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Therapist Attitudes Towards Animal Assisted Therapy: A Qualitative Study

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Abstract

PURPOSE. To understand the attitudes and perceptions of therapists towards animal assisted therapy (AAT) and towards the barriers and facilitators of implementing AAT into practice.

METHOD. This descriptive qualitative studied consisted of ten semi-structured interviews with rehabilitation therapists that were coded for common themes. Data from two Likert-scale questions were analyzed using descriptive statistics.

RESULTS. Eight themes emerged from the data including therapists' attitudes towards animal assisted therapy and their own competence, three core benefits of animal assisted therapy that they identified (increased patient participation, positive emotional/social influence, and contribution to patient-centered goals), and three main barriers towards implementation (scheduling/operations, facility policy and environment, and identification of appropriate patients).

CONCLUSION. Rehabilitation therapists appear to have a positive view of animal assisted therapy and appreciate the potential benefits of using such an intervention. The barriers towards implementation were primarily extrinsic, involving logistics and the facility policies and environment in which they worked. Intrinsic factors such as perceived competency was also a concern. All of the therapists indicated that they would be more likely to implement animal assisted therapy into practice if the barriers they identified were addressed. Future research should explore whether addressing these barriers impacts actual implementation of animal assisted therapy in rehabilitation settings. Findings could also be used to construct a readiness survey to aid implementation of a new program.

Rehabilitation therapists continually integrate new evidence-based interventions to provide the best patient-centered care. The use of animals by a licensed health professional to provide goal-directed treatment interventions, called animal assisted therapy (AAT), has received growing attention in the literature in the last decade. Studies exploring the use of animal assisted therapy in rehabilitation have found a wide range of benefits in many populations including decreased pain, improved mood and fatigue, increased motivation and social interaction, and increased patient satisfaction (Abate, et al., 2011; Cole, et al., 2007; Harper, et al., 2015; and Levine, et al., 2013). Animal assisted therapy has also shown promise to enhance interventions that increase quality of gait and speed, functional task duration, and communication (Abbud, et al., 2014; Crowe et al., 2014). Literature focusing on pediatric populations supports the use of animal assisted therapy to increase social interaction, speech production, and attention to task (Fung & Leung, 2014; Sams, Fortney, & Willenbring, 2006).

Health care workers appear to recognize these potential benefits to their patients. Responding to a survey, 97% of Italian medical practitioners who knew of animal assisted interventions (AAI) supported the use of AAI with their patients (Pinto, et al., 2017). Hospital administrative staff, nurses and volunteers in an acute setting identified the ability of therapy dogs in their setting to relieve stress for staff and patients, promote positive social interactions with patients, and provide overall comfort to patients visited by therapy dogs (Abrahamson, et al., 2016). In a Finnish nursing home, therapy dog volunteers were motivated to visit because they saw the benefit to patients, and nurses also acknowledged psychosocial benefits when the dogs visited (Gunderson & Johannessen, 2018).

However, no research has explored rehabilitation therapists perceptions of animal assisted therapy and the opportunities or barriers of implementing it into practice. Unlike the

facility administrators, nurses, and volunteers interviewed in the studies above, therapists have a

unique opportunity to augment their practice with animal assisted therapy. The purpose of this

study is to understand the attitudes and perceptions of therapists towards animal assisted therapy

and towards the barriers and facilitators of implementing it into practice. For the purpose of this

study, the following research questions were identified:

- How do therapists explain their personal attitudes towards animal assisted therapy?

- How do therapists perceive barriers and motivators towards integrating animal

  assisted therapy into practice?

<div align="center">Method</div>

A qualitative approach was needed to understand the depth and interactions of attitudes,

perceptions and thought processes that therapists have when considering animal assisted therapy

as a potential intervention. This descriptive qualitative study used semi-structured, one-on-one

interviews to gather data addressing the research questions. One-on-one interviews were favored

over focus groups because of the individual nature of choosing intervention methods when

working with patients. The interview guide was designed with open-ended questions and

prompts addressing the two research questions. Two Likert-scale questions ended the interview

to compare the likelihood of implementing animal assisted therapy at present compared with

implementing animal assisted therapy with barriers addressed.

