

FACILITY DOGS AND CHILD LIFE:  
SYNTHESIZING PSYCHOSOCIAL THERAPIES

by

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## ABSTRACT

Animal-assisted therapy (AAT) is used to promote coping in stressful situations by allowing a recipient to experience a therapeutic interaction with a trained therapy animal, usually a dog. One type of therapy dog, known as facility dogs, are specifically trained to accompany their handler, often a psychosocial trained professional, and help them complete their job duties. Many children's hospitals around the United States have facility dog programs in which a trained AAT dog goes to work daily with a psychosocial healthcare worker, such as a Certified Child Life Specialist (CCLS). The purpose of this case study was to gain insight into how child life specialists who are facility dog handlers prioritize and assess patients, the benefits and difficulties of their job, and the appreciation they receive. Participants were four CCLSs, two of which were a primary handler and two who were secondary handlers. Participants were asked to record information on a checklist after each interaction for 10 total workdays and completed a semi-structured interview. Findings indicated that participants primarily saw patients between the ages of three to eleven, and the most common intervention provided was general anxiety and coping support. In the interviews, the participants mentioned that it is the dog's specific training, therapeutic value, and ability to bond with patients that allows these interactions to be so successful and impactful. This study provides a foundation for child life programs around the country who want to incorporate this therapeutic modality into their services offered.

## DEDICATION

This thesis is dedicated to my biggest supporters, my lifelines, and the people who keep me going: my incredible parents. Without your indelible, unwavering, unconditional love, I would not be the person I am today. Thank you for instilling in me a love of learning, a kind heart, and a desire to make a difference during my short tenure on this earth. This thesis is also dedicated to my late big brother, Adam. I miss you more than I could ever express in words.

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## CONTENTS

|   |     |
|---|-----|
| ABSTRACT.....   | ii  |
| DEDICATION.....   | iii |
| ACKNOWLEDGEMENTS.....   | iv  |
| LIST OF TABLES.....   | vi  |
| CHAPTER ONE—INTRODUCTION.....                                 | 1   |
| CHAPTER TWO—METHOD.....                                       | 8   |
| Design.....   | 8   |
| Participants.....   | 8   |
| Measures.....   | 9   |
| Procedure.....  | 10  |
| Data Analysis.....  | 10  |
| CHAPTER THREE—RESULTS.....                                    | 12  |
| Daily Facility Dog Interaction Checklist.....                 | 12  |
| Table 1.....  | 15  |
| Experiences Handling Facility Dogs Interview.....             | 16  |
| CHAPTER FOUR—DISCUSSION.....                                  | 47  |
| REFERENCES.....   | 56  |
| APPENDIX A: DAILY FACILITY DOG INTERACTION CHECKLIST.....     | 60  |
| APPENDIX B: EXPERIENCES HANDLING FACILITY DOGS INTERVIEW..... | 61  |
| APPENDIX C: IRB APPROVAL.....                                 | 63  |

LIST OF TABLES

TABLE 1—Daily Facility Dog Interaction Checklist Frequency Counts And Percentages....15

## CHAPTER ONE

### INTRODUCTION

The idea that animals could be used in conjunction with psychotherapy to treat children in stressful situations was first introduced in the 1960s, whereas prior to that any therapeutic usages of animals were coincidental and nonmethodological (Levinson, 1965). Since then, the concept of using canines in therapeutic interventions with children has grown and is now commonplace in a variety of stressful settings, including hospitals (Caprilli & Messeri, 3; Gagnon et al., 2004; Hinic et al., 2019; Kaminski M et al., 2002), group therapy sessions (Dietz, Davis, & Pennings, 2012), forensic interviews (Krause-Parello, Thames, et al., 2018), and at schools and universities (Barker & Schubert, 2017; Haggerty & Mueller, 2017; Kirnan, Siminerio et al., 2016; Kirnan, Ventresco et al., 2018). Currently, animal facilitated therapies (AFT) can be segregated into two distinct types of use: animal-assisted activities (AAA) and animal-assisted therapies (AAT). AAA are usually casual, meet-and-greet style interactions that lack a definitive therapeutic goal, while, in contrast, AAT are often scheduled and goal-directed with the idea of integrating a person's healthcare goals into the interaction with the animal (Morrison, 2007). Additionally, in the instance of AAT, the animal is accompanied by a trained handler that incorporates the animal into the person's existing therapeutic goals, whether physical, cognitive, or social-emotional in nature (Morrison, 2007).

AFTs are supported by human-animal interaction theory, which emphasizes a variety of psychosocial and neurobiological mechanisms that operate together to induce positive effects on

the person interacting with the animal (Beetz et al., 2012). The main three components of human-animal interaction theory are biophilia, self-theory, and social support (Jalongo, 2015). Biophilia is the notion that humans have a natural and innate affiliation for other living things (Herzog, 2002). Self-theory stresses that interacting with an animal allows a person to experience a calm, stable, and nonjudgmental relationship (Jalongo, 2015). Lastly, the social support notion insists that, because dogs and humans are both social animals, the interaction is symbiotic and results in people feeling supported, connected, and accompanied (Odendaal, 2000). Additionally, it has been found that human-animal interactions are supported by psychosocial and neurobiological mechanisms. For instance, people who interacted with a person accompanied by a dog were more trustworthy of that person than of someone without a dog (Beetz et al., 2012). Children also showed demonstrated tendencies for aggression after interacting with a dog in a classroom (Beetz et al., 2012). In regard to hormonal and neurotransmitter implications, it has been shown that human-animal interactions can reduce cortisol, epinephrine, and norepinephrine levels (Beetz et al., 2012). As research explores the theoretical basis of the positive implications of human-animal interactions, it is also imperative to explore the empirical implications that these interactions have on various populations.

The benefits of AAT can be measured in a variety of ways, with measurements of physiological symptoms being the most common. Physiological symptoms, such as heart rate, respiratory rate, blood pressure, and pain levels are often used as measures to identify the benefits of AAT programs. One review examined studies including a variety of both pediatric and adult patients who interacted with a therapy dog compared to those who didn't and found a significant decrease in blood pressure in the pet therapy groups across multiple experimental studies (Morrison, 2007). Another study examined the effect of AAT on the self-reported pain

levels of children, age 7 to 18, and found that their reported pain was significantly decreased after interacting with a therapy dog for just 10 minutes (Ichitani & Cunha, 2016). Additionally, a study examining changes in pain scores and vital signs of immunocompromised pediatric patients on an acute care unit found that, when compared to a control group, the use of AAT significantly improved pain scores (Braun et al., 2009). Lastly, a randomized controlled trial showed that children, age 3 to 17, who had a 20-minute session with an AAT dog showed significantly lower perceived pain post-operatively than children in a control group (Calcaterra et al., 2015).

AAT programs have also been shown to have positive effects on children's psychosocial states when in a healthcare setting (Caprilli & Messeri, 2006; Gagnon et al., 2004; Hinic et al., 2019; Wu et al., 2002). Some benefits include normalization of the hospital environment (Caprilli & Messeri, 2006; Wu et al., 2002), decreased fear and pain (Gagnon et al., 2004), lower stress levels (Wu et al., 2002), and a reduction of anxiety (Hinic et al., 2019). A pilot study that examined the use of AAT dogs with pediatric cancer patients, older than 2 years, found that the interaction with the AAT dogs made the children more independent, increased their appetite, and increased reports of loving the hospital (Gagnon et al., 2004). Additionally, most studies showed overwhelming parental support for AAT programs in the hospital (Caprilli & Messeri, 2006; Hinic et al., 2019; Wu et al., 2002).

In recent years, new uses of AAT dogs in the healthcare world have emerged. Many hospitals in the United States have implemented AAT facility dog programs in addition to their existing AAA or pet therapy programs (canineassist, n.d.). Facility dogs are unique from typical AAA dogs in that the facility dogs accompany their handlers to work daily and are specifically trained to assist the handler with their job duties. Often, the handlers are psychosocial healthcare

workers who are trained to assist patients with the psychosocial stressors that exist in a hospital environment (Ginex et al., 2018). In these instances, the therapeutic benefit comes from the patients interaction with both the dog and the trained psychosocial healthcare worker, in contrast to typical AAA interaction in which the primary therapeutic benefit comes solely from the interaction with the animal (Ginex et al., 2018). Although facility dogs in the hospital have not been extensively researched, there have been noted benefits in other populations. For example, one study examined the use of facility dogs as they accompanied a clinical palliative psychologist and found that most participants looked forward to the visit, had a positive experience, and would like the option to have a dog visit them daily (Krause-Parello, Levy, et al., 2018). Another study examined the use of facility dogs on reducing stress in children during forensic interviews regarding sexual assault (Krause-Parello, Thames et al., 2018). After examining various physiological markers of stress, it was found that children in the experimental group who interacted with the facility dog had significant decreases in heart rate and blood pressure compared to children in the control group (Krause-Parello, Thames et al., 2018).

For children, hospitalization can be a frightful and anxious time for them and their caregivers (Boles et al., 2020, Shandor et al., 2002; Shields, Kristensson-Hallström & O'Callaghan, 2003). An interruption of normal routines, unfamiliar people and environments, and fear of pain and medical procedures can all cause anxiety during the hospital experience (Boles et al., 2020). Specifically, Bossert (1994) found that children noted that intrusive events, physical symptoms, therapeutic medical interventions, restricted activity, separation from caregivers and the strange environment were major causes of stress in the hospital. Common reactions to these stressful events include developmental regression, aggression, lack of cooperation with medical procedures, withdrawal, and prolonged recovery time from procedures

(Delvecchio et al., 2019). These types of responses to a healthcare experience can be addressed by a Certified Child Life Specialist.

Child life specialists help children and their families cope with the stress of a healthcare experience by utilizing evidence-based, developmentally appropriate interventions (Pariseau et al., 2019). Child life specialists must complete a bachelor's degree, 10 specific courses on child and family development, a 600-hour clinical internship, and sit for a certifying exam (Pariseau et al., 2019). The American Academy of Pediatrics (2021) recognizes child life specialists as professionals that are uniquely trained to identify child stressors in the hospital and provide psychosocial interventions to promote coping and reduce stress and anxiety. By utilizing their training in child development, child life specialists assess each child's response to the hospitalization and subsequently provide appropriate psychosocial interventions to minimize the negative outcomes often associated with pediatric hospitalizations (American Academy of Pediatrics, 2021). Such interventions include preparation for medical procedures, distraction, and normalization of the environment, often through various types of play (Burns-Nader & Hernandez-Reif, 2016). The use of child life services has been shown to both reduce pain and anxiety and increase success rates of medical procedures (Hyland et al., 2015; Murag et al., 2017).

