

THE USE OF DOGS IN MINNESOTA SCHOOLS: CURRENT USE, SUPPORT
FOR, POTENTIAL CONCERNS AND EDUCATOR FAMILIARITY WITH
POTENTIAL BENEFITS

By

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ABSTRACT

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The Use of Dogs in Minnesota Schools: Current Use, Support For, Potential
(Title)

Concerns and Educator Familiarity with Potential Benefits

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The purpose of this study was to determine the current use of dogs in Minnesota public schools, to determine the familiarity of various educators, in particular school counselors, with pet facilitated therapy, to determine the support for pet facilitative therapy and to determine potential concerns of educators in implementing a pet facilitative therapy program in their school and/or district. A survey was sent to 75 school counselors and 15 superintendents representing 22 school districts in the state of Minnesota. A response rate of 57.7% was achieved. Of respondents surveyed, 25% of them currently use dogs in a therapeutic program in their district. As a group, the two concerns rated most frequently as very important were Hygiene and Cleanliness; and Legal issues, and Liability. If concerns were met with 94.2% of respondents would be in favor of the use of dogs in their school or district.

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CHAPTER ONE

Introduction

Severely disturbed and at risk children present a variety of challenges to schools and educators. Populations that are often included in severely disturbed or at risk definitions include children with autism, emotionally or behaviorally disturbed children, the physically and mentally disabled, children with attention - hyperactivity disabilities and the learning disabled. In addition, educators are faced with the daily task of motivating their students to perform required work. Often, it can be even harder to find adequate motivators for students with learning disabilities than it can for more severely disabled individuals. Several studies have shown minimal success rates (Dunn, 1996; Tindal, 1985; Waters, 1990) and high burnout among professionals working with these populations (Johnson, 1981; Zabel, 1981). There is a real need for new and creative therapy techniques in working with these challenging populations.

Pet Facilitated Therapy

Pet facilitated therapy, particularly using dogs, is an increasingly used therapeutic approach in working with several special populations. Evidence suggests positive effects using dogs with autistic children, emotionally and behaviorally disturbed adolescents and children, physically and mentally disabled individuals, and as a facilitator in traditional talk therapy (Arkow, 1981; Beck, 1983; Beck, 1985; Corson

& Corson. 1977; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971; Levinson, 1978; Marino, 1995; Redefer & Goodman, 1989; and Webbe, 1991).

The available literature shows that dogs can be used effectively in working with populations that pose challenges to educators; however, there are very limited published reports of using dogs in traditional school settings. While we can assume that if dogs have positive benefits in working with these populations in other facilities (e.g. residential treatment centers, psychiatric hospitals), they are likely to have some of the same benefits if used in a traditional school setting. Furthermore, of the few studies found (Kaye, 1984; Condoret, 1978; Owens & Williams, 1995) that have been published regarding the benefits of using dogs in a traditional school setting, none could be found that offered results which were obtained empirically. Rather, benefits obtained in implementing pet facilitated therapy programs are generally gathered anecdotally rather than in a controlled study. The purpose of this study is to determine the current use of dogs in Minnesota's public schools, define the potential concerns in using dogs in schools and determine the support for the use of dogs in schools by school counselors.

Benefits and Limitations of Pet Facilitated Therapy

Numerous studies have been done assessing the benefits of Pet Therapy, Pet Facilitated Therapy, Animal Facilitated Therapy, and Animal Assisted Therapy in addressing needs of at risk populations including: adolescent delinquents, autistic children, cognitively disabled children, physically handicapped, medically ill, depressed, psychotic, emotionally and behaviorally disturbed adolescents and children

(Arkow, 1981; Beck, 1983, 1985; Beck & Katcher, 1984; Corson & Corson. 1977; Dickstein, 1997; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971; Levinson 1978; Marino, 1995; Redefer & Goodman, 1989; and Webbe, 1991) There are even more pet facilitated therapy programs that report success with these populations but do not offer empirical evidence and do not publish results. If you were to walk into a nursing home, it would be unusual if you were not to see some type of animal present with a therapeutic purpose for the residents. If you were to talk to a residential treatment center that works with at risk adolescents, you would likely be told that most use animals for some therapeutic purpose even in the most informal ways. Some facilities and programs do not call what they are doing pet facilitated therapy, nor do they formally recognize their use of pets as an official form of therapy. However, many programs and facilities use animals in more informal ways such as having staff bring their own pets into work with them on occasion. It is not known how pervasive the informal use of animals is in various facilities. It can however be concluded that there are many more programs and facilities that use animals therapeutically, than there is research conducted.

Research indicates that pet facilitated therapy activities appear beneficial, however, an accurate definition of benefits, mechanisms, hazards, and potential problems has yet to be scientifically defined. The empirical research that does exist is mixed. Numerous studies show evidence of positive effects in using pets in various therapeutic milieus (Arkow, 1981; Beck, 1983, 1985; Corson & Corson 1977; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971, 1978; Marino, 1995; Redefer & Goodman, 1989; and Webbe, 1991). Other studies however, show little to no

therapeutic value (Arkow, 1981; Beck & Katcher, 1984; Dickstein, 1997; Marino, 1995). Still other published reports speak of observable benefits of pet facilitated therapy (Arkow, 1981; Corson & Corson, 1977; Levinson, 1971, 1978; Redefer & Goodman, 1989). There is a shortage of empirical research conducted in the area of pet facilitated therapy. If advancement is to be made in this area, it will be necessary for more empirically designed studies to be conducted, and ultimately published. As Dickstein (1997) states further, "empirical research is needed to document the effectiveness of animal assisted therapy and identify mechanisms by which animals exert their therapeutic effects."

Empirical evidence has shown that pets provide people with many therapeutic benefits: companionship, love, humor, play, exercise, a sense of power, and outlets for displacement, projection, and nurturance. Talking to animals and the tactile experience of petting animals has been shown to reduce stress and enhance longevity and physical health (Katcher, 1981; Jenkins, 1986). Animals can enhance children's psychological development, improve social skills, teach basic facts of biology such as the nature of birth, sex, anatomy, excretion, and death (Katcher & Beck, 1983). "Pets do not react to the color of a child's skin, his uncombed hair, dirty clothes, bad report card, or substandard speech (Levinson, 1969)." Dogs also teach responsibility, compassion, and respect for other living things. Pets replace absent parents and siblings and provide opportunities for children to play out their fantasies, express feelings, and act out conflicts and dreams (Katcher & Beck, 1983). They are part of the child's imaginative and projective world (Levinson, 1972). Dogs can be a source of comfort and can contribute to ego strength among children (Corson & Corson, 1978).

Pet Facilitated Therapy in Schools

Given the strong support for using pet facilitated therapy when working with children and adolescents, the question remains, what is preventing the use of them in our schools? Several hypotheses would include, the lack of knowledge as to the therapeutic potential of using dogs in schools; the non-existence of any guidelines in implementing a program; and resistance to change.

Lack of knowledge to the therapeutic potential of using dogs in schools is elementary. If one doesn't know of something, it does not exist. The question is why don't they know of it? In part, this is due to a lack of scientific study in this area. Several programs report successful results, but do not scientifically document it in a way that does not call into question the accuracy of the findings. Surprisingly, many of the published studies are published in Veterinarian journals, not in education related material. Some programs make no attempt to scientifically quantify the results of their programs. They simply observe the changes when implementing such programs. Some studies show mixed or little therapeutic value when implementing various pet facilitated therapy programs. However, many of these studies also lack the scientific accuracy to convince us one way or another of the results. So, one who does not experience, first hand, the impact these programs have had, will be hard pressed to buy into it. It is expected this will be the biggest roadblock to the widespread use of pets in therapeutic programs in our schools. Programs using pets in therapy must begin to scientifically document, in standardized ways, effects of using such programs. Control

groups are needed and attention to observer bias and other potential problems of research must be accounted for. That is not all. We must also make active efforts to inform others in our respective fields of the results of our studies. Invite others to come see ongoing programs, conduct special workshops at national conferences, and publish research findings in prominent journals in our field that can be easily accessed. Until the above is done, we cannot expect that educators would even know of the potential benefits a pet facilitated therapy program could have in their school or district.