Convenience and purposive sampling were used to recruit occupational, physical, and

speech therapists providing direct patient care with a variety of populations and within various

settings. Interviews were conducted until saturation was reached. Written and verbal

recruitment announcements were made at facilities and through an online MSOT alumni forum.

Interviews were conducted either in person or by phone following the interview guide and lasted

less than 20 minutes. Audio recordings of the interviews were transcribed using voice-to-text technology then reviewed and corrected for accuracy. Analysis was conducted with an inductive approach using open coding to identify common themes and subthemes. A second researcher reviewing the transcripts for themes provided added confirmability and trustworthiness.

Findings

Ten one-on-one semi-structured interviews were completed. Characteristics of interview participants are presented in Table 1. A total of eight themes emerged from the data addressing the two research questions. Five themes related to understanding therapists' attitudes towards AAT: (1) therapists' general attitudes, (2) attitudes towards their own competence, and three themes relating to their perceived benefits of AAT (3) increased patient participation, (4) positive social and emotional influence, and (5) patient-centered therapy. Three themes emerged relating to the barriers and facilitators of implementing AAT: (6) scheduling and operations, (7) facility factors, and (8) identifying appropriate patients.

Therapists' Attitudes

Theme 1: Attitudes towards animal assisted therapy (AAT). All therapists expressed positive impressions of AAT both generally and within the context of their professional practice.

I'm a big, big fan. (Participant 10)

Wouldn't that be so cool if we can have that in our repertoire. (Participant 8)

Theme 2: Attitudes towards their own competence. All therapists recognized that they needed a level of competency to practice AAT. Even those with more exposure to animal assisted therapy expressed a desire for additional knowledge and training in order to integrate it into their practice.

You're asking me to do something that – yes I know animals – but I've never

integrated it into a treatment, and I have no thought process on how to do that.

(Participant 3)

I think I would need a little bit more training. I'd like to learn what makes it – the

do's and don'ts. I think, you know, because I haven't done it personally, I'd like

to learn the basics. I'd like to learn you know, how to – just very much the basics

of animal assisted therapy honestly just because of the lack of experience. But I

feel like once if I have done it – once I learned a little bit, I feel I can do it.

(Participant 10)

Perceived Benefits of Using AAT with Patients

Regardless of the level of prior experience, therapists recognized the potential value of

animal assisted therapy for their patients and commonly referred to three core benefits: increased

patient participation, social and emotional influences, and client centered practice.

Theme 3: Increased patient participation. Therapists identified AAT as a motivator,

with the potential to increase patient engagement and participation in therapeutic interventions.

Having them (patients) interact with like a horse and to stand up while they're

grooming is definitely more intrinsic motivation from having a pleasant

interaction with the animal itself. It gave them some motivation to do something

that is typically hard to do. (Participant 7)

"I think some patients it would help them participate more because it would take

their mind off of – oh I'm just practicing this therapeutic intervention. It's more

like – hey, help the dog." (Participant 9)

Theme 4: Positive social and emotional influence. Therapists shared the belief that animals have a positive impact on patients' emotions and can facilitate social connection during the treatment session.

> *If they're worried about something when they're in therapy then having an animal around…people … get a little more calm and a little more happy. (Participant 6)*
>
> *But there's definitely more compliance and more bonding because of the animal involved, more connection. (Participant 1)*

Theme 5: Contributes to patient-centered therapy. Therapists acknowledged AAT as a way to tailor the plan of care to work towards specific patient goals and include patient-initiated interventions.

