

Introducing a Canine-Assisted Intervention Programme into Group Psychotherapy for Children and Adolescents

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Abstract

Over the last decades multidisciplinary scientists study the 'therapeutic value' of animals. Drawing on the children's enjoyment and natural connection to animals, psychotherapists utilize this bond that may enormously help to facilitate the management and/or the healing process. Combining an animal-based trans-theoretical approach in therapy, with the symbolic language used by children, appears to increase significantly the ability of the therapists to provide a meaningful experience to the children patients within a given therapeutic environment. The research conducted in this field is limited and not up to date, while it appears to have gaps with regards to the methodologies followed. Based on these points Melampous - the Multidisciplinary Human-Dog Intervention Team of the Healthcare Directorate of the Hellenic Air Force General Staff - collaborated with the Inpatient Clinic of the Department of Psychiatry for Children and Adolescents of the Children's Hospital "Paidon Pentelis" in October 2018 and introduced a canine intervention programme into an open psychotherapy group of children and adolescents, for the very first time in Greece. In this article, we present the methodology that was used in order to design and organize the canine intervention programme mentioned above. There was emerging evidence to suggest that Canine Assisted Intervention programs when introduced into an open psychotherapy group may improve the effects of mental health treatments administered.

Introduction

According to the current academic literature, there are many effective forms of psychological support and therapy for children, including Applied Behavior Analysis, Behavior Therapy, Cognitive Behavioral Therapy, Cognitive Therapy, Family Therapy, Interpersonal Psychotherapy, and Organization Training (Riedinger, Pinquart & Teubert, 2017). Younger children may also benefit from Play Therapy while older adolescents from Dialectical Behavior Therapy, Psychodynamic Psychotherapy, or Group Therapy (American Academy of Child & Adolescent Psychiatry, 2017). Group therapy necessitates the presence of one or more psychologists who lead a group of approximately five to twelve patients. Typically, these groups are gathered for one - or two-hour sessions on a weekly basis. Some of these patients may also attend individual therapy sessions in addition to group sessions. Patients in group therapy often struggle with interpersonal problems and difficulties in regulating emotions (REF). Group therapy is an ideal format for many of these patients because it exposes them to ample feedback from the group and the leader in a safe environment. An open group is one where new members can join in at any given time. Open groups allow members to say goodbye when they are ready and allow entry to new members when there is a free seat. Entry and exit from the groups give members the opportunity to work on new issues which are not observed in other phases of the group (Behr, 1988). On the other hand, closed groups are those where all members begin the group sessions at the same time, start and end with the same members, have a structured programme and a specific objective. There are pros and cons for each type of group. When joining an open group, there can be an adaptation period while getting known and familiarized with the rest of the participants. (Thimm & Antonsen, 2014). In addition to the previously mentioned approaches, therapists have, among others, utilized the presence of live animals during Animal Assisted Psychotherapies. Over the last decades, multidisciplinary scientists study the 'therapeutic value' of animals. Drawing on the children's enjoyment and natural connection to animals, psychotherapists utilize this bond that may enormously help to facilitate the management and/or the healing

process (Bachi & Parish-Plass, 2017). Combining an animal-based trans-theoretical approach in therapy, with the symbolic language used by children, appears to increase significantly the ability of the therapists to provide a meaningful experience to the children patients within a given therapeutic environment (Gordon, 2018). Based on the points mentioned above Melampous - the Multidisciplinary Human -Dog Intervention Team of the Healthcare Directorate of the Hellenic Air Force General Staff (HAFGS) - collaborated with the Inpatient Clinic of the Department of Psychiatry for Children and Adolescents of the Children's Hospital "Paidon Pentelis" (CHPP) in October 2018 and introduced a canine intervention programme into an open psychotherapy group (OPG) of children and adolescents, for the very first time in Greece. The research conducted in this field is limited and not up to date, while it appears to have gaps with regards to the methodologies followed. In this article, we will present the methodology that was used in order to design and organize the canine intervention programme mentioned above.

