

A Unique Canine Comfort Therapy Program for Child Maltreatment Cases

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ABSTRACT

Research has shown that programs utilizing comfort therapy canines in cases of child maltreatment have been successful in providing valuable support to children and their families. To date these programs have made canine comfort therapy dogs available solely within one of the involved disciplines. Therefore, a unique canine comfort therapy program was established specifically to support this pediatric population by implementing a collaborative canine comfort therapy program within two separate disciplines.

CALI (Cranston Police, Aubin Center, Leadership in Innovation) was the first official K-9 comfort therapy dog in a police department in Rhode Island (RI), and the first employed dog within the state's only children's hospital.

This program provides a longitudinal experience that supports children and their families by fostering a sense of familiarity and trust throughout all the difficult components of a child maltreatment case (e.g., evaluation, treatment, investigation and prosecution).

KEYWORDS: child maltreatment, multidisciplinary team, comfort canine therapy, innovative programs



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INTRODUCTION

For centuries, dogs have been domesticated to provide companionship, protection, and have been trained to perform specific work. K-9 (a homophone of canine used to identify police dogs) are trained to assist law enforcement in a variety of tasks (e.g., search and rescue, apprehension, and detection of narcotics and explosives). Different from K-9s, service dogs are trained to meet the needs of an individual with a disability, such as assisting with day-to-day tasks, and alerting their owner to potential medical emergencies.¹ An emotional support animal (ESA) is prescribed by a licensed mental health provider to an individual with debilitating mental illness. Comfort therapy dogs, in contrast, are trained to provide support more broadly to many people within different settings such as hospitals, schools, hospice, retirement homes, individual mental health counseling, and more recently have been incorporated into police departments.

Research has demonstrated advantages for patients when comfort therapy dogs are integrated into traditional treatment modalities.^{2,3} For example, there are notable reductions in both physiological and behavioral distress in children undergoing a physical examination when a dog is present.³ Moreover, lower cortisol levels have been noted in pediatric patients interfacing with a comfort therapy canine before, during, and after potentially painful procedures.⁴ One study demonstrated that following a comfort therapy dog visit, pediatric oncology patients had lower distress and significant decreases in worry, fear, sadness, and pain.⁵ These benefits have been attributed to serotonin and dopamine increases, indicating that the presence of a comfort therapy dog had similar reactions compared to treatment with a pain narcotic.⁶ Other benefits have been ascribed to increased communication between patient and staff which were facilitated by the presence of a comfort therapy dog.⁷

Comfort canines may play an important role when working with vulnerable populations, including victims of child maltreatment. An allegation of child maltreatment results in a cascade of events for potential victims. Once a report is made there will be investigations by law enforcement and child welfare agencies, comprehensive medical evaluations, forensic interviews, mental health assessments and treatment, and legal testimony during hearing(s) for the prosecution of cases.⁸ Due to multiple professionals involved in child maltreatment cases, it is standard to have a multidisciplinary team (MDT) approach with the goal of increasing communication amongst varied disciplines and minimizing re-traumatization of children.⁹ A child maltreatment MDT typically includes child welfare agencies, law enforcement, medical, mental health, forensic interviewers, advocates, and prosecutors.

Child sexual abuse cases often lack eyewitnesses and substantial physical examination findings. A child's disclosure, therefore, becomes the primary, if not sole, evidentiary basis for addressing and prosecuting these traumatic incidents.¹⁰ A child victim of abuse or neglect may also experience stress, anxiety, and re-traumatization with each part of the investigatory process.¹¹ Comfort canine therapy is demonstrated in prior studies to be beneficial in child maltreatment cases. However, these programs have been limited in assigning the comfort therapy dog to only one of the MDT disciplines. An example of incorporating comfort canine therapy into an individual setting was described in a 2012 study of 156 children engaged in group therapy for child sexual abuse. This study showed substantial decreases in observed trauma symptoms when a comfort therapy dog was used in that setting.¹² In 2015, a comfort therapy program solely within law enforcement found that the presence of the therapy dog provided initial comfort to the child in an unfamiliar environment. More importantly, the handler was able to build rapport, initiate an open-ended dialogue unrelated to the suspected abuse incident, and assess children's engagement and cognitive abilities prior to conducting an investigative interview.¹³

