

A Therapy Dog in my Speech Language Pathology Business.

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Introduction

In the literature of journal articles, news stories and websites, animals are often reported to have the ability to improve the well-being of people. Components of wellbeing that include improved interpersonal and communication skills, sense of purpose and motivation, fine motor skills, strength and balance, self-esteem, and self-worth plus a reduction in anxiety and depression, feelings of loneliness and isolation.

My role as a [speech language pathologist](#) (SLP) is to assist people communicate as only too often communication, and ultimately conversation, is elusive and challenging for many people with disabilities. Being unable to communicate or being incommunicado, is arguably the worse form of human torture. Therefore, if a partnership of handler with a trained and consenting therapy dog can facilitate even a small reduction of the frustration, anxiety and sadness that having a communication impairment brings with it, then the process needs to be explored.

This article aims to discuss some of the features of my work in the context of therapy-dog interventions.

What is a Therapy Dog?

A therapy dog is a trained dog that may happily provide support to an intervention across a variety of setting with supervision from a trained and accredited handler. A therapy dog is not an assistance or service dog. Ideally it must be registered with an official organisation and like its handler, have specific training and accreditation.

The refereed and non-refereed literature is rich in descriptions of what a therapy dog is and how it performs its role. Levinson, 1962 describes the therapy dog as a co-therapist (Levinson, 1962); others note that it has the potential to be an “accelerator”, a “catalyst” and a ‘buffer’ in therapeutic interventions. [Cariad Pet Therapy](#) note that in a therapy dog intervention there is a ‘A partnership between a consenting therapy dog and its compassionate owner to improve the wellness of themselves and others through human-animal engagements.’

These human-animal engagements can take place in many different environments and contexts and have been reported over several hundred years. Most recently a study in 2018 by Occupational Therapist, Kristýna Machová and her colleagues, examined the use of the therapy dog in interactions with people with development dysphasia¹ and reported ‘statistically significant improvement in some primary outcome measures for the

¹ Aphasia/dysphasia is the language disorder that results from damage to the areas of the brain responsible for language. This includes written, spoken, and non-spoken language.

experimental group over the control group’, where conventional speech therapy was used. In 2019, Anderson, Hayes and Smith reported that in their study “results suggest that animal assisted therapy is a potentially valuable tool for speech-language pathologists working with children who have severe delays in communication skills”. In the same year, In 2019, Jess Hill (also an occupational therapist), was the lead author of an article that reported on a systematic review of the literature surrounding ASD-social behaviours and the role of canine assisted interventions. This article called for more robust measures to be used by researchers but acknowledged that ‘dogs demonstrate abstract thinking, as well as understanding for both verbal and non-verbal language, for example, following gesture and eye-gaze’ (p.613). Gee et al (2021) draw our attention to the impact of the therapy dog within the biopsychosocial model to human ‘self’, noting positive impacts in the domains of biological, psychological, and social wellbeing. Reference to therapy dog interactions and outcomes within the context of domains is a feature referred to by Mellor (2020) and his work towards a revision of the [Five Freedoms](#) in animal welfare.

Therapy dog interventions fall into Animal Assisted Therapy and governance through policies, practice and ethical guidelines and scant [Legislation](#). [Animal Assisted Interventions International](#) notes that the overarching goal is to:

‘promote wellbeing and benefits for humans and provide a positive experience for the animal without force, coercion, or exploitation’ (p.3).

Within the governance there are standards for accreditation, and for practice, and standards for the ethical participation of all participants. There is also strong reference to the Five Freedoms in animal welfare:

1. freedom from hunger and thirst
2. freedom from discomfort
3. freedom from pain, injury, or disease
4. freedom to express normal behavior
5. freedom from fear and distress.

However, in recent years there is a proposal to move away from these five freedoms to a [model of five domains](#) as ‘an explicit means to effectively and systematically’ evaluating animal welfare and considering the implications to a wide range of human–animal interactions.

As my own research applied the theory of dynamic systems I was drawn to this model and the reference to ‘dynamic interactivity of virtually all mechanisms in the body’ and potential for ‘imbalances or disruptions’ (Mellor et al 2020). The interconnectivity of systems or domains with attention drawn to all participants in an interaction is something that can be explored at a macro or, using transcription notation – at a micro level.

