

COMFORT THROUGH CRISIS: ONE DOG'S WORK AT A PSYCHIATRIC HOSPITAL

Beth Prullage, LICSW, Doctoral Candidate, Simmons College School of Social Work

This narrative tells the story of one dog's work at a psychiatric hospital. Over the course of four years, Maisy touched the lives of many people in crisis. Her calm and steady presence invited patients to talk to her about their experiences, to cuddle, and to connect or reconnect to parts of themselves that flourished outside of an institutional setting.

Preparing for Work

I pulled into the nursing home parking lot on the day of the certification test with some nervousness. In my call with the trainer from the local Society for the Prevention of Cruelty to Animals (SPCA), I had been told to bring my dog, a four-foot leash, and some treats. We were going to have an unpracticed visit to a nursing home so that the trainer could determine whether or not my Labrador Retriever could be certified as a therapy dog. I just hoped that Maisy, my four-year-old dog, would not pick up on my nervousness and would perform well.

Maisy had a history of failing and I felt protective of her. At eight weeks she had not passed the initial tests to be a guide dog for the visually impaired and she was released from the regional breeding and training program into which she had been born. Maisy's reason for failing was that she "lacked confidence," a quality that becomes visible when she is in new and stimulating environments. And so I felt nervous for Maisy as I put on her leash and we approached the nursing home. I was not sure if the next hour of testing would play to her strengths.

In the lobby of the nursing home, the trainer spent time with Maisy, exploring her responsiveness, obedience, and sensitivity. The sensitivity test included an unexpected tail pull and Maisy, although surprised, was non-reactive. The trainer explained that it was important for dogs to react calmly to a range of unexpected situations, physical and environmental. We then visited the residents

in their rooms and Maisy practiced negotiating around wheelchairs and engaging with the elders. One highlight for her was catching a group of residents in the kitchen who were just finishing a snack: donuts. She was quite happy to lick all of the sugar off of their fingers, something that the elders responded to enthusiastically. At the end of the test, Maisy was officially certified as a pet visitor through the local SPCA chapter.

Animal-Assisted Therapies

Tedeschi, Fitchett, and Molitor (2005) define Animal-Assisted Therapies (AAT) as "a goal-directed intervention in which an animal that meets specific training and safety criteria is incorporated as an integral part of the clinical healthcare treatment process" (p. 61). Nimer and Lundahl (2007) expand this definition to include the deliberate inclusion of an animal in treatment planning. Another form of utilizing animals is through pet visitation to a range of institutional facilities. This latter practice is called Animal-Assisted Activity (AAA; Johnson, Meadows, Haubner, & Sevedge, 2008). The terms will be used interchangeably in this narrative, as Maisy's role at the psychiatric hospital included both aspects: visitation and treatment.

In general, AAT and AAA have been shown to have a positive impact within a range of settings. A meta-analysis of animal-assisted therapy concluded that "AAT was associated with moderate effect sizes in improving outcomes in four areas: autism spectrum symptoms, medical difficulties, behavioral

problems, and emotional well-being" (Nimer & Lundahl, 2007, p. 225). A meta-analysis focusing specifically on the effects of AAT and AAA on symptoms of depression indicated that AAA and AAT were associated with fewer depressive symptoms (Souter & Miller, 2007). Research has shown that AAT can improve functioning in a range of populations, including elders in nursing homes (Banks & Banks, 2005; Kawamura, Niiyama, & Niiyama, 2007), chronically mentally ill adults (Kovács, Bulucz, Kis, & Simon, 2006), and children in classrooms and hospitals (Jalongo, Astorino, & Bomboy, 2004; Prothmann, Biener, & Ettrich, 2006). In one study loneliness decreased in a group of long-term care residents who had visited with an animal (Banks & Banks, 2005). A study by Prothmann et al. (2006) indicated that "incorporating a dog could catalyze psychotherapeutic work with children and adolescents" (p. 265). It was with my preliminary sense of the body of growing literature that I asked my supervisor if Maisy could join me in my work as a clinician on an adolescent unit in a psychiatric hospital in 2003.

