

“Dr. Murphy is In”- The Therapeutic Value of Pets in Therapy Sherri Snyder-Roche, MA, LMHC



Meet Dr. Murphy

Murphy is a four year old golden retriever who, at over 100 pounds, looks more like a miniature horse than a dog. His head is the size of a cat or small dog. He was born in my home, the largest from a litter of eight pups. From the beginning, he was a gentle soul and I knew he would be an amazing “therapy dog”. He has been coming with me to my psychotherapy office since he was eight weeks old. I started bringing him to the office once to twice a week so he could get used to his new role. From the beginning, I noticed a significant change in the environment when he was present. Not just the: “Awwwwwww... how cute!” but I noticed that teens put down their cell phones and got down on the floor with the dog, adults relaxed and smiled, body postures changed, active children were calmer, and strangers interacted and shared their pet stories with one another. It felt like more of a community than a waiting room.

While Murphy is not a *registered* “Therapy Dog”, I was diligent in my training with Murphy. I currently have six adult dogs at home, have had seven litters of golden retriever puppies and have done quite a bit of reading on the subject. With each litter I learned more about “animal behavior” and raising calm pups. At “puppy nap time”, for example, I played relaxing classical and new-age music. Frequent visits from my nieces helped the puppies become used to being with children. I learned that rubbing their tiny paws and ears helps them to become more accustomed to being touched. We began teaching commands at five weeks old. And we had them paper-trained by eight weeks. Everyone who purchased a puppy commented on how gentle they were. One woman, who was blind, had purchased a puppy as her guide dog. She calls every year to thank us and tell us that it the BEST golden retriever she has ever owned. But out of all the puppies, we held on to Murphy. He was special from the beginning.

I am a licensed psychotherapist and have had a private practice in Mendon, MA for eleven years. I began bringing Murphy to work with me when he was only eight weeks old. I taught him clear “expected work behavior”. He never barked, piddled, or jumped on people while at the office. But he was always incredibly gentle. When he was still little, I pulled him by his paws, sometimes I wiggled his ears around or flopped his jowels, wiggled his tail to show the kids how gentle he was. He would just sit or lay there like a rag doll, sometimes by my side and sometimes right smack in the middle of the hallway. I started him on harness and leash, but gradually allowed him to follow me around unleashed. He was donned with a variety of colorful bandanas. We jokingly called him the “office greeter”, as he would lay by the front door patiently awaiting his next “visitor”. Murphy became part of our community. Several children made “**Dr. Murphy is in**” signs and brought him gifts. Children, teens and even adults would request coming on a “Murphy Day” because they “needed him” during their sessions. Before the end of the first

year, local pediatricians heard about “Murphy” and began referring children with “animal phobias” or anxiety to me.

Anna *, five years old, was petrified of all animals, and her parents were unable to take her out of the house if there was any kind of animal in eye-shot. With great enthusiasm, I told the mom that I had started bringing my very gentle puppy into the office, and that Murphy would be of great assistance to helping her daughter. The mother was very hesitant but agreed to bring her daughter. For about the first 3 to 4 months, the little girl was unable to even look at Murphy, screaming if she saw a part of his tail. The little girl and her mother stayed in the waiting room while Murphy and I remained on the other side of the wall. Each week, Murphy and I crawled a little closer, and I would wave Murphy’s paw, ear or his nose around the corner of the wall. When she would start crying and screaming, I started singing “Old McDonald” with her to help decrease her anxiety. Every time she cried, the three of us sang together, until she was calmer and took another step closer. I took photos of Murphy and let her take them home. The little girl would bring gifts for Murphy: a squeeze toy, new bandana or a drawing. Over these months, she began calling Murphy “her best friend”. I was eventually able to take a photo of both of them *together*. Gradually she was able to be in the same room with him and eventually, she even laid her head on Murphy’s cuddly torso. Murphy seemed to sense her anxiety and remained still while she slowly made her way toward him. Her parents contacted me to end “treatment”, thanking me (and Dr. Murphy) for the tremendous progress their daughter had made. They told me that their daughter was now able to go out of the house when there were animals, and they even talked about getting their own dog.

Katrina * experienced a severe fear of dogs, although that had not been the reason she came for counseling. One evening, she arrived at my office, saw Murphy and froze at the entrance. I called Murphy into my office and held him (he seemed to sense when someone was afraid). He stayed tight by my side. I gently supported her and telling that I knew she would be okay and Murphy would not hurt her. She continued to shake her head “no no”. Over the next 40 minutes, I encouraged her to take miniscule steps toward me. After each step we changed the subject, joked around, and then I would invite her to take the next tiny step. When she was at arms’ length away, I invited her to reach down and touch Murphy’s tail. I continued to praise her courage and reminded her to breathe. I next asked her to touch Murphy’s paw. She bent down and rubbed his paw, then his tail, and then rubbed his side. Murphy remained completely still as if he sensed that she was anxious. He seemed to allow **her** to lead the pace of the relationship. She stood up, smiled with such pride, then ran into the waiting room to share her success with her mother. As she was leaving, she asked when Murphy would be here next. When she left, she told her mother in the car, “I trust Sherri”.

