Paws with a Cause - Therapy Dogs Go to School

An investigation on therapy dogs assistance in special needs classrooms as well as hazards associated with bringing animals to school facilities.

Tag Words: therapy dogs; autism; special needs children; therapy dog visitations; learning disabilities

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The prevalence of autism in the United States reached higher rates than ever. In New Jersey, 1 in 49 children is born with some type of Autism Spectrum Disorder (ASD). So far, there was no effective treatment, which could completely diminish the symptoms and allow the affected individuals to live normal lives. Therapy dog visitation is a unique and natural alternative solution to the stimulant medication. During this research, we are examine whether companion animals can help through engaging volunteering therapy dog handlers asking them to visit special needs classrooms. Along the study we survey parents as well as school staff to determine whether they notice any behavioral differences in children. What we’ve observed thus far is that certified therapy dogs appear to grab children's attention and increase their responses toward their surroundings. Moreover, obstacles associated with bringing the dog among children, such as allergies and insurance; often have simple and easy solutions that significantly decrease these hazards.

Video Link: https://www.youtube.com/watch?v=SoQbjEurTg
https://www.youtube.com/watch?v=xLJ9uNq8dnY

Therapy dogs influence on special needs children in a classroom setting as well as children with learning disabilities. Hazards associated with bringing real animals to school facilities.

(MS) It has been known for decades how interaction with pets can benefit people. It not only makes us feel more relaxed, but also can be therapeutic if we are struggling with depression and anxiety. Animals give us an unconditional and uncomplicated love, which is often one of the most missed aspects of our lives. Scientist had proven that petting a cat or a dog decreases the blood pressure and heart rate. College students struggle with the anxiety during the exam period, and interacting with animals can be a great and natural remedy. Children with disabilities can improve their reading skills and reduce the social anxiety.
The Benefits of owning a Therapy Dog. (MS)

The depression has been an increasing problem in modern world. Therapy dogs can be a very significant remedy for this disorder. People who have to deal with depression, especially after the death of the loved ones, found the companionship of a pet a significant relief. The responsibility of taking care of the animal can be a great distraction, keeps the mind off the grief and make a person feel loved and boost their confidence. Having a pet as a therapy makes people spend more time outdoors, keeping them fit and active. Keeping up with the daily routine is a good therapy for depression and going outside few times a day with a dog, helps to stay in track. Also, it influences the social interactions, because while walking the dog out usually pushes people to a social contact with other dog owners, who like to talk about their pets.

Sonia Lupien is a Canadian senior researcher and professor at the University of Montreal Department of Psychiatry, who was working on a relationship between cortisol levels (stress hormone) and the interactions with the dog. The dogs were brought to children’ homes by scientists, who measured the hormone levels. After a while, the animals were removed from houses and the researchers measured the hormone levels again. The results has shown that the dogs presence significantly decreased cortisol in children’ blood.

Reading Skills of preschool children. (MS)

Therapy dogs help preschool children in reading skills. Sometimes kids have a social anxiety and get stressed when it comes to the reading in front of other people. Reading to the dogs reduces the social blockage and a child is more comfortable in the company of a dog and can focus on the reading process: “By sitting down next to a dog and reading to the dog, all threats of being judged are put aside. The child relaxes, pats the attentive dog, and focuses on the reading. Reading improves because the child is practicing the skill of reading, building self-esteem, and associating reading with something pleasant” (www.tdi-dog.org). The children are more interested excited about reading books. They usually love dogs from the beginning, and it gives them a positive motivation and attitude towards reading. However, there had been several issues with bringing the dogs to schools. Some children do not like the dogs, because they were bitten in the past. Also, the school employees may experience the anxiety towards the dog. The dogs have to be on the leash at all times. The interaction between a child and a dog provides a better understanding of the animal, which causes the decrease in the anxiety towards it. The Reading Education Assistance Dogs@ (R.E.A.D.@) is a program which helps children to improve their reading and understanding skills with the assistance of therapy dogs. The program is available throughout the U.S., mainly in California, New Jersey, Pennsylvania, New York, Florida, Connecticut, Minnesota, Missouri, Wisconsin, Texas, Virginia, Tennessee, Illinois, Ohio, Maryland and Georgia. In 2006, in Minnesota, fourteen children participated in a PAWSitive Readers project. The program lasted for 7 weeks. The dogs visited the library once a week. The results were impressive, 10 out of 14 children significantly improved their reading skills. The R.E.A.D. program also helps children to relax and brings comfort to those, who are experiencing the sadness after an unfortunate event in their lives, like loosing a family member or beloved pet.

The number of elementary and primary schools that decided to engage therapy dogs in reading programs is increasing. Teachers recognize when their students are struggling and falling
behind others. This program could be one of the most pleasurable and effective methods to improve reading skills in children.

Therapy Dog Assistance outside the school (MS)

Therapy dogs can provide safety when a child is outside the house. The company PAWS with A Cause specializes in providing the training for therapy dogs. The breed used in the training is Labrador Retriever and Golden Retriever or mixes of both. One of the success stories of the PAWS with A Cause is a story of Elliot, a 7 years old autistic boy. He was very sensitive to every noise, even at night. His parents could not get enough sleep and rest, because Elliot was usually fully awake. The parents decided to try therapy dog program. They adopted a two years old Labrador named Lewis. Elliot almost immediately connected with the dog, and he is excited to go to sleep with beloved Lewis on his side. The dog is trained to go to sleep when its dark outside and the playtime is over. Elliot is laying in bed, tapping Lewis’s head, relaxes and eventually falling asleep. If the boy wakes up in the middle of the night, Lewis is there to calm him back to sleep. The benefit for this family was enormous. Taking care of a disabled child is a very hard and exhausting task for parents. Having a therapy dog can not only benefit the child but also the family. Making the dog a part of it strengthens the bonds between family members. Parents can practice the commands with the dog, which will greatly improve the mood and relieve the stress caused by everyday struggle. The safety is a major concern for parents with mental disabled children. The therapy dogs can serve as guide dogs. Usually the dog is attached to a child through a webbing belt, which is placed around a child’s waist. The other end of the belt is connected to a dog’s vest. The dog is very well trained to react to specific stop commands from the dog caregiver. It prevents the child from crossing the street, walking into the water or wandering away from the family. This pattern can be essential in educating the child about the dangers around him. The dog is trained to react when any seizure happens. Therapy dogs can accompany children with disabilities at school. The child can walk more independent by holding onto the dog. The parents can be more sure about their loved ones safety, because the social anxiety will decrease which leads to easier adaptation to the new environment.