Programs utilizing comfort therapy canines in cases of child maltreatment have provided valuable support to children and their families. However, to our knowledge, implementing a canine program that offers longitudinal support to victims between the different domains of child abuse cases (e.g., evaluation, treatment, investigation and prosecution) has not been demonstrated in the literature. Considering that these cases involve a diverse MDT, a program that utilizes comfort canine therapy across disciplines was anticipated to be valuable. A unique canine comfort therapy program, therefore, was established specifically to support victims of child maltreatment longitudinally and with the involvement of two community professionals within the RI MDT. CALI (acronym for Cranston Police, Aubin Center, Leadership in Innovation) is an Australian Labradoodle, was

the first official K-9 comfort therapy dog in a police department in RI, and the first employed dog within the state's only children's hospital.

The CALI canine comfort therapy program is distinct because it has two handlers from two separate disciplines within the MDT (law enforcement and healthcare). CALI is co-handled by a Special Victims Unit (SVU) detective, and a child abuse pediatrician. This collaboration has resulted in incorporating CALI as a member of the MDT. CALI accompanies children and their families through the different stages of the investigative process: the initial report of maltreatment; medical evaluations; forensic interviews; subsequent meetings with law enforcement and attorneys; waiting to testify in court. This program provides a longitudinal experience that supports children and their families by fostering a sense of familiarity and trust throughout all the difficult components of a child maltreatment case.

As an officer of the Cranston Police Department, CALI has become a true ambassador between law enforcement and the community. She is well known throughout the state and children meet her during school visits and a variety of community events. This has fostered a positive association for children with law enforcement, which for many children is their first direct interaction with a police officer. During these introductory sessions, children not only meet CALI, but learn about safety. This familiarity with CALI has been instrumental in immediately helping provide support to children when they are re-introduced to her in the police station or at the hospital if allegations of child maltreatment occur.

Since the implementation of a comfort canine five years ago, there has been an improved focus on the emotional well-being of the victim in the initial stages of disclosure. Medical evaluations, specifically those forensic in nature, can be stressful for children, especially when asked to discuss traumatic experiences in detail. As an adjunct to our well-established trauma-informed care, CALI has helped promote a child-friendly environment. This new approach can alleviate additional distress that may impact a child's ability or willingness to provide information that is crucial for medical treatment as well as legal and therapeutic decision making. The presence of a comfort canine enables children to perceive the environment as less threatening, potentially reducing feelings of stress during history taking and during the medical examination. This unique approach has allowed a shift from a diagnostic process to a therapeutic intervention; helping children to regulate their emotions as they recount traumatic events.

Professionals within the MDT are exposed to the graphic details of traumatic experiences reported by children who have suffered from all forms of child maltreatment and therefore are at high risk of secondary trauma and burn out. The rates of secondary trauma can exceed 50% within each of the disciplines represented in a child maltreatment

MDT.¹⁴⁻¹⁹ A study of 20 healthcare workers found significant reductions in both serum and salivary cortisol 45 minutes after a 5-to-20-minute interaction with a comfort canine, suggesting that hospital staff may benefit from very brief interactions.³ Similarly, integrating a canine comfort therapy program has been beneficial for the professionals within the RI MDT. Staff members have reported decreased levels of stress and a happier work environment since CALI became a member of the team. Likewise, a Virginia Commonwealth University study found a notable improvement of employees who brought their dogs to work produced lower levels of cortisol. In this study, average stress level scores fell about 11% among workers who had brought their dogs to work, while they increased 70% for those who did not.²⁰ Moreover, Rodriquez and colleagues examined 73 pediatric healthcare professionals that worked with 46 dogs across 17 children's hospitals. These pediatric healthcare professionals described benefits in their daily lives by reducing stress and improving well-being, staff relationships, and job-related morale.²⁰ A separate study identified that professionals working with a dog described their job in a positive way and reported improved mental health, including less depression.²¹

