

## **“PAWSitive” Interventions Lower “Rrrrf” Times in Pediatrics**

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Five-year-old asthmatic patient Daniel is anxious and resistant to leave his oxygen mask in place during his much needed nebulizer treatment. Teary eyed, six-year-old Emily is recovering from gastroenteritis. She is cuddled up in her hospital bed, alone and afraid as she refuses her lunch. Twelve-year-old Erin, a post-op patient recovering from a ruptured appendix, has a low tolerance for her incisional pain. And four-year-old Molly is extremely anxious to set foot in her pediatrician’s office for her wellness exam.

Amidst their varied care-related challenges, a common factor that exists in all of these young patients—they all might benefit from the simple, evidence-based intervention called animal assisted activities. “AAA support opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance quality of life. AAA are delivered in various settings by specially trained individuals, in association with animals that meet certain criteria.” AAA are intentional support modalities for healing that involves a facilitated interaction between the patient and the trained animal. The Delta Society, recognized as the gold standard in animal assisted care, states that these trained animals “partner with their human companions to bring comfort and healing to those in need.” (Pet Partners, 2012)

Patient-centered care, the focus of contemporary clinical practice, positions you as nurses in an ideal role to recommend and support complementary modes of healing such as pet AAA. Pediatric bedside nurses best know the daily obstacles faced by their youthful patients and can respond with creative approaches to meet their needs. When the need arises to expand our intervention repertoire, animal assisted activities can be a powerful option, one that can supports healing in those difficult-to-reach patients. The purpose of this article is to build a new awareness of the value of animal assisted activities, especially in those of you who are pediatric bedside nurses whose diverse task list includes patient advocacy.

Enhanced understanding and appreciation of the positive outcomes of AAA in the pediatric patient setting makes nurses more likely to incorporate this complementary therapy into the mainstream of pediatric patient care. Staff who are exposed directly and indirectly with these therapy dog teams are more likely to integrate animal assisted activities into their patients care plans. (Bibbo, 2011) The combination of my experience as a pediatric nurse and a practicing pet therapy dog handler places me in a unique position to “connect the dots” for you between anecdotal observations from today’s clinical setting, evidence-based research, and my actual bedside encounters.

Animal assisted activities are pleasurable, cost-effective, evidence-based interventions that support many pediatric patient challenges. This article focuses on three common ones: pain control, anxiety and fear of medical procedures, and patient morale.

### **Anecdotal Evidence**

Even though animal assisted activities may at first glance seem to you too simple to make significant changes in pain control, anxiety, and demeanor of pediatric patients, it is important to note that many healthcare providers in varied roles have commented

positively on their observations of this intervention. Pediatrician Dr. Courtney Kleber (2012) shares her thoughts on Schneck Medical Center's animal-assisted activities:

A hospital stay for a child can be a very stressful experience. Pediatricians and staff try to relieve anxiety, fear, and pain through various techniques; yet no intervention seems to work as quickly or effectively as a therapy dog's presence at the bedside. Calming and comforting to both the child and the family, therapy dogs are a great addition to any medical team. (C. Kleber, personal communication, April 25, 2012)

Healthcare personnel in other settings offer their impressions. Pediatric nurse Param states, "I don't think any nurse needs to be told how good it is for their patients. It just makes their day" (Federwisch, 2007, p.1). Dr. Victor Roberts offers his thoughts on its impact. "I would invite skeptics to visit the hospital when the dogs are here. The patients are so calm. Although the results are hard to quantify scientifically, once physicians see the interactions they will be persuaded to try the program" (Swift, 1997, p. 2). Jim Obrien, an oncology unit patient care manager, explained how AAA affected one of the children on his unit. "That changed the view of being here in the hospital...He became a lot more respectful, a lot more cooperative" (Federwisch, 2007, p. 1).