(AS) There are many potential uncertainties that could accompany the thought of bringing therapy dogs into classroom surroundings. Below is the message of one of the Autism Spectrum Disorder organizations:

“Hi Dr. Fagan, we received a request to participate in a research study by one of your students. We cannot participate in the study, many of our students have allergies, asthma, or are afraid of dogs and we don’t feel that we can have a therapy dog in any of our classrooms.

CM
Chief Operating Officer
Eden Autism Services”
**Allergy (MS)**

One of the important issues is the allergy. The dogs are not allowed to enter the classroom with the children with allergy. The major symptoms of an allergic reaction are coughing, wheezing, red, itchy eyes, red patches on the skin, runny, stuffy nose and sneezing. The pathogen triggering the allergic reaction is the dander - flakes of dead skin, as well as the saliva and urine. People with allergies have a very sensitive immune system, which recognizes the pathogens like dander as harmful. The immune system attacks this pathogen like it would attack viruses or bacteria. Some breeds of dogs are considered to be ‘hypoallergenic”. It does not depend on the length of the dog’s fur, like most of the people think. The top hypoallergenic dog breeds are Bichon Frise, Schnauzer, Yorkshire Terrier, Bedlington Terrier, Shih Tzu, Poodle, Italian Greyhound, Basenji, Chinese Crested and Samoyed. These breeds could be used in the dog therapies and the allergy problem could be partially solved. To minimize the allergic reactions, the dogs should be bathed at least once a month and wiped down with the anti-dander spray on days when they will be working at schools. The first meeting with a dog would be non interactive, simply “meet and greet”, therefore the dog trainers could evaluate the child behavior in the presence of the dog, as well as any allergic reactions.

**The Insurance (MS)**

Essential issue is the insurance provided to American School Counsel Association (ASCA) members. It simply does not cover the therapy dogs. Although, the personal liability insurance under the Healthcare Providers Service Organization can cover the Animal Assisted Therapy work as a school counselor. Since 2008, the insurance companies in 31 states (New Jersey included) have to cover the therapy dogs for children with autism, according to the House Bill 2847, known as “Steven’s Law” first approved in Arizona. In other states, the proposals for more autism treatment coverage are still being debated. In the case of mentally disabled children, the doctor can prescribe the therapy dog as a form of additional treatment. The parents are usually concerned about the safety of their children around dogs in school. The therapy dogs are highly trained for 1.5 to 2 years in different stressful situations to minimize the unwanted reaction. The aggressive behavior of the therapy dog towards children at school was not recorded so far. The Therapy Dogs Groups in New Jersey are usually insured by the American Kennel Club insurance (http://images.akc.org/pdf/ACINS1.pdf). The American Kennel Club partnered with Equisure Inc. and Wells Fargo insurance.

**Therapy Dog Training and Certification (MS)**

Therapy dogs are given the examination every year, which include behavioral tests, good manner test, health screening and vaccinations. Additionally they have to pass the American Kennel Club Canine Good Citizen (CGC) Program and pass the examination with a handler. The CGC certification rewards dogs, who have good manners and behaving appropriately around adults and children. The program consists of ten steps and two parts: the responsible pet ownership and basic good manners. Usually, the CGC test is the first step in therapy dog
training. After receiving the Certification, the dog is tested for obedience, tracking, and routine events.

The five largest companies in New Jersey, which specialize in therapy dog training and certification, are: The Bright and Beautiful, Love on A Leash, Pet Partners, Dogs Inc. and Therapy Dogs International. After the evaluation and proper certification, the dog is available to work with children. We can contact the handler and get the therapy dog from the Therapy Dog Groups listed below. The handlers recommend using an older, trained dog for autistic children. A puppy may be too playful at the beginning of the therapy session and it can be intimidating for a child. Individual training of a dog to become a certified therapy dog is ~ $30,000. However, those types of organizations collect money from donations in order to provide the family with an animal for free. In order for a dog to be a part of the research, it needs to be certified as a therapy dog. There are couple companies who provide dogs accreditations such as Therapy Dogs International (www.tdi-dog.org), Love on a Leash (www.loveonaleash.org), and Therapy Dogs Inc. (www.therapydogs.com). Prices vary between $10 and $20 per dog. In order to find handlers appropriate to the specific school, we contacted the organizations above, which forwarded our emails to handlers registered with their parties. We received responses from therapy dog handlers from all over New Jersey and we segregated them by county. After finding a school, we contacted the handlers within a particular county and asked about if they are willing to participate. This case includes Alpha School in Jackson, NJ. In order for the study to become more effective, we engaged two handlers who committed to 6 visits in that school.

Therapy Groups throughout the United States are mentioned in Appendix #1.

Focus on The severity of Autism and Methods of Treatment. (AS)

Autism is a neurodevelopmental childhood condition characterized by variable difficulties in social behavior and communication, restrictive interests, and repetitive activities. In the United States, it is more common than society realizes. It is estimated that one out of 88 children has some type of autism spectrum disorder (ASD). Studies additionally confirm that autism is four to five times more widespread among boys than girls. Studies show that 1 out of 54 boys and 1 in 252 girls are diagnosed with autism in the United States. It is believed that autism is caused by a certain combination of genes or advanced age of the parents however; its occurrence may be also increased by external factors, such exposition of the mother to drugs or alcohol during pregnancy. Autism is associated with troubles in communicating as well as understanding the feelings and thoughts of people in the surrounding. This leads to troubles in expressing their own emotions and thoughts in autistic children. Often, they also develop problems in response to other objects around them. To date, none of the treatment for ASD proved to be very effective. Therefore, it is crucial to develop a new treatment or symptom suppressing methods. Complementary method, which is believed to subdue the symptoms, an introduction of therapy dog visitations in school, seems to receive more attention than ever before. Certified therapy dogs seem to grab children's attention and increase their responses towards the surrounding. Compared to the baseline data, the attendance of the dog during specific behaviors with the handler (or the therapist in case studies) was not only associated with a higher engagement of the participant with the people and the animal in the surrounding but also
with a depressed level of negative behaviors, specifically, aggressive and obsessive manifestations.

