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Alice and her handsome Australian Shepherd Fly are doing volunteer work in the lobby of a child advocacy center. “Hey, watch this!” Beth calls out as she somersaults across the room while Annie is twirling her hair with one hand and sucking her thumb. How old are these people that therapy dog Fly will be comforting? We can all easily guess that they are children and probably under the age of 10.

Children Are Different From Adults

We appreciate from our life experience that children behave differently than adults. They are unpredictable, have high-pitched (sometimes piercing) voices, jump up and down when standing in a line, crawl under coffee tables, and a thousand other things that most adults do not do. Our dogs know that children are different also. Children smell different, they act different, and they look different.

While in an ideal world, all dogs would love children and tolerate their distinctive behaviors, we do not live in an ideal world. Actually, not even all people tolerate children well, a fact all too apparent if you take an active toddler out into the world. Humans who want to avoid children can usually do so easily by choosing the line at the grocery store with no mothers in it; but dogs that would rather avoid children are sometimes unwittingly thrust into their presence by their handlers. This can happen anywhere—at the park or at home. If the dog is lucky, his observant owner notices the early signs of stress, and removes the dog from the uncomfortable situation, giving him space to be alone or with adults.

Owners May Want Their Dogs to Assist Children

A serious problem could occur because Alice decided that she would like to help emotionally abused children and that Fly would make them feel better. After all, Fly has always been calm, is a registered pet partner with Delta Society and seems to love his own children at home. But is he really going to enjoy being petted by numbers of strange children? And what if Beth’s somersault triggers his prey drive and he chases after her?

Time will tell. Or maybe, just maybe, we could figure out a way (without involving any real children, with all the liability that would entail) to see if Fly is comfortable enough around children to make them feel better in stressful situations.

Dogs Assisting Children in the Criminal Justice System

Over the past year, our consulting firm Courthouse Dogs has been contacted by a growing number of dog owners who would like to use their dogs to assist children at courthouse facilities or child advocacy centers. These children may have been victims or witnesses of violent crimes, and may have mental health issues or be addicted to drugs. When child advocacy centers or courthouse staff members have turned to us for help, we searched high and low for a nationally accepted standard for them to use in the

The Need for Standard Behavioral Screening For Therapy Dogs Working with Children: Can Professional Dog Trainers Construct a Valid Screening Test?



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behavioral screening of dogs to work with these vulnerable children. Unfortunately, we have not been able to find anything approaching an accepted evaluation process for these facilities to use.

The national therapy dog registration services test dogs with adults, but not with children. Risk management teams, concerned parents, and volunteer coordinators at widespread facilities need the assurance of an accepted behavioral screening test that would allow dog professionals to identify dogs that will most likely be safe working around children.

More Care Should Be Taken in Screening Dogs to Comfort Children

Children are more vulnerable to injury or distress from interacting with dogs than adult humans are. For one thing their faces are often at the right height [continued on next page]

to be the target of a bite. For another, a young child may not remember an admonition to not hug the dog or to only pet him gently. Healthy, normally developing children are more vulnerable than adults, and ill, emotionally troubled, or abused children are at even greater risk. Troubled children (sometimes those most in need of comfort) may exhibit fewer inhibitions than healthy children. The need for a dog to be almost perfectly behaved is paramount.

A dog biting a child would, of course, be disastrous under almost any circumstances. But bad dog behavior does not need to get to nearly that point to be problematic. A dog that is too active can knock children over or scratch them. A dog that is too pushy can lick a child who wants to be left alone. In addition, the handling of the dog by the owner has an impact on the child, who sees in the handler's relationship to the dog a model of a parent-child relationship. For example, even a mild admonition to a dog can be interpreted by the child as a very negative interaction, causing further emotional trauma. So a dog working with children will need to get by with no on-the-job corrections.

Responsible professionals in this field have privately reported to us several dog bites of children by registered therapy dogs, as well as a range of incidents at facilities from stealing food to growling. There is a definite need for stricter standards in this placement of dogs.

Dogs Are Frequently Used to Comfort Children

A wide variety of facilities and individuals currently use dogs to work with children in a variety of situations, from individual counselors who use their own dogs(s) in their work to busy children's hospitals with dozens of visiting teams. Each setting is unique and has its own requirements; canine behavior evaluation is only one consideration of the many elements that go into a successful program.

For the sake of this discussion let's assume that we are talking about dogs working with volunteer handlers in a well-run facility, where a therapy dog program is underway; that the program was thought out carefully, the entire staff is supportive of the idea of incorporating dogs into the facility, and that good usage protocols exist which the newly accepted teams will be following.

In the selection and ongoing support of each team, the first important piece, of course, is selection and education of the handler; Ann Howie's book, *The Handler Factor*, is a go-to source for considerations in this area. At many facilities serving children, the handlers may have to go through a series of background checks, medical screenings, and training in the specific demographic and mission of the facility. So how are we going to decide whether the dog before us wants to work with the children in such a program?

What Makes a Dog a Good Candidate to Work With Children?

