

More Than Just Companions:  
The Role of Animal Assisted Therapy In Prevention, Health, and Wellness  
*Student Materials*



by

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### **Introduction**

This exercise is designed to introduce you to Animal Assisted Therapy (AAT). This exercise is not designed to train you to utilize AAT; rather, it is intended to teach you about the potential health benefits of AAT and the interdisciplinary applications of AAT to prevent and treat a variety of healthcare concerns. Further, you will gain awareness of the complex considerations involved with human-animal interactions. You will explore the potential advantages, applications, ethical considerations, and limitations of incorporating AAT into healthcare and human services treatment settings.

This exercise will give you the chance to learn by engaging in group discussions and through teaching others.

Following this exercise, you will be able to:

- Define Animal Assisted Therapy (AAT) and explain ways in which AAT is different from other types of human-animal interaction.
- Describe the importance of standardized therapy animal registration processes and describe key areas of AAT provider competence.
- Discuss evidence-based research and outcomes related to AAT across multiple healthcare and human services disciplines.
- Discuss ways that AAT services could be integrated into patient treatment across a wide variety of clinical concerns.
- Identify and discuss ethical, legal, and multicultural considerations relevant to AAT.

The class will be divided into “home groups” of three. Small groups provide students the opportunity to gain depth in particular areas. Each member of the home group will be responsible for becoming an “expert” in one of three aspects of AAT. The three aspects include (1) The importance of formal evaluation and standardization of therapy animal/handler teams; (2) Evidence based research and integrations across multiple healthcare disciplines; and (3), Ethical, legal, and multicultural considerations. After the home group designates one member to

become their group's resident "expert" in one of the three aforementioned aspects, each member will leave the home group to join the "Expert Group" appropriate to his or her designated aspect of AAT. In this "Expert Group", members will utilize provided resources as well as peer discussions to learn about one of the three aspects of AAT. Each "expert" will then return to the "home group" and teach the material they have learned to members of the home group. Following this exercise, each group will have an understanding of each of the three essential aspects of AAT. The exercise will follow these steps:

- *Home Group Part 1* - Students will be divided into home groups of three. Each group will be provided with a copy of the case to review and discuss. After students have finished reviewing the case and discussing the issues, they will select one representative to become an "expert" in each of the three aspects of AAT.
- *Expert Groups* - Information will be posted at tables A, B, and C so that team experts may learn about their particular aspect of AAT. Team experts will take notes about key points of their aspect of AAT and discuss posted material with one another. Team experts will decide what to share with their home groups.
- *Home Group Part 2* - Each representative will return to their home group and teach the other members what they learned at their expert group. Each member of the home group will share what he/she learned so that the group can summarize what they know about all three aspects of AAT. Then, the group will collectively pretend to be the hospital director and make a decision about whether or not to incorporate AAT and why.
- *Full Class* - Each home group will select one representative as a spokesperson to present their summary, decision, and rationale.

### **Approximate Time Frame**

- 20 minutes to read the case study, split into groups and explain task.
- 40 - 60 minutes in groups to become class "experts" on their given category.
- 40 - 60 minutes as a whole group for each group to teach the rest of the class their given section.

### **Evaluation**

- *Participation* - Students will be evaluated on their level of participation and engagement in the activity. Keeping in mind each student has a different style of learning and engagement, small group work and the "teaching" role will give students opportunities to engage in ways they feel comfortable. Students will also be evaluated upon the quality and depth of their work in teaching the class about their given section.
- *Quality of the Summary* - Students will be evaluated on the quality of their home group's summary. A well-developed summary will include a thorough consideration of the following aspects of AAT: clinical applications, competency considerations, and ethical issues. Summaries should be both comprehensive and concise.
- *Quality of the Rationale* - Each home group's decision will be supported by a well-developed rationale. This rationale will be based on the summary and will demonstrate a thorough analysis of the potential benefits and limitations of AAT.

## **Case Study**

Dr. Heaton is the director of an integrative healthcare hospital, North Highland Hospital. She is continually looking for new and innovative ways to enhance and improve the healthcare and human services offered at North Highland Hospital. Dr. Heaton read a brief article in the local newspaper wherein the author interviewed a faculty member at a local university about animal assisted therapy (AAT). The article described how healthcare and human service providers could utilize the human-animal bond in goal-directed interventions as part of a patient or client's treatment process in a variety of ways and across multiple disciplines. Although Dr. Heaton was familiar with volunteer therapy animal visits referred to as animal assisted activities (AAA), she was previously unaware of the potential for clinical applications when AAT is facilitated or directed by an appropriately qualified human service or healthcare professional. This prompted Dr. Heaton to wonder if AAT might be a valuable option for North Highland Hospital's healthcare, physical therapy, occupational therapy, psychiatric, and mental health patients.

