

# ANIMAL-ASSISTED INTERVENTIONS: COMPETENCIES AND ETHICS

Presented by:

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Kirby Wycoff, PsyD; Elizabeth Holman, PhD



**HUMAN-ANIMAL INTERACTION**  
SECTION 13 OF DIVISION 17 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

# LORI KOGAN

## Session Chair



HUMAN-ANIMAL INTERACTION

SECTION 13 OF DIVISION 17 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

# ANIMAL-ASSISTED INTERVENTIONS:

- Growing exponentially
- Traditional focus has been on human benefits
- Need to expand to a bi-directional view
  - No longer enough to 'do no harm'
- Ethics must be forefront in the planning and implementation of AAls
- Part of these ethics involves defining the competencies needed by those who conduct AAls
- The following presentations were created to help us explore this critically important and long overdue topic



AMY JOHNSON

# Professional competencies in human-animal interventions: Ensuring safe and effective practices



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CARA MILLER

# Psychiatric service dogs: Clinical, ethical and legal considerations for practitioners



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EMILY KIESON and  
Katarina Lundgren  
Equine-assisted psychotherapy for  
the treatment of trauma



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KIRBY WYCOFF

# Competencies and ethics involved with the counseling modality of animal-assisted interventions



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**ELIZABETH HOLMAN**

# **Palliative care for veterans and a facility canine**



**HUMAN-ANIMAL INTERACTION**

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AMY JOHNSON

# Professional competencies in human-animal interventions: Ensuring safe and effective practices



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# (some) Benefits for Clients/Patients



| Physical Changes                                                                   | Psychological/ Psychosocial Changes                                                 | Cognitive Changes                                                                    | Emotional Changes                                                                    | Physiological Changes                                                                | Behavioral Changes                                                                   |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Muscle strengthening                                                               | Resilience in times of adversity                                                    | Thoughts about oneself (beliefs)                                                     | Learn to put words to feelings                                                       | Decrease in blood pressure                                                           | See own behaviors objectively                                                        |
| Gain greater mobility                                                              | Emotional support                                                                   | Impact learning (reading)                                                            | Process through feelings                                                             | Decrease in heart rate                                                               | Confidence building                                                                  |
| Cardiac rehabilitation                                                             | Sense of well-being                                                                 | Overcoming fears                                                                     | Normalizing feelings                                                                 | Decreased risk of heart attacks                                                      | Behavior modification                                                                |
| Exercise (Pounds for Hounds)                                                       | Improved relationship skills                                                        |                                                                                      | Share coping strategies                                                              | Lower levels of anxiety                                                              | Similar bx and how to modify them                                                    |
| Body language                                                                      |                                                                                     |                                                                                      | Safe place to practice emoting                                                       | Reduce stress                                                                        |                                                                                      |
| Increased physical activity                                                        |                                                                                     |                                                                                      | Anthrop = empathy dev.                                                               |                                                                                      |                                                                                      |
|  |  |  |  |  |  |

Wood, L., Martin, K., Christian, H., Nathan, A., Lauritsen, C., Houghton, S., Kawachi, I., & McCune, S. (2015). The pet factor: Companion Animals as a Conduit for Getting to Know People, Friendship Formation and Social Support. PLOS ONE. 2-17. DOI: 10.1371/journal.pone.0122085

# Benefits for Us

- We are helpers
- Reaching those that we may not have otherwise
- We get to share two (or more!) of our loves (animals and clients)
- Experiencing the power of the HAB
- More time with our pets
- ...and more



*Bentley*  
The Office Manager



# Benefits to Animals

(With the assumption that the animals WANT these things....)

## “Quality” Time

- Time with “mom” or “dad”
- Change of scenery



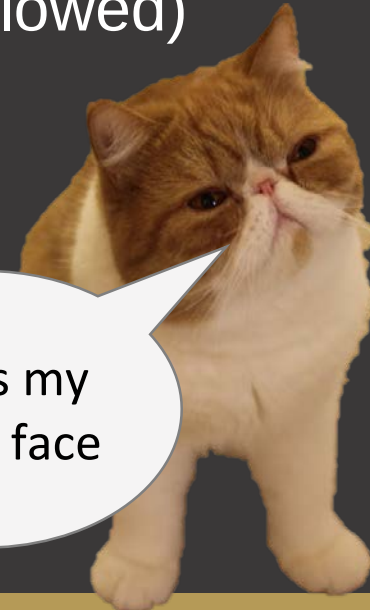
## Enrichment

- Alleviates boredom
- Mental stimulation
- Physical activity



## Training

- Training can be fun
- Extra treats (when allowed)



## PAPs

- Learn basic manners
- Life saving
- Improve adoptability



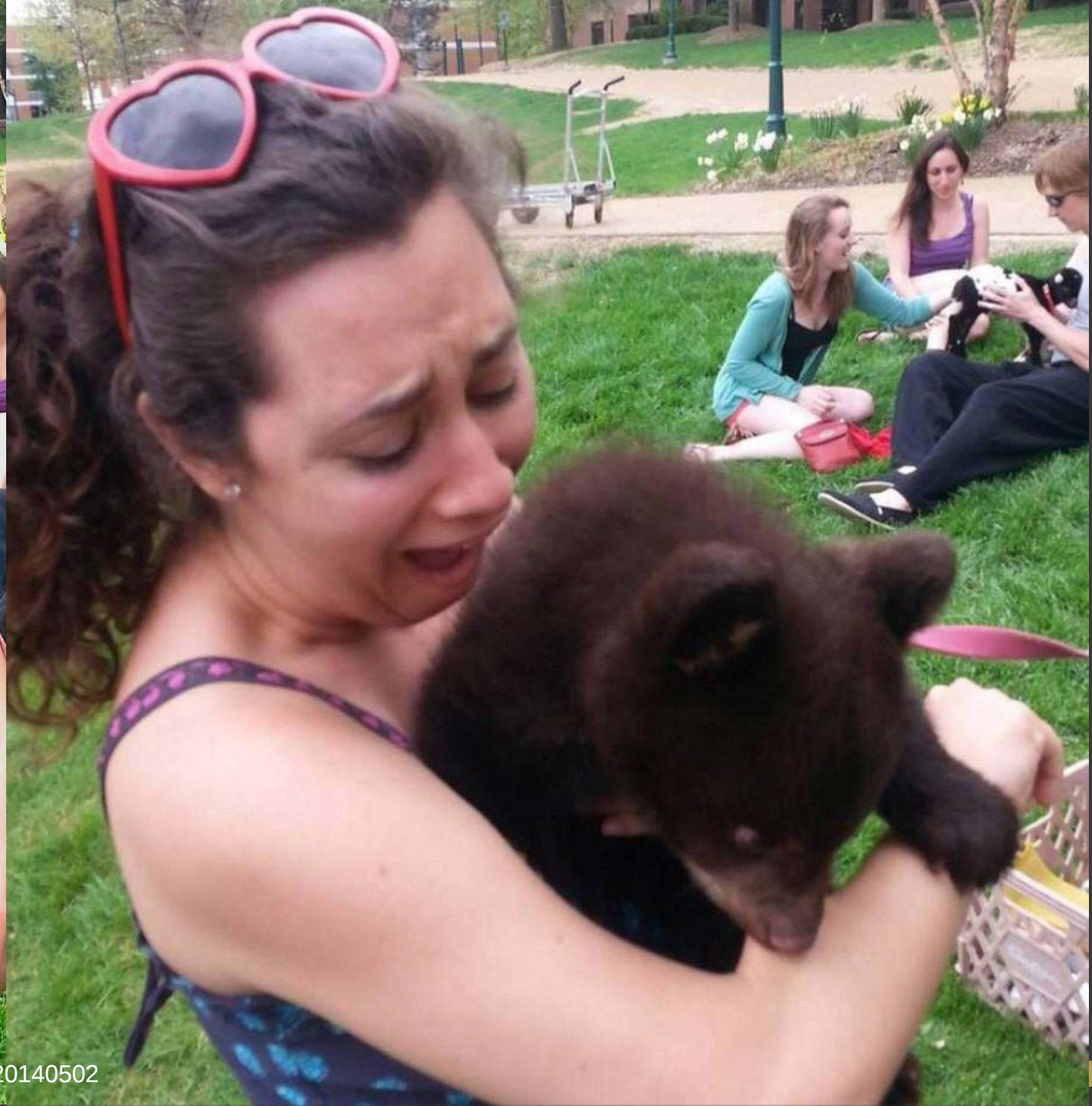
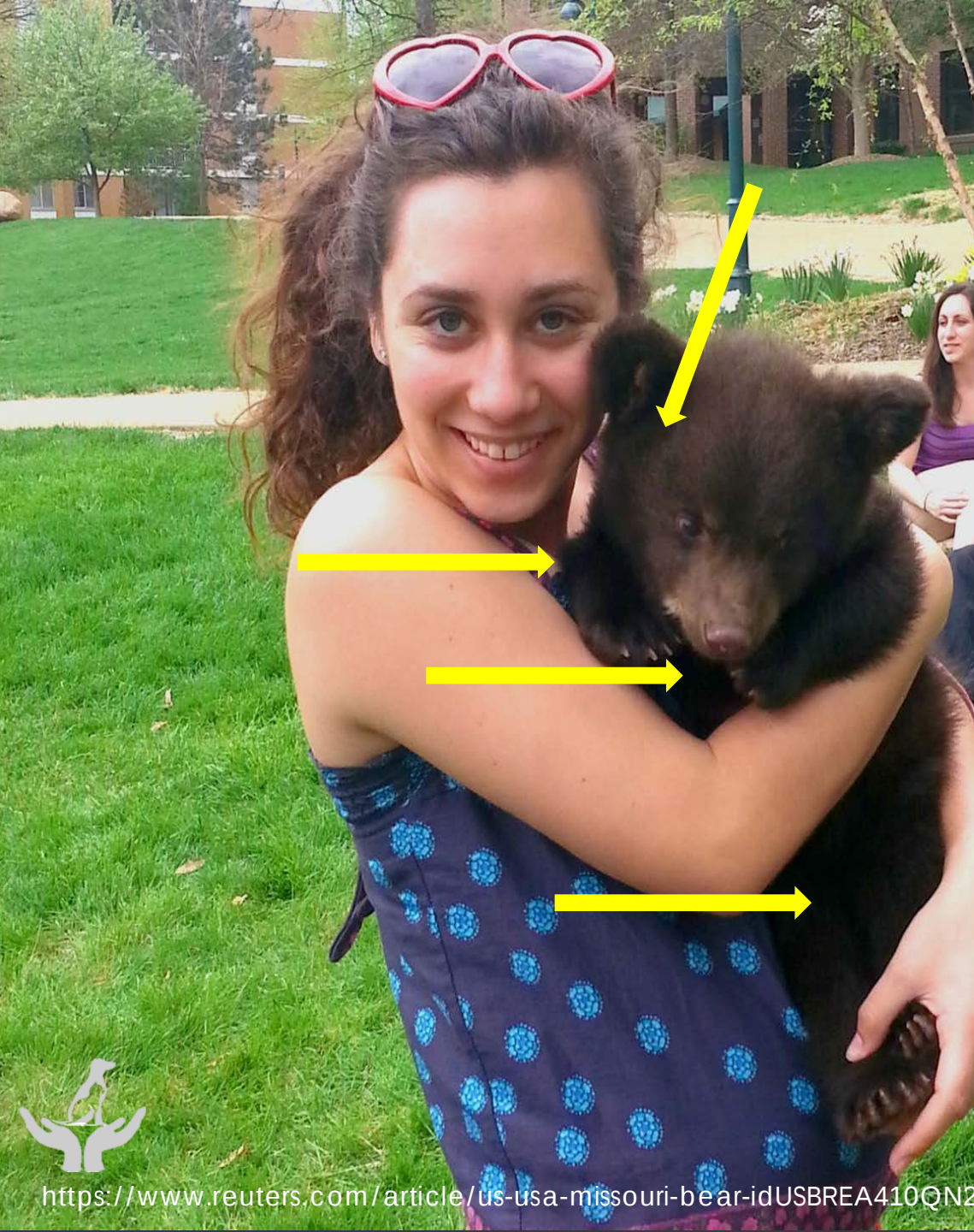


But what if no one  
“asks” the animal if he  
wants to participate?