The Hospital

Once Maisy was certified she was ready to start coming to work with me twice per week. My immediate supervisor and the senior leadership at the hospital were enthusiastic about the prospect of integrating AAT into the existing therapies. While it was planned that I would be Maisy's primary handler, others would also be involved in this capacity, as the work with Maisy would be in addition to my other duties. It was also determined from the outset that Maisy would have significant and scheduled down time each day and that we would follow her cues as to how much and what types of interactions were suitable. I purchased a therapy dog vest, so that her purpose at the hospital would be immediately clear to others, and the Human Resources Department (which was full of enthusiastic dog lovers) made Maisy an official photo I.D. to formalize her volunteer status.

The child and adolescent unit had 24 beds and functioned as two separate units divided by age. While the majority of the patients were

there for a relatively short period of time to address a psychiatric crisis, there were a number of young people who would stay for a longer period of time, up to 12 months, while they awaited transfer to a long-term hospital or residential program. We originally thought that Maisy would spend her time exclusively with the young people on the inpatient unit; however, once her visitations became regular, the occupational therapists and social workers from other units requested that Maisy join a therapy group with the adult and geriatric patients. She eventually spent time on both of these units in group settings.

Classroom Time

One of the first and most enthusiastic Maisy handlers was the teacher on the child and adolescent unit. The young people at the hospital spent two hours each day doing academic work in the school wing, and the teacher was eager to have Maisy participate in the school day. The teacher's purposes were two-fold: she was familiar with the literature that demonstrated that AAA had shown promise in motivating children to complete academic activities (Jalongo, Astorino, & Bomboy, 2004) and she was a dog lover. Prior to our arrival, an entire bulletin board in the school was devoted to Maisy. The board featured pictures and questions and answers that the patients had asked me about Maisy's life. The bulletin board remained present over the years that Maisy visited, although the thematic content changed as the young people learned different skills or relevant information about pet therapy (written testimonies and poems about Maisy, information about therapy dogs, reading a dog's body language). This bulletin board helped to orient new patients to Maisy and the nature of her special role on the unit.

While at school Maisy engaged in a number of tasks. She could walk freely around the school wing, and she spent most of her time sprawled out in the library, relaxing and napping. The library was a small carpeted room with bean bag chairs, and the young people would use the space to read or spend quiet time away from the classroom. It was unusual to walk by the library without seeing

the kids in contact with Maisy in some way: reading to her, curled up on the floor around her, lying with their heads or feet on top of her, etc. Young people of all ages would often confide their feelings to Maisy, often with more clarity and candor than had been expressed to any staff member. In addition to her library duties, 1:1 time with Maisy was used to reward individual students for staying on task. Occasionally, Maisy would be called over on a "PRN" basis, to soothe children who were particularly upset. She further participated in other events that occurred during school hours, such as the annual trick-or-treating throughout the hospital (in a home-made costume), a gardening project, etc. On more than one occasion, the students presented Maisy with a certificate of achievement of some kind. These hand-made honors are treasures and are displayed on my refrigerator at home at dog's eye level.

There were staff and young people who were afraid of dogs, and these situations were negotiated carefully. Children who were afraid often consulted with their peers about Maisy prior to meeting her, and Maisy would be kept on a leash or would stay home while these young people were in the milieu, depending on their preference. For some children it was an opportunity to confront their fears. Those who were interested participated in structured interactions with Maisy and were given the opportunity to learn more about dogs, learning such skills as greeting a strange dog and how to read a dog's body language. Pet allergies could also be an issue. When children were allergic, Maisy was restricted to certain areas of the hospital.

Treatment Issues

As time passed the treatment team began to think about ways to expand Maisy's presence on the unit. Her enthusiastic reception at the school led us to think about the other ways that her presence might supplement the individual's treatment. Jalongo et al. (2004) define AAT with young people as being founded on two principles:

...children's natural tendency to open up in the presence of animals, and the

stress-moderating effect of an animal's calm presence (p. 10).

The initial ideas for individualized treatment were based in our observations of what was happening at the school. Individual time with Maisy became a potential reward on behavior plans for those young people who were particularly attached to her. Young people could use their points on earned target behaviors to "buy" cuddle time or a walk outside with Maisy. My patients would often request Maisy's presence in the room if they were going to have a "hard" conversation – one where they talked about the abuse they had experienced or the violence they had witnessed. These patients would explain that it was much easier to talk about these things when Maisy was around. They could pet her and when she would lie down near them, they did not feel so alone – in the present moment and even during the moments that they were talking about. One teenager explained to me that it was nice to have Maisy there because "she never judges me and so I can say everything that happened without worrying about that."