One group of psychosocial care providers who can handle facility dogs as a tool to assist in their interventions is child life specialist. Only one study to date has empirically examined the role of the child life specialist and AAT in the same study (Kaminski et al., 2002). In the study, the two services of child life and AAT pet therapy were compared; findings suggest that while both services were highly effective, pet therapy significantly increased parent's rating of their child's mood and positivity in comparison to the child life group (Kaminski et al., 2002).

Considering that AAT and child life were individually effective at reducing pain, anxiety, and stress symptoms in hospitalized children, it can be theorized that utilizing AAT in combination with child life services would be just as effective if not more. Additionally, because human-animal interaction theory increases the patient's trustworthiness of the handler, it can be hypothesized that children will be more receptive to child life specialists with a facility dog (Beetz et al., 2012). However, current literature is limited on this topic. There is a need to examine the use and potential benefits of a child life specialist handling a facility dog.

The purpose of this case study was to gain insight into the daily lives of four child life specialists who handle a facility dog with a hospitalized pediatric population at one hospital. One of the primary objectives was to understand how child life specialists assess and prioritize who will receive a visit from the facility dog. While there is no inherent "child life theory" to guide assessments, child life specialists utilize a variety of existing theories to inform their decisions regarding patient prioritization. For example, the stress potential assessment is often used by child life specialists to help determine which children are most at risk for experiencing negative outcomes from their hospital experience (Thompson, 2009). Child characteristics that should be considered when assessing a stress potential are response to healthcare, developmental vulnerabilities or delays, developmental age, mobility, family support, temperament, and coping style (Thompson, 2009; Turner & Fralic, 2009). Children with a developmental delay, those who lack family support and presence, and children age four and under are at higher risk for displaying negative responses to hospitalization (Thompson, 2009). These general assessment and prioritization criteria are based on existing child development theories. For instance, children who don't have the support of a caregiver while in the hospital are at risk for experiencing separation anxiety. This is supported by attachment theory which states that the presence of a

caregiver with whom the child has a secure attachment to can ease the child's anxiety and limit the child's experience of separation anxiety (Bowlby, 1969). Additionally, family systems theory suggests that the experiences of one family member affect all other members and their relationships (Bowen, 1993). When this is applied to child life assessment, it can be inferred that if a parent is having trouble coping with their child's hospitalization, or vice versa, they may be a target for intervention so as to stop the maladaptive coping before it affects all family members. Children's temperament also guides how child life specialists prioritize patients. Children are typically classified as having an "easy", "slow-to-warm", or "difficult" temperament, which can influence how they respond to healthcare workers and the hospital environment in general (Chess & Thomas, 1996). Children who are "slow-to-warm" or "difficult" may need extra attention and assistance with coping with hospitalization, and thus may be considered priority patients by a child life specialist. Lastly, the stress and coping theory details various coping strategies that are often used to deal with a stressful situation, especially an illness or hospitalization (Lazarus, 1974). Children and caregivers who use maladaptive coping strategies should be prioritized by a child life specialist over children and caregivers who appear to be coping well and adapting to the stress of hospitalization (Thompson, 2009).

The main research questions were: 1) How do child life specialists make decisions regarding prioritization of who will receive a visit from a facility dog? 2) Which interventions are most prioritized by child life specialists handling a facility dog? 3) What are child life specialists' perceptions on the benefits of handling a facility dog? 4) What are child life specialists' perceptions on the difficulties of handling a facility dog? and 5) How supported do child life specialists feel in their work with the facility dogs and by whom?

## CHAPTER TWO

### METHOD

#### **Design**

This exploratory study utilized a mixed method case study design to gain both quantitative and qualitative information about child life specialists working with facility dogs in a hospitalized pediatric population at one hospital. This study followed four participants, all certified child life specialists, and analyzed data regarding their clinical implementation of interventions with a facility dog as well as their qualitative thoughts regarding their usage of facility dogs. Participants tracked their daily interactions with patients to help gain insight into what types of patients are prioritized for an interaction with the facility dog, which types of child life services are most implemented with a facility dog, and how frequently the facility dog assists child life specialists during these interactions. Then, participants completed a semi-structured interview to aid in understanding how they assess patients, how they make decisions about prioritization, how exactly the facility dog is incorporated into interactions, if the facility dog causes conflicts, and how supported the child life specialists feel in their work with a facility dog.

#### **Participants**

Participants were four child life specialists who have been recruited from the child life department at a children's hospital located in Alabama. This program currently utilizes two facility dogs to assist child life specialists with their psychosocial interventions. The inclusion criteria for participation included being a Certified Child Life Specialist, serving as either the

primary or secondary handler of the facility dog, and having experience working as a child life specialist both with and without a facility dog. Two handlers are the primary handlers, and two handlers are secondary handlers. The secondary handlers have weekly time with the facility dog and bring the facility dog to work when the primary handler is off-duty or unavailable. Three of the four participants have been working as Certified Child Life Specialists for five years, and one has worked as a child life specialist for twenty years. Additionally, three out of four of the participants reported having a master's degree, and one specialist has a bachelor's degree.

## **Materials**

**Daily Facility Dog Interaction Checklist.** The participants were provided with a checklist to track their interactions with patients when handling the facility dog. The checklist asked for participants to provide information about each interaction, including: patient's unit, patient's age, what child life services were provided, if the facility dog assisted them with the intervention, if the facility dog caused difficulties during the interaction, if they felt encouraged during the interaction and, if so, by whom (Appendix A).

**Experiences of Handling Facility Dogs Interview.** Each participant completed a semi-structured interview to gain insight into various aspects of their job in regard to handling a facility dog. Participants first answered general questions regarding their primary work unit as well as their background as both a typical child life specialist and a facility dog handler. Then, the interview probed participants about what types of patients are most targeted for interventions as well as how they assess patients and make prioritization decisions. Some questions also asked how exactly the facility dog is used in various types of interactions. The next sets of questions assessed the participants' perceptions regarding the benefits, difficulties, and levels of support for their work with the facility dog (see Appendix B for a complete list of questions).

## **Procedure**

The participants tracked each interaction in which they used the facility dog for 10 consecutive workdays each using the Daily Facility Dog Interaction (DFDI) checklist. Secondary handlers only completed this checklist when they were handling the dog. Only information free from any patient identifiers was included.

After the 10 days, interviews were scheduled with each of the participants individually. Interviews were scheduled at a time convenient for the participants. The semi-structured interview took place via Zoom, a HIPAA compliant web and video conferencing platform. Zoom was used due to the HIPAA compliance and recording availability. The audio from the interviews was recorded and transcribed verbatim.

## **Data Analysis**

Descriptive information collected from the Daily Facility Dog Interaction (DFDI) checklist was analyzed using SPSS. Information about the patient's unit, patient's age, which services were provided, if the facility dog assisted during these services, if the facility dog caused difficulties, and if the child life specialist felt supported were analyzed via frequency calculations. The frequency calculations provided valuable information as to which patients and interventions are most targeted as well as how often the facility dog is assisting versus causing conflicts. Additionally, the support checklist provided data regarding how frequently and who is providing the most support for the child life specialists and the facility dog.

Regarding the Experiences of Handling Facility Dogs Interview, the questions asked supplemented the information collected from the Daily Facility Dog Interaction Checklist by probing the child life specialists for details regarding how and why they prioritize certain patients and services over others, what the facility dog does during each type of intervention, what types

of difficulties arise the most during facility dog interactions, and how various people make them feel supported in their work or not. the participants' answers were transcribed verbatim. The principal investigator transcribed the interviews verbatim and became familiar with the data. From there, the principal investigator combed through the data and created an initial code list. Then two undergraduate research assistants used the code list to code the data individually. Once each researcher had coded the data, the group met to discuss and resolve any discrepancies.

## CHAPTER THREE

### RESULTS

#### **Daily Facility Dog Interaction Checklist**

Frequency counts were used to analyze the data from the DFDI. The DFDI asked the participants to record information about each interaction in which the participants and the dog provided an intervention to the patient, notably the unit the patient was on, the patient's age, what child life services were provided, if the dog assisted the handler with the intervention, if the dog provided difficulties during the interaction, and if and who verbalized appreciation for the participant's work with the dog. Over the course of 10 workdays, the two dogs and four participants handlers documented a total of 74 interactions with pediatric patients. See Table 2 for all percentages.

#### ***Unit***

The unit that was seen the most by the participants and the facility dogs was the hematology/oncology unit, which is a St. Jude Affiliate Clinic at this hospital. Of the 74 total interactions, 21 of them were at the hematology/oncology unit. The next highest were the pediatric inpatient unit (n = 15), "other units" (n = 13), ambulatory surgery (n = 11), and radiology (n = 9). The least visited units were the PICU (n = 4) and the ER (n = 1). The participants identified the other units visited, which typically included either the outpatient pediatric therapy unit or the antepartum unit.

### ***Patient Age***

The age range of patients that received the most interactions from a participant and a facility dog was children ages three to five (n = 24). Children aged six to eleven (n = 18) and twelve to eighteen (n = 17) were also seen frequently. Child life specialists and facility dogs tended to see fewer infants (n = 9) and people over the age of eighteen (n = 6) than other ages.

### ***Services Provided***

The checklist consisted of a list of common child life interventions, and the participants were asked to write in their type of intervention if it was not originally listed. By far the most common intervention provided was generalized coping and anxiety reduction (n = 33). Distraction was also common (n = 17), followed by normalization or play (n = 15), preparation (n = 10), cotreatment (e.g. collaborating with PT and OT) (n = 9), family support (n = 9), sensory intervention (n = 5), procedural support (n = 3), diagnosis education (n = 2), and other services (n = 7). Other services broadly consisted of sedation assistance, compliance, and other as needed interventions.

