Introducing animatronic (“robotic”) pets into facility-based continuing care programming: Practical implications for delivering care to residents living with dementia

Brooklynn Fernandes, David Hogan, Jennifer Hewson, Nicole Baker, and Ann Toohey

1Dept of Community Health Sciences, Cumming School of Medicine; 2Faculty of Social Work, University of Calgary; 3Brenda Strafford Foundation

BACKGROUND

• In 2018, Ageless Innovation LLC introduced Joy for All® robotic cats and dogs for individuals with cognitive impairment
• Robotic pets are now often found in long-term care settings
• To date, researchers have focused on measuring therapeutic impacts of robotic pets for residents with dementia
• Little research focuses on the practical considerations to guide their introduction to residents

OBJECTIVE

To understand the practical implications of introducing a new robotic pet program for residents with mild-to-moderate dementia living in a continuing care setting.

METHODS

Sample includes members of a recreation therapy team at a continuing care facility in Calgary

Data from a longitudinal series of qualitative group interviews (3 interviews from July 2022 to December 2022) and ethnographic observational data

HELPFUL TIPS

Intake assessments are helpful for establishing a history of the resident which will inform best practices for therapeutic interventions as this may identify past trauma related to animals.

3 out of 4 team members recommend cats. The cats come across as more realistic in size and posture and are often preferred among residents. Dog-people also tend to enjoy the cats.

Successful techniques for introducing the pets include giving the resident a task (“Can you watch my pet?”) or letting the resident initiate an interaction out of interest or curiosity.

Placing the robotic dog on the resident’s walker to take it for a walk may encourage the resident to move around which also may help facilitate socialization with other residents.

It is useful to become familiar with the robotic pet before going into an interaction by reading the instruction manual and testing them out independently.

PRELIMINARY FINDINGS

CHALLENGES

Some residents may make choices that put their safety at risk, such as holding the robotic pet rather than a walker. Some residents may want to hold the pet during exercise, inhibiting physical activity.

Robotic pets that stay with residents during isolation (e.g., due to COVID-19) will need to be thoroughly sanitized. A cleaning protocol should be in place.

The robotic dogs require more facilitation by recreation therapists or family members, as they must be creative in answering why the dog is not playing/running around.

Introducing robotic pets in a stimulating environment may cause adverse reactions. The pet can be switched to ‘mute’ which may mitigate this but can also enhance the resident’s anxiety around the pet’s well-being.

Residents who see robotic pets that look like their pets or real pet may become attached. This may cause challenges if others try to interact with the pet.

NEXT STEPS

• Further analysis will be conducted to develop practical considerations when working with robotic pets and residents with dementia
• Evidence-informed practices will be made available for practitioners to reference, which may enhance the efficacy of introducing robotic pets within facility-based care settings.
• In addition to working with a recreation team, a scoping review of published literature on this topic is underway to explore the practical and relational dimensions of introducing robotic pets to older adults

FUNDING

Brooklynn Fernandes was funded by an Alberta Health Services Provincial Seniors Health and Continuing Care 2022 Undergraduate Summer Studentship award and by the Brenda Strafford Foundation (BSF) Chair in Geriatric Medicine at the University of Calgary. This project was also supported by a SSHRC Partnership Engage Grant (#892-2922-0013) held by Dr. Ann Toohey.

REFERENCES