Cheryl Crisp, mother, Pediatric CNS, and Assistant Professor of Nursing (2012), describes the value she sees in pet therapy:

As the parent of a medically fragile child, I have witnessed the gentle, calming, therapeutic affect (of a therapy dog). As a professional, I believe therapy dogs provide the right dose at the right time for the right youngster. They provide the right treatments (love, comfort, and security) through the right routes (tricks and hugs) to help children feel less threatened and more willing to participate in their care. (C. Crisp, personal communication, April 15, 2012)

One final anecdotal example, this one from a patient, is short but impactful in its message related to the effect of AAA on mood. After her interaction with a therapy dog named Maggie, the patient exclaimed, "I thought I would not smile today, and then I saw Maggie" (Coakley & Mahoney, 2009, p. 142).

## **Research Findings**

As you review these anecdotal comments and contemplate the impact pet therapy might have in your setting, also consider the valid and reliable research available to support the value of animal assisted activities. Several studies focus on how AAA can impact the pediatric patient's level of pain, and therefore lower the amount of opiate analgesics needed. Several of the testimonial accounts from patients and families in Stoffel and Braun's study referenced the therapy animals "taking on" the patient's pain. Stoffel and Braun reported that 49 percent of critically ill pediatric patients experienced a reduction in pain during therapy dog sessions (Stoffel & Braun, 2006). Another study on the effectiveness of AAA in pediatric pain management for post-operative children showed that animal-assisted therapy led to lower physical pain, less emotional distress, happier and calmer patients. The conclusion suggests that AAA is a positive adjunct to traditional pain management in this specific population (Sobo & Kassity-Krich, 2006).

Several research projects have found positive results in having a companion animal present during a physical exam. One study involving 30 patients showed that animal-

assisted therapy provided distraction during needed procedures, created a sense of normalcy, and was satisfying to pediatric patients and their parents (Wu, 2002). A second study concluded that the presence of these trained animals can help lower anxiety, epinephrine and norepinephrine levels and systolic pulmonary artery pressure (Cole, Gawlinski, Steers & Kotterman, 2007). A third study was a qualitative analysis of patient testimonials by Stoffel & Braun. They identified a common theme of relaxation, calmness and peace in the data analysis of pediatric patients studied (2006).

Research also suggests AAA as an avenue for improving mood in the pediatric patient. Coakley and Mahoney in Massachusetts concluded that “pet therapy is a low-tech, low-cost therapy that improved mood and was meaningful to hospitalized children” (Coakley & Mahoney, 2009, p. 141). Researchers Caprilli and Messen conducted a study at Anna Meyer Children’s Hospital in Italy in which children described their mood to be pleasurable because of the therapy dog’s presence. Several patients drew pictures of the dogs following the AAA (Caprilli & Messen, 2006).

University of Wisconsin researchers screened 70 hospitalized children on the efficacy of AAA versus playroom activities and the impact on patient mood. The researchers discovered positive mood changes in patients during animal assisted sessions via a video camera. Parents witnessed a demonstration of positive emotions in their children when exposed to the animals. Parents perceived their children’s moods to be more positive following AAA than pre-therapy or after playroom therapy. They also scored their children’s mood more positive after animal visits versus playroom activities (Kaminski, Pellino & Wish, 2002). One final and unexpected advantage that AAA provided in the Wisconsin study was the “touch” factor. The children were observed to initiate this safe and soothing contact with the animals. Researchers concluded that direct contact with the animals met a need to be nurtured that was often missing during lengthy hospitalizations, especially when families were unable to visit often (Kaminski, Pellino & Wish, 2002).

The international company of Pfizer Animal Health is partnering with the American Humane Association to conduct a study on the benefits of animal-assisted therapy on pediatric cancer patients. This three-year project is examining the “medical, behavioral and mental health benefits animal-assisted therapy may have for children with cancer and their families.” The goal of the research is to “provide meaningful, enduring, affordable, accessible and powerful healing and comfort to the children and families who need it now” (Animal-Assisted Therapy Study Readies for Pilot Trial, 2012, p. 1).