What if the handler  
does not have  
advanced knowledge of  
species, breed,  
individual behavior?

Meet Boo Boo...





# Case of Gross Negligence

- 2016
- Clinical practice with dog
- Board of Behavioral Sciences involvement
- BBS recognizes AAI as a specialty area of practice requiring specialized skills

Lien (2017). Working like a dog: Legal considerations for therapy dogs.” downloaded from [camft.cvsapphire.com](http://camft.cvsapphire.com)



# The need for competencies

- Professional competencies make sure standards of practice are met safely and effectively for licensure
- Operationally-defined parameters
- Professional competency does not automatically make one good at AAls; need for AAI-specific knowledge and training (Behnke, 2005; Horowitz & Bekoff, 2007)



# The need for competencies (cont'd)

- Without guidelines, the public and professionals will make up their own; competencies guide informed decisions and ensure the most safe and efficacious practices
- **Standard 2.01 in the APA Code of Ethics**
  - Professionals can serve, teach and conduct research only within scope of practice
  - Where standards do not exist, the practitioner must take 'reasonable steps' to ensure competence (e.g. AAI theory, intentionality, animal behavior, etc.)



# Non Maleficence

## Do no harm

- Ethical obligation should extend to the animals with whom we work

ANIMAL



Treatment Triad

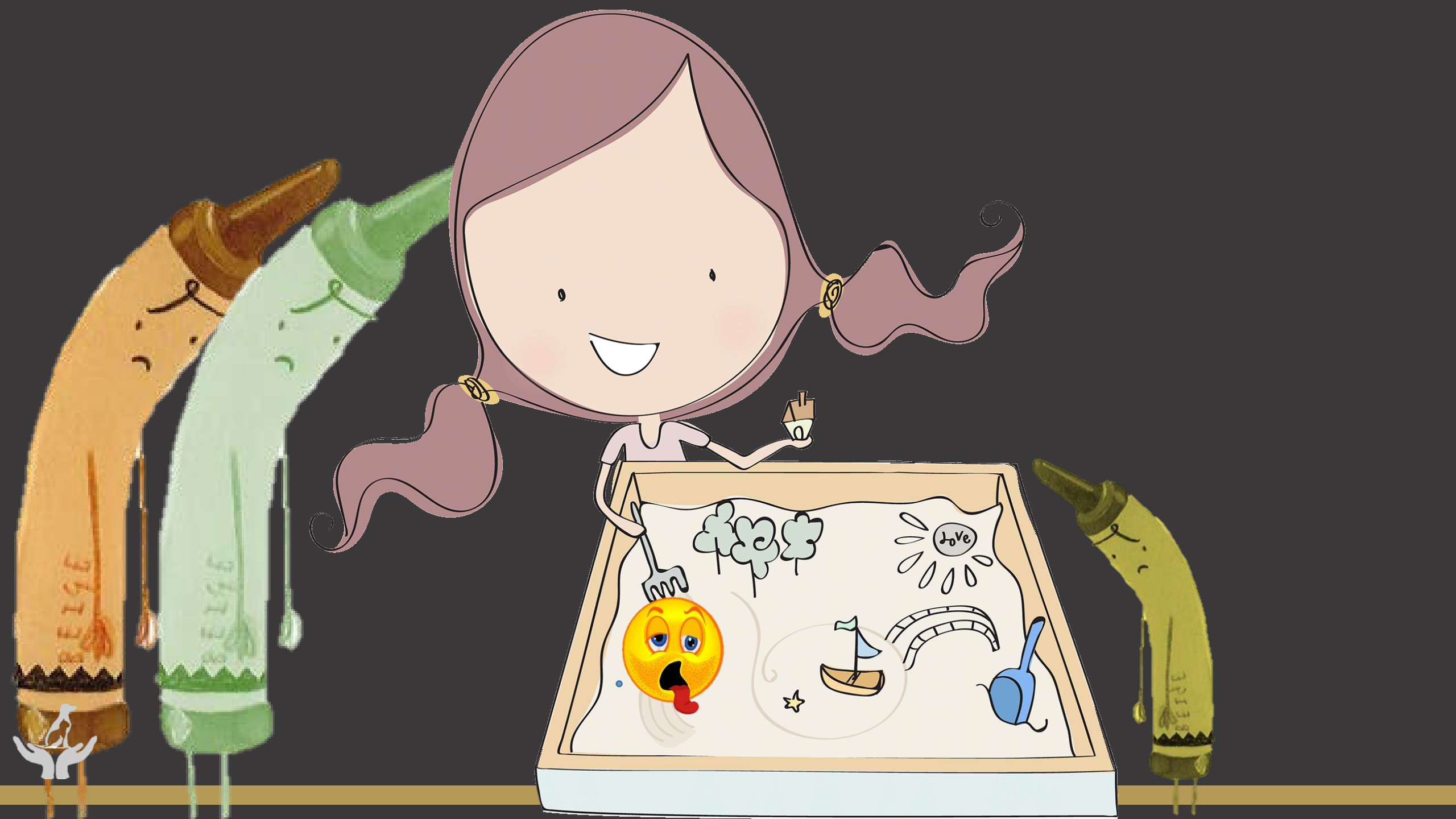


CLIENT



CLINICIAN







# Competencies for Counseling

The Center for Counseling Practice, Policy, and Research | 703-823-9800 x324

## Animal-Assisted Therapy in Counseling Competencies

Developed in collaboration with the Animal-Assisted Therapy in Mental Health Interest Network of the American Counseling Association

Based on the findings of a qualitative investigation of the knowledge, skills, and attitudes required of competent animal-assisted therapy practitioners

### Authors

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### Major Contributors

Amy Johnson<sup>c</sup> and Laura Bruneau<sup>d</sup>

For more information, visit [www.aacounseling.org](http://www.aacounseling.org)



# ACA COMPETENCIES

(specific to AAls in counseling,  
applicable elsewhere!)

