# PAWS FOR REFLECTION: EXPLORING EDUCATION AND TRAINING PATHWAYS OF CERTIFIED CHILD LIFE SPECIALIST FACILITY DOG HANDLERS IN PEDIATRIC HEALTHCARE

by

KELBE DAVIES

(Under the Direction of Stephanie Whitten)

## ABSTRACT

Certified Child Life Specialist (CCLS) facility dog handlers are healthcare professionals who implement goal-directed interventions incorporating the bond and skills of a facility dog. CCLSs and facility dog teams work together in healthcare settings to promote positive coping and improve overall healthcare experiences for pediatric patients, families, and hospital staff. Despite the significance of their role, there is no existing research on the backgrounds and preparation experiences of CCLS facility dog handlers. This exploratory study examined the educational and training backgrounds of CCLS facility dog handlers and identified gaps in their learning and preparation experiences. Findings highlight the range of diverse academic and training pathways of CCLS facility dog handlers. The gaps in learning and preparation identified among participants offer valuable insights into areas where healthcare facilities, leadership, and facility dog organizations can enhance their training practices and better support CCLS facility dog handlers in their integral role in healthcare.

INDEX WORDS: Certified Child Life Specialist, Facility dog, Facility dog handler, Education, Training, Pediatric healthcare

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# DEDICATION

This thesis is dedicated in loving memory to the first facility dog I came to know and love; the man with the prance, the master of the side-eye, the King of bananas, Ralph Lauren, M.D. While you are deeply missed, your legacy lives on throughout hospitals across the nation, through the memories of the patients and families you touched, and through every single facility dog who follows in your pawprints. Thank you for your dedicated life of service, for helping those who were hurting find joy in the unimaginable. Most of all, Ralphie, thank you for sparking the passion that led me through this thesis, and for leading me to exactly where I needed to be in life.

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## INTRODUCTION AND LITERATURE REVIEW

Healthcare experiences, including outpatient appointments or inpatient hospitalizations, can be stressful for children and their families. To reduce stress associated with healthcare encounters, hospitals, and other medical facilities have established programs that aim to provide psychosocial care to patients and families (Pearson, 2018). There is growing interest in the development of facility dog programs within pediatric healthcare facilities across the United States, most commonly in connection with hospital child life programs. Certified Child Life Specialists (CCLS) and facility dogs work together in healthcare settings to promote positive coping and improve overall healthcare experiences for pediatric patients, families, and hospital staff (Barnett, 2019; Doobrow, 2019; Gerson et al., 2023; Goldstein et al., 2022; Rodriguez, 2022). The role of CCLSs and facility dogs aligns with the Association of Child Life Professionals (ACLPs) mission, which states that "We, as child life professionals, strive to reduce the negative impact of stressful or traumatic life events and situations that affect the development, health and well-being of infants, children, youth and families" (ACLP, n.d.-c.).

Across the nation, the common goal for facility dog programs involving child life is to incorporate dogs into daily patient care through the use of animal-assisted therapy (Doobrow, 2019; Goldstein et al., 2022). Current literature provides a broad overview of animal-assisted therapy and facility dogs, as well as their benefits to patients and healthcare workers alike; however, there is no literature investigating the educational and training backgrounds of CCLS facility dog handlers.

This exploratory study examines the educational and training backgrounds of CCLS facility dog handlers and identifies gaps in the learning and preparation experiences of CCLSs seeking to become facility dog handlers. The information gained in this study provides information for leaders of child life programs and facility dog organizations to develop methods by which these gaps could be addressed.

## Literature Review

### The Role of the Certified Child Life Specialist

Certified Child Life Specialists (CCLS) are healthcare professionals dedicated to providing psychosocial support to pediatric patients and their families through evidence-based interventions, including therapeutic play, preparation, and education, in order to promote positive outcomes and reduce the impact of adverse childhood healthcare events (Association of Child Life, 2018; Boles et al, 2020; Burns-Nader & Hernandez-Reif, 2015; Gaynard et al., 1998; Thompson, 2018). Pediatric patients, among the most vulnerable individuals, benefit from CCLSs interactions to navigate the challenging world of healthcare (Boles et al, 2020). While CCLSs primarily work in pediatric hospitals, they can also be found in outpatient clinics, schools, adult healthcare settings, and throughout their communities (Gaynard et al., 1998; Thompson, 2018).

CCLSs are uniquely educated and clinically trained to advocate for the child and family, working to promote healthy development and autonomy. They leverage their extensive knowledge of child development to assess and tailor their approach to each individual child (ACLP, 2018). The focus of CCLSs is enhancing the social-emotional well-being of children in vulnerable situations, which they achieve through rapport building, play, preparation, the teaching of coping skills, and more (Boles et al, 2020; Gaynard et al., 1998; Romito et al., 2021).

CCLSs are pivotal in advocating for patient-and-family-centred care, an approach in healthcare that focuses on mutually beneficial partnerships among the patient, family, and healthcare professionals (Cross et al., 2018). They work collaboratively within the interdisciplinary team to ensure a holistic approach to pediatric patient care (Romito et al., 2021). They empower patients and families to become informed and active participants in their healthcare experiences, which can lead to better outcomes and a more positive healthcare experience (Association of Child Life, 2018; Boles et al, 2020; Thompson, 2018). The child life profession recognizes evidence-based practice, a commonality across healthcare disciplines, as both a method and a philosophy guiding clinical decision-making that promotes positive outcomes (Association of Child Life, 2010). As child life gains recognition and significance within the healthcare system, CCLSs continue to adapt and expand their roles to meet the evolving needs of children and families.

**Certified Child Life Specialist Education**

As of January 2023, a Certified Child Life Specialist (CCLS) requires a bachelor's degree in any field of study and 10 college courses in content areas outlined by the Association of Child Professionals (ACLP), or graduation from an ACLP-endorsed program. Additionally, students must complete a minimum of 600 hours of a child life clinical internship under the direct supervision of a CCLS (ACLP, n.d.-c). After meeting eligibility criteria, aspiring CCLSs must register to take the Child Life Professional Certification Examination, which evaluates their knowledge, understanding, and practical application of child life concepts (Association of Child Life, n.d.-a). Upon successfully passing the certification exam, CCLSs are granted certification for a five-year duration, after which they must undergo recertification to maintain their status as practicing CCLS professionals.

A study by Lookabaugh and Ballard (2018) investigated the current scope of child life and provided an overview of demographics based on the responses of 147 CCLSs. These demographic results indicated that, of the 147 CCLSs with a bachelor's degree, almost half (n= 62, 45%) also have a graduate education. This study did not differentiate between Master's and PhD degrees. Of the 147 participants, 31.2% have an undergraduate education in Human Development and Family Studies/Sciences (HDFS), 19.7% Child Life, 17.7% Psychology/Child Psychology, 7.5% Education, 4.1% Recreation/Art Therapy, 13.6% other majors, and 6.1% who did not specify. Those with graduate educations included 46.8% who majored in HDFS, 22.6% in Child Life, and 35.5% in other areas. These findings indicate that CCLSs have varied educational paths leading to their certification as Certified Child Life Specialists (Lookabaugh & Ballard, 2018).

Additionally, the ACLP (n.d.-d) conducted a job analysis in 2018 to ensure that the Child Life Certification Exam continues to align with the role of CCLSs. This analysis was used to highlight what is currently known about the demographic backgrounds of CCLSs. A 30% response rate yielded over 1400 respondents to the survey. Of these respondents, the following education levels were reported: 59% Bachelor's, 37% Master's, and 3% PhD. While survey responses of both the study and the analysis are not indicative of CCLS facility dog handlers specifically, they provide insight regarding the differences in backgrounds of CCLSs in general (ACLP, n.d.-d). Recently the ACLP (n.d.-e ) published the 2023 job analysis, however, demographic information of the CCLSs who participated in the survey used to validate the Subject Matter Experts was not available.

In addressing academic preparedness, Lookbaugh and Ballard (2018) found that respondents identified gaps in areas including death, dying, and bereavement, medical play and

procedural preparedness, medical terminology of specific diagnosis, research methods, family life activities, family interaction, and cultural nuances. While these findings do not directly include the role of facility dogs, they demonstrate the room for growth in educational pathways leading to careers as CCLSs. Lookbaugh and Ballard's (2018) study is a more in-depth evaluation based on the results of the 2018 job analysis which prompted changes introduced in the ACLP's 2019 academic eligibility requirements update. At the time of this research, the ACLP has published the 2022-2023 job analysis, however, demographic information of the CCLSs who participated in the survey used to validate the Subject Matter Experts was not available. Job analysis will continue to repeat this evaluation every five to seven years to ensure that content on the Child Life Certification Exam aligns with the role of CCLSs (ACLP, n.d.-c). The present study seeks to identify gaps in the education and training of CCLS facility dog handlers in hopes that it will provide evidence of academic and training needs that will prompt leaders of facility dog programs, facility dog organizations, and the ACLP to take action to address the ways those needs relate to the role of a CCLS.

**Child Life Interventions**

Certified Child Life Specialists (CCLS) use a diverse array of interventions tailored to the unique needs of each patient and their family (Thompson et al., 2018). Common interventions include play (medical, therapeutic, and normative), diagnosis education, procedural preparation and support, pain management, coping strategies normalization of the healthcare environment, and support of siblings, parents, and other family members. To effectively implement interventions, CCLSs make use of a range of resources including real and toy medical equipment, pictures, games, books, art supplies, and more recently, facility dogs as partners in

care. (Association of Child Life, 2018; Boles et al., 2020; Gaynard, 1998; Thompson et al., 2018).

Prior to implementing any intervention, CCLSs conduct an assessment centring on the establishment of trust and information gathering (Association of Child Life, 2018). Assessments serve as the foundation in developing individualized care plans that are not only evidence-based, but also tailored to the specific needs and circumstances of each patient and family (Thompson et al., 2018).

Child life assessments take into account three variables identified with the psychosocial care of children in hospitals: health care variables, child variables, and family variables (Gaynard, et al., 1998). Health care variables encompass the patient's diagnosis, treatment, medical procedures, and previous healthcare experiences. Child variables consider aspects unique to patient and their capacity to cope. These variables include the patient's chronological and developmental age, ability to communicate, their understanding, fears, concerns, and coping styles. Family variables consist of factors such as the family's availability to the patient during their healthcare experience, the support systems and resources available to them, their cultural beliefs and values, and their understanding of the patient's health care situation and needs (Gaynard et al., 1998). Child life assessments remain ongoing for patients and families, adapting as they experience and respond to different healthcare encounters.

A systemic review by Chrisler et al. (2021) emphasized that psychosocial interventions consistently yield positive outcomes for patients at various developmental stages, whether they are in an outpatient setting or inpatient units. These findings underscore the pivotal role played by CCLSs in improving patient outcomes across healthcare environments. Despite the somewhat limited body of literature in the field of child life, current research reveals common themes in the

benefits of child life interventions. These themes include reduced pain, increased health literacy, improved mental health outcomes, increased satisfaction with care, and an increased in coping abilities (Chrisler et al., 2021).

A study by Burns-Nader et al. (2017) observed that the use of computer tablets by CCLSs during procedural support for children aged 4-12 undergoing hydrotherapy for burns led to reduced pain and anxiety, as reported by nurses. Additionally, parents reported increased satisfaction with the care provided to the patient. Similarly, a study involving pediatric patients in the emergency department revealed that the presence of a CCLS during intravenous (IV) placement resulted in lower self-reported pain scores and increased parent-reported cooperation, ultimately contributing to higher overall family satisfaction with care (Sanchez, 2018). Therapeutic play interventions and parental involvement have shown evidence of reduced anxiety pre- and post-operative periods in both children ages 7-12 and parents. Children also exhibited fewer instances of negative behaviours while parents reported greater satisfaction (Li et al., 2007). Child life can also have a positive impact on younger patients. In a study exploring perception and satisfaction of inpatient child life services, parents of children ages 12 months to 7 years rated their satisfaction with services as somewhat satisfied to very satisfied (90.5-100%) Interestingly, only 16.3% of parents reported that they knew about the role of CCLS prior to admission (LeBlanc et al., 2014).