In this article, Dr. Heaton learned that while AAT has the potential to benefit a diverse range of treatment concerns, certain considerations must be addressed when implementing AAT. In order to examine the potential benefits, limitations, and considerations relevant to AAT, Dr. Heaton decided to hire a team three of experts in AAT to serve as consultants. Each expert consultant represents one of three considerations relevant to the application of AAT: Standardized registration processes and provider competence (Expert Group A), Evidenced-based research and outcomes associated with AAT (Expert Group B), and Ethical, legal, and multicultural considerations of AAT (Expert Group C). Dr. Heaton asked each consultant to share input from his/her area of expertise. Once pronoun has heard from all three experts, pronoun will decide whether the incorporation of AAT services is a good fit for the needs of North Highland Hospital providers and patients.

## Handout for Group A

### THE IMPORTANCE OF STANDARDIZED THERAPY: ANIMAL REGISTRATION PROCESSES, KEY AREAS OF AAT PROVIDER COMPETENCE AND NEGOTIATING WITH OTHER TEAMS

#### Registration Processes

Before working in a therapy setting the animal must complete a standardized evaluation first. Most animals must reach maturity before being evaluated, and for dogs and cats they must be at least 1-year-old. There are many evaluations for reviewing an animal's readiness for therapy work. Four models will be briefly reviewed below:

**American Kennel Club Canine Good Citizen Test (CGC).** Emphasizes the importance of training a dog to be well behaved and under control at all times. Consists of 10 exercises, in which the dog is leashed and must be obedient, under control and not exhibiting fear, aggression or shyness. While useful in guiding pet owners to train their pets to be well behaved in the community, the CGC by itself is not a sufficient credential for a volunteer or professional who desires to work alongside an animal performing animal assisted activities (AAA) or animal assisted training (AAT).

**Therapy Dogs International Testing Requirements (TDI).** Incorporates all 10 of the CGC tasks, plus some additional tasks specific to TDI, to include, and are not limited to, reaction to medical equipment and acclimation to infirmities. This assessment will assess animal readiness in working in therapeutic situations and amongst illness and ailments.

**Pet Partners Team Evaluation.** Based on the CGC but is also designed to simulate the therapeutic environment. There is a strong emphasis on assessing the animal, the handler and the interaction between the two. Delta Society considers a variety of animals, including dogs, cats, horses, rabbits, birds, farm animals, and certain small animals such as gerbils and hamsters. Aptitude and skills are assessed in this evaluation.

**Alliance of Therapy Dogs.** Formerly Therapy Dogs Inc., this organization was developed to provide registration, support and insurance for members who are involved in volunteer animal assisted activities. These activities include, but are not limited to, hospital visits, special need centers, schools, counseling sessions and nursing homes.

#### Why the Registration Process?

AAT in helping professions should be practiced only by credentialed providers with standardized training or a students in training who are being closely supervised by someone who is credentialed and has gone through standardized training. The benefits to formal training and registration in Animal Assisted Therapy include decreasing risk of injury or accident and to increase the chance of therapeutic success.

#### Key Areas of Competence

##### Knowledge.

- *Competent providers of AAT acquire specific training, assessment and supervision.* This includes provider specific coursework, knowledge of AAT specific techniques and principles, understanding of the human-animal bond and participation in supervised professional practice.

- ***Competent providers of AAT have in depth knowledge about the animal on an individual, breed and species level.*** This includes knowledge of animal training techniques and an ability to establish and maintain a strong working relationship with the therapy animal.
- ***Competent providers of AAT demonstrate integrated ethics, meaning they are aware of AAT specific ethical considerations and are able to incorporate ethical professional services with ethical AAT practice.*** This includes having an ability to recognize and discuss ethical implications of AAT, have an understanding of social and cultural factors relevant to AAT, assess multicultural implications, have an ability to maximize safety for clients and animals and effectively assess risk management.

### **Skills.**

- ***Competent providers of AAT demonstrate a mastery of general provider skills prior to integrating AAT interventions.*** This includes an awareness that AAT is not recommended for beginning-level providers and the ability to demonstrate effectiveness without the inclusion of a therapy animal.
- ***Competent providers of AAT demonstrate intentional inclusion of AAT into the helping process.*** This includes knowledge that AAT is a skillful intervention, an ability to integrate theory-based interventions and the ability to skillfully select and assess AAT interventions.
- ***Competent providers of AAT recognize that AAT is a specialty area with a learned and practiced skill set.*** This includes an understanding of the experiential nature of AAT interventions, an ability to attend to the client(s) and therapy animal(s) simultaneously, an ability to interpret the animal's responses in a therapeutic way, an ability to prevent and respond to animal stress, fatigue and burnout, proactively plan stress relief and prevention for the animal(s) and an ability to objectively assess the animal's suitability and limitations despite the provider's personal bias toward the animal.