In case of repetitive motions, therapy dogs are trained to recognize and interrupt those movements that are very common in autistic individuals. Therefore, canines may influence the children to deteriorate the amount of repetitive movements. Additionally, dogs are trained to remain calm and supportive during the child’s unexpected outburst. The dog is there for the child to hug and pet, which is believed to calm down and lower the blood pressure of the child.

(Potential post study question to a parent: Did you notice calming down of your child easier? Did you observe any decrease in random-seeming emotional outbursts in your child?). Children affected by Autism Spectrum Disorder are known to have a tendency of wandering off. Therapy dogs are trained to alert the surrounding individuals by barking about the child’s wandering off.

(Sample post study question to a parent: Did you notice any decrease in your child’s predisposition to wander away?). Other benefits associated with the presence of a therapy dog could be: bringing medication to lighten symptoms, bringing a beverage so the child partner can swallow medication, and responding to smoke alarm if child is insensitive.

Yet, there was little research about the benefits therapy dogs can bring to children with disabilities. These types of studies may be threatening to parents who could be concerned with safety of their children around the dogs. However, those animals are well trained and are constantly under the supervision of their handlers. The average insurance policy varies between $1 - $2 million from the therapy dog organization, which certified it. Moreover, there is a danger of allergic reactions in children as well as teachers and/or staff working in schools. However, there are methods to prevent those, which were discussed above.

Problem with the funds and lack of medical detection or cure (AS)

“Autism is the fastest-growing serious developmental disability in the U.S. Autism costs a family $60,000 a year on average. Yet, it receives less than 5% of the research funding of many less prevalent childhood diseases. There is no medical detection or cure for autism,” reported by Center for Autism and Related Education. If families of children would become interested in adopting a therapy dog after seeing the potential benefits and changes in the child behavior, they could contact organizations such as 4PawsForAbility or Paws with a Cause, which is a nonprofit organization providing disabled individuals with therapy animals.

Case Study proving positive modulation on behavior of children affected by Autism Spectrum Disorder (AS)

Study, performed by Karine Silva, PhD, Rita Correia, BS, Mariely Lima, MD, Ana Magalhaes, PhD, and Liliana de Sousa, PhD, aimed specifically for testing the hypothesis about the positive influence therapy dogs could contribute to children with ASD. The study shows that dogs can “prime autistic children for therapy.” That means, therapy dogs could become one of the most effective suppressor of ASD symptoms in children. Canine-assisted interferences should be completely acknowledged within medicinal milieu.
Service Action – Therapy dogs introduced in special needs classrooms as a part of a 6-week program (AS)

Dogs offer learning and companionship without judgment, which is often what special needs children are craving for. Therapy dogs can increase literacy of the children as well as help them with social skills and communication. The service project’s purposefulness was to gain further knowledge about the potential alterations therapy dogs could influence on special needs children behavior. The project began with preparing a Protocol # E13-213, which was subsequently approved by Human Subjects IRB committee review. The following phase involved founding interested therapy dog handlers from New Jersey, who would like to volunteer and commit to our 6-week program. The plan involved 6 appointments in special needs schools – one visit per week. Handlers were found through institutions that certify therapy dogs and volunteering organizations. The institutions we communicated involved inter alia Creature Comfort Pet Therapy, Therapy Dogs International, Love on a Leash, Therapy Dogs Inc., etc. We found that there was a great interest triggered by the ability of handlers, along with their therapy dogs, to visit special needs children in classroom surrounding. Furthermore, handlers were selected accordingly to their location in order to limit the potential travel time to school institutions. The subsequent step involved contacting close by schools that embrace students with ASD. Alpha School in Jackson, NJ, expressed interest in participating in the study. After finding potential dog handlers nearby Jackson, NJ, we arranged meetings and planned out the schedule between the handler and the principal of the school as well as with the children. The principal was asked to send out forms containing information about the research and consent forms in order for the children to be able to participate. After collecting all of the above, pre/post study survey – ATEC survey (Appendix 2) – was sent to the parents in order to collect necessary data for further study interpretation.

What do handlers do during each session in the school? (AS)

Handlers were explained the procedure of the study. However, we decided to not impose a rigorous plan for each visit. The handlers were rather permitted to try out various activities, involving the dogs and the children, accordingly to the arisen situations and the present atmosphere.

Based on the first handler’s follow-ups, our knowledge, and research, we came up with a 6-week visit plan for the future handlers.

- Report from Susan, one of the handlers, from her first visit:
  “We met with the 1st class for the 1st time in a large, open room. Children initially seated, but once Dog entered room they became excited. Children invited to join Dog and Handler on floor, which most of them did. Children encouraged to pet the Dog, which most did without hesitation. Just a few children seemed uncertain or slightly scared of Dog, but eventually did pet Dog when encouraged by Teachers. Children engaged in conversation, some asking questions or offering information about their own dogs at home. Children participated in giving Dog belly rubs, accepting puppy kisses, laughing and giggling when dog flopped on floor inviting petting. Overall, it was a very successful visit, with very positive reactions.
  We met with the 2nd class for the 1st time in their classroom, with the Children sitting at their desks. Children interested when Dog and Handler entered room. Children
unafraid of Dog and each petted Dog as Dog and Handler moved throughout room from Child to Child. Classroom not as conducive to visit as larger room with 1st class, as only 1 or 2 Children at a time were able to pet Dog, with others sitting idle awaiting their turn for Dog to approach. Most Children responded to questions and / or asked questions about Dog while they were petting Dog. All seemed happy to see and pet Dog. Overall it was also a successful, positive visit.”

Sample 6-Week Plan For Therapy Dog Visits in Special Needs Classrooms (AS)

One of the school staff members should fill out forms about children’s responses to specific activities during each session, excluding the first one, because the handler himself will be busy with performing interactive activities. Each child should have a separate evaluation form that could be the one included in Appendix 4 or similar. First session should be short and sweet - perhaps 30 minutes or so without looking at the time clock. If at any time the handler feels that he or she needs to cut the session short or extend it, he or she has the flexibility to follow the intuition. Optimally, the handler will end the visit with the children looking forward to return of the therapy dog with little anxiety and less anticipation. Early Social Communication Scales (ESCS) – Appendix 4 – could be used to assess joint attention behaviors (a child’s ability to use nonverbal behaviors to share experiences, objects, or events with others), behavioral requests (a nonverbal child’s ability to make requests for help or to get things they want), and social interaction behaviors (the capacity to engage in playful and happy turn taking with other people).