The [Delta](#) Organisation encapsulates the use of the therapy dog as:

“A goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process”.

What is a Speech Language Pathologist?

A speech language pathologist (SLP) is also known as a speech therapist and provides assessments and interventions that aim to improve or maintain any aspect of communication, conversation, and oral skill activities such as eating and drinking. The assistance provided by a SLP may be to people who have acquired their disability as a result of an injury or illness, or it may be developmental.

As a speech language pathologist working in the field of severe communication impairment, I work with people who have limited or no functional speech and also, people who have difficulties with social understanding and appropriate expression of social language. With the onset of Covid, my service delivery switched predominantly to online and included the creation of [online and self-paced training courses](#) for communication partners.

The majority of my clients use Key Word Signing and visual communication displays or assistive technologies. They rely on visual language, strategies that maintain good sensory regulation and excellent communication partner skills. Whilst most of my clients have autistic spectrum disorder (ASD), some also have challenges that include epilepsy, poor emotional regulation, central auditory processing disorder, attention deficit and delayed integration of reflexes. These issues can precipitate the need to respond with accommodations such as maintaining a calm, but conducive learning environment and an environment that is fun, motivating and enjoyable for everyone (including the therapy dog).

Implications for the client and the therapist.

The majority of reports that I have read in the literature indicate that a therapy dog can act as an accelerator to therapeutic interventions and that positive changes are often seen in contexts where there is less ‘*risk of criticism, rejection, evaluation, punishment, inattention, judgment and unsolicited advice*’ (LaFrance, Garcia and LaBreche 2006.p.1). These authors also note that the therapy dog may be a ‘*catalyst for breaking this negative cycle of social interaction in persons with aphasia*’. The therapy dog offers no judgement to how communication might be expressed. Macauley (2006) refers to this as the “unconditional acceptance for the disordered speech that is produced” and adds that the adults in her study, with [aphasia](#), “*enjoyed the AAT sessions more than the traditional sessions and looked forward to their therapy sessions when the dog would be present with great anticipation*” (Beth Macauley, 2006. p.363). Whether in a triangular or diamond formation², there are important implications for the speech language pathologist who is seeking to engage with clients on a regular basis with strategies and tools that have been shown to produce positive outcomes in a fun and engaging environment.

There are also implications for researchers and clinicians, as shown in Olga Solomons’ work, for the use of transcription to better understand what is happening in interactions where a therapy dog is used and why. My own research examined human-centred relationships and part of this exploration was to use transcription and notations for a micro analysis of what happened in interactions and how. In the process I identified literature that used transcription and notation for interactions where animals, such as dogs (Tannen, 2004)

² Triangular formation includes the clinical handler, client, and therapy dog whereas the diamond formation includes a clinician who is not the dog handler.

was involved. Although time consuming, transcription is a useful tool to ‘see’ what happens and provide a depth that goes beyond merely describing interactions. For example, compare the following:

a) a description of an event that includes a therapy dog handler, the dog, and a teenager.

Therapy Dog is sitting between handler and teenager. The teenager calls the dog ‘Lucy’, and the dog goes to him.

b) a transcribed and notated version where the interaction records eye gaze, proximity, timing, volume, wait time and body language.

Handler 1 > Therapy Dog 2> <Teenager (smiling)

Teenager: (...3) Loo=cee

Dog: (eye gaze back to handler)

Handler: °yes°

Dog: (...2) {tail wagging symmetrically} moves to teenager {opens arms}

Interpretation: The Therapy dog is positioned within 1 metre of the handler and 2 metres of the teenager. While the handler’s gaze is to the dog, the teenager, and the dog share eye gaze. After 3 seconds the teenager calls the dog’s name with a loud and sing song tone. Immediately the dog looks to the handler who replies ‘yes’ in a very soft tone. After a 2 second delay the dog moves to the teenager. In this transcription it can be seen that the dog is responding to the handler. Arguably the second way of recording an interaction with transcribed observations provides a clearer view of the sequence of events and the turn taking that occurred.