The few that do know of purported benefits of using pets in therapeutic programs and wish to implement a program, have no one source of information on how to implement a program in their public school setting. Several published reports (Arkow, 1981; Bustad, 1979; Craig, 1995; Hart & Hart, 1984; Levinson, 1972; McCulloch, 1985) provide information regarding dog selection, hygiene, animal maintenance and care, program implementation, and teaching staff. However, this information is not readily available to an educator interested in implementing a pet facilitated therapy program.

The results of this study at a minimum will provide educators relevant references to obtain needed information pertaining to implementing a program. It is expected this study will also provide the rationale and support for pet facilitated therapy, making it easier to sell implementation of a program to administrators and other staff. While this paper will not serve as a comprehensive "How to Manual, " it will provide a starting point to the support for, implementation of, and overcoming of problems along the way in using dogs in an educator's school and/or district

Administrators and teachers will unsurprisingly be resistant to changing or altering current programs. Implementing a pet facilitated therapy program will take work, coordination, and support from various sources. Gaining needed support will be a struggle. Providing supporting research will help, along with answers to potential concerns of interested parties. This study will provide educators with the ammunition to challenge those administrators who might stand in their way. Furthermore, teaching others as to the positive benefits of pet facilitated therapy is hoped to spark their interest. In order to manage resistance to change educators will need to be prepared to educate others as to the potential benefits of pet facilitated therapy, provide information, open communication to all staff as to concerns, negotiate with staff and administration as to how the program will be implemented, become persuasive in arguments for pet facilitated therapy program's and offer ongoing evaluation of the program (Theron & Westhuizen, 1996; Gordon, Houghton, & Edwards, 1998). Perseverance, a strong commitment, but more importantly a strong belief in the benefits of such programs, will ultimately determine its success.

Rational, Purpose and Significance of the Study

Numerous studies have shown that the use of dogs in therapeutic programs can have positive benefits for severely disturbed and at risk children and adolescents (Arkow, 1981; Beck, 1983, 1985; Corson & Corson 1977; Jenkins, 1986; Katcher & Wilkins, 1994; Levinson, 1971, 1978; Marino, 1995; Redefers & Goodman, 1989; and Webbe, 1991). Most of these studies have been conducted in places other than school such as residential treatment centers, prisons, and psychiatric wards. The purpose of

this study is to determine the current use of dogs in primarily, traditional public school settings in Minnesota (11 surveys were sent to Alternative Learning Centers); to describe the concerns that a group of educational personnel (administrators, teachers, school counselors, and school psychologists) may have when considering implementation of a pet facilitated therapy program within their school; and to determine the level of support for the use of dogs in schools as an adjunct to traditional intervention techniques.

Research Questions

Based upon the preceding discussion, the following research questions have been proposed:

R1: What is the current use of dogs in traditional school settings in Minnesota?

R2: What concerns do educational professionals have regarding the use of dogs in schools?

R3: What is the degree of support for the use of dogs in schools by various educational professionals?

CHAPTER TWO

Review of the Literature

Pet facilitated therapy (PFT) has a history dating back some 200 years (McCulloch, 1983). Pet facilitated therapy has been successfully used in prisons, nursing homes, clinical practice (individual and group therapy), institutions (rehabilitation centers, psychiatric institutions) and schools (boarding and public). Pet facilitated therapy has been used to reduce anxiety, to assist in establishing rapport between a therapist and client, to increase self-esteem, as an educational tool, as a social catalyst, to decrease loneliness, to facilitate communication, to increase cooperation and responsibility, as a stimulus for motoric activity, and to facilitate therapy. This is a small list of some of the numerous benefits reported by incorporating animals into various therapies. While pet facilitated therapy does not work with all populations or individuals, it has been found to have dramatic results on others. Some of the many populations pet facilitated therapy has had promising results working with include the elderly, autistic children, ADHD children, and Juvenile Delinquents.

Many terms have been used to describe using animals in therapy: pet-facilitated therapy, pet-facilitated psychotherapy, animal assisted therapy, pet therapy and animal facilitated therapy. Some terms imply a restricted or specific use of animals in therapy, while others are more general in nature. For this paper, the term Pet Facilitated Therapy (PFT), will be used. Pet facilitated therapy involves the

"introduction of an animal into the immediate surroundings of an individual or group, as a medium of interaction with a therapeutic purpose (McCulloch, 1985)." It should be noted that all therapeutic uses of animals to be mentioned, do not intend to replace other treatment but are to be used as an adjunct to more traditional modalities.

The majority of literature on pet facilitated therapy is of a case study - anecdotal nature; generating hypotheses rather than testing them. Controlled studies or formal research that set out to prove causal relationships is limited (Katcher & Beck, 1984). Some studies that do complete formal research in this area, fail to account for what is known as the "Hawthorne Effect". According to the Hawthorne Effect, the mere knowledge of an employee participating in a study will result in increased effort and/or attention to their job and towards patients. Not accounting for this makes it difficult to determine the actual effects of the animal in the study versus the additional attention of staff and other factors that may also affect the behavior being investigated.

The History of Pet Facilitated Therapy

The first deliberate attempts to use pet facilitated therapy date back 200 years. Although no empirical research was conducted, observable benefits were anecdotally reported. In 1792, the Society of Friends in England used small animals (rabbits and poultry) to encourage patients in a lunatic asylum to focus on activities outside of themselves. A program at a residential treatment center for epileptics in West

Germany also incorporated the use of animals in their treatment milieu (McCulloch, 1983).

The first recorded use of animals in the United States was also the first known organized program ever developed. In 1942, the Pawling Army Air Force Convalescent Hospital at Pawling, New York, served veterans convalescing from battle injuries or emotional trauma and included a working farm with livestock, horses, and poultry. While the experiment was successful, it was closed down and moved due to cost (Bustad & Hines, 1984).

Borris Levinson was the first to report the detailed therapeutic benefits of contact with pets for children and adults in both inpatient and outpatient settings. He is easily the person most responsible for the advancement of pet facilitated therapy. Levinson serendipitously discovered the therapeutic benefits of using his dog "Jingles" as an adjunct therapist in his clinical practice when a child patient and his mother arrived early for an appointment. His dog "Jingles" was lying on the floor when the boy entered his office. Immediately "Jingles" approached the boy, licking his face. The boy immediately began to pet the dog. It was Levinson's opinion that his dog facilitated the development of rapport between himself and the child (Levinson, 1969, 1970, 1972, 1978).

Levinson's research consisted of 23 psychiatric case histories of children age 3-15 who showed improved psychosocial functioning after animal facilitated therapy

was initiated. He actively promoted the use of animals in therapy and called for systematic studies of their effectiveness. Levinson observed that patients would allow "Jingles" to approach them almost immediately. Once a trust was developed between the child and the dog, it gradually extended toward him, the therapist. The use of pets, he felt, sped up the introduction of the patient's problems. The pet, he reported, accepts the child for what he is. The pet "holds up no ego ideal for the child to meet, as do parents, but unstintingly gives acceptance, and affection without strings (Levinson, 1978)." The total acceptance by the pet often showed an increase in self-worth within the patient.

Sam and Elizabeth Corson and their associates were the first to attempt to systematically evaluate pet facilitated therapy. Dogs were matched with patients on a psychiatric ward who had failed to respond to "standard" therapy, such as medication or electroshock. Results were positive. Some patients previously uncommunicative and bedridden were transformed and eventually discharged. In their 1984 article, Bustad and Hines quoted the Corson's opinion as to why PFT was successful (Bustad & Hines, 1984). The Corson's reasoned that the dogs effectiveness was because "to a withdrawn individual, the pets were undemanding, uncritical friends who served as loving links for those who have lost social skills and desires." Furthermore, pets needed their help, they needed to be petted, bathed, and brushed. As patients began to develop a responsibility for their pet, the Corson's found they gradually began to take better care of themselves (Corson, Corson, Gynne, 1977; Corson & Corson, 1980).

Facilities using Pet Facilitated Therapy

Pet facilitated therapy has been incorporated in dozens of treatment facilities serving various populations including prisons, nursing homes, individual and group therapy, institutions, rehabilitation centers and schools. While many programs report only observable benefits of pet facilitated therapy, some offer empirical evidence of its effectiveness.

Psychiatric Institutions

Ethel Wolff (1970), a psychiatrist in Philadelphia, conducted a survey of the use of animals in psychiatric institutions in the United States. Results showed that 48% of institutions that responded, used animals therapeutically in some capacity. Out of the 48% that used animals, 11% found potential hazards in using animals, 19% reported mistreatment of animals and 14% reported no disadvantages of their program.

