

University of South Dakota

USD RED

Occupational Therapy Capstone Presentations

Theses, Dissertations, and Student Projects

Spring 5-2024

Animal-Assisted Therapy in an Outpatient Pediatric Occupational Therapy Setting

Peyton N. Stolle

University of South Dakota, Peyton.Stolle@coyotes.usd.edu

Follow this and additional works at: <https://red.library.usd.edu/ot-capstone>



Part of the [Occupational Therapy Commons](#)

Recommended Citation

Stolle, Peyton N., "Animal-Assisted Therapy in an Outpatient Pediatric Occupational Therapy Setting" (2024). *Occupational Therapy Capstone Presentations*. 138.

<https://red.library.usd.edu/ot-capstone/138>

This Oral Presentation/Poster is brought to you for free and open access by the Theses, Dissertations, and Student Projects at USD RED. It has been accepted for inclusion in Occupational Therapy Capstone Presentations by an authorized administrator of USD RED. For more information, please contact dloftus@usd.edu.

Animal-Assisted Therapy in an Outpatient Pediatric Occupational Therapy Setting

Peyton Stolle, OTS

Faculty Mentor: Dr. Moses Ikiugu

BACKGROUND

- Animal-assisted therapy (AAT) is “a form of therapy that involves using an animal as part of a person’s treatment” (Fine, 2010)
- Dogs are the animals preferred in rehabilitation settings due to their friendly, sympathetic, obedient, and playful nature, which many children and adults prefer (London et al., 2020).
- Animal-assisted therapy is, however, not a stand-alone but a strategic approach involving multiple professionals working together toward interdisciplinary goals (Sahin et al., 2018)
- Children who benefit the most from AAT are those with sensory processing deficits, developmental disabilities (DD), or maladaptive behaviors (MB), which can all lead to decreased attention (Huang et al., 2019)
- When combining two varying components (occupational therapy and AAT) to create one overall intervention experience, it’s important to remember that they both have unique roles in the intervention plan (Rodrigo-Claverol et al., 2019).

PURPOSE

To complete in-depth clinical practice in a pediatric OT setting, implement an AAT program, and evaluate the intervention outcome.

THEORETICAL FOUNDATION

Canadian Model of Occupational Performance and Engagement (CMOP-E)

- I used the CMOP-E to guide AAT interventions to improve children’s perceived performance and satisfaction with performance of desired occupations (Canadian Association of Occupational Therapists, 2002).

Person-Environment-Occupation-Performance (PEOP)

- I used strategies based on this model to guide planning of AAT services interventions to help individuals to reach optimal occupational performance by modifying the environment, person, or occupation factors as necessary (Baum et al., 2015).

METHODS

Services Users

- There were seven participants (7 Males and 2 Females) in the program. Their ages ranged from 4-20 years (mean age=8.43 years)
- All participants were receiving regular outpatient OT services at Milestone Pediatrics

Assessment Instruments

- Canadian Occupational Performance Measure (COPM)
 - Administered at initial evaluation
- Strengths and Difficulties Questionnaire (SDQ)
 - Administered at initial and final evaluation
- Content Analysis of Therapy Notes
 - Completed at the end of the program

Program Administration

- 23 total AAT sessions completed
- Five participants received monthly; two participants received bi-weekly sessions
- Incorporated therapy dogs into sessions depending on each child’s therapy goals

RESULTS

Strengths and Difficulties

- There was no statistically significant improvement in overall strength and difficulties following the intervention, $t(6)=-.648$, $p=0.54$, Hedges $g=-.21$ (a medium effect size).

Specific Strengths and Difficulties

- There were no statistically significant changes in emotional problems, conduct problems, hyperactivity, peer problems, or prosocial behaviors. The effect sizes were small to medium (see Table 1).

Qualitative Feedback

- Content analysis of therapy notes indicated subjectively observed improvement in children’s *social participation, motivation, and emotional well-being*.

DISCUSSION & CONCLUSION

While the quantitative analyses didn’t yield any statistically significant improvements in overall strengths and difficulties after the implementation of AAT, some of the effect sizes were medium, indicating that the lack of statistical significance was probably a result of low power due to small N. This assertion is supported by qualitative therapy notes indicating noticeable improvements in social participation, motivation, and emotional well-being. I gained new knowledge and many skills in clinical practice in pediatrics, and more specifically in running occupational therapy AAT sessions. I also learned how important it is to focus on the individual therapeutic goals of the participants receiving services while learning how to incorporate the therapy dog to assist in meeting those goals. Ultimately, staying within the occupational therapy scope of practice is important in providing the best possible care. The therapy dog is there to help work towards those goals, but not be the primary focus of therapeutic intervention.

IMPLICATIONS FOR OCCUPATIONAL THERAPY

- animal-assisted therapy can play a positive role in helping pediatric participants meet their occupational therapy goals.
- In this project, I learned that there isn’t one specific intellectual disability, diagnosis, or age range that would benefit more from AAT, given the versatility of the participants included in this project
- Occupational therapy practitioners should advocate for AAT to be a regular addition to pediatric occupational therapy interventions, given the effect of animals in motivating clients to be more engaged in occupations.
- There is little research evidence on the effects of AAT in pediatric occupational therapy interventions, specifically in outpatient settings. Further research in this area by occupational therapy scholars could be beneficial.

Table 1.

Changes in Emotional, Conduct, and peer problems, Hyperactivity, and prosocial behaviors.

Variable	Median		z-value	p-value	r
	Initial	Final			
Emotional Problems	3	3	-.69	.49	-.26
Conduct Problems	3	3	-.71	.48	-.27
Hyperactivity	8	8	-.43	.67	-.16
Peer Problems	3	3	0	1.00	0
Prosocial	6	7	-.71	.48	-.27

REFERENCES