A Therapy Dog in My Clinic

After completing my PhD in [Strategies and Styles used by communication partners](#). I was keen to learn more about the sixth conversation style that my research had identified. This style was labelled “you me and something else” and featured interactions where there was an object or something else as an integral part of a conversation. Inspired by the work of Tannen and later by [Christina Hunger](#)

My [Golden Retriever Charlotte](#) had graduated at Level 4 obedience and was able to ‘watch my back’, recall off lead, listen solely for her name followed by a command and move through distraction mazes. Together we completed our Therapy Dog Handler course and began working as a team. When Charlotte died unexpectedly, her successor Bonnie began her Therapy Dog journey with me. Both dogs feature in some of the photos shown herein.

A therapy dog in my clinic has assisted my clients and the people who provide client support to learn about five key components of conversation. Namely, vocabulary, attention/eye contact, turn taking, and self-regulation. These will now be discussed in more detail.

1. Vocabulary

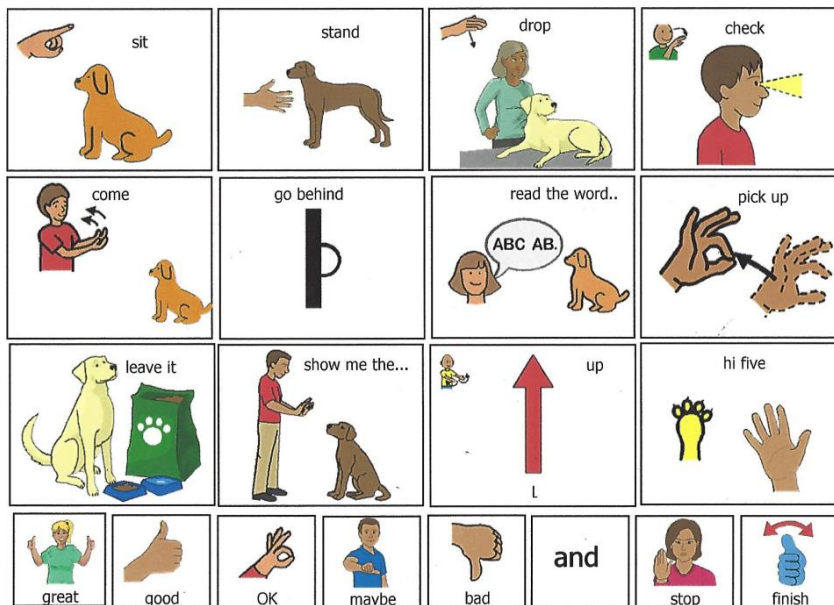
One of the tools used in my work is the communication dictionary. This is used to record a person's vocabulary – noting not just the word. but how it is expressed, what it means and what the communication partner should do in response. Here is an example...

Word or signal	How it is said	What it means	How you can respond
I stiffen my body and grizzle.	With extreme tension like a spasm	Please stop talking or go away, this is my time!	Acknowledge and be quiet or politely leave.
Turn my head to left	Very small and subtle	Yes	Acknowledge and develop the conversation.
'4 o'clock?'	Without question tone (as yet)	Please reassure me that mum is coming home at 4 o'clock.	Acknowledge calmly, reassure and try to divert gently. Use Key Word Signing and visual language tools.

As you can see, whether the word is spoken or non-spoken, there is a significant need to know and understand what each signal means. The same hold true for a dogs' vocabulary. So, in sessions we might explore what the therapy dog signals are, what they might mean and why.

Word or signal	How it is said	What it means	How you can respond
Offers left paw	Little skip movement of paw from sitting position.	Help me.....I want... May also be used when she has lost something or is confused.	Think about context. She may want you to find something or give her something (including information)
Yawn	Looks just like a 'tired' yawn but dog not tired.	I am stressed or I am picking up on your stress.	Check self and context for stress dog may be experiencing. Remove or modify stressor.
Eye gaze to toilet roll holder, and then in sequence to floor where toilet rolls are and up to shelf where new ones kept.	Very quick eye gaze. Sometimes with a shuffle back to get your eye contact again and she repeats herself.	I want an empty toilet roll.	Tell her 'finished' or 'all gone' and do NOT give her empty toilet rolls.