### ***Dog Assistance***

Participants were asked to note if the facility dog directly assisted the child life specialist during the interaction. The facility dog was recorded as assisting during the intervention in all but one interaction (n = 72). This question was left blank for two interactions.

### ***Dog Causing Difficulties***

Participants were also asked to record whether the facility dog caused a difficulty for the child life specialist during the interaction. The facility dog was recorded as not causing any

difficulties during all but one interaction (n = 72). This question was left blank for two interactions.

### ***Verbalizing Appreciation***

Out of the 74 interactions recorded, the participants reported receiving verbal appreciation during a majority of the interactions (n = 56). The people who were most commonly verbalizing appreciation were the patient's family (n = 41), the patient (n = 23), and the nurses (n = 12). Doctors (n = 3), child life colleagues (n = 3), and other medical professionals (n = 9) also verbalized appreciation for the child life specialist's work with the facility dog during some interactions.

**Table 1.** *Daily Facility Dog Interaction Checklist Frequency Counts and Percentages.*

| Variable                        | Number (n) | Percentage (%) |
|---------------------------------|------------|----------------|
| <b>Unit</b>                     |            |                |
| Radiology                       | 9          | 12.2           |
| ER                              | 1          | 1.4            |
| Inpatient                       | 15         | 20.3           |
| Hem/Onc                         | 21         | 28.4           |
| PICU                            | 4          | 5.4            |
| Ambulatory                      | 11         | 14.9           |
| Other                           | 13         | 17.6           |
| <b>Patient Age</b>              |            |                |
| 0 to 2                          | 9          | 12.2           |
| 3 to 5                          | 24         | 32.4           |
| 6 to 11                         | 18         | 24.3           |
| 12 to 18                        | 17         | 23.0           |
| 18 and up                       | 6          | 8.1            |
| <b>Services Provided</b>        |            |                |
| Preparation                     | 10         | 13.5           |
| Diagnosis education             | 2          | 2.7            |
| Distraction                     | 17         | 23.0           |
| Normalization play              | 15         | 20.3           |
| Generalized coping              | 33         | 44.5           |
| Procedural support              | 3          | 4.1            |
| Cotreatment                     | 9          | 12.2           |
| Sensory intervention            | 5          | 6.8            |
| Family support                  | 9          | 12.2           |
| Other services                  | 7          | 9.5            |
| <b>Verbalizing Appreciation</b> |            |                |
| Patient                         | 23         | 31.1           |
| Patient's family                | 41         | 55.4           |
| Nurses                          | 12         | 16.2           |
| Doctors                         | 3          | 4.1            |
| Child life colleagues           | 3          | 4.1            |
| Other                           | 9          | 12.2           |
| <b>Total Interactions</b>       | <b>74</b>  | <b>100</b>     |

## Experiences Handling Facility Dogs Interview

### *Usage*

**Training.** Six major themes emerged from the question “Did you receive any specific training prior to working with a facility dog? If so, please describe the training.” The themes included “canine assistants” (n = 4), “collaboration with colleagues” (n=2), “practice” (n =3), “bonding with dog” (n = 2), “own research” (n = 1), and “shadowing” (n = 2).

**Canine Assistants.** The most common theme that emerged when discussing the training the participants received prior to getting the facility dog was “canine assistants.” Canine Assistants is the name of the program that breeds and trains the dogs that are used across the country as facility dogs. With the first facility dog, the primary and secondary handler “went to canine assistants and trained with the staff there with [the facility dog] for one week.” The second dog was brought to the hospital during the COVID-19 pandemic, so the official training with Canine Assistants looked a bit different: “Unfortunately, because of COVID, we did not get to go to Georgia, like the other team got to go to Georgia...They came to us. So we still have the same people doing the training.”

**Collaboration with Colleagues.** Another theme that emerged from the answers to this question was “collaboration with colleagues.” Especially for the second primary handler, she “had a lot of time to observe [the other primary handler] and [the facility dog]. See some patients, get to see kind of the consults that they answer, how they went about answering this consult with the facility dog..” In regard to ongoing training, one participant described having “ongoing meetings and stuff...with the primary handler.”

**Practice.** The next theme that emerged from this question was “practice”, in which the participants described being able to practice things with the facility dogs before utilizing them with patients. The second primary handler mentioned that:

Once [the facility dog] was comfortable enough with me, I kind of played handler in the room a couple of times with familiar patients that we had spent a lot of time with just so that I could kind of get the feel of holding the leash and all of those different things. So that was a really good learning experience, just to kind of be in that handler mindset a little bit.

A secondary handler explained that she:

Had to take the dog into, into public places and practice people coming up to us because they do have badges on their vest that say I'm friendly. Ask to pet me. We did a couple days in the park. We did things at Target.... We had to practice walking quickly with the dog and keeping them focused when they're in a store.

**Bonding with Dog.** Another theme that emerged from this question was “bonding with dog.” Later in the interview, one of the handlers described that Canine Assistants uses bond-based training, instead of command-based training. This can be seen when a handler discussed “building our bond together so that he is in sync with me, if that makes sense.”

**Own Research.** The next theme that emerged was that many of the handlers had to do their “own research”, especially the first primary handler who was the founder of the facility dog program at the hospital. The handler said “so a lot of my training just came through like self-directed research and reaching out to other programs. I did a lot of benchmarking with them to learn about how they utilize their dogs and what their days look like..”

**Shadowing.** The last theme to emerge from this question was “shadowing”, in which one of the handlers discussed going to other programs that had facility dog handlers. She stated that she “visited two hospitals and got to shadow to some primary handlers with their dogs, just to kind of see what that would actually look like, and how that translates from reading about it and papers and stuff to the hospital setting.”

**Prioritization.** When the participants were asked “How do you prioritize which patients will interact with the facility dog?”, five prominent themes recurred in their answers. The themes were: “emotional needs” (n = 2), “difficulty coping” (n = 3), “report from colleagues” (n = 3), “patient age” (n = 2), “family support” (n = 2).

**Emotional Needs.** The first theme that emerged from the participants’ answers to this question was “emotional needs.” When prioritizing patients, one handler said that she looks for: Patients that are high anxiety or are having a difficult time coping, and, and then those patients who have also are having a lot of emotional stuff going on. So whether that's a new diagnosis or they're here for a psychiatric eval. But just like the level of emotional difficulty in the things that they're dealing with.

**Difficulty Coping.** In addition to assessing the emotional needs of their patients, the participants also prioritized patients that were having a notably difficult time coping with their hospitalization. One specialist said, in regard to a visit on the hematology/oncology unit, that “if we're doing a port access, and I've got a PIC, then I kind of know, Hey, I know how this kid copes when they're getting a port access, as opposed to this kid. And so I'm gonna take priority to be, to be the one that has a tougher time with it.”

**Report from Colleagues.** The primary participants reported frequently collaborating with colleagues and receiving report from the unit participants to determine prioritization. One of the participants stated:

I'm not like up on the peds unit all of the time. And so I really rely on the child life specialists that are having multiple encounters with that patient over and over again, to kind of defer to me about like, okay, so if I have an hour and a half right now, before, you know before, whatever, who is the top priority patient that you feel I kind of need to see. So I do it that way.

One of the secondary handlers, who is a primary specialist on a particular unit, reported that she consults the nurses on her unit to help prioritize which patients to see:

I can easily walk in and say, okay, there's six patients, say there's six patients, tell me who needs to visit with [the facility dog] who's, who's nervous, who's showing anxiety, and she's very good at appropriately telling me who needs to see the dog.

**Patient Age.** Some of the participants reported using the patients' age as a way to prioritize. For example, if there is "a teenager who's been here before but is a little nervous versus a four-year-old who hasn't even touched the mask and is like clinging to mom, that I'm going to prioritize that four-year-old and go in there."

**Family Support.** It is not always the patients themselves that need support from a child life specialist and a facility dog. On some occasions, the participants said they would also prioritize a patient's family that was having a difficult time coping: "It doesn't mean I can't help parents that are anxious. Because if somebody tells me that there's a parent that's very anxious, I'm going to go visit that parent with [the facility dog], whether it's a baby or not." Another specialist noted that they "also do a lot of family support. And so sometimes it's not specifically

the patient that's needing it. But maybe it's a patient who's been intubated, and the family as they're, they're away from home. Right now, especially with COVID, only having one caregiver.”

**Assessment.** Next, participants were asked “How do you assess which patient would be a good fit for a facility dog intervention?”, and six major themes emerged from their answers: “giving the option” (n = 3), “allergies or afraid” (n = 3), “report from colleagues” (n = 3), “child life assessment skills” (n = 3), “explaining your role” (n = 2), and “emotional needs” (n = 2).

***Giving the Option.*** The first theme that emerged from the answers to this question was the idea of giving the patients the option to see the dog. Before bringing the dog into the room, a specialist said she would “have [the facility dog] stand at the doorway with me. I crack the door, but I keep the dog kind of in the hallway or right there at the door...and then asking to see if they would like to visit from the facility dog before I actually bring the dog into the room.” If the child life specialist on the unit is able, sometimes they will go in ahead of time and ask the patient:

‘Hey, do you? Do you like dogs? Are you interested in a visit of one of our facility dogs, if we can make it happen?’ So sometimes, we already know, ahead of that, if, before going into the room, like, hey, this, this kid is asking for a visit, or they, you know, they've said that they would be interested in seeing one.

***Allergies or Afraid.*** With having a dog in a setting full of people, it can be expected that not everyone is going to be welcoming to having a dog in their environment. To confront this, the participants frequently ask patients before they enter the room:

That's kind of the first question we always ask, before we even fully stepped foot in the room. I just have him tight by my side. And he typically now will wait until I tell him it's

okay. And I will say, you know, "hey, do you like dogs? Are you afraid of dogs?" And you can typically tell really quickly whether they are very interested in a visit or you know, they're like, 'Oh, no, I'm okay.'

**Report from Colleagues.** Similar to prioritization, the participants also rely on their colleague's initial assessment of whether the patient would be a good candidate for a facility dog intervention.

Sometimes it's the child life specialist that that has the medical goal in mind and says, 'Hey, I think that this would be really beneficial. If you guys would go in there and you know, have an interaction with the kid and see if we can decrease pain, see if we can, you know, get some diversion during a procedure or preparation or anything like that.'