### **Attitudes.**

- ***Competent providers of AAT prioritize their responsibility to animals in AAT and are effective animal advocates.*** This includes having an understanding that the animals involved in AAT are the provider's responsibility, respecting animal rights and animal welfare and having a recognition that animals have a right to choose their level of participation.
- ***Competent providers of AAT have a well-developed professional identity and are professional advocates for AAT.*** This includes active engagement in continuing education and professional development, engaging in regular consultation with other AAT providers, maintaining familiarity with existing and emerging AAT literature and promoting awareness of AAT.
- ***Competent providers of AAT strive toward AAT specific professional values.*** This includes enthusiasm and passion for AAT, an ability to demonstrate openness and flexibility, an ability to demonstrate a calm demeanor, an ability to demonstrate empathy for humans and animals and a willingness to embrace the experiential nature of AAT.

### **Negotiating with Other Teams**

More than ever, animals are being called on to work to work, in tandem, with providers in therapeutic environments. It is imperative to strengthen and support the provider teams, evaluators and facilities so that more people can benefit from animal assisted work. This can be accomplished by educating and raising awareness about the benefits of animal assisted work, as well as the importance of following key areas of competence. In medical settings it is important to consider confidentiality and HIPPA compliance, as well as competencies related directly to AAT. Pet Partners is the nation's largest nonprofit organization that registers handlers of multiple species as volunteer teams, which will provide animal assisted interactions. Pet Partners distinguishes itself from other programs by requiring all animals to pass a skills and aptitude evaluation every two years to remain registered as a therapy animal, a practice recommended by both the International Association of Human-Animal Interaction Organizations (IAHAIO) as well as the Society for Healthcare Epidemiology of America (SHEA). Handlers are also expected to demonstrate best practices in handling, evaluating the requirements of a therapy animal team beyond basic obedience skills.

## Handout for Group B

### EVIDENCE BASED RESEARCH AND INTEGRATION ACROSS MULTIPLE HEALTHCARE DISCIPLINES

Evidence-based research of animal assisted therapy (AAT) extends across a multitude of helping professions, including psychophysiological and psychosocial healthcare and human service disciplines. There are various ways that AAT can be integrated. The following summarizes a few key findings from evidence-based research and outcomes:

**Psychophysiological Health.** Affirmative AAT interactions improve psychophysiological and emotional health. Various evidence-based research reports positive findings, specifically an increase in endorphine and dopamine neurochemicals, which trigger positive feelings in the body (Odendaal, 2000). Odendaal reported the interaction as a “positive human-dog interaction” (2000, p. 278). Other studies report findings of a decrease in cortisol, otherwise referred to as the “stress hormone” (Adamle, Riley, & Carlson, 2009; Barker, Knisely, McCain, Schubert, & Pandurangi, 2010). Cole, Gawlinski, Steers, and Kotlerman (2004) studied patients with heart failure and concluded that AAT improves cardiopulmonary pressures, neurohormone levels, and anxiety. Specifically, the intervention included a 12-minute visitation with a therapy dog. A decrease in blood pressure among patients engaged in AAT was demonstrated in a study by Friedmann, Thomas, Cook, Tsai, and Picot (2007). The intervention included the participant speaking to the research and then sitting silently with a dog present and then without a dog present while measuring blood pressure (Friedmann, et al., 2007). Several studies report an increase in emotional health during AAT (Kaminski, Pellino, & Wish, 2002; Sobo, Eng, & Kassity-Krich, 2006; Wu, Niedra, Pendergast, & McCrindle, 2002). Specifically, findings include an increase in positive moods (Kaminski et al., 2002) and optimism (Wu et al., 2002). Sobo, Eng, and Kassity-Krich (2006) utilized three intervention levels: In the first level, the dog sat quietly with participants; in the second level, the dog would perform a trick; and in the third level, participants would walk and play with the dog.

