Pawsitive Purpose: The Impact Of Autism Assistance Dogs on the Occupations of Autistic Children

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Pawsitive Purpose: The Impact Of Autism Assistance Dogs on the Occupations of Autistic Children

Abstract

Background. The World Health Organization recognizes that participation is important to individuals' well being; yet, autistic children participate in fewer activities compared to neurotypical children. This article aims to describe the role of autism assistance dogs (AADs) in promoting participation and engagement in occupations and activities of daily living (ADLs) for autistic children.

Method. A qualitative interpretative phenomenological design was used. Two semi-structured interviews from a narrative perspective were conducted with each participant. Four volunteer parents and primary handlers of their child's AAD participated in the study. Inductive analysis was used to interpret open-ended questions. Following transcription, Creswell's thematic analysis was used to develop codes and theoretical perspectives to better understand the lived experience of AAD users.

Results. The single overarching theme identified in this study was: The Multi-Factored Role of Autism Assistance Dogs.

Conclusion. AADs are a valuable, alternative form of adaptive equipment for autistic children that can serve a broad purpose in increasing participation in daily life. This area of practice is an appropriate location for occupational therapists to concentrate interventions when working with families with autistic children. This is a novel research topic that is important and deserves further study.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

Keywords

autism, assistive technologies, occupational performance, family-centered practice

Credentials Display

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Autism is a neurological difference among individuals. Historically, the prevalence of autistic children has steadily risen from 1 in 88 in 2008 to 1 in 44 in 2018 (Centers for Disease Control and Prevention [CDC], 2022). The associated differences among autistics should be honored and acknowledged as a component of natural human variation to diversify further the human species as “neurodiversity advocates promote subjective well-being and adaptive rather than typical functioning” (Kapp et al., 2013, p. 60). Occupational therapists play an integral role in promoting adaptive functioning among autistic children and their families when using a strength-based and family-centered approach.

Autistic individuals often experience the world differently from neurotypical individuals. Neurological differences among autistic children may influence their responsiveness to sensory stimuli and impact them behaviorally and emotionally (Atherton et al., 2019). Much of our world is designed for neurotypical individuals, creating functional barriers for autistic individuals that can affect the ease of transitions between activities, routines, and/or environments and may impede functioning, engagement, and quality of life (QOL). Autistic children commonly exhibit self-injurious behaviors and bolting or wandering from safety. Approximately 25% of this population wander or bolt from safety, and 71% of deaths were attributed to drowning after wandering (Cassandra et al., 2021). These alarming statistics demonstrate functional and safety concerns that can be remediated with occupational therapy (OT) intervention.

Traditional methods of intervention for autistic children who experience challenges in the aforementioned areas target underlying social, emotional, and behavioral difficulties. Interventions are designed to foster occupational engagement and social participation, targeting increased understanding, incorporation of and independence with integrating adaptive behaviors, social engagement, play, flexibility, problem-solving, and sensory processing strategies into their daily lives. Individualized, comprehensive, client-centered interventions are integral to promoting increased independence and the ability to engage in meaningful occupations and daily routines (Tomchek et al., 2015).

Assistive technology (AT) is one type of intervention “to improve clients’ performance, enable participation, or maintain their meaningful engagement in occupation” (Goodrich et al., 2016, p. 1). Assistance dogs are a type of AT, as they provide compensatory function during daily life activities in both the home and community; hence, using assistance dogs as AT to improve functional independence falls into the domain and scope of practice of occupational therapy (Stace, 2016).

While assistance dogs have historically been used in the adult population (Davis et al. 2004), in recent years, they have become increasingly popular with children with special needs. Autism assistance dogs (AADs) are a relatively new type of pediatric assistance dog that function in a three-point handling system consisting of the dog, the child, and the parent or caregiver (Stace, 2016). They are individually trained to help improve engagement, empathy, communication, independence, and QOL for autistic children (Carlisle, 2015). Although there is an abundance of literature on general animal-assisted interventions with autistic children, including the use of therapy dogs and companion dogs, there are few studies specifically investigating the benefits of AADs.

The current literature on AADs is extremely limited, with fewer than 10 studies investigating the use of pediatric AADs. A critical review of evidence conducted in 2013 revealed only two studies investigating the use of AADs specifically as an intervention for autistic children (Berry et al., 2013). Burrows et al. (2008) report that the placement of an AAD with families of an autistic child facilitated improved safety, social acknowledgment, and behaviors associated with decreased anxiety and improved regulation. Viau et al. (2010) further demonstrated AADs’ role in reduced anxiety as evidenced by
decreased morning cortisol levels (a hormone associated with stress) among autistic children with the presence of an AAD. The presence of AADs contributing to stress reduction also applies to parents, as Fecteau et al. (2017) and Tseng (2023) revealed reductions in physiologic measures of chronic stress among parents of autistic children with AADs.