Inclusion Criteria for Participants

Children and adolescents were eligible to take part within the study if they were between the ages of four and sixteen years old, had a clinical diagnosis of Mental and Behavioural Disorders and were hospitalized in CHPP. Participants must have had a previous positive experience interacting with dogs and had no history of fear or violence towards dogs, fact that was ensured by their psychotherapists.

Exclusion Criteria for Participants

Participants not meeting the inclusion criteria were excluded from this study. Other exclusion criteria include: a diagnosis of pet allergies, children or adolescents and/or parents who were currently immunosuppressed.

Legal and policy issues for animal assisted interventions in Greece

In order to ensure Health and Safety and provide adequate protection and welfare to all the participants (designers, facilitators, handlers/stewards, patients, benefited individuals, etc.) and animals involved in

Animal Assisted Interventions it is rather important to liaise with rules, regulations and law related to assistance/service/therapy animals. According to the existing Greek Law, there is no reference with regards to the right of assistance/service/therapy animals to enter and stay in public institutions and privately-owned companies. The existing law (4039/2012, for Owned and stray pets and the protection of animals from exploitation and utilization for sake profit reasons), defines that the collection and management of stray animals is an obligation and duty of the city council authorities. Moreover, after their collection and management, these stray animals are not allowed to be returned to areas such as hospitals, schools, sports centers, ports, airports, archaeological sites etc. According to what was previously stated and with regards to the entry and stay of a therapy animal into public or private premises, the procedure usually followed is the giving of consent from the individual or party interested to utilize it. Therefore, a Memorandum of Understanding (MOU) was signed between the HAFGS and the CHPP in order to establish the terms and conditions under which the Multidisciplinary Dog Assisted Intervention Team of the HAFGS would provide Canine Assisted Intervention Programmes to the Department of Psychiatry for Children and Adolescents of the CHPP. The two parties also agreed that these programmes should be accompanied by a protocol that states the professionals and dogs participating, and the period of time applied.

Implementing a canine assisted intervention programme (CAIP)

The very first step taken before the implementation of a programme is the meeting of a multidisciplinary team, consisted of members from the body who is providing it and the body who is interested in CAIPs. This team will, among others, create a tailor-made research proposal according to the needs of the interested body (Urichuk & Anderson, 2003). In the present programme, the multidisciplinary team consisted of the Melampous Team (one psychiatrist, two psychologists, one psychotherapist, one veterinarian, one animal behaviourist and one dog trainer) and the CHPP's multidisciplinary team

(two child and adolescent psychiatrists, one nurse and one occupational therapist). The dog that participated was a semi-breed male dog, 6 years old, named Azor. The cooperation during the therapeutic procedure in child psychotherapy is rather challenging mainly because of the formation and presence of multiple relationships among the therapist, the child, the caregiver and any possible observer (Accurso & Garland, 2015). Therefore, the Melampous Team decided to design an intervention in accordance with the protocols followed by the Department of Psychiatry for Children and Adolescents and to study if the CAIP helps their therapeutic approach.

Inclusion Criteria for the Dogs within Therapy Sessions

Organizations that deliver animal-assisted interventions have proliferated in recent decades in whole the world. Each of these organizations has its own policies and procedures for screening, evaluating, and instructing dogs. Our team requires dogs to be always leashed during visits and to avoid visits when exhibiting signs of ill health (e.g., lethargy, diarrhea, vomiting, etc.). Also requires documented health clearance from the veterinarian before visiting, and the dog must complete an annual, full veterinarian health check to ensure physical and emotional health. Additionally, the dogs must have regular treatments for fleas, ticks and parasites. The dogs must be vaccinated against rabies, canine distemper/adenovirus/ parvovirus, leptospirosis, and Bordetella, as are mandated by national law. The dogs will be well socialised to people of all ages and have completed therapy dog training and assessment for temperament and behaviour by our team's animal behaviourist. The dogs will not be eligible to participate in the therapy program if at any time the inclusion criteria are not met.

Standards of practice

Many scientific articles, books, and peer reviewed journals have identified the need for CAIP standards. These Standards of Practice are designed to help and encourage individuals, organisations, institutions and health & human service providers who are interested in or are implementing a CAIP. All programmes

are encouraged to work at higher levels than the minimum standards and should also meet any standards or regulations that are required by governing bodies for their region and their home organisation. A collaborative document that captures the interests of most stakeholders while providing specific recommendations to minimize both injuries and the transmission of infectious organisms to and from animals was published by Lefebvre et al. (2008). Shue, Winkle & Mulcahey (2018) published the implementation of these best practice and standards of practice recommendations in the context of animal-assisted pediatric occupational therapy. The Standards not only define the different types of human/animal interactions but also described animal selection procedures based on broad criteria, such as reliability, predictability, controllability, and suitability, to address the majority of risk management concerns encountered in a variety of facilities (Fredrickson & Howie, 2000). The dog's temperament, behaviour, welfare, trainability and physical health were

the overarching factors assessed during the dog certification process followed by the veterinarian and the animal behaviourist of the Melampous Team (AAII, 2015a&b; IAHAIO, 2019; SCAS 2019). Several of these traits, necessary for certification as a therapy dog, are those that are developed and trained early in an animal's life (Pet Partners, 2018). The dog's training and preparation for certification and the strengthening of the bond between the therapy dog and the handler was facilitated by the veterinarian - handler, the animal behaviourist and the dog trainer. In order to apply an effective and, most importantly, safe CAIP it is vital to necessitate and ensure the participants' and dog's health, safety and welfare. Therefore, all CHPP professionals involved in the CAIP not only followed their already established guidelines and regulations with regards to psychotherapy sessions, but also received canine related briefings (behaviour training, welfare – Table 1) by the members of the Melampous Team (Serpell, Coppinger, & Fine, 2006).

Table1 : Ethogram used to code behaviors of animal-assisted interventions dogs (modified from Beerda, Schilder, Van Hooff, De Vries, & Mol, 1998)

Behaviour	Description
Postural state Sitting	Sitting on the ground with pads of front paws in contact with floor and forelimbs straight
Standing	Standing Positioned with just four paws in contact with the ground or two in contact with the ground and two in contact with wall
Recumbent	Recumbent Fully positioned, lying with one side in complete contact with ground in lateral, sternal, or dorsal recumbency
Ambulating	Ambulating Movement from one point to another, with no clear effort to explore, whether pacing, walking straight, or walking in a circle
Exploring	Exploring Moving slowly, sniffing, investigating the environment
Paw lifting	Paw lifting Raising forepaw into the position of approximately 45°
Vocalizing	Vocalizing Any form of vocalization, including barking, growling, whining, yelping
Scratching	Purposeful movement of limb to scratch any part of body
Body shaking	Purposeful shaking of full body
Trembling	Body shaking with small, high-frequency movements, clear shivering of body
Stretching	Purposeful extension of body and limbs
Neutral Oral behavior	Mouth closed

Behaviour	Description
Panting	Increased frequency of inhalation and exhalation often in combination with opening of mouth
Lip licking	Includes: tongue out, snout licking, part of tongue shown, moved along upper lip, swallowing, smacking
Licking person	Extending tongue to touch a person's body
Licking object	Extending tongue to touch an inanimate object or floor
Self-grooming	Oral behaviors directed toward dog's own body (licking, chewing skin and coat)
Alert	Eyes kept open
Rest/sleep	Eyes closed, dog inactive >10 s

Introducing and familiarizing the dog to the therapy settings and the participants involved (professionals and patients) before CAIP sessions begin is another prerequisite, along with ensuring access to water, food, and walks (for toileting and exercise) to the dog before and after each session (AAII, 2015a&b; IAHAIO, 2019; SCAS 2019). The Melampous Team completed the dog's assessment and suitability after two mock-up sessions held in the specific therapy environment, with similar populations, while performing activities/tasks which would be used during the actual psychotherapy sessions. As far as these mock-up sessions are concerned the following are worth mentioning:

- Before the handler – dog team's arrival to the CHPP settings, the personnel had to remove the stray dogs which were present outside the building because the local council authorities did not have any programme for the collection and management of stray dogs. Therefore, a nurse that already had a good relationship/bond with these stray dogs, transferred them to an area where they did not have visual contact with Azor, the therapy dog.
- The multidisciplinary designing team did not have the choice to decide for the CAIP site/visiting location (Shue et al., 2018), because the only available space was the clinic's living room. For this reason, the CAIP psychologist would arrive fifteen minutes before the intervention began in order to prepare the room for the needs of the session.
- In addition, a day prior to the typical session, the psychologist would contact the clinic's occupational therapist in order to be informed of any new admissions.

Furthermore, the two clinicians would discuss the patients' progress with regards to the therapeutic treatment. Consequently, through assessing the needs of the hospitalized patients, the interdisciplinary team was able to be prepared for the following session. It is important to declare that we kept all the paramount ethical and safety considerations unique to the field of welfare maintenance, and children's well-being and safety (AAII, 2015a&b). The handler stayed quiet and remained in the therapy group, ensuring that the dog is not put into any potential situations which may compromise the dog's health and wellbeing and intervening only if he felt the dog or child might be at risk of injury. The handler could speak for and about the dog to make many valid points about pronunciation and comprehension. After each session, supervision with the child and adolescent psychiatrist of the CHPP was followed. The Melampous' members received supervision every fifteen days by the psychiatrist, and all members of the program's interdisciplinary team had a meeting every three months. Counselor supervision is a didactic and interpersonal activity whereby the supervisor facilitates the provision of feedback to one or more supervisees. This feedback can pertain to the work in supervision, the supervisees' clients, or the supervisee, and can positively or negatively influence supervisee counselor competence and client outcome (Bradley & Ladany, 2001).

Approaches to delivering the canine assisted intervention programme in the open psychotherapy group of the CHPP.

Animal-Assisted Therapy has been shown to be an adjunct to therapy, by serving a bridge between the therapist and the child, lowering the child's anxiety and helping the child to disclose abuse and express feelings (Reichert, 1998). “Therapy dogs are a daily sight in health care programs for children in the United States” (Jalongo, Astorino, & Bomboy, 2004). Bachi & Parish-Plass (2017) mentioned that “There are particular Animal Assisted Psychotherapy (AAP) interventions that are designed for children and adolescents”. Melson (2001) suggested, “Play with pets might well have the ‘horizontal’ and symbolic properties shown to be developmentally beneficial”. declared “animal-assisted therapy is a promising potential resource that could meet some of the needs of emotionally disturbed children and place a valuable new tool

in the hands of therapists and emotional/behavioral disorders teachers”. Therapy animals may, among others, help individuals to understand better various aspects of their psychological states and behaviour through modelling and environmental feedback related to the law of cause and effect of their interactions (Kruger & Serpell, 2006). In this programme, there were participants (children and adolescents) who had quite different expectations with regards to their interaction with the dog (Table 2). In response to these challenges, the focus of the sessions’ frame work did not focus on “What do children want?” (having already a working diagnosis and a treatment plan) but “Where the children are?” (giving emphasis to free interaction with the pet in order to distinguish the psychic function in the here and now).

Table2 : Demographic Data of Study Participants

Participant	Age	Gender	Primary Diagnosis (ICD-10*)
1	14	F	F32.2 (Severe depressive episode without psychotic symptoms)
2	13	F	F32.2 (Severe depressive episode without psychotic symptoms)
3	13	F	F32.2 (Severe depressive episode without psychotic symptoms)
4	12	F	F32.2 (Severe depressive episode without psychotic symptoms)
5	13	M	F20.6 (Simple schizophrenia)
6	12	F	F50.0 (Anorexia nervosa)
7	10	M	F90.1 (Hyperkinetic conduct disorder)
8	13	F	F50.0 (Anorexia nervosa)
9	15	M	F32.3 (Severe depressive episode with psychotic symptoms)
10	9	M	F90.1 (Hyperkinetic conduct disorder)
11	10	M	F33.0 (Recurrent depressive disorder, current episode mild)
12	14	F	F32.3 (Severe depressive episode with psychotic symptoms)

*ICD-10: Classification of Mental and Behavioural Disorders by the World Health Organization, F: Female, M: Male

The utilization of the animal as a transitional object was the main concept around which the intervention was organized, according to Winnicott’s theory of object relations and developmental psychology (1953). The significance of the transitional object is

assertive with regard to the emotional stability of the individual. Moreover, it constitutes the intermediate point between the imaginary and reality as well as the internal and external world. The interdisciplinary team utilized the animal as a “vivid transitional object” and

observed the emotional impact it had on the child during the session. The animal's texture, unconditional acceptance and receptivity, during the session indicated that an emotional interaction occurred between the patient and the animal as the child would project his/her concerns and fears; this pertained mainly to children and adolescents with concrete thinking who had difficulties in expressing themselves through language and tended to resort more easily to action. The session focused on enhancing social interactions and on improving the children's simple or more complex adaptive behaviors. The fact that animals do not talk yet do have nonverbal language leads us to the task of understanding and regulating nonverbal communication between us and them (Shani, 2017). The therapy dog would go around and make contact with every child. Communication, during the sessions, was based on non-verbal stimuli and this particular method seemed to reduce the individual's anxiety and apprehensiveness leading to more effective interaction between the therapists and the children (Odendaal, 2000). Additionally, patients appeared to have healthier behaviors as a result of the animal's presence. Therefore, the therapeutic team addressed the patients holistically, meaning not only through acknowledging the psychopathology of the child but also recognizing the child's efficient functions. This process was introduced for the very first time in the Open Group psychotherapy sessions and there has been continuous communication among the CCPP team and the canine – handler team in order to identify the dog training tasks that would be useful for the children's therapy needs. During the present programme, the therapy dog had been an active participant in the sessions. The therapist often made reflective tracking statements to the therapy dog instead of addressing them directly to the children. This involvement of another living entity in the sessions allowed the children to better accept the tracking of feelings and behaviours. That was far than apparent during the supervision visits delivered by the CCPP's child and adolescent psychiatrist who was surprised to see hidden aspects of some children's personalities and behaviour that they had not expressed previously during the conventional sessions without the dog. For example, in contrast to

the weekly group psychotherapy sessions that were led by a child and adolescent psychiatrist where patients who had difficulty in processing their thoughts and emotions, had also difficulty in attending the sessions, in the group therapy with the dog's presence, these children patients participated actively and remained in the room throughout the therapy session.

Conclusion

Animal Assisted Psychotherapy is a unique and expanding field in which mental health professionals incorporate trained therapy animals into counseling sessions. Mental health practitioners who incorporate animal-assisted interventions into clinical practice harness the human-animal bond for therapeutic benefit. According to the Animal-Assisted Therapy in Counseling Competencies, practitioners have a duty to understand the complex relational processes within animal-assisted interventions in counseling. These bonding processes may resemble that of an attachment bond in which the client desires to maintain closeness to the practitioner and therapy animal as a result of feeling safe and secure. The strengthening of the bond is easier to establish in individual counseling or in a closed therapy group. In an open psychotherapy group, new members join the group at any given time, and there is no time to train and prepare for certification and strengthening of the bond between the participants and the dog. In addition, there is no literature available about what methodology to use in order to design and organize a Canine Assisted Intervention program into an open psychotherapy group. There is emerging evidence to suggest that Canine Assisted Intervention programs when introduced into an open psychotherapy group may improve the effects of mental health treatments administered. This may be achieved through a better understanding of the patients' psychic structure as it is a condition where more primitive needs and desires can easily be expressed (by being projected to the canine) without the patients becoming disorganized. Also, through the enhancement of the patients' ego functioning, especially for those who have deficiencies in their secondary process, by their

active and consistent participation in the group sessions where meaning and understanding is provided by the therapist.

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