Several positive effects were seen using parakeets and fish at the Lima State Hospital for the Criminally insane, (Lee, 1975). Access to pets was based on an incentive system; patients could earn the privilege to have his own animal by caring for fish and gerbils of the ward. Responsible behavior was evaluated and an animal (hamster, gerbil, guinea pig, cage bird) or fish were given to patients to be responsible for the feeding and care of that animal. While no empirical evidence was offered, anecdotal reports stated many positive effects of this program, including increased staff contact with patients, decreased incidences of crises, reduced patient to patient

and patient to staff violence, an increased level of trust, reduced problems with suicide attempts and loss of behavioral control have all been reported as a result of a pet facilitated therapy programs (Lee, 1975; McCulloch, 1985).

Nursing Homes

In the past 25 years there have been many studies reporting favorable results using animals with the elderly. Animals have been used in nursing homes as companions to residents, to stimulate activity, to stimulate interest and conversation among residents and staff, and to increase social interaction. Results of several studies have found animals have increased social interactions among residents, as well as increased interaction between staff and residents (Winkler, Fairnie, Gericevich, & Long, 1989). One of the most well known studies conducted in England found that providing caged birds to elderly retirees affected positively their feeling about themselves and their health as opposed to elderly retirees given flowers and/or a television. The birds acted as a "social lubricant," promoting people to stop by and talk about the bird to the owner, increasing social contacts of the elderly retiree (Mugford & McComsky, 1975). The Delaware program reported that patients in several nursing homes had regained the ability to speak in the presence of visiting pets (Voith as cited in Ryder, 1985). Voith (as cited in Ryder, 1985) also found a sustained interaction between staff and residents that continued for several weeks after the program ended. This program used puppies, kittens and a Labrador retriever, allowing elderly patients to take turns holding the puppies and kittens and petting the dog. One woman, who had not spoken in three months, began to speak as

soon as the animals arrived. Once she began to talk, she started talking with staff and other residents. This, however, is not an isolated incident. Many other elderly patients have also regained the ability to speak in the presence of pets in this program.

Prisons

Several prisons have also reported the positive effects of using pet facilitated therapy. The Prison Partnership Program started by Kathy Quinn began at Purdy Treatment Center for Women in Gig Harbor, Washington. Inmates received classroom instruction and hands on training in obedience training, grooming, and specialized training of dogs for the disabled (Arkow, 1981; Hines, 1983).

Participation in this program provided a means of vocational training for jobs with dogs after release from prison as well as increasing morale of participants. Other successful programs include the California Institute for Women at Fothera that used aquariums, and the California Institute for Men at Chino, using stray cats (Arkow, 1980). An example of how pet facilitated therapy can go bad can be found by looking at the poorly structured program attempted at the California State Prison at San Quentin. Inmates were allowed to keep cats, but as the population grew, inmates began to complain of smell. The program was discontinued and its failure was mainly a result of its poor structure, lack of supervision, and lack of attention to feline selection (Arkow, 1980).

Pet Facilitated Therapy in Individual and Group Therapy

"When a child needs to love safely, without fear of losing face, the dog supplies this need. When a child craves a close cuddly affectionate nonjudgmental relationship the dog can provide it. Dogs cannot talk back when yelled at by a child. And no human being can offer to the child more general "acceptance", in its fullest multiordinal levels of meaning than the faithful dog for whom the master can do no wrong (Levinson, 1961)."

Levinson (1972) sent a survey to 435 New York therapists to determine the use of either a cat or dog as part of their therapy with children. He found that one third of surveyed therapists reported using cats or dogs in their therapy with children in a clinical setting. Of respondents who used pets and completed the survey, 91% found pets useful. The majority of respondents (56%) used dogs. Most respondents felt that pets are most useful with children aged 5-15. Therapists were also asked what problems were suitable for pet therapy. Respondents (21.3%) answered that uncommunicative, emotionally and socially isolated children and pre adolescents were most suitable for pet therapy; 19.1% felt patients suffering from Schizophrenia were most suitable for pet therapy; 14.9% felt patients suffering with phobias were most suitable for pet therapy, and 8.5% felt patients suffering from adjustment problems of childhood and adolescence were most suitable for pet therapy.

Levinson actively promoted the use of animals in therapy and called for systematic studies of their effectiveness. Levinson (1972) claimed the presence of a pet could provide a more natural environment, allowing the child to be more relaxed

and less aware that he is under observation. Levinson (1971) observed that patients would allow his dog "Jingles" to approach them almost immediately. Once a trust was developed between the child and the dog, it gradually extended toward him, the therapist. The use of pets, he felt, sped up the introduction of the patient's problems. The pet, he reported accepts the child for what he is, he "holds up no ego ideal for the child to meet, as do parents, but unstintingly gives acceptance, and affection without strings (Levinson, 1978)." The total acceptance by the pet often showed an increase in self-worth within the patient. Levinson's research consisted of 23 psychiatric case histories of children age 3-15 who showed improved psychosocial functioning after pet facilitated therapy was initiated.

Pet Facilitated Therapy in Institutions and Rehabilitation Centers

Benefits have also been reported incorporating pet facilitated therapy in institutions and rehabilitation centers. Pets can help provide needed companionship, and become a source of strength for the child or adolescent (Levinson, 1969). They provide much needed affection and attention that understaffed institutions cannot offer, yet is essential for healthy emotional development (Levinson, 1972). Keeping pets in a residential setting can help compensate for the child's loss in leaving home, friends and family (Levinson, 1969).

Boris Levinson (1971) conducted a survey of the use of household pets in training schools serving delinquent children around the United States. Survey results indicated 14.8% institutions for the blind, 21.8% of institutions for the deaf, 55.5% of

institutions serving children with emotional and behavior disorders and 65.2% institutions for the mentally retarded permitted children to have a pet. Of all respondents (all types of institutions and rehabilitation facilities), 41% permitted children to have pets of their own while 65.5% of respondents reported that pets were available for children to play with. Over one-half of all training schools reported that the available pet was a dog.

Corson and Corson (1978) observed that pets contributed to ego strength among children in institutions. Pets provided a constant source of stimulation reducing head banging, rocking, finger sucking, and masturbation (Levinson, 1971). Corson and Corson (1977) reported that patients became less withdrawn and became more verbal in therapy sessions when animals were introduced to patients in a mental hospital who had failed traditional treatment.

Studies by Corson and Corson (1977) report success-using animals as reinforcers in a token economy in hospital patients. Dr. Stuart Finch reported "many young children enter the hospital suffering from disturbing relationships with people and animals". In some instances the first signs of progress in their treatment was seen in the child's relationship with a resident dog-named "Skeezer" (Levinson, 1972). "Skeezer", a dog on a children's ward in a psychiatric hospital, also helped to stimulate activity in socially withdrawn and depressed children.

Pet Facilitated Therapy in Schools

Animals can make excellent educational tools. Children can learn about life, death, reproduction, and biological processes by first observing animals (McCulloch, 1985). Pets can be used to teach physiology and anatomy. There are numerous academic skills that can be taught utilizing a child's interest in a pet: having the child read a story to the pet, read books about the pet, write a letter to the pet, and having a child write a story about the pet. As an educational tool, pets can be beneficial for all school children from Kindergartners to secondary school children.

Pets can also provide the "exceptional" child with the motivation for learning (Levinson, 1969). One of the greatest problems encountered in teaching emotionally disturbed children is their lack of interest in subject matter and the difficulty of motivating them to learn (Levinson, 1969). A pet can make education interesting and reality oriented, a powerful tool in teaching, naturally motivating the child to learn.

Kaye (1984), in a controlled study found that a classroom environment with animals produced positive pupil behavior towards teachers and resulted in fewer disciplinary referrals when compared to a classroom without animals. Kaye (1984) reports that one of the greatest problems facing teachers is behavior. Behavior checklist and observations were used to determine results. Using live animals, Kaye found that students' behavior improved in relationship towards teachers. Additional benefits reported were increased confidence and responsibility among students.

Parents reported that as a result of the introduction of animals in schools, their children seemed to become more interested in school (Kaye, 1984).

Condoret (1978) reported increased awareness, interest and receptiveness when introducing animals to four and five year olds in Kindergarten classrooms. He also reported that the animals arouse a new interest in school and provided comfort and security for students. In a third grade classroom in Chicago, "Augie", a Golden Retriever, has been held accountable for increasing responsibility, fewer absences and improved behavior among students (Owens & Williams, 1995).