The research about the multiple levels of positive impact of pet therapy (and animal-human relationships) is amazing. The Baker Medical Research Institute in Melbourne, Australia, showed that the health benefits were more far-reaching still. A study of some 6000 patients revealed that those with pets had lower blood pressure, a lower cholesterol level and as a result, a diminished risk of heart attack. And American researchers have established that, even after a heart attack, pet owners are more likely than other coronary patients to be alive a year later (Reader’s Digest, August 2000).

According to their website, at several of the UCLA Medical centers, pet therapy has been utilized since 1994 when the Person-Animal Connection (PAC) program was established. “Dogs are naturally interactive and provide relief from long days in the hospital, helping patients to shift their focus from discomfort to enjoyment. The animals’ unconditional love and attention brighten everyone’s day - patients, visitors, and staff alike. Medical research has shown that AAT/A brings about physiological

signs of relaxation such as decreased blood pressure, heart rate, and respiratory rate. In addition, AAT/A stimulates activity in Alzheimer's patients and in physical therapy and rehabilitation." These canine-volunteer teams visit more than 500 patients each week. They have made over 80,000 visits since its inception in 1994.

According to research by Anna Gawlinski, R.N., D.N.Sc., and Neil Steers, Ph.D, cited in the American Heart Association, 2005, AAT (Animal Assisted Therapy) heart failure patients who had been exposed the AAT, showed decrease blood pressure, reduction in anxiety, quieting of people's minds, and drop in stress hormone levels by an average of 24%. There have been numerous research studies completed that show both a positive medical/physiological and mental/emotional effect from AAT. Several research studies have been conducted at Massachusetts General Hospital. One such study was done in 2010 by [Palley LS](#), [O'Rourke PP](#), [Niemi SM](#) who supported mainstreamin AAT into the medical treatment. In another study researchers found that children who received AAT and visits from therapy dogs experienced a marked reduction pain levels (Complementary Therapies in Clinical Practice, May 2009).

Animal Assisted Therapy, Pet Therapy, Canine Assisted Therapy, Equine Therapy have been on rise and more accepted in the medical and mental health fields of late in a variety of settings. If you do a search online, you will find dozens of articles, websites and books on the subject. I have listed some of my favorites at the end of the article). Pet Therapy programs are cropping up across the states. It is being used in mental health settings, hospitals, with autistic children, with soldiers returning from war, in residential settings, prisons, senior centers, those suffering from PTSD. In fact, I recently found out that my cousin runs an Equine Therapy Program in Minnesota called "Hold Your Horses".

Here are some stories from my office:

Scotty* experiences social anxiety and has difficulty socializing with peers. He quickly took to Murphy and requested "Murphy appointments". During his visits, Scotty would brush Murphy gently. With each brush stroke, he became more and more relaxed eventually laying beside the dog. There was no communication gap between them, only complete mutual acceptance. As he lay there face-to-face with Murphy, he said, "Murphy loves me". I didn't tell him this, but everyone at the office says the same thing: that Murphy loves them. The most wonderful feeling in the world is to feel and be loved. Don't we all just want to be loved and accepted?

Maureen* a woman with a trauma history, requests to come on "Dr. Murphy Days". She says "Murphy knows when I'm hurting, when I need affection and attention". When Maureen cries, Murphy wakes from a deep sleep and gently edges closer to her to comfort and lick her tears. He seems to sense others' pain. She gently strokes Murphy and the tears flow down her cheeks. No words are needed. Murphy "holds her pain".

Spencer*, who had never seen a dog close-up before, was anxious when he had first met Murphy. He had been so anxious that he just stood at the entry way of the office, unable to move. Within five minutes, Spencer was gradually able to touch Murphy's nose, pet him, and even brush him. Apparently, when he later arrived home, he told his brother about "his new friend". Months later, the boy and his brother came to the office. The boy told his brother with excitement, "Murphy is here!!". The brother looked at the dog, and said to his brother, "I thought you meant a *friend*, not a dog". The boy's response was, "Murphy IS my friend". But everyone who enters the office is Murphy's friend. They enter the office, see Murphy, and excitedly say, "*Yeah! Murphy is here today! He loves me!*" Does Murphy sense that this is what they need?