As a starting point we want to see basic obedience skills and manners, as indicated by a Canine Good Citizen certificate or registration with an organization such as Delta Society or TDI. As Joan Orr, co-founder of Doggone Safe, a nonprofit dedicated to dog bite prevention says, "For maximum safety you want dogs that not only tolerate affection and attention from children, but actually enjoy it and you want handlers that can tell the difference."

The questions before us are:

- How are we going to reliably find those dogs and handlers?
- What are we going to recommend to children's facilities who want to implement a therapy dog program?"

Some Current Model Programs

There are several well-known programs around the country that have been in operation for many years, doing their own screening of dog behavior around children. Let's look at the requirements they have established for a successful therapy dog program at their organizations.

Children's Hospital Boston has a project called the Pawprints Dog Visitation Program. The elements of their behavior screening include, in part:

Calmness and stability around medical equipment and distractions: Your dog must be tested for response to high-pitched squealing, child crying, metallic noises (e.g., rattling cans), slamming doors, angry voices, loud laughter, and a monitor alarm. Your dog will be tested for his or her response to multiple noises arising at the same time as might occur on a hospital floor.

Intimate handling and tolerance for clumsy, exuberant petting: Your dog must remain calm and gentle while the evaluator pets his or her head, holds and tugs on your dog's tail, tugs on ears, touches your dog's eyes and mouth, blows in his or her face ("air puff"), muzzles and examines mouth, lifts and holds each paw, and gives a restraining hug. The evaluator will not harm your dog while handling him or her in these ways.

Unexpected petting from behind: When your dog is distracted, the evaluator attempts to pet your dog from behind without your dog expecting it. This test mimics the behavior of many young children who try to pet dogs from behind. Many dogs find this behavior threatening.

Giving up a toy: The evaluator will attempt to engage your dog in play with a toy and then take the toy from your dog. Your dog should release the toy to the evaluator without undue effort on the part of the evaluator or negative reaction from the dog.

Visiting manners: You and your dog approach the evaluator who is role playing a fearful, then cautious,>

patient. With your guidance, your dog must refrain from visiting when the person is fearful, but calmly approach when the individual becomes cautiously interested.

The Prescription Pet Program at Denver Children's Hospital (also known as RxPets) has been running successfully since 1984. They must be doing something right! The evaluator in this award-winning Denver program is one of a group of volunteer veterinarians who have undergone training by the hospital staff. This behavior screening is repeated annually, and is only one part of a thorough selection and education process that goes on for the handler and the dog. Some of the evaluation includes:

Pain threshold: While playing with the dog, briefly pinch the webbing between his or her toes or pull a hair from his or her side to determine pain tolerance. Lift the tail and manually wag it. Acceptable reaction from the dog includes: tries to pull away, but shows forgiveness; yelps, but is not aggressive; trusts you, allows further petting. Unacceptable reactions include: growls; snaps; acts fearful or distrustful.

Sound sensitivity: While you are casually interacting with the dog, have an assistant make a very loud noise without warning. Acceptable reactions: notices, but continues previous activity; notices, investigates; startles, but quickly recovers. Unacceptable reactions: flees; cowers; freezes; trembles; urinates; moves as if to attack.

In summing up the dog's behavioral evaluation, the veterinarian is asked to check if any of these items elicited a negative response:

- A door is slammed
- Someone enters the room in a loud manner
- Someone approaches the owner
- Its hair is pulled
- Its ears are pulled and fingers are stuck into the ear canals
- Its legs are pulled
- Its tail is pulled and lifted high
- It is patted aggressively
- It is pushed around the room
- It is hugged tightly around the neck and the body
- Visual contact with another dog

At **Cincinnati Children's Hospital**, Dr. Edith Markoff has established a very popular dog visitation program, and bases her personal behavioral evaluations on the Denver protocol. She has added a few items to the test for her facility, such as:

Elevation of the dog: After three general handling exercises, grasp the dog in the palms of your hands (around the dog's rib cage) and, if possible, elevate the animal completely off the ground. The weight of the dog should be balanced in the palms of your hands on the dog's sternum. All four paws

should be completely off the ground (three to four inches is sufficient). If the dog is too large, elevate just the front paws. Record the reaction. Acceptable: relaxes, calm; turns to lick you; squirms, then calm. Questionable: squirms, then freezes; squirms, then tries to bite; squirms and then flails for more than 15 seconds; submissively urinates; whines/cries; growls; bares teeth.

Holding the dog's paws: After four tests, take one of the dog's front paws in your hand and grasp it gently but firmly (hold onto it). After about five seconds, record the reaction. Acceptable: relaxes, then calms; pulls foot, then calms; licks your hand; "shakes" your hand. Questionable: pulls foot and whines; pulls foot and mouths your hand; attempts to bite; growls, snaps; whines, tries to escape; submissively urinates.

Motion sensitivity: Stand directly in front of the dog and then on the side of the dog and wave your arms and/or legs in grand gestures over the head and back area of the dog. Record the reaction. Acceptable: calm, relaxed; looks, but remains in position; lies or sits down; Questionable: flees, growls; bares teeth; urinates; trembles; whines, cries; hackles up.