Nebbe (1991), a school counselor, reported that the use of animals (a dog, cat and fish) helped her establish rapport with children. Bekker (1986) also reported beneficial results when working at school with adolescents in group sessions while her puppy was present. Bekker reported that students were more playful and more open in sessions, more open in disclosing feelings and sharing information, and appeared more at ease - behaving more naturally in the presence of the puppy (Bekker, 1986).

The Hawthorne Intermediate School in Los Angeles uses canines in a program called TLC, Teaching Love and Compassion. The three-week program is voluntary and is run on school breaks. Students are trained in dog obedience and then train the dogs. Students learn important lessons about patience, respect and cooperation

among peers. Joan Melrod, the Humane Education Director, best explains the original intent of the program.

We wanted to take some decisive action to break this cycle of violence. We felt that if kids -- particularly those who were experiencing difficulty in school, either academically or behaviorally -- were encouraged to channel their energies into bonding with needy shelter dogs, they would learn to respect animals, grow as individuals and find it easier to get along with others (Pollyea, 1997).

Dog care and training provide direct links to basic communication and social skills. Patience and positive reinforcement are practiced with each other as well as the dogs. Activities and group discussions teach students how to handle interpersonal conflicts and develop constructive responses (Pollyea, 1997). Both students and teachers attest to the creation of community among participants as a result of the TLC program.

Advantages of Pet Facilitated Therapy

The use of pet facilitated therapy in various settings has produced several studies reporting the specific benefits of using animals as a therapeutic tool. Levinson (1961) stated a dog could be a companion, friend, servant, admirer, confidant, toy, teammate, slave, scapegoat, mirror, trustee, or defender. The benefits of using animals are numerous. Dogs can be active playmates who can facilitate the release of child's pent up energy and tension. Dogs can improve rate of recovery from illness and ability to cope with illness (McCulloch, 1981). Dogs can provide a stimulus for motoric activity -- walking, feeding, and grooming. Dogs can help shy

children break the ice with other children. Dogs have been found to increase cooperation with caregivers (Arkow, 1981). They can help children confront their fears. What children may see as too fearful to do alone may seem safer with a dog by their side, thus building self-esteem and confidence. Most importantly, dogs are accepting. They accept the child for who they are without criticism (Levinson, 1972).

Self - Esteem

Juhaz (1983) conducted a survey among 12-14 year old male and female adolescents. Surveyed students were asked to list things that made them feel satisfied and good about themselves. Pets were ranked below parents but above other adults in subject's lives including teachers. Many people gain a feeling of achievement with pet facilitated therapy (McCulloch, 1985). Training a simple command, or taking part in the feeding, grooming, walking, or helping to build a dog house, all can give the child a feeling of accomplishment, increasing their self esteem.

Empathy

Hyde and Kurdek (1983) conducted a survey to determine empathy among college students with pets and without pets. Results found that college age pet owners tended to have higher empathy and interpersonal trust scores than non-pet owners.

Education

As an educational tool, classroom pets can be used to develop a respect for living things and foster children's natural curiosity (Vansant & Dondiego, 1995). Reduced tardiness and increased attendance have been reported benefits seen by incorporating a dog in a classroom (Owens & Williams, 1995). Two studies report students have a new found interest in school after introducing animals in a classroom (Kaye, 1984; Condoret, 1978). Improved behavior and increased responsibility have also been seen (Kaye, 1984; Owens & Williams, 1995).

Anxiety and Rapport Development

Several studies have been conducted demonstrating the changes in physiological response in the presence of animals. One controlled study found that the introduction of a dog to an experimental setting produced significantly lower blood pressure in children (Friedmann, Katcher, Thomas, Lynch & Messent, 1983). The authors suggested that the presence of the dog changed the children's perception of the setting making it less anxiety provoking, resulting in lower blood pressure. Brikel (1982) suggested that the mere presence of a dog could be a distracter. Brikel reports that dogs can divert attention from an anxiety generating stimuli that the client faces - thus serving as a distracter. A child, who is very anxious or even fearful about going to see a psychiatrist, can be distracted from his/her anxiety and/or fearfulness by the unexpected presence of a dog in the therapist's office. If the dog distracts the child long enough from his/her fear and/or anxiety - the child may soon come to realize there is no need for his/her fear and/or anxiety.

Pets can break the ice and can be of assistance in forming a relationship with some children (Levinson, 1961). Pets can help establish rapport at the outset of therapy, allowing the child to view the environment as less hostile. Not only do pets help to establish rapport between therapist and patient, but they have also been reported to facilitate communication. Corson and Corson (1978) describe this process as the "Rippling Effect". First, the patient accepts the animal, develops trust, plays, cares, and talks and loves it. Then the patient begins to accept the therapist as a friend since the therapist introduced the patient to the pet. Third, the patient begins to come out of withdrawal and interacts with nurses, orderlies, aides and other therapists, once pet becomes a conversation piece. Lastly, the patient begins to draw other patients in.

The essences of pet facilitated therapy are to introduce a non-threatening loving pet to serve as a catalytic vehicle for forming adaptive and satisfactory social interactions. The patient often relates positively to pets in non-verbal and tactile interactions. Gradually, the circle of social interactions widens to first include the therapist who introduced the pet, and later to other patients and medical personnel, then progressive expansion of positive social interactions outside hospital (Corson & Corson, 1978).

Pets have been found to facilitate positive communication between caregivers and those receiving care in settings such as prisons, schools, nursing homes, and hospitals (Beck & Katcher, 1983; Marino, 1995). Animals have also been found to facilitate and initiate communication with patients who have been uncommunicative

for extended periods of time (Beck, 1985). Condoret (1983) reported that daily contact with classroom pets could facilitate language development. In a well-known study, a young autistic girl, communicated for the first time ever when a dove was introduced and flew around the room (Condoret, 1983).

Pets as Social Catalysts

Numerous evidence exists that pets can act as social catalysts. In a study by Messant (1982), men and women were found to be more approachable when accompanied by a pet than when alone. Pets facilitate interaction by being social lubricants. They can provide a neutral subject of conversation, increasing the quality and quantity of social interactions and increasing social visibility (Veevers, 1985; Corson & Corson, 1977).

Pets as Mediators in Therapy

Levinson reports (1972), that children see animals as accepting and dependent. Therapists on the other hand are often viewed as authoritarian. The acceptance provided by the pet can lead the way to improved self confidence. The child feels safe in confiding in the pet and gradually develops a trust allowing the animal to act as a mediator with the therapist (Levinson, 1972).

Disadvantages of Pet Facilitated Therapy

It would be unfair to neglect to mention some of the purported disadvantages and potential problems associated with pet facilitated therapy. There is no scientific

culmination of documented pet facilitated therapy failures, rather only vague references to what can go wrong are mentioned (McCulloch, 1985).

Some potential disadvantages of pet facilitated therapy can include: allergies of staff and students, certain diseases, noise levels, the potential for animal abuse either intentionally or by students who are not aware due to mental incapacities that they may be harming or provoking the animal, cost, and legal liability due to patient injury or accident (Arkow, 1980; Bustad, 1979; McCulloch, 1985). Other disadvantages of pet facilitated therapy can be a student becoming possessive of the animal and/or the animal rejecting the student due to unrealistic expectations. While some of these can be avoided by taking care in dog selection, adequate supervision, ongoing program monitoring, sufficient training of staff and students, and support provided by administration and staff, some are unavoidable risks that we can only attempt to minimize their chance for occurrence. The simple awareness of potential concerns will help any facility take preventative measures to minimize occurrence of some of the potential disadvantages of pet facilitated therapy.

Populations served by Pet Facilitated Therapy

The use of pet facilitated therapy has been found beneficial in working with several populations of people. From prisoners, to autistic children, to the elderly, benefits have been seen using pet facilitated therapy. Most relevant to the present study are work with Autistic children, juvenile delinquents, emotionally and behaviorally disturbed children, and children with special needs (e.g. attention deficit disorder, conduct disorder).

Autistic Children

Few successful therapies exist for working with autistic children. Several studies using animals have shown promising results working with this population. Social withdrawal is a common symptom of Autism. Several studies have reported increased social interactions in autistic children as a result of pet facilitated therapy. Issacs (1998) reported that the use of a dog seemed to "greatly enhance" social interaction of autistic children through petting and touching, increasing eye contact, attention span, affect and affection.