For the 1st meet and greet visit, however, when these 5 main assessments should not be done, the staff member could put general impressions in the last “overall session remarks” box.

<table>
<thead>
<tr>
<th>WEEK #</th>
<th>Sample 6-Week Plan For Therapy Dog Visits in Special Needs Classrooms</th>
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<tbody>
<tr>
<td>1 (Meet &amp; Greet)</td>
<td>Consider your first session to be simply a meet and greet, keeping everything low key, relaxed, without attempting to accomplish any set regimen. From previous visits, we discovered that setup, in which the children form a circle or a semicircle with the dog and the handler inside, is the most effective. As children are new to the whole idea and some may be anxious with dealing directly with a dog, the handler should introduce himself as well as the animal. The first visit should avoid directly touching the dog since it can cause fear to some of the individuals. However, we encourage the handler to try that, if he or she feels that children are ready. Some of the best ideas for the Meet &amp; Greet Session could include introducing the dog’s body parts or showing tricks with the handler. If the children get sufficiently comfortable with the animal, the handler could allow</td>
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the therapy dog to walk up to each child, one at the time. If the child is comfortable, he or she can pet the dog however, without any extensive encouragement from the handler or the staff member. The handler could also interact with the children by asking them questions about their own pets or pets owned by their relatives.

<table>
<thead>
<tr>
<th>2</th>
<th>Every consecutive session should involve more interactive activities. The handler is encouraged to add new tricks and behaviors to engage the children and still work on their customization with the therapy dog in their classroom surrounding.</th>
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<tr>
<td>2</td>
<td>Some activities for the Second session may include:</td>
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<td>2</td>
<td>a. Stroking dog’s body; petting the dog’s head may cause more a response from your dog and may therefore scare or cause the child to retreat. Maybe have the child pet your dog’s head, when you feel he/she is more ready/more comfortable with the dog.</td>
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<tr>
<td>2</td>
<td>b. Going over the dog’s body parts again– tail, legs, paws, toes</td>
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<td>2</td>
<td>c. Showing the dog’s collar, and tags? Loop for leash?</td>
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<td>2</td>
<td>d. Experiencing the warmth of the dog</td>
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<td>2</td>
<td>e. Giving the dog a treat, food, providing water</td>
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<tr>
<td>2</td>
<td>f. Presenting the dog with a toy; and if they are ready to play with the dog with the toy, go ahead</td>
</tr>
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| 3,4,5,6 | Handler should hold the dog’s favorite toy and move the toy around in front of the child |
| 3,4,5,6 | Test 1: Initiating joint attention |
| 3,4,5,6 | Evaluation guidance: |
| 3,4,5,6 | -No response |
| 3,4,5,6 | -Low Level responses: |
| 3,4,5,6 | 1. Showing eye contact with the holding toy |
| 3,4,5,6 | 2. Alternating eye gaze between the handler’s face and the active toy |
| 3,4,5,6 | -High Level responses: |
| 3,4,5,6 | 1. Pointing to the toy within reach |
| 3,4,5,6 | 2. Showing toy and extending toy toward the handler’s face |

| 3,4,5,6 | Test 2: Responding joint attention |
| 3,4,5,6 | Handler points to a few proximal objects in front of the child, then points to a few distal objects behind the child. Objects can be anything located in the room or articles brought in (dog toys, comb). |
| 3,4,5,6 | Evaluation guidance: |
| 3,4,5,6 | -No response |
| 3,4,5,6 | -Low Level responses: |
| 3,4,5,6 | 1. Responding to proximal pointing but not distal pointing |
-High Level responses:
1. Responding to both proximal pointing and distal pointing
2. Head turning at least 45 degree and eyes looking in the correct direction for distal pointing

Test 3: Requesting behavior
Handler should place a toy in front of the child to gain attention from the child, then move the toy further away from the child
Evaluation guidance:
- No response
- Low Level responses:
 1. Having eye contact when object moved out of reach
 2. Attempting to reach the toy out of reach
- High Level responses:
 1. Pointing, extending finger to the toy that is out of reach
 2. Giving another toy on the table to the handler

Test 4: Initiating social interaction
Handler should roll the dog’s ball to the child
Evaluation guidance:
- No response
- Positive responses:
 1. Initiating turn taking, rolling ball back to the handler
 2. Teasing the handler, engaging in the activity
 3. Smiling, making eye contact with the handler
 4. Clapping hands, finger crossing table, singing

Test 5: Responding social interaction
(Omit this section if “No response” was scored in test 4)
Handler should lean forward and ask “Can I play” then keep rolling the ball to the child whenever the child returns the ball.
- Low Level responses:
 1. Showing eye contact only when the handler rolls back the ball.
 2. Vocalizing and banding the table
- High Level responses:
 1. Maintaining turn taking
    Score  = 0 (no turn)
    = 1 (one to three turns)
    = 2 (four or more turns)
 2. Reaching the handler and placing a toy in handler’s hand

Some of the innovative additional activities may include:
a. Attaching/detaching the leash
b. Walking the dog using the leash, having them lead the dog where they
Compare pre and post study results as well as results analysis (AS)

(to be continued after collecting the surveys)

All the surveys need to be collected from the school principal in order for future evaluation and establishment of the conclusions. Surveys from the parents and staff members will be interpreted separately and subsequently compared. This would allow us to establish the temporary (in class, at the present moment) alterations in children behavior and long-term changes (at home, when the dog is no more around the child). Also, the additional questionnaire for the parents will be transformed into a table, averaging the number of similar responses. Based on that, we will obtain the “majority” answers to our proposed questions.

Additionally, eventual modifications in children behavior after visits in the classrooms may trigger the parents’ willingness to adopt a therapy dog. We decided to look for organizations in New Jersey that could offer therapy dogs to those families. This knowledge would increase awareness of availability of therapy dogs and insurance/programs that cover dog training for the families with special needs child.