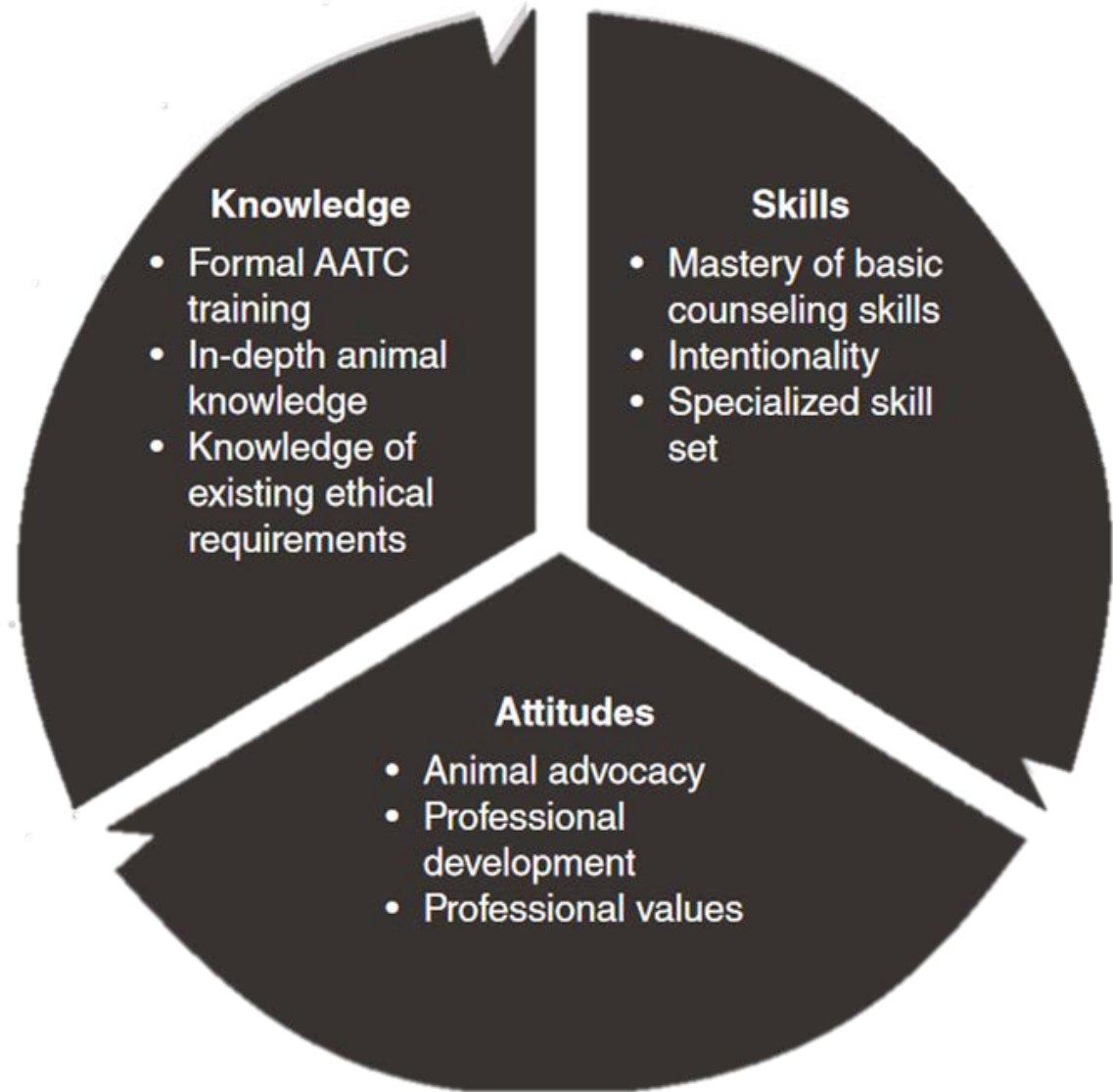


FIGURE 1

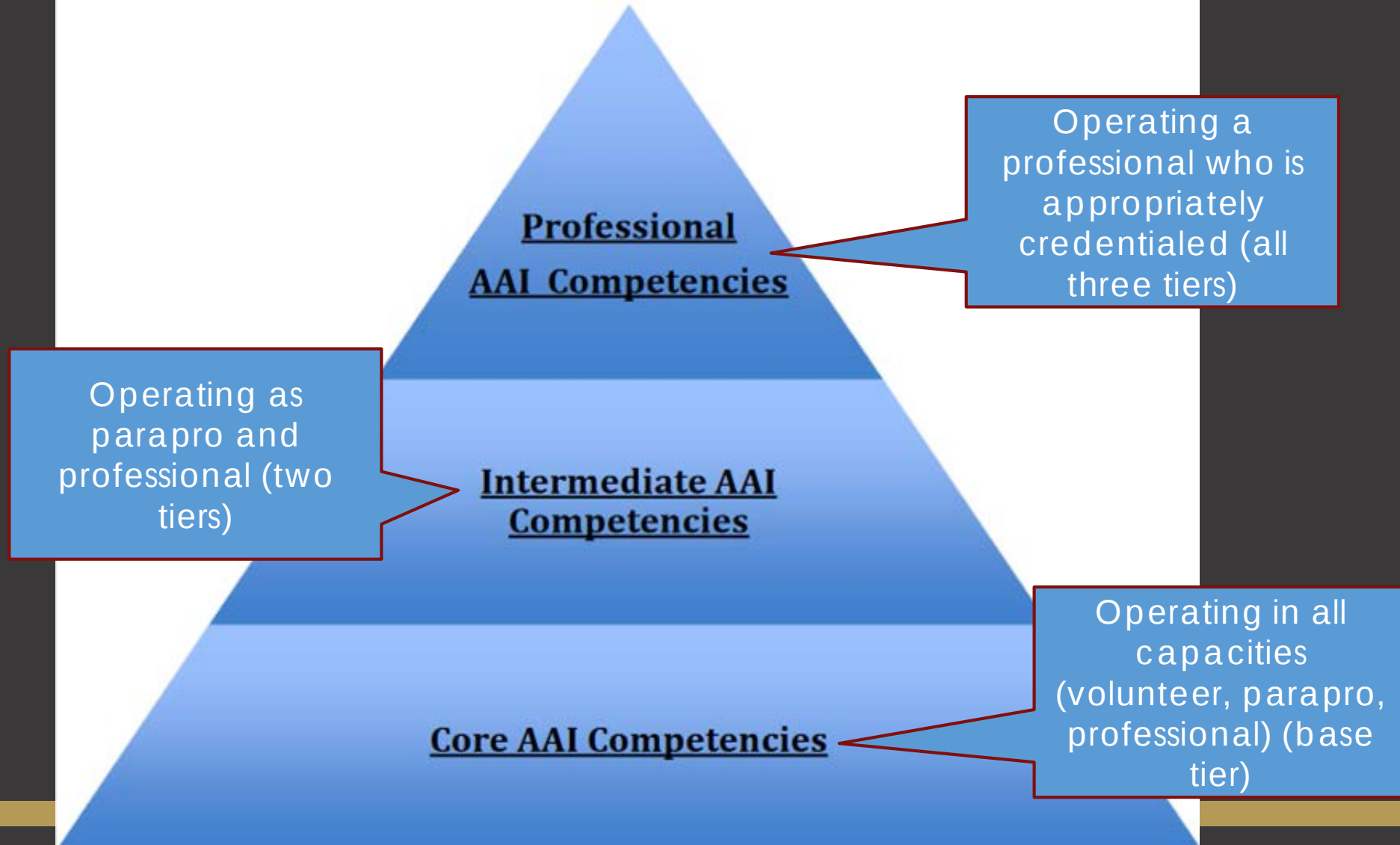


Figure 1

## Tiered Model of Animal-Assisted Interventions Competencies

[https://petpartners.org/wp-content/uploads/2014/12/Tiered-AAI-Competencies\\_2016.pdf](https://petpartners.org/wp-content/uploads/2014/12/Tiered-AAI-Competencies_2016.pdf)

[https://petpartners.org/wp-content/uploads/2017/01/Leslie-Stewart\\_conf2017.pdf](https://petpartners.org/wp-content/uploads/2017/01/Leslie-Stewart_conf2017.pdf)





## Animal Assisted Intervention International Standards of Practice

These standards are a minimum of what is required to conduct an AAI program for Animal Assisted Intervention International (AAII) members. All programs are encouraged to work at levels above the minimum standards and should also meet any standards or regulations that are required by governing bodies for their region and their home organization.

There are several standards and members must refer to the standards that are relevant to their work and practice. Please note that this process is based upon the position of the applicant.

- Ex. 1: A therapist who handles their own dog in professional sessions would be responsible for the AAT and AS sections.
- Ex. 2: A dog training facility that places dogs with educational providers is responsible for the AS and knowledge of the AAE section.

These Standards refer to dogs.

There is a Glossary of Terms at <http://www.aai-int.org/aai/glossary-of-terms/>

### Contents

Section 1: Standards of Practice for the Health, Welfare and Well-being of Dogs

Section 2: Standards of Practice for the Dog Handler

Section 3: Standards of Practice for the Ethical Treatment and Welfare of Participants

Section 4: Standards of Practice for Animal Assisted Therapy

Section 5: Standards of Practice for Animal Assisted Activity

Section 6: Standards of Practice for Animal Assisted Education

Section 7: Standards of Practice for the Administration of Programs



# Competencies

## Knowledge

- Specific techniques and principles
- Writing lesson plans (init.)
- Participation in supervised consultations
- Feedback from others (self assessment)
- Documentation and intake
- How to inform others (animal advocacy, that there is an animal in the office)
- Safety
- Treatment Process
- Animal Preparedness
- Awareness of Bias

## Skills

- Mastery of discipline (professional and AAI)
- Using a theoretical framework (application)
- Applying the adjunctive addition; co-therapist
- Ability to articulate role of AAls within treatment (in documentation and to client/patient)
- Assessing and interpreting the animals and clients/patients actions in a meaningful way
- Link unexpected events or interaction to client / patient goals (in session; documentation)

## Attitudes

- Well developed professional identity
- Advocating for AAI (animal > human)
- CE and professional development
- Collaborate with others (knowing we can't know everything)
- Familiarity with new literature and trends
- AAI Lexicon



# Human Animal Bond

*“The bond is a **mutually** beneficial and dynamic relationship between people and animals that is influenced by behaviors essential to the health and **wellbeing of both**. This includes, among other things, emotional, psychological, and physical interactions of people, animals, and the environment” - AVMA*

HAB → AAI



# Animal Welfare (minimum standards)

## Brambell's Five Freedoms (1965)

- ▶ Freedom from
  - 1) hunger, thirst or inadequate food
  - 2) thermal and physical discomfort
  - 3) injuries or diseases
  - 4) fear and chronic stress
  - 5) freedom to display normal, species-specific behavioral patterns

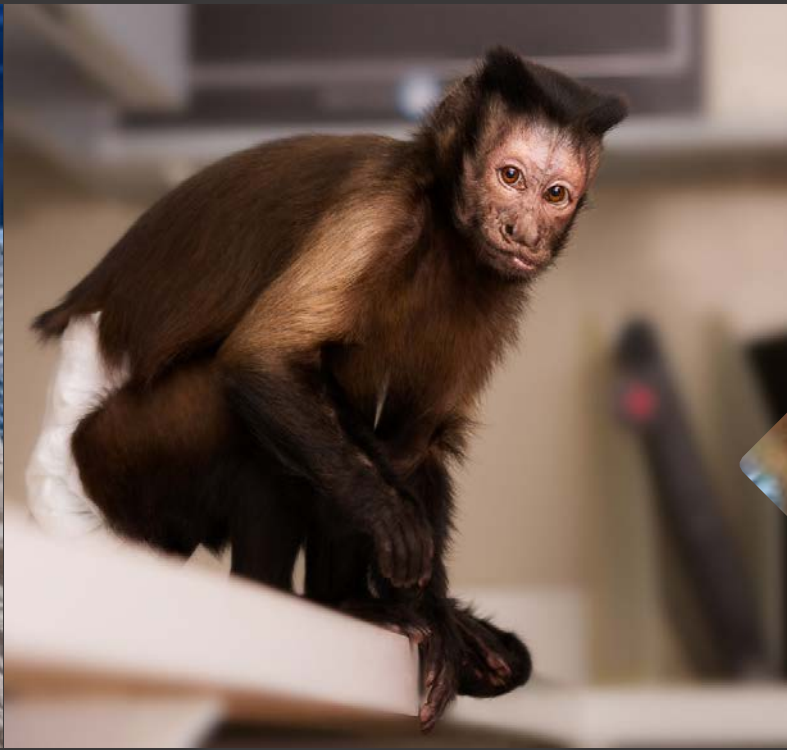
## Tannenbaum's Characteristics of a True Bond (1991)

- ▶ Having a consistent relationship rather than intermittent
- ▶ Being a focal point in each other's lives
- ▶ Having a voluntary aspect
- ▶ The relationship should be bi-directional
- ▶ Each member of the dyad benefits in his own way

## Mellor's QoL Scale (2016)

- ▶ Not a Life worth Living but A Good Life
- ▶ "Balance of salient positive and negative experiences is strongly positive"
- ▶ Along with Five Freedoms, negatives include nausea, dizziness, weakness, frustration, helplessness, loneliness, depression and boredom (alleviate!)





(Zamir, 2006)

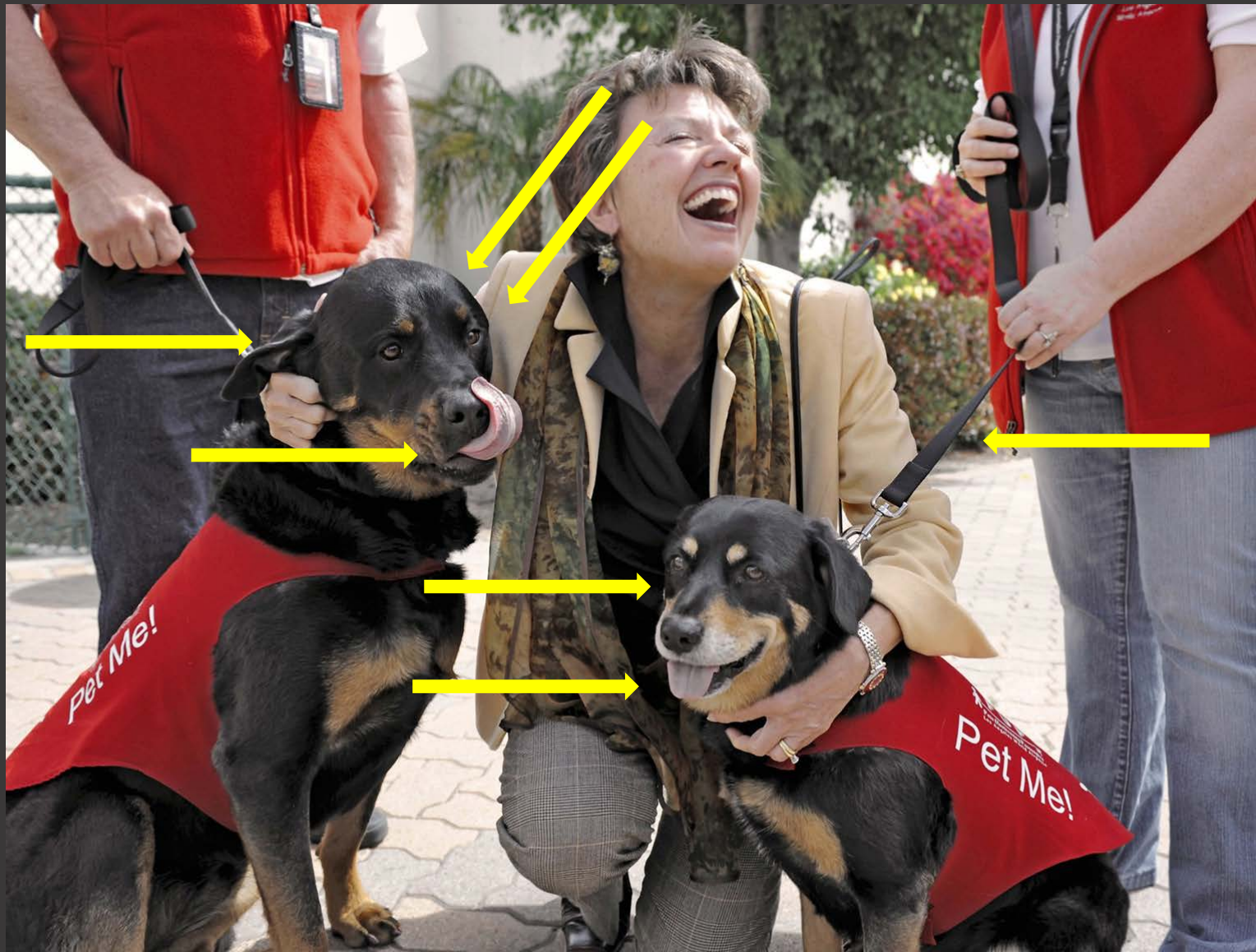
***“You are exploiting an entity if  
your relationship with it  
predictably benefits you and  
harms the entity”***