In a well-known study, Condoret (1983) captured on video an autistic girl's first spontaneous interaction with living beings when she observed the flight of a dove that was brought into the classroom. His discovery was made while studying the impact of animals on both normal and disturbed nursery school children. This autistic girl prior to watching the dove's flight had never spoken with or permitted any physical contact with people or animals. Her only interest had been in inanimate objects. After that, her attention increased with a dog, other children, and her teachers (Condoret, 1983).

Redefer and Goodman (1989) reported that the presence of a dog produced a sharp increase in social interactions and a decrease in isolation in seriously withdrawn autistic children. Children can communicate with animals primarily nonverbally. Redefer (1986) suggests that a dog's effectiveness working with autistic children is because dogs are a simple social stimulus transmitting less complicated social cues

than humans. She also explained dogs' effectiveness working with autistic children by an autistic child's need for repetitive play. Dogs are known to engage in repetitive simple social play.

ADHD children

Mixed results have been seen when incorporating pet facilitated therapy in the treatment of ADHD children. One study found that boys (average age 8.8) with ADD were more aggressive towards animals than boys without ADD (Gislason, Swanson, Martinex, Quiroga, & Castillo, 1984). The authors concluded that the characteristics of ADD children, impulsivity, inattention, and hyperactivity, quite possibly contributed to the more aggressive behavior. Given this study, pet facilitated therapy with this population should be monitored closely. Yet, another study by Katcher and Wilkins (1994), found that children with conduct disorders and ADHD showed significant reduction in behavior pathology. Two groups were compared, the first group placed in an outward-bound program, and the second group placed in a Zoo program. Boys in the Zoo program displayed less behavior problems than the Outward Bound program during the program (Katcher & Wilkins, 1994).

Juvenile Delinquents

Numerous studies have been conducted evaluating the promise of using pet facilitated therapy with juvenile delinquents and disturbed children and adolescents. No other population other than the elderly had so many programs incorporating pet facilitated therapy. Levinson reports (1961) that an intense need to master something

that does not talk back, that accepts the child as is, no matter who they are, is overwhelmingly prevalent among disturbed children. Disturbed children do not want to be judged. They want to be accepted and admired. Disturbed children are afraid of human contacts because they have been hurt so much and so often. They have a strong need for safe physical contact. Since their hurt is not associated with the dog, they allow the dog to approach them (Levinson, 1961). At the George B. Page Boys Ranch in Ojai, California, animals provide an alternative or deterrent life for juvenile delinquents. Boys care for livestock and farm animals, thereby giving themselves a sense of achievement as well as education (Arkow, 1981).

In a study by Robin, ten Bensel, Quigly and Anderson (1983), researchers set out to determine adolescent and children's perceptions of pets. Surveys asking about family pets were sent to male and female students in a psychiatric hospital, a school for delinquents, and a regular high school. The study found that delinquents reported more often than other subjects that they played with their pet alone. Delinquent and hospitalized subjects emphasized more strongly the role of their pet as a love object and confidant than other groups. Furthermore, delinquent youth reported more frequently than public school youth that their pet protected them from physical harm (Robin, ten Bensel, Quigley, & Anderson 1983).

Language Disorders and Disabilities

Positive results have also been found using pet facilitated therapy with children who have language disorders and disabilities. Pets can be used to help

children imitate animal sounds, say the pet's name, give the pet a command, and communicate with the pet. In a nursery school in France, a dog was introduced into a classroom with children having various language problems. Condoret (1983) reported that many children showed some improvement in speech problems after the introduction of the dog. The results, as explained by Condoret (1983), were the "desire for the child to communicate with the animal appears to be one of the motives for acquiring language."

Dismuke (1984) conducted a study using horseback riding for children with language disorders. Twenty-six children with moderate to severe language disorders were randomly placed into a control or experimental group. Administering a pretest, a test midway through the program and a post-test, assessed results. This study found that those children who received rehabilitative horseback riding made significant gains in their ability to use language efficiently and appropriately (Dismuke, 1984). In addition, this study found that children in the experimental group were found to have greater self-esteem as evidenced by scores on the Piers-Harris Self Concept Scale.

Mentally Disabled

Pets have also been used to help prepare the mentally disabled for more productive independent lives (Gores in Levinson, 1972). Levinson (1972) speaks of an experiment by Gores in which three youngsters with IQ's ranging from 48-85 did an excellent job caring for animals and helping to run a pet shop. Subjects reported

that they felt happier and felt that they were contributing to society as a result of their job. Dogs can be used to provide the mentally disabled with vocational training starting in the early years and continuing to adulthood. Taking care of pets can help teach them responsibility, and confidence. Children can be given varying amounts of responsibility for classroom dogs, as their ability allows. They can learn how to feed, groom and walk the dog which can help them later get a job that incorporates walking, feeding, grooming and general care for dogs and other animals.

Conclusion

The use of animals for therapeutic purposes has been seen in prisons, mental institutions, psychiatric hospitals, nursing homes, residential treatment centers, schools, and in clinical settings. Promising results have been reported using animals with the elderly, the chronically ill, the depressed, the incarcerated, juvenile delinquents, children with ADHD, children with emotional disturbances and/or conduct disorders, children with language disorders, mentally disabled children, and autistic children. Many studies provide simple observational reports of benefits, while only a few, offer empirical evidence of true causal relationships when implementing pets as therapeutic tools. Too many studies report results to promising to ignore the usability of pets when working with populations that traditionally offer challenges in treatment.

CHAPTER THREE

Methodology

Subject Selection

Approval was granted by the University of Wisconsin - Stout Human Subject Review Board to send surveys to randomly selected schools in the state of Minnesota. Twenty-two public school districts were selected at random from the Minnesota Department of Children, Families, and Learning public school elementary and secondary school directory (2000). Ninety surveys were mailed to 22 school districts in the state of Minnesota. Within the school districts selected, 11 surveys were sent to alternative learning centers, 15 were sent to middle schools, five were sent to high schools, and 44 were sent to elementary schools. Seventy-five surveys were addressed to school counselors and 15 were sent to superintendents. While surveys were addressed to school counselors or school superintendents, surveys returned were from a variety of respondents including regular school teachers, school counselors, social workers, school psychologists, an ED Teacher, a special education teacher, a school dean, principals, superintendents, a school nurse and a special education director.

Procedures

The survey (Appendix A) consisted of three sets of questions, with the first two sets in a Likert scale format. The first set of five questions asked subjects to rate their previous exposure to knowledge of several aspects of pet facilitated therapy. A three point Likert Scale was used with 1 indicating Novice, defined as having never

heard of pet facilitated therapy before; 2 indicating Amateur, defined as having read about and/or know that information exists in this area; and 3 indicating Expert, defined as having knowledge of, and actively seeking out information in this area. Participants rated their exposure level in the following areas: knowledge of pet facilitated therapy; knowledge of therapeutic benefit in using animals with the elderly; knowledge of therapeutic benefit in using animals with autistic children; knowledge of therapeutic benefit in using animals with physically and mentally disabled; and knowledge of therapeutic benefit in using animals with emotionally and/or behaviorally disturbed children and/or adolescents. Two questions then asked participants to rate their interest level in the use of dogs for therapeutic interventions in schools and their interest level in pet facilitated therapy in general. Respondents could choose from among the following responses: very interested, somewhat interested, and no interest.

The next section consists of ten questions asking participants to rate potential concerns relating to implementing a pet facilitated therapy program in their school or district. Participants were asked to rate concerns using a five point Likert Scale with 1 indicating unimportant, 2 indicating of little importance, 3 indicating moderately important, 4 indicating important, and 5 indicating very important. Potential concerns included: hygiene/cleanliness /disease and general sanitation; legal implications and liability; effect on staff and students who may be phobic to dogs; allergic reactions of students and staff; animal upkeep (walking/feeding/cleaning up after); potential harm to students and staff (biting, scratching, other); potential harm to animal

(inappropriate handling and/or abuse); animal odor; maintenance costs; and supervision of program. Participants were then asked if all the above concerns were met and dealt with, would they be for, or against using dogs in their school, classroom or district.