Research by Gurnsky (2007) found that patients' siblings ages 6-17 who received educational interventions experienced lower anxiety levels, thus demonstrating the positive impact of increased health literacy on mental well-being. These findings are further supported by studies implementing interventions such as a small group, interactive asthma education program (Watson et al., 2009), and a diabetes education program for adolescents (Hood et al., 2018). In

both cases, families reported improved system management, leading to reduced emergency department visits and decreased stress.

Bartik and Toruner (2018) explored the effectiveness of preoperative preparation programs for children aged 7 to 12 years. Results showed that the use of a medical doll to communicate with children prior to surgery resulted in decreased anxiety levels of both the patient and their parents. Furthermore, a study Oritz et al. (2019) found that combining child life interventions with music therapy during IV placement enhanced patients' coping abilities resulting in decreased distress.

It is also worth noting that child life interventions can yield broader benefits for healthcare facilities by reducing waste in medical supplies leading to a reduced healthcare cost overall. For example, child life interventions promoting early ambulation, aiming to reduce anesthesia, and have been linked to shorter hospital stays, quicker bed turnover, and healthcare system payers cost savings (Kain et al., 2007; Scott et al., 2016; Stewart et al., 2019).

The evidence from these studies emphasizes the critical role of CCLSs in improving the healthcare experiences and outcomes for patients and families. It is important to understand the benefits of child life interventions on their own to give context to the work of a CCLS who is partnered with a facility dog. A strong background in child life provides CCLS facility dog handlers with a basic framework necessary to be successful in integrating their dog into interventions that will provide the patient and family with the highest level of care.

Recently, researchers have become increasingly interested in studying what the benefits of animal-assisted therapy interventions provided by CCLSs are to pediatric patients and their families, and hospital employees. This research includes, but is not limited to, CCLS's perceptions of animal-assisted therapy in various pediatric hospitals (Barnett, 2019; Doobrow,

2019; Goldstein et al., 2022), and defining and understanding the roles that facility dogs play in the hospital setting (Marquard, 2017; Rodriquez et al., 2022).

**Animal-Assisted Therapy**

The human-animal bond is a relationship between animals and people that is influenced by behaviours that are mutually beneficial to the health and well-being of both (American Veterinary Medical Association, n.d.) Fostering the bond between human and animal can be as simple as introducing children and adults to the unconditional love that animals provide. This bond is the framework that has supported the development of animal-assisted therapy. As defined by the International Association of Human-Animal Interaction Organization (Jegatheesan et al., 2015), animal-assisted therapy (AAT) is a type of therapy in which an animal and a formally trained professional work side-by-side to provide goal-oriented, planned, and structured therapeutic interventions.

Utilizing animal-assisted therapy has shown benefits relating to physiological and psychosocial well-being in healthcare settings. Braun et al. (2009) reported positive changes in pain and vital signs following interaction with a therapy animal. To support these findings, Barker et al. (2010) show that physiological stress patterns were more positive following interventions with therapy dogs.

Studies have also reported psychosocial benefits of AAT, including improvements in levels of depression and anxiety leading to reduced feelings of loneliness, an increase in successful rapport building between healthcare workers and patients, an increase in coping abilities, and an increase in overall quality of life (Ávila-Álvarez, 2020; Doobrow, 2016; Goldstein et al., 2022; Kaminski et al., 2002; Marquad, 2017). This concrete research on the

benefits of AAT provides the groundwork for evidence supporting the inclusion of facility dogs in child life programs across the United States.

**The Role of Hospital Facility Dogs**

Facility dogs have multiple roles within hospital settings. As full-time "employees" of hospitals, facility dogs wield badges that include their name, role, and photo. This creates an immediate depiction that the dog is part of the hospital community. Facility dogs work within one or multiple medical disciplines as a cohesive member of the care team in goal-directed practices that aim to positively enhance the patient experience (Rodriquez et al., 2022). Examples of goals that these interventions aim to support may include early mobilization post-surgery (i.e., patient going on a walk with the dog), medication compliance (i.e., dog drinks coloured water "medicine" from a syringe, then patient takes a turn with their own medication), or procedural preparation for an IV placement (i.e., role rehearsal with dog as mock patient). They are more than a mere presence within the healthcare facility, rather; they possess the skills to do specific tasks across different scenarios with a diverse population of patients (Assistance Dogs International, n.d.). While facility dogs are certainly not hospital mascots, they could be considered public figures or even celebrities within their working community (Boyd, 2022; Zauner, 2022).

Facility dogs play an integral role in their workplace, offering a calming presence, a distraction from a sometimes-harsh reality, and a sense of camaraderie. In a workday, facility dogs may interact with patients by encouraging rapport building between patients and their interdisciplinary team, helping to prepare for and/or cope with a distressing procedure, participate in physical, occupational, and speech therapies, and help to normalize the healthcare environment (Barnett, 2019; Doobrow, 2016; Goldstein et al., 2022; Marquard, 2017; Rodriquez

et al., 2022). Studies by Jensen et al. (2021) and Rodriquez et al. (2022), have found that facility dog handlers experience improved stress and well-being, higher perceived personal accomplishment, and a source of emotional support in difficult situations. Facility dogs also interact intentionally with other healthcare professionals by way of attending meetings with their handlers, decreasing the risk of workplace burnout, improving staff mood, stress, and overall happiness, encouraging stronger relationships and communication amongst staff, and sometimes, even attending hospital celebrations or ribbon cutting ceremonies (Jensen, 2021; Gerson et al., 2023; Goldstein et al., 2022; Rodriguez et al., 2022). Serving as an extra tool for CCLS to utilize, facility dogs appear to support the success of CCLS interventions.

**Facility Dog Teaching and Training**

There are various ways in which the different types of working dogs are used to help others. What sets facility dogs apart from therapy dogs, who are pets trained to provide affection, comfort, and love in various settings, is that they are specifically trained to work full-time alongside a professional within a specific facility, including pediatric healthcare settings (Assistance Dogs International, n.d.). Facility dogs are born at specialized organizations within the United States with learning aligning with that of a service dog. Facility dogs may begin their task-specific learning and desensitization as early as 8 weeks of age (Canine Companions, n.d.-a; Canine Partners of The Rockies, n.d.-a; Paws with a Cause n.d.-a). Essentially, facility dogs are bred for professionalism (Marquard, 2017). Some facility dogs are raised using an obedience training model, while others learn using the bond-based teaching approach. Obedience training models vary by organization but are always rooted in positive reinforcement. Most often this model includes a version of puppy training (house training, basic obedience training, socialization), advanced training, and sometimes, additional task-specific training (Canine

Companions, n.d.-a; Canine Partners of The Rockies, n.d.-a; Paws with a Cause, n.d.-a). Bond-based teaching is a learned focused way of using social connection (the bond) to influence and educate dogs such that they choose to cooperate (have a measure of control) with their human counterparts (Arnold, 2016).

Future facility dogs spend approximately fifteen months to two years in a learning structure similar to that of service dogs. Service dogs differ from facility dogs as they work with individuals with disabilities (not including blindness or deafness) (Assistance Dogs International, n.d.). Often, puppies learning to become facility dogs will spend the majority of their time with a foster puppy raiser who supports their growth and development. This includes house training, socialization, learning to walk on a leash, and practicing performing tasks such as retrieving dropped objects, and opening doors and drawers (Assistance Dogs International, n.d; Canine Companions, n.d.-a; Canine Partners of The Rockies, n.d.-a; Paws with a Cause; n.d.-a). Facility dogs on track to work in healthcare settings will learn additional skills specific to their role, including how to rest their chin on a person's lap, how to safely get on and off a hospital bed, and how to carefully move around medical equipment (Jensen et al., 2021). In a study by Goldstein et al. (2022), CCLS facility dog handlers reported that their facility dog's ability to handle high stress, absorb negative emotions, and provide a sense of calm was beneficial to their interventions. This suggests that the environment in which they spend their early development can influence their ability to be successful in the healthcare setting.

When facility dogs are ready to graduate from their program, they are matched with one or more human counterpart(s), with whom they will spend the duration of their working life. Before bringing their new dog home, CCLS facility dog handlers typically participate in on-site training provided by the organization to ensure the dog and healthcare professional work well as

a team. Learning continues once work begins and the facility dog is then faced with a new environment, new tasks, and a new role (Canine Companions, n.d.-a; Canine Partners of The Rockies, n.d.-a; Paws with a Cause n.d.-a). Currently, there is no research comparing the outcomes of facility dogs trained at different organizations.

**Certified Child Life Specialist Facility Dog Handlers Training Background**

An online investigation of multiple organizations who provide facility dogs concluded that there is no universal training process for facility dog handlers. Instead, organizations are responsible for planning and implementing their own training curriculum for new facility dog handlers (A Dog for Better Lives, n.d.; Canine Companions, n.d-a.; Canine Partners of The Rockies, n.d.-a, Helping Paws, n.d.; Paws with a Cause, n.d.-a). Certified Child Life Specialists (CCLS) will have different training backgrounds as they transition into their roles as facility dog handlers.

Research by Doobrow (2019) touches on the process of becoming an animal-assisted therapy (AAT) animal handler; however, this research focuses specifically on therapy animal handlers rather than facility dogs. Unlike AAT handlers and therapy dogs who follow the guidelines developed by Pet Partners (2016) including safety, positive human-animal interactions, and to improve psychical, emotional, and psychological lives of those they interact with, facility dog handlers do not have a standardized training process. One noticeable difference between AAT handlers and CCLS facility dog handlers is that CCLS facility dog handlers are already hired employees with extensive training in providing psychosocial care, and the facility dogs themselves are learning their role at a specific organization for 1.5 to 2 years prior to being paired with their handler. At the time of this study, the ACLP does not require any education relating to animal-assisted interventions, facility dogs, and becoming facility dog handlers.

Hospitals are currently responsible for creating and implementing a process for hiring, selecting, and training CCLS to become facility dog handlers.

**Certified Child Life Specialist and Facility Dog Interventions**

Certified Child Life Specialists (CCLSs) possess a broad skillset relating to patient-and-family centred psychosocial care using a variety of tools. Recently, facility dogs, a direct extension of their CCLS handler, have become a favourite tool amongst patients. CCLSs believe that animal-assisted therapy interventions (AAT) have a positive impact on patient outcomes for hospitalized children and adolescents (Doobrow, 2019; Kaminski et al., 2002). When CCLSs transition to the role of facility dog handler, they learn to adapt their child life interventions to include a four-legged partner by combining the skills and training of both parties. Current literature explores the integration of animal-assisted therapy into pediatric care, but research directly pertaining to the inclusion of facility dogs in psychosocial interventions provided by CCLSs is limited.

A study by Marquard (2017) interviewed five participants (one nurse, two CCLSs, a facility dog trainer, and a children's hospital board member) to learn their perspectives of facility dogs and how they contribute to psychosocial care in hospital settings. Marquard (2017) found that facility dogs provide emotional support, comfort, calmness, and joy to patients and families, help to normalize the hospital experience, increase socialization across patients, families, and staff, and that they can be used as a form of distraction during procedures. Barnett (2019) conducted a similar study but focused specifically on the relationship between child life programs and facility dogs in pediatric hospital settings. This author identified the most common interventions CCLS facility dog handlers provide as therapeutic support, coping, procedural support/preparation, and motivation. This can look like encouraging compliance with medical

procedures, preparing children for medical procedures and supporting them throughout, normalizing the hospital environment, and assisting with coping and bereavement (Barnett, 2019). These findings align with the findings of Marquard (2017) suggesting that the inclusion of facility dogs in CCLS-provided psychosocial care can result in positive outcomes for patients and families in the healthcare environment.

Goldstein et al. (2022) collected data from four CCLS facility dog handlers with results supporting the earlier findings of other studies. Researchers concluded that the use of facility dogs during interventions helped patients aged 3-5 years cope with the hospital environment and reduced anxiety consequent of various hospital-related stressors. Specifically, participants reported that they used interventions including building rapport quickly (i.e., sharing interests with families), utilizing the facility dog as a therapeutic tool (i.e., petting the dog), supporting patients during painful or scary medical procedures (i.e., IV insertions), incorporating facility dogs into normalization play and conversation, providing frequent family support, and providing cotreatment with other interdisciplinary teams (i.e., assisting in ambulation and/or physical therapy) (Goldstein et al., 2022). Current literature clearly indicates that there is a place for CCLS and facility dog teams in pediatric healthcare settings, ultimately contributing to the psychosocial well-being of patients, families, and healthcare employees alike (Gerson et al., 2023; Rodriquez et al., 2022).

