SESSION
PLANNING FOR MENTAL HEALTH AND PHYSICAL HEALTH PROFESSIONALS IN AAI

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WHO WE ARE
YAY! I HAVE A DOG!
NOW WHAT DO I DO?

Adapted from Winkle, M., Magnant, A., Jackson, L., & Newton, J. (2016). The art and science of animal-assisted interventions. AOTA Annual Conference, Chicago, IL.
BEFORE YOU EVEN BEGIN

• Need to EDUCATE!
  – How is a dog in an AAT session different from a Therapy Dog?

• WHO do you need to educate?
  – Other therapy staff
  – Other departments
  – Patients/Clients
  – Family members
  – Volunteers (*including those with therapy dogs)

• HOW will you educate?
  – Need to account for constant changes in staff, patients/clients, visitors, etc.
SAFETY FIRST

• It’s all about SAFETY!
  • How do I ensure the safety of my patients/clients?
• How do I ensure the safety of my dog?
  • Many people don’t know how to interact appropriately with dogs!
    • How do you establish “ground rules” for interacting with the dog?
    • How do you educate others about the “ground rules”?
• Must be able to MULTITASK!
STANDARDS OF PRACTICE, CODES OF ETHICS, AND LICENSURE LAWS

• What does your Profession’s Standards of Practice, Code of Ethics, and State Licensure Law/Practice Act say about the use of ANY modality in practice?
  • Beneficence
  • Nonmaleficence
  • Establishing and maintaining competence in the use of therapeutic modalities
  • Scope of Practice

• At the end of the day…can you demonstrate and document that you have the knowledge, skill, training, and experience to integrate an AAT dog into practice?
Your Responsibilities as a Handler

• As the dog handler, you must:
  – Be able to read your dog and handle it in a SAFE, APPROPRIATE, and HUMANE manner
  – Learn to “read” your dog and patients/clients to prevent harm to either
INTEGRATING YOUR DOG INTO SESSIONS

We need a plan!
INTENTIONALITY

Writing session plans that work in animal-assisted interventions
DEFINITIONS

Animal Assisted Therapy (AAT):
Animal Assisted Therapy:
- Goal oriented, planned and structured therapeutic intervention directed and/or delivered by health, education and human service professionals.
- Intervention progress is measured and included in professional documentation.
- AAT focuses on enhancing physical, cognitive, behavioral and/or socio-emotional functioning of the particular human client.

Animal Assisted Education (or Animal Assisted Pedagogy):
- Goal oriented, planned and structured intervention directed and/or delivered by educational and related service professionals.
- Focus of the activities is on academic goals, pro-social skills and cognitive functioning.
- The student's progress is measured and documented.

Animal Assisted Activity (AAA)
- Informal interactions/visitations often conducted on a volunteer basis by the human-animal team for motivational, educational and recreational purposes.
- No treatment goals for the interactions.
- AAAs are generally facilitated by individuals who do not have a health, education or human service degree.
- Human-animal teams have received at least introductory training, preparation and assessment to participate in informal visitations.
  - Human-animal teams who provide AAA may also work formally and directly with a healthcare, educator and/or human service provider on specific documentable goals.
  - In this case they are participating in AAT or AAE that is conducted by a specialist in his/her profession.

SOURCE: IAHAIO, 2018, 2014
Animal-Assisted Interventions

Animal-Assisted Activities
- Animal-Assisted Crisis Response
- Therapy Animal Hospital Visit
- Therapy Animal Nursing Home Visit
- At-Risk Youth or Delinquent Youth
- Prison Animal Programs

Animal-Assisted Therapy
- Animal-Assisted Psychotherapy
- Animal-Assisted Social Work
- Animal-Assisted Occupational / Physical Therapy
- Animal-Assisted Speech Therapy
- Professional-Paraprofessional AAT Service Model

Animal-Assisted Education
- Animal-Assisted Reading Programs
- Humane Education

Planning an AAT Session: Pre-Screening

• **DOG-related** Considerations:
  - Zoonotic diseases (is your dog free of fleas/ticks/other stuff?)
  - Cleanliness (is your dog well-groomed? Is there pollen or dust on the fur?)
  - General health (does your dog seem on it's “A-game” today?)
  - Dog's “Social Schedule” for the day
    • How many sessions does the dog have scheduled for today?
    • Has the dog had adequate down-time between sessions?
    • Has the dog had variety in the types of tasks, patients/clients, etc. it has experienced?
Planning an AAT Session: Pre-Screening (cont.)