> *I would be thinking for the benefit of the patient – would be somebody that has a dog. That's one of their goals – to be able to feed the dog or walk the dog or be motivated to do things again. So then try to simulate those same things that would motivate the patient to work and do activities and simulate doing them with the dog. (Participant 2)*
>
> *I hear these goals quite often. So you know we could if there's an actual animal there that they could work on…whatever be the goals that they have set up. (Participant 4).*

Identified Barriers or Facilitators Towards Implementation of AAT

The second research question sought to understand what barriers and facilitators therapists identified as most likely to impact their decision to use animal assisted therapy. Three common themes emerged from the data.

Theme 6: Scheduling and operations. Every therapist interviewed identified coordinating schedules as a primary barrier toward the implementation of AAT in their clinical settings. Half believed that they themselves would be the ones to take on this extra burden.

I think it would take time to coordinate everything: coordinate scheduling and

you know alerting the patient and making sure everybody's on the same page.

(Participant 3)

We make our own schedules, so it would have to be something probably initiated

on our part. Like if I have this patient that I'm like, "Man! They would be great

with the therapy dog coming in!" I would have to be the one to say, "Okay, I want

to do this." So therefore, I would have to contact the pet's owner to see if they're

available to come. (Participant 6)

Theme 7: Facility factors. In addition to scheduling and operations, the facility itself in the form of administrative policy and physical environment could be a barrier or facilitator for implementing animal assisted therapy.

Policy. Therapists identified administrative policy as an immediate deal-breaker if animals were not permitted in their setting. Having appropriate health and safety protocols in place were also important to several therapists.

My primary consideration would be the hospital policy, and very much that's the number one thing. You know how there's some things I can't do – that I can't do this or that. If it were up to me all animals would be welcome in. (Participant 10)

The only issue around the farm is hygiene. There's animals. There's poop. There's hygiene issues, so just to make sure that there's a protocol in place around handwashing. And I don't think we've got that yet. You know we haven't talked about that as a clinic. But that's something I think is really important.

(Participant 1)

Physical space. The difficulties of sharing the treatment space with therapists, patients and caregivers also emerged as a common theme with therapists recognizing that private, quiet spaces would be more conducive to a successful AAT session.

And then how do we check everybody that's coming in as a patient about allergies? Would you keep the dog in one, like the private room? And then if you had therapy for it then everybody would have to go in there. (Participant 2)

I think my main thing would be physical space and how many patients feel comfortable with this. I think just getting feedback from the patient. Those would be the main things – it's more logistics. If it's a very crowded gym – patients, patient's caregivers, other people are there and then you're bringing an animal in and you know some people are fearful… if I could find a space where I felt I could work with the patient and the animal…yes.. you know slightly quiet and private area. (Participant 4)

Theme 8: Identifying appropriate patients. Not all therapists felt they had appropriate patients on caseload to use with animal assisted therapy.

I think the problem and concern would be finding the patients that would benefit

the most from it. (Participant 2)

For me it would be like a trial and error first to make sure that they could become

engaged…is it even something that's going to trigger some type of engagement

with them. (Participant 5)

Despite concerns over having appropriate patients on their current caseloads, therapists identified individual characteristics and needs of patients whom they would consider appropriate or inappropriate for this intervention. The most commonly identified conditions appropriate for AAT were neurological: stroke, TBI and Parkinson's. Individual patient characteristics are summarized in Table 2.   Specific interventions generated by therapists to address specific patient goals are summarized in Table 3.

To conclude each interview, the researcher asked two Likert-scale questions as a way to summarize therapists' perceptions on their own readiness to implement animal assisted therapy. Therapists were first asked to rate the likelihood that they would integrate animal assisted therapy into their current practice. Then they were asked to rate the likelihood that they would integrate AAT into their practice if the barriers they had identified during the interview were addressed. All therapists indicated that they would be more likely to implement AAT if the barriers were addressed with 90% giving the highest score of "5 – very likely." Responses are provided in Table 4.