**Perceived Challenges for Certified Child Life Specialist Facility Dog Handlers**

While there is no existing literature focusing solely on the hardships of being a Certified Child Life Specialist (CCLS) facility dog handler, some studies have included perceived challenges or complications in their measures. In a study by Barnett et al. (2019), participants reported that facility dogs are in high demand around the hospital, which led to facility dog

handlers being consistently stopped in the hallways and receiving more requests than can be accommodated. These findings were supported by the findings of Rodriquez et al. (2022) which also included reports of handlers being stopped repeatedly in the hallway, having to take longer routes within the hospital, and not being able to use the bathroom or take break in a public area without being approached regarding their dog. CCLS facility dog handlers also have to be aware of their surroundings at all times in order to respect the needs of others who may not want to interact with the facility dog due to fear, allergies, or religious considerations (Goldstein et al., 2022).

CCLS facility dog handlers must also consider the welfare of their full-time working dog. Facility dogs require frequent breaks throughout the day for rest and playtime breaks (Goldstein et al., 2022; Rodriquez et al., 2022). Additionally, handlers have to build a routine outside of their workplace to accommodate the needs of their dog including, but not limited to, time for the dog to have breakfast, use the bathroom, and exercise prior to work, and having to take the dog straight home after the workday is done (Rodriguez et al., 2022).

Another challenge to consider when integrating facility dogs into the healthcare system is infection control. Healthcare facilities are responsible for developing their own infection control policies and procedures. Some facility dogs are not allowed in treatment and procedure rooms due to fear of infection transmission. Concerns of legal liability, zoonotic diseases that spread infection between people and animals, and environmental issues involving animals are barriers that aspiring CCLS facility dog handlers face along their educational and training pathways (Khan & Farrag, 2000).

It is important to highlight these challenges in order to create awareness and realistic expectations for future CCLS facility dog handlers and for professionals in the process of

developing facility dog programs within their healthcare facility. Identifying and discussing the challenges that current and past CCLS facility dog handlers have encountered can help prepare future handlers by allowing them to build the skills necessary to avoid or navigate said challenges. By doing so, child life and facility dog program leaders will have access to information that may help them to develop methods by which those gaps can be addressed.

## Theoretical Framework

Vygotsky's sociocultural theory of learning and development is recognized as a foundational pillar in modern views of education, specifically as it relates to the impact of social interaction on cognition (Vygotsky, 1978). Sociocultural theory consists of several key concepts including the zone of proximal development (ZPD), the more knowledgeable other (MKO), and scaffolding. These three key concepts are utilized as the theoretical framework for the current study.

### *Zone of Proximal Development*

Vygotsky's concept of the ZPD, which emphasizes the social aspects of learning, offers valuable insight into how employees, including Certified Child Life Specialists (CCLS), gain new skills and knowledge during training (Vygotsky, 1978). This concept posits that individuals can acquire and master new skills and information through interaction with a more knowledgeable person. For CCLSs transitioning into the role of a facility dog handler, the "zone" is considered the area between what they already know and are capable of, and what they cannot yet achieve independently, even with guidance. This in-between area represents the tasks that are beyond the learner's current learning abilities but are attainable with support and encouragement of someone with more knowledge and experience. To effectively use the ZPD as a learning

technique, concepts such as the presence of more knowledgeable other and scaffolding as a teaching method must be included (Vygotsky, 1978).

### *Presence of a More Knowledgeable Other*

To successfully learn within the ZPD theory, the presence of an MKO is critical. An MKO can be anyone who has a higher level of knowledge and expertise than the individual who is learning. For example, a peer CCLS facility dog handler with experience can act as an MKO to a CCLS facility dog handler who is just beginning, or a university professor as an MKO for students in child life programs who are just beginning to explore the concept of facility dogs. The MKO plays a pivotal role in the ZPD concept by assuming responsibility for guiding and encouraging new learners as they progress in their skills and knowledge in their abilities (Vygotsky, 1978).

### *Scaffolding as a Teaching Method*

Scaffolding is the process of active learning in which the MKO provides learners with support and guidance as they develop and master new skills and knowledge (Wood et al., 1976). The goal of scaffolding is to enable learners to perform tasks independently by gradually decreasing support as the learner gains competence. A benefit of scaffolding is the opportunity for individualized learning as leaders can adjust their teaching methods to meet the specific needs of the learner. As learners become more proficient in their role, the closely monitored reduction of support allows them to take on more responsibilities and demonstrate their competence. A key component of scaffolding is regular assessment, feedback, and self-reflection in order to adapt support and help learners identify their strengths and areas for improvement (Wood et al., 1976).

The concept of scaffolding should be familiar to CCLSs as the education requirements per the ACLP are structured in a similar fashion (ACLP, 2024). Initially, students are required to accumulate volunteer hours working with children both within and outside of the healthcare environment. Students then have the opportunity to participate in a practicum, during which they function only as observers under the guidance of the CCLS supervisor as the MKO. As students progress along their child life path, they transition into an internship experience where they gain competence and self-reliance. Through this experience, the CCLS supervisor (MKO) gradually reduces support and transfers responsibility until the student achieves independence in facilitating child life interventions.

Vygotsky's ZPD theory may provide a foundation for leaders who are training new CCLS facility dog handlers, or who are designing facility dog programs. This method of learning is effective in meeting the unique needs of adult learners (Lin et al., 2022; Weddle & Hollan, 2010), as they transition from CCLS job roles to CCLS facility dog responsibilities. Utilizing MKOs and scaffolding will provide temporary support for new CCLS facility dog handlers through the use of modelling, demonstration, and guidance, until they are able to take over the responsibilities, safely and confidently, of being a facility dog handler.

## Gaps in Knowledge

### *Lack of Standardized Protocols*

Research on facility dogs has shown that there is a lack of standardized protocols regarding CCLSs as facility dog handlers in pediatric healthcare settings. Instead, hospitals each have their own unique approach to the ways in which they integrate facility dogs into child life interventions. The development of standardized training protocols for Certified Child Life

Specialist facility dog handlers may be beneficial in improving the overall standard of healthcare as well as ensuring that all patients have equal access to quality care.

### *Limited Research*

One of the biggest gaps in the realm of facility dogs in hospitals, specifically relating to child life, is the limited research. Of the research that does exist, many studies focus on therapy dogs or animal-assisted therapy primarily. A few researchers have directed their focus more specifically into the role of a facility dog in the hospital, the well-being of facility dogs, impacts on and perspectives of healthcare workers relating to facility dogs, and an overview of the patient benefits facility dogs interventions create (Barnett, 2019; Doobrow, 2019; Gerson et al., 2023; Goldstein et al., 2022; Jensen et al., 2020; Kaminski et al., 2002; Marquard, 2017; Rodrigo-Claverol et al., 2023, Rodriguez et al., 2022). It is also worth noting that the majority of this research is conducted short-term and with smaller sample sizes. Larger sample sizes would result in findings that more accurately reflect the population as a whole. Longitudinal studies, including those following patients and healthcare workers over extended periods of time, would also provide a stronger evidence base relating to the benefits of child life specialists as facility dog handlers. Further research in the field of child life and their collaboration with facility dogs is needed in order to strengthen the conclusions made by scientists and to establish trustworthy reliability and validity.

## The Present Study

The goal of the present study was to examine the education and training backgrounds of Certified Child Life Specialist (CCLS) facility dog handlers and to identify gaps in the learning and preparation experiences of CCLSs seeking to become facility dog handlers. The information gained in this study provides information to enable leaders of facility dog programs, facility dog

organizations, and the ACLP to develop potential methods by which these gaps could be addressed.

**Research Questions**

1. What are the educational and training backgrounds of Certified Child Life Specialist facility dog handlers?

2. What gaps exist in the learning and preparation experiences of Certified Child Life Specialist facility dog handlers?

# CHAPTER 2

# METHODS

## Recruitment

Participants were recruited via email, email listservs, and discussion board posts on the Facility Dog Child Life Specialists' social media group page (see Appendix A for recruitment flyer). Emails were sent to professional contacts who currently oversee facility dog programs at pediatric healthcare facilities within the United States. Social media posts were made on the UGA Child Life Instagram account (@ugachildlife) to recruit participants using an IRB-approved graphic. Captions contained a shorter version of the recruitment email. Social media followers were encouraged to share the post with their network. All contact with participants took place online. To protect participant privacy, data collected in this survey did not include any direct identifiers, including but not limited to participant names and IP addresses.

## Data Collection

Data was collected online using a survey format created in Qualtrics survey software (see Appendix B). The survey was published on December 8th, 2023. This study was approved by the Institutional Review Board at the University of Georgia and meets federal exemption criteria for research involving online anonymous surveys. Participants reviewed a description of the study and informed consent statement at the start of the online survey (see Appendix B for consent letter). Participants were not able to proceed to study questions until informed consent had been collected. Informed consent was collected by selecting "yes". No names, emails, or signatures were required for consent in order to maintain participant confidentiality. The online survey

included four eligibility screening questions including, “Are you over the age of 18?”, “Do you, or did you, work at a healthcare setting located within the United States?”, “Are you a current or former Certified Child Life Specialist?”, and “Do you identify as a past or current facility dog handler?”

## Measures

### *Multiple-Choice Questions*

Participants responded to a series of twelve multiple-choice questions to provide demographic information and educational and training backgrounds. For example, one item was “What region of the US are you located in? (as per U.S. News)” and was used in the survey to gain insight as to where in the United States participants were from. Another item was “What is your Bachelor’s degree in? Select all that are applicable.” This item was used to provide insight regarding the diverse educational backgrounds of participants. Other items included how many years they have been, or were, a CCLS, how many years they have been or were a CCLS facility dog handler, and at which point in their educational track they completed the ACLP requirements.

### *Open-Ended Questions*

In addition to close-ended demographic and background survey questions, participants responded to twelve open-ended survey questions. According to Chambers and Chiang (2012), open-ended questions effectively conceptualize findings by allowing for a more comprehensive and accurate interpretation of results. They also allow participants the opportunity to voice their own opinions compared to close-ended questions which represent the researcher’s agenda (O’Cathain & Thomas, 2004). Following primary analyses by two independent coders, seven of the open-ended survey questions were used for the purpose of this study. These seven questions

efficiently answered the research questions, thus eliminating the need for the remaining five open-ended questions. The survey was developed by the primary author, a graduate student, with the direct supervision of the secondary author, a CCLS. The survey questions were created based on the author's knowledge, training, and experience as well as evidence from empirical-based psychosocial literature. One item was "Briefly describe any in-house training received prior to your first day on the job with your dog? If you did not receive any in-house training, please state so." This item aimed to gain background knowledge regarding participant's training within their healthcare facility. As a follow up, another item was "What could your healthcare facility/leadership team have done better to prepare you to be a facility dog handler?" This item was part of the survey because the perspectives and experiences of facility dog handlers demonstrate areas where gaps in learning and preparation may exist. Other items gathered information including participants' training experience with the organization their facility dog came from, how well prepared they felt on their first day working with their facility dog, and what participants wish they knew before becoming a facility dog handler.

**Data Analysis**

To analyze the frequencies and distributions of participant demographic information and backgrounds, the data was entered RStudios v.4.3.1. Researchers (graduate student and faculty member) conducted thematic analysis for seven open-ended survey questions to code the narrative responses and report themes across participant responses (Braun & Clarke, 2006). Per Braun and Clarke (2013), there are six-phases in the process of thematic analysis; 1) data familiarization, 2) systemic data coding, 3) generating initial themes from coded and collated data, 4) developing and reviewing themes, 5) refining, defining, and naming themes, and 6) writing the report. Notably, current research by Braun and Clarke (2021) indicates that this

phase-approach is not meant to be followed rigidly, thus the six phases were not followed step-by-step, instead researchers moved between the different steps.

