

Practitioners Corner

Incorporating a therapy dog into your practice: Some considerations

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As science begins to support what we have long intuitively known, that human-animal interactions offer numerous benefits, animal-assisted interventions (AAIs) are becoming increasingly popular. Unfortunately, with the rapid growth of AAIs, many clinicians who include animals lack sufficient knowledge and/or experience in animal behavior and welfare to ensure the safety and wellbeing of all those involved (e.g., the animal, the client, and the clinician). The purpose of this article is to help elucidate some of the complexity involved with integrating dogs into clinical practice so that clinicians can more easily learn to identify, and successfully mitigate, potentially challenging or even injurious situations.

What is AAI and why might you want to include it in your clinical work?

AAI is a broad term that encompasses many types of human-animal interventions and settings. An often cited definition of AAIs comes from the International Association of Human-Animal Interaction Organizations (IAHAIO) white paper entitled “*Definitions for Animal Assisted Intervention Guidelines for Wellness of Animals Involved*” (2014;2 018). In this article, we emphasize the role of dogs in one type of AAI – animal-assisted therapy (AAT), which is defined by IAHAIO as:

“A 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 is delivered and/or directed by a formally trained (with active licensure, degree or equivalent) professional with expertise within the scope of the professionals’ practice. AAT focuses on enhancing physical, cognitive, behavioral and/or socio-emotional functioning of the particular human recipient. The professional delivering AAT (or the person handling the animal under the supervision of the human service professional) must have adequate knowledge about the behavior, needs, health and indicators and regulation of stress of the animals involved” (IAHAIO, 2018).

Although many species may be appropriate for AAT, dogs are by far the most frequently included species. Canines and humans have co-evolved over centuries, leading dogs to be adept at reading and adapting to human patterns and styles of communication. Dogs have the capacity to recognize and respond to human nonverbal cues more successfully than any other species (Hare & Tomasello, 2005; Hare, Brown, Williamson & Tomasello, 2002; Serpell & Duffy, 2014; Udell & Wynne, 2008). This

ability to accurately respond to human communication can bring meaningful moments to the therapeutic milieu that may otherwise be difficult to achieve. While this is often a positive experience for humans, it has the potential of being stressful for the dogs.

As part of the therapeutic triad in AAT (the animal, the clinician, and the client), dogs are expected to learn new behaviors and continually meet new people. This constant exposure to new stimuli has the potential to create stress in dogs that are not properly prepared (Ng, 2019). Therefore, it is critical that the clinician have specialized knowledge and education related to dog behavior at a species, breed, and individual level (Stewart, Chang, Parker, & Grubbs, 2016) and that therapy animals are registered through reputable organizations such as Pet Partners (2020) or Therapy Dogs International (TDI) (2020).

Because psychologists and other mental health care providers are expected to work within their scopes of practice, Stewart et al. (2016) assert that clinicians should be competent mental health providers before including animals within the therapeutic milieu. This means that practitioners should have a knowledge base and skill set related to AAIs prior to including an animal in therapeutic sessions. Clinicians who want to safely and effectively include AAT within their clinical work should pursue educational opportunities related to their animal’s behavior and welfare; including the acquisition of skills needed to objectively and accurately understand canine communication and body language. Of particular importance is the ability to recognize and mitigate canine stress. In addition to knowledge about animal behavior and welfare, it is suggested that the clinician pursue appropriate coursework and training related to AAI-related theories, intentionality, session planning, and documentation (Stewart et al., 2016).

Even though many clinicians who engage in AAT are pet owners, pet ownership is not a sufficient foundation for managing a dog in a therapeutic setting. Too often, well-meaning professionals include dogs in a therapeutic context without proper dog or client preparation. While preparing one's own therapy dog is obviously critical, it is also important to 'train the client' – which includes talking with them about the purpose of the dog's presence and how to interact with the dog appropriately and safely. This preparation, coupled with the clinician's knowledge on how to read their dog's body language, can decrease the likelihood of a negative experience for both the client and the dog.

Another important reason to carefully monitor a therapy dog's stress level is the fact that how therapists interact with their dogs during AAT is observed and noted by clients. A lack of attention to their dog's welfare can be interpreted as insensitivity to the dog's needs and perhaps also, to the client's welfare. Additionally, a client's witnessing of harsh or aversive responses by the therapist toward their dog's behavior may result in unintended negative therapeutic outcomes (Ziv, 2017). For all of these reasons, it is important to ensure AAT sessions are positive experiences for both the dog and the client (van Fleet, O'Callaghan, Mackintosh, & Gimeno, 2015). Skills that evaluate the three-way human-animal interactions among the therapist, client, and dog, as well as the individual behaviors of the client and dog, are critical in promoting a positive and safe environment conducive to therapeutic goals (Horowitz & Bekoff, 2007).

How do you select a suitable dog?

Clinicians who are considering AAT often question whether their own dog may be suitable as a therapy dog or if they should invest in training a different dog. The answer to this question depends on many factors.

Basic issues to consider include: Is the dog emotionally and physically suitable for this type of work? Has he been trained for this role in this environment with this population or can you invest in the time to train him? Does he enjoy being with strangers and experiencing new situations? Regardless of whether the dog is currently a pet dog, or an adopted dog from a shelter, a puppy, or from a breeder for the purpose of being a therapy dog, Patricia McConnell (internationally renowned dog behavior ethologist, 2015) suggests that the temperament of a therapy dog should include being affiliative (loving people rather than just tolerating them), physically calm, psychologically sound, and non-reactive (to other dogs or people). These traits are viewed as a baseline; a starting point. We suggest consulting with a veterinary behaviorist, professional dog trainer, or someone with extensive dog behavior experience to help you objectively evaluate your dog as a suitable therapy dog.

One common question pertaining to AAT is, "What breed is best suited for AAI work?" Breed alone is not a decisive factor. While some breeds are known for their gentleness and acceptance of dogs and people, other breeds are often more difficult to train and/or associated with less easy-going temperaments (Hart & Hart, 1998; Serpell & Hsu, 2005). The most common breeds registered through Pet Partners (Mary Margaret Callahan, personal communication, January 8, 2020) include:

- Golden Retriever
- Mixed breed
- Goldendoodle
- Yellow Labrador
- Black Labrador
- Standard Poodle
- Australian Shepherd
- Border Collie
- Shih Tzu
- Cavalier King Charles Spaniel

Golden Retrievers are by far the most common breed registered as therapy dogs, followed by mixed breeds and Goldendoodles. This does not mean that other breeds can not be successful therapy dogs or that all Golden Retrievers are appropriate for therapy work. Many dogs that make excellent family members are not suited for therapy work; and owners are not always the most effective, impartial judges. The appropriateness of a specific dog can be answered by referring back to the characteristics listed above and working with a veterinary behaviorist, dog trainer, animal behaviorist, or someone with advanced dog behavior knowledge.

Clinicians expect a great deal from their therapy dogs (Ng, 2019) so their suitability and willingness to participate must be a primary consideration when selecting an appropriate dog for AAT. It should be noted, however, that even with careful selection and training, dogs still might not be appