

## Case Study: Use of a Therapy Dog to Aid Systematic Desensitization

### Situation

ReachABA provides applied behavior analysis therapy and consultation, primarily for children. Audrey Stutsman, MA, RBT, a Training Coordinator at ReachABA, worked with an 8-year-old patient with sensory processing delays as well as coordination and language issues. The patient had a severe clinical fear of dogs. He would often run away at the sight of a dog, which became an issue for the family since they live in an area with many dogs.

Two years ago, seemingly out of nowhere, the Patient developed an extreme fear of dogs. According to the Patient's mother, "If he saw them coming down the block, he'd run away, and would sometimes cry at the mere sight of a dog. He would not go into houses with dogs – even when he was trick or treating, he'd ask if the house had dogs before entering...". The Patient's mother described how "limiting" this was for her son's overall social and emotional growth, as this impacted his ability to go on playdates and made entering and exiting his school difficult, due to the amount of dogs being walked in the neighborhood.

In one particular incident, the Patient ran toward the street when he saw a dog approaching while leaving school. Once he was putting himself at risk, his parents decided it was time to seek professional help. "His phobia was pretty severe," said Ms. Stutsman, his Behavior Therapist. "He doesn't have a big response to many things, but he was having a big response to dogs."

Ms. Stutsman designed a treatment plan that focused on systematic desensitization, a progressive, hierarchical procedure by which the fear associated with a phobia is gradually replaced by a relaxed response. To achieve the desired therapeutic goal, systematic desensitization takes between four and 12 sessions depending on phobia severity. Ms. Stutsman began by introducing the Patient to coping strategies and mantras to manage his fear that dogs would chase him, jump on him, or lick him. She also brought in videos of her own dog to facilitate *in vitro* or imagined exposure. Quickly, she realized that additional progress required a live dog for *in vivo* or live exposure to the Patient's fear.

### Enter Canine Therapy Corps

Ms. Stutsman heard about Canine Therapy Corps, a Chicago-based nonprofit organization that provides animal assisted therapy services, from another practice that had used them to help a young patient overcome a severe dog phobia. ReachABA contacted Callie Cozzolino, Canine Therapy Corps' Executive Director and a certified professional dog trainer. Ms. Cozzolino began attending the Patient's weekly sessions, utilizing one of her two mixed breed therapy dogs, Rou and Swindle, at a time.

The therapy goal was for the Patient to be comfortable with dogs at a distance of one to two feet away. Before introducing dogs to their sessions, Ms. Stutsman taught the Patient to "be a dog detective," which included education on dogs, their behavior, and the meaning of their behavior. She also developed a color-coded system so the Patient could easily communicate his fear levels: green was unafraid; yellow was worried or nervous; and red was terrified. Therapy objectives included working toward a green emotional state while increasing the proximity to the dog and avoiding red interactions.

According to Ms. Stutsman, during the Patient's first session with Swindle, he had quite a bit of anxiety. Despite Swindle being firmly tethered to a leash, the Patient worried Swindle would get too close to him and wanted to walk away from the situation. At first, Ms. Cozzolino and Swindle sat quietly at a bench while the Patient and Ms. Stutsman walked in a 20-25 foot radius around them. This is where the Patient

felt comfortable. All the while, Ms. Stutsman would check-in with the Patient using their color-coded system. If the Patient felt “green,” they moved closer; if he felt “yellow,” they maintained that distance. When the Patient felt “yellow,” Ms. Stutsman asked him to use his newly acquired “dog detective” skills to: observe the dog; analyze his observations, and deduce what the dog’s current behavior might predict about its future behavior (e.g., a dog lying down with its eyes closed was less likely to approach the Patient).