In the current study, open-ended responses were exported to an Excel document, which was then duplicated so that distractions were limited, and researchers were able to fully immerse themselves in the data (Braun & Clarke, 2021). The researchers independently reviewed the written text responses to become familiar with the data and inductively analyzed each response. Inductive coding allowed researchers to find patterns without preconceptions. Following initial coding, the researchers met to develop a central theme list to organize each code into larger categories that were similar in concept of themes and addressed the research questions. Researchers took a brief break from examining the data before meeting again to review and refine the central theme list and ensure each theme had a name, description, and one to two supporting quotes that reflected the data. Before writing the report, researchers confirmed that they were in 100% agreement regarding themes and subthemes (Braun & Clark, 2006).

The concepts of validity and reliability, which are central in quantitative research, are not relied upon in qualitative research. Instead, trustworthiness is used to evaluate quality and rigour. According to Lincoln and Guba (1985), trustworthiness involves establishing the following: credibility (confidence in the findings), transferability (findings applicable in other settings), dependability (findings are consistent and can be repeated), and confirmability (degree of neutrality). Credibility was established through peer debriefing which was utilized to ensure methodological accuracy and provide ongoing feedback. Dependability was achieved through the careful tracking of the research design including a detailed record of research activities and processes which can be repeated by future researchers. Deep self-reflection was implemented to

demonstrate confirmability and address any personal biases that could potentially impact the nature of the study.

# CHAPTER 3

# RESULTS

## Participants

Eighty individuals provided consent and met the inclusion criteria. Of the 80 responses collected, five responses were removed for incomplete surveys despite completing the consent form and eligibility questions. The remaining 75 participants responded to all closed-ended survey questions and at least one-third (33%) of the open-ended survey questions. All participants (n=75, 100.00%) self-identified as current or former CCLSs, and current or past facility dog handlers. Additionally, all participants met the inclusion criteria of being over the age of 18 and currently working or have previously worked at a healthcare facility in the United States. Researchers accepted self-identification for this eligibility requirement as healthcare facilities have different protocols relating to who handles the facility dog, how many people are approved to be handlers, and handler job expectations and regulations. The majority of responses yielded from the Southwest (n=20, 26.67%), the Midwest (n=20, 26.67%), and the Southeast (n=18, 24.00%). Most participants worked, or formerly worked, in a children's hospital (n=66, 88.00%). Of the 75 responses, most participants had been CCLSs for ten or more years (n=23, 30.67%) with the majority of participants self-identifying as facility dog handlers for two to five years (n=36, 48.00%). Finally, a large number of participants worked within facility dog programs that had 1-2 facility dogs (n=32, 42.67%). See Table 1 for further demographic information.

**Educational Backgrounds**

A total of 75 participants responded to the four multiple-choice questions relating to educational backgrounds. All participants had obtained a bachelor's degree (n=75, 100.00%) and over half of the participants reported having received a master's degree (n=48, 64.00%). Participants were able to select more than one response for the multiple-choice questions regarding bachelor's and master's majors, and when ACLP eligibility requirements were completed. Participant responses (n=83) indicated that bachelor's degrees were received in a variety of areas including Human Development and Family Science/Studies (n=29, 34.94%), Child Life (n=17, 20.48%), Psychology/Child Psychology (n=17, 20.48%), Education (n=4, 4.82%), Recreation/Art Therapy (n=3, 3.61%), and Other (n=13, 15.67%). Examples of "Other" included Community Health, Biochemistry, Biology, Communications, Sociology, Anthropology, English, and Classics. Participant responses (n=59) determined that master's degrees were received in areas of Child Life (n=29, 49.15%), Human Development and Family Science/Studies (n=16, 27.12%), Healthcare Administration (n=3, 5.08%), Education (n=2, 3.39%), Psychology (n=2, 2.29%), and Other (n=3, 5.08%). Examples of "Other" included: Human Relations/Services, Developmental Disabilities, Leisure Studies, and Social and Community Services.

The ACLP requires aspiring CCLSs to complete a series of eligibility requirements. The completion of these requirements can be done at different periods during a CCLS's educational pathway. Participant responses (n=91) reported that the ACLP eligibility requirements were achieved during college (n=33, 36.26%), after college without graduate school (n=11, 12.02%), between college and graduate school (n=6, 6.59%), during graduate school (n=36, 39.56%), after graduate school (n=3, 3.33%), and other (n=2, 2.20%). One of the "other" responses included

graduating prior to the ACLP eligibility requirements while the second response was left blank. Descriptive statistics for participants' educational backgrounds are presented in Table 2.

### *Introduction to Facility Dogs*

Seventy-two participants responded to the open-ended question "In what setting did you learn about facility dogs?". Participants provided simple close-ended responses indicating the specific setting which researchers were able to categorize. Thematic analysis of the data revealed five categories. These categories are displayed in Table 3 and include 1) children's hospital, 2) professional conference/event, 3) academic setting, 4) unspecified. Two subcategories were also identified under the "unspecified" category: 4.1) hospital, 4.2) workplace. The majority of CCLS facility dog handlers reported that they were in a children's hospital setting when they first learned about facility dogs. Many participants did not specify the setting. For example, one participant responded, "when Kizzy Marco & Ralph Lauren were joining our team", and another responded, "the hospital I joined had a facility dog program in place". Some participants learned about facility dogs while attending professional conferences or events such as the "ACLP [Association of Child Life Professionals] Annual Conference", and "at a local child life professional group network meeting". Participants also learned about facility dogs while in academic settings including "grad school" and "Child life course".

## Training Backgrounds

### *Facility Dog Handler Job Selection Process*

Participant responses revealed four themes emerging from the question "How were you selected to be a facility dog handler?". These themes are displayed in Table 4 and include: 1) approached, 2) expressed interest, 3) proposed and/or developed program, and 4) application process.

**Approached**. Some participants reported that they were approached regarding a facility dog handler position by someone in a leadership position. For example, one participant was "approached by child life leadership and ask *[sic]* if I was interested." Other participants were "approached by another handler" who had referred them, inquired about their interest, or asked them to be a co-handler.

**Expressed Interest**. Interest in becoming a facility dog handler was a common theme across participant responses. For example, some participants expressed direct interest in joining the facility dog team. One participant disclosed that "I expressed interest in training as a secondary handler and was approved at the time of my probationary review." Another way that participants displayed interest was by applying for facility handler job positions such as, "position I applied for was a child life specialist and dog handler position".

**Proposed and/or Developed Program**. With many facility dog programs being newly introduced to healthcare facilities across the United States, participants also came into the position of facility dog handler by proposing and/or developing facility dog programs within their place of employment. One participant shared that they "created the facility dog program at my hospital and am our first facility dog handler". Some participants reported that they were part of a co-founding team, including "Myself and another CCLS started the program at our hospital".

**Application Process.** Many participants responded with experiences relating to both internal and external application processes including application submission and interviewing. "Formal application and interview process within my hospital. It was only open to CCLS who currently worked at that hospital." is an example of an internal application process and "Applied for the CCLS job which also included becoming a facility dog handler" is an example of an

external application process. Additionally, several participants reported that they participated in an interview process such as “a multi-step interview process” and “interview process within my hospital”.

### *In-House Training Experiences*

Thematic analysis of the responses to “Briefly describe any in-house training received prior to your first day on the job with your dog?” presented three themes, as displayed in Table 5. The three themes are 1) No in-house training, 2) In-house outsourced to facility dog organization, and 3) In-house training.

**No In-House Training.** The most common theme was no in-house training. Participant responses included, “there was no training provided by my hospital”, “no facility dog training through the hospital”. Some healthcare facilities rely solely on the organization’s training. For instance, one participant reported “Only training at [*redacted*] (none through the hospital)”. In some cases, this was because handlers were creating a new program, for example, “I did not receive any formal in-house training since the dog I received is our hospital's first.”

**In-House Outsourced to Facility Dog Organization.** Participants shared training experiences whereby their healthcare facility opted to outsource training to the organization their facility dog was coming from. This meaning that the organization staff would come onsite to the healthcare facility and work with the participants. One example of this method is “After many classes, slowly started having the facility dog that the organization thought would be best in my setting would come to the hospital for an hour or 2 at a time for multiple weeks.” Another participant reported a slightly different method, “the hospital liason *[sic]* from the service dog agency completed an on-site visit prior to my "camp"”. She went over office space requirements, examined the clinical spaces, and provided general information on the camp process”.

**In-House Training.** Three sub-themes emerged from the theme describing in-house training processes. The first subtheme, orientation/training protocols, encapsulates the formal training procedures utilized by healthcare facilities. For example, "In house training utilized an orientation provided by my facility dog orientation… similar to new nurse orientation". Shadowing opportunities, the second subtheme, included "Prior to beginning training with the organization, I had the opportunity to shadow and talk with current handlers within our hospital". The third and final theme is reading materials which was created to highlight participant responses such as "we also have a facilty *[sic]* dog manual that highlights all of our rules and guidelines."

### *Facility Dog Organization Training Experiences*

Two themes were developed from participant responses to the question "What training did you receive from the organization that your facility dog came from?" Reflected in Table 6, these themes are 1) direct training and 2) indirect training.

**Direct Training.** Direct training is defined as any method of training where trainers from the organization and new facility dog handlers gather and interact at the same time. This can be done in person or virtually. Participants experienced a wide variety of direct training methods. The first sub-theme is in-person training camp in which the majority of participants reported that they attended in-person training at the organization where their facility dog came from. Several participants shared their experiences as "Week-long training "camp", "2 week on site training at the service dog organization.", and "We went to camp at [redacted]". The second sub-theme, in-person training onsite at healthcare facility, developed from codes including "Members from the organization came to our facility to help with training", and "So our training program, [redacted], came on site to train us". These examples are directly related to the theme "Approved

Outsourced Training By Facility Dog Organization" found in Table 5. Virtual training session(s) was the third sub-theme and included methods such as “a Zoom training and then had to show skills via zoom with dog”, and “I went through online training and then FaceTimed with the person who runs the program to be checked off.”. Some participants noted that they received hands-on training which led to the fourth subtheme. An example from one participant was “hands-on training and simulations”, and another reported that they “received a lot of hands on training”. The fifth sub-theme was lectures/workshops which included experiences such as “participated in workshops, presentations”, and “camp with lectures, guest speakers”. The sixth subtheme included responses where participants met with staff from the organization. One participant “did a video call to show the organization that the dog and I were a good team”, and another “had one in person meeting with the hospital dog program facilitator”. Finally, the seventh subtheme, community outings, was created to portray experiences including “We had the opportunity to visit various public places and practice walking with our dogs and interacting with people.”.

**Indirect Training.** Indirect training is defined as any method of training that can be done asynchronously. The three subthemes include 1) Online videos/modules, 2) Reading materials, and 3) Test/exam. The first subtheme highlighted responses such as “I did it during COVID so first week was online modules.”, and “Video and written modules”. The second subtheme represented varying reading materials including “Online handbook” and “an information packet/guidelines”. Participants shared experiences like “I had to take a test before leaving” and “passing the certification exam” which led to the creation of third and final subtheme, test/exam.

## Gaps in Learning and Preparation

Participants were asked two open-ended survey questions to identify areas in which they felt preparation could have been better. These findings provide leaders of facility dog programs, facility dog organizations, and the ACLP, valuable insights and firsthand experiences from CCLS facility dog handlers, assisting them in preparing these individuals for success.

### *Healthcare Facility/Leadership*

Three themes, seen in Table 7, emerged from the question, "What could your healthcare facility/leadership team have done better to prepare you to be a facility dog handler?" including 1) Increased training, 2) Structured onboarding, and 3) Handler support.