• **CLIENT/patient-related** considerations:
  – Phobias
  – Allergies, asthma, or respiratory concerns
  – Immunocompromised status
  – Open wounds/burns
  – Zoonotic diseases that can be passed on to your dog
  – Cognitive/mental status (in re: to dog safety)
  – Cultural/religious factors
  – Prior experiences with animals (good, bad, or indifferent)

• Needs of other people in the general area?
Planning an AAT Session: Pre-Screening (cont.)

• **DOG-PATIENT/CLIENT-related** Considerations:
  – Does the patient/client like **this** type of dog?
  – Does the dog like **this** type of patient/client?
  – Does the dog like **this** type of goal-oriented therapeutic activity?
Session Plans

Creating objectives / goals

- These are measurable
- One session, one goal; leading to long term goal
- Organize your session
- Still need flexibility
Planning an AAT Session: Creating Goals

• What are the patient’s/client’s therapeutic goals? Will the integration of the dog facilitate patient/client goal achievement?
  – “The patient/client likes dogs!” isn’t enough...
  – Will the dog be a motivator, or a distractor?
Planning your AAT Session: Activity Selection to Facilitate Goal Achievement

- When choosing an activity, always need to consider:
  - Patient/client and dog: Ethical obligations
  - Therapeutic value of activity
  - Supplies needed for activity
  - Grading/modifying the activity based on patient/client and dog skills
  - Precautions and safety:
    - Dog
    - Patient/Client
  - The dog’s perspective
  - Required skills for the dog
Planning your AAT Session: Activity Selection (cont.)

• Can the **DOG** engage in the activity?
  – What core skills/cues are used in completion of the activity?
    • Basic obedience (heel, sit, stay, come, etc.)?
    • Basic body movements (nose touch, paw touch)?
    • Maintaining a relaxed and patient position?
  – Can we grade/modify the activity as needed?
Planning your AAT Session: Activity Selection (cont.)

• Can the **PATIENT/CLIENT** engage in the activity?
  – What core skills/cues are used in completion of the activity?
    • Sensory processing skills
    • Physical skills
    • Cognitive skills
    • Psychosocial skills
  – Can we ensure safety of the patient/client and the dog?
Regardless of what you plan, the interaction may change the course of your session.

Live animals that are always communicating – listen.

Balance [treatment/education/AAA] goals and session plan with the immediate needs of the animal and client.

How can you use the immediate situation to as part of your plan, without changing the energy?

Source: M. Winkle, A. Johnson (AAI certificate program lecture)
Documenting Your AAT Session

- Documentation of AAT sessions isn’t much different than documentation of any other sessions
  - Note that patient/client participated in AAT
  - Document patient/client participation and progress during session
    - Length of activity participation
    - Activities completed during session (quality/quantity)
    - Progress towards therapeutic goals
  - Remember:
    - Third party payers (typically) don’t care WHAT intervention you use with patients...they care about MEETING PATIENT/CLIENT GOALS!
**AAI Preplanning**  
**Ex: AAT Session Plan**

**Therapeutic (or educational value)**
- What is the general goal area?
- Example: Psychotherapy
- Theoretical Foundations - CBT
- General goal of Modifying irrational beliefs
- Specific goal is identifying the difference between feelings, thoughts, and behaviors from a TFCBT framework

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<tr>
<th>Desired outcomes</th>
<th>Identify difference between thoughts, feelings, and behaviors from TFCBT framework</th>
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<td>Populations</td>
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<td>Materials</td>
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### AAI Preplanning

#### Populations

- Who are your clients?
- Who would this benefit?
  - E.g. in this case, clients who have a history of trauma
  - Age? Is it relevant? Could someone at any age benefit?

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<td>Child, adolescent, adult; trauma hx</td>
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<td>Materials</td>
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<td>Theoretical framework</td>
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## AAI Preplanning

### Supplies needed / Time required

- What are the items needed for the activity?
- Think through everything so that you always have all items necessary available
- How long will this activity take?

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**AAI Preplanning**

Describe how the activity will be done, step by step

- What happens
- Who is involved
- When and how will animal join

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**Methodology**

Step by step instructions - so that someone else could follow. This helps fill in any gaps.

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### Potential risks

- What risks are involved for the client or animal?

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**Potential Risks / What could go wrong?**

- Client may be unable to touch the dog treat due to food allergies, religious requirements (e.g. pork products)
### AAI Preplanning

#### Modifications
- What would need to be modified for a possible risk or client who has a concern?
- What could you add / change if the outcomes were different?

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<td>Statement cards are age appropriate, treats is enticing, chair for client to sit in if needed; move muffin tin to the floor</td>
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## AAI Preplanning

### Animal Perspective & Required Skills
- Has the animal seen this before?
- Does the animal actually demonstrate signs that he enjoy the activity?
- Have you pre-trained for it?