At the second appointment, progress was apparent. The Patient even touched Swindle. Swindle was able to come closer to the Patient without much reaction. During week four, Ms. Cozzolino introduced her other dog, Rou, to the Patient. The Patient initially regressed, showing signs of fear at the introduction of a new dog, but quickly gained confidence through the same protocol used with Swindle. The Patient began to feel very comfortable when the dogs were still. “One time, I even petted both dogs on the head and even petted Swindle on the nose,” he said.

To simulate real-life situations, the group began working on exercises where both the dogs (still one at a time) and the patient were moving, then on exercises where the Patient was still (e.g., standing or seated on a park bench), and the dogs approached and moved past him. The Patient was becoming very adept at observing the dogs’ behaviors (e.g., Were the dogs straining their leash or was it loose? Were they looking at him, or were they focused on their handler?) and identifying what they meant about how they were likely behave as they came closer. This predictability gave him a greater sense of security about their presence.

Ultimately, the Patient developed a close bond with Swindle and Rou, even showing off photos of the three of them and bragging about how he had petted them. “I really think Swindle is my best friend,” he said, “Rou is more interested in kids, but Swindle is a better listener.”

Ms. Stutsman described a pivotal moment from the Patient’s sessions with Callie, Rou, and Swindle: “[Callie] had both dogs sitting in grass while the three of us had a conversation. Usually he would be too attentive to the dogs to do this. He was just talking to us and completely relaxed and at ease. He was petting both dogs, and even kissed one on the back at the end.”

Once the Patient was comfortable with Rou and Swindle, it was time to introduce another dog to see if the Patient could further generalize what they had been working on. At the last session, Ms. Stutsman brought her own dog, Charlie, who was much more energetic than Rou and Swindle. “After being around Rou and Swindle, I was able to be around another new dog,” said the Patient. Despite being more afraid of younger and more energetic dogs like Charlie, the Patient had a successful interaction with Charlie, a strong indicator of his achievements, which were facilitated by Canine Therapy Corps’ Swindle and Rou.

Because sessions took place at a public park, the Patient was also exposed to novel dogs walking in the park with their owners. Ms. Stutsman was able to help the patient manage his comfort with these dogs as well. Though he never formed a relationship with them, he was able to feel more comfortable with their existence and confident that they would not chase him, jump on him, or lick him. This was another big step in the Patient’s generalization. During these interactions, the Patient’s Canine Therapy Corps friends were nearby and served to remind him that he was safe.

## **Outcome**

The Patient far surpassed his original goal of becoming comfortable one to two feet away from dogs. He felt comfortable enough to touch and play with the dogs, albeit familiar ones. This was a big success. “One of the Patient’s main fears was dogs’ faces, but by the end of the sessions, the Patient was able to touch the dogs on the head and face, and even stand in front or on the side of them – one of the biggest hurdles we wanted to overcome,” said Ms. Stutsman.

The outcome exceeded everyone’s expectations. As his dad put it, “In situations where there is a dog walking near us, he is no longer crying, screaming, or walking away. He still has some fear, but is better able to handle the situation in a calm manner. He has a better understanding of what his options are. That has been our biggest win.”

Since his therapy sessions with Canine Therapy Corps, the Patient has greeted dogs through a fence in his neighborhood and gone into a home that has dog in it – something that was impossible before this experience. “He would not go into his uncle’s house because he had a dog...During our last trip in May, he was finally willing to go into the house with the dog, giving him a chance to interact with his cousins again,” said his mother.

The Patient also reported feeling safer when he saw a dog on the sidewalk. He attended camp after the sessions and said “I get a little bit scared, but I tell my counselors that, and the counselors help me... I know the dogs will not lick me, they will not jump on me, and they will not chase me. Thank you for letting me work with Callie and her dogs!”

The Patient’s mother equally felt the value Canine Therapy Corps added to the therapy process. Specifically, she noted how much her son loved the dogs and Callie. Moreover, the Patient’s mother expressed gratitude that Canine Therapy Corps was willing to partner with Ms. Stutsman to make him comfortable over time, as Canine Therapy Corps was a great asset to reaching his therapy goals.