**Increased Training.** Five sub-themes were developed under the increased training theme and included 1) Shadowing, 2) Professional Networking, 3) Support for Clinical Practical Application, 4) Formal staff education, and 5) Time and Resources for Knowledge and Research. The first sub-theme emerged from responses such as "More shadow opportunities", and "I would have greatly benefitted *[sic]* from more of these shadowing/networking opportunities". Some participants wish that their healthcare facility had provided opportunities for professional networking. One participant wished that their facility had, "Given me more access to communicate and collaborate with handlers from other hospitals." Another participant "would have loved to have been allowed by my hospital to attend the facility dog summit prior to receiving our dog." The sub-theme relating to support during the integration of the facility dog into participant's clinical practice included responses such as, "I also wish I would have learned more about various interventions to do with my dog (cotreating with disciplines)", and "Discuss how to integrate the dog into clinical interventions (by providing examples or allowing us to have access to resources". The most common area that participants believed would have better

prepared them as facility dog handlers was formal staff education. One participant shared their experience, “provided more support in educating the rest of the staff before the dogs arrived. It has been mentally exhausting educating on why they can't always pet the dogs”. Another participant would have liked *“*Help manage the pressure and expectations of other staff members”. Finally, participants would have liked to see more time and resources for knowledge and research included in their training process. An example of a participant’s experience is, “I do wish I had had more time to really dive into the research and literature of facility dogs prior to taking over the role. I was able to identify various articles but wish I couldn’t *[sic]* left my clinical role sooner to begin that behind the scenes work.”

**Structured Onboarding.** The second theme included three sub-themes: 1) Formal onboarding/training, 2) Policies and procedures, and 3) Clear job description. Some participants believe they would have felt better prepared if their healthcare facility provided a formal onboarding and/or training process. For example, one participant reported “Hospital specific training / orientation to our program”, and another suggested, “A full onboarding/orientation process, just like you have with any new role”. Several participants shared that they would have liked to see “Policies in place before the dog arrived”. Lastly, participants would have benefited from having a clearer job description to better understand their roles and expectations. For example, “knowing what everyone's role is (i.e. marketing, social media, infection control, etc.)”.

**Handler Support.** The four sub-themes of the theme, handler support, were 1) Financial incentive, 2) Support system, 3) Accommodate clinical needs, and 4) Provide time to bond and integrate. One common handler support sub-theme across responses was the inclusion of a financial incentive. One participant highlighted “Incentivize monetarily due to the increased responsibility”, and another participant highlighted “Any kind of additional pay, perks would be

nice." Some participants believe they would have benefited from increased support such as "having monthly meetings or providing more of a dedicated time/space to connect with other handlers", and "Have more meetings in the beginning phases of having a facility dog to talk through any challenges". Participants also reported barriers regarding their clinical needs and would have appreciated accommodations including "allowing me to focus solely on that role (which was my job title) instead of covering unit vacancies in addition to handeling [*sic*] the dog". One participant shared they would benefit from, "additional backup coverage/ staff support for when I get in a patient situation where they need a child life specialist but cannot have the dog in the room." Lastly, participants spoke about the need for a slower integration process for their facility dog. For example, a participant responded that they would have liked a "more accommodating to schedule to slowly introduce the dog to work".

***Facility Dog Organizations***

Four themes emerged from participants' responses to the question "What could the organization that your facility dog came from have done better to prepare you to be a facility dog handler?" with each having several sub-themes (see Table 8). The four themes were: 1) Child life specific training, 2) Dog education, 3) Increased training, and 4) Handler support.

**Child Life Specific Training.** The sub-themes 1) Understand the role of child life, 2) Incorporate experienced CCLS handlers, 3) Patient-care roleplay/scenarios, 4) Practice navigating hospital environment, 5) Practical application of child life interventions. Understanding the role of child life was reported by several participants as a need. One participant explained,

> So the organization trains service dogs, and they are used to training individuals to take on a service dog. But the way child life utilizes *[sic]* the dog is so vastly different. I think the organization could use more formalized training on what child life is.

Participants also felt they would benefit if the facility dog organization incorporated experienced CCLS handlers into their training. One participant detailed

> there was a guest speaker one of the days that was a nurse and I feel was not the best representaiton *[sic]* of CL + FD teams. The guest's role seemed much more aligned with pet therapy visits. I would have much rather heard from an actual CLS and facility dog handler.

Patient-care roleplay/scenarios is another subtheme that many participants would have been receptive to. For example, one participant would have liked more training regarding how to "navigate scenarios or how I would support patients in my role", and another suggested doing "a mock procedure or preparation with the dogs at bedside and practicing what this would actually look like alongside a patient." Other participants hoped for more practice in navigating the hospital environment, responding that would have like to "Spend More time practicing each day on some of the daily activities of a facility dog such as: hopping on bed, positioning for IV or Blood draws for comfort.". Finally, many participants reported that they could have benefited from spending "longer doing hands on "child life" type interventions and training exercises during placement camp so that we could feel more confident about what we would be doing with the dogs at bedside daily.", and "more specific child life support/education to best know how to utilize our facility dogs".

**Dog Education.** The four sub-themes included under the second theme are 1) Specific commands for success in healthcare settings, 2) Appropriate reinforcers, 3) Provide dog-specific information, and 4) Hospital outings. The most common sub-theme under the theme, dog education, was specific commands for success in healthcare settings. Participants highlighted the need for "More commands and hospital specific training", and "more training for the dog (like commands)". Participants also reported that they struggled with their facility dog's reinforcers in their healthcare facility. For example, one participant shared that "food sharing doesn't set the

dogs up for success in a hospital setting". Another sub-theme emerged from participants' experiences relating to the information they received about their facility dog. Participants would have appreciated receiving more information including "a better history of the dog, his parents, and upbringing.", as well as the "strengths of the dog and also things they are still working on." Hospital outings, the fourth sub-theme, was created to represent the support facility dogs in their transition to their new work, participants reported that they "would have loved to bring the dog to a hospital setting and observe more intervntions *[sic]*".

**Increased Training.** Three sub-themes emerged from the third theme including 1) Equal Inclusion of Handler Teams, 2) Asynchronous Learning Opportunities and Resources, and 3) Longer Training Process. Equal inclusion of handler teams was developed to highlight participant responses relating to unequal training experiences. One example a participant shared was, "I was not a handler initially so I didn't get the official training. I wish I had gotten the same training as the initial handler, not a brief version since I already knew my dog well". The inclusion of asynchronous learning opportunities and resources was another common sub-theme. One participant reported that they would have liked "Readings to do well in advance before receiving my dog and other recommended reading". Lastly, several participants reported that a longer training camp would have benefited them. One example of a participant's response was, "I would have loved a longer camp in order to feel better prepared leaving and working alongside my dog."

**Handler Support.** The last theme focused on the two sub-themes 1) Receptive to handlers learning needs, and 2) pre-and post-training support. The first sub-theme represents participant responses relating to their personal learning needs. For example, one participant reported that they would have liked the training staff to focus "more on my strengths and what I

was doing right in training then the negatives and providing harsh feedback". Another participant shared that the training staff should "Instill more confidence in the new handler". Secondly, many participants reported the need for pre- and post-training support. Participants disclosed suggestions such as "longer orientation through to ensure comfort once back at the hospital", and "ongoing follow-up phone calls or video calls to navigate some of the challenges that came up early on in our partnership".

# CHAPTER 4

# DISCUSSION

As facility dog programs continue to develop nationwide, this study explored the educational and training backgrounds of CCLS facility dog handlers and used the information to identify gaps in the learning pathway. Overall, findings reveal that participants come from diverse backgrounds of education and training experiences and offer a multitude of insights which healthcare facility leadership and facility dog organizations can use to better prepare the next generations of CCLS facility dog handlers.

## Educational Backgrounds

The first aim of this study was to explore the educational backgrounds of CCLS facility dog handlers. Participants exhibited a high level of academic attainment, with all receiving bachelor's degrees and over half also holding master's degrees. The diversity of these educational backgrounds included areas such as Human Development and Family Studies/Sciences, Child Life, Education and Psychology. Uniquely, some participants reported having degrees in areas such as English, communications and biology. Many of those who pursued further education did so in fields closely related to their current or former job role as a CCLS facility dog handler such as Child Life and Human Development and Family Studies/Sciences. As there is no master's degree requirement per the ACLP (n.d.-b), researchers are curious to understand the varied reasons why over half of the participants chose to pursue that academic pathway. The educational backgrounds provided by participants in the current study align with the varied educational paths described by participants in the study by

Lookabaugh & Ballard (2018) in that they are diverse, but also in similar areas of study (i.e., Child Life, HDFS, etc.).

Dynamic, challenging, and competitive are words that the ACLP uses to describe the child life profession (ACLP, 2024). Aspiring CCLSs must fulfill the academic and experiential requirements to build a strong academic and practical foundation of knowledge and skills necessary to achieve the CCLS credential. The completion of these eligibility requirements varied among participants in the current study, with many completing them during college or graduate school. This knowledge is valuable in further understanding that the child life profession is not a one-track pathway to certification. Future research examining the outcomes of the timing of ACLP eligibility requirements could be useful in developing a clearer map to certification, including options that best fit aspiring CCLS facility dog handlers.

Understanding where CCLS facility dog handlers first learn about the role of facility dogs is important in developing best methods for how the topic should be introduced. The current study highlighted that a substantial number of participants first encountered facility dogs in children's hospital settings, thus indicating the prevalence of facility dog programs within pediatric healthcare facilities. Participants also reported learning about facility dogs in academic settings, professional conferences, and other unspecified hospital and work settings. These findings demonstrate the varied avenues through which child life students and professionals gain exposure to this specialized field. As facility dogs are beginning to become prominent figures in pediatric healthcare facilities, it is interesting to learn that only a small fraction of participants learned about the role of facility dogs in an academic setting. A better understanding of how those who learned about facility dogs in an academic setting, did, could lead child life educators to find appropriate ways to incorporate the topic into their curriculum. Hypothetically, if hospital

staff such as CCLSs learned about the role of facility dogs at an earlier point in their education and training, facility dog programs may see more positive interactions and less misunderstanding in areas such as expectations, consultations, and boundaries.

**Training Backgrounds**

Similar to educational backgrounds, the training experiences of participants in the current study vary. An integral step in a CCLS's pathway to becoming a competent, confident facility dog handler is a strong training experience. However, very little is known about the process in which CCLS become facility dog handlers. To gain knowledge as to how CCLS facility dog handlers find themselves in that role, the research team included an open-ended survey question about their job selection experience. Among the variety of job selection methods, the traditional application process, including applying and interviewing for the role, emerged as one of the most common paths to becoming a facility dog handler. This process is one that CCLSs are familiar with given their experience with the internship application process (ACLP, n.d.-b) as well as any child life position hiring experiences. Several participants indicated that they were hired following an internal application process, thus meaning their healthcare facility sought to offer a current employee the opportunity to transition to a handler role. As there is no conventional hiring process for CCLS facility dog handlers, it is understandable that other methods were used such as CCLSs expressing their interest or being approached by leadership or other handlers. It would be interesting to better understand the factors that motivate a CCLS to express their interest (i.e., when did they learn about facility dogs), but that encourage leadership and handlers to approach certain team members. As the integration of facility dog programs across the nation is relatively new, it was intriguing to see how many participants indicated their role in developing the program at their healthcare facility. Without previous studies to compare findings

to, it is important to ensure that the voices of all CCLS facility dog handlers are heard to serve as foundational pillars upon which subsequent studies may build.

### *In-House Training Experience*

As CCLS facility dog handlers come from a wide range of healthcare facilities across the nation, it was not surprising to see the differences in participants' in-house training experiences. In-house training consists of training led by employees at the survey participant's institution, seeking to educate, develop or improve the skills of the handler. Notably, however, was the prevalence of the "no in-house training" theme which suggests that a considerable number of participants did not receive any formal training from their healthcare facility prior to their first day on the job. This finding resonates with research by Allied HR IQ (2012) which investigated onboarding and retention for 500 human resource professionals and found that 22% of organizations did not have a formal onboarding program and that 48% were only somewhat successful at onboarding. Another method of training participants reported was reflected in the theme "in-house outsourced to facility dog organization". Outsourcing refers to the process of overturning tasks to another organization's employees (Perry, 1997). Instead of in-house training, some healthcare facilities and leadership teams outsource new handler training to the facility dog organization itself. It was unclear in participant responses whether this was the decision of the healthcare facility, or if it was mandated by the facility dog organization.