A participant said that she listens to the nurses' assessments when she is handling the dog, and she relays her assessment to the primary handler when not with the dog:

Somebody's going to tell me 'Oh, bed six is having a hard time.' It may need me going to the door to check in to ask. I'm in the areas when [the facility dog] comes. So, I'm able to see the kids before she gets there. And I can tell her 'Oh, so and so. They they're having a hard time today. It's going to have a hard, she's going to have a hard time separating. They'd be a good fit for the dog.'

**Child Life Assessment Skills.** The handlers stated frequently that having their child life skillset and being able to access their normal assessment skills is useful. One handler noted that:

That's the nice thing about being child life is because we have these assessment skills as handler. So, I get to the door, knock and just say, open the door, let them see me and introduce myself. And then I say, you know, 'we have a dog that works here at the hospital, I actually have her with me', and I'm already looking at face, you know, facial

expressions and trying to decide if something changed. Did they like lean back a little bit, but you know, watching so much body language to see, are they fearful of dogs? Are they interested in this? And then I kind of push into the room a little bit and let them see her. And that's how I know at least if they're comfortable with a dog and having her in the room.

***Explaining Your Role.*** Some specialists noted that there may not be time to assess the patient before offering a facility dog interaction. In that case, they noted that they explain their role and assess during this explanation. One handler noted that:

Sometimes just going to the door and introducing myself and then introducing [the facility dog] and telling them I have two jobs. One job is to teach them about the hospital and the other job is to help [the facility dog] visit people at the hospital and help them when they're nervous. Sometimes kids can verbalize what they need, what they want. And then other times, that's going to tell me if I actually need to go in.

***Emotional Needs.*** During the assessment process, the specialists are primarily assessing the emotional needs and coping abilities of the patient. As one handler said, if a patient is “very, very shy, if they shy away, they don't make eye contact, if they're looking off for all to get for mom to give all the answers, even if they're like 10 years old, and that tells me they might need some, some intervention with [the facility dog].”

**Assessment Materials.** Question four asked the handlers: “Is the assessment process similar to how you assess patients to receive typical child life services? For example, do you utilize the stress potential assessment, PRAP, or any theories?.” Only two participants were asked this question directly, as the other two had preemptively provided an answer to this during

another question. Three themes emerged from this question: “no isolation” (n = 1), “dog’s needs” (n = 1), and “same as without the dog” (n = 1).

**No Isolation.** The first notable theme that emerged from the answers to this question was the idea of not being able to see patients on isolation. One of the handlers said:

The dog can't see anybody on isolation. And so typically, for a child life intervention like that would put them in as sometimes like, a higher priority level, because they are on isolation. But with a dog, it's not a possibility. And so those patients are kind of like, you know, knocked out of the question.

**Dog’s Needs.** The specialists also commented on having to be aware of the dog’s own needs and limitations:

I need to make sure this dog has been able to have a little bit of a rest so that, she is ready to be able to do this intervention...As a child life specialist, I can run back and forth between rooms a lot easier and faster than I can with a dog. And the dog just can't, you know, keep up as much. And your interventions are typically longer with a dog. And so, it's, it's just kind of a, it's a different, it's a different process when I have the dog with me, as far as prioritizing, because I know that the dog can't withstand the length of time that I would necessarily be able to without the dog there. So, she needs to go to the bathroom and take breaks and some of that sort of stuff. And so that's sort of the other kind of thing that I'm looking at.

**Same as Without Dog.** One participant just answered the question saying “Yes, yes”, indicating that, indeed, her assessment process is essentially the same whether she has the facility dog with her or not.

**Interventions.** This question asked the participants “What are the primary or most commonly used interventions you and the facility dog provide? Why do you feel like these are the most common interventions provided?.” From the participant’s answers, six themes emerged: “family support” (n = 2), “general coping and anxiety” (n = 4), “rapport” (n = 2), “procedural support” (n = 3), “cotreatment” (n = 5), and “normalization” (n = 2).

**Family Support.** As previously discussed, the participants mentioned that they frequently use the facility dog for family support interventions:

I remember one time I was in a psychiatric patient’s room, and just a lot of history and stuff. And he was in the bed with her and laying down and got up from the bed and went over to grandma, where grandma sitting. And it turned out that grandma was going to be in court the next week and like had a lot of stress. And so, he, he assessed like, ‘Hey, this is where I need to be.’ And so, he, he knew, he could feel the stress that grandma you know, had and just lay down on the couch, put both of his paws in her lap and just you know I was like, ‘Here, let me let me help you’. So, so I think that that kind of sometimes, sometimes we don't always see that as a child life specialist, or it's not your first inclination. But, but we've definitely been consulted pretty frequently for some parent support as well.

**General Coping and Anxiety.** The theme of using the facility dog during interventions to just promote general coping and anxiety reduction was found in the answer of all four participants. One specialist said: “I think for me on the inpatient unit, the things that I do, most commonly with a dog are comfort slash coping, anxiety reduction, whether for the patient or for the family, and, and that's just coping with the hospitalization in general.” Another handler said

that “a lot of what we need is just generalized coping with anxiety and fear.” Lastly, one handler said:

I would say, we also do some, like psych support. So, if kiddos appear, especially on the inpatient unit, and often get admitted here before they are transferred to the psychiatric facility. And so sometimes, if they've never been, it's really scary to think about being somewhere for you know, a couple weeks, if not longer, away from family away from friends. And now with COVID, they can't really have visitors come. And so that's something that they've been very anxious about. And, and on top of that, just having psych issues in general, being the reason for admission, and so being able to really go in and just help them de stress and calm anxiety. During those moments of like, you know, where am I going to go next? What's it gonna be like, kind of all of those questions.

**Rapport.** Some of the participants discussed how they use the facility dog to quickly build rapport with patients. One handler said that, in difficult cases:

It also helps me to build rapport with that patient. And so sometimes I've tried everything else and that patient is, is just not, I'm not able to get in on conversation, but you bring the dog in there, it completely changes the atmosphere. And so I feel like that's one of the things that I utilize her for the most is comfort and coping and being able to build that rapport.

Another participant said that it helps to be able to center the focus on something other than themselves or the patient:

It immediately builds rapport for me and the child. They don't see me as medical, they don't see me as trying to ask questions about the hospital. And so, I think a lot of walls kind of get put down. And, you know, it just creates this opportunity of like, ‘This is my

dog [the facility dog], she's sniffing a lot. Do you have pets at home? Tell me about your pets.' It's with kids who are afraid, we hit such a wall with building up, or sometimes they really withdraw and won't open up to us which is fair because they don't trust strangers. They know something's scary is gonna happen today. But the dogs just kind of put you, put kids at ease.

***Procedural Support.*** The facility dog is also used frequently to help support patients during painful or scary procedures. For example, in the ambulatory surgery unit, “a lot of our teenagers are getting IV's first thing when they get there, [the facility dog] helps a lot with support during IV placement, even the really big teenagers that [the facility dog] barely fits on the bed, [the facility dog] will jump up with them, or put two paws up on the side of the bed and be able to offer comfort while they're being poked.” Another specialist noted that, on the hematology/oncology unit and in regard to central port access, there are some kids:

That even though they've done it, so many times, it's still not, not a good intervention for them. And so, we go in and provide distraction, or, like postprocedural support, sometimes, sometimes, if they, you know, need to keep their hands still and stuff, obviously, they can't pet them. So sometimes I've been there just to be like, ‘Hey, [the facility dog] is so proud of, you know, he's saying you're doing such a good job.’ And then I just give that verbal affirmation as well. Or we go in afterwards, so that they can really pet him and kind of wipe their tears away.

***Cotreatment.*** The participants also reported being consulted to provide cotreatment and assist with various interdisciplinary teams. For example, assisting the physical therapists by helping “with ambulation a couple of times, those kids after surgery that are really, really reluctant to get up, then then kind of, you know, motivating, like, ‘Hey, do you want to sit up in

the chair while you pet [the facility dog]?’ or, and we can't really walk in hall right now because of COVID. But you know, one day will be able to walk them in the halls so that they can, you know, get that ambulation and they have a little bit more of a motivation.”

**Normalization.** The last intervention that was frequently mentioned was normalization and normalizing play. One specialist said that:

It's a lot of normalization. A lot of desensitization to the hospitals, sometimes [the facility dog] will have his mask, and try on his mask for the kid to in turn put on his or her mask...just like anything with child life, you have one thing in your brain, and then as you're assessing, as you go along, maybe this patient doesn't actually need preparation for being at the hospital, but they actually need, I need to step back and just do some normalizing play. And we've done that a lot with [the facility dog] too. Sometimes the kids will get off the bed onto the floor, lay on top of [the facility dog], they brush [the facility dog], a lot of those types of things that just make it more normal to be in the hospital setting.

**Dog Assistance.** This question was a follow-up to the previous question and asked the participants “How does the facility dog assist you during these interventions? What specifically does the facility dog do?” Five prominent themes were found among the participant’s answers: “dog’s skills” (n = 2), “absorb emotions” (n = 2), “assess emotional needs” (n = 3), “petting” (n = 3), and “nonthreatening” (n = 3).

**Dog’s Skills.** When asked what specifically the dog brings to the interaction, a few of the handlers mentioned that the dog’s specific training is what they bring to the interactions. For instance, one handler said that

Overall, her training is also to be able to read that patient and to know what that patient needs, and to be able to know that I'm going to keep her safe in that environment. And so being able to go into the ICU, and be around all of these tubes, and everything like that. And so, it is her training that is allowing her to do those things, to be able to bring comfort into this space, where it's not just any dog can do that.

**Absorb Emotions.** One of the most notable themes that emerged was that a few specialists each spoke about the facility dogs' ability to absorb emotions, especially negative emotions, that a patient may be feeling. A participant said that she thinks the dog

Absorbs, you know, like, the emotions and all of that. And it may look like she's resting and staying calm, but she's, she's absorbing. And I think that yeah bringing a sense of normalcy and there but, but, more than that, I think she's able to read what that patient's emotions are giving off and being able to respond to that in a way that people sometimes aren't as, you know, we have training, but sometimes we, we don't perceive some of the things that a dog is able to perceive.