More recent literature continues to endorse AADs function in facilitating prosocial interactions, regulation, and safety with autistic children while additionally portraying the beneficial roles of AADs for family units (Appleby et al., 2022; Burgoyne et al., 2014; Fecteau et al., 2017; Hellings et al., 2022; Leung et al., 2022; Smyth & Slevin, 2010; Tseng, 2023). In concurrence with parents feeling more equipped to support their autistic child during community outings, Appleby et al. (2022) discovered a median travel increase of 20.50 km and 8.5 more places visited by families in the presence of an AAD (Burgoyne et al., 2014; Hellings et al., 2022).

While preliminary evidence alludes to the use of AADs to improve children’s functional engagement and participation in occupations, there is a gap in research demonstrating the use of assistance dogs as an effective intervention. There is a significant lack of research describing the benefits, functional implications, and specific activities with which all pediatric assistance dogs help children participate. This study aimed to describe the role and value of AADs as an intervention in promoting participation and engagement in occupations and activities of daily living for autistic children. This study, approved by Ithaca College’s institutional review board (approval #00004870), will address the following research questions:

1. In which occupations do AADs help autistic children engage?
2. How does an AAD facilitate greater participation in occupations and daily routines among autistic children?

**Method**

**Research Design**

This study used narrative and interpretive phenomenological approaches to explore the lived experiences of families who obtained an AAD for their children. Mattingly and Lawlor (2000) present foundational narrative theory research that demonstrates the importance of eliciting stories during interviews to understand each person’s unique perspectives and lived experiences. Narrative theory was selected for this research because of its unique ability to center the individualized stories of and lived experiences of families with children that use AADs (Mattingly & Lawlor, 2000). Interpretive phenomenology was selected because of the researcher’s expertise developed through participation in occupational therapy education and first-person experience of supporting a family in obtaining an AAD (Peat et al., 2019; Smith et al., 2009; Smith & Osborn, 2015). This expertise and experience provide a framework for a rich interpretation of the stories shared by participants about their lived experiences.

**Sample and Recruitment**

Purposive sampling was used to recruit participants. The principal investigator (PI) emailed the president of the AAD training program, who shared the PI’s contact information with prospective families. The interested families were screened for eligibility, which included the primary caregiver or parent be 18 years of age or older, the primary caregiver or parent of an autistic child, the primary handler of the child’s assistance dog, and willingness to discuss experiences regarding the impact of the AAD. Participants were excluded from the study if they had the assistance dog for less than 1 year before the start date of the study; this was to ensure the participants had the dog long enough to have surpassed the adjustment phase.
and had the opportunity to foster a bond with the dog. Four families were selected for the study (see Table 1).

Table 1

<table>
<thead>
<tr>
<th>Participant</th>
<th>Primary Handler Pseudonym</th>
<th>Relationship to Child</th>
<th>Child Pseudonym</th>
<th>Child Age</th>
<th>Child Sex</th>
<th>Dog Pseudonym</th>
<th>Dog Age</th>
<th>Years Together</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bella</td>
<td>Mother</td>
<td>David</td>
<td>13</td>
<td>M</td>
<td>Dixon</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Danica</td>
<td>Mother</td>
<td>Collin</td>
<td>13</td>
<td>M</td>
<td>Jasper</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>Helena</td>
<td>Mother</td>
<td>Danica</td>
<td>9</td>
<td>F</td>
<td>Fern</td>
<td>3.5</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Olivia</td>
<td>Mother</td>
<td>Xavier</td>
<td>9</td>
<td>M</td>
<td>Comet</td>
<td>4.5</td>
<td>3</td>
</tr>
</tbody>
</table>

Instrumentation

Two semi-structured, narratively-focused interviews were conducted with the primary handler to elicit stories and experiences regarding the process of obtaining the dog, integration of the dog into the child’s daily life, and the dog’s role in the child’s life (see Table 2). An interview protocol was developed in consultation with content experts. The intent of the first interview was to elicit narrative explanations about the family’s experience of the process of obtaining the assistance dog and integrating it into the child and family’s daily life. The second interview was conducted approximately 2 weeks after the first interview and included questions that were designed to elicit experiences related to the specific duties the dog provided in the child’s daily routine as well as identifying benefits and challenges. Finally, the second interview was used as a member check, allowing the participants to endorse or refute a researcher’s interpretation of past data to improve the credibility and validity of the data (Creswell & Creswell, 2017).