There were several studies done that involved therapy dogs visiting houses of families with autistic children. The studies revealed that parents of those children noticed changes influenced by the presence of the therapy dog. They became “better behaved and more attentive”. Even if the presence of the dog would not necessarily cause long-term changes in the child’s behavior, its presence definitely could cause positive alterations at the moment of the visit. Therapy dogs make life better and more manageable for children with autism. Dogs’ adoptions could be the way to transfer those short moments of great changes into longer periods of time and at the same time making the child more independent.
References


14. Correia, Rita, PhD., Silva Karine, PhD. *Can Dogs Prime Autistic Children For...*


Appendix 1 – Therapy Groups throughout the United States (MS)

NEW JERSEY and PENNSYLVANIA:
- St. Hubert’s Animal Welfare Center (Paws for People Program) (northern NJ)
- PAWS for People (Pet Assisted Visitation Volunteer Services, Inc.) (Parts of DE, PA, MD, NJ)
- Faithful Friends Pet Therapy (DE and southeast PA)
- KPETS-Keystone Pet Enhanced Therapy Services (southeast/central PA, northeast MD)
- Therapy Dogs United (northwest PA and western NY)
- Creature Comfort Pet Therapy (northern New Jersey)
- Comfort Caring Canines Therapy Dogs, Inc. (southeastern PA, NJ, DE, MD)
- TheraPet, Inc. (central NJ, CT, NY)
- The Good Dog Foundation (NY, NJ, CT, MA)

OTHER STATES:
- 4Paws Learning and Wellness Center (San Francisco & greater North Bay area)
- Aggieland Pets With A Purpose (Brazos Valley area, TX)
- Agility Ability (Central Ohio)
- Animal Samaritans (Palm Springs area, CA)
- Austin Dog Alliance (Greater Austin, TX)
- BARK (Beach Animals Reading with Kids) (California, Arizona)
- Bright Spot Therapy Dogs, Inc. (western Massachusetts)
- Canine Assisted Therapy (Florida)
- Canine Caregivers (Salisbury, NC area)
- Canine Therapy Corps (Chicago)
- Caring Canines Therapy Dog Club of Southern VT (southern VT)
- Caring Canines Therapy Dogs, Inc. (Lake County, FL)
- Caring Critters, Inc. (Houston Metropolitan area)
- Carolina Canines for Service (Wilmington & Raleigh, NC)
- CHAMP Assistance and Therapy Dogs, Inc. (Greater St. Louis)
- Companion Animal Program (Cape Cod, MA)
- Connecting Canines (Seattle, WA area)
- Creatures and Kids, Inc. (Oklahoma)
- Divine Canines (Greater Austin, TX)
- Dog B.O.N.E.S. Therapy Dogs of Massachusetts
- Dogs On Call (DOC): An Easter Seals Program (central and southeastern Alabama)
- Domesti-PUPS (southeast NE & MO)
- East Bay SPCA PALS (Pets and Love Shared) (Bay area of CA)
- Fairfax Pets on Wheels (Fairfax County, VA)
• Faithful Paws Pet Therapy (Houston, TX)
• Fidos for Freedom (Baltimore, Greater Washington)
• Fox Valley Therapy Dogs (Kendall, Kane, Dupage, Will counties-IL)
• Furry Friends Pet Assisted Therapy Services (California – San Jose and Santa Clara, Santa Cruz and San Mateo counties)
• H.A.B.I.T. (Human Animal Bond in Tennessee)
• Happy Tails Pet Therapy (Atlanta)
• Healing Heart Therapy Dogs, Inc. (Nebraska)
• Howard County Paws 4 Comfort
• Human Animal Link of Oklahoma Foundation (HALO) (Oklahoma)
• Humane Hearts Pet Therapy (Forsyth County (GA) area)
• Humane Society of Broward County (FL)
• Humane Society of Southern Arizona Pet VIP Program (southern AZ)
• Independent Therapy Dogs, Incorporated (Select cities in CA, NV, and WA. See web page.)
• Intermountain Therapy Animals and the Reading Education Assistance Dogs® (R.E.A.D. ®)
• Kathleen C. Cailloux Humane Society of Kerrville (Kerrville, TX)
• Lend A Heart Animal Assisted Therapy (Greater Sacramento, CA)
• Lend A Paw Therapy Dogs (Greater Los Angeles/Santa Clarita, CA)
• Literacy Education Assistance Pups (L.E.A.P.) (Delaware, Salisbury, MD)
• Love on 4 Paws (Greater Los Angeles, CA)
• Lutheran Medical Center Pet Therapy (Greater Denver, CO)
• Miami Valley Pet Therapy Association (MVPTA) (Dayton, Ohio and surrounding counties)
• National Capital Therapy Dogs, Inc. (Washington DC, Baltimore, eastern MD, southern VA)
• Ohio 4-H Pet Pals (state of Ohio)
• Olympic Mountain Pet Pals
• Orange County SCPA PAWS (Orange County, CA)
• PawPals (Greater Tulsa, OK Metro)
• Paws4people Foundation
• Paws Across Texas (PAT) (TX: Greater Dallas and Fort Worth)
• Paws and Think, Inc. (Greater Indianapolis, IN)
• P.A.W.S. Anne Arundel County (MD)
• Paws As Loving Support (Sonoma/Marin counties, CA)
• PAWS Assistance & Therapy Dogs (Naples, FL)
• Paws for Friendship, Inc.
• Paws for Healing, Inc. (northern CA-Napa, Solano, Sonoma, Marin counties)
• Paws'itive Teams, Inc. (San Diego County, CA)
• PAWS of CNY, Inc (central NY)
• Peninsula Humane Society Pet Assisted Therapy (San Mateo and norther Santa Clara counties, CA)
• People Animals Love (PAL) (DC metropolitan area, northern VA, MD)
• Pet-A-Pet Club, Inc. (Greater Detroit/Ann Arbor, MI)
• Pet Prescription Team (southern CA)
- Pet Therapy of the Ozarks, Inc. (50 mile radius from Springfield, MO)
- Pets and People Foundation, Inc. (eastern Massachusetts)
- Pets for Life, Inc.
- Pets Helping People, Inc.
- Pets on Wheels (Maryland)
- Pets on Wheels of Delmarva (DE, MD, VA)
- Pets on Wheels of Scottsdale, Inc. (AZ)
- Project PUP (Pets Uplifting People) (Tampa Bay area, FL)
- Rainbow Animal Assisted Therapy, Inc. (Chicago and surrounding counties)
- Reading with Rover
- San Diego (CA) Humane Society Therapy Dogs
- San Francisco SPCA AAT Program (San Francisco)
- Santa Fe Animal Shelter & Humane Society Pet Outreach (Santa Fe, NM)
- SC Dogs Therapy Group (upstate of SC, north GA)
- Share-A-Pet, Org., Inc. (So. FL, San Francisco area, upstate NY)
- Sit Stay Read (Chicago, IL)
- S.M.A.R.T. Dogs (Aladema and Contra Costa Counties, CA)
- Sonoma Humane Society Pet Assisted Therapy Program (Sonoma County, CA)
- Southwest Canine Corps of Volunteers, Inc. (NM: Greater Albuquerque and Santa Fe)
- SPCA of Erie County (NY) Paws For Love
- St. John Ambulance's Therapy Dog Program (Canada)
- Sunshine Teams, Mendocino Coast Humane Society (Mendocino Coast of CA)
- Support Dogs, Inc./TOUCH Program (MO: St. Louis metropolitan area)
- Tails of Aloha (Hawaii)
- Tallahassee Memorial Healthcare Animal Therapy
- TDK Therapy and Service Dogs (Charlotte, NC)
- Therapet Foundation (Greater east Texas)
- Therapeutic Paws of Canada (Canada)
- Therapy Animals of San Antonio, Inc. (Greater San Antonio, TX)
- Therapy Pals of Golden Triangle (Denton County, TX)
- TherapyPets (CA: San Francisco-Oakland Bay area)
- Therapy Tails Ontario
- Tony La Russa's ARF Pet Hug Pack (Contra Costa County, CA)
- U.S.A. Therapy Dogs, Inc. (Central MI, FL, MA, NY, WI)
- Valley Humane Society Therapy Dog Program
- Virginia Tech Helping PAWS (VA Tech area)
- Visiting Pet Program (Metropolitan New Orleans)
- Vitas Hospice Paw Pals (Dayton, OH area)
- WAGS Across Texas, LLC (Greater San Antonio, TX)
- WAGS Pet Therapy of Kentucky, Inc. (KY)
- WCA Hospital (Southern Tier, Chautauqua County, NY)
- West Michigan Therapy Dogs, Inc. (Greater Western MI)
Appendix 2 – ATEC SURVEY

