Animal-Assisted Therapy: A Perspective From Singapore

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Abstract: Animal-assisted therapy (AAT) utilizes human-animal interaction to achieve specific therapeutic goals, and its efficacy has been demonstrated across various settings overseas. The use of AAT in Singapore, however, is still limited. Ang Mo Kio-Thye Hua Kwan (AMKH) is one of the first community hospitals in Singapore to use AAT to complement its occupational therapy services with elderly patients. This study explored the perspectives of AMKH's occupational therapists (OTs) in relation to AAT to understand barriers and enablers in implementing and practising AAT. We also examined how OTs at-large across practice settings perceive AAT. A mixed method design was used. 64 OTs at-large participated in on online survey, and 7 AMKH OTs were interviewed individually via Zoom. Survey results were analysed with descriptive and Mann-Whitney U tests. Interviews were thematically analysed. AMKH OTs perceived various benefits of AAT articulated in overseas studies in domains such as motivation and participation, emotional, social interaction, sensory tactile stimulation, and cognition. Interestingly, this perception was also supported by 67% of OTs who had responded to the survey, even though most of the OTs who had participated in the survey had no experience in AAT. Despite the perceived benefits of AAT, both OTs from AMKH and those atlarge articulated concerns on risks pertaining to AAT (e.g., allergies, unexpected animal behaviour, infections, etc). However, AMKH OTs shared several ways to mitigate these risks, demonstrating their ability to develop a safe program. For e.g., volunteers and their dogs must meet specific recruitment criteria, stringent protocols are used to screen and match dogs with patients, and there are strict exclusion criteria for patients participating in AAT. AMKH OTs' experience suggests that additional skills and knowledge are required to implement AAT, therefore, healthcare institutions should first consider improving their staff training and risk mitigation knowledge before implementing AAT. They can also refer to AMKH's AAT protocols and those found in overseas studies, but institutions must adapt the protocols to fit their institutional settings and patients' profiles.

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