**Mood Disorders.** AAT offers many benefits to mood disorders, including anxiety and depression (Barker & Dawson, 1998). Specifically, Tsai, Friedmann, and Thomas (2010) report findings of a reduction in state-anxiety among hospitalized children, aged seven to 17 years, who were engaged in AAT. The children were able to pet, touch, and brush the dog for six to ten minutes as the intervention. A study on adult college students with depression showed a reduction in depressive symptoms after receiving AAT (Folse, Minder, Aycock, & Santana, 1994). Various studies conclude AAT leads to lower levels of depression (Sockalingam, et al., 2008; Souter & Miller, 2007). Sockalingam et al. (2008) utilized a single case study to demonstrate unstructured time with a therapy dog leads to a decrease in depression. McVarish (1995) demonstrated that patients with depression who interacted with AAT showed greater reduction of depressive symptoms than patients who were just shown photographs of animals.

**Psychiatric Disorders.** AAT benefits patients with severe psychiatric disorders, such as schizophrenia. Various evidence-based research concludes AAT significantly increases coping abilities of patients with schizophrenia (Berget, Ekeberg, & Braastad, 2008; Kovacs, Kis, Rozsa, & Rozsa, 2004). Berget, Ekeberg, and Braastad (2008) studied a total of 90 patients with

schizophrenia and other mental disorders in Norway engaged in AAT. Participants' self-efficacy and coping ability increased over the course of the intervention (Beret, Ekeberg, & Braastad, 2008). Kovacs, Kis, Rozsa, and Rozsa (2004) studied seven patients diagnosed with schizophrenia over nine months while engaged in AAT and concluded that living and social skills increased over the course of treatment.

**Emotion Regulation.** AAT increases emotion regulation, specifically increasing self-esteem, decreasing shame of emotions, and recognition of emotions (Burger et al., 2009). Walsh and Mertin (1994) studied AAT as an intervention in a women's prison in Australia. Results reveal a significant improvement among self-esteem for the women engaged in AAT (Walsh & Mertin, 1994). AAT also positively impacts children with emotion regulation, especially those diagnosed with conduct disorder (Mallon, 1994) or at risk for academic consequences (Trotter, Chandler, Goodwin-Bond, & Casey, 2008).

**Occupational Therapy.** There is limited evidence based research on AAT within occupational therapy, yet the current literature demonstrates vast benefits of integrating AAT to increase cognition, range of motion, strength, and balance. Research demonstrates occupational therapy participants maintain longer duration of treatment when AAT is incorporated. AAT appears to motivate patients while increasing alertness and cognitive ability (Morse & Field, 1995).

**Children.** AAT provides many benefits for children. Within hospital settings, Calcaterra et al. (2015) studied 40 immunocompetent children ages three to 17 undergoing surgical procedures engaged in AAT before surgery and after surgery for a total of four hours. Pain-relieving effects of AAT were significant, as well as an increase in emotion regulation and a reduction in stress. AAT is also beneficial for children within residential facilities for emotional and behavior problems. Specifically, Mallon (1994) reported benefits of love, companionship, and affection for children with conduct disorder. On the other hand, drawbacks includes children hitting the dogs (Mallon, 1994).

**Elderly Persons.** Elderly individuals may experience difficulties due to aging. AAT provides many benefits for the elderly population. Specifically, Herbert and Greene (2001) reported senior citizens living in an assisted living facility engaged in a walking program walked further when walking a dog versus walking alone. Winkler, Fairnie, Gericevich, and Long (1989) reported an increase in social interactions between nursing home residents with the introduction of a resident dog. AAT also decreases feelings of loneliness. Further, Calvert (1989) studied nursing home residents who interacted with pets resulted in less loneliness than nursing residents who did not interact with pets. AAT has many benefits, including increasing elderly individuals' motivation to walk, social interactions, and decreases loneliness.

## **Handout for Group C**

### **ETHICAL, LEGAL, AND MULTICULTURAL CONSIDERATIONS RELEVANT TO ANIMAL ASSISTED THERAPY**

#### **Integrated Ethics**

Competent providers of animal assisted therapy (AAT) are able to demonstrate integrated ethics. Thus, competent providers of AAT are aware of AAT specific ethical, legal, and multicultural considerations and are able to incorporate those into their respective professional ethical codes. Although the specifics of such integrated ethics may vary depending on professional discipline, certain core considerations are applicable to all providers of AAT.