Andres Garcia and Inaki Gorriz pet Atila as their nurses and therapists look on. Petting sessions can provide a sense of calm and connection. (Susana Vera/Reuters)





<https://www.cntraveler.com/stories/2015-12-23/airport-therapy-dogs-are-the-antidote-to-holiday-travel-stress>

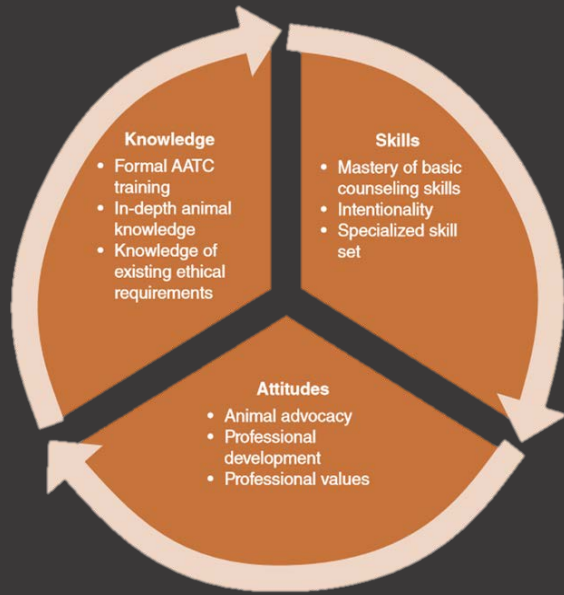


# Animal Welfare



Source: Eileenanddogs (<https://youtube.com/watch?v=-cGDYI-s-cQ>)

# DOCUMENTATION



COMPETENCIES



DOCUMENT



INFORMED CONSENT

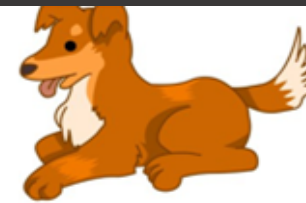


# DOCUMENTATION

Along with your session notes, include the AAI piece (at a minimum):

- Therapy animal's bx and responses
- Client's behavior towards animal
- Rationale for including AAI
- Link the interaction to treatment goals and outcomes
- Documentation of any incidents
- 1-2 sentences will suffice





**SAMPLE Psychotherapy Progress Note: (just an example...)**

Use this note to document individual, family and/or animal-assisted interventions as well as the patient/client's response during the session.

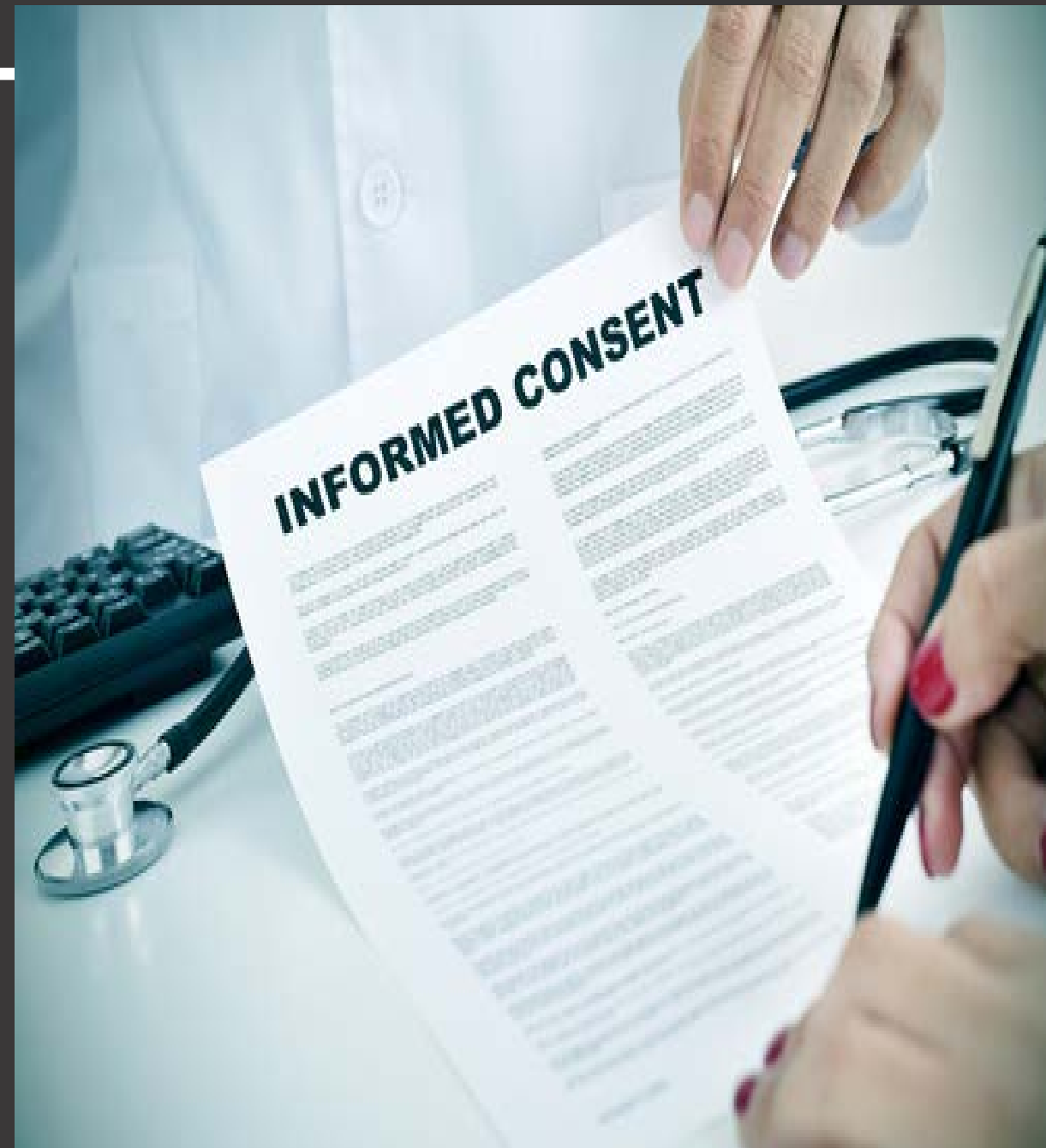
|                                                                               |                                                        |
|-------------------------------------------------------------------------------|--------------------------------------------------------|
| Name / Record Number                                                          |                                                        |
| Date of session                                                               |                                                        |
| Modality (circle)                                                             | Individual    Group    Animal Assisted    Play Therapy |
| List person(s) present                                                        |                                                        |
| State of person                                                               |                                                        |
| Observable Behaviors                                                          |                                                        |
| Assessment                                                                    |                                                        |
| Plan for Next Session                                                         |                                                        |
| <b>RUSTY</b>                                                                  |                                                        |
| State of Rusty                                                                |                                                        |
| Observable Behaviors                                                          |                                                        |
| Rationale for Including Rusty in the Session                                  |                                                        |
| Client/Patient's Behavior toward Rusty                                        |                                                        |
| How Did Client/Patient-Animal Interaction Relate Treatment Goals and Outcomes |                                                        |



# INFORMED CONSENT

Sample items to include on your informed consent:

- Why AAI (what it is, benefits, risks)
- About the tx animal
- Role of the animal
- Hygiene
- Conduct with the animal (ensuring animal welfare)
- Criteria for exclusion
- Release and waiver
- Any policies/procedures
- Etc.



# Examples of Informed Consent Forms

[http://lookinsidecounseling.com/wp-content/uploads/2017/09/animal\\_assisted\\_therapy\\_waiver\\_look\\_inside\\_counseling.pdf](http://lookinsidecounseling.com/wp-content/uploads/2017/09/animal_assisted_therapy_waiver_look_inside_counseling.pdf)

<https://peacefulmindstherapy.com/wp-content/uploads/2016/08/Animial-Assisted-Release-Form.pdf>

[http://www.melmedcenter.com/uploads/9/5/3/0/9530176/consent\\_for\\_aat.pdf](http://www.melmedcenter.com/uploads/9/5/3/0/9530176/consent_for_aat.pdf)



## CONDUCT TOWARD TONDO:

1. Just like a human being, Tondo should be treated with respect and kindness. If Tondo is sick or injured he will not actively be training, however, therapy services will continue. Tondo will obtain veterinary approval prior to resuming training if Tondo is sick or injured.
2. Kelsey is also required to look out for the general welfare and safety of Tondo. If at any time Tondo becomes irritated, frightened, distressed, or in any way exhibits a negative and/or aggressive behavior, Tondo will take a break. If this occurs, only Kelsey may interact with Tondo until in Kelsey's sole and absolute discretion s/he is able to return to the session.
3. Any and all fear, trepidation, and/or anxiety towards dogs must be disclosed to Kelsey prior to engaging in interactions with Tondo.
4. Tondo may only participate in therapy when Kelsey is present. No other mental health professional may conduct a session with Tondo. Clients will never be left alone with Tondo.
5. There is a designated space in Kelsey's office for Tondo only. This is Tondo's space where he can rest, sleep, and/or take a break without interruption or intrusion. Clients are not allowed in this space.
6. If Tondo is allowed off leash, this shall be noted in a client's file. Kelsey shall determine in her sole discretion whether Tondo is allowed off leash.
7. Client agrees to avoid any and all contact with Tondo's urine, stool, and/or blood.

## ZOO NOTIC DISEASE:

Every effort will be made to ensure against zoonotic disease transmission (i.e. the sharing of disease between humans and animals). Tondo will remain current on all standard vaccinations, such as rabies; however, there is always a risk of the transmission of a disease when working with animals. A client may request to review a list of vaccinations Tondo has.

## SANITATION:

Kelsey will have at her office antibacterial wipes and/or soap that the client must use before and after interacting with Tondo.

## RELEASE AND WAIVER:

GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS: I, \_\_\_\_\_ hereI agree for myself and/or my minor child/ren and our respective heirs, assigns and legal representatives, to indemnify, defend and hold Kelsey and her officers, directors, board members, employees, volunteers, agent independent contractors and other participants ("Releasees") harmless from any and all claims and/or damages (including medical fees and attorney fees) and causes of action of any nature for any and all personal and/or bodily injury or illness, including death, which may occur to myself or my minor child/ren or which may be aggravated or caused by the negligence of others while interacting with Tondo.

I further expressly understand and agree the foregoing indemnity, release, and waiver is intended to be as broad and inclusive as permitted by the law of the State of Colorado and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

ASSUMPTION OF RISK: I, \_\_\_\_\_ and/or my minor child/ren, expressly and specifically assume

## ASSESSMENT:

Working with a therapy dog in training may not be appropriate for each client or at every session.