**Assess Emotional Needs.** Some of the handlers also spoke to the dogs' ability to read, perceive, and react to the emotional needs in the room. For example, one of handlers recalled that the dog is "very good at knowing when somebody wants him on the bed and when they would rather him not be. Sometimes he'll just go run and jump on the bed and I haven't even really asked yet. And at the beginning, it's been a, it was a problem, but every time he's done it, the person's like, 'Oh, yeah, I really want him up here. How did he know?'"

**Petting.** The theme of petting, particularly the therapeutic aspect and value of petting a dog, was also referenced as one of the abilities that the facility dog adds to the intervention. As

one specialist put it, “there's a therapeutic value of petting, as you pet stress is...relieved and they're more willing to engage and they're more comfortable.”

***Nonthreatening.*** Lastly, the idea that dogs are nonthreatening and, therefore, make the hospital seem less threatening also emerged during the answers to this question. A participant explained that “it's just a, it's nonthreatening. You know, I come in in scrubs, no matter how much training I have, I'm still coming in in scrubs, but I come in with a dog. And immediately that threat is taken away.”

### ***Benefits***

**Job Benefits.** For this section, participants were first asked “How does using a facility dog benefit or add to your job?.” From this question and the participants answers, five themes emerged: “rapport” (n = 3), “petting” (n = 3), “nonthreatening” (n = 3), “human-animal bond” (n = 2), and “tool” (n =1).

***Rapport.*** The theme of utilizing the facility dog to build rapport with patients was discussed in multiple participant’s answers. One specialist says it that:

Kids buy it a lot quicker. Sometimes when you're a child life specialist and you walk into a room, you really got to build that rapport, right? Like you're struggling to think of ‘Okay, what kinds of things do you like?’ And if a kid is quiet? No, you're like, like, ‘Oh, come on, give me something’ like, what can I work with, so that we can then kind of talk about your procedure, or you know, how you're coping or whatever. But with a dog, you walk in the room, and sometimes I can't even get my name in, because they're so excited, you know about him.

**Petting.** Again, as with the previous question, the benefit of having something soft to pet was mentioned in the participant's answers. When trying to use conversation to build an assessment of a patient, petting helps because:

You don't have to focus on each other. So, they're not looking at me answering the question. They're petting [the facility dog] and like thinking and processing, and it can be a conversation that they can open up with, and not have to ever make eye contact with me and still be comforted because...everything that we know, scientifically that dogs offer. Additionally, one specialist says that their dogs are particularly good for petting because “[the facility dog] and [the facility dog] both have long fur. And so there's a lot of therapeutic value to just petting them. And that reduces stress and anxiety.”

**Nonthreatening.** The concept of the facility dog being nonthreatening arose again in the answers for this question. In reference to patient's perception of the dog, one handler noted that it has “been really cool to see to patients writing letters to the dog or coloring pictures to the dog, or just talking to the dog, and being able to see that side of it. And I think that that's a really cool and very telling sign of the ability of a dog to be able to be that person that you know or be that that third party that a person couldn't do. The dog is less threatening.”

**Human-animal Bond.** Many of the participants spoke to the fact that there is something intangible that the dog can offer to the patient's and families that they are not able to provide as a person. For instance, one handler describes it as

Something that research can't quite put a finger on, but that humans connect with animals in a way that's different than how humans connect with other humans. And so, it's something that you can't explain, and you're not quite sure why. But there's something happening between a dog and a child that I can't do with a child.

And so, you know, I'm not quick to say, without the dog I never could have done that. There have definitely been times where I go into a room with [the facility dog], and she behaves so differently than she ever has with a patient before. And then something happens with that patient as a result. And it's like, that's a dog thing, because she's never behaved that way, she's never done that. And this is intuition that she has, this is what this child needs.

**Tool.** Lastly, one of the participants described the dyadic team of themselves and facility dog as another tool to be used, almost as a backup to their existing child life skill set. The participant said that:

The benefit would be if it was just me, sometimes I'm like, 'Oh, this is not gonna go well.' That's the feeling I'm getting...And with a dog, I'm like, Well, at least that I have another tool that I can use, there's something else that hopefully will be beneficial to help this kid through this procedure or to help this kid through whatever we're asking him or her to do.

**Department Benefits.** This question, "How does the facility dog benefit the child life department?" sought to examine if there had been noticeable changes to the entire child life department after the introduction of the facility dogs. Five major themes emerged from the interview data collected for this question: "staff education" (n = 4), "increased child life presence" (n = 3), "child life awareness" (n = 3), "surface level understanding" (n = 2), and "staff rapport" (n = 3).

**Staff Education.** All of the specialist's answers discussed the idea of being able to utilize the facility dog to provide staff education about the extent of child life services. One specialist said:

I definitely think that it's allowed us to have greater conversations with staff members.

'Oh, thank you so much for the consult. While we were in there, we were also able to do this work as well,' throwing in some Child Life stuff that we were doing while we were actually in the room. And I think that it also has, like people are more aware of, you know, like, oh, child life and the dog.

Another said that it opens up conversations with other staff members about the kind of services offered by the child life department:

'Oh, you do this and this and now this. I didn't know you could do this too.' And then of course our hopes are you pay attention to these other things that we've been doing for 20 years. And not just the dogs, but it's kind of a gateway. It opened a door to where they are interested in what, what child life is. How do you become a child life specialist? What does that mean? What training do you have? Are you legit? Basically. Yeah, we're legit.

***Increased Child Life Presence.*** In addition to allowing for greater opportunities to educate staff about child life, having the child life specialists handle the facility dogs also allows for a greater child life presence throughout the hospital. For example, one participant talked about how:

A lot of our adult nurses don't know, really what child life does. But now that I do staff support on other units with [the facility dog] ...we've got to support patients on those units. It's opened up opportunities, like for us to go see pediatric patients who are on our labor and delivery unit and support them during procedures.

***Child Life Awareness.*** While also allowing for an increased child life presence throughout the hospital, handling a facility dog as a child life specialist has also shown to improve awareness about the field of child life in general. One of the participants noted that:

In the community, you know, we've had so many interviews and the news come to the hospital, and just to learn about the dogs, I'm always plugging child life, because I use my dog to do my job as a child life specialist. And so, it's opened doors of opportunity to kind of talk about what our role as child life is.

**Surface Level Understanding.** Although many of them reported a growth in people's understanding of child life, some people still only have a surface level understanding of what handling a facility dog entails. A handler said that there is still a "learning curve of like, hey, we're not just here for a three-year-old that loves dogs and misses a dog and it's discharging this afternoon. Like, that's, that's not where our priority is, you still have that education, you know, that has to happen with that."

**Staff Rapport.** Lastly, handling a facility dog allows for child life specialists to build rapport with each other and with other staff. Facility dogs also help "when we get together for staff meeting, I know there are certain people in our department that are having hard times. And the dogs, I know [the facility dog] does picks up on that a lot and will kind of like meander over there and a lot of people get down on the floor and lay with him during the meeting." Another specialist said that "there's something you know, they say it over and over again, 'There's something about seeing them walk down the hallway, it just makes my heart a little bit happier.'"

**Child Life Benefits.** This question is similar to the last two, but this time the participants were asked to reflect on "Do you think handling a facility dog is beneficial to people's perception of the child life profession? If so, how?" From this question, four prominent themes were coded from the data: "seeing is believing" (n = 2), "surface level understanding" (n = 2), "staff education" (n = 4), "not taken seriously" (n = 3), and "child life awareness" (n = 3).

***Seeing is Believing.*** When the participants were asked if handling a facility dog is beneficial to people's perception of the child life profession, the theme of having to see the dog in action to believe the therapeutic benefits arose. One handler spoke that she thinks:

That there are some families and some staff that absolutely have a greater understanding of the work that we do, especially when they see it in action. I think that once they see an intervention happening, they're able to say, wow, that's not just oh, you bring your dog to work. That is a totally different level. I know for like the nurse manager, in one of the units that I'm on her daughter was actually, had surgery and the dog was able to see her both in pre op and in the ICU after surgery, and she was talking about how you know, like, you could just see her polyps coming out of her neck, over the anxiety she was having. And she said that they brought the dog in, and like immediately that stopped. And she said, from that moment on, she realized, like, wow, like I see this dog at work all the time. But I never understood, like the significance of everything that this dog was doing, until I saw it on my own child.

***Surface Level Understanding.*** While some specialists spoke about how handling a facility dog changes people's understanding of child life, many said that there are people who only have a surface level understanding of the magnitude of work they do. For example, one handler said that:

While we've gone through lots of education and promoting of what child life is, I'm sure there are people out there who don't really know my job and just think it must be so nice for her to get to like play with her dog at work all day. So, we do hear that a lot still, too. It's not like everyone, when they see us thinks they're going to like prep the child who's dying or help this kid get a CT scan today so he doesn't need sedation. Like, I don't think

that's what goes through everybody's mind. Because we still hear, I would say at least once a week, 'It must be so nice just to get to bring your pet to work every day.'

**Staff Education.** Similar to the education being done about the child life program, the participants also talked about advocating for and education staff about child life in general. One handler said that she thinks “there's always got to be education of well, child life in general what we do, that we're not just iPad holders and bubble blowers. But the same for having a dog. It's not just for fun. It's not just because he's cute. And we don't see patients because they're cute. That's not how we work.”

**Child Life Awareness.** The last theme that emerged from this question was about the other staff members becoming more aware of child life due to the presence of the facility dog. In reference to staff support, one specialist discussed that:

You're not really doing that as a child life specialist, that's one of the other pieces of this job. Um, that's a big portion sometimes is, we're not just going up to see the patient, we're stopping at the nurse's station to get information which results in them petting the dog and starting conversation. And so then just being able to build rapport with staff, with the dog is pretty beneficial as well, and would have been beneficial to the child life community.

### ***Difficulties***

**Patient Difficulties.** The purpose of this question was to ascertain “Does using a facility dog ever cause conflicts with a patient or their family? If so, describe such conflicts.” From this data, five themes emerged: “aware of surroundings” (n = 2), “giving the option” (n = 2), “dog’s regression” (n = 1), “dog’s needs” (n = 1), and “snide comments” (n = 1).