Discussion

The impetus for this research came from a desire to understand the overall perceptual climate concerning animal assisted therapy for the eventual purpose of developing an animal assisted therapy program in an established rehabilitation setting. This study focused on understanding therapists' attitudes towards animal assisted therapy as an intervention, towards AAT as a potential intervention with patients in their own setting, and the perceived barriers and facilitators towards actively integrating animal assisted therapy into their practice.

Themes that emerged can be divided into intrinsic and extrinsic factors that influence each other as illustrated in a relational model (Figure 1). All participants noted the potential benefits towards implementing AAT. Their attitudes towards AAT and towards their own competency are intrinsic factors at the core of whether they may consider integrating AAT into practice. These are illustrated by the inner circle in Figure 1. Therapists' prior experience appeared to have no bearing on their perceived competency. All therapists reported having minimal to no knowledge of AAT although some had actively used animals in sessions with their patients. These intrinsic factors may influence their willingness to participate in problem-solving identified barriers. For example, those who identified specific potential benefits for their patients also expressed a willingness to pursue additional training, screen patients, find appropriate physical space, coordinate schedules, and advocate for policy change as needed.

All perceived barriers identified were external factors illustrated by the middle and outer circles in the model (Figure 1). Facility policy, logistics and physical environment dictated the feasibility of implementing AAT at a facility level. Availability of appropriate patients and availability of additional training influenced perceived feasibility at a more personal (patient/therapist) level. Support or lack of support for AAT from these external sources also

may have the potential to influence therapists' attitudes and perceived competency. Thus, the three concentric circles in the model interact to influence the climate in which this new intervention may take root.

Ultimately, the decision to use a new intervention represents a behavioral change in the therapist. Michie, et al. (2011) described a framework in which three essential components form the COM-B system sitting at the core of a behavioral change wheel. The three components at the core of the wheel necessary to facilitate any behavioral change are capability, opportunity and motivation. When therapists discussed their attitudes and perceptions regarding AAT and potentially implementing AAT, all of the themes that emerged could be categorized into one of these three essential components. Therapists' attitudes towards AAT fit into their motivation to pursue this new intervention. Their attitudes towards their own competency represent their perceived capability to perform this intervention well. All of the external factors identified as either barriers or facilitators combined to determine the opportunity therapists have to use AAT in their current practice setting.

<center>Limitations and Future Research</center>

The scope of this study is limited to the possible barriers and facilitators to implementing animal assisted therapy. Further research would be needed to explore the impacts of these perceived barriers and facilitators on program development and actual implementation of animal assisted therapy into practice. Future research may also focus on constructing a readiness survey using the themes that emerged to facilitate new program development. Although this study is limited to perceptions on one specific intervention (AAT) future research may also explore whether similar themes emerge as therapists consider implementing any new intervention.

Conclusion

Research investigating animal assisted therapy suggests that AAT can be a beneficial addition to therapists' range of interventions for better patient outcomes. Understanding the reasons why therapists would choose or not choose to implement animal assisted therapy into practice when given the opportunity is essential to those working to making AAT more accessible to therapists and patients. This research suggests that therapists believe that animal assisted therapy has potential value for their patients. Although many stated they would like to utilize this unique intervention, perceptions of having limited knowledge/competency and logistical barriers impacting their opportunity appear to be the main concerns. Understanding these factors can benefit program developers and therapists seeking to introduce this new intervention into their clinical settings.

This research may be able to inform others who are trying to initiate new programs or encourage the adoption of new therapeutic interventions in their clinical settings by identifying potential barriers and motivators. Facility policy, available resources, and competency may influence therapists when implementing an unfamiliar intervention and should be considered.