Data Collection

Methods of rigor were used throughout the study to uphold the four components of trustworthiness: credibility, transferability, dependability, and confirmability. The interviews and collection of field notes served as data triangulation, while the use of multiple researchers for separate and collaborative data analysis served as investigator triangulation. Data were collected over two interviews to establish prolonged engagement and provide the opportunity for persistent observation. The interviews occurred at different times of the day and during periods in which the participants had minimal distractions and disruptions to ensure dependability and to provide thick descriptions of the data for transferability (Korstjens & Moser, 2018). In qualitative research, thick descriptions are used to describe observations and interpretations that incorporate a high level of contextual detail. More recent literature continues to endorse AADs function in facilitating prosocial interactions, regulation, and safety with autistic children while additionally portraying the beneficial roles of AADs for family units (Appleby et al., 2022; Burgoyne et al., 2014; Fecteau et al., 2017; Hellings et al., 2022; Leung et al., 2022; Smyth & Slevin, 2010; Tseng, 2023). To establish dependability and confirmability, the maintenance of an audit trail provided transparency of the research path (Korstjens & Moser, 2018).

Data Analysis

Interviews were transcribed via ©Temi, an electronic speech-to-text translation software, and cleaned to ensure accuracy. The data were then manually analyzed by the three members of the research team using an interpretative phenomenological and narrative theory approach (Creswell & Creswell, 2017; Smith & Osborn, 2015). After all of the interviews, the PI read the transcripts to develop an initial list of codes. The transcripts were broken into chunks based on narrative principles to form explanations.
and to identify themes. The themes were then compared within and across cases. During analysis, the codes were assigned and consolidated until a primary code remained assigned to each data fragment (Creswell & Creswell, 2017). The final code was determined based on the fundamental notion of the fragment. The final codes were then aggregated into six themes. This article describes a single important theme and its four subthemes that emerged from the data because the theme of the multi-factored role of AADs holds clinical and scientific relevance for occupational therapists.

### Table 2

**Semi-Structured Interview Guide**

<table>
<thead>
<tr>
<th>Interview 1</th>
<th>Interview 2</th>
</tr>
</thead>
</table>
| 1. Tell me about your child.  
   a. What are your daily routines like? (weekdays and weekends)  
  2. Can you please tell me the story about how your family got your assistance dog?  
  3. Prior to having an assistance dog, what behaviors did your child exhibit?  
   a. How did these behaviors impede their participation in daily life?  
   b. What made you decide to pursue getting an assistance dog?  
   c. How did you become aware of autism assistance dogs in general?  
   d. How did you become aware of Good Dog! Autism Companions specifically?  
  4. Can you tell me the story about the matching process and the dog coming to live with you?  
   a. What were your initial expectations of the dog?  
   b. What was the matching and training process like for you?  
   c. What kind of support did you have throughout the process?  
  5. Looking back, are there any supports or resources that you wish you had that you did not?  
  6. What activities does the dog help your child participate in at home?  
   a. In the community?  
   b. In the school?  
  1. What specialized commands, if any, does the dog know?  
  2. Tell me about what your child did with his/her dog yesterday.  
  3. Tell me about what your child and his/her dog did this past weekend.  
  4. Can you tell me about a time that the assistance dog and your child worked really well together?  
  5. Can you tell me about a time that the assistance dog did not work as well as expected?  
  6. Can you tell me about a time that having the assistance dog made your life more challenging?  
  7. What has the experience of having an autism assistance dog been like?  
   a. How has this been different for you (as the handler/parent)?  
   b. Your child?  
   c. The whole family?  |

### Results

The interviews portrayed the broad role that AADs play in childhood occupations and family life. In striving to understand and describe the multifactored role of the service dog, several components were identified. These were dogs as occupational facilitators, symbols of awareness, age-appropriate security blankets, and generators of familial experiences. Each of these became a subtheme in the data analysis and will be further described below.

**Occupation Facilitator**

Throughout the interviews, the participants reported that the assistance dog provided their child and their family with assistance across every area of occupation as outlined in the *Occupational Therapy Practice Framework* (OTPF-4). Some selected examples and supporting quotes follow.