***Aware of Surroundings.*** When asked about the challenges that handling a facility dog in a hospital setting, a few of the handlers mentioned to having to be cautious of their surroundings. Especially in regard to staff:

We have staff here who are afraid of dogs, or allergic to dogs. And I, from day one, have said, 'You have a right to be comfortable in the workplace. Like, please tell me, if you feel embarrassed to tell me, you can tell another staff who you feel like would tell me because we need to need to feel comfortable coming to work.' And so we've really had good feedback from even our staff who are afraid of and allergic to dogs, say like, 'I appreciate that you're so careful to like, hug her up to the side of the wall when I'm walking by.' And so we really try to know those people.

***Giving the Option.*** When asked about conflicts, some of the participants said that one way they avoid conflicts is to give people the option of seeing the dog if they are interested. For example, one participant spoke about a situation in which:

We went in the room, I was like, 'Hey, you like dogs?' And she's like 'eh', and so we walked in, and then I could tell by her body language that like, she was kind of still kind of weary, which we came in because she said she was okay. So, if she said, 'No', we wouldn't have come in, you know. So, we walked in, and she was kind of sitting on the edge of the bed, and then I walked closer with the dog. And, and then she kind of like she was rubbing her hand sanitizer, I was like, you can pet him, and she was like, 'eh', and I was like, you don't, you don't want to pet them? And she's like, 'No', I was like, 'Do you want us to leave?' She was like, 'Yeah that's okay.' So, I mean, like, if we walk in a room and somebody says, you know, then we say, 'Okay, never mind, I just wanted to check.'

***Dog's Regression.*** This theme represents the idea that each dog goes through a regressive phase when they are first placed in a new program. One of the specialists noted that Canine Assistants, the dog training program, “told us that each dog regresses when they get placed. And we already had known that [the facility dog] did when she first came. So, [the facility dog]’s regression is he mouths people like, like, and just holds on. And it's not patients. He doesn't do that to patients, he does it to staff. And the Canines for Coping ladies said that he does that because he's scared, you're gonna leave him. So, it's some separation anxiety, basically. So, he's still he, he's not done doing that.”

***Dog's Needs.*** Another conflict that arose was the fact that the specialists have to consider the needs of the dog during their day. For example, one participant said that she gets:

Up earlier than [the primary handler] does. And of course, he, then he's up earlier. He usually snoozes in the car on the way down, in the truck, but that's still not the same as still sleeping in your bed. So, some, some days he's really tired and he gets tired pretty easily. So, he can be very stubborn about wanting to work. He also procrastinates, he tries to go around the room to all the people before we go into a patient's room. I'm like, ‘Okay, it's time to work now. Thank you.’ And sometimes he'll just lay down on the floor when he's really really tired. And then I know ‘Okay, we gotta take a break. We got to get out of here.’ Yeah. So that's not, that's just normal. That's not a negative thing that he's doing that's bad. It's just he's tired and it's emotionally draining for the dog.

***Snide Comments.*** Lastly, one of the participants mentioned that she gets some offhanded comments on occasion. For instance:

You know, I've had an adult surgeon who's seen us before, say something like, ‘You better not infect my adult patient in room whatever, they've got low immunity.’ So, there

are things like that where people just aren't quite, they don't know everything, they haven't been educated. So, we hear that sometimes. I've had a mom before, just, which is real frustration. And you know, we're in the middle of COVID, and we're limiting parents at bedside. And she's like, 'So a dog can be here, but my husband can't?' So, we hear, I mean, those are rare, rare things like once every three or six months, it's not often.

**Job Changes.** This question sought to examine "How does using a facility dog change or hinder your job as a child life specialist?", and four themes were coded from this question: "changes patient's seen" (n = 4), "program set-up" (n = 1), "surface level understanding" (n = 1), and "dog's needs" (n = 3).

**Changes Patients Seen.** Each participant discussed how handling a facility dog alters the types of patients they can see. One participant spoke about how:

It changes my ability to see some patients when I have the dog, obviously, if there's a patient on isolation, or if there's a patient that doesn't like the dog, then I can't take the dog to see that patient right then. And so, it may be that I have to let the dog rest while I go see that patient. Or, you know, I have to have another child life specialist go see that patient, even if it's one that I've been following when I do have the dog.

Another participant said that:

There's certain procedures, he can't go into any sterile procedures, like a picc line and things like that. So, I can't take him for those. So, it depends on the kid, it depends on what's happening. I'll still prep with them. But he either may not go with me and stay at the nurse's station, or I get someone else to go. Or we don't go at all, or I don't go at all, or he's not covered at all, it depends on the kid.

***Program Set-up.*** One of the reasons that handling a facility dog doesn't provide many challenges is because of the way the participants are set-up at this hospital. For example, a primary specialist said:

Because of how I've set things up at our hospital, specifically with us, as primary handlers, not having any other responsibilities and seeing patients with our dog really hasn't, like, hindered me in any way to do my job, doesn't really create problems. And I would imagine our secondaries probably tell you something a little differently, because they're the primary child life specialist on that unit. And so, when they have the dog they're balancing, patients who are on isolation who are allergic to dogs don't care for dogs, it's not a good fit to have a dog in the room. So, if they've got the dog for four hours, and they still need to see those patients, but they also should be utilizing the dog, I would imagine that it hinders them a little bit more, it's more challenging. But for me, this is my job is to only go places where she can go and is wanted and is useful.

***Surface Level Understanding.*** Some of participants spoke about their frustrations with people not grasping the deeper level understanding of the work they do with the facility dog. For example, one participant said:

You know, it goes along with child life, right? Like, 'Oh, you play with the toys. That's so fun. Like, you must have the best job.' Like yeah, I do, but it's because we make a difference, you know, it's not because like, I get to come to my job every day with my dog, like, yeah, that's fun. But like, you're here for a deeper purpose. So, I think that's like a personal challenge of mine. And I think that's just because I want people to understand the depth of the job and not just the surface level. So, I think in some ways, it could, it could present a challenge as far as like, I leave the room and do they just think, 'Oh, that

was fun with that lady came and let us pet a dog for 20 minutes’, you know? Versus like, ‘Oh, wow. Like I was anxious about that surgery. And now I’m not because, you know, because they came in and worked with us and everything.’ So sometimes it can be walking away from an interaction and feeling like I just felt like I was doing a visit with the dog. And that you know, that was it. Um, so I think that that is something I struggle with. Sometimes it’s just like, you can’t always get to get to the deeper level with every one of like, this is this is this is what we’re here for.

***Dog’s Needs.*** Lastly, a few participants mentioned having to be cognizant of the dog’s needs throughout the day, in addition to their own needs and those of their patients. For example: My job is to also pay attention to how he’s dealing with it. And then if that’s ever, ever anything that he gives me, like, ‘Hey, this is too stressful, like, I need to leave,’ and starts giving me some of those signs, then ultimately, I have to work with him a lot longer than I have to work with that patient and family. And so sometimes that could probably feel like, okay, I need to get the child specialist to step in here, if they still need support, because he’s telling me, he’s stressed out, he’s overwhelmed. And he needs to get out of the room. So, I think that in, in some ways it can feel like, I can’t fulfill my role that I could as a singular child life specialist, because I’m dedicated to this dog partner.

***Department Difficulties.*** This question was intended to understand “Does the facility dog ever cause problems in the department or hospital? What are the primary issues or concerns?.” Three themes emerged from this data: “inappropriate consults” (n = 1), “can’t see everyone” (n = 2), and “dog is distracting” (n = 1).

***Inappropriate Consults.*** One of the participants discussed that they sometimes get consulted for patients that are not appropriate consults. She said that:

Mostly it is someone who has promised, someone outside of our department has promised the dog, and it's not a good consult or the dog isn't present that day. And then we have to say, 'Hey, but we will go see them as a child a specialist and do these things. Thank you so much. Just know that this was, you know, something that was going on, we'll go, you know, help in other ways.' And then if the patient still here, and it's an appropriate console on a different day, then we can you know, let them know.

***Can't See Everyone.*** Given that the handlers have to be conscious of the dog's reactions and needs, one of the participants said that "it can probably be difficult to work with us sometimes. Because, you know, we can leave a room and be like, 'Sorry, I can't go see that patient again. Like, it didn't go well.' You know, and, but they, the child life specialists are always, you know, happy with whatever we can do if we can answer consults or anything."

***Dog is Distracting.*** Lastly, depending on the nature and layout of the unit, the facility dog can prove to be a distraction in a bustling medical environment. One of the participants said that: Sometimes you get the, especially in pre op it's really, really, really busy. There's lots of people in and out, depending on how many cases are first starting at 7:30 there can be four people for one patient. And it's a lot. So, I try to go around the corner and there's a little area that has a tabletop and he'll get under there sometimes but everybody's like, 'Hey, looky here, blah blah!' Don't you have things to do? You don't mind it for the most part, but it is distracting when we're trying to assess who we need to go to first.

### ***Support***

**Appreciation.** When the participants were asked "Do you feel as though you receive appreciation for your use of the facility dog?", three themes emerged from their answers: "nurses" (n = 1), "general staff" (n = 2), , and "sincerity" (n = 1).

*Nurses.* One of the participants talked about the nursing staff being very supportive of her work with the facility dog. She said that:

Nurses in general, especially St. Jude nurses, because I'm there a lot are always like, you know, they'll, they'll say, hey, do you mind going to see this patient, they, you know, they're about to get a blood draw or whatever? Can you pop in? And so, we'll go in there. And more often than not, I will come out, out there the procedure after whatever the backing, you know, the main area, and that nurse will come and find me and be like, that helped so much or like, you know, these nurses who've worked with these patients so much longer than I have. And so, so for them to say, hey, this, when we used to do that port access, we had to hold that kid down, we had the you know, bah, bah, and just having you and [the facility dog] present has made a world of difference.

*General Staff.* Aside from nurses, some of the participants said that staff are just generally very appreciative. One said that “staff are, they're always very appreciative of the dog. And for the most part, radiology especially they know, what [the facility dog] is supposed to be doing and what he should appropriately be used for. And most of preop, most of preop does to. But they're, they're all very thankful.”

