

Evidence Based Practice Day
Department of Rehabilitation Sciences, Recreation Therapy Program
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**The Impact of Animal-Assisted Therapy on Social Interaction and Emotional Well-Being
among Older Adults with Dementia**

Search Terms: animal-assisted therapy, dementia, social*

Years: 1999-2013

Databases: AgeLine, CAB Abstracts, CINAHL, ERIC, Medline, PsycINFO, PubMed

Number of Articles: 8

Summary of Research Findings:

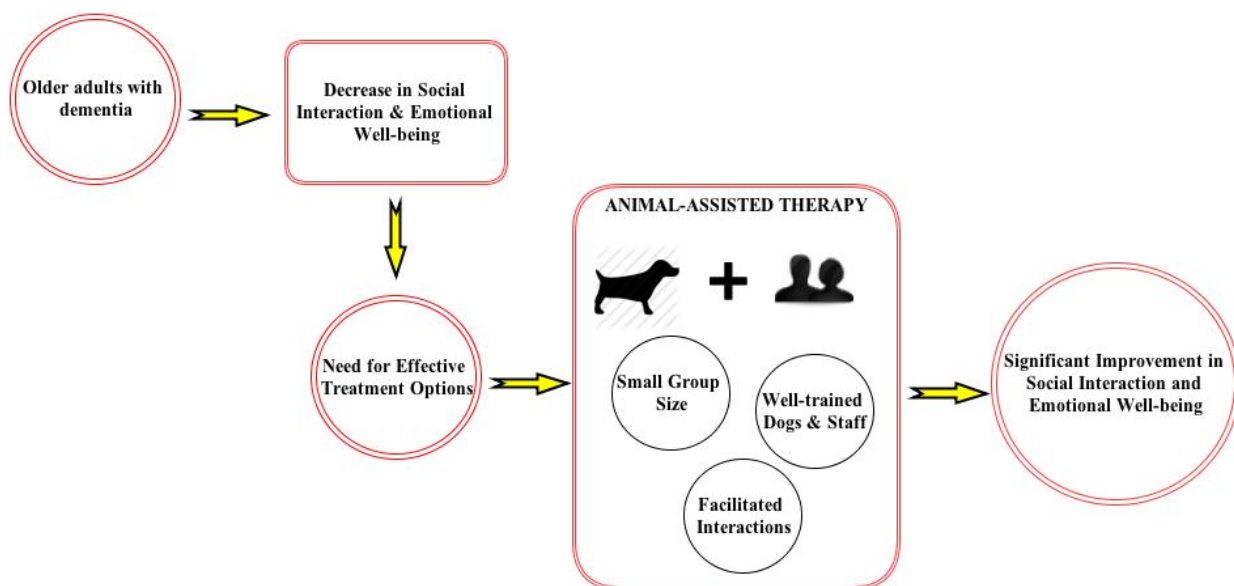
The research presented in this review included participants who were at least 60 years old and all were diagnosed with some form of dementia or related illness. All of the studies examined delivered animal-assisted therapy (AAT) using dogs in a variety of ways. Seven of the eight studies involved direct, goal-oriented interactions with the dog during interventions (Katsinas, 2001; Kawamura, Niiyama, & Niiyama, 2006; Moretti et al., 2011; Mossello et al., 2011; Motomura, Yagi, & Ohyama, 2004; Richeson, 2003; Sellers, 2006), while one study examined the effect of the dog on its participants without having the participants participate in a structured activity with the animal (Churchill, Safaoui, McCabe, & Baun, 1999). Four of these studies examined, among other outcomes, the effect of AAT on social interaction among this population (Churchill et al., 1999; Katsinas, 2001; Richeson, 2003; Sellers, 2006). The remaining articles rated the effect of AAT on emotional well-being by measuring behavior related to depression, emotional functioning, emotional condition, and apathy (Kawamura et al., 2006; Moretti et al., 2011; Mossello et al., 2011; Motomura et al., 2004).

All of the studies that examined social interaction found that AAT therapy had a positive effect on increasing this social behavior among participants. On the other hand, each of the studies that measured emotional well-being found improvements in some but not all areas measured. Small sample size was limitation for each study as was the need for more evidence of the long-term impact of AAT on social interaction for this population. The evidence found in this review provides suggestions for effective treatment related to group size, staff and dog training, and activities offered to facilitate interactions between participants and the dogs and among participants themselves.

Knowledge Translation Plan:

There are specific elements from each study that practitioners can include in their programming to successfully treat this population, such as duration of treatment, activities provided (i.e., – petting, brushing, playing with, and feeding the dog(s)), number and types of dogs utilized, and group size. A practitioner's primary concern when utilizing AAT is whether or not participants are receptive to working with dogs and whether or not they are allergic to them. All but one study encouraged subjects to interact with the therapy dogs in structured activities. Therefore, while not necessarily required, active participation and more structured programming appear to be effective in increasing social behavior among this population and are recommended. Additionally, practitioners should ensure that participants

are provided ample time and opportunity to interact with the therapy dogs during each session. Sessions offered in these studies ranged in length from 15 minutes to six hours, all with positive results. Thus, the length of each session should depend upon how much time is necessary for the practitioner to provide a quality therapeutic experience for each individual. Similarly, each of the eight studies found positive results despite treatment length. However, based on the insignificant results found for improving symptoms of depression after only three weeks of treatment (Motomura et al., 2004), it is recommended that treatment be offered for more than three weeks to treat depression. Group size should also be addressed when treating issues of social behavior and emotional well-being using AAT. One study reviewed found that having only one dog for 12 participants was not ideal, given that some participants were reluctant to “share” the dog with others (Katsinas, 2001). Providing one dog for every four to six individuals, therefore, is recommended. Having a dog that is trained specifically for AAT or is familiar with the environment and has a suitable temperament is also necessary when implementing this mode of treatment; dogs who are eager to socialize with people and are not uncomfortable in the setting will help to engage the older adults who may be withdrawn and not react immediately to the stimulus provided. Finally, it is also beneficial to have staff and dog handlers who are trained to facilitate interactions between the dogs and the participants and encourage participation.



References:

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