Rutgers University Therapy Dog Study – ATEC Survey

School: __________________________________________________________________________

Name and Role (circle: teacher, school staff, parent/guardian) of person filling out the survey
________________________________________________________________________________

Students first, middle and last initials ___________, Age of Student ____________, Sex (M F)
________________________________________________________________________________

Child's diagnosis _________________________________________________________________
________________________________________________________________________________

Date of survey completion: Pre study _______________ Post survey ___________________
________________________________________________________________________________

ATEC Survey

Circle the most relevant answer:
N: not descriptive
S: somewhat descriptive
V: very descriptive
Pre (before therapy dog visits); Post (after therapy dog visits)

<table>
<thead>
<tr>
<th>I. Speech/Language/Communication</th>
<th>PRE</th>
<th>PRE</th>
<th>PRE</th>
<th>POST</th>
<th>POST</th>
<th>POST</th>
</tr>
</thead>
<tbody>
<tr>
<td>N = Not true, S = Somewhat true, V = Very true</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Knows own name</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>2. Responds to 'No' or 'Stop'</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>3. Can follow some commands</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>4. Can use one word at a time</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>5. Can use 2 words at a time</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>6. Can use 3 words at a time</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>7. Knows 10 or more words</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>8. Can use sentences with 4 or more words</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>9. Explains what he/she wants</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>10. Asks meaningful questions</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>11. Speech tends to be meaningful/relevant</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>12. Often uses several successive sentences</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>13. Carries on fairly good conversation</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
<tr>
<td>14. Has normal ability to communicate for his/her age</td>
<td>N</td>
<td>S</td>
<td>V</td>
<td>N</td>
<td>S</td>
<td>V</td>
</tr>
</tbody>
</table>
II. Sociability

<table>
<thead>
<tr>
<th>N = Not true, S = Somewhat true, V = Very true</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Seems to be in a shell - you cannot reach him/her</td>
</tr>
<tr>
<td>2. Ignores other people</td>
</tr>
<tr>
<td>3. Pays little or no attention when addressed</td>
</tr>
<tr>
<td>4. Uncooperative and resistant</td>
</tr>
<tr>
<td>5. No eye contact</td>
</tr>
<tr>
<td>6. Prefers to be left alone</td>
</tr>
<tr>
<td>7. Shows no affection</td>
</tr>
<tr>
<td>8. Fails to greet parents</td>
</tr>
<tr>
<td>9. Avoids contact with others</td>
</tr>
<tr>
<td>10. Does not imitate</td>
</tr>
<tr>
<td>11. Dislikes being held/cuddled</td>
</tr>
<tr>
<td>12. Does not share or show</td>
</tr>
<tr>
<td>13. Does not wave ‘bye bye’</td>
</tr>
<tr>
<td>14. Disagreeable/not compliant</td>
</tr>
<tr>
<td>15. Temper tantrums</td>
</tr>
<tr>
<td>16. Lacks friends/companions</td>
</tr>
<tr>
<td>17. Rarely smiles</td>
</tr>
<tr>
<td>18. Insensitive to other’s feelings</td>
</tr>
<tr>
<td>19. Indifferent to being liked</td>
</tr>
<tr>
<td>20. Indifferent if parent(s) leave</td>
</tr>
</tbody>
</table>

III. Sensory/Cognitive Awareness

<table>
<thead>
<tr>
<th>N = Not descriptive, S=Somewhat descriptive, V=Very descriptive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Responds to own name</td>
</tr>
<tr>
<td></td>
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<tr>
<td>---</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
</tr>
<tr>
<td>5.</td>
</tr>
<tr>
<td>6.</td>
</tr>
<tr>
<td>7.</td>
</tr>
<tr>
<td>8.</td>
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<tr>
<td>9.</td>
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<tr>
<td>10.</td>
</tr>
<tr>
<td>11.</td>
</tr>
<tr>
<td>12.</td>
</tr>
<tr>
<td>13.</td>
</tr>
<tr>
<td>14.</td>
</tr>
<tr>
<td>15.</td>
</tr>
<tr>
<td>16.</td>
</tr>
<tr>
<td>17.</td>
</tr>
<tr>
<td>18.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IV. Health/Physical/Behavior</th>
<th>PRE</th>
<th>PRE</th>
<th>PRE</th>
<th>PRE</th>
<th>POST</th>
<th>POST</th>
<th>POST</th>
</tr>
</thead>
</table>