**Sleep**

Three of the participants discussed the role that AADs have in promoting sleep as an occupation by helping the child prepare and participate in sleep. Participant 1 explained that before having Dixon, one of the child’s parents would have to lay on top of him to provide the deep pressure required for him to remain in bed and fall asleep. Now, it is Dixon’s job to provide that deep pressure for the child until he...
falls asleep. Participant 1 specifically described Dixon sleeping with her child each night improving, not only the child’s sleep hygiene and bedtime routine but also the family’s quality of sleep.

Now [the child] goes to sleep right away and we don’t have to stay in there with him to help him sleep. It improves his quality of sleep and [ours]. Because especially when my husband was gone, I’d be up all night with him, and I’d be exhausted trying to take care of him and his brother the next day. (P1)

This family reported an increase in the children’s quality of sleep and improvement in family dynamics, allowing for quality time between mom and dad after the child fell asleep. In addition to the sensory component of improving sleep, the assistance dog can provide consistency in sleep routines, which has been recognized as an integral part of sleep quality for children with ASD (Lane et al., 2022). Participant 2 explained that at bedtime, “[her child] will get Jasper to follow him in there. He’ll say ‘Jasper on’ for her to get on the bed.” Another helpful aspect of the sleep routine happens in the morning: “So, every morning we get up and he helps feed Jasper, getting his school stuff together and getting ready for the day” (P2). Finally, Participant 1 reported, “After he brushed his teeth and goes in and gets in bed, we’ll tell Dixon to ‘jump on’ to get on the bed.”

**Dressing**

Each AAD was taught a set of specialty commands specific to each child. Participant 1 disclosed that her child often had difficulty with transitions in his morning routine, especially getting ready to go to school, as her child would often refuse to gather clothing items needed to leave the house. This resulted in her having to gather his clothes and get him dressed, causing more anxiety and stress for both. To help ease this transition, “Dixon knows how to get his shoes [we especially use the command] on more difficult days, like if he is having a hard time getting ready” (P1). Now, Dixon gathers these essential items and prompts the child to get dressed. This provides the child with an anticipated routine to facilitate a sense of calm while also increasing the child’s independence and decreasing the amount of assistance that his mother needs to provide with his morning routine.

**Feeding**

Two of the participants discussed the unexpected yet beneficial role that the dog plays during feeding and mealtimes. Participant 4 mentioned how “Comet would really help the child go to lunch [and] remain seated at the table,” while the child was at school. In this family, the child and AAD were frequently tethered, so the child’s support staff would put the dog in a ‘go’ command to help with the transition to the cafeteria, and then once seated, “the tether would help them stay more, kind of grounded in a seat” (P4). Participant 3 similarly described how her child often has difficulty sitting at the table to eat during meals and how her child and dog’s bond improves her child’s mealtime participation. “If she’s [child] eating string cheese, she’ll peel off a string and give it to Fern; it’s bonding and socialization and communication for them.” This mother further explained that “she’ll [child] also sit through her meals and eat more with him. Or try new things. Because it really is a way that they are close together” (P3). Often, mealtimes are difficult for autistic children because of sensory sensitivities, inadvertent external expectations/pressure, and changes in routine. In this family’s case, the dog takes the pressure off the child during mealtime and models trying various foods.

**Safety**

Children’s safety is extremely important, especially for autistic children, since they are more likely to elope. Participant 4 discussed the invaluable role of the dogs in keeping children safe from bolting. She
shared that her child “Tends to be an eloper and a runner even [within a] room” (P4). This made transitions and outings very difficult for the family, requiring them to constantly hold their child, guiding him to appropriate locations to ensure his safety. Now, the family uses the three-point handling system in which the child is “Tethered with Comet [which] helps [him] stay kind of focused and going where he needs to go [without] us always pulling on him” (P4). She then explained how this has not only improved her child’s safety but also his independence. “We saw [him] become just a happier, healthier, more independent kid.; being tethered and providing that opportunity for [our son] to be independent was probably the biggest win” (P4).

