**Social Skills Intervention:**

**Animal-Assisted Intervention in the Classroom**

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**Animal-Assisted Intervention as a Social Skills Intervention:**

Social skills interventions [assume] that problems in social interaction are a result of inadequately developed knowledge of relevant social rules [and] as a result, social skills programs have focused on training individuals in socially relevant behaviors such as communication skills, assertiveness, negotiation skills” (Sudhir, 2013) and self-regulation. With lower-functioning demographics, additional focus is made on communicating “wants” and “needs” to convey emotions and/or desires to mitigate potential frustration which can manifest into perceptible aggression. The basic elements to social skills interventions rely on the development of communication skills and the receptive ability to process both verbal and non-verbal human communication deeply rooted in social and peer interactions.

Gresham (2015) asserts that “social skills function as academic enablers and contribute to higher academic achievement [and] children and youth with or at risk for emotional and behavioral disorders (EBDs) present substantial challenges for schools, teachers, parents, and peers [and] social skills interventions have been shown to be effective for this population [with] about 65% of students with EBD [improving] when given social skills interventions.”

When we examine the relevant deficits which occur almost concurrently between individuals diagnosed with autism spectrum disorder (ASD), emotional behavioral disorders (EBD), developmental disabilities, traumatic brain injuries (TBI), post-traumatic stress disorder (PTSD), and anxiety disorders, we find similarities in how information is, or more importantly, is not processed by the human brain, as well as related communicative difficulties due to deficits in how verbal and non-verbal communication is processed, compounded by anxiety and stressor triggers which impact individualized responses. Individuals with such diagnoses may “lack some of the basic prerequisites for effective social skills training to occur, such as motivation, ability to transfer knowledge to natural settings, and self-regulation, [to which] social skills training include skills to improve conversational ability, assertion, amount of interaction, and personal appearance” (Sudhir, 2013). Furthermore, “social skills training has been carried out using prompts, fading, reinforcement contingencies, modeling, shaping, time out for inappropriate talk, feedback, self-management, problem solving, role plays, and social problem solving [as well as] discrimination training, rehearsal, and practice” (Sudhir, 2013).

In a classroom setting, teachers implement at all grade levels, some form of social skills intervention or maintenance, whether it be preschool, elementary school, middle school, or high school. The social interactions relied upon through academic activities and SEL lessons as a classroom or in small groups allow students who may struggle with social deficits and behaviors and self-regulation, to interact with their peers on a level of continuity that spans 13-years of life in a similar setting. Nicole Eredics (N.D.) on “Reading Rockets” asserts that “research and experience has told us that having social skills is essential for success in life [and] inclusive teachers have always taught, provided and reinforced the use of good social skills in order to include and accommodate for the wide range of students in a classroom.” This method of intervention focused on inclusivity allows classrooms to provide students with a representation of the diversity of the real world, and integration of social emotional lessons (SEL) allows students to understand that all people may be different, but we are still connected and able to communicate.

“Social skills interventions (SSIs) are one of the most commonly utilized treatment approaches for autistic individuals across the lifespan, with the goal of mitigating negative impacts of the social communication differences associated with autism, including peer rejection, social isolation, and poor [mental health](https://www.sciencedirect.com/topics/psychology/mental-health)” (Moody et al.; 2022). Peer, group, and social interactions are fundamental to the development of students and individuals with ASD and EBD, and the ability to engage and interact with others provides the most pivotal integration of foundational social skills that will instruct and guide individuals for the rest of their lives.

Animal-Assisted Intervention (AAI) in a classroom can be a groundbreaking and foundational social skills program that will provide a gateway to mitigate social isolation and communicative deficits by increasing social interactions, decreasing anxiety, increasing positive moods and behaviors and a desire to interact and engage with both humans and animals. Temple Grandin’s story provides insight into the connection she had with animals, specifically horses and cattle. “The therapeutic use of animals has been debated for decades, and its use explored in a variety of settings and populations” (Bert et al.; 2016). Furthermore, “animal-intervention programs [have] suggested various benefits such as reducing stress, pain and anxiety [and] the human relationship with animals can be useful and relatively safe” (Bert et al.; 2016).