In one memorable instance Maisy became a useful object in therapy. A young girl who had experienced notable abuse and neglect struggled mightily on the unit with staff around issues of bathing and self-care. Although she was of school age, she had not regularly brushed her hair or teeth and bathing was something that was terrifying for her due to past times of abuse. This child was slated to be at the hospital for a while, as she was waiting for a bed in a long-term facility, and so the treatment team asked her if she would be willing to look after some of Maisy's grooming needs during her stay. She brushed Maisy regularly, gave her special treats to help her teeth stay clean, and offered invaluable (and respectful) advice about when it was time for Maisy to take a bath. Not surprisingly, as her expertise in Maisy's care grew and was acknowledged, she began to look after her own hair, teeth, and cleanliness independent of prompting.

Other long-term patients were recruited for special roles, such as taking Maisy on a

mid-day walk. For many of the young people who were "stuck" at the hospital for a matter of months, the importance of a relationship with Maisy seemed amplified. These patients were often bored by the repetition of the daily schedule and by the group activities that they had done some months before. To that end, finding any number of ways to individualize their programming became important. When the repetition of the routine had the young people not wanting to get out of bed in the morning, I would bring Maisy by their bedrooms on our arrival to work. These young people were often encouraged to join the milieu through the prodding of a wet nose or Maisy's kisses on their face. The hospital, as with many institutions, discouraged physical contact, and the young people were often starved for physical touch. And so, the touch of a wet tongue or nose and the thwack of a wagging tail went a long way in helping the day start off differently due to the physical connection with another being. It was not uncommon for these patients to ask for a Polaroid photo of themselves and Maisy at the end of their stay. If these young people wrote letters after discharge, they would invariably ask after Maisy. One middle school student asked, "Do you think that Maisy remembers me? I look at the picture of us together and think of her a lot. Do you think that she ever thinks of me?"

Support of Life on the "Outside"

The presence of a dog in the hospital is an unusual sight. As a result I have experienced that folks inside of the hospital are profoundly drawn to having an animal around and that the presence of a dog invites stories of life outside of the hospital. For several months I co-facilitated a group on the older adults' unit at the hospital with the occupational therapist who worked on that floor. Each week I found myself quite moved as remarkable stories about life would surface during this group. On one occasion an elder who had not spoken since his admission some weeks previously touched Maisy's fur and blurted out, "I had a dog named Pepper once!" Maisy's kisses and our questions helped the story of Pepper take shape and all of us were left with a different sense of the man who had sat silently before

us several minutes previously. This was not an unusual outcome for the group. Patients who were quite disoriented in the present could relay their historical relationships to various dogs with clarity; there seemed to be something about the tactile experience of the dog's unexpected presence that linked them to connections with other dogs through the years.

Maisy's presence on the adolescent unit produced similar outcomes. I worked for nine months with a young woman who had experienced profound abuse and whose self-injurious behaviors had led to many years of institutionalization, both in the past and the projected future. Yet, her connection to Maisy was something magical. Previously, this patient had difficulty imagining a future for herself, but over the course of her time with us, she began to imagine living in a house in the country with many dogs and cats to keep her company. This dream was based on her sense that animals were reliable and would not intentionally hurt her, as so many people had. She thought that she might work with animals to support herself – to be a veterinarian, or a veterinary technician, or a dog trainer.

She felt that there might be a good market for dog trainers because, although Maisy was "a good dog", she was "a little bit boring and did not know any tricks." I went to the library and found several books and videos on dog training, bought a special stash of treats for this young woman to look after, and encouraged her to teach Maisy what she could. She began a dog training program in earnest, focusing on teaching Maisy a range of tricks that might help to entertain or comfort the other kids in the hospital. This young woman showed tremendous aptitude as a trainer and Maisy, now many years later, can still do many of the tricks that she learned. Prior to the patient moving on to a long-term facility, she gave three dog shows in which Maisy's new tricks were demonstrated: one to staff, one to the children's unit, and one to the adolescent unit. The patient received enthusiastic feedback from each of these performances and staff verbalized particular appreciation for the long-term effects of her efforts. The patient heard about the positive implications that would likely be

