

Both Ends of the Leash

Lending a Helping Paw

Is your dog a good fit
for therapy duty?

Patricia B. McConnell

“He’d be perfect as a therapy dog—perfect. You just have to help me stop him from biting so much.”

I wish I could say I’m making this up, but yes, I did have a client who said that, and yes, he truly thought his dog could be a great therapy dog. My client had the best of intentions, but it took a while to convince him that his pathologically shy and potentially dangerous dog was no better suited to therapy work than I am to being a ballerina.

However, a multitude of dogs *are* just what the doctor ordered, and it makes my heart all warm and gooey to think of the great work they do. Currently, and an estimated 30,000 teams of what are called therapy dogs and handlers are certified through Delta Pet Partners (deltasociety.org) and Therapy Dogs International (tdi-dog.org), and there is little doubt that they are enriching the lives of thousands of people across the country.

A good dog-and-handler team does a lot more than just make people feel fleetingly happy. True therapy dogs—dogs who participate in structured programs designed by healthcare professionals (Animal Assisted Therapy, or AAT)—can decrease pain, improve mobility, speed up post-surgery healing and even calm autistic children as well as increasing their social interactions. That’s a pretty impressive body of work, and it is just the short list. A larger number of dogs and handlers participate in what are called Animal Assisted Activities (AAA), in which teams visit hospitalized children and senior-center residents. The petting, tricks and furry companionship can stimulate the release of massive quantities of the world’s greatest drug, the neurohormone oxytocin.

Another benefit: AAT and AAA can be as good for the providers and the recipients. Take it from me—watching a senior citizen glow while petting your



dog and talking about the special pup she owned 70 years ago is guaranteed to put you in a good mood that lasts for hours.

However, you need to leave your rose-colored glasses at home if you and your dog are involved in AAT or AAA (I’m just going to call it “therapy” from now on, as long as we all understand that I’m using the term loosely). Just because you love your dog doesn’t mean everyone in a nursing home will want to meet her. Plus, your dog may actually hate the work, even though it wraps you in your own haze of oxytocin. In addition, your beloved dog may come home with an antibiotic-resistant bacteria like MRSA, which is commonly found in healthcare facilities.

In other words, there’s a lot to learn about doing this work in a way that is truly helpful to others, safe for everyone involved and, as importantly, enjoyable for your dog. In this article, I’ll be focusing on the dogs, because, well, they pretty much drive the system.

JOB QUALIFICATIONS

Let’s start, then, with a question: Which dogs are appropriate for AAT and AAA? Answer: Not many. Ouch. Sorry, but the fact is that therapy work can be tiring and stressful for many dogs, and some dogs have personalities that take them out of the running even though they would love to be on the team. My Border Collie, Willie, might be a good therapy dog when he’s 10 or so, but right now, he’s simply too much dog to visit vulnerable populations. I describe his greeting behavior as that of an adolescent Golden Retriever in a tuxedo (my apologies to Golden Retrievers, but I suspect you all now know exactly how he behaves, right?). Oh, he keeps all four feet on the ground, but

in his enthusiasm to meet new people, he still quivers and licks and thrashes his tail around like some crazed dishrag on drugs. He's a good reminder that no matter how much you love your dog, he or she may not be a candidate for therapy work, at least not now.

Here are some criteria to consider when asking if your dog is suitable for therapy work. The most important job qualification is that the dog loves people, absolutely and completely. That doesn't mean your dog lights up when you come home, and tolerates visitors. I've seen and heard of numerous dogs in AAT who adored their guardians—but strangers? Not so much. I've also watched a dog and her guardian spend an entire "therapy" session communing with one another in a nursing home. That's not therapy, that's a woman petting her dog while others watch. It might be useful in some circumstances, but most often, the dog needs to voluntarily approach strangers, make eye contact with them and put forth an effort to get close to them.

It's important to distinguish these dogs from dogs who merely tolerate strangers. Willie's response to people walking toward the house is: "Oh look! There's *another* one! Can you believe it?" I get the impression he thinks that people are as rare as huge, juicy beef bones, and he can't believe his luck—they keep turning up randomly when he least expects them. So while he'd fill the "loves everyone" bill, he'd, uh, most likely knock the senior citizen out of her wheelchair with his tail.

Which brings us to the difference between manners and personality. Willie is trained to greet people politely, but I can't expect him to leave his personality in the crate. Therapy dogs need to be calm—dogs who don't slap senior citizens with their tails or pull IVs out of patients' arms. The level of acceptable activity can vary depending on where and when the dog is working, but a clam demeanor goes beyond good training.

People who most benefit from a dose of oxytocin are often frail or otherwise physically compromised, and the dogs they interact with can't emote all over them, forcing them to protect their face or their shoulder or their new hip. This is one reason so many dogs do well when they are older, even though they may have flunked the certification test when they were younger.