Animal-Assisted Intervention may be implemented in a classroom or in small groups, in an educational setting or in a clinical setting, it can be implemented with students in age groups from preschool through high school, as well as with adults. Animal-Assisted Intervention with populations of students with ASD and EBD and anxiety disorders can be beneficial in creating a social skills and positive peer interaction learning environment conducive to long-term social and emotional learning that can directly align with curriculum and engage students in real world relationship building and communication. Having utilized AAI in an educational setting, results have included an increase in academics and positive peer interaction and engagement, greater levels of socialization within a classroom environment, a complete cessation of negative behaviors including aggression and elopement, an interest in something other than technology, verbal communication, sharing, and a desire to learn more about the specific animal being utilized. The current Animal-Assisted Intervention Program I have created and implemented successfully relies on the use of Conures. Birds, especially parrots require handling and interaction at an early age to tame them into being able to be handled, along with regular and frequent handling and interaction, very little additional efforts are needed to implement an Animal-Assisted Intervention with Conures. The Conures I have trained wear diapers and interact with students for the entirety of the day, when I am working in a classroom setting, whether it is general education, resource, EBD, CLC, FLC, or life skills. The spans of time for interaction are easily limited to maintain academic progress and daily routine, and AAI of this nature is not always an intervention that is utilized on a daily basis. An understanding of animal behavior is a benefit, but not necessarily a requirement or a prerequisite.

The use of Animal-Assisted Therapy (AAT) has been implemented successfully in educational settings as well as hospitals and other environments for decades, with great benefit to those who receive such intervention. “Animal Assisted Therapy (AAT) is a health intervention, meant to improve physical, social, emotional or cognitive functioning, with animals as integral part of the treatment [and] the therapeutic use of animals [has been] argued for decades and many associations employ [such] interventions in order to improve care” (Bert et al.; 2016). Additionally, “the interest shown by the scientific community is proven not only by the amount of articles published (432 articles), but also by the specific trainings offered by many universities and in particular by the inception of specific law to regulate this practice” (Bert at al.; 2016).

Pet Partners (an organization dedicated to improving people’s health through the interaction with animals) further “pointed out differences between AAT and Animal Assisted Activity (AAA), [which is] less structured and mainly composed by pet visitation” which is in stark contrast to AAT, which comprises of “sessions [that] are strictly organized considering both the activity type and the duration” of such activities. Furthermore, “each AAT session presents individualized goals and is conducted by specifically trained couples (handler and animal)” (Bert et al.; 2016). Bert et al. (2016) further asserts that “animal interventions have been studied for different pathologies including mental disorders and cancer [and] some interventions focused on frail patients [such] as [the] elderly or children [and] AAT and AAA are implemented in different settings [such as] hospitals, nursing homes and schools.”

Animal-Assisted Therapy (AAT) and Animal-Assisted Interventions (AAI) are “a therapeutic intervention that incorporates animals, such as horses, dogs, cats, and birds, into the treatment plan.” Such treatment plans and/or programs are structured based upon the individuals receiving the intervention and the environment and potential disabilities involved. In the implementation of such a program “the client, therapist,” or teacher and students “and [the] animals” (I typically introduce two to four Conures into my classrooms) “work together in therapeutic” and/or educational activities “that are outlined in a treatment plan” or program which contain “clear [goals](https://www.psychologytoday.com/us/basics/motivation) for change, measurable objectives, and the expectation of identifiable progress toward the treatment goals” within such a program or intervention. “The therapy can take many forms, based on the patient, [the student and environment] the animal, and the goals for treatment.” The use of “Animal-assisted therapy is used to enhance and complement the benefits of traditional therapy” and intervention. CHADD (2023) asserts that “interventions for peer relationships are a critical component of treatment for children with ADHD [who often] have serious problems with peer relationships [and] children who overcome these problems do better in the long run than those who continue to have problems with peers.” Furthermore, “there is scientific basis for child-based treatments for ADHD that focus on peer relationships [and] these treatments usually occur in group settings outside of a therapist’s office.” Having worked directly with such students with ADHD in an educational setting in a resource classroom, and witnessing changes in attention and focus and energy level due to controlled interactions with birds supports such assertions made by organizations like CHADD.

The implementation of an Animal-Assisted Intervention that incorporates small parrots such as Conures is basic, relying on simple handling and minimal interactions in a classroom setting, while utilizing additional social skills interventions concurrently, including systematic teaching of social skills, social problem solving, teaching behavioral skills that include rules and self-regulation techniques, decreasing undesirable and antisocial behaviors, and developing close relationships with peers. Animal-Assisted Interventions are useful in managing and addressing conditions such as “stress, anxiety, depression, autism, ADHD, addiction, Schizophrenia, emotional and behavioral disorders in children, Alzheimer’s disease, and even some medical conditions” (Psychology Today/Sussex Publishers; N.D.).

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