Dog-Assisted Therapy Programs: Should we Reconsider Current Practices?

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There is, today, accumulating evidence suggesting that, when integrated into treatment, dogs can have a positive impact in a wide variety of clinical problems. These include compromised mental functioning [1], communication and language impairments [2], social disabilities [3], emotional difficulties [4], undesirable behaviors [5], and physical problems [6]. Data comes from individual or group studies, implemented in different settings with individuals across the lifespan, including children, adolescents, adults, and the elderly [7]. Within the particular field of physiotherapy, a growing number of studies are showing that a dog used as an adjunct to therapy can motivate patients not only to do exercises they normally aren’t willing to do but also for longer durations, thereby increasing the benefits of the therapeutic process [6]. Research also shows that involving a dog in physical therapy can help improve sensory modulation and sensory interpretation [8]. Moreover, tasks such as having patients take the animal for a walk, petting and brushing, or playing fetch, carry a motor component, which can increase muscle strength and improves control of motor skills [6]. Importantly is that, as opposed to rote exercises in which patients move by following directions given in spatial terms or by following the therapists’ demonstrations, these tasks present a highly functional utility. Another benefit reported in empirical studies relates to the unique ability of these animals to capture the attention of patients and distract them from the pain associated to some motor activities [9]. Also, dogs can make patients feel more relaxed and less stressed during sessions, either by providing a non-threatening diversion from anxiety-producing tasks or by the so-called contact comfort arising from physical touch [10].

As evidence for the benefits associated to the ‘dog-human bond’ is growing, dog-assisted programs are being increasingly accepted as a valid approach in a number of institutions, and even sometimes exploited with profit purposes. It is our opinion, however, that many of the programs that are being offered (or sold) as dog-assisted therapy programs do not meet the criteria originally defined by the Pet Partners’ organization [11] for qualifying as therapy.

According to the Pet Partners’ organization, for a dog-assisted intervention to be considered therapy it has to be run by a health/human service professional with specialized expertise and within the scope of practice of his/her profession. In practice, however, the rule first be a therapist is commonly neglected. Anyone who has minimum skills in dog handling and in the use of applications of animal-human interactions - provided by (very) short-term courses - can be found conducting dog-assisted therapy programs using generalist, recipe-like, approaches. What we think one can legitimately question is whether these so-called animal therapists can design and implement effective, tailor-made, therapeutic interventions within a number of very specific domains, such as, for instance, physiotherapy. Importantly to refer is that, in no moment, we intend to deprecate the efforts of those motivated primarily by the desire to help and promote well-being with the aid of dogs. What we consider is that everyone involved in dog-assisted programs should refrain from using (and selling) the term therapy when, in fact, only dog-assisted activities - which do present motivational and recreational benefits - are actually being offered to the patients.

Another of our concerns is whether dog-assisted therapy programs should continue to be viewed as a complementary therapeutic package instead of being fully integrated into different disciplines. That is, do patients gain, for instance, from complementing physiotherapy interventions with dog-assisted therapy programs? Or do patients benefit more from dog-assisted physiotherapy, conducted by a specialized physiotherapist working together with a certified dog-handler team? Clearly, complementing physiotherapy sessions with dog-assisted therapy programs may be more time and financially consuming for the patients and their families, and, from our point of view, can potentially lead to a risk of conflict between the different therapists and their theoretical/operational models. It seems to us, therefore, that academic curriculums of health and social science should prepare professionals to reach an effective training encompassing the most recent developments in the field of dog-assisted therapy programs, thus allowing them to effectively integrate dog-handler teams into their specialized practices, namely physiotherapy.

Given the increasing attention of media devoted to therapeutic dogs, it seems crucial, to us, to reconsider current practices so that, in the long term, the credibility of dog-assisted therapy programs does not suffer serious fading.

References

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