Implementation of Animal Assisted Therapy (AAT) In Dementia Care
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Introduction

- In 2018 there were 16 million unpaid dementia care partners in the U.S. (Alzheimer’s Association, 2019).

- Maintaining a quality of life is critical to reduce care partner burnout and early nursing home placement (Peluso et al., 2018).

- Apathy to therapy is a real challenge (Bakotic et al., 2019).

- Animal Assisted Interventions (AAI) offers the opportunity to develop interventions that will help care partners develop skills and practical solutions to enhance quality of life and hopefully promote participation!
Learning Objectives:

1. Participants will learn about the benefits of AAI as a therapeutic modality in Dementia care.
2. Participants will identify appropriate AAI activities suited for clients with neuro cognitive deficits.
3. Participants will review various behavioral documentation styles.
• AAT offers a meaningful way to connect with clients, encourage participation and improve quality of life.
• AAT can be used for goals with ADLs, IADLs, Play, leisure, work, social participation, improvement of motor skills, process skills, social skills and much more.
• The care of pets is included as an IADL in the Occupational Therapy Practice Framework (OTPF).
IDEAL “LOW STRESS” APPROACH

Clients & Care partners are excited to come to therapy
Addresses care issues in an engaging manner
Both care partners and clients enjoy and benefit from interactions
Improves mood and participation in sessions

Caregiver Quote:
“(client)…will not leave the house to do anything, except to come to the sessions because of the dogs.”
(Bakotic et al., 2019)
AAT & DementiaCare

- Ideal to help care partners hone skills to provide and maintain a safe environment for clients and to enhance ADL skills (Bakotic et al., 2019)
- Therapists use the dogs to teach new or modified skills and model therapeutic skills to clients and care partners (Brady et al., 2020)
- Address problem behaviors in a non-threatening environment (Brady et al., 2020)
Selection of the site

Location? (Depends on several factors)
Amenable Leadership?
Open Space?
Easy Access?
Conducive environment?
NEVER-NEVER Force it!!!
Creating a Program for Cognitive Impairment

- Population? (client/caregiver? level of cognition). What specific safety concerns for this group?
- Type of AAI? Education? (AAE); Activities (AAA); Therapy? (AAT).
- Location (may be pre-determined based on population).
- Length of program/Dates
- Site Needs Assessment
Criteria to consider

- Availability of volunteers
- Mix of volunteers and dogs (Handler teams)?
- Diamond Approach
- Availability for pre-intervention training
Team Selection & Training

Volunteer teams are trained (handler and their pet),

- Be registered with an organization* (Pet Partners)
- Must pass an evaluation (basic commands)
- You must provide opportunities for handlers and dogs to meet & greet and practice roles before sessions.
Create an Emergency Plan

Facilities will require you to present a safety plan for any unforeseen issue

- Dog Bite
- Participant Fall or other injury (metabolic, diabetes, seizures, etc.)
Training for Therapists

- Including an animal in a therapeutic setting requires: Education, Training and, practice:
  - Animal Ethics (Health/Welfare)
  - Animal behavior/body language
  - Stressors/triggers
  - Animal Handling
  - Animal Care
  - AAI Intervention Models (Diamond)
The Other End of the Leash

- Needs Assessments
- Therapeutic intervention practice
- Cognitive Training & Client Factors
- Errorless Learning & Rehabilitation Theory
Diamond Model

- More than three elements.
- Handler acts as dog facilitator
- Pre-planning of sessions a must
- Requires hours of practice to ensure ability to:
  - Read dog cues
  - Understand session requirements
Cole’s 7 Step Model for Groups

Sessions are planned ahead & well outlined

Introduction
Activity
Sharing
Processing
Generalizing
Application
Summary

*All sessions developed with “gradability” in mind
What OT components can be addressed through AAT?

Fine Motor Skills ▲ ▲ Gross Motor Skills ▲ ▲ Motor Planning (Sequencing Skills) ▲ ▲ Executive Function ▲ ▲ Memory

Balance & Coordination ▲ ▲ Sensory Processing ▲ ▲ ADLS

IADLS ▲ ▲ (Pet care) ▲ ▲ Community Integration ▲ ▲

Medication Management ▲ ▲ Psycho-Social Topics ▲ ▲

Leisure ▲ ▲ Strength & Endurance & Activity Tolerance ▲ ▲

Self-Regulation skills.
How to select participants

• Assess clients/care partners for ability to participate. (Cognitive screen)
• Determine level of cognition required.
• Minimum required ability for activity participation
• Must Enjoy animals/no allergies
• Available for all sessions
#1. DOG ETIQUETTE & SOCIAL INTERACTION