Lastly, participants were asked several questions requiring a brief answer. The first question had to do with the current use of dogs in a therapeutic program in their school. If participants responded that they were currently using dogs in their school they were asked to briefly describe the way in which they used dogs in their school. Participants were also given space to explain or describe any other program or school that they knew of that currently used dogs in a therapeutic capacity. Space was provided at the end of the form for descriptive and contact information about the participant including name, position, telephone number, and e-mail address.

Data Analysis

The data was analyzed with respect to the research questions outlined in Chapter I. The research questions and the method of analysis are provided below.

R1: What is the current use of dogs in traditional school settings in Minnesota?

R2: What concerns do educational professionals have regarding the use of dogs in schools?

R3: What is the degree of support for the use of dogs in schools by various educational professionals?

The survey data was analyzed using several descriptive indices including frequency counts, percentiles and simple single group comparisons. A T-test and a Chi Square test were conducted to analyze group differences. However due to limitations in group size within and between groups, results were insignificant. No further statistical analyses were conducted due to limitations posed by survey respondents.

CHAPTER FOUR

Results

The purpose of this study was to determine the current use of dogs in traditional school settings in Minnesota; to describe the concerns that a group of educational personnel (administrators, teachers, school counselors, and school psychologists) may have when considering implementation of a pet facilitated therapy program within their schools; and to determine the level of support for the use of dogs in schools, as an adjunct to traditional intervention techniques. Small group sizes made it difficult to obtain significance between groups. This also limited the range of statistical operations that could be utilized. Descriptive data, response frequency and percentiles were used to describe the survey results.

Data regarding the study's sample are displayed in Table 1. Fifty-two of the 90 surveys mailed were returned, for a rate of return of 57.7 percent. While 75 surveys were addressed to School Counselors and 15 addressed to Superintendents, respondents came from a variety of educational positions. School Counselors (34.6%) and school social workers (23.1 %) had the highest response rate. School administrators (Superintendents, 9.6%; Principals, 11.5%; a Special Education Director, 1.9%; and a Health Service Coordinator, 1.9%) made up 24.9% of the sample group.

Table 1.

Frequency and Percentage of Sample Group by Educational Position

Job Category	Frequency	Percentage Respondents
Superintendents	5	9.6%
School Counselors	18	34.6%
School Psychologists	3	5.8%
Regular Education Teachers	2	3.8%
Special Education Teachers	1	1.9%
ED/BD Teachers	2	3.8%
Principals	6	11.5%
School Social Workers	12	23.1%
Other*	3	5.8%

Note: Frequency figures and percentages of respondents are shown. *School Nurse/Health Services Coordinator, Special Education Director, and Middle School Dean made up this category.

Table 2 presents respondents type of educational employment. The highest rate of return (48.1%) was from respondents employed in elementary schools, not surprising, as the majority of surveys were sent to elementary school settings. While these figures are descriptive as to the makeup of respondents, the school setting should not be viewed as equal in representation.

Table 2.

Frequency and Percentage of Respondents in Sample Group by School Setting

	Frequency	Percent	# of Surveys originally sent
Unknown	4	7.7	
Elementary School	25	48.1	44
Middle School	11	21.2	15
High School	2	3.8	5
Superintendent	5	9.6	15
Alternative Learning Centers	5	9.6	11

Note: Frequency and percentages are shown according to number of respondents returning surveys in respective settings. Numbers of original surveys sent to respective settings are also displayed.

Table 3 shows participants self-ratings of their knowledge of pet facilitated therapy and the therapeutic benefits of using animals with several populations. Class types were defined as: Novice (never heard of before); Amateur (read and know that information exists in this area); and Expert (have knowledge of and actively seek out information in this area). It can be hypothesized that respondents were confused by item one in this section, in particular, the term Pet Facilitated Therapy. It would be expected that knowledge level on item one would be as high as any other area because it was meant to be a broad term encompassing areas included in the other items in this section.

Table 3

Percentages of Respondents Ratings of Knowledge Level to Various Areas of PetFacilitated Therapy

	Novice	Amateur	Expert
Knowledge of Pet Facilitated Therapy	15.4	76.9	7.7
Knowledge of Benefit in using animals W/Elderly	3.8	82.7	13.5
Knowledge of Benefit of Using Animals W/Autistic	28.8	65.4	5.8
Knowledge of Benefit in Using Animals W/Disabled	11.5	75.0	11.5
Knowledge of Benefit in Using Animals W/SED Adolescents	17.3	73.1	9.6

Note: Percentages representing the complete sample are used.

Participants were then grouped into two categories, administrators and non-administrators, and their responses reanalyzed. The administrators group consisted of five superintendents and six principals. The non-administrator group consisted of 18 school counselors, 3 school psychologists, 2 regular education teachers, 1 special education teacher, 2 ED/BD teachers and 12 social workers. Table 4 presents the group comparisons of respondent's knowledge level regarding pet facilitated therapy. Overall, the administrators group rated themselves as an "expert" in their knowledge of pet facilitated therapy in general and the use of pet facilitated therapy with specific populations, than did the non-administrator group.

A T-test was conducted to assess significance of differences between groups. Results were non-significant. Non-significance of results was likely due to limitations in the size of the groups used in this analysis.

Table 4

Single Group Comparison of Ratings of "Expert" Knowledge Level in General and Specific Areas of Pet Facilitated Therapy.

	Administrators	Non-administrators
Knowledge of Pet facilitated therapy	15.4	5.3
Knowledge of Benefit in using animals W/Elderly	30.8	7.9
Knowledge of Benefit of Using Animals W/Autistic	15.4	2.6
Knowledge of Benefit in Using Animals W/Disabled	23.1	8.1
Knowledge of Benefit in Using Animals W/SED Adolescents	15.4	7.9

Note: Single group comparison, percentages responded as rating themselves "expert".

Participants were also asked to rate the level of importance potential concerns would have in implementing a pet facilitated therapy program utilizing dogs in schools. Respondents rated items using a five point Likert scale, ranging from unimportant to very important. Table 5 shows the overall respondents ratings of potential concerns. Concerns regarding allergic reactions and legal liability or implications were rated by the majority of respondents as very important when considering implementing a program utilizing dogs in their school or district.

Participants were then asked if concerns were met and dealt with would they be for, or against, using dogs in their school or classroom (Table 6). Of the respondents, 94.2 % said that they would be "for" it while only 5.8% would still not be interested in implementing such a program. Of the 5.8% of respondents who would not be interested, 7.7% were administrators while only 2.6% of non-administrators

responded that they would still be against such programming. A further comparison (Table 7) shows that 100% of school social workers, 94.4 % of school counselors and 80% of superintendents would be for using dogs in their school if said concerns were met.

Table 5

Concerns of Overall Respondents

	Unimportant	Of Little Importance	Moderately Important	Important	Very Important
Hygiene/Cleanliness/Disease	3.8	15.4	23.1	34.6	23.1
Legal Implications and Liability	1.9	5.8	19.2	25.	48.1
Phobic Fears of Staff and Students	3.8	7.7	40.4	25.0	23.1
Allergic Reactions	0	5.8	28.8	15.4	50.0
Animal Maintenance	1.9	21.2	17.3	42.3	17.3
Potential Harm to Students/Staff	3.8	13.5	28.8	19.2	34.6
Potential Harm to Animals	1.9	17.3	40.4	21.2	19.2
Animal Odor	9.6	28.8	36.5	9.6	5.8
Maintenance Costs	7.7	25.0	30.8	23.1	11.5
Supervision	1.9	11.5	19.2	34.6	32.7

Note: Percentages represent respondents as a whole.

Participants were then asked if concerns were met and dealt with would they be for, or against, using dogs in their school or classroom (Table 6). Of the respondents, 94.2 % said that they would be "for" it while only 5.8% would still not be interested in implementing such a program. Of the 5.8% of respondents who would not be interested, 7.7% were administrators while only 2.6% of non-administrators responded that they would still be against such programming. A further comparison (Table 7) shows that 100% of school social workers, 94.4 % of

school counselors and 80% of superintendents would be for using dogs in their school if said concerns were met.

Table 6

Support for the Use of Dogs

	For	Against
If concerns were met/dealt with would you be for or against the use of dogs in schools?	94.2	5.8

Note: Table shows simple percentages of respondent's answers as a whole on this question.

Table 7

Support for the Use of Dogs in Schools by Specific Educational Profession

	For
Superintendents	80.0%
School Counselors	94.4%
School Social Workers	100.0%

Note: Percentages shown reflect respective educational positions response rate on this question.