N = Not a Problem MI=Minor Problem MO=Moderate Problem S=Serious Problem

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>N</th>
<th>MI</th>
<th>MO</th>
<th>S</th>
<th>N</th>
<th>MI</th>
<th>MO</th>
<th>S</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Bed-wetting</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
</tr>
<tr>
<td>2.</td>
<td>Wets pants/diapers</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
</tr>
<tr>
<td>3.</td>
<td>Soils pants/diapers</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
</tr>
<tr>
<td>4.</td>
<td>Diarrhea</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
</tr>
<tr>
<td>5.</td>
<td>Constipation</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
</tr>
<tr>
<td>6.</td>
<td>Sleep problems</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
</tr>
<tr>
<td>7.</td>
<td>Eats too much/too little</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
<td>N</td>
<td>MI</td>
<td>MO</td>
<td>S</td>
</tr>
<tr>
<td></td>
<td>Extremely limited diet</td>
<td>Hyperactive</td>
<td>Lethargic</td>
<td>Hits or injures self</td>
<td>Hits or injures others</td>
<td>Destructive</td>
<td>Sound-sensitive</td>
<td>Anxious/fearful</td>
<td>Unhappy/crying</td>
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</tr>
<tr>
<td>8</td>
<td>N MI MO S</td>
<td>N MI MO S</td>
<td>N MI MO S</td>
<td>N MI MO S</td>
<td>N MI MO S</td>
<td>N MI MO S</td>
<td>N MI MO S</td>
<td>N MI MO S</td>
<td>N MI MO S</td>
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</tbody>
</table>

Provide and date comments on the back of this form. Thank you!

Appendix 3 – ADDITIONAL QUESTIONS TO THE PARENTS

Dear Parents,

You were recently asked to take a survey regarding your child’s behavioral changes and overall experience after the therapy dog sessions. We added a few additional questions, which would significantly help our research and the evaluation of the effectiveness of therapy dog sessions at schools. The questions are attached to this letter. Your help will be greatly appreciated.

Thank you.
If you did not fill out the last survey, please try to answer both questionnaires’. Thank you for your cooperation.

Rutgers University Therapy Dog Study –

School: _______________________________________________________________

Name and Role (circle: teacher, school staff, parent/guardian) of person filling out the survey ________________________________________________________________

Students first, middle and last initials ___________ Age of Student ________ Sex (M F)

Child’s diagnosis _______________________________________________________

Date of survey completion: _______________________

(Please answer the questions to the best of your ability.)

1). Do you think that the therapy dog visits at your child’s school had an impact on your child?

2) Do you think your child enjoyed the visits? Did he/she talk about them at home?

3). Would you consider inviting a therapy dog with handler into your home in the future?

3). Have you observed any specific behavioral changes in your child that may be as a result of therapy dog visits?
4). Is your family now considering getting a dog? Did the study influence your decision?

5) What do you perceive to be the potential benefits and then your concerns/risks to getting a dog?

Appendix 4 – Sample evaluation form

Test 1: Initiating joint attention
Handler should hold the dog’s favorite toy and move the toy around in front of the child

Evaluation guidance:
-No response

-Low Level responses:
1. Showing eye contact with the holding toy
2. Alternating eye gaze between the handler’s face and the active toy

-High Level responses:
1. Pointing to the toy within reach
2. Showing toy and extending toy toward the handler’s face

Test 2: Responding joint attention
Handler points to a few proximal objects in front of the child, then points to a few distal objects behind the child. Objects can be anything located in the room or articles brought in (dog toys, comb).

Evaluation guidance:
-No response

-Low Level responses:
1. Responding to proximal pointing but not distal pointing

-High Level responses:
1. Responding to both proximal pointing and distal pointing
2. Head turning at least 45 degree and eyes looking in the correct direction for distal pointing
Test 3: Requesting behavior
Handler should place a toy in front of the child to gain attention from the child, then move the toy further away from the child

Evaluation guidance:
-No response

-Low Level responses:
1. Having eye contact when object moved out of reach
2. Attempting to reach the toy out of reach

-High Level responses:
1. Pointing, extending finger to the toy that is out of reach
2. Giving another toy on the table to the handler

Test 4: Initiating social interaction
Handler should roll the dog’s ball to the child

Evaluation guidance:
-No response

-Positive responses:
1. Initiating turn taking, rolling ball back to the handler
2. Teasing the handler, engaging in the activity
3. Smiling, making eye contact with the handler
4. Clapping hands, finger crossing table, singing

Test 5: Responding social interaction
(Omit this section if “No response” was scored in test 4)
Handler should lean forward and ask “Can I play” then keep rolling the ball to the child whenever the child returns the ball.

-Low Level responses:
1. Showing eye contact only when the handler rolls back the ball.
2. Vocalizing and banding the table

-High Level responses:
1. Maintaining turn taking
   Score = 0 (no turn)
   = 1 (one to three turns)
   = 2 (four or more turns)
2. Reaching the handler and placing a toy in handler’s hand

ESCS Cheat Sheet
1. Handler should hold the dog’s favorite toy and move the toy around in front of the child.
   No response ______, low level response ______, High level response ______.
2. Handler points to a few proximal objects in front of the child, then points to a few distal objects behind the child. Objects can be anything located in the room or articles brought in (dog toys, comb). No response _____, low level response _____, High level response _____.

3. Handler should place a toy in front of the child to gain attention from the child, then move the toy further away from the child.
   No response ______, low level response ______, High level response ______

4. Handler should roll the dog’s ball to the child. No response ____, Positive response ______

5. (Omit if “No response” was scored in test 4)
   Handler should lean forward and ask “Can I play” then keep rolling the ball to the child whenever the child returns the ball. Low response _____, high response #_____.