Taking treats from strangers. This test will show whether a dog can gently take food from people who are not the dog's family. Have at least two people offer the dog treats. Have one person offer the treats with an outstretched hand, the food in an upturned palm with the fingers open. Have another person offer the treats from between their thumb and fingers. Record the response of the dog including the approach to the individual and the gentleness in taking the food.

Karen Peak, originator of the **Safe Kids/Safe Dogs Program** has developed a screening test for the dogs that will be used in demonstrations to groups of children. In creating this screening, she relied upon child behaviors she herself had witnessed during demonstrations and when participating in therapy with physically disabled children at a rehab hospital. In addition to many of the test items already listed, Karen includes:

- Lean against the dog. Reach under belly. Stand and step over the dog when he is down, sitting, and standing, if possible. Grab handfuls of loose skin or fur.
- Gently place your foot on top of the dogs', but do not step down. The dog can move the foot away, but should not react above and beyond moving away calmly.
- Blow up a balloon and release it about ten feet from the dog.
- Set up a child's toy that has sound and motion and/or lights about ten feet from the dog. Let the dog look at it, walk up to it, and then go ten feet away. Now, turn on the toy.

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With all of these items, Peak is looking for a dog that remains calm and, while it may react by noticing the stimulus, does not become tense, chase the toys, or become difficult to control.

Handlers Are Not Reliable Judges of Their Dogs

If you teach a therapy dog class, you know that handlers interested in this type of work often have high opinions of their dog's skills and aptitudes. Each handler loves her own dog, and may be blind to the dog's "shortcomings" in this area. Some handlers want to do volunteer work themselves and want to have their dog with them, or want the supposed status of having a registered therapy dog. The dog may be much less interested in doing this type of work. "Sad to say, I have seen many people (even professional counselors, social workers, etc.) get caught up in being so excited about getting to use their dog to help others that they do not always behave in a professional manner and the dog is there more for their own gratification than to be a help to others." writes Sylvia Schmidt, counselor for a school district in Wichita, KS, who has taught a workshop at Friends University for nine years about selecting therapy dogs and professionalism in handling them.

It can be difficult to be the person who has to tell a handler that her dog is not comfortable providing comfort to others, that he needs more training in basic obedience, or perhaps is not suited for this type of work at all. In fact, some evaluators would rather pass an inappropriate dog than face the handler with the facts. However, this is doing the dogs a serious disservice. **A dog should not be put in an uncomfortable situation just for his owner's sake.** An evaluator needs to be ready to suggest other volunteer opportunities and other dog activities, instead of having the handler see her "failure" as a dead end. A therapy dog evaluation is in large part just a chance to see if the dog is comfortable working with strangers in a public setting, and if his skills are sufficiently developed.

Ongoing Supervision of a Therapy Dog Team

While owner/handlers can (and should) be taught to observe their own dogs carefully for early signs of stress, it is much easier for a neutral observer, such as a dog trainer to see these signs. We are all prone to see only what we want to see, and a handler who enjoys helping people herself may be apt to push a dog too hard. So one part of a facility's plan must be the continuing supervision of handler/dog teams by an experienced trainer or facility professional, as well as periodic retesting of each animal. Writing about this need for ongoing, close supervision of every volunteer team, Mary Ellen Sherrill, a play therapist at a Houston child advocacy center writes, "My supervision of our AAT program involves both clinical supervision toward the integrity of the therapy sessions and a broader administrative supervision with regard to the acquisition and training of teams. The handlers of the animals require as much supervision as the animals, if not more, as they become intertwined in the therapy work. Though this

supervision is extremely time-consuming and demanding, as is any supervisory role, it is critical and integral to the success of any AAT program and I don't think it can or should be done without this supervision."

Professional Dog Trainers Need to Develop Standards in This Area

Because most children's facilities do not have a canine expert on staff to spearhead the creation of a therapy dog program, this task may fall to almost any professional dog trainer. There is no nationally accepted screening for dogs to work with children. Hopefully, as more and more facilities develop these types of programs, dog trainers will step forward to create an adequate set of selection criteria that could be used by trainers throughout the country in the development of therapy dog programs to serve children. The risk management teams at pediatric facilities are rightfully skeptical of screening tests with no data on validation. The criteria offered here, used by various people, are just a beginning of the creation of a child-specific therapy dog test.

Is it possible to do a good job of selecting dog/handler teams to work safely and effectively with children? Of course it is. No testing procedure is fool proof, but we know that some skilled individuals across the country are doing an excellent job of this year after year.

How Do We Develop Standards in This Area?

Let's start an open conversation about this lack of any uniform criteria in the selection of therapy dogs to work with children, and see if we can come up with a testing procedure that could be defined clearly enough to be used by professional dog trainers across the country when they are asked to select dogs for this purpose.

Let's use the experts in this field to to develop a screening test to help a therapy dog team like Fly and Alice work with children. There are children all around the United States who could use the services of a therapy dog every day, and if child professionals could feel confident in the selection process, more doors would open for the dogs to come in.

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Celeste Walsen DVM is the Executive Director of Courthouse Dogs LLC. Please see our Web site, www.courthousedogs.com, for information about the use of dogs to provide emotional support for victims, witnesses, and everyone in our criminal justice system.