This can be a valuable activity particularly if carers are of the belief system that speech is the only vehicle for thought, that non-speech methods are too hard for anyone to learn, and that they know what the person so well that they know what he/she wants. I also make a visual communication chart for some people to see how language can be represented and images pointed to. For example, I might ask a client what they see the dog doing or how they would give feedback.



2. Turn taking

Turn taking happens when one person allows time for another person to share their thoughts with spoken or non spoken language. Often, my clients will need to learn about interruption and providing sufficient wait time for a smooth and fluent exchange of turns to take place. In my experience, using choice making activities with the therapy dog can be a great way to demonstrate the turn taking process and that conversation can be framed within a sequence of someone initiating (often with a question), another person responding (the answer) and the first person then providing feedback.

Here is Charlotte, taking it in turns with the online client to see what is involved in the activity 'touch' the toy that I name (rat/cat; phone/bone;). For example, wait for the person to stop speaking, have a stable base of support, look, listen, think about the answer, then answer. In the second photo Bonnie is doing a similar task with household objects. These are 'tricks' are consentious and the dog enjoys for short periods of time.



These activities might also open opportunities for discussion of emotional responses, clarification and repair strategies in conversation e.g. how do you feel when you get an answer wrong? How can you say that again in a polite way? What happens when someone doesn't wait until the speaker has finished before they answer?

3. Attention and eye contact

My clients may have compounding or co-morbid challenges including [ADHD](#). They may find showing attention through active looking and listening, a huge challenge. They may also not have the social understanding to know that a communication partner relies on certain non-verbal signals to make judgements. As one client once said “Wow! So you mean I got all those detentions just for not looking at the teacher when she was talking to me? But I WAS listening!! Eye contact can be particularly challenging but it remains in our culture, ‘a fundamental aspect of nonverbal communication’ ([Jongerius, 2020](#)). [Davidhazar](#) (2016) notes that “lack of eye contact may be interpreted as lack of interest or concern, lack of agreement or preoccupation with something else”. One thing I have noticed is that eye contact, attention to person and duration of attention to all stages of conversation appear more sustained and enjoyed when there is a therapy dog involved.



Eye contact at greeting & farewell.




Eye contact to screen.



Eye contact to learn.

Often I will screen shot from recorded sessions for additional teaching purposes and to provide visual information in the form of a [Social Story](#). In the following image below Charlotte shows active looking.

<p>Watching the shape of the mouth.</p> 	<p>Social Story written for client participating in this session:</p> <p>Jane helps me with new speech sounds.</p> <p>Some speech sounds have shapes that I can make with my mouth. I will try to watch Jane’s mouth and the shapes it makes.</p> <p>This is a helpful thing to do.</p>
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When clients get visual materials featuring the therapy dog, it comes as no surprise that it’s the dog that receives the Christmas cards and thank you notes ‘for helping me talk’!!!

4. Self-regulation

Being in a state of emotional regulation that is conducive to learning is paramount. The literature notes the potential value of the presence of a dog to elicit calm and a higher quality of expressive language and social interaction in informal and formal environments. See [Story Dog](#) and [Courts with intermediaries](#). However, not everyone is comfortable in the presence of a dog and at no time should inclusion of a therapy dog in session be anything but conscientious. Similarly, I have found it to be essential that I have a clear understanding of what the triggers are for my clients...triggers that can take them from calm to a meltdown in the blink of an eye. At no time should there be any risk of harm to any party in any session. This is why we have risk assessments.

The non-judgemental contribution made by the therapy dog in interactions can add to the depth of meaning, pleasure, and pride that a client experiences by having a therapy dog in the same environment, whether it be for reading, exercise, or conventional speech therapy activities. Duration to task may also be extended for some clients – perhaps because the dog contributes to the four C's in my work ethic...calm, cheerfulness, companionship and care.



Summary

Therapy dogs appear from the literature to have a valuable role in the clinical and therapeutic situation, but more research is needed to help guide the training of handlers, the collection of data, and the design of intervention programs. It would be interesting to see whether the use of transcription and notation, can shed more light on the roles played by therapy dog and the handler. They are after all, a team.

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