If your dog was dismissed as too active to work in the Children's Hospital when he was three, you might want to try again when he's eight or ten, after he's slowed down and is a little calmer about life in general.

Besides being physically calm, dogs need to be emotionally calm. That means they don't go all pancake-eyed when someone grabs their head, or panic if a metal tray is dropped behind them. Essentially a good therapy dog needs to behave in ways that most dogs don't: unfazed when a child hugs them a little too hard before you can intervene, unreactive when the Alzheimer patient tries to grab their ears and screams when you step in. Can some nervous dogs be conditioned to be comfortable when "life happens"? Yes, they can; I know of several dogs who were originally terrified of strangers and ended up as great therapy dogs. But that's the exception, not the rule. It's a fool's errand to try to make a reactive dog into a good therapy dog while he's in treatment himself, and it's not safe or respectful to anyone to try to make a "regular" dog into a one-in-a-million one.

This is a problem I've seen a bit too often: guardians whose dogs may have good reasons for being cautious or nippy, but who still insist that "it's not the dog's fault, and if everyone would just learn to be appropriate around dogs, he'd be perfect." That's pretty much the point here: people won't be perfect, guaranteed. In the normal run of things, they never are, and in the case of therapy, they often will be worse. The children will be crazed to finally see a dog like the one they have at home and won't understand why they can't hug Maxi so hard that Maxi can't breathe. Some seniors will sit quietly stroking Chief, but others will get a death grip on the sides of his head and kiss his lips before you can stop them.

For everyone's sake, including your own, you don't want Maxi and Chief to be dogs that just barely tolerate this kind of treatment. Those dogs may be "fine" (i.e., they don't bite) the first time or two, but they might not be the third or fourth. Even if they don't object, forcing them to tolerate this sort of behavior could be considered abusive. You need a dog who really, truly doesn't care if he's hugged or his tail is pulled. Those dogs are out there, but they are less common than many of us like to think.

YOUR ROLE

And that brings us to another critical issue: your responsibility as your dog's handler. Although I've already noted that a therapy dog must be able to tolerate all manner of rudeness, it's your job to eliminate as much stress as you possibly can. You may not be able to do this 100 percent of the time (thus my cautions about your dog's training and personality), but as the human half of the team, you play several roles, and one of them is to be your dog's advocate. This includes knowing your dog well enough to predict in which environment he would do well.

Willie, for example, would be overstimulated in a room full of children, but might eventually be a great dog for a senior facility. Some dogs adore kids, but would be nervous around wheelchairs and walkers. Thus, your first job is to find out which program is a good fit for your dog. If you're involved with a group like Delta Pet Partners or TDI, the organization will help you identify an appropriate venue after your dog has been certified.

Once you're at your work site, your task is to present your dog to others and then back off enough to encourage connections. However, you need to stay alert, on watch for potentially inappropriate interactions. Most importantly, you need to be an expert at reading your dog. If I've heard "Oh, he's fine," about a stiff-bodied, close-mouthed, wrinkled-brow dog once, I've heard it a gazillion times. Not long ago, a woman sent me a video of her and her dog doing AAT in a hospital setting. The children were in heaven, petting and stroking and chattering like starlings over the dog. The guardian was beaming, and raved to me about how much her dog loved the work. Except that's not what her dog's body language suggested. He looked patently miserable, with a stiff body, his mouth closed and his head turned away from the children. His human was so overwhelmed with oxytocin herself that she couldn't see that her dog was extremely uncomfortable.

Job one, then, for guardians, is to become brilliant at interpreting visual signals of discomfort in their dog, and learning to act on them immediately. That's not always so easy to do; many of us have seen a suspicious look on our dog's face and dismissed it. "Oh, but he's always loved coming here." But maybe

that was then, and this is now. Therapy work can be the highlight of a dog's week, but it can also be stressful, and it's common for dogs to enjoy it for a few years and then be ready for retirement.

What's most important is to learn to read your dog objectively, and to do so every minute of every interaction. If you're participating in AAT with your dog, you are the responsible member of a working team, and need to watch and evaluate the patient, the surroundings and your dog. If you don't come home a little tired, you're probably not doing your job.

Argh! This sounds like a lot. It is if you do it right, that's true. However, many people say it's the most rewarding thing they've ever done with their dog. I don't want these cautions to discourage anyone from doing AAT or AAA with their dog. This can be important and wonderful work—good for you, good for your dog and good for people desperate for the same glow we get when we cuddle with our own dogs at night. Spreading the wealth is a beautiful thing—but needs to be done with knowledge and foresight so that it's a win/win/win for everyone. Let's hear it for oxytocin all around!

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