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Appendix A

Table 1. Characteristics of Participants (N = 10)

Variable	n
Profession	
PT	3
OT	5
COTA	1
SLP	1
Settings*	
Acute	5
Acute Rehab	1
Behavioral Health Inpatient	1
Outpatient	6
Pediatrics	2
Prior AAT Experience	
Hands-on	1
Observation AAT	4
Observation AAI**	5
*one therapist may work in more than one setting ** Animal Assisted Interventions such as visiting pet therapy programs run by non-clinical volunteers	

Table 2. **Specific Patient Populations Identified by Therapists (N = 10)**

Patient Populations Appropriate for AAT	n
Neurological	7
Behavioral	4
Pediatrics	3
Orthopedic	2
Pain	2
Patient Characteristics Exclusion Criteria	n
Allergies	5
Fear	4
Doesn't like animals	4

Table 3. Specific Patient Needs Identified

AAT Activity Identified	Specific Patient Goals
Pet care	Behavioral, motor control, mobility, cognition
Reaching/petting animal	Upper extremity, sensory
Walking the dog	Balance, coordination, upper extremity, mobility
Holding leash	Grip strength
Giving treats	Upper extremity, grip strength, fine motor coordination, social interaction
Interacting with animal	Social skills, communication, emotional regulation
Grooming animal	Upper extremity
Tossing ball	Upper extremity, balance, coordination
Standing while performing above activities	Balance, coordination, endurance

Table 4. Likelihood of Implementing Animal Assisted Therapy in Current Context vs. with Barriers Addressed (n=10)

Responses to Likelihood of Implementation In Current Setting	Frequency (n=10)
Never	0
Not Likely	3
Somewhat Likely	5
Likely	1
Very Likely	1
Median	3
Mean	3
Responses to Likelihood of Implementation if Identified Barriers Were Addressed	Frequency
Never	0
Not Likely	0
Somewhat Likely	1
Likely	0
Very Likely	9
Median	4
Mean	4.8

Using a t-test to compare the means, there is a significant difference ($p < .001$) between perceived likelihood of implementing AAT in the current setting and in a setting in which the identified barriers have been addressed.

Appendix B

Figure 1. **Model of Therapists' Attitudes and Perceived Barriers
to Implementing Animal Assisted Therapy into Practice**
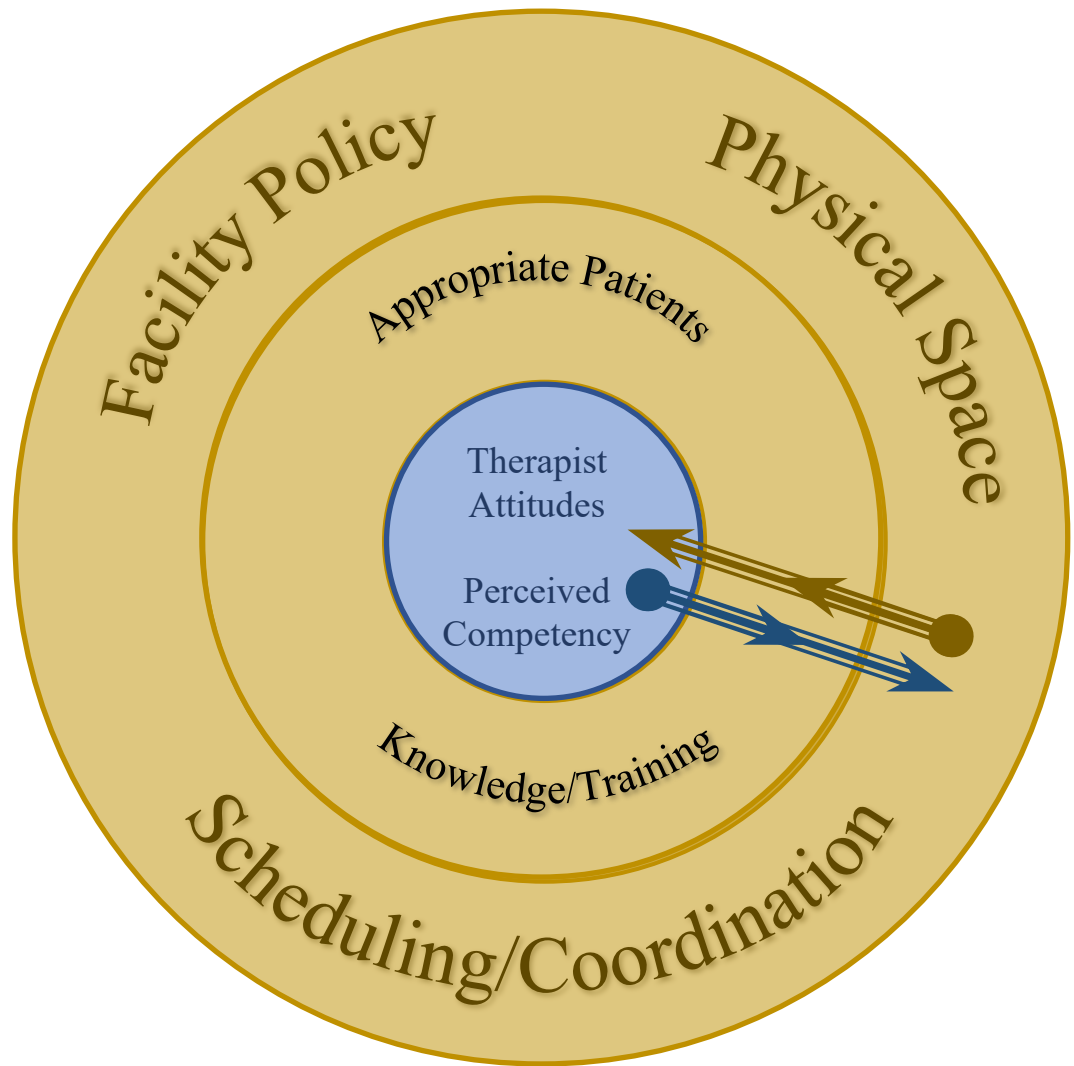
Appendix C