**Symbols of Awareness: Making the Invisible Visible**

Each of the participants discussed the role of the dog in visually symbolizing the child’s invisible disability. Participant 1 discussed the “relief of being in public [with Dixon] and not feeling stressed about judgments of other people,” compared to when she would previously receive judgmental looks when her child was being loud, flapping his hands, or having a meltdown in the community. The participants further explained that this often resulted from individuals assuming the child was neurotypical since they did not display any physical or visually apparent differences. Similarly, Participant 2 recounted an instance when her family was flying home from Disney, during which a stranger “rudely goes, ‘Do I need to switch seats?’” in response to her child stimming and knocking on the seat-embedded television screen. Later during the flight, Participant 2 offered to buy the gentleman a drink for the inconvenience, but he “said, ‘No, I owe you an apology, and I’m so sorry.’” She added, “And it wasn’t because of anything other than the fact that [when he turned back around earlier] he saw Jasper, and he knew there was something else going on” (P2). Participant 3 recounted a parallel experience in which the “service dog vest gave us some clout, and instead of looking like the family with a screaming kid, we were the family who had a screaming kid and a service dog, so it just normalizes it for people.” These eye-opening experiences exemplify the role of AADs in decreasing the external judgment of others by making the child’s invisible differences visible without others “looking at you like your kid is out of control, you don’t have control, or your kid is just very poorly behaved” (P3).

**An Age-Appropriate Security Blanket**

Each of the participants reported that although the dog’s presence is not a service the dog provides, their presence that facilitates the child’s participation in occupations. Participant 1 metaphorically compared her child’s assistance dog to a “security blanket,” explaining that was previously her “role for a very long time.” It became increasingly difficult, however, as her child “got older” because it was not appropriate “to have your mommy around.” By metaphorically comparing her child’s assistance dog to a “security blanket,” Participant 1 demonstrated how it is reassuring for the child to “have Dixon [the dog] there and available when needed” to ground the child and provide them a source of comfort during times of dysregulation (P1). Participant 2 strengthened this metaphor while sharing a stressful situation in the emergency room when her child began “screaming ‘no ears, no ears,’ and refusing to let the doctor look in his ears or check his vitals” because of his extreme phobia of doctors and medical equipment. She further explained that she “didn’t even have Jasper necessarily do a command” but had her child rub Jasper’s ears, which is one of his favorite calming strategies, “and all of a sudden, he let the doctor look in his ears. All the people were in awe, and my jaw was on the ground because I never thought that would happen with just her presence.” As demonstrated by these lived experiences, the assistance dog acts as a socially and age-appropriate security blanket for autistic children by providing them comfort during
challenging experiences and occupations. This role also applied to the family unit during community outings.

Generators of Familial Participation and Outings: Making the Impossible Possible

All of the participants also reported that the assistance dogs’ presence provided comfort for the family unit, especially during community outings, as they facilitated participation in a variety of previously difficult or impossible situations. “Comet has been a game changer for our family. We get to do a lot of things that we never got to do [before]; even little things like going trick or treating was almost impossible” (P4). She further reminisced about the first Halloween that the entire family went trick or treating: “I was like, y'all know that candy does not cure autism, right? Because [with Comet] people are more willing to help” (P4) accommodate for the child’s individual needs without marginalizing the family.

All of the participants expressed significant gratitude toward their assistance dog for enabling the child to participate in community outings and easing transitions, as this translated to the increased occurrence and quality of family activities, such as going to the movies, restaurants, bowling, on vacation, to the grocery store, shopping, sporting events, trick or treating, and attending school events. Participant 1 illustrated this experience from her neurotypical husband and son’s perspectives, explaining that before having an AAD, they “always felt like people were staring at [the autistic child] or were staring at our family, and [they] didn’t like that.” Comparatively, now when people “pay us attention [it is] in a kind and thoughtful way instead of a judgmental way” (P1), so it is not as stressful for the family, and they are apt to go out as a family more often. Fern “helps all of us [the family],” said Participant 3, by evoking a different perspective among others, provoking them to be “more understanding, patient, and kind [without] the evil glares or comments” (P4).

Discussion

In reviewing the research questions, the occupations that the AADs help autistic children engage in include sleep, dressing, feeding, and safety. In addition, AADs help facilitate greater participation in familial outings by helping the child to feel their disability has a visual symbol and giving the child the feeling of a sense of security. The results from this study support the hypothesis that AADs can serve a broad purpose in increasing participation in a child’s daily life. The results specifically demonstrate the use of AADs in the provision of functional mobility, community participation, social participation, independence, and safety among autistic children. Similarly, Davis et al. (2004) evaluated the outcomes of the use of pediatric assistance dogs among families over 5 years and found that the dogs facilitated physical, medical, emotional, developmental, and social improvements among 88% of the participants. Camp (2001) described the use of assistance dogs as a form of assistive technology, given their role in fostering improved occupational participation and engagement in meaningful roles. The results of this study supplement these previous findings and expand on the dogs’ role as assistive technology via their use as a sensory tool. The provision of sensory input from the dogs promotes sensory processing and regulation, increasing the child’s ability to engage and participate in occupations in their daily life. The results further delineate the dog’s role as a social bridge to increase the child’s social participation and communication. The dog acts as an icebreaker and takes the immediate focus off the child’s disability, especially if the child communicates differently than others.