Early Social Communication Scales (ESCS) Evaluation Form

Name of handler: ___________________________
Name of child: ___________________________
Date: ___________________________
Starting time: ___________________________
Ending time: ___________________________

(Please circle the best answer to each question below, based on your observation)

Test 1: Initiating joint attention

No Response Low Level Responses High Level Responses
Remarks:________________________________________________________

Test 2: Responding joint attention

No Response Low Level Responses High Level Responses
Remarks:________________________________________________________

Test 3: Requesting behavior

No Response Low Level Responses High Level Responses
Remarks:________________________________________________________

Test 4: Initiating social interaction:

No Response Positive Responses
Remarks:________________________________________________________

Test 5: Responding social interaction

Low Responses High Responses (Score:_________
Letters to the Editor

Sent to yourviews@app.com (Asbury Park Press):

Please consider my letter for publication in your newspaper. If you have any questions, or you would like to contact me, please email or give me a call:
Monika.sokolowska@rutgers.edu
Thank you for reading,
Monika Sokolowska

Dear Asbury Park Press Editor,

We all know the benefits of having a dog. They can help us to relieve stress, lower our blood pressure, and elevate the mood. But how about their influence on autistic children? Does the interaction with a dog have the same effect on them? It turns out, that it does. Autism is a neural development disorder. Autistic children have trouble with the eye contact, continuing the conversation, they show the repetition of movements, and usually are intellectually delayed. The parents were asked to evaluate their autistic child behavior after the session with the therapy dogs. Their feedback came out very positive. They have noticed that their children were calmer, seemed more focused and the number of unexpected outbursts decreased. Not many people realize how significantly dogs can improve the every day life of a family with autistic child. I am currently doing the research about the therapy dogs for autistic children. Together, with my professor Dr. Julie Fagan and other student researchers, we are planning to organize a six-week sessions with therapy dogs in the Special Needs Schools for autistic children. The session would be with the dog handler in one of the classrooms. The first meeting would be non-interactive, to eliminate any anxiety reaction from the children. After each session, the parents would be given a survey regarding the changes in their children behavior. If they would see a significant improvement, they could adopt a specially trained therapy dog for no cost at all. There is no cure for autism, so why not, at least, try to improve these children every day lives?

Regards,
Monika Sokolowska
Rutgers University student, Biological Sciences major.

Sent to letters@njtimes.com (Times of Trenton)

Dear Times of Trenton Editor,

Please consider my writing beneath for publication in your newspaper. If you have any concerns, questions, or suggestions, please contact me by email asokolowska@live.com.
Furthermore, if you decide to publish it, please forward me the reference link for my future referral. Thank you, Aneta Sokolowska

Therapy Dogs Assistance With Special Needs Children and Students With Learning Disabilities.

Autism is a neurodevelopmental childhood condition characterized by variable difficulties in social behavior and communication, restrictive interests, and repetitive activities. According to autism prevalence studies, it is estimated that 1 out of 45 children in New Jersey alone is born with some type of autism spectrum disorder (ASD). Up to this date, none of the treatment for ASD proved to be very effective because medication may not affect individuals the same way. Therefore, it is crucial to develop a new management or symptom suppressing methods.

Complementary treatment, an animal-assisted therapy, seems to receive more attention than ever before. Moreover, who would not want to have a furry friend? Certified therapy dogs appear to grab children’s attention and increase their responses toward the surrounding. Compared to the control condition, the presence of the dog during one-to-one activities with the therapist was not only associated with a higher engagement of the participant with the therapist but also with a lower level of negative behaviors and aggressive-obsessive manifestations.

Furthermore, animal-assisted therapy can be brought to a new dimension. Rutgers University professor Dr. Julie Fagan and student researchers, including myself, are conducting a study involving Special Needs Schools and therapy dogs with their handlers. Our goal is to determine whether therapy dogs are useful in assisting those with autism or other learning disabilities in a classroom surrounding, after a six-week period of observances involving six sessions. Moreover, we would like to offer the parents of the affected children a possibility of obtaining a therapy dog completely for free!

This passage’s purpose is to inform individuals, whose friends or relatives are affected by ASD or any learning disability, about the benefits therapy dogs create to the children as well as people in their surrounding. Easier communications, reduction of anxiety as well as having a nonjudgmental, furry friend are only couple benefits associated with accepting a therapy dog to be a part of a family.

Aneta Sokolowska
Rutgers University Student majoring in Biological Sciences

Aneta’s letter rewritten by Dr. Julie Fagan and published in Times of Trenton on April 8, 2014

Therapy Dogs Visitations with Special Needs Children at School

It is a wonder why so many children suffer from autism – a staggering 1 out of every 45 children in NJ; higher than the US average of 1 in 68. We need to help these children and their families. I am a student at Rutgers University and with my Professor Dr. Julie Fagan and other students, we are examining whether companion animals can help. We are engaging therapy dogs with their handlers and having them go to special needs classrooms in schools or individual homes. We then survey the parents to determine whether the parents notice any behavioral differences in their child. What we’ve observed thus far is that certified therapy dogs appear to grab children's attention and increase their responses toward their surroundings. Moreover, most
children look forward to visiting and interacting with the therapy dogs. Schools or individuals interested in the study should contact Dr. Julie Fagan (fagan@rci.rutgers.edu).

Having a nonjudgmental, furry friend at ones side may reduce anxiety and make communications easier for the child. If families think that having a companion animal might benefit them, they might consider adopting a dog. There are local agencies that may also be able to provide a therapy dog for families with special needs children at little or no cost.

Aneta Sokolowska
Rutgers University Student majoring in Biological Sciences

Answer to our letter published in Times of Trenton on April 11

Therapy dogs as patients’ best friends

My hat’s off to letter writer Aneta Sokolowska and professor Julie Fagan at Rutgers University for their research on how therapy dogs are helping youngsters with autism (letter, “Therapy dogs appear to help children with autism,” April 8).

As the owner-handler of a therapy dog named Bailey, I am a firsthand witness to the seemingly “magical” powers therapy dogs seem to have on kids and adults during simple visits. There is no question in my mind that therapy dogs like Bailey can improve the quality of life for the people with whom she interacts, and really all she does is simply be friendly to strangers through affection, companionship, emotional support and just plain comfort. Every time Bailey and I visit a hospital, nursing home or senior citizen home, people feel loved, their pain and problems seem to be lessened, and their fears and anxieties are reduced.

There is growing interest by health and educational organizations in the involvement of therapy dogs, and the demand for Bailey’s services exceed her availability. The problem is that there are not enough certified therapy dogs available, as more organizations recognize the value of these dogs. As the Rutgers letter writer observed, I hope that more dog owners will look into getting therapy dog training for their pets. Believe me, the smiles that you get from the people their dog visits will make their day.

--Donald V. Feliciano, Hamilton