Orientations, opportunities to shadow other facility dog handlers, and reading materials were the three sub-themes under the umbrella of in-house training. These sub-themes reflected formal training procedures, hands-on learning experiences, and the provision of written guidelines to support new handlers in their new roles. These onboarding practices were also common in a study on specific onboarding practices where participants reported experiences

such as attending an orientation with other new hires, observing a fellow associate, and being shown on the website how to find information for company associates (Klein et al., 2015). In the future, research should aim to focus on the outcomes of the diverse training practices experienced by CCLS facility dog handlers in order to inform best practices.

### *Facility Dog Organization Training Experiences*

All participants received some method of training provided by the organization that their facility dog came from. Most commonly, participants attended in-person training camps ranging from four days to two weeks in length. During these training camps, participants reported that they received hands-on training involving simulations and practical exercises such as walking their dog on a leash and putting what they learned into practice. Meetings with organization staff for evaluations and feedback, and community outings for real-world practice and socialization were also methods specified by participants. These training practices align with those of the service dogs, which is logical considering that most facility dogs come from organizations that also train service dogs (Canine Companions, n.d.-b; Canine Partners of the Rockies, n.d.-b; paws4people, n.d.; Paws with a Cause, n.d.-b). For those participants who were not able to attend an in-person training camp, virtual training, primarily via Zoom, was provided. Some participants were not able to attend due to COVID-19 precautions (World Health Organization, 2021) while others joined the facility dogs' team at a later time when training camp was no longer an option (i.e., secondary handlers). In contrast, indirect training conducted asynchronously included videos and modules, reading materials such as handbooks or manuals, and written tests. These findings highlight the diverse training approaches utilized by facility dog organizations, providing valuable insights for optimizing training programs to effectively prepare new CCLS facility dog handlers for their role within healthcare settings.

## Gaps in Learning and Preparation

Next, the present study aimed to identify any gaps that exist in the learning and preparation experiences of CCLS facility dog handlers. At present, there is no research on the training process for facility dog handlers, including job profession-specific training (i.e., specific to CCLS facility dog handlers). The gaps in learning and preparation identified among participants offer valuable insights into areas of improvement for healthcare facility leadership and facility dog organizations. In both environments, participants expressed that asynchronous learning opportunities could provide them with more knowledge. They also emphasized the importance of being receptive to specific handler needs including the accommodation of clinical and learning needs, the addition of financial incentives to honour increased responsibilities, and the facilitation of strong support systems, and time to bond with their new dog.

### *Healthcare Facility/Leadership*

The feedback regarding participants' healthcare facilities and leadership teams' preparation for their roles as facility dog handlers revealed several noteworthy themes. Under the theme of increased training, participants expressed a desire for more opportunities for shadowing and professional networking, emphasizing the importance of hands-on experiences and collaboration with peers from other healthcare facilities. Research on interprofessional observation experiences shows that even a one-off observation experience can provide a high-quality learning experience where students can gain insights into their own roles, others' roles, teams, and patient-centred care (Kent et al., 2020). Despite participants observing other disciplines in the healthcare field, the study demonstrates the range of benefits that learners can gain by observing professionals in their roles. Opportunities for shadowing or an increased

frequency of shadowing opportunities may help CCLS facility dog handlers feel more confident as they step into their new role.

Internal and external professional networking such as mentoring relationships, attending conferences, and social media are proven to enhance employee development, foster career support, and increase career satisfaction (Forret & Dougherty, 2001; Morrison, 2002; Peltokorpi et al., 2022). Therefore, professional networking could be a key component in setting new CCLS facility dog handlers up for success. Though the concept of facility programs has more recently drawn attention, some programs have been around for 15+ years. Two of the longest-standing programs include Canines for Kids, established 2009 (Children's Healthcare of Atlanta, n.d.), and Sutter Facility Dogs, established 2003, (Sutter Health, n.d.), both of which are great examples of programs that new facility dog programs could turn to for guidance. Additionally, with the popularity of social media platforms such as Instagram continuing to rise, facility dog programs are developing digital communities to stay connected. For example, it is not uncommon to see the comment section of posts on Instagram accounts such as @allpawsondeck_tuftsmed of Tufts Medical Center, and @dailydoseofdonnie16 of Stanford Medicine Children's Hospital, filled with positivity, support, and encouragement from accounts of other facility dogs and facility dog programs (All Paws on Deck, n.d.; Donatella, n.d.). This is just one example of the ways in which CCLS facility dog handlers support one another and build professional networks across the nation. While the child life community as a whole is quite small, the child life facility dog community is smaller, thus, professional networking could be a key tool in the preparation of CCLS facility dog handlers.

One of the most common themes found across participant responses was the need for formal staff training. Although participants indicated their work was highly rewarding and

impactful, they also described the pressure and mental exhaustion they have experienced from uncomfortable encounters with other employees in the healthcare community. Supporting these findings, previous studies examining the roles of facility dog handlers found that managing staff expectations, staff understanding of appropriate consultations, and fatigue due to social pressures were some of the most common challenges for facility dog handlers (McGurgan, 2023; Rodriguez et al., 2022). Future research on the outcomes of different staff training methods could help address gaps such as those reported by participants and alleviate some of the challenges that some new CCLS facility dog handlers encounter.

Regarding a structured onboarding process, participants emphasized the need for set policies and procedures, clear job descriptions and duties, and a formal orientation/training process. Starting a new professional role may encourage employees to feel high levels of stress and/or uncertainty. While the role of onboarding new employees is primarily that of each healthcare facility's human resources department, facility dog program leadership play a role in onboarding new handlers to their facility dog team. One theoretical model for consideration is organizational socialization. Wanberg (2012) defines organizational socialization as "the process through which individuals acquire the knowledge, skills, attitudes, and behaviours required to adapt to a new work role." and notes that it pertains to new employees and employees moving into a new role within the organization alike. Studies have found that organizational socialization increases employees' organization-based self-esteem, enables them to perform their jobs at better levels, and is associated with higher levels of role clarity, task mastery, and social acceptance (Bauer et al., 2007; Gardner et al., 2022), By applying this theory, facility dog program leaders can create training programs that align with their healthcare facility and facility dog program culture, values, and practice. With the ability to understand the unique socialization needs of new

facility dog handlers, training can be designed to address skills, protocols, and expectations that are relevant to the handler's new role. Klein et al. (2015) concluded that offering more onboarding practices helps facilitate organizational socialization among new employees. Interestingly, researchers observed discrepancies between what new employees reported they were experiencing and what employers said they were offering (Klein et al., 2015). This finding poses the question of whether or not healthcare facilities and leadership realized that their handlers may need additional training opportunities.

### *Facility Dog Organization*

There is no literature outlining a formal training process, nor the outcomes of said training, for facility dogs and their CCLS handlers. The current study explored the perspectives of CCLS facility dog handlers regarding areas they felt their facility dog organizations could have been better prepared. Participants believe that facility dog organizations should have a better understanding of the role of child life so that they can teach best practices in integrating a facility dog into child life practice. They also emphasized the need for learning opportunities provided by experienced CCLS facility dog handlers. Additionally, participants would have liked to see more pre- and post-training support to address challenges and ensure ongoing success in their roles.

Responses to the survey indicated that CCLS facility dog handlers feel they would benefit from increased opportunities for hands-on practice, roleplay scenarios, and navigation of the healthcare environment to enhance their confidence and preparedness. These are all methods of training that CCLSs are familiar with. For example, as students, aspiring CCLSs get hands-on and role-playing practice, and exposure to the healthcare environment through experiences such

as their internship which includes an evidence-based curriculum aimed at setting them up for success (CLC Internship Task Force, 2022).

Participants would like to see changes being made regarding the training process for secondary handlers, and handlers that join the team later (i.e., a handler leaves, and another replaces them). This posits the question of whether or not other methods of training could provide more equitable experiences for all handlers. To make this work, more intensified collaboration between healthcare facilities and facility dog organizations may be required.

Education related specifically to the dog was another area in which participants felt they needed further support. Some participants called for increased training for the dogs, specifically, command training that would set their facility dog up for success in the healthcare environment. Some handlers would also prefer if their dog used non-food reinforcement as food-motivated dogs are challenging in environments where patients are eating. Participants reported that they also would have liked to receive more comprehensive information about their dog including its medical history, strengths, behaviours, and things they are still learning.

### *Vygotsky's Zone of Proximal Development*

Vygotsky's ZPD was used to interpret findings related to gaps in learning and preparation reported by the CCLS facility dog handlers that participated in the present study (Vygotsky, 1978). Through the responses indicating specific ways that handlers could have been better prepared (i.e., incorporating experienced CCLSs, role play/scenario practice), handlers demonstrated that they understood that there was a zone between what they already knew and what they needed to know. Many participants also expressed the need for the presence of an MKO to guide and encourage them. For example, participants expressed the desire to have increased shadowing opportunities, professional networking with other facility dog handlers,

opportunities for mentorship, and learning opportunities provided by experienced CCLS facility dog handlers which are all methods of training directly or indirectly based on Vygotsky's ZPD. In each case, the training method suggested utilizes an MKO to model, demonstrate, and guide new handlers as handlers grow their confidence and abilities (Vygotsky, 1978).

As this theory has been proven as an effective method of learning for the unique needs of adults, healthcare facilities, leadership, and facility dog organizations should seek guidance from literature in order to revise training processes to best support new facility dog handlers (Lin et al., 2022; Weddle & Hollan, 2010.) Further research expanding Vygotsky's ZPD and its impact on training methods for CCLS facility dog handlers could further support the development of strong training experiences.

**Limitations**

The current study is not without limitations. As participants were asked to complete the survey based on past experiences, responses were susceptible to recall bias meaning that may not have accurately recalled their educational and training experiences. Sampling bias is another limitation of this study. As participants were primarily recruited through listservs, social media, and professional contacts, individuals who were more active or engaged with in professional networks or social media groups related to child life and/or facility dogs were more likely to complete the survey. This could potentially limit the ability to generalize the findings to the broader population of CCLS facility dog handlers. It is also possible that participants' interpretations of the survey questions varied, thus leading to inconsistencies in how researchers interpreted the data. As participants were not interviewed, researchers were unable to ask clarifying questions. Lastly, researchers opted not to ask demographic questions relating to age, race, ethnicity, gender, sex, sexual orientation, or religion. Currently, a hot topic in the field of

Child Life is the lack of diversity, with the majority of CCLSs being White females (Association of Child Life Professionals, n.d.-d; Bottino et al., 2019; Suzuki, 2014). It may be beneficial to collect this demographic information in future studies relating to CCLS facility dog handlers to consider the impact these factors have on participants' lived experiences.

## Implications and Future Directions

The findings of this study draw several implications for CCLS facility dog handlers, healthcare facilities, leadership, and facility dog organizations. The diversity of participants' educational backgrounds indicates that aspiring handlers can pursue a degree in an area that they feel is the best fit for their career as a CCLS, and do not need to pursue education in addition to that required by the ACLP. This diversity also highlights the lack of a standardized path to becoming a handler which could imply inconsistencies in the preparation and skills of handlers.

The varied training experiences reported by participants invite conversation relating to the potential need for standardized training programs for all CCLS facility dog handlers, or ways to optimize training programs that are already in place. Standardized training protocols, whether unique to each facility/organization or across the nation, could ensure consistency in the preparation of handlers regardless of their educational or training background. Additionally, standardization could ensure that all handlers have a consistent level of knowledge and skills related to their role. Inconsistencies in training could affect the quality and effectiveness of the goal-directed interventions provided to patients and families by CCLS facility dog handlers and facility dogs.

The identification of gaps in learning and preparation for CCLS facility dog handlers provides evidence that can be used by healthcare facilities, leadership, and facility dog organizations. For example, healthcare facilities should consider seeking opportunities for their

facility dog team to network with other professionals in the field to gain their perspectives on the process of integrating facility dogs and new CCLS handlers into clinical practice. Facility dog organizations should acknowledge participant feedback to increase their knowledge of the scope of child life and how facility dogs can be used as a tool to improve patients' outcomes. They should also recognize the call for the inclusion of experienced CCLS facility dog handlers in the organization's training process. Taking steps such as these examples can positively impact the experiences and consequential success of new CCLS facility dog handlers and establish a stronger reputation for the profession as a whole.