- Review Standard precautions (wash hands)
- Discuss body language in dogs and people
- Review basic obedience commands
- Ensure you model proper approach with dogs
- Work on appropriate interaction with dogs
#1. DOG ETIQUETTE & SOCIAL INTERACTION

- Orient to the environment (to avoid obstacles while walking with dogs)
- Open/close doors to let the dog in/out
- Practice greeting a dog while walking
- Walking with dog on leash
- Giving commands to a dog
- Instructing others on Dog Etiquette
- Use of pooper scooper
- Identifying signs of stress in dogs/humans
Review Types of Leashes For dogs

- Practice fine motor skills & hand eye coordination by practicing donning & doffing harnesses; slip on collars and attaching leashes.
- Offer a variety of collars; harnesses; clasps and handle straps to work with
- Bright colors; different textures; different clasps (snap, lobster, trigger)
- Discuss Martingale collars – choke collars
#2. Dog Grooming & Care

- Discuss Dog Grooming routine
- Practice brushing dog’s teeth; fur;
- Explain paw/nail care
- Activities to Recognize & identifying parts of a grooming routine for dogs and people
- Focus on sequencing; organizing items
- fine motor practice
- Discuss adaptive equipment (large handles; gloves).
- Discuss adaptive techniques to bathe.
#3. Practicing Dressing Skills…

Don’t forget the hat and socks!!!

Works on fine motor; hand-eye coordination; executive function; planning; sequencing
#4. Adaptive Equipment & Modifications for Pet Care

- Raised surface for water bowl/food bowl
- Extended handles on bowls for easy pick up
- PVC pipe food dispenser
- Automatic feeder
- One touch can opener
- Purchase smaller food sizes
- Memory aids (calendar)
- Food delivery service
#5. Healthy Eating for all

- Discussing healthy foods & appetite changes
- Meal Preparation and clean up
- Identifying safe ways to adapt/modify kitchen tasks
Caregiver Quote “(client)…He actually wants to help me unload the dishwasher, he hasn’t done that in years.” (Bakotic et al., 2019).
Making no bake treats

Making peanut butter dog cookies

Practice Feeding Dogs
Care Partner quote: “…I have been trying to think of ways to break down tasks we can do together similar to the way we did the dog treat task.” (Bakotic et al., 2019).

Preparing dog Treats
#6. Safety in the home Tips for Humans & dogs

- Identifying proper dog safety
- Evaluate and minimize fall risk through discussion of home environment (hazards); activity modification; Joint protection
- Discuss what to do in case of a fall
#7. Shopping for Dogs

- Discussing budgets
- Cost of caring for pets & humans
- Shopping tasks (items placed in the room with prices).
- Working on categorizing, sequencing; problem-solving, organizing; decision making.
#8. Leisure exploration & Play time with dogs
Leisure Exploration

- Present leisure activities
- Explore Crafts
- Discuss Travel
- Discover Music
- Dance with Dogs
- Scarf Yoga
- Playing tug of war
- Making Tug ropes & leashes
If you are implementing an AAT program & plan to bill for services you must:
Provide planned, goal-directed, and measurable intervention activities designed to promote improvement in existing client goal areas.

• Determine how you will document
  • Behavior Observation Scales (BOS)
  • Data Assessment Plan (DAP) notes
Emerging Research Themes

THERAPIST OBSERVATIONS:
Increased social functioning in the presence of therapy dogs.
Dogs improved social engagement between participants.
Improved participant Attitudes
Increased verbalization and initiation of activity/conversations
Decreased agitation and frustration
Improved participation without care partner present
Reducing steps = less frustration
Improved Performance/participation in tasks 2nd to simplified instructions & errorless learning strategies.
• Increased carryover at home of care partners implementation of strategies learned during sessions (Bakotic et al., 2019).
Care Partner Themes

Increased participant cooperation at home.
Improved confidence in ability/ and ability to model desired performance
Improved ability to use strategies such as “distract and redirect”
Ability to provide “simple activities” and break down tasks
Increased use of strategies learned through AAT (carryover at home)
Improved ability to anticipate needs
Removing distractions/clutter
Using simplified language
Present limited choices (one at a time).

(Bakotic et al., 2019).
Care Partner engagement Findings

Care partners need support to stay healthy
Well-informed, supported,
Educated/informed care partners provide better care
Results in less stress
Fewer crises
Improves client performance
Delays placement
Enhances quality of life
Questions?


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