#### **Animal Advocacy**

Providers of AAT understand that effective animal advocacy is essential to the ethical practice of AAT and prioritize their responsibility to animals involved in AAT. Such providers understand that the welfare of the animal(s) involved in AAT is (are) the provider's responsibility. Further, AAT providers understand that animal welfare/advocacy directly impacts client/patient safety and are aware of the potential for intentional or unintentional animal exploitation. To actively address the ethical implication of animal advocacy in AAT, providers prevent and respond to animal stress, fatigue, and burnout. This means that providers must be able to identify and respond to the animal's signals and body language as well as provide for the animal's needs, both on site and in general (access to fresh water, bathroom breaks, a quiet corner for retreat, regular and appropriate veterinary care and nutrition). Proactively planning stress-relief and stress-prevention strategies for the animal(s) involved as well as immediately addressing unexpected animal stress are essential to animal advocacy in AAT. Further, a provider's ability to recognize and accurately identify the animal's body language allows the provider to continually assess a therapy animal's suitability, strengths, and limitations. Providers take steps to minimize potential harm to the animal during training and preparation exercises by using positive, non-coercive training methods.

#### **Client Welfare**

AAT providers have the ability to maximize the potential for safe interactions between clients/patients and animals. Providers are aware of the potential benefits and risks of including AAT and take active steps to minimize potential harm. Providers must recognize that AAT is not appropriate for every client/patient or presenting concern, and develop a method for screening clients/patients who may/may not be appropriate for AAT interventions. When screening clients for AAT, providers consider allergies, animal phobias, history of abuse towards animals, and history of animal-related trauma. Providers also take steps to minimize the impact of zoonotic agents and infection for both the animals and humans involved. Providers recognize the direct impact of animal welfare on client safety, thus set clear limits about client/patient conduct and behaviors towards the animal and emphasize the animal's right to choose to interact or not interact with the client/patient at any time.

**Multicultural Considerations.** AAT providers understanding the social and cultural factors relevant to AAT and multicultural implications of AAT-C. Such providers are aware that

human-animal interaction may hold different meanings across a variety of cultures and respect the attitudes of others, particularly those concerned with the animal's presence. Providers consider the multicultural implications of including AAT with clients/patients on an individual basis.

### **Best Practice Considerations**

Best practices in AAT include AAT-specific documentation and an awareness of legal issues that could impact the provider, the animal, and the client/patient. Although the specifics of such documentation will vary based on professional discipline, most providers of AAT should include certain examples of AAT-specific documentation.

**Informed Consent Document.** Clients/patients must be informed of all potential risks and benefits associated with AAT. In many cases, the potential benefits of AAT may outweigh the risks. However, animal behavior and human-animal interaction can never be fully predictable, regardless of animal or provider training and suitability. Clients/patients must agree in writing to follow the provider/handler's instructions when interacting with the animal be informed that human-animal interaction carries the following unavoidable risks: allergies, accidental scratches and bruising from play, damage to clothing, and in extreme cases if the animal feels threatened, risks could include intimidating behavior or injurious bites.

**Clinical Documentation.** The structure and content of clinical documentation varies greatly depending on a provider's professional identity. However, all AAT providers should incorporate their work with AAT into their treatment planning documentation and case/clinical progress notes. A clear rationale for the inclusion of AAT as a relevant intervention to the client/patient's treatment goals should be addressed. It is also helpful for providers to maintain current documentation of ongoing AAT consultation, ongoing animal training and evaluation, and documentation of any incidents.

**Legal Considerations.** Providers should be informed of local, state, and national laws relevant to human-animal interaction. Additionally, providers must inform their professional liability insurance carrier about including AAT into clinical practice. In addition to informed consent documents, many providers choose to include a hold harmless waiver, which in some instances may limit the AAT provider's liability. When possible, providers should include their agency/institution's legal team when developing AAT policies, procedures, and documentation.

### **Key Questions**

1. What do you think are the dangers of integrating animal assisted techniques without proper training and supervision?
2. Why do you think there is an emphasis on the importance of respecting animal rights and animal welfare when engaging in AAT?
3. What are some physical benefits patients may experience with AAT?
4. What are some emotional benefits patients may experience with AAT?
5. Identify 3 ways that a provider can integrate AAT into a client/patient's treatment plan?
6. What key components should be in an AAT informed consent document?

### **Supplemental Resources**

- Equine Assisted Growth and Learning Association: [www.eagala.org](http://www.eagala.org)
- Human Animal-Bond Research Initiative: [www.habri.org](http://www.habri.org)
- International Association of Human-Animal Interaction Organizations:
- Oakland University Center for Human Animal Interventions (CHAI): [wwwp.oakland.edu/nursing/continuing-education/animalassistedtherapy](http://wwwp.oakland.edu/nursing/continuing-education/animalassistedtherapy)
- Pet Partners (formerly called the Delta Society): [www.petpartners.org](http://www.petpartners.org)
- Professional Association of Therapeutic Horsemanship International: [www.pathintl.org](http://www.pathintl.org)
- Therapy Dogs International: [www.tdi-dog.org](http://www.tdi-dog.org)

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