Overall, the implementation of this unique canine comfort therapy program has benefited the children, their family members, as well as the professional members of the MDT. An example of quotes regarding these interactions are provided in **Table 1**. This program could be replicated within established MDT for child maltreatment in other geographical areas.

Table 1. Quotes about CALI

"I feel so much better just being with her."
"She made me feel joyful."
"CALI made myself and my son feel comfortable enough to talk. Having her as a distraction while talking about some of the hardest stuff ever, definitely made it easier."
"I wanted to let you know just how helpful CALI was in our meeting with the child molestation victim we were preparing for trial."
"CALI provided a sense of calm in a very overwhelming and stressful situation. I was very scared and having to talk with detectives who were complete strangers was nearly impossible. CALI made me feel safe and the second I saw her I could breathe a little better."
"We are so appreciative and grateful for all that CALI has done for survivors of sexual abuse."
"She makes me feel calm and safe."
"Getting hugs from CALI helps to reset the moment, releasing stress and brightening the start of the workday."
"Having CALI in our office is wonderful! She brings joy to everyone in the building."

FUTURE DIRECTIONS

Overall, the use of canine comfort therapy dogs to help establish rapport with children during abuse investigations is a promising innovative practice. A standardized procedure is needed to utilize therapy animals in the context of child maltreatment investigations and evaluations. Quality improvement cycles can be employed to help inform the use of comfort therapy dogs in clinical practice and empirically establish guidelines in different settings. Qualitative research on patient, family, and professional's self-reports of direct experiences with a comfort canine could also be completed. Finally, research utilizing quantitative measures (e.g., cortisol levels, blood pressure) can be useful in determining the benefit of comfort therapy dogs in different environment such as police stations and child abuse clinics, where patients are anticipated to experience elevated stress levels.

References

1. American Humane Definition of a Service Dog Vs. Emotional Support Animal vs. Therapy Dog. https://www.americanhumane.org/app/uploads/2018/05/Definition-of-Service-Dog_3_7_18.compressed.pdf
2. Matchock RL. Pet ownership and physical health. *Curr Opin Psychiatry*. 2015 Sep; 28(5):386-92. doi: 10.1097/YCO.000000000000183. PMID: 26164613.
3. Barker SB, Gee NR. Canine-Assisted Interventions in Hospitals: Best Practices for Maximizing Human and Canine Safety. *Front Vet Sci*. 2021 Mar 30;8:615730. doi: 10.3389/fvets.2021.615730. PMID: 33869316; PMCID: PMC8044758.
4. Vagnoli L, Caprilli S, Vernucci C, Zagni S, Mugnai F, Messeri A. Can presence of a dog reduce pain and distress in children during venipuncture? *Pain Manage Nurs*. 2005; 16:89-95. 10.1016/j.pmn.2014.04.004
5. Chubak J, Hawkes R, Dudzik C, Foose-Foster JM, Eaton L, Johnson RH, Macpherson CF. Pilot Study of Therapy Dog Visits for Inpatient Youth With Cancer. *J Pediatr Oncol Nurs*. 2017; 34(5):331-341. PMID 28614971
6. Montroll M. Independent Readings and Research, The Industrial College of the Armed Forces. Psychological support service dogs: Oxycontin and the potential to mitigate post-traumatic stress. 2011; Washington D.C.: National Defense University.
7. Lefkowitz C, Paharia I, Prout M, Debiak D, Bleiberg J. Animal-Assisted Prolonged Exposure: A Treatment for Survivors of Sexual Assault Suffering Posttraumatic Stress Disorder. *Society & Animals: Journal of Human-Animal Studies*. 2005.13(4):275-295, <https://doi.org/10.1163/156853005774653654>
8. Child Maltreatment 2021. U.S. Department of Health & Human Services Administration for Children and Families Administration on Children, Youth and Families Children's Bureau <https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2021.pdf>
9. Kolbo JR, Strong E. Multidisciplinary Team Approaches to the Investigation and Resolution of Child Abuse and Neglect: A National Survey. *Child Maltreatment*. 1997 Feb; 2(1).
10. Adams JA, Harper K, Knudson S, Revilla J. Examination Findings in Legally Confirmed Child Sexual Abuse: It's Normal to be Normal. *Pediatrics*. 94;310-317, 1994.
11. Hershkowitz I, Lamb M. E., Katz, C. Allegation Rates in Forensic Child Abuse Investigations: Comparing the Revised and Standard NICHD Protocols. *Psychology, Public Policy, and Law*. 2014; 20(3):336-344.