Its use will be determined on a case-by-case basis. In the following circumstances, working with Tondo will not be used or will cease:

1. If the client has a history of animal abuse/cruelty, or there are other risk factors that indicate potential harm to Tondo.
2. If the client has a known allergy to dogs or an unknown allergy becomes known during the course of therapy.
3. If the client exhibits problematic behavior toward Tondo, including but not limited to: kicking, biting, pushing, hitting, pulling the tail/ears/paws, and/or pinching Tondo.
4. If the client has a fear of animals and the scope of the client's therapy is not meant to address that fear.

Kelsey has determined the Client, \_\_\_\_\_, would benefit from working with a therapy dog in training because: \_\_\_\_\_

## ALLERGIES:

The client shall inform Kelsey of any and all known allergies. Tondo may be at Kelsey's office every day. Although a specific client may not be interacting with Tondo, Tondo will still be present in Kelsey's office. If the client has an allergy to Tondo, Kelsey requests the provision of a doctor's note identifying the allergy and any medical limitations. Kelsey will then determine whether any arrangements may be made to accommodate the allergy or whether referrals would be appropriate.

## ACCIDENTAL INCIDENTS:

If Tondo accidentally scratches, nibbles, or otherwise causes any harm to the client, the client agrees to notify Kelsey immediately. Client agrees to inform Kelsey in a calm manner without raising his/her voice or otherwise alarming Tondo.

## INTERACTIONS WITH TONDO:

Dogs interact with humans differently than when humans interact with each other. Dogs wag their tails, lick people, may lean up against a person's leg, or lay near a client. This is how Tondo interacts with humans. If the client is uneasy or otherwise uncomfortable with how Tondo interacts with him/her, client agrees to express those concerns immediately to Kelsey.



# Thank you!

Amy Johnson, Oakland University  
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JOIN US!

APA HAI Division 17 Section 13

<https://www.apa-hai.org/human-animal-interaction/>



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# The End



CARA MILLER

# Psychiatric service dogs: Clinical, ethical and legal considerations for practitioners



HUMAN-ANIMAL INTERACTION  
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# Psychiatric service dogs: Clinical, ethical, and legal considerations for practitioners

Cara A. Miller, Ph.D.  
Jennifer Coleman, Ph.D.



# Presenter Background

**Cara A. Miller, Ph.D.**

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Clinical Psychologist & Assistant Professor

Assistance Animal Accommodations Coordinator

National Mental Health Consultant, Canine Companions for Independence®

**Jennifer Coleman, Ph.D.**

Rush University Medical Center

Road Home Program for Veterans & Families

Clinical Psychologist & Assistant Professor



# Terminology

- **Assistance Animals**
  - o Guide dogs
  - o Hearing dogs
  - o Service dogs
- **Emotional Support Animals**
- **Companion animals (i.e., pets)**



# Legal Regulations: Assistance Animals

- **Americans with Disabilities Act (ADA)**
  - Fair Housing Act (FHA)
  - Air Carrier Access Act (ACAA)
- **Section 504 of the Rehabilitation Act of 1973**
- **Individuals with Disabilities Education Act (IDEA)**
- **State laws**



# Americans with Disabilities Act (cont'd)

## Person with a disability

**“... person who has a physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.”**



# Americans with Disabilities Act (cont'd)

“Disability” is legal term, not medical term

- ADA definition of disability therefore differs from definition of disability under other laws

Unlawful to discriminate against a person based on that person's association with a person with a disability (ADAa, 2019)



# Americans with Disabilities Act (cont'd)

Service Animal: a dog (or miniature horse) that has been individually trained to do work or perform tasks for an individual with a disability

*The task(s) performed by the dog must be directly related to the person's disability.*

*Does not constitute work:*

*Crime deterrent effects of an animal's presence*

*Emotional support, well-being, or comfort*

*Companionship*

Mitigate: *to become less harsh, to make less severe*



# Americans with Disabilities Act (cont'd)

In situations where it is not obvious that the dog is a service animal, staff may ask two specific questions:

- 1. Is the dog a service animal required because of a disability?*
- 2. What work or task has the dog been trained to perform?*

Staff ***may not***:

- Request any documentation for the dog
- Require that the dog demonstrate its task
- Inquire about the nature of the person's disability



# Americans with Disabilities Act (cont'd)

Requires that service dog be *task trained*

**Does *not*:**

- Require vest, ID tag, or specific harness

- Restrict the type of dog breeds

- Require professional training of dog, person, or team

- Require “certification” of dog, person, or team

Service dogs in training must already be trained before taken into public places.

- Some State or local laws cover animals that are still in training (e.g.

- Washington, DC)



# Americans with Disabilities Act

(cont'd)

A person with a disability cannot be asked to remove their service animal from the premises unless:

- Dog is out of control and handler does not take effective action to control it *or*
- Dog is not housebroken

Dog must be under control (i.e. should *not* bark repeatedly, self-groom excessively, seek attention, etc.)

Business may request that the animal be removed if out of control and handler does not take effective action

Handler still lawfully able to access premises thereafter without the animal



# ADA vs. Federal Agencies

**Not all federal agencies (e.g. U.S. Department of Veterans Affairs) have to comply with the ADA**

Section 504 of the Rehabilitation Act of 1973: Federal law that protects the rights of people with disabilities to participate in Federal programs and services.

**Definitions of “service animals” vary across different federal agencies**



# State Laws

**Definitions and regulations vary**

**Fraudulent representation of a service dog**

*Often a misdemeanor*

**Example: Michigan**

**A person shall not falsely represent that he or she is in possession of a service animal, or a service animal in training, in any public place.**

**Violation is a misdemeanor punishable by 1 or more of the following:**

**Imprisonment for not more than 90 days**

**A fine of not more than \$500.00**

**Community service for not more than 30 days**



# Fair Housing Act (FHA)

**Federal law that prohibits discrimination; mandates equal housing opportunities for people with disabilities**

**Rationale: Limited accessible housing opportunities, many on fixed and limited income**

**Housing providers must provide reasonable accommodations**

**Individuals with disabilities are allowed exceptions to residencies with “no pet” policies**

**FHA applies broadly to service animals and ESAs**



**Such animals considered under mantle of “*assistance animal*”**

# Fair Housing Act (FHA) (cont'd)

Does *not* require that assistance animal be trained or certified

Animals other than dogs can qualify as “assistance animals” under this definition

Pet fees must be waved for ESAs

Housing provider can ask the individual to cover financial costs if the animal causes damage to the property



# Department of Transportation

## Air Carrier Access Act (ACAA)

**Service animal:** *“... Any animal that is individually trained or able to provide assistance to a person with a disability; or any animal that assists persons with disabilities by providing emotional support.”*

*Note:* This definition of a service animal includes ESAs, which differs from the ADA’s definitions.



# Department of Transportation

(cont'd)

**Airlines have the right to exclude service animals:**

- Too large or too heavy to fit into the cabin

- Pose a direct threat to safety or health

- Cause significant destruction of cabin/to service

- Prohibited from entering the country of destination

**Never required to permit snakes, reptiles, ferrets, rodents, sugar gliders, and/or spiders**

**Recent legislative controversies**

**Airlines are allowed to**

- Requested documentation

- 48-hour advanced notice



# Laws Regarding Assistance Animals

## Fair Housing Act

HOAs, university housing, public housing, hotels, cruise ships

## Air Carrier Access Act

## Provider letters

Attestation to person's disability

Direct nexus between symptoms of disability and person's need for animal



# What if My Client Wants a Dog?

## 1. Clarify need:

- Is client's psychological condition disabling per ADA?
- Emotional support animal vs. service dog

## 2. Consider client's capacity to manage an animal

## 3. If service dog: recommend client to appropriate (preferably vetted, ADI-accredited) agencies

## 4. If ESA: determine if you're appropriate to write a letter or if you need to refer out

## 5. As appropriate, educate and/or refer client to information on ESA vs. service dog distinction



# Question to Consider

- **What tasks count as mitigating a psychiatric disability?**
  - Need for clear standards outlining various tasks dogs can be trained to complete (Assistance Dogs International)
  - IAADP Suggested Tasks (Froling, 2009)

|                                                                                                                                                                                                                                          |                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Assistance in medical crises</b> <ul style="list-style-type: none"><li>• Retrieving medication &amp; beverage</li><li>• Bringing emergency phone</li><li>• Summoning assistance</li><li>• Balance &amp; mobility assistance</li></ul> | <b>Treatment-related assistance</b> <ul style="list-style-type: none"><li>• Medication retrieval &amp; management</li><li>• Arousing sedated partner</li></ul>                                          |
| <b>Assistance with emotion regulation</b> <ul style="list-style-type: none"><li>• Tactile distraction &amp; stimulation</li><li>• Nightmare &amp; dissociation interruption</li><li>• Deep pressure &amp; grounding</li></ul>            | <b>Awareness-related tasks</b> <ul style="list-style-type: none"><li>• Alerting to environmental signals</li><li>• Hypervigilance reduction</li><li>• Turning on lights</li><li>• Positioning</li></ul> |

(Miller & Coleman,  
2019)



# Service Dog Considerations

## Client Mental Health

- Current alcohol/drug dependence/abuse
- Current/recent inpatient hospitalization
- SMI (eg., bipolar, schizophrenia, psychosis)
- Certain neurological disorders
- Perpetrator of child abuse, IPV, animal abuse
- Imminent risk of harm to self or others

## Client Physical Health

- Seizures
- Ability to complete ADLs



# Service Dog Considerations (cont'd)

## Household issues

Allergies to dogs

Dog phobias

Animal abuse in the house

## Other issues

Age and developmental age of client (caregiver?)

Willingness/ability to socialize and train the dog?

Intent to encourage aggressive behavior in dog?

Capacity to provide essential and ongoing care for dog?

History of engaging in dog fighting?



# Ethical Issues for Practitioners

**Role conflict for psychologists in evaluations for ESAs** (Younggren, Boisvert, & Boness, 2016)

**Therapeutic vs. forensic role**

Ethical obligation to provide services within one's competencies

**Possibility of justification in court of recommended accommodation in a support letter**

**Recommendations -**

Utilizing neutral third party for forensic evaluation



# Writing a Letter of Support

**Practitioner must feel competent to document that:**

The individual has a disability

Individual is currently under practitioner's care

The animal is a necessary disability-related accommodation

Need for dog is appropriate and justified by current research

**According to the ADA, individuals do not need a letter of support ("prescription") to have a service animal**

ADA allows access only to public entities and public accommodations

The ADA does not cover housing or airlines



# Writing a Letter of Support (cont'd)

## Housing/Employment (ESA; Service Dog)

### Information to include in letter

Writer is currently treating/has treated the individual

The person has a disability under the Fair Housing Act or the ADA

A physical or mental condition that limits at least one major life activity\* (State laws may vary)

Explanation of the disability-related need for the accommodation

It should be noted that a specified diagnosis is not required



# Writing a Letter of Support (cont'd)

## Airlines (ACAA)

Legally allowed to request documentation confirming that an animal is an ESA or a psychiatric service animal/service dog.

Document must be dated within one year of the scheduled flight.