The findings of this study are unique because across cases all of the participants reported that the dog aids children in all types of occupations. This concept was not mentioned or described in any of the literature that was reviewed about AADs. The study is also unique in that it discussed how the dogs specifically assist in these occupations to facilitate greater participation and engagement in the child’s
daily activities. Occupational therapists should consider exploring AADs as part of a child’s treatment plan, when applicable. With that said, it is imperative that occupational therapists and assistance dog training organizations collaborate to jointly train assistance dogs to specifically meet individual, unique needs. If an occupational therapist works with a child with an AAD, it is vital to acknowledge the child’s unique role as a member of the triad team and consider the role of the dog in the child’s daily life.

Although all of the participants reported that the benefits of AADs outweigh the challenges associated with owning and using an assistance dog, it is important to note that there are challenges associated with having and using an AAD. Although they are well-trained and well-behaved, the dogs are tools with minds of their own. They are still animals that take constant care and training; it requires continuous work and problem-solving throughout the course of the relationship. Families also reported that while traveling, the dog is an added living being for which they have to pack, coordinate, and care. With that said, many of the families reported that the dog was the easiest member of the family to prepare and with whom to travel. Two contextual challenges were also reported: external resistance regarding public access and other people’s innocence and complacency when interacting with the child and the assistance dog. Although these dogs are assistance animals covered under the Americans with Disabilities Act, the families were sometimes met with resistance when entering public establishments with the dogs. This was often because the public tends to have a skewed view of the role of other types of assistance dogs besides guide dogs or hearing dogs. People also tend to be uneducated about the differences between therapy dogs, emotional support dogs, and assistance dogs, so they often mistake the AADs for emotional support dogs or vice versa. This distinction is extremely important, and the public should be more educated on the topic because only assistance animals are protected by public access laws. Every participant stated that despite the extra challenges associated with the use of an AAD, overall, the dogs minimize or eliminate more challenges than ever emerge with their use.

Limitations

Although this study is consistent with and appropriate for preliminary qualitative research, the limitations of this study include recruitment from a single agency, small sample size, and lack of diversity in the sample. Since AADs are a novel tool, the population from which to recruit was limited. Despite other organizations and manners of training not being encompassed, recruiting from a single agency helped to ensure similar training, matching, and lived experiences of the participants. The results of this study are not intended to be generalized to the larger population but rather to be used as groundwork that can inform practice possibilities and inspire future studies.

Future Research

This study provides four powerful examples of how AADs can profoundly impact the lives of the children and families they serve. Future studies should continue to explore this effect on children’s daily participation and engagement in occupations. Further qualitative examination of this process may illuminate barriers to families obtaining AADs. Quantitative research also may be useful for exploring how many families are referred to assistance dog programs and how many are accepted. QOL measures could be used to quantify improvements for parents and children after receiving an AAD. This would provide compelling evidence for the inclusion of advocacy and training for these programs as part of evidence-based autism intervention.

Conclusion

Family-centered care requires that occupational therapists advocate for our clients and for their families. Part of this advocacy involves analyzing a child’s needs across many domains and helping
families select and obtain appropriate assistive technology that best facilitates child and family participation in meaningful occupations. This study shows that AADs can be an assistive technology application that allows a family to increase their participation and overall QOL. As such, occupational therapists can help the client and their family advocate for the dog with the child’s primary care provider, the training organizations with which the family decides to apply, and their funding sources. Occupational therapists’ ability to perform task analysis and identify factors that limit a child’s participation in daily activities provides a unique role for working with assistance dog training organizations to improve the training of assistance dogs to specifically meet a child and family’s unique needs. Occupational therapists should have a foundational understanding of assistance animals and the process of referring appropriate children and their families to assistance dog training organizations. Some organizations may require a medical referral or letter of medical necessity during the application process to ensure that the dog could meet the child and family’s needs. Occupational therapists may encounter families that already are using an AAD. In these cases, it is vital to acknowledge both the child’s and parent’s unique roles as members of the triad team. This will allow the therapist to consider the role of the dog in the family’s daily life when planning treatment sessions, intervention strategies, and home adaptations.

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