Additionally, participants were asked if they currently used dogs in a therapeutic program in their school and or district (Table 8). If the answer was yes, they were asked to briefly explain the way in which they were used. Respondents who indicated they currently used dogs in schools, described using them with students in several ways such as: a reward for positive behavior; as an educational tool in the classroom; to work on social skills; to improve communication; to enhance relationships with others; to provide a "safe friend"; to teach responsibilities of

feeding and care; and as an adjunct to counseling sessions. Positive benefits that were reported by respondents included: "helps to deescalate situations in ED/BD room"; they have a "calming effect"; as an icebreaker for students reluctant to talk; and general reports of people caring for and looking forward to seeing and being around the animal. While descriptions were vague, it provides a glimpse of the variety of ways in which dogs are used in Minnesota schools.

Table 8

Current Use of Dogs in a Sample of Minnesota Schools

	Yes	No
Do you currently use dogs in a therapeutic program in your school?	25.0	75.0

Note: Numbers represent percentages of participant's responses on this item of the survey.

Table 9 shows respondents interest level in using dogs in school and their interest in pet facilitated therapy in general. The majority of respondents indicated that they were somewhat interested in pet facilitated therapy in general (63.5%) and in using dogs in schools (59.6%). Respondents were then categorized and compared by group, administrator compared with non-administrator. As a group, 46.2% of administrators and 21.1% of non-administrators responded that they were "very interested" in pet facilitated therapy. Additionally, 46.2% of administrators and 27% non-administrators expressed an interest in using dogs as part of a pet facilitated intervention in their school.

Table 9

Interest Level in Pet Facilitated Therapy and the Use of Dogs in Schools

	Very Interested	Somewhat Interested	No Interest
Interest in using dogs for interventions in schools	30.8	59.6	7.7
Interest in Pet Facilitated Therapy in general	26.9	63.5	9.6

Note: Numbers represents participant's responses as a whole.

Summary

The results of this chapter will now be summarized in terms of the research hypothesis outlined in Chapter I.

R1: What is the current use of dogs in traditional school settings in Minnesota?

It was determined by this survey that approximately 25% of schools surveyed currently use dogs in some form or another.

R2: What concerns do educational professionals have regarding the use of dogs in schools?

Potential concerns that overall respondents rated in terms of "very important" most frequently were: Allergic Reactions (50%), Legal Implications and Liability (48.1%), Potential harm to students and staff, (34.6%) Supervision (32.7%), Phobic fears of staff and students (23.1%) and

Hygiene/Cleanliness/Disease (23.1%), Potential Harm to animals (19.2%), Animal Maintenance (17.3%), Maintenance Costs (11.5%), and Animal Odor (5.8%).

R3: What is the degree of support for the use of dogs in schools by various educational professionals?

If concerns were addressed, 94.2% of respondents were for the use of dogs in schools. When looking at a cross comparison among groups 80% of Superintendents, 100% of school social workers, and 94.4% of school counselors would be for the use of dogs in schools if concerns were met.

CHAPTER FIVE

Discussion

The purpose of this study was to determine the current use of dogs in traditional school settings in Minnesota; to describe the concerns that a group of educational personnel (administrators, teachers, school counselors, and school psychologists) may have when considering implementation of a pet facilitated therapy program within their schools; and to determine the level of support for the use of dogs in schools as an adjunct to traditional intervention techniques. Surveys were sent to 75 school counselors and 15 superintendents representing 22 districts in the state of Minnesota. While surveys were sent to school counselors and superintendents, respondents to the survey represented a variety of educational positions including, School Counselors (34.6%), ED/BD teachers (3.8%), School Social Workers (23.2%), School Psychologists (5.8%), School Teachers (3.8%), Principals (11.5%), Superintendents (9.6%), a School Nurse (1.9%), a School Dean (1.9%), and a Special Education Director (1.9%). Respondents were also from a variety of school settings, Elementary Schools (48.1%), Middle Schools (21.2%), High Schools (3.8%), and Alternative Learning Centers (9.6%).

The survey asked respondents to rate their knowledge of pet facilitated therapy and potential concerns they may have in the implementation of a pet facilitated therapy program. Overall, respondents rated themselves higher than was expected in their knowledge of the benefits of using animals with various groups including the elderly, autistic children, disabled, and severely emotionally disturbed

adolescents than their overall knowledge of pet facilitated therapy. It was expected that as a group respondents would have little knowledge of various pet facilitated therapy uses and some knowledge of pet facilitated therapy in general. One explanation for this might be that the term "pet facilitated therapy" was not clearly defined and thus, respondents rated themselves as novice or amateur on this item of the survey in comparisons to subsequent items, which addressed the use of pets with various populations. Additionally, the respondents were grouped into two categories, administrators and non-administrators. It was expected that non-administrators would rate themselves as more knowledgeable of pet facilitated therapy in general as well as the specific uses of pets with various populations. However, surprisingly, administrators rated themselves as experts in all categories to a greater degree than non-administrators. This comparison however, is limited due to the small group size of administrators (13) as opposed to non-administrators (38).

Respondents were also asked to rate concerns that they would have in implementing a pet facilitated therapy program. Respondents indicated which concerns were considered very important. The following items are reported in order of perceived importance: Allergic Reactions (50%); Legal implications and liability (48.1%); Potential harm to students and staff (34.6%); Supervision (32.7%); Phobic fears of staff and students (23.1%); Hygiene/Cleanliness/Disease (23.1%); Potential Harm to animals (19.2%); Animal maintenance (17.3%); Maintenance costs (11.5%); and Animal odor (5.8%).

Overall, 94.2% of respondents said they would be for the use of dogs in their school if concerns were addressed. A cross comparison between groups showed that

100% of school social workers, 94.4% of school counselors and 80% of superintendents would be for the use of dogs in their school if concerns were met.

The survey also requested information regarding current use of dogs in school settings. Twenty five percent of all respondents currently use dogs in a therapeutic program in their school. Respondents described their uses of dogs with several populations (mentally handicapped students, ED/BD, "disturbed" students, severely disabled, mentally disabled) and for many purposes (to de-escalate situations; to provide one on one attention to students; to help students work on communication, social skills, and relationships with others; to teach responsibility and self care; and as a reward for positive behavior). Had the survey required participants to specify uses and populations dogs were used with, it is expected data retrieved would have been more descriptive of current use. Furthermore, it is possible that there was some confusion as to what defined a therapeutic program because three respondents checked that they did not currently use a dog in a therapeutic program yet went on to explain how they used a dog in a therapeutic realm in their school. These respondents stated that their use of a dog was done in an "informal" way or to a "minimal" degree, which might account for why they felt it was not a "therapeutic program". It is not known what effect not explaining or defining "therapeutic" had on results for the overall survey. Furthermore, a few respondents also stated that while they do not currently use a dog in a therapeutic program, that they had in the past. Several respondents explained that while the desire to do so was there, local laws regarding animals in public facilities and allergic reactions prevented them from doing so. Only

one respondent who currently used dogs in schools was against the use of dogs in their school, classroom or district even if concerns addressed in the survey were met and addressed. The respondent was a Health Services Coordinator who stated that two students have had allergic reactions to the dog, and that "we've had many animal bites".

Limitations of the study

One of the foremost limitations of the current study was its sample group. The sample was of limited size. The sample group consisted of 52 respondents who may not be representative of the majority of educators in the state of Minnesota. A further limitation of the sample was the variety of educational personnel who responded to the survey. Surveys were initially mailed to two groups, school counselors and superintendents. However, a number of respondents were from other fields of education. When surveys were mailed they were addressed generically "Attention: School Counselor" with the exception of the 15 sent to superintendents which were addressed by name. The generic description of School Counselor may have strongly affected the variety of respondents of this survey. If all surveys had been sent by name, perhaps the integrity of the two subject groups would have been retained. Because two clear groups of counselors and superintendents could not be clearly delineated, this hindered comparisons between groups, making most groups too small to perform statistically significant single or multi group comparisons. In an attempt to differentiate two groups, respondents were categorized into groups of administrators and non-administrator. Group comparisons resulted in non-significant

results, primarily because of the unequal size of the two groups. Had a larger group of administrators been sampled, or at least equal to the size of non-administrators, significance between groups may have been more likely.