## Information to include:

The patient has a mental or emotional disability recognized by the DSM-5

The animal is a necessary disability-related accommodation

Writer is a licensed mental health professional

The passenger is under the Writer's professional care

The date and type of license of the Writer and the jurisdiction/state the license is issued



# Thank you!

*Comments or Questions*

Cara Miller: [cara.miller@gallaudet.edu](mailto:cara.miller@gallaudet.edu)

Jennifer Coleman: [Jennifer\\_Coleman@rush.edu](mailto:Jennifer_Coleman@rush.edu)



EMILY KIESON and  
Katarina Lundgren  
Equine-assisted psychotherapy for  
the treatment of trauma



HUMAN-ANIMAL INTERACTION  
SECTION 13 OF DIVISION 17 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

# Equine-Assisted Psychotherapy (EAP) for the Treatment of Trauma

Emily Kieson M.S., PgDip, ESMHL  
Oklahoma State University  
Katarina Lundgren  
MiMer Centre



# Equine-Assisted Psychotherapy (EAP)

- Overview of EAP
- Why work with a horse?
- Current models, organizations and techniques
- Pros and cons of most models for trauma
- The Treatment Team in EAP
- Overview of EAP for trauma
- What's missing and what is needed



# Overview

- What is Equine-Assisted Psychotherapy (EAP)?
- Horse(s)
- Typically unmounted (not riding)
- Mainly client interacts with horse
- Often involves a treatment team
  - Mental Health Professional – In charge of client mental safety and therapeutic processing
  - Equine Professional – In charge of physical safety and horse-human interactions and equine welfare



# Equine-Assisted Psychotherapy (EAP)

## Research in support of EAP

- Requires traveling to site (new place)
- Interaction with nature
- Social (sometimes)
- Requires full-body movement
- Bio-markers

So where does the horse fit in?



# Equine-Assisted Psychotherapy (EAP)

## Research in support of EAP

- Requires traveling to site (new place)
- Interaction with nature
- Social (sometimes)
- Requires full-body movement
- Bio-markers

So where does the horse fit in?



# Equine-Assisted Psychotherapy (EAP)

**Horses (as opposed to dogs, cats, fish, etc.)**

- Large
- Non-verbal
  - Beneficial for clients who can't or won't verbalize
- Cultural/Historical significance
- Requires a different environment
- Using horse behavior as a tool (less confrontational)
- Can incorporate bilateral rhythmic stimulation and EMDR
  - Mounted
  - Unmounted



# Current Models and Organizations that have EAP

## Current EAP Models and Organizations that have EAP

- Equine-Assisted Growth and Assisted Learning Association (EAGALA)
- Professional Association of Therapeutic Horsemanship (PATH)
- Natural Lifemanship
- Psychodynamic Equine-Assisted Trauma Therapy (PEATT)
- LEAP
- IFEEL
- Dozens more...



# Most EAP Sessions

- Activity-based or goal-directed
  - Session has an agenda
  - Physical obstacles and barriers
  - Client is often asked to perform a specific task with a specific outcome
- Based on Natural Horsemanship
  - Uses negative reinforcement (aversive pressure and release)
  - Often based on ideas of hierarchy, leadership and dominance
- Activity-based or goal-directed
  - Horse is mirror, without agency
  - Treatment team names the horse as a metaphor as part of the activity



# Most EAP Sessions – Pros and Cons

- Activity-based or goal-directed
  - Agendas and directive activities CAN be good, especially with children or in cases of trauma
  - Physical involvement of objects and surroundings
  - Physically interact with objects and horse with or without talking
- Based on Natural Horsemanship
  - Promotes the use of aversive stimulus to create “connection”, leadership, and dominance – often not in line with treatment goals
  - Dependent on negative reinforcement or traditional assumptions of equine hierarchy



# Treatment Team – Requirements

- Equine Professional
  - No standardized education or credentials
- Mental Health Professional
  - Licensed professional
  - Standardized educational requirements for field and practice
- Horse
  - Good welfare outside of session and good relationship with equine professional and mental health professional



# Treatment Team

- **Equine Professional**

- In charge of equine welfare before, during and after session
- Needs knowledge on equine ethology and behavior, not just horse-handling skills
- Asks client questions about the horses to “open up” the inner world of the client to help the mental health professional education or credentials

- **Mental Health Professional**

- In charge of emotional safety of client and team
- Can use responses to horse questions to engage with client
- Get information on client's issues by hearing answers to horse-related observations

- **Horse**

- Mostly just allowed to be a horse
- Best when at liberty rather than restricted – gives more options for behavioral responses



# What's Needed

- **More research in horse-human interactions and implications to EAP**
  - Not just human-focused (and not just hippotherapy)
  - Oklahoma State University
  - Colorado State University
  - University of Guelph
- **More standardized education in equine knowledge for EAP**
  - MiMer Centre
- **More integration of existing research into EAP**
- **Theoretical frameworks**
- **Ethical discussions**



KIRBY WYCOFF

# Competencies and ethics involved with the counseling modality of animal-assisted interventions



HUMAN-ANIMAL INTERACTION  
SECTION 13 OF DIVISION 17 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

# Ethical Considerations in Animal Assisted Interventions

## *Potential Potholes and the Road Ahead*

Kirby L. Wycoff, Psy.D., Ed.M., MPH., NCSP  
Associate Professor, School and Counseling Psychology  
Co-Director, School Psychology Program  
Eastern University



**“Human-Animal relationships, both positive and negative, are every bit as complex as those we share with our fellow humans”**

**Graduate School of Social Work Magazine,  
University of Denver Graduate School of Social Work**



**“Human-Animal relationships, both positive and negative, are every bit as complex as those we share with our fellow humans”**

**Graduate School of Social Work Magazine,  
University of Denver Graduate School of Social Work**



# Teaming WITH YOUR Therapy Dog



Ann R. Howie, LICSW, ACSW

*Foreword by Suzanne Clothier and Kirby Wycoff, Psy.D.*

- Author, Ann Howie, LICSW
- Therapy Dog Bill of Rights
- Applies to all animals we partner with

Ann R. Howie © 2014. Used with permission.  
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# Therapy Dog Bill of Rights

As a therapy dog (*animal*), I have the right to a handler who....

- Obtain my consent to participate in the work
- Provides gentle training to help me understand what I'm supposed to do
- Is considerate of my perception of the world
- Helps me adapt to the work environment
- Guides the client, staff and visitors to interact with me appropriately
- Pays attention to my non-verbal cues
- Takes action to reduce my stress



# Therapy Dog Bill of Rights (cont'd)

- Takes action to reduce my stress
- Supports me during interactions with the client
- Protects me from overwork
- Gives me ways to relax after sessions
- Provides a well-rounded life with nutritious food, medical care, physical and intellectual exercise, social time and activities beyond work
- Respects my desire to retire from work when I think it is time



# Westminster's Shining Angel: Meet Sophia!

*"Sophia has always been interested in people. Even as a puppy she would become calm when someone wanted to pet her. She loves her work as a therapy dog and can almost always bring a smile to the face of a child, even those who are terminally ill and undergoing chemotherapy."*

*- Wycoff, 2008.*



Owner Kirby Wycoff and Sophia bring smiles to a patient at Morgan Stanley Children's Hospital in New York as part of Westminster Kennel Club's Angel On A Leash therapy dog-handler program.

grown both in locations and facilities served. Participating therapy dog teams are certified through Delta Society or in New York through the Good Dog Foundation.

David Frei, president of Angel On A Leash and director of communications for the Westminster Kennel Club, says, "Angel On A Leash was founded to promote the role of the human-animal bond in enhancing human health and quality of life. The Westminster Kennel Club is a firm believer in the healing power of dogs in people's lives, and Angel On A Leash was intended to represent that relationship.

"The biggest surprise has been the fast-track progress of Angel On A Leash in assuming its own entity. Every year after we feature Angel On A Leash during the Westminster Kennel Club Dog Show telecast on USA Network we are inundated with calls from people across the country wanting to partner with us."

As a result of the program's success, Angel On A Leash became an independent 501(c)(3) nonprofit organization in 2007. Funding for the program is supported in part through sales of the annual "Westminster. There's only one." poster, which is sold at Madison Square Garden and on the club's Web site. A variety of fundraisers,

including the annual dog art auction held at the Doyle New York Gallery prior to Westminster, benefit the program as well.

A longtime therapy dog handler with his own Brittanys, "Teigh" and "Belle," and newest family member, a Cavalier King Charles Spaniel

## Becoming an Angel On A Leash Therapy Team

Angel On A Leash is the therapy dog-handler program that is a nonprofit charity of the Westminster Kennel Club. Angel On A Leash therapy teams earn certification by the Delta Society or in New York by the Good Dog Foundation.

Participants visit hospitals, rehabilitation centers, hospices, schools and crisis intervention programs that partner with Angel On A Leash. Partner facilities currently are located in New York, Portland, Ore., New Milford, Conn., Hackensack, N.J., Salt Lake City, and Memphis, Tenn.

For information about Angel On A Leash, please visit [www.angelonaleash.org](http://www.angelonaleash.org). You may also send an e-mail to [info@angelonaleash.org](mailto:info@angelonaleash.org) or call (646) 259-3811 or toll-free (877) 364-2643.



**Angel On A Leash**  
A CHARITY OF THE WESTMINSTER KENNEL CLUB



# Ethical Guidelines



# American Psychological Association

## Ethical Principles of Psychologists and Code of Conduct, noted that the goals of the document are to:

Provide a common set of principles and standards upon which psychologist's build their professional and scientific work... It has as its goal the welfare and protection of the individual and groups with whom psychologists work and the education of members, students and the public regarding ethical standards of the discipline. (American Psychological Association, Ethical Principles of Psychologists and Code of Conduct, 2017, p. 3).

*Ethics floors and ethical ceilings – what does this mean for the work of psychologists,  
partnering with animals?*



# American Psychological Association

Some statutes that are relevant to the provision of Equine Assisted Interventions and may also consider the welfare and protection of our equine partners (Allen & Colbert, 2016).

Kirsten Allen and Lindsey Colbert, from the Graduate School of Professional Psychology at the University of Denver, considered the specific APA code statutes specific relevance for those clinicians practicing in Animal Assisted Interventions.



# Ethics: A Way of Thinking, Being and Viewing Oneself

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# Standard 2: Boundaries of Competence

It is essential that practitioners provide services within their competence based on their "education, training, supervision, consultation, study or professional experience"

Standard 2:01 specifies that "psychologists planning to provide services in an area that is new to them must engage in the appropriate education, training, supervision, and consultation to do so"

For emerging areas, where recognized standards do not yet exist, "psychologists must take reasonable steps to ensure competence in their work and protect clients"



(American Psychological Association, Ethical Principles of Psychologists and Code of Conduct, 2017, p. 5).

# Standard 2: Boundaries of Competence

Standard 2.05 also held relevance when considering that a mental health professional may need to partner with and delegate aspects of the Equine Assisted Intervention to others

For example, if working on a team of four (the animal, the animal handler/trainer, the client, the therapist), the therapist is delegating some of the aspects of the work to the both the animal and the animal's handler (Allen & Colbert, 2016).



# ***Standard 3: Multiple Relationships***

- Significance of multiple relationships which can occur when working in a team of three in delivering Animal Assisted Interventions
- A triad model exists (animal, therapist, and client) wherein the therapist is both the expert on the human and the expert on the animal (Allen & Colbert, 2016).
- Here, the therapist is serving dual roles, as both the animal handler and the clinician; balancing the needs and considering the safety of both (Allen & Colbert, 2016).



# ***Standard 3: Multiple Relationships***

Further, if the therapist actually owns the animal (as may be the case in Equine Assisted Interventions and is often the case in working with smaller animals), this may impair the objectivity and competence of the clinician

(American Psychological Association, Ethical Principles of Psychologists and Code of Conduct, 2017)



# Professional Organizations Ethical Standards



# Human Centric or Animal Centric?

2016, The American Counseling Association's Center for Counseling Practice, Policy and Research disseminated a document entitled "Animal-Assisted Therapy in Counseling Competencies" which provides clear guidelines for their membership on competencies in AAT.

