers, is willing to be petted and handled by children in awkward ways, and is calm in situations where many children are hovering around and/or touching it (Thigpen, Ellis, & Smith, 2005). The final step is dealing with possible threats and risks such as zoonotic infections, and making sure that the animal involved is always provided with water, food, regular breaks, time to rest, and time to do things that it likes to do (Thigpen, Ellis, & Smith, 2005).

Chapter III- Summary, Critical Analysis and Recommendations

This chapter is a summary and critical analysis of Chapter 2 and provides recommendations for further analysis.

Summary

Being in the presence of calm animals can reduce the level of stress that a person is experiencing (Flom, 2005; Jalongo, Astorino, Bomboy, 2004; Burton, 1995; Nebbe, 1991). Also, human-animal interaction can bring about measurable reductions in blood pressure, heart rate, and anxiety levels (Katcher, Friedmann, Beck, & Lynch, cited in Jalongo, Astorino, & Bomboy, 2004; Burton, 1995, Nebbe, 1991). Today, more and more schools are using animals for the purpose of therapy in order to bring about positive change in children's emotional well-being, learning, and overall physical health (Jalongo, Astorino, & Bomboy, 2004). There are programs that allow for the visitation of trained dogs, used for the purpose of therapy, that come into schools for the intended purpose of promoting the development and enhancement of reading and fluency proficiency (Glazer, cited in Jalongo, Astorino, & Bomboy, 2004; Bueche, 2003; Lynch, 2000). It has been documented that animal therapy is also useful when working with populations of children who have autism, who have a physical and/or mental disability, and who are emotionally and behaviorally disturbed (Thigpen, Ellis, & Smith, 2005; Webbe, cited in Jalongo, Astorino, & Bomboy, 2004; Marino, 1995; Katcher & Wilkins, 1994; Redefers & Goodman, 1989; Jenkins, 1986; Katcher & Beck, 1983; Arkow, 1981; Corson, Corson, & Gynne, 1977; Levinson, 1971). Therapy Dogs International, Inc. and the Delta Society, which offer their members liability insurance through their annual dues, are the most widely-known programs that train these dogs and their handlers (Jalongo, Astorino, & Bomboy, 2004). Some of the reasons why some schools do not allow animals or are hesitant to start animal

therapy/activity programs include: sanitation concerns, safety concerns (for the animals as well as humans), allergies, cultural differences, and for the fear of animals such as canines (Jalongo, Astorino, & Bomboy, 2004). However, there are many ways that these problems can be minimized, prevented and/or alleviated in order to implement a successful AAT/AAA program (Thigpen, Ellis, & Smith, 2005; Jalongo, Astorino, & Bomboy, 2004; Nebbe, 1991).

Critical Analysis

While many hospitals, schools, nursing homes, and prisons allow for the execution of AAA/AAT programs, other institutions do not allow for these programs, even after all the evidence in support of the human-animal bond. There are many concerns, such as safety, allergies, sanitation, fear of animals, and cultural differences, that cause people to become skeptical of the programs (Thigpen, Ellis, & Smith, 2005; Jalongo, Astorino, & Bomboy, 2004, Nebbe, 1991).

Also, not just anyone can use their pet for AAT/AAA purposes. Whether the animal is used for AAT or AAA, it should be in good health, be well-adjusted, have a good disposition, and have a handler who is reliable, responsible, and educated about the advantages and disadvantages of using animals for therapeutic purposes (Jalongo, Astorino, & Bomboy, 2004). When being used for AAT purposes, both the animal and the handler must go through training and pass tests to be allowed to participate in therapy programs (Jalongo, Astorino, & Bomboy, 2004). Although AAT/AAA has its critics, "Therapy Dogs, Inc., proudly reports that over 4,500 pet partners have served over 350,000 individuals in 49 states, one clear indication of the success and acceptance of such programs in the United States (Jalongo, Astorino, & Bomboy, 2004, p. 11).

Recommendations

It is recommended that further research be done using animals in school settings, especially on populations of young children, children with autism, children with emotional and behavioral disabilities, children with learning disabilities, and children with cognitive disabilities. This could lead to more evidence of the positive results that come from animal-assisted therapy/activities, and could also persuade more schools to start these types of programs. If AAT/AAA is implemented, the school should encourage parents, teachers, and counselors/psychologists to rate the behaviors/traits/characteristics and even achieved grades of the children involved before and after therapy has been implemented, to determine whether observable and measurable change has occurred.

Assessment surveys could be administered at the schools that currently use AAT/AAA programs to learn first hand about the positive as well as negative effects of using animals in schools. Surveys could also be administered at schools that do not currently use animals in their buildings to assess why they have not implemented AAT/AAA programs.

Finally, since there is currently no literature known to this author regarding long-term follow up of children into adulthood who were exposed to these interventions, studies that measure lasting effects should also be conducted.

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