AAT Perceptions Semi-Structured Interview Script

Profession: OT   COTA   PT   PTA SLP

Primary setting: Inpatient   Outpatient   Acute Rehab   Skilled Nursing   Other

Introduction script;

   Thank you for participating. This study is designed to explore therapists' attitudes and

perceptions towards animal assisted therapy and towards integrating animal assisted therapy into

practice. The definition for AAT is as follows:

> *Animal-assisted therapy (AAT)* is a goal-directed intervention in which an animal is an integral
>
> part of the treatment process. Animal assisted therapy is provided by a licensed healthcare
>
> professional and designed to promote improvement in patient function and performance.

   This interview should take no more than 30 min. The interview will be audio recorded and all

recordings will be destroyed after they are transcribed.   You may ask to end the interview or

recording at any time just let me know. Do you have any questions? If you are ready let's begin.

I am starting the audio recording now.

1. First I would like you to discuss your familiarity with animal assisted therapy.

    (prompt for hands on, observation, read about it, know someone who does it)

2. Describe your thoughts or feelings towards the general use of animal assisted therapy.

3. What are your thoughts or feelings towards the use animal assisted therapy with patients

     within your clinical setting?

4. Think about implementing animal assisted therapy with one or more of your patients:

    a. If you were to adopt AAT in your practice, what would be your primary

        considerations to facilitate success?

    b. Describe a patient who you may choose for AAT.

    c. Describe those factors that may encourage or discourage you to integrate animal

        assisted therapy into a patient's plan of care?

        i. Prompts for barrier and facilitators: knowledge, competency, logistics,

            scheduling, productivity, safety, ethics

5. Can you share with me any other barriers or motivators that may influence your decision to

    adopt AAT in your setting?

6. Is there anything we have not spoken about that you feel is important for me to know?

7. On a scale of 1-5, what is the likelihood you would integrate animal assisted therapy into

    your current practice?

    (1) Never; (2) Not likely; (3) Somewhat likely; (4) Likely; (5) Very likely

8. On a scale of 1-5, what is the likelihood you would integrate animal assisted therapy into

    your current practice if the barriers you have identified were addressed?

    (1) Never; (2) Not likely; (3) Somewhat likely; (4) Likely; (5) Very likely