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<td>Basic cues, including 'Place,' 'Okay' to pursue treat/exploring; 'Leave it' or 'Wait' to pause in between tin discovery/client statement response.</td>
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### AAI Preplanning

**Wrapping up the session**

- What does the client or animal need to do upon completion?
- In this case…

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Employ goodbye ritual that remains consistent with each session- Thanking the dog for participating and reminder of next appointment.
Session Plan

Name of Activity:

Author Name & Discipline if applicable:

What may we share with the present and future students in the AAI Activity PDF?

My name Activity Photo None of the above
Other: ____________

This is for AAA AAE AAT All AAI

Species of animal: Desired Outcomes (these are client goals, teaching/treatment plan areas):

Materials Needed:

Population(s):

Preparation of client for AAA, AAE or AAT (Books, stuffed animals, Rules of Engagement, etc.):

Time Required:

Service Delivery Method (Video session, distance, in-person):

Theoretical Foundation/Frame of Reference:

Methodology (How to do the activity, step by step):

Potential Risks for Client or Animal (What could possibly go wrong?):

Modifications (How can you make this easier/more challenging/more comfortable) for clients/students and animal? How do you prevent those things that could go wrong?

Prerequisites for the Animal/Preparation and Training Needed (think about how the animal experiences this activity)?

Wrapping up the session (How will you end/transition out of the session so it is comfortable for everyone involved?).
Session: Recognizing Fear and Anxiety

**Context**
We offer our clients experiencing homelessness a course that addresses the effects of adverse childhood experiences (ACEs). In the ACE Overcomers course, students learn about ACEs, the impact on brain development, emotions and health. One of the key objectives of the course is to aid the student in gaining self-awareness, a pre-requisite for changing ACE-related behaviors. One of the executive function deficits produced by ACEs occurs in the area of generalized learning, so clients may have difficulty generalizing an observed experience to themselves.

The fear stimulus offered to the horse is something we do in the normal course of training. This is a young horse still gaining confidence in her ability to control her responses. The horse knows the relaxation routine, and introducing things that may startle her then having her relax are important steps in helping her to move into the relaxation routine quickly when challenged. When it's time for a lesson that is hands-on, a trained, more experienced horse will be used.

**Objectives**
Students will generalize an observed behavior in a horse, to their own response to fear. They will be able to:

- a. Analyze the behavior of a horse presented with an anxiety-inducing stimulus.
- b. Compare and contrast that response with their own reactions to fearful situations.
- c. Analyze the behavior of the horse when taken through familiar relaxation routines in the presence of the fear stimulus.
- d. Compare and contrast that response with their self-soothing routines (if they have any).
- e. Create an anxiety reducing routine for themselves.

**Population**
Adult clients (ages 25–60) experiencing homelessness and are enrolled in the ACE Overcomers class. Class size limited to 10.

**Resources**
- Horse trainer familiar with AAI and the goals of the class
- Round pen
- Lead rope, halter, "carrot stick" (stick with a soft rope attached)
- Fear stimuli: umbrella, plastic grocery bag, other unfamiliar item to the horse
- Journals and writing instruments
- Chairs or benches around the round pen

**Procedure**
Clients are introduced to the horse in her paddock (they remain outside paddock fence; trainer is inside). Those who would like to offer her treats may do so (instructed to give with open palm).

Clients take seats around the round pen while trainer leads the horse into the round pen.

Trainer does initial relaxation routine using the carrot stick to throw the rope over the horse's back, around her feet.

**Journal Activity:**
Ask clients to make observations about horse's behavior and body language.

**Discussion:**
Ask clients about things the horse has a survival reason to fear in the wild: Predatory animals such as wolves, bears, cougars, or environmental threats such as fire.

**Horse:**
Introduce the umbrella opening and shutting it from outside the round pen. (If afraid the horse will bolt, run, or freeze; if cautious will approach slowly to sniff.)

**Discussion:**
Ask students if this is a real threat. Could the umbrella eat the horse? What do you think the horse is thinking? What does this response tell us about how the horse's brain is wired?

Do you think the horse can listen to the trainer or learn when in this state? How safe is the horse to be around when she's startled?

**Journal Activity:**
What kinds of situations cause you anxiety? Can any of these things actually harm you? Are they umbrellas or bears? What do you think about/feel when anxious? Are you able to learn or make good decisions when you feel this way? Do you think other people feel safe around you when you are anxious?