12. Dietz TJ, Davis D, Pennings J. Evaluating animal assisted therapy in group treatment for child sexual abuse. *J Child Sex Abus.* 2012;21(6):665-83.10.1080/10538712.2012.726700
13. Conradt TW. Evaluating the use of Therapy Dogs in Child Abuse Investigations: Establishing a Research Supported Program through Practitioner-Academic Partnerships. *American Psychology- Law Society (AP-LS NEWS)* February 2016. <https://www.apadivisions.org/division-41/publications/newsletters/news/2016/02/therapy-dogs>
14. Kane L. Medscape National Physician Burnout & Suicide Report 2020: The Generational Divide. <https://www.medscape.com/slideshow/2020-lifestyle-burnout-6012460>
15. Reith TP. Burnout in United States Healthcare Professionals: A Narrative Review. *Cureus.* 2018 Dec; 10(12):e3681 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6367114/>
16. Queirós C, Passos F, Bárto A, Marques AJ, da Silva CF, Pereira A. Burnout and Stress Measurement in Police Officers: Literature Review and a Study With the Operational Police Stress Questionnaire. *Front Psychol.* 2020 May 7;11:587. doi: 10.3389/fpsyg.2020.00587. PMID: 32457673; PMCID: PMC7221164.
17. Follette VM, Polusny MM, Milbeck K. Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice.* 1995; 25(3):275–282. <https://doi.org/10.1037/0735-7028.25.3.275>
18. Rienks SL. An Exploration of Child Welfare Caseworkers' Experience of Secondary Trauma and Strategies for Coping. *Child Abuse Negl.* 2020; Dec;110(Pt 3):104355. doi: 10.1016/j.chiabu.2020.104355. Epub 2020 Jan 14. PMID: 31948676
19. Molnar BE, Meeker SA, Manners K, Tieszen L, Kalergis K, Fine JE, Hallinan S, Wolfe JD, Wells MK. Vicarious traumatization among child welfare and child protection professionals: A systematic review. *Child Abuse Negl.* 2020; Dec;110(Pt 3):104679. doi: 10.1016/j.chiabu.2020.104679. Epub 2020 Aug 18. PMID: 32826062.
20. Rodriguez KE, Bibbo J, O'Haire ME. Perspectives on facility dogs from pediatric hospital personnel: A qualitative content analysis of patient, family, and staff outcomes. *Complement Ther Clin Pract.* 2022; Feb;46:101534. doi: 10.1016/j.ctcp.2022.101534. Epub 2022 Jan 7. PMID: 35051806.
21. Jensen CL, Bibbo J, Rodriguez KE, O'Haire ME. The effects of facility dogs on burnout, job-related well-being, and mental health in paediatric hospital professionals. *J Clin Nurs.* 2021 May; 30(9-10):1429-1441. doi: 10.1111/jocn.15694. Epub 2021 Mar 24. PMID: 33555610.

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