*Sincerity.* While the shallow “thank you’s” were reported as common, the specialists noted that there are a few people who express sincere gratitude for the child life specialist’s work with the facility dog. For example, one handler said:

You know that very surface level appreciation is constant. I mean, it is. Every family is thankful, staff always say thanks on our way out the door, even when we are keeping stats for you it was like I mean, everybody says thanks every time. And so, trying to take note of was this just a general, like thanks this was sweet, or was it like this interaction

meant so much thank you for changing our hospital experience. And so, we for sure, get the surface level, like in every single room from patient family staff like that's constant. As far as the like, *getting* the work. We really get it like 40% of the time of like, 'Whoa, this made a difference.' Which is awesome.

**Appreciative People.** Four prominent themes emerged from the participants answers when they were asked "Who do you feel most appreciated by? In what ways do they make you feel appreciated?": "patients and families" (n = 1), "child life colleagues" (n = 2), "nurses" (n = 2), and "general staff" (n = 2).

***Patients and Families.*** In regard to who is appreciative of their work, one of the participants said that:

Some patients and families are like, 'Oh my goodness, the dog was like, the most amazing thing ever.' And but we also have people like very appreciative of child life services in general. So, I think it just kind of depends on the family and what their needs were. And the ones that are high priorities that we see with the dog are very appreciative of it. And they think that it's, you know, really beneficial to have the dog here.

***Child Life Colleagues.*** A few of the participants said that they feel very supported by their colleagues in the child life department. One said, "I probably receive the most encouragement and support from my child life peers." A secondary handler, speaking about the primary handler, said that:

She does a great job supporting us. She always wants to know if we need to talk or if we just run ideas by are like, what should I do with this kind of thing? And even though we've talked about a lot of things, there's still craziness that happens, like, what do you do? And I feel very comfortable saying, 'Okay, so and so is gonna be mad at me because

I told her 'No, I wasn't going to go see the five-week-old with the dog.' She's like, 'Good. I would have told her the same thing.'

*Nurses.* Again, nurses were said to be very appreciative of the participants' work. A participant reported that the most supportive are:

Nurses in general, especially St. Jude nurses, because I'm there a lot are always like, you know, they'll, they'll say, 'Hey, do you mind going to see this patient, they, you know, they're about to get a blood draw or whatever? Can you pop in?' And so, we'll go in there. And more often than not, I will come out, out there the procedure after whatever back in, you know, the main area, and that nurse will come and find me and be like, 'That helped so much' or like, you know, these nurses who've worked with these patients so much longer than I have. And so, so for them to say, 'Hey, this, when we used to do that port access, we had to hold that kid down, we had the you know, bah, bah, and just having you and [the facility dog] present has made a world of difference.' And so we get a lot of verbal appreciation, and even like, not just that, 'Oh, wow, thanks so much for the dog', but like appropriate, like, they coped better because you all were there.

Another handler told an anecdote about how she:

Had a nurse one day say 'You guys, I don't know the last time we had to hold a kid down to sedate them for MRI.' And she was like, 'I think it was before [the facility dog] started.' And so hearing stuff like that, that's a unit who really sees the benefit, because they do the same procedure day in and day out. And so, when there's this big change, all of a sudden of not having to hold kids down, carrying them away from their parent or like holding them down on the bed to sedate them with a mask.

**General Staff.** For the most part, all of the participants reported most people that they work with to be thankful and appreciative of what they do. For example, one participant said that “for the most part, radiology especially they know, what [the facility dog] is supposed to be doing and what he should appropriately be used for. And most of preop, most of preop does to. But they're, they're all very thankful.”

**Unappreciation.** The final interview question sought to answer “Who do you feel least appreciated by? In what ways do they make you feel unappreciated?.” Four major themes emerged from the answers to this last question: “can’t see everyone” (n = 2), “seeing is believing” (n = 1), “staff education” (n = 1), and “inappropriate consult” (n = 1).

**Can’t See Everyone.** In regard to people being unsupportive, one of the participants said that the “only negative feedback I've gotten is ‘Why didn't you go see my kid?’ So that's good. That's awesome.”

**Seeing is Believing.** Again, the concept that people tend to be more supportive and appreciative when they see the work in action was found in the answers to this question. One of the handlers said:

I mean, I feel like the works like are like, the work with the dog can be so like visual and like, visually, like, you can see it happening in front of your eyes, you know what I mean? So, it's really hard to not appreciate something when you can like visually see, like, someone's heart rate come down, you know, I mean, or like, someone feel better someone's stood up, stuff like that. So, it's like really hard to not appreciate, like, the work that you do when it's so obviously working.

***Staff Education.*** The theme of staff just needing further education emerged when one participant said that “there's some, you know, individuals here and there, but it's probably more just that they need more education on what I actually do and how I'm trained.”

***Inappropriate Consult.*** Lastly, one participant mentioned that most of the unappreciation comes in the form of inappropriate consults, implying that the people have good intentions but may not understand who would benefit the most. For example, she “it just that's just happens to be who is always, not always, frequently, have been like, ‘Oh, see, so and so needs to see the dog.’ Are they nervous or scared? Because I've heard that they're just fine. And I've got three other people to see.”

## CHAPTER FOUR

### DISCUSSION

Child life specialists are uniquely trained in how to assess and implement services that are resiliency focused, individualized, grounded in developmental theory, trauma informed, relationship oriented, and play-based to promote coping and resiliency in children and their families during stressful situations, specifically in a healthcare setting (Boles et al., 2020). Decades of research documents the benefits of child life services including institutional savings, better psychosocial outcomes, increased patient and family engagement, impactful developmental implications, and improved patterns of healthcare consumption (Boles et al., 2020; Gaynard et al., 1998; Stevenson, Bivins, & del Rey, 2005) Prior research has examined the therapeutic benefits of incorporating therapy animals into the healthcare system, as AFT's have been shown to have positive effects on physiological markers, such as heart rate, blood pressure, and pain levels; and psychosocial measures, such as fear, stress, and anxiety (Calcaterra et al., 2015; Gagnon et al., 2004; Hinic et al., 2019; Ichitani & Cunha, 2016; Morrison, 2007; Wu et al., 2002). Considering that both child life services and AFT's have been shown to provide therapeutic benefits to hospitalized people, some programs combine these services to potentially maximize the psychosocial benefits to patients. Due to the lack of literature available on incorporating facility dogs with child life services, the purpose of this study was to gain insight into how child life specialists who are participants prioritize and assess patients, the benefits and difficulties of their job, and the appreciation they receive.

Child life specialists that handle facility dogs can be assigned to a unit as a primary child life specialist, or their job may assign them to the whole hospital or a cluster of units. Because of the variety of patient populations that child life specialists who are participants serve, the first objective of this study was to investigate how the participants make decisions, prioritize, and assess which patients should receive a facility dog intervention. The data from the interviews suggests that the child life specialists tend to prioritize patients that have difficulty coping or have specific emotional needs. This is consistent with existing child life literature on prioritizing hospitalized children for psychosocial interventions (Turner & Fralic, 2009). For instance, the stress potential assessment states that the variables that should be considered when prioritizing patient's needs are the child's current response to the hospitalization, the child's age, and their family and social support system (Thompson, 2009; Turner & Fralic, 2009).

Another way the child life specialist prioritized patients was by colleague's suggestions, as the unit child life specialists' and nurses have more day-to-day interactions with the patients than the primary participants. Some participants also reported prioritizing patients based off of age, specifically targeting younger children, which is consistent with data collected from the DFDI in which patients age three to five and age six to eleven were the most common age groups to receive an intervention with a facility dog. As child developmental theories tell us, children who are younger are at higher risks for adverse healthcare outcomes due to their developmental levels (Thompson, 2009). As a result of being in the preoperational and concrete operational cognitive stages of development, younger children have less of an ability to understand abstract thoughts and hypothetical concepts, resulting in misunderstandings which can cause undue stress, especially in a frightening and unfamiliar environment such as the hospital (Piaget, 1962; Thompson, 2009). It would be beneficial for future studies to examine the effectiveness of

facility dog and child life interventions on different types of patients, to ascertain if there is any patient population that benefits more or less than another.

Literature exists that discusses the benefits and therapeutic implications of child life specialists and AFT's separately. However, very little was known prior to this study about how child life specialists include facility dogs in their psychosocial interventions. In order to discover how the facility dogs are incorporated into these interventions, the second goal of this study was to understand what types of interventions are most frequently provided by child life specialists who handle facility dogs and how the dogs provide assistance. The information from the DFDI and the interviews were consistent, with both pointing to the fact that the child life specialists and facility dogs provide interventions that promote coping and general anxiety support.

Child life specialists are uniquely trained to provide psychosocial support to help children and families cope with the stress and anxiety of a hospitalization (Boles et al., 2020; Thompson, 2009). When incorporating facility dogs into their interventions, the child life specialists regarded the dog as being an additional tool they can rely on to help promote coping. Having an animal that is trained to detect emotional disturbances in the environment is helpful in assessing a patient and family for possible interventions. As reported, the dogs are sometimes able to evaluate the mood and tension in a room better than a human can, sometimes leading the participants to decide an intervention is needed for the caregiver as well as the patient. The fact that the participants in this study spoke about frequently providing family support aligns with the ideology of family-centered care that is central to the child life profession, as exemplified by the relationship-oriented domain of child life interventions (Boles et al., 2020). Family-centered care is the idea that families should be included in all healthcare decisions and that families should be

incorporated into the patient's treatments and interventions when appropriate (Kuhlthau et al., 2011).

Participants also noted that the facility dog assisted the child life specialist with quickly building rapport with patients. According to the human-animal interaction theory, people are more trustworthy of a person when they are accompanied by a dog than when a person is alone (Beetz, 2017). This could explain why the participants reported that having the dog allows patients to open up to them more easily, and sometimes patients will tell the dogs necessary information that they wouldn't share with just a child life specialist. Lastly, in line with a dog making a person appear more trustworthy, a recurring theme in the interviews was that the dog is a symbol of a nonthreatening environment—when the children see a dog in the hospital, their unknown environment becomes a bit more familiar, and thus, less threatening. Previous AFT has shown that having dogs in a hospital setting can help normalize the hospital environment as well as increase children's reports of loving the hospital (Caprilli & Messeri, 2006; Gagnon et al., 2004; Wu et al., 2002).