To the knowledge of the researchers, this exploratory study is the first of its kind regarding the investigation of CCLS facility dog handlers' educational and training experiences. With a wide range of opportunities, future research should aim to investigate the impact of different training experiences such as shadowing and professional networking, on the outcomes of new handlers' confidence and preparedness. Literature directly focused on the structure and execution of training programs both within the healthcare facility (including staff training protocols) and with the facility dog organization is needed to determine best practices. It would also be interesting to investigate the perspectives of facility dog organization staff regarding the scope of child life and the role of facility dogs who work directly with CCLSs.

It may also be beneficial for future research to investigate the separate training processes of different facility dog organizations to determine outcomes relating to the success of CCLS facility handler and dog teams as they navigate their new role within their specific healthcare facility.

Conducting face-to-face video interviews and/or focus groups in future research may provide deeper insights than surveys alone. Being able to have a visual of the interviewees as

they share their experiences allows researchers to take note of both verbal and non-verbal cues (Lofland & Lofland, 1995). According to Thunberg and Arnell (2022), video interviews are more cost-effective than in-person interviews and can enhance long-distance participation which is necessary considering the vast geographic locations of the CCLS facility dog handler population.

## Conclusion

Using qualitative data, this study explored the educational and training backgrounds of CCLS facility dog handlers and revealed gaps in their learning and preparation experiences. Participants displayed a diverse range of educational experiences and pathways, with many pursuing degrees in fields directly or closely related to child life. Training experiences were equally diverse with participants engaging in both direct and indirect training methods provided by their healthcare facility/leadership, and the facility dog organization. While the current study found inconsistent training processes across the responses of CCLS facility dog handlers, it is important to remember that the research investigating animal-assisted therapy, facility dogs and their impact in the healthcare setting continues to find many positive benefits (Ávila-Álvarez et al., 2020; Barker, et al., 2010; Doobrow, 2019; Goldstein et al., 2022; Kaminski et al, 2002; Marquard, 2017; Rodriguez et al., 2022). For now, the findings presented in this study provide readers with a better understanding of the educational and training pathways for developing CCLS facility dog handlers and highlight areas of interest that may or may not affect the outcomes of the incredible work facility dogs and their CCLS handlers do together.

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**Table 1**

*Participant Information*

| Variable | Frequency (n) | Percentage (%) |
|---|---|---|
| US Region | | |
| Pacific | 4 | 5.30 |
| Rocky Mountain | 4 | 5.30 |
| Southwest | 20 | 26.67 |
| Midwest | 20 | 26.67 |
| Mid-Atlantic | 3 | 4.00 |
| New England | 6 | 8.00 |
| Southeast | 18 | 24.00 |
| Work Environment | | |
| Children's Hospital | 66 | 89.20 |
| Adult Hospital | 2 | 2.67 |
| Community-based | 2 | 2.67 |
| Education Facility | 0 | 0.00 |
| Other | 4 | 5.33 |
| Years as CCLS | | |
| 0 to 2 | 4 | 5.33 |
| 2 to 5 | 13 | 17.33 |
| 5 to 7 | 13 | 17.33 |
| 7 to 10 | 22 | 29.33 |
| 10+ | 23 | 30.67 |
| Years as Facility Dog Handler | | |
| 0 to 2 | 29 | 38.67 |
| 2 to 5 | 36 | 48.00 |
| 5 to 7 | 7 | 9.33 |
| 7 to 10 | 2 | 2.67 |
| 10+ | 1 | 1.33 |
| Number of Facility Dogs in Facility | | |
| 1 to 2 | 32 | 42.67 |
| 3 to 5 | 12 | 16.00 |
| 6 to 8 | 15 | 20.00 |
| 9+ | 16 | 21.33 |

**Table 2**

*Educational Backgrounds (N=75)*

| Variable | Frequency (n) | Percentage (%) |
|---|---|---|
| Bachelor's Degree Major (n=83) | | |
| Child Life | 17 | 20.48 |
| HDFS | 29 | 34.94 |
| Psychology/Child Psychology | 17 | 20.48 |
| Education | 4 | 4.82 |
| Recreation/Art Therapy | 3 | 3.61 |
| Other | 13 | 15.66 |
| Master's Degree Obtained (n=75) | | |
| Yes | 48 | 64.00 |
| No | 27 | 36.00 |
| Master's Degree Subject (n=59) | | |
| Child Life | 29 | 49.15 |
| HDFS | 16 | 27.12 |
| Education | 2 | 3.39 |
| Psychology | 2 | 3.39 |
| Healthcare Administration | 3 | 5.08 |
| Other | 7 | 11.86 |
| ACLP Eligibility Requirements Completed (n=91) | | |
| College | 33 | 36.26 |
| After College Graduation (no graduate school) | 11 | 12.09 |
| Between College & Graduate School | 6 | 6.59 |
| Graduate School | 36 | 39.56 |
| After Graduate School | 3 | 3.30 |
| Other | 2 | 2.20 |

**Table 3**

*Close-Ended Participant Responses to Setting (N=72)*

| Response | Frequency (n) | Percentage (%) |
|---|---|---|
| Children's Hospital | 26 | 36.11 |
| Professional Conference/Event | 13 | 18.06 |
| Academic Setting | 11 | 15.27 |
| Unspecified | | |
| Hospital | 17 | 23.61 |
| Workplace | 5 | 6.94 |

**Table 4**

*Summary of Job Selection Process*

| Theme | Subthemes | Description | Sample Quote(s) |
|---|---|---|---|
| Approached | By Leadership | Responses including being approached by someone in a leadership position. | *"My boss approached me and asked if I was interested"* |
| | By Handler | Responses including being approached by someone who is already an established facility dog handler | *"Asked to be a second handler by a primary handler."* |
| Expressed Interest | | Responses including expressing interest to leadership team, expressing interest during a job interview, volunteering to be a facility dog handler and more. | *"I expressed interest and had an in-depth conversation with my leadership about my skills and experience that qualified me to be a facility dog handler."* |
| | | | *"I was selected based on my interest in the position, the area I work in, my commitment to working at this facility for a long time and years of experience as a CLS."* |
| Proposed and/or Developed Program | | Responses including writing a proposal, starting the program oneself, co-founding a program, asking to bring program to hospital, and more. | *"I asked to bring/start a program at our hospital"* |
| | | | *"I started the facility dog program myself"* |

**Table 4 (cont.)**

*Summary of Job Selection Process*

| Theme | Subthemes | Description | Sample Quote(s) |
|---|---|---|---|
| Application Process | | Responses including completing an application, applying to an open position, applying for an internal position, completing an interview process, and more. | *"I applied for the position internally at my hospital"*<br><br>*"I completed an application and then did a series of interviews at our hospital"* |

**Table 5**

*Summary of In-House Training Provided*

| Theme | Subthemes | Description | Sample Quote(s) |
|---|---|---|---|
| No In-House Training | | Responses including no training provided in-house (i.e., by healthcare facility, by facility dog leadership, etc.) | *"I did not receive any in-house training"*<br><br>*"I did not receive any in house training before I became a handler. Currently we do have in house training for any new handlers"* |
| Approved Outsourced Training By Facility Dog Organization | | Responses including healthcare facility/leadership outsourcing training to facility dog organization. | *"Our organization we get our dogs from [redacted] provides us with class work and a written test before intensive hands on dog training. We attend weekly classes as well as work with the dog while observed at the hospital before taking a* [sic] *access test as a team."*<br><br>*"Facility dog company flew a trainer out to our hospital and I received a 4 hour in person training"* |
| In-House Training | Orientation/Training Protocols | Responses including participating in a hospital orientation, participating in a hospital training program, being observed, receiving intervention, schedule, and care training, and more. | *"then a scheduled orientation at the hospital following that"*<br><br>*"hospital specific program training"* |

**Table 5**

*Summary of In-House Training Provided*

| Theme | Subthemes | Description | Sample Quote(s) |
|---|---|---|---|
| | Shadowing Opportunities | Responses including shadowing facility dog handlers, shadowing program coordinators, and more. | *"I shadowed the current facility dog handler"*<br><br>*"My facility dog program coordinator assisted us with shadowing."* |
| | Reading Materials | Responses including receiving an orientation binder, a facility dog manual, and more. | *"We also have a facilty* [sic] *dog manual that highlights all of our rules and guidelines."*<br><br>*"In house training included an orientation binder. The binder and review included team expectations, protocols/policies, vet and care information, good to know facts about the dog, resources and a shadowing check off list."* |

**Table 6**

*Summary of Training Provided by Facility Dog Organization*

| Theme | Subthemes | Description | Sample Quote(s) |
|---|---|---|---|
| Direct Training | In-Person Training Camp | Responses including one week training camps, two week training camps, and more. | *"one week intensive training at their facility"*<br><br>*"attending a two week training session where I was matched with my dog"* |
| | In-Person Training Onsite at Healthcare Facility | Responses including the facility dog organization being onsite at the healthcare facility to provide/help with training. | *"A "field representative" (trainer) from the organization would come to our hospital to do on-site training with us and our dogs."*<br><br>*"Facility dog company flew a trainer out to our hospital and I received a 4 hour in person training"* |
| | Virtual Training Session(s) | Responses including virtual team training, training via Zoom, online in-services, and more. | *"Virtual and in person team training"*<br><br>*"There were also Zoom sessions for training"* |
| | Hands-On Practice | Responses including hands-on training, practicing walking with facility dog, practicing different exercises, and more. | *"some hands on bonding/practicing (walking, jumping up on beds/chairs, approaching people in wheelchairs"*<br>*"We completed various drills and had the opportunity to put what we were learning into practice with the observation of the experts/trainers there to help"* |

**Table 6 (cont.)**

*Summary of Training Provided by Facility Dog Organization*

| Theme | Subthemes | Description | Sample Quote(s) |
|---|---|---|---|
| | Lectures/Workshops | Responses including participating in lectures, presentations, workshops, and more. | *"We went through that textbook in lecture/discussion sessions"* |
| | | | *"We had several weekend inservices learning about how to care for the dogs and how to work with the dogs"* |
| | Meetings with Organization | Responses including in-person and virtual meetings with organization. | *"and then FaceTimed with the person who runs the program to be checked off"* |
| | | | *"virtual meeting with the owner"* |
| | Community Outings | Responses including outings with facility dog in various community and public places. | *"We had the opportunity to visit various public places and practice walking with our dogs and interacting with people."* |
| | | | *"We also went on outings with the facility dog"* |
| Indirect Training | Online Videos/Modules | Responses including online modules and watching videos. | *"Just brief videos from Canine Assistants"* |
| | | | *"8 hours of online modules"* |

**Table 6 (cont.)**

*Summary of Training Provided by Facility Dog Organization*

| Theme | Subthemes | Description | Sample Quote(s) |
|---|---|---|---|
| | Reading Materials | Responses including receiving a handbook, a manual, information packet, and more. | *"I received a facility dog handbook and textbook"*<br><br>*"I received a handbook with helpful information from the organization"* |
| | Test/Exam | Responses including a written exam, test, and/or a training certification. | *"I had to pass a training certification"*<br><br>*"I passed a written exam as well as our public access test"* |

**Table 7**

*Summary of Ways Healthcare Facility/Leadership Could Have Better Prepared Facility Dog Handlers*

| Theme | Subthemes | Description | Sample Quote |
|---|---|---|---|
| Increased Training | Shadowing | Responses including opportunities for more shadowing, shadowing handlers from other hospitals, and more. | *"Having the program coordinator shadow on our first few weeks would have been helpful too."* |
| | | | *"provide me with the opportunity to shadow someone from a different hospital"* |
| | Professional Networking | Responses including communication, collaboration, site visits, and more with other facility dog programs. | *"Connect with other hospitals with us"* |
| | Support for Clinical Practical Application | Responses including learning about interventions, discussing how to integrate facility dog into clinical interventions, and more. | *"The person overseeing the facility dog program is not a child life specialist and therefore could not provide me with any clinical advice or guidance or support. She could only give me tips on handling my dog. So when starting out and struggling with "how can I help accomplish this treatment goal" or "how can I do this intervention with my dog" it would have been nice to have another CCLS facility dog handler to collaborate with."* |