Risks associated with the presence of an animal in a health care setting include zoonotic transfer of illness, bites, scratches and allergies. Johnson, Odendaal and Meadows discuss the lack of empirical data that supports zoonosis issues exist if guidelines are followed. They further state that animal-related problems are practically non-existent (Johnson, Odendaal & Meadows, 2002). Risk prevention is the key to a safe animal assisted program. Dogs that are credentialed through nationally recognized animal assistance programs such as the Delta Society (transitioning to the new name of Pet Partners), are rigorously screened for behaviors that preclude them from being safe for visitation therapy and for diseases that would transmit to humans. These vaccinated animals are bathed regularly. They are tested and treated for internal and external parasites making zoonotic conditions a rarity (Pet Partners, 2012). A facility that allows animal assisted activities should maintain a current policy that includes a process for ruling out patients that would be inappropriate to visit. For example careful screening of

immunocompressed patients and those in isolation should occur (Lefebvre, et al., 2008).. Each facility's Infectious disease experts along with staff physicians should work closely with animal-assisted programs to provide guidance in patient selection criteria (Lefebvre, et al, 2008). Before and after all visits the dog handler, patient and family members at the bedside should wash their hands (Sehulster & Chinn, 2003).

As AAA continues to demonstrate improvement in pain level, anxiety, and mood in the pediatric healthcare setting, valid and reliable research grows as does nurses' buy-in. This complementary, low-cost intervention can offer support on-demand and is in every way patient centered. Skilled therapy dogs intuitively decipher how they can help each patient and act accordingly. The American College of Critical Care Medicine summarizes its view of animal assisted involvement in patient care: AAA supports a patient-centered care approach with an optimal environment for healing (Davidson & Powers, 2007).

### **Personal Experience**

The meaningful assistance that these compassionate creatures offer is evident in patient after patient as this writer's therapy dog works in both the inpatient and outpatient settings. Two particular visits serve as examples.

Bentley, my Bernese Mountain dog and I received an unusual request from a pediatrician's office who had heard about Bentley's work in pediatrics. They asked if he could assist with an extremely anxious little girl in their practice. Four-year-old Molly became so upset with every office visit that she refused to get out of the car, and screamed and cried for the majority of her appointment.

Thinking as a pediatric nurse and a pet therapy dog owner, I attempted to gather some history and understanding concerning Molly's unsettled perception of health care. "Has she had a bad experience in your office or with healthcare in the past? Is she chronically ill and requires frequent medical interventions? Do you know if she has grown up with animals? Does she enjoy being around dogs?" Molly's mother shared that Molly was simply an anxious child, a worrier, and dreaded each trip to the doctor. As I contemplated this offer to assist this poor child who seemed to be miserably anxious about visits to the pediatrician, I considered several factors. Molly liked animals, and had a "big, rowdy" dog at home that she played with. Molly's mother sounded desperate for some help with her daughter's office phobia. I confidently replied, "Sure, Bentley and I would like to help you out." In reality I was intrigued by this challenge. I was quite curious as to whether Bentley could truly lower Molly's anxiety in a setting that for some unknown reason had been so traumatizing to her in the past.

Molly's mother and I came up with an action plan. I sent her Bentley's storybook, so that Molly would become familiar with my therapy dog, his large size and so that she could visualize how Bentley helps children. Our plan included arriving 15 minutes early for playtime. I suggested that Bentley demonstrate all interventions first. After our call ended, I began to envision our animal assisted support for Molly. Bentley's intuitive nature and compassion will surely turn this little girl's office experience around!