**Discussion Debrief:**
Who can remind us about what we've learned already about the limbic system and the flight, flight or freeze response? What do we know about trauma and how it affects this system? How do you think the horse's response to fear is similar to that of a person who has experienced trauma? (People who have experienced enough trauma while young will have a "grey" response like the horse).

**Horse:**
Begin relaxation routine. Reintroduce the umbrella. Repeat until horse is relaxed in the presence of the umbrella.

**Discussion:**
What do you notice about the horse's behavior once the trainer started the relaxation routine? What do you think the horse is feeling/thinking now?

**Journal:**
Here is a list of soothing things to do that others have found helpful: deep breathing, yoga, coloring (adult coloring book), squeezing an object (like a soft ball), going for a walk, thinking about something calming that you enjoy, meditation or prayer, talking to a friend, other __________.

Do you have any self-soothing routines? What do you do? How do they make you feel? Are you able to think more clearly once relaxed? If you are, why do you think this is so?
**Author Name:** Allison Kappel-Gray, MS OTR/L, CDCS  
**Activity Name:** Reach 'n Pet  

**This is for:** AAT  
**Species of animal:** Dog  

**Desired Outcomes:**  
- To improve residents' trunk control and posture  
- To improve wheelchair positioning and decrease risk of contractures, decrease risk of falls, and maintain skin integrity  
- To improve AROM and joint mobility in bilateral upper extremities  
- To improve quality of life by increasing sensory stimulation, decreasing anxiety, and decreasing undesirable behaviors  

**Materials:**  
- Water bowl  
- Food bowl  
- Dog food/treats  
- Leash  
- Harness  
- Dog brush  
- Bottled water for dog and client  
- Sanitizing materials (wipes, hand sanitizer)  
- Gait belt  
- Blood pressure cuff  
- Pulse oximeter  

**Population(s):** Residents with a diagnosis of late stage dementia  

**Preparation of client for AAA, AAE or AAT:**  
- Obtain consent from a health care proxy. Residents will likely be unable to give consent due to cognitive status. Expose resident to stuffed animal as trial and observation of behaviors.  

**Time Required:** 15 minutes to 45 minutes  

**Service Delivery Method:** In-Person  

**Theoretical Foundation/Frame of Reference:**  
- The Model of Human Occupation discusses how a person’s occupational performance is impacted by their valuing, habituation, and performance capacity (Winkele & Ni, 2019).  
- The biomechanical theory states that “engaging in therapeutic activities can remediate underlying impairments such as loss of range of motion, strength, and endurance” (Winkele & Ni, 2019, p. 389)  

**Methodology:**  
1. Transport resident to quiet treatment area and eliminate distractions  
2. Assess resident for proper positioning in wheelchair. Note leaning, hip placement, sliding, proper application of adaptive devices, etc.  
3. Instruct resident to properly sit up and have proper positioning to scan for the dog  
4. Instruct resident to reach forward to pet the dog and then return back to neutral position  
5. Instruct dog to move to a different position and repeat up to resident’s tolerance  
6. Assess resident’s posture after treatment for proper positioning  

**Potential Risks for Client or Animal:**  
- Resident may grab dog rather than petting  
- Resident may be frightened of dog and show undesired behaviors  
- Dog may get scared if resident starts to increase volume of voice or grabs hold of fur  

**Modifications:**  
- If resident is noted to have poor trunk control, focus solely on looking at the dog with proper posture rather than petting the dog (downgrade)  
- If the resident has difficulty performing AROM with arms, therapist may provide hand over hand cues to complete task (downgrade)  
- Have resident sit on the edge of a mat without support to complete activity (upgrade)  
- Provide resident with dog brush to add an additional activity to improve reach and trunk control (upgrade)  

**Prerequisites for the Animal/Preparation and Training:**  
- Basic cues and skills  
- Target training  
- Exposure to wheelchairs and proper medical supplies within treatment room  
- Exposure to loud noises to prepare dog if a resident yells  

**Wrapping up the session:**  
- Finish session with something positive for the animal and the patient. Provide the animal a treat or toy once the session has been complete. Bring resident back to common area/room and let staff know session is complete.
Information and Resources:

- **Assistance Dogs International:**
  - https://assistancedogsinternational.org/
    - FAQs
    - Assistance Dog and AAI training organization locator

- **Animal-Assisted Intervention International:**
  - https://aai-int.org/
    - Overview of AAI
    - Standards of Practice
    - Glossary of Terms

- **Pet Partners:**
  - https://petpartners.org/
    - How to register an animal
    - How to locate volunteer visiting teams

- **FREE intro courses on AAI:**
  - https://dogwoodtherapyservices.teachable.com/
THANK YOU!

Contact info:
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Ellen Herlache-Pretzer echerlac@svsu.edu