Implementing Robotic Pet Therapy in Continuing Care for Persons Living with Dementia in Canada: Tips for Care Providers



Depending on the resident, a facilitator (such as a care staff member, family member, or friend) may be necessary for interactions with robotic pets and residents to occur successfully





Before Implementation

1 Things to Consider



Using robotic pets may:

- Increase care staff's feelings of joy, well-being, comfort, and satisfaction and increase residents' QoL
- Be used for residents' walking rehabilitation
- Be combined with daily care activities

Robotic pets may be used with residents who:

- Have a range of cognitive abilities (such as dementia), mobility challenges, or repetitive behaviours
- Are socially isolated, agitated, or anxious
- Need the robotic pet in the moment, or as indicated in their care plan
- Use your social skills to evaluate and shape robotic pet interactions
- Re-approach residents later who initially do not show interest in robotic pets



Actions to Take

Assessments to conduct:

- Intake assessment (to know a resident's interests and preferences for animals)
- Functional assessment (conducted by an occupational therapist to assess residents for robotic pet use)





- Family members for approval to use robotic pets if residents can't consent
- Other care staff to coordinate interactions

Training:

- Receive training before using robotic pets
- Be prepared for conversations where residents question the realistic appearance of the robotic pet



During Implementation

Things to Consider



Robotic pets may assist you with navigating residents' activities of daily living by reducing behaviours that disrupt these







- Have a protocol in place, should robotic pets run out of batteries; do not replace them in front of residents
- Avoid statements like "Can you watch this pet for a few hours?", which may overwhelm residents.

Actions to Take Introductory techniques:



Try to hold the robotic pet like a real pet and in a way that gets the attention of residents. Position yourself to be the same level as residents

 Discreetly turn the pet on/off, place the pet within the resident's reach, sanitize resident's hands before group interactions, approach residents slowly, introduce the pet in a neutral manner ("Look at this!") rather than drawing attention to the fact that it is

Personalize each interaction:

robotic

- Follow the resident's lead about whether the robotic pet is real or not, enter their reality
- Name the robotic pet something related to the resident's history

Additional Tips:

- Watch residents for agitation
- Console residents who may worry that the pet will escape or bite them
- Turn the pet to 'mute' if the environment is noisy
- Follow infection, prevention, and control protocols during outbreaks
- Assess how residents with violent/aggressive behaviour respond to robotic pets before leaving them alone with one









Skillfully beginning a robotic pet interaction



is just as important as skillfully ending an interaction

Robotic pet use over time may:

- Motivate you to use robotic pets more if you notice they increase residents' quality of life
- Help you learn more techniques to optimize interactions between residents and robotic pets



Actions to Take

- Robotic pets may be stored in a safe location when not being used to prevent something from happening to them
- Robotic pets may be left with residents if appropriate
- Trained care staff should clean robotic pets according to a cleaning protocol, and maintain the appearance of pets (i.e., brushing them, removing debris, cleaning them when soiled)
- Continually monitor the appropriateness of robotic pets for each resident as their needs/abilities/preferences may change over time

To find a complete list of implementation tips:

Scan this QR code



This implementation guide is the outcome of a scoping review followed by a modified Delphi which identified barriers and facilitators to using robotic pet therapy for persons living with dementia in continuing care settings (CHREB: REB24-0652). This research was conducted at the University of Calgary and was funded by the Canadian Institutes of Health Research and the UCalgary Brenda Strafford Foundation Chair in Geriatric Medicine.