We arrived at the pediatrician's office to find a brown haired, sweet faced, timid acting little girl standing in the glass doorway waving and smiling at us. I was thrilled to see that Molly had made it out of the car, and appeared excited for our arrival. Tucked gently under her arm was a stuffed animal that resembled my dog. We introduced ourselves, validated with the office staff that no one with dog allergies was present and we all

washed our hands. I explained that Bentley came to have fun with her, and to help her with her check up. I encouraged Molly to feel how soft he was. I pointed out Bentley's therapy dog bandana, picture badge and short leash that were just Molly's size. I suggested to Molly that she should lead Bentley back to the exam room and show the nurse her new friend.

Bentley's first two assignments were be weighed and measured. Molly was mesmerized by my gentle, giant dog, as he climbed on the scale without hesitation, and then stood quietly by the measuring tape on the wall. Molly sheepishly followed his lead and did the same. Bentley calmly watched and wagged his tail with approval of her mini accomplishment. Molly's mom and I looked at each other and exchanged a quick thumbs up as Molly led Bentley into the exam room.

Molly's pediatrician played along with our plan of Bentley going first in all interventions. After assessing Bentley and Molly's eyes, ears and mouth, it was time for Molly to get up on the exam table. Bentley seemed to know exactly what his role was that day. He intuitively stepped up on a stool and stood by Molly for the rest of her exam. Molly maintained her cooperative demeanor, which allowed the pediatrician to work quickly. Once the exam was finished, the pediatrician looked at all of us and said, "this is going so well. How would Bentley like a nasal flu mist?" Chuckling to myself I responded, "I'm sure he'd love one." "Well great, I'll bring two", replied the pediatrician.

Bentley was a bit bug-eyed as I gently held his head across my chest and pretended to squirt a placebo nasal mist vaccine in his nose. Molly watched carefully with an unsure look of acceptance to the idea that she was to go next. Picking up on her uneasiness, I commented to her, "Molly, after you get your flu mist, I bet Bentley would do his silly dance for you." She nodded without saying a word and tolerated her final intervention of this wellness exam. As she and Bentley headed out of the exam room, several staff members began to cheer for Molly and praise her for being such a good patient. Bentley responded to Molly's gathered fan club with a slow, gentle bow.

And now for this writer's inpatient example: As Bentley and I began our recent visit as an animal assistance team, we observed a youngster sitting up in bed, hunched over, staring out the window, with tears trickling down her face. Bentley and I stood at her doorway and watched her motionless body and somber affect for several seconds. Then I began our conversation by asking her if she liked dogs and if she would like to meet Bentley, the therapy dog. In a timid but inquisitive voice, she responded, "Yes." I then said, "Bentley the therapy dog doesn't want you to cry. Is it okay if we come in?"

After validating that this patient met the criteria for AAA, I allowed my tail-wagging partner to approach six-year-old Emily's bedside. Bentley picked up on her sheepish demeanor and seemed to mimic her shy behavior. He tucked his head and gently positioned his 109-pound fluffy frame within reach of his newly found friend. In response, the frail and pale child welcomed him with a sweet smile, hesitantly reaching toward him. "Aww, aren't you cute," she whispered. After helping the patient wash her hands so she could pet the dog, Bentley's intuitive skills continued as he demonstrated some silly antics. A few dog tricks from him without being cued to do so elicited some reserved giggles. The longer we stayed, the chattier this patient became. Emily eventually sat up on her knees, looked Bentley in the eyes, stroked his fur, and told him that she was crying because she didn't want her lunch. And if she didn't eat her lunch, her physician said she couldn't go home.

As we prepared to leave, I helped Emily wash her hands once again. After offering her some words of encouragement, I cued Bentley to raise his paw up to wave good-bye. He then followed with a thank-you bow. This newest pediatric member of Bentley's fan club grinned and motioned with one raised hand as if to wave good-bye back to my fur coated interventionist. Her other hand grasped a generous bite of her lunch, which she began to eat.

(SIDEBAR)

Pet therapy offers a simple intervention approach to three common challenges in caring for pediatric patients:

pain control  
anxiety and fear  
patient morale

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