Unconditional love is a basic human need. The unconditional love and acceptance that an animal can provide a human may offer healing of unresolved emotional injuries, and healing of irrational fears and anxieties. The animal (pet) does not judge, does not exclude, does not criticize – only accepts and provides love. The animal has no expectations, does not hurry through life, lives in the moment, and shares that moment with the human. There is no yesterday or tomorrow. There are no worries. *We have so much to learn from them.* I have learned a lot from being with and watching Murphy. I realize that not every dog is like Murphy and that he has some “special” qualities. Clients have repeatedly commented to me, “Murphy just seems to KNOW how I’m feeling”. He is constantly patient and “in the moment”. He does not rush from one experience to the next. He doesn’t have bad days or good days – every day is the same to him.

But not every dog or pet can be or is a “Dr. Murphy”. What does it take to be a therapy dog? This article provides some excellent information: www.akc.org/pdfs/therapy_dog/healing_touch.pdf There is more information on the AKC (American Kennel Club) website. The AKC has developed standard “the canine good citizen behavior” expectations, which are often used as standards for Therapy Dog expected behaviors. Another program called the CHIMO Project has developed:

Elements of the Obedience Test for small and large animals:

- Accepting a friendly stranger – allows a stranger to approach and speak to the handler
- Accepting petting – canine accepts evaluator/stranger to pet the animal
- Accept examination – evaluator will look in eyes, ears, at the teeth and pick up each front foot
- Out for a walk – animals walk (on leash) as they would on a visit*
- Reaction to distraction – the animal is confident when faced with noise and visual distractions
- Relationship – the evaluator looks for a strong bond between the animal and handler
- Any canine that growls, barks, snaps, bites, or lunges at a person will be considered unsuitable for animal-assisted therapy in a mental health setting. Any canine over 10 lbs that touches anyone with his teeth or feet will be considered unsuitable for animal-assisted therapy in a mental health setting.

www.chimoproject.ca/chimo/obedience-test Chimo Animal Assisted Therapy, in Canada

If you are considering bringing your pet to work, I would recommend doing your research first! Carefully reading the articles noted and assess your canine’s ability to complete “expected behaviors” before hand. If the “wrong dog” comes to work, it could be a disaster.

There are only a few “downsides” of having Murphy at work. Not all people like dogs, (but only one person has actually complained so far). Some people are allergic. Some do not want dog hair on their nice suits. Many come prepared! Some clients actually bring their allergy medicine or bring a lint brush with them knowing that Dr. Murphy might be there. Dogs do smell like dogs and there is no hiding that. And dog-breath comes along with the dog. I try my best to brush his teeth, brush him, and bathe him, spray him with doggie cologne, but there is no doubt that Murphy still smells like a dog. Vacuuming and keeping up with the doghair is a constant effort. Even though I only bring him once or twice a week, so far, we have gone through several vacuums in the past four years. I try to prepare my clients before they arrive. Most people are thrilled. Murphy is part of our community now. If anything happened to him, it would affect the “community”. Everyone knows and loves Murphy. Would do this again? ABSOLUTELY! The benefits seriously outweigh the downsides.

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There are several **wonderful** books illustrating more of these stories.

“The Compassion of Animals” by Kristin Von Kreisler is one such book of short stories. One chapter specifically explores animals’ “Kindness to Kids” and another chapter on animals as “Natural Caretakers” where animals have “sensed” a need of a child or adult and shown extraordinary compassion, comforting and kindness.

“Dogs Never Lie About Love” by Jeffrey Mousaieff Masson

Until Tuesday: A Wounded Warrior and the Golden Retriever Who Saved Him, by Luis Carlos Montalvan (An amazing story about a war veteran "*Until Tuesday* explores the unique bond that can occur between dogs and people that ennobles both. This book is a moving tribute to the courage and perseverance of a man as well as the love and the devotion of a remarkable and unforgettable dog.")

“The Bond: Our Kinship with Animals” by Wayne Pacelle

“Healing Companions: Ordinary Dogs and Their Extraordinary Power to Transform Lives” by Jane Miller

“Paws and Affect: The Healing Power of Dogs” by Sharon Sakson

And for those of you interested in the “research” side, additional readings:

Chandler, C. (2005) *Animal Assisted Therapy in Counseling*, Routledge Publishing, 2005

Transformation of the Heart: Tales of the Profound Impact Therapy Dogs Have on Their Humans
by Teri Pichot

And some great websites:

www.theoaklandjournal.com/features/therapeutic-dogs-help-heal

www.AnthroZoology.org (an organization which researches the animal-human interaction)

www.PennysfromHeavenFoundation.org (an organization that connects therapy dogs and provides services to our returning wounded servicemen and women, children testifying to sexual and physical abuse, and various hospitals.

** All clients’ names and details have been changed to protect their privacy and identity.

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Murphy's daddy (Hunter) at 8 weeks



Murphy at age one.