While a number of animal-central organizations (EAGALA, PATH, Opaquest) have ethical guidelines, this is one of the first official documents from a professional mental health organization to publish such guidelines.



# American Counseling Association

Stewart and her team outlined the following 3 areas:

1. Knowledge: Formal training In-depth animal knowledge, and knowledge of existing ethical requirements.
2. Skills: mastery of basic counseling skills, intentionality, and specialized skill set.
3. Attitudes: animal advocacy, professional development and professional values (Stewart et al., 2016, p. 4)



# Animal Focused Organizations

- First principle of the code reads, "The member respects the rights, dignity, and well-being of all individuals (humans or equines) and promotes well-being for all involved" (PATH, International).
- This first principle notes a "holistic awareness of mind, body, and spirit in equine-assisted activities and therapies for all involved" (PATH, International).



# International Institute for Animal Assisted Play Therapy (TM)

One of the first guidelines noted is Respect, which is defined as "...Equal and reciprocal respect of clients and animals. The needs of humans and nonhuman animals are considered equally." (VanFleet, & Faa-Thompson, 2017).

"Enjoyment" and "Acceptance."



# International Institute for Animal Assisted Play Therapy (TM)

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"Enjoyment" and "Acceptance."



# Power of Choice: Two and Four Legged Participants



# Power of Choice

## Affinities and areas of strength

I chose to enter this field

Did Sophia?

Was she drafted or did she self-select?

## Exercise:

*“Why I chose to pursue working in the field of Human-Animal Interactions”*

30-seconds



# Informed Consent

## Informed consent

Respect for People's Rights and Dignity

Psychologists respect the dignity of and worth of all people and the rights of individual's privacy, confidentiality and self-determination

## APA Code Notes:

“Obtaining informed consent respects a client's right to self-determination by informing the client about central aspects of the relationship and obtaining from the client, consent to proceed.”

Take out “client/people” and enter “animal”



# Goodness of Fit



# Ethical and Responsible Decision Making

It is in the space between “a human in need” and “an animal to serve” where the possibility exists that animals *can be* exploited.



# Needs Assessment

What are the unique demands of this specific job?



What are the unique characteristics of this particular animal?



Can we reasonably (fairly and humanely) expect that this particular animal can do this particular job?

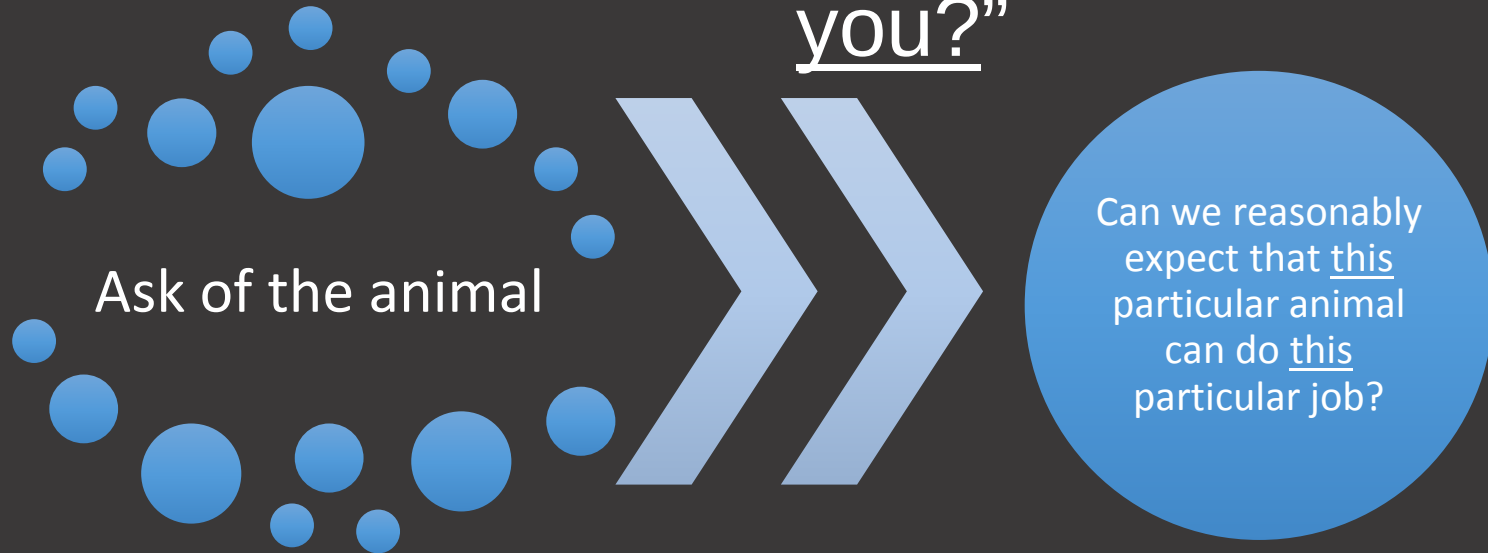


# Assessment and Suitability



# Assessment Tools

Helps us answer the question “Who are you?”



Who are  
you?

Is this a  
good fit?



See work of dog trainer, Suzanne Clothier, on “Elemental Questions”

# Who are you, How is this for?



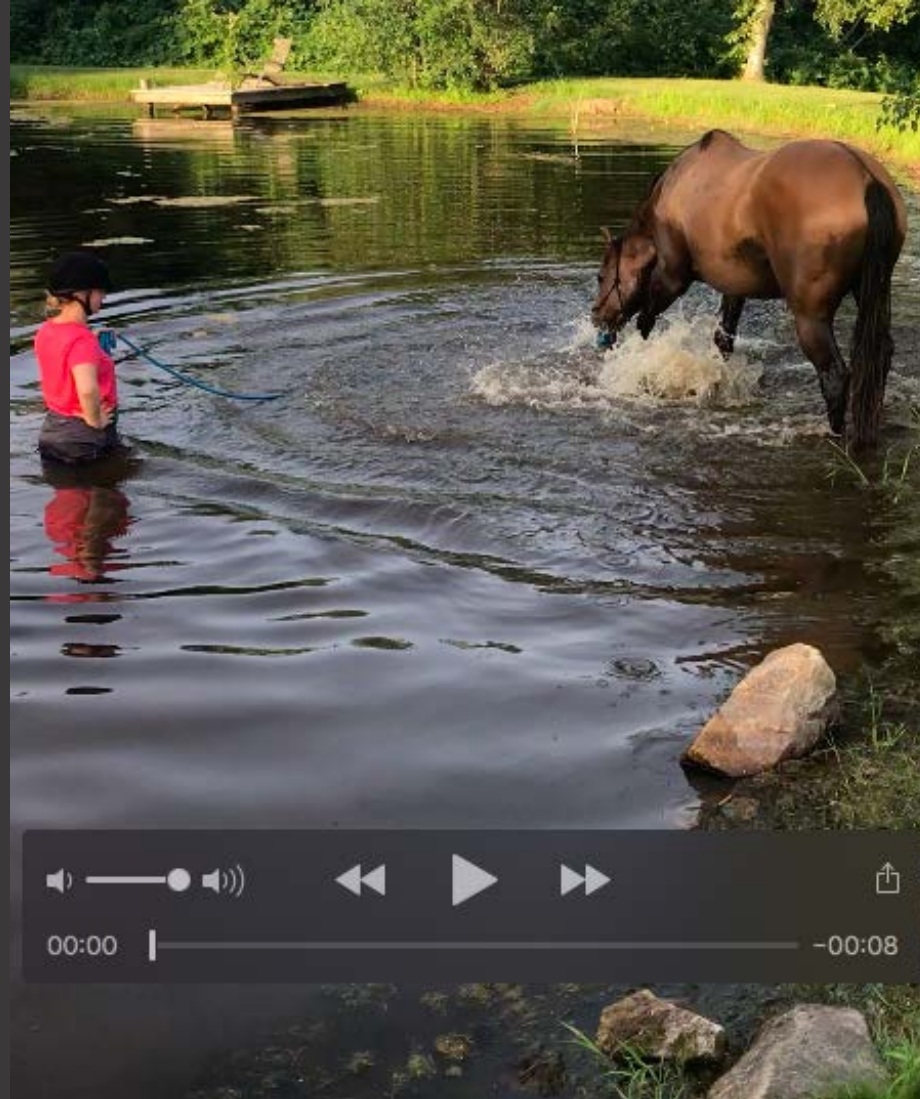
See work of dog trainer, Suzanne Clothier, on "Elemental Questions"

# Who are you, How is this for?



See work of dog trainer, Suzanne Clothier, on "Elemental Questions"

# Who are you, How is this for?



See work of dog trainer, Suzanne Clothier, on "Elemental Questions"

# Skills Suitability

- DO NOT BE MISTAKEN: Many “tests” that large therapy organizations use are assessing **SKILL SETS ONLY** not innate suitability
- That is, a set of trained behaviors that the handler and animal demonstrate together
- A learned body of knowledge, not an authentic, innate response of the animal



# Skills Suitability

- DO NOT BE MISTAKEN: Many “tests” that large therapy organizations use are assessing **SKILL SETS ONLY** not innate suitability
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- A learned body of knowledge, not an authentic, innate response of the animal



# Relationships

The relationship itself is the reflection of the quality of connection between two beings

- It is a balanced reciprocity of spirit
- The opportunity to learn about:
  - The other,
  - Ourselves,
  - US together



# So What About the Mirror?

It is not about the animal reflecting back to the human, who/what the human is.

The animal is not my mirror, not an empty receptacle for me to project my thoughts, feelings, behaviors onto.

The animal does not show me who I am, by being an empty, blank mirror.

The animal comes to this relationship as a fully sentient being in her own right, with her own thoughts, feelings and behaviors.

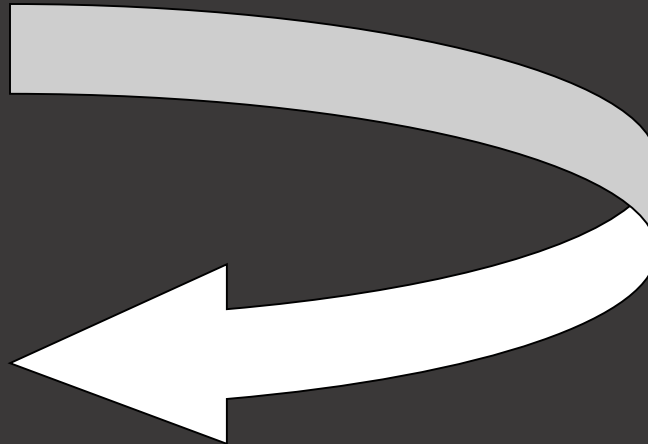
It is only in the reflection of *what is between us – the relationship* that I come to know her, myself and most importantly, *us*.



# So What About the Mirror?

**NO**

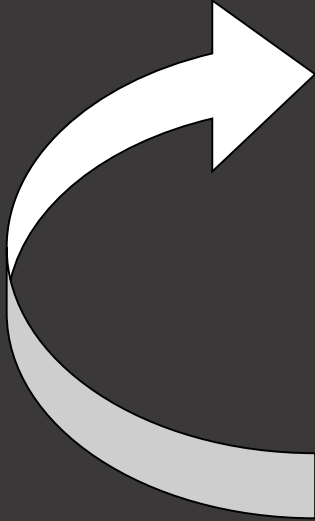
**The animal is not here solely for my purposes. She is NOT my mirror for me to use, project onto and to reflect back who I am.**



# So What About the Mirror?

YES

It is the reflection of WHO WE ARE TOGETHER. It is a reflection of the relationship between us. Literally, the physical, spiritual and emotional space between us, that allows US to grow together.