The second major limitation of the study was the survey utilized in the research. Several inherent features of the survey itself limited the accuracy and quality of some of the data obtained. The survey lacked descriptive information regarding the respondents, preventing a comparison of respondents representative of the overall population of educators. Requesting respondents to reveal additional descriptive information such as age, gender and number of years at current position may have enhanced the data obtained from this survey.

Wording of the survey may have resulted in confusion or misrepresentation on certain items evading to inaccuracies in respondents' ratings. In particular, there appeared to be confusion on two items of the survey. The first perceived confusion was in the first set of questions asking respondents to rate their knowledge level of pet facilitated therapy in general and their knowledge of the benefits of using animals with specific populations. It is believed that several respondents defined "pet facilitated therapy" as a specific way of doing therapy with animals and did not tie this term in with an overall general definition of pet facilitated therapy. Any further use of this survey should more descriptively define what pet facilitated therapy is, to reduce confusion on this item. The second item that appeared to be confusing for respondents was the item that asked respondents if they currently used dogs in a

"therapeutic" program in their school. It appeared that respondents were unclear as to what types of uses fell under "therapeutic" program. Several respondents selected no on this item yet went on to explain how they used a dog in their school for various therapeutic purposes. It appears that several respondents felt that "therapeutic" encompassed programs that were highly formalized. It is suggested for future use of this survey, this item should clarify more descriptively, what constitutes a "therapeutic" program. In addition, a question could be added to gauge the use of dogs in less formal programs in schools as well.

Lastly, the survey could have done a better job of obtaining more descriptive information regarding how dogs were, and are being used, in Minnesota schools. The current survey asked respondents in an open-ended question format to briefly describe their current use of dogs. It is believed that a more formatted question would have been more effective at obtaining information regarding future and past use of dogs in schools, what populations were they used with, as well as the respondents view of how effective or ineffective the program was at it's stated objectives. It is suggested that for future use of this survey a checklist type format be devised to obtain more descriptive information about how and with whom dogs in schools are being used.

Suggestions for future research

The current study generates many questions to be answered in future research. Determining what, if any, difference in responses exists between groups would be an

interesting aspect to pursue in further research. Several group comparisons could be made if sample sizes were increased in each group. Of particular interest would be to determine if any statistical significance exists between administrators and non-administrators regarding their potential concerns using dogs in a therapeutic program in their school.

Pinpointing more specific populations and areas which dogs are used in schools would also be extremely beneficial. With twenty five percent of all respondents in this study reporting that they currently used dogs, it would be interesting to pinpoint, in greater detail, populations and areas in which dogs are currently being used. Further research studies could then focus on determining the effectiveness of such programs. With current research lacking such scientific data in this area, it will be hard to move forth with such programming without further proof of its effectiveness.

Additional research could compare the results of this survey with a similar survey in a different state. Such a comparison could provide useful information regarding which states are using dogs to a greater degree in their schools.

Conclusion

The present investigation examined the current use of dogs in a sample of Minnesota schools, the potential concerns of educators in implementing a program

using dogs, and the support for the use of dogs in schools. There appears to be strong interest and support for the use of pet facilitated therapy programs in the state of Minnesota. While there are few studies published regarding the use of dogs in schools, this survey suggests that dogs are being used quite frequently both informally and formally. There is surprising interest and support for pet facilitated therapy programs.

In conclusion, Leo Bustad (1990) in his book "Compassion: Our Last Great Hope", nicely states the effect and the impact animals can have on everyone in society.

Almost everyone could benefit by contact with warm `fuzzies' (unless we are allergic), and our companion animals offer us security, succor, esteem, understanding, forgiveness, fun and laughter, and most importantly, abundant and unconditional love. Furthermore, they make no judgments and we can be ourselves with them. They also need our help and make us feel important.

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APPENDIX A.

Thank you for agreeing to respond to this questionnaire regarding the use of animals in educational settings.

Please check the following as it applies to your professional role in public education:

- ☐ Superintendent
- ☐ Counselor
- ☐ School Psychologist
- ☐ Teacher
- ☐ Regular Ed
- ☐ Special Ed
- ☐ ED/BD
- ☐ Principal
- ☐ Other: _____

As you may know, positive outcomes have been attributed to the use of animals in conjunction with various social, emotional, and physical interventions (pet-facilitated therapy). Such approaches have typically focused on physically challenged children or elderly adults. However, animals' (usually dogs) positive impact in educational settings is increasingly being assessed and validated. Programs employing dogs in schools characteristically do so in one of the following three ways:

- 1) as a facilitator to School Counselors;**
- 2) in an ED/BD room;**
- 3) in a Special Education room.**

Please rate your previous exposure to the following information, employing the three-point scale.

- | | |
|----------------------|---|
| 1 = Novice - | Have never heard of this before. |
| 2 = Amateur - | Have read about and/or know that information exists in this area. |
| 3 = Expert - | Have knowledge of, and actively seek out information in this area. |

- | | | | |
|--|---|---|---|
| 1. Knowledge of pet facilitated therapy? | 1 | 2 | 3 |
| 2. Knowledge of therapeutic benefits in using animals with the Elderly? | 1 | 2 | 3 |
| 3. Knowledge of the therapeutic benefit in using animals with Autistic children? | 1 | 2 | 3 |

4. Knowledge of the therapeutic benefit in using animals 1 2 3

with physically and mentally disabled?

5. Knowledge of the therapeutic benefit in using animals 1 2 3
with emotionally and/or behaviorally disturbed
children/adolescents?

What is your interest level in the use of dogs for therapeutic interventions in schools?

Very Interested ___ Somewhat Interested ___ No Interest ___

What is your interest level in Pet-facilitated therapy in general?

Very Interested ___ Somewhat Interested ___ No Interest ___

Please rate the following ten, potential concerns related to implementing a program-utilizing dogs in schools, using the five-point scale.

1 = Unimportant
2 = Of little Importance
3 = Moderately Important
4 = Important
5 = Very Important

1. Hygiene/Cleanliness/Disease - general sanitation	1	2	3	4	5
2. Legal Implications and Liability (lawsuits)	1	2	3	4	5
3. Effect on staff and students who may be phobic to dog's	1	2	3	4	5
4. Allergic reactions of students and staff	1	2	3	4	5
5. Animal Upkeep - Walking/Feeding/ Cleaning up after.	1	2	3	4	5
6. Potential harm to students and staff (Biting/scratching/other)	1	2	3	4	5
7. Potential harm to animal (inappropriate handling and/or abuse)	1	2	3	4	5
8. Animal odor	1	2	3	4	5

- | | | | | | |
|---|---|---|---|---|---|
| 9. Maintenance costs (medical/food/supplies/facilities) | 1 | 2 | 3 | 4 | 5 |
| 10. Supervision of program | 1 | 2 | 3 | 4 | 5 |

If all of the above concerns were met and dealt with, would you be for, or against using dogs in your school/classroom/district?

☐

For

☐

Against

Do you currently use dogs in a therapeutic program in your school?

Yes ____

No ____

Please briefly describe the way in which you use dogs in your school?

Do you know of a school that uses dogs in a therapeutic program? If so, what is the name of the school?

Can I contact you if further information is needed?

Yes ____

No ____

If yes, please provide your name, position, and telephone number and/or e-mail address.

Name: _____

Position: _____

Telephone Number: _____

E-Mail Address: _____

APPENDIX B.

Dear Sir or Madam:

Your school has been selected among Public Schools in Minnesota to participate in a survey regarding the use of dogs in educational and or guidance programming. I realize this is a busy time of year for all involved -- as such, I want to thank you in advance for your assistance in efforts to gather this information.

Your responses will be used to determine knowledge of various educational professionals as to the use of dogs in various school programs. In addition, it will also determine potential concerns and interest level of educators as to the use of dogs in their school and/or district.

The completion of the survey implies voluntary participation in this study. No identifying information will be used and confidentiality is strictly guaranteed. You have the right to refuse to participate and may withdraw from participation at any time during the study.

I have enclosed a stamped envelope for your convenience in returning your completed survey. If you have any questions, or concerns you may call me at 715-235-5659 and/or e-mail me at ryanh@post.uwstout.edu. I thank you in advance for your prompt cooperation in gathering this information.

NOTE: Questions or concerns about participation in the research or subsequent complaints should be addressed first to the researcher or research advisor and second to Dr. Ted Knous, Chair, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 HH, UW-Stout, Menomonie, WI 54751, phone (715) 232-1126.

Sincerely,

Holly M. Ryan
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Graduate Student - School Psychology