Considering the lack of literature available on child life specialists as participants, it was unclear as to what extent the dogs would be beneficial to the child life specialists' ability to offer psychosocial interventions. The third objective of this study was to understand the child life specialist's perceptions of how handling a facility dog benefits them or adds to their job as a child life specialist. The DFDI showed that, in most interventions, the facility dog did provide assistance to the child life specialist during the intervention, meaning that the facility dogs were actively being used to help provide the intervention. During the interviews, the participants mentioned that the facility dog helps them build quick rapport with patients, provides therapeutic value via petting, increases their ability to build rapport with staff and educate them about child

life, and increases the presence of child life in the hospital as well as awareness of the child life profession. This again points to the human-animal interaction theory, specifically the social support aspect of this theory (Odendaal, 2000). The social support notion substantiates the idea that the social nature of both dogs and humans allows for supportive, connective, and symbiotic interactions (Odendaal, 2000). This would help explain why the participants feel as though handling a dog allows them to build faster rapport with patients and families, and why the facility dogs are so useful for promoting general coping and anxiety reduction. The social support notion of the human-animal interaction theory coincides well with the relationship-oriented domain of child life services: both encourage connective and profound relationships as a foundation for psychosocial interventions (Boles et al., 2020; Odendaal, 2000). The literature shows that AFT's can reduce blood pressure, pain, stress, and anxiety in hospitalized patients (Hinic et al., 2019; Ichitani & Cunha, 2016; Morrison, 2007; Wu et al., 2002), and the child life specialists acknowledged the therapeutic benefits of petting the dogs. The child life specialists also mentioned that the act of petting encourages deeper conversations. Therefore, facility dogs serve as a compliment to the child life specialist: it is the exclusive skills and trainings of each party that allows for quick rapport building and therapeutic benefits of petting and conversing.

The novelty and tangibility of the facility dogs has pointed to an increase in people's awareness of child life, but with increased awareness of services can also come an increase of challenging situations. However, the data from the DFDI shows that, among the 74 interactions recorded, there was only report of a difficulty during one interaction. This correlates well with the data obtained from the interviews in which most of the recurring issues were minor. For example, the participants reported having to be cautious of their surroundings and being constantly aware of the dog's needs, as well as the needs of their patients and themselves. Most

of the difficulties reported about non-child life colleagues were due to inappropriate consults or not being able to see everyone that requests a visit with a dog. According to interview responses, staff would sometimes inappropriately suggest that the participants should see patients. Staff may need more education about child life services and the individualized, developmentally based interventions that child life specialists provide. Many of the participants reported that they subverted these issues by communicating with staff and always giving patients the option of seeing the facility dog or not. The general lack of serious issues corresponds to the existing literature on patient satisfaction with AFT programs, with most studies reporting positive satisfaction outcomes, such as patients enjoying their hospital experience and parents reporting high levels of support for the AFT activities with their children (Caprilli & Messeri, 2006; Gagnon et al., 2004; Hinic et al., 2019; Wu et al., 2002). While there is no known existing literature that discusses the negative impacts of handling a facility dog as a child life specialist, this study provides insight into some consequences of handling a facility dog. It would be interesting for future studies to examine how the facility dogs change other staff members' ability to do their jobs, whether positively or negatively.

Child life specialists often serve as members of interdisciplinary teams that integrate services to meet patients' medical goals (Kaddoura et al., 2013). Thus, child life specialists interact and collaborate with staff members of a variety of disciplines in addition to serving diverse patients and families, not all of whom are familiar with child life services. This study sought to understand if child life specialists in the role of a facility dog handler feel supported, and by whom they feel most supported. The DFDI showed that the child life specialists received verbal appreciation for their work in over 75% of interactions. The DFDI showed overwhelming appreciation from patients and patient's families, as well as frequent support from nurses and

other staff. This is in agreement with the literature that supports that patients enjoy AFT visits and parents are generally supportive of AFT interventions with their children (Caprilli & Messeri, 2006; Gagnon et al., 2004; Hinic et al., 2019; Wu et al., 2002). The interview data is consistent with the idea that nurses, child life colleagues, and patients and families are consistently appreciative and supportive of their work. It was also noted that some people seem to appreciate the work on a deeper level than others and that when people see the child life specialist and the facility dog in action, they tend to understand the gravity and impact of the child life specialist and the facility dogs' work more. Some limited research on facility dogs showed that most patients looked forward to the visit with the dog, reported having a positive interaction, and would enjoy a visit from the dog and the handler daily (Krause-Parello et al., 2018). This, along with data from this study, supports the idea in that, overall, patients and their families enjoy their interactions with the facility dog and verbalize appreciation for the interventions that the dog and the child life specialist provide.

### **Implications**

Child life programs around the country have begun incorporating facility dogs into their psychosocial interventions, and this study provides a foundational explanation of the therapeutic benefits, modalities of integration, and positive and negative implications that facility dogs have on a child life specialist's ability to service patients. This information should be used for child life programs that are considering starting a facility dog program to inform their decisions and help answer some questions that have not been answered elsewhere. This information can also be used by child life programs that already utilize facility dogs to compare their procedures and types of interventions, as well as advocate for servicing different patient populations.

## **Limitations**

There are a few limitations to this study. First, the sample size was small and consisted of participants from only one hospital. The way that this hospital has their facility dog program setup allows for the primary handlers to see any patients on any unit, as they are not assigned to a particular unit as the primary child life specialist. It is unclear as to whether or not this is how facility dog programs operate at other hospitals, so this data may not be as generalizable to programs with varying procedures. Secondly, due to COVID-19, all elective surgeries at the site hospital were cancelled the week that data collection began, which may have affected the units served and the interventions that were provided.

## **Future Research**

Future research on this topic is needed for understanding the specific roles and implications of child life specialists as facility dog handlers. Future studies should continue to examine how facility dog programs and child life are integrated at hospitals, the types of patient populations served, and how the interventions provided differ between programs. Next steps should also include more physiological measures to assess the therapeutic, medical, and psychosocial benefits that facility dogs and child life services offer pediatric patients. It is also important for future studies to examine the financial implications and explore the cost saving potentials that facility dog programs can offer. Lastly, it would be beneficial to examine the benefits of standard AAA pet therapy in comparison to a child life specialist and a facility dog to elucidate the impact of the child life specialist's bond with the facility dog on the therapeutic benefits of the interventions.

## **Conclusion**

Overall, this study was able to investigate and aid in understanding what handling a facility dog as a child life specialist looks like in a pediatric hospital. It was found that the handlers see a variety of patients and provide a range of services to both patients and their families. Additionally, the child life specialist handlers reported mostly positive impacts to their job as a facility dog handler, and there are very few difficulties or drawbacks that occur.

Programs that are considering incorporating facility dogs into their child life programs can use the findings from this study to understand the uses and experiences of child life specialists who handle facility dogs.

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## Appendix A

### Daily Facility Dog Interaction Checklist

**Unit:**

Radiology  ER  Inpatient  Hem/Onc  ICU  Ambulatory Surgery  Other \_\_\_\_\_

**Patient age:**

0-2  3-5  6-11  12-18  18+

**What child life services were provided during this interaction (select all that apply):**

- Procedural preparation
- Diagnosis education
- Distraction
- Play/normalization
- Other (briefly explain)
  -

**Did the facility dog assist you during this interaction?**  Yes  No

**Did the facility dog present difficulties for you during this interaction?**  Yes  No

**Did anybody verbalize appreciation for the facility dog during this interaction?**  Yes  No  
(select all that apply):

Patient  Patient's Family  Nurses  Doctors  Child life colleagues  N/A  Other \_\_\_\_\_

## Appendix B

### Experiences of Handling Facility Dogs Interview

#### General

1. How long have you been a CCLS?
2. What is your primary role or unit in the hospital?
3. What is your highest level of education?
4. How long have you been working with a facility dog?
5. Are you the primary or secondary handler?
6. Did you receive any specific training prior to working with a facility dog? If so, please describe the training.

#### Usage

7. How do you prioritize which patients will interact with the facility dog?
8. How do you assess which patient would be a good fit for a facility dog intervention?
9. Is the assessment process similar to how you assess patients to receive typical child life services? For example, do you utilize the stress potential assessment, PRAP, or any theories?
10. What are the primary or most commonly used interventions you and the facility dog provide? Why do you feel like these are the most common interventions provided?

11. How does the facility dog assist you during these interventions? What specifically does the facility dog do? (Can ask about specific interventions that are on the checklist)

#### Benefits

12. How does using a facility dog benefit or add to your job?

13. How does the facility dog benefit the child life department?

14. Do you think handling a facility dog is beneficial to people's perception of the child life profession? If so, how?

#### Difficulties

15. Does using a facility dog ever cause conflicts with a patient or their family? If so, describe such conflicts.

16. How does using a facility dog change or hinder your job as a child life specialist?

17. Does the facility dog ever cause problems in the department or hospital? What are the primary issues or concerns?

#### Support

18. Do you feel as though you receive appreciation for your use of the facility dog?

19. Who do you feel most appreciated by? In what ways do they make you feel appreciated?

20. Who do you feel least appreciated by? In what ways do they make you feel unappreciated?

## Appendix C

### IRB Approval



October 28, 2020

Emily Goldstein  
Department of Human Development and Family Studies  
College of HES  
Box 870160

Re: IRB # 20-06-3694: "Handling Facility Dogs with Pediatric Patients: An Exploration from a Child Life Perspective"

Dear Ms. Goldstein:

The University of Alabama Institutional Review Board has granted approval for your proposed research. Your application has been given exempt approval according to 45 CFR part 46. Approval has been given under exempt review category 2 as outlined below:

*(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:*

*(iii) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).*

The approval for your application will lapse on October 27, 2021. If your research will continue beyond this date, please submit the annual report to the IRB as required by University policy before the lapse. Please note, any modifications made in research design, methodology, or procedures must be submitted to and approved by the IRB before implementation. Please submit a final report form when the study is complete.

Please use reproductions of the IRB approved informed consent form to obtain consent from your participants.

Sincerely,