expressed by others due to her initiatives, for example, how Maisy's new skills would continue to touch the lives of many other young people in the future. This client had not experienced a tremendous amount of recognition for her positive contributions to others previously and the feedback from the dog shows had a great impact on her. She confided to me that she had mostly heard about the negative impacts of her behaviors on others previously. For example, her impulsive self-harm scared and "triggered" others. This did not sit well with her because she did not want to see others hurt in the ways that she herself had been hurt. And so the idea of leaving a positive legacy at the hospital had great meaning for her. In her final days at our facility, she began to speak with more detail about her hopes for her life and her future. I believe that these details became more available to her after her competency and contributions were validated by staff and peers.

Continued Connection

When I left my job at the hospital to focus on my doctoral studies, many of the young people, and some of the staff, were sorry to see Maisy go. Because the hospital is the only one serving a large geographic region, Maisy's work has touched many people's lives in our area. I have been approached by adolescents, children, and adults in the grocery store or on the street who ask after Maisy. I sometimes have no memory of the person who asks, yet they retain a clear memory of Maisy.

A teenager recently lectured me for not continuing to take Maisy to the hospital. "Just because you don't work there anymore doesn't mean she shouldn't – I think the kids still need *her*!" I had an internal laugh at my own sense of importance – it was clear to me that my former patient had no concern that I couldn't be easily replaced – and then I considered her words. Hadn't Maisy stood up a little straighter when I put her "therapy dog" vest on in the morning? I had always been impressed by her enthusiasm in going to work each day. She had pulled me up the hill with her tail wagging each day with an excitement that rarely matched my own. She had touched many people and I had a sense that the work

had been something that she enjoyed as well. The former patient was right, and I have started to make arrangements for Maisy and me to resume her volunteer activities. As part of this process, we have started to practice the tricks that were taught by her "dog trainer" many years ago!

References

- Banks, M.R., & Banks, W.A. (2005). The effects of group and individual animal-assisted therapy on loneliness in residents of long-term care facilities. *Anthrozoös*, 18(4), 396-408.
- Jalongo, M.R., Astorino, T., & Bomboy, N. (2004). Canine visitors: The influence of therapy dogs on young children's learning and well-being in classrooms and hospitals. *Early Childhood Education Journal*, 32(1), 9-16.
- Johnson, R.A., Meadows, R.L., Haubner, J.S., & Sevedge, K. (2008). Animal-assisted activity among patients with cancer: Effects on mood, fatigue, self-perceived health, and sense of coherence. *Oncology Nursing Forum*, 35(2), 225-232.
- Kawamura, N., Niiyama, M., & Niiyama, H. (2007). Long-term evaluation of animal-assisted therapy for institutionalized elderly people: A preliminary result. *Psychogeriatrics*, 7, 8-13.
- Kovács, Z., Bulucz, J., Kis, R., & Simon, L. (2006). An exploratory study of the effect of animal-assisted therapy on nonverbal communication in three schizophrenic patients. *Anthrozoös*, 19(4), 353-364.
- Nimer, J., & Lundahl, B. (2007). Animal-assisted therapy: A meta-analysis. *Anthrozoös*, 20(3), 225-238.
- Prothmann, A., Bienert, M., & Ettrich, C. (2006). Dogs in child psychotherapy: Effects on state of mind. *Anthrozoös*, 19(3), 265-277.

- Souter, M.A., & Miller, M.D. (2007). Do animal-assisted activities effectively treat depression? A meta-analysis. *Anthrozoös*, 20(2), 167-180.
- Tedeschi, P., Fitchett, J., & Molidor, C.E. (2005). The incorporation of animal-assisted interventions in social work education. *Journal of Family Social Work*, 9(4), 59-77.

Beth Prullage is a doctoral candidate at Simmons College School of Social Work and an adjunct faculty member at Simmons College School of Social Work and Smith College School for Social Work. Her two dogs contribute a great deal to her own well-being and, on occasion, to the lives of the individuals she works with. Comments concerning this article can be sent to: beth.prullage@simmons.edu.



Maisy. Photograph by Beth Prullage.

Copyright of Reflections: Narratives of Professional Helping is the property of Cleveland State University and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.