**Table 7 (cont.)**

*Summary of Ways Healthcare Facility/Leadership Could Have Better Prepared Facility Dog Handlers*

| Theme | Subthemes | Description | Sample Quote |
|---|---|---|---|
| | Formal Staff Education | Responses including educating staff ahead of time, making staff training mandatory, providing education to staff about how to properly interact with facility dog, and more. | *"Helped with educating staff ahead of time. Education sessions were optional and not many unit managers covered the education in huddles"* |
| | Time and Resources for Knowledge and Research | Responses including encouraging webinars, providing time for research, and more. | *"Encourage webinars prior to receiving dog"* |
| Structured Onboarding | Formal Orientation/Training | Responses including training prior to bringing facility dog home, having an orientation to the program, and more. | *"I think having a more formal process for orientation/training prior to being placed with a dog would be helpful"* |
| | Policies and Procedures | Responses including the development of policies and procedures, establishing boundaries, and more. | *"More established policies and procedures"* |
| | Clear Job Description and Duties | Responses including advocating for a job description, not knowing what roles were, and more. | *"advocated for a… job description"* |
| Handler Support | Financial Incentive | Responses including advocating for a stipend, additional pay, and more. | *"Incentivize monetarily due to the increased responsibility"* |

**Table 7 (cont.)**

*Summary of Ways Healthcare Facility/Leadership Could Have Better Prepared Facility Dog Handlers*

| Theme | Subthemes | Description | Sample Quote |
|---|---|---|---|
| | Support System | Responses including having group meetings, mentorship opportunities, and more. | *"Having a group meeting with current and previous facility dog handlers to help answer any questions that soon-to-be handlers may have prior to the training they receive at the organization with their dog."* |
| | Accommodate Clinical Needs | Responses including offering coverage, providing time to take the facility dog to different units, and more. | *"provide protected time from my own unit to do dog visits for other kids"* |
| | Provided More Time for Integration of Facility Dog | Responses including slowly introducing dog to work and a more accommodating integration schedule. | *"Set up a Grace period to ease the handler and dog slowly into their role"* |

**Table 8**

*Summary of Ways Facility Dog Organization Could Have Better Prepared Facility Dog Handlers*

| Theme | Subthemes | Description | Sample Quote |
|---|---|---|---|
| Child Life Specific Training | Understand the Role of Child Life | Responses including understanding the role of child life, the work child life specialists are doing with facility dogs, and more. | *"Have a better understanding themselves of the work that child life specialists are doing with dogs"* |
| | Incorporate Experienced CCLS Handlers | Responses including preference to hear from child life specialist facility dog handler, utilizing child life specialists on staff, and more. | *"had more guest speakers from CL handlers from local hospitals/community programs to give real insight to their current practice."* |
| | Patient-Care Role Play/Scenarios | Responses including practicing mock procedure and preparation scenarios, practicing role play, and more. | *"Practicing role playing for instance a child that may not want to have vitals taken, how can we practice that with our facility dog."* |
| | Practice Navigating Hospital Environment | Responses including practicing getting up on hospital bed, different positioning, and more. | *"We definitely needed more hands-on practice with getting the dog in a bed"* |
| | Practical Application of Child Life Interventions | Responses including focus on transition into child life specialist clinical role, more specific child life training to best utilize dog, and more. | *"Include a CCLS intervention day to focus on the transition from CCLS to facility dog handler in your clinical role"* |
| Dog Education | Specific Commands for Success in Healthcare Setting | Responses including more commands, more training, and more. | *"more training for the dog (like commands)"* |

**Table 8 (cont.)**

*Summary of Ways Facility Dog Organization Could Have Better Prepared Facility Dog Handlers*

| Theme | Subthemes | Description | Sample Quote |
|---|---|---|---|
| | Appropriate Reinforcers | Responses including training techniques leading to food motivated dogs, food sharing not setting the dog up for success in the hospital, and more. | *"Some of the training techniques (food sharing) have led my dog to be incredibly food motivated; which also means we can't be present in a patient room when a child is eating."* |
| | Provide Dog-Specific Information | Responses including increased training on facility dogs specific strengths, challenges, needs, medical history, and more. | *"I wish we would have had more training/education regarding our specific dog and their needs, strengths, and challenges. I wish we would have been able to ask more questions of the fosters and trainers who had been caring for my dog so that I wasn't working from scratch."* |
| | Hospital Outings | Responses including teaching the dog within the healthcare facility, and going to practice at a healthcare facility during training camp. | *"Train dog in hospital (Covid)"* |
| Increased Training | Equal Inclusion of Handler Teams | Responses including late handlers receiving less training, making secondary handlers feel included, and more. | *"As a late added handler, I did not have the opportunity to go to "dog camp" for a week to learn all about their upbrining* [sic] *and training"* |

**Table 8 (cont.)**

*Summary of Ways Facility Dog Organization Could Have Better Prepared Facility Dog Handlers*

| Theme | Subthemes | Description | Sample Quote |
|---|---|---|---|
| | Asynchronous Learning Opportunities and Resources | Responses including providing reading materials, providing a database for interventions, and more. | *"I think it would be so great to compile resources from various hospitals and programs to share with handlers at training camp. Maybe on a USB or in an easy format to give new handlers support, resources, and ideas from the beginning."* |
| | Longer Training Process | Responses including a preference for longer training camps. | *"While I wish we had the two full weeks of training they did their best to get us a dog and only with a month delay."* |
| Handler Support | Receptive to Handlers Learning Needs | Responses including one-to-one practice with organization staff, encouraging handler confidence, and more. | *"Perhaps the opportunity to practice one on one with a trainer, rather than always doing it in a group setting."* |
| | Pre- and Post-Training Support | Responses including providing clearer expectations, being present as the dog integrates, and more. | *"Be more present throughout the orientation of the facility dog within the hospital."* |

## Appendix A

## Recruitment Flyer

# Appendix B

## Informed Consent and Qualtrics Survey Questions

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### Paws for Reflection: Exploring Education & Training Pathways of CCLS Facility Dog Handlers

Start of Block: Informed Consent

Consent Welcome Certified Child Life Specialist facility dog handlers!

My name is Kelbe Davies and I am a student in the Human Development and Family Science Department at the University of Georgia, under the supervision of Professor Stephanie Whitten, MS, CCLS. I am inviting you to take part in a research study.

I am doing research on the learning experience of Certified Child Life Specialist (CCLS) facility dog handlers. This study will examine the education and training backgrounds of CCLS facility dog handlers and identify gaps in the learning and preparation experiences of CCLSs seeking to become facility dog handlers. The information gained in this study will invite leaders to develop potential methods by which those gaps could be addressed.

I am looking for current or former Certified Child Life Specialists who identify as current or past facility dog handlers, are 18 years of age or older, and work at a healthcare setting located within the United States.

If you agree to take part in this study, you will be asked to complete one online survey including 4 eligibility screening questions, 7 multiple-choice questions and 12 open-ended questions. The survey can be done from any remote location and will take you approximately 20 minutes to complete. You can skip any questions if you do not wish to answer them.

Participation is voluntary. You can refuse to take part or stop at any time without penalty. Your decision to participate will not affect any benefits you are otherwise entitled to or other activities that are otherwise conducted. There are no known risks associated with this study. There are no known anticipated direct benefits to participants. This study will benefit the field of child life, and healthcare overall, by providing more complete information regarding the education and training of CCLS facility dog handlers. This information will lead to improved patient care, enhanced use of facility dogs, cost-efficacy, normalizing continuous improvement within programs, and general knowledge advancement of facility dogs and CCLS facility dog handle

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The data collected in this survey via the Internet will not include any direct identifiers including but not limited to names and IP addresses.

Your confidentiality will be maintained to the degree permitted by the technology used. This research involves the transmission of data over the Internet. Every reasonable effort has been taken to ensure the effective use of available technology; however, confidentiality during online communication cannot be guaranteed.

If you are interested in participating or have questions about this research, please feel free to contact me by phone at 989-408-7205 or by email at kelbe@uga.edu. Additionally, you can contact Prof. Stephanie Whitten by phone at 256-335-2383 or by email at stephanie.whitten@uga.edu. If you have any complaints or questions about your rights as a research volunteer, contact the IRB at 706-542-3199 or by email at IRB@uga.edu.

Do you agree to participate in this research study?

- ○ Yes
- ○ No

*Skip To: End of Survey If Welcome Certified Child Life Specialist facility dog handlers! My name is Kelbe Davies and I am a... = No*

End of Block: Informed Consent

Start of Block: Eligibility Questions

E1 Are you over the age of 18?

- ○ Yes
- ○ No

*Skip To: End of Survey If Are you over the age of 18? = No*

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E2 Do you or did you work at a healthcare facility located within the United States?

- Yes
- No

*Skip To: End of Survey If Do you or did you work at a healthcare facility located within the United States? = No*

E3 Are you, or were you, a Certified Child Life Specialist?

- Yes
- No

*Skip To: End of Survey If Are you, or were you, a Certified Child Life Specialist? = No*

E4 Do you identify as a current or past facility dog handler?

- Yes
- No

*Skip To: End of Survey If Do you identify as a current or past facility dog handler? = No*

End of Block: Eligibility Questions

Start of Block: Multiple-Choice Questions

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M1
What region of the US are you located in? (as per U.S. News)

- ○ Pacific
- ○ Rocky Mountain
- ○ Southwest
- ○ Midwest
- ○ Mid-Atlantic
- ○ New England
- ○ Southeast

M2 Which of the following best describes your work environment?

- ○ Children's Hospital
- ○ Adult Hospital
- ○ Community-based
- ○ Education Facility
- ○ Other _____


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M3 How many years have you been, or were you, a CCLS?

- ○ 0 to 2 years
- ○ 2 to 5 years
- ○ 5 to 7 years
- ○ 7 to 10 years
- ○ 10+ years

M4 What is your Bachelor's degree in? Select all that are applicable.

- ☐ Child Life
- ☐ Human Development and Family Sciences/Studies
- ☐ Psychology / Child Psychology
- ☐ Education
- ☐ Recreation / Art Therapy
- ☐ Other _____


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M5 Do you have a Master's degree?

- ○ Yes
- ○ No

*Display This Question:*
*If Do you have a Master's degree? = Yes*

M6 What is your Master's degree in? Select all that are applicable.

- ☐ Child Life
- ☐ Human Development and Family Sciences/Studies
- ☐ Education
- ☐ Psychology
- ☐ Healthcare Administration
- ☐ Other _____


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M7 At which point in your education did you complete the ACLP eligibility requirements? You may have completed them at different times, so feel free to select more than one answer.

- ☐ College
- ☐ After College Graduation (no graduate school)
- ☐ Between College & Graduate School
- ☐ Graduate School
- ☐ After Graduate School
- ☐ Other _____

M8 How many years have you been, or were you, facility dog handler?

- ○ 0 to 2 years
- ○ 2 to 5 years
- ○ 5 to 7 years
- ○ 7 to 10 years
- ○ 10+ years

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M9 How many facility dogs work at your healthcare facility?

- 1-2
- 3-5
- 6-8
- 9+

End of Block: Multiple Choice Questions

Start of Block: Open-Ended Questions

O1 When did you first hear about facility dogs?

_____

O2 In what setting did you learn about facility dogs?

_____

O3 How were you selected to be a facility dog handler?

_____

O4 Briefly describe any in-house training received prior to your first day on the job with your dog? If you did not receive any in-house training, please state so.

_____

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O5 What training did you receive from the organization that your facility dog came from? If you did not receive any training from the organization, please state so.

_____

O6 How well prepared did you feel on your first day working with your dog at your healthcare facility?

_____

O7 What do you wish you knew before becoming a facility dog handler?

_____

O8 What did your healthcare facility/leadership team do really well to prepare you to be a facility dog handler?

_____

O9 What could your healthcare facility/leadership team have done better to prepare you to be a facility dog handler?

_____

O10 What did the organization that your facility dog came from do really well to prepare you to be a facility dog handler?

_____

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O11 What could the organization that your facility dog came from have done better to prepare you to be a facility dog handler?

_____

O12 What is one suggestion that you have for future CCLS facility dog handlers?

_____

End of Block: Open-Ended Questions