# Self-Awareness

- How do I feel about the prospect of partnering with horses in therapeutic interactions?
- How do I feel about my current level of knowledge and training relative to providing services that integrate horses?
- How do I feel about horses having a choice in whether they participate in therapy sessions?
- How do I feel about horses having choices *within* therapy sessions?



# Example

- If a session is going particularly well but the horse has had enough, am I willing to stop?
- How do I feel about different horses having different boundaries:  
**e.g., Eli adores having his head stroked, Norman tolerates it, with Dennis it depends on the day, and Naboo would rather not be touched on her head at all?**



# Self-Awareness

- How do I feel about horses working at liberty (no tack, tools or equipment) with clients?
- How do I feel about horses being ridden in the context of therapy?
- How do I feel about using halters, lead ropes, lunge lines, bits, spurs, whips, saddles or other tools in the context of therapeutic interactions with horses?



# Self-Awareness

- How do I feel about whether a horse is stalled for most of the day in isolation, or turned out in social groups and primarily living outdoors?
- How do I feel about equine welfare as it relates to providing therapeutic services with horses?
- How do my own values, beliefs, attitudes, and understanding of the history of the role of horses in the lives of humans impact my ability to provide services?
- What does my culture and religion say about animals in general?



# Complexity, Gray, Supervision, Self-Work



# The End! Thank you!

Discussion

Questions

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[Kirby.Wycoff@eastern.edu](mailto:Kirby.Wycoff@eastern.edu)



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**ELIZABETH HOLMAN**

# **Palliative care for veterans and a facility canine**



**HUMAN-ANIMAL INTERACTION**  
SECTION 13 OF DIVISION 17 OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

# Palliative Care for Veterans and a Facility Canine

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# Evidence for AAI in Medical Settings



- A 12 minute interaction with a therapy dog led to lower blood pressure, neurohormone levels, and anxiety of hospitalized cardiac patients. (Cole et al, 2007)
- Patients who had chemotherapy in a room with therapy dogs had significantly better oxygen saturation than those who chose not to have dogs present. (Orlandi et al, 2007)
- Children in a pediatric hospital in pain crisis required less pain medication with AAT. (Yamauchi, 2008)
- For health care workers, 5 minutes with a therapy dog led to decreased serum and salivary cortisol. (Barker et al, 2005)



# What is a Facility Dog?



- Expertly trained working dog partnered with a handler to achieve specific goals in the handler's professional role (Canine Companions for Independence, 2018).
- High degree of training required of the dog, which often works full-time with the handler.
- Work in variety of settings including medical, educational, and courthouse settings.
- Can be seen as both AAI and AAT, depending on the handler and the work setting as well as the demands of the situation.
- The dog lives with the handler, who is responsible for the animal's feeding, veterinary care, and general well-being.



# Work Needs Assessment

Palliative care psychologist needs to connect quickly with patients to:

- Gather information
- Provide support
- Assess mood and coping
- Help clarify values
- Manage pain
- Facilitate family discussions

Challenges:

- Veterans in pain, frightened, and sometimes suspicious of the VA system and staff.
- Veterans are sometime distrustful of psychology.



# Application Process

- Submitted a proposal to have a Facility Dog, including evidence base and proposed scope of work.
- Biggest concerns came from Infectious Disease.
- One year later, approved to apply to Canine Companions for Independence (CCI) for a Facility Dog.
- Wrote specific Facility Dog policy.



# Waffle and Tootsie

- Application process included written application (part for me, part for VA), hour long phone interview, 2.5 hour in-person interview.
- Invited to 2 weeks of Team Training in Oceanside, CA.
- Pre-matched part-way through first week.
- Waffle team: Feb. 2013 – Oct. 2017
- Tootsie team: May 2018



# Facility Dog's Job

- Ease the introduction to palliative care and psychology.
- Open the door to difficult conversations.
- Awaken memories and smooth the way to life review.
- Facilitate medical care and rehab activities.
- Provide a way to informally assess cognition and language.
  - Can the veteran remember the dog's name?
  - Can they give commands?





**Sometimes, this is what hard work  
looks like**

# The “Waffle Study”

- Canines Providing Assistance to Wounded Warriors (CPAWW)/ University of Colorado-College of Nursing
- VA Palliative Care



# Objective

Examine the effects of AAI on:

- Cardiovascular indicators
  - Blood pressure (BP)
  - Heart rate (HR)
- Physiologic salivary stress biomarkers
  - Cortisol
  - Alpha-amylase
  - Salivary immunoglobulin A (sIgA)

In veterans on the palliative care service.



# Setting

- Palliative care service at the VA Eastern Colorado Healthcare System in Denver, Colorado.
- Participants included veterans on hospice, palliative care, and subacute rehab in the hospital and Community Living Center.



# Population

- 100% Military Veterans
- $N = 25$
- Age range 33-86 years
- *Mean* age = 65.32, *SD* = 12.26
- Gender
  - 21 male
  - 4 female



# Methods

- Crossover repeated measures design
- Intervention:
  - 20 min unstructured visit with Waffle & psychologist
- Control:
  - 20 min unstructured visit with psychologist alone
- Order randomly assigned
- 24-hour period in between conditions to prevent washout and carry-over effects.



# Methods (cont'd)

- Sessions conducted between 8-11 AM to control for diurnal cortisol variation
- BP, HR, and salivary biomarkers collected before, after, and 30-minutes after both conditions
- One-sample *t*-tests applied to the differences.
- Data analyzed using software from the R core team and SPSS.
- Significance level set at  $p \leq 0.05$



# Challenges of the Study

- Recruitment constraints
- Patients often very ill
- Challenges of being in a hospital
- Veteran's eagerness to help others a plus.



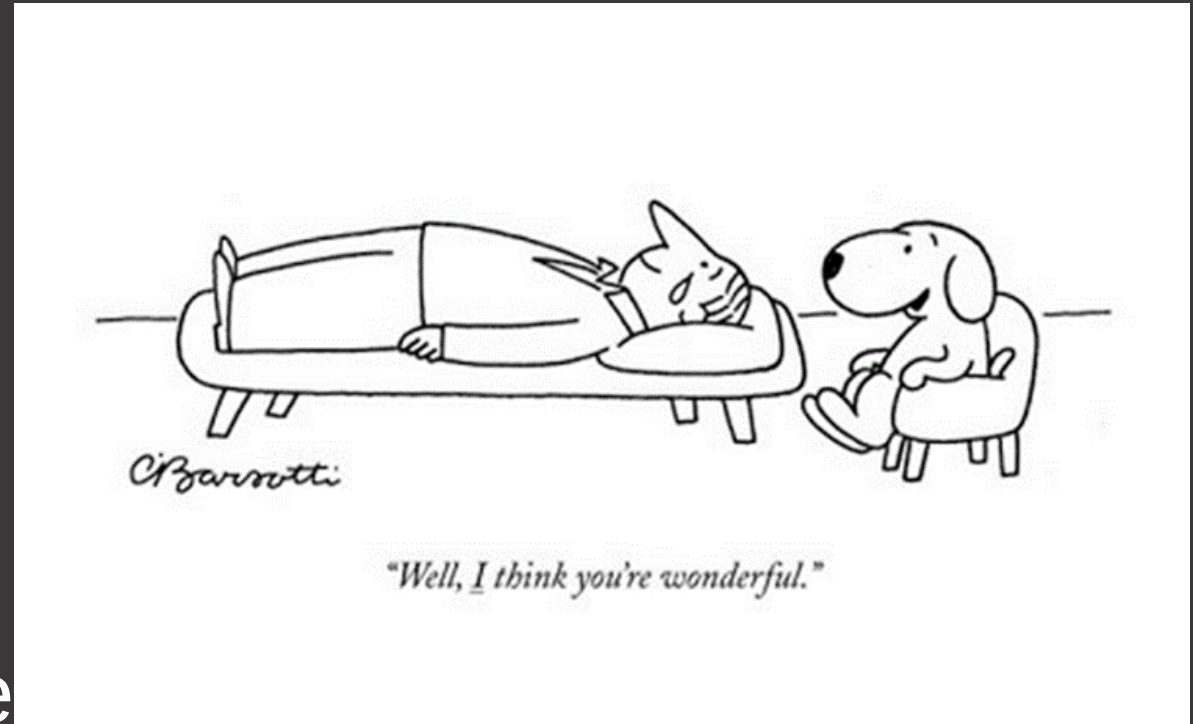
# Results

- Significant decreases in HR were found when the before time period was compared to the 30-minutes after time period for both the experimental ( $p = 0.005$ ) and control ( $p = 0.012$ ) condition.
- A significant decrease in cortisol was also found when the before time period was compared to the 30-minutes after time period for both the experimental ( $p = 0.007$ ) and control condition ( $p = 0.035$ ). (Krause-Parello et al, 2018)



# Conclusions

- A VA facility dog paired with a palliative care psychologist had a measurable impact on HR and salivary cortisol levels in veterans.
- More research needed to further examine the effects of AAI in reducing physiologic stress in veterans receiving palliative care.
- Implications for clinical practice



# Ethical Issues: Veterans

- Hospitalized veterans are doubly vulnerable.
- Palliative care patients are seriously ill, sometimes have questionable capacity.
- Can be compounded by PTSD and the trauma of illness and treatment.
- Veterans are accustomed to hierarchy and taking orders.
- Informed consent is critically important.
- Participants chose the setting for research interactions and directed conversation during interactions.
- Goal of offering benefit to participants.



# Ethical Issues: Facility Dog

- Importance of a highly trained dog, already accustomed to the setting.
- ADI Facility Dog standards include:
  - Respond to commands from the handler 90% of the time on the first ask
  - Meet all the standards for assistance dogs in public
  - Be skilled at being calm and well behaved in a variety of environments
  - Be accustomed to interacting with different types of people, including those with physical and/or intellectual disabilities (ADI, 2017).
- ADI Facility Dog handler standards include:
  - Understanding of canine care and health
  - Ability to maintain training, problem-solve, and continue to train and add skills
  - Understanding of how to use the dog in canine-assisted interventions
  - Knowledge of local access laws and appropriate public behavior (ADI, 2017).
- Protocol included plan to remove the dog if she exhibited stress signals.
- Handler has dual challenge of attending to the participant and the dog.



# Summary

- Research: A facility dog can help hospitalized veterans downregulate their stress.
  - Ethics: Being a Facility Dog handler always has the challenge of needing to be expert in dog's and humans' needs, and attend to both. Research highlights both needs.
  - It's worth doing!
-  There is much more to learn.



# Resources

- Assistance Dogs International ([www.assistedogsinternational.com](http://www.assistedogsinternational.com)) – umbrella organization of service dog providers, sets standards for public access for working dogs.
- Canine Companions for Independence ([www.cci.org](http://www.cci.org)) – one provider of Facility Dogs and service dogs. Their handbook *Facility Dogs at Work* offers examples of different ways to work with dogs.
- C-PAWW: Canines Providing Assistance to Wounded Warriors ([www.ucdenver.edu/academics/colleges/nursing/research/c-paww/Pages/C-PAWW.aspx](http://www.ucdenver.edu/academics/colleges/nursing/research/c-paww/Pages/C-PAWW.aspx))
- Institute for Human-Animal Connection ([www.humananimalconnection.org](http://www.humananimalconnection.org)) – division of University of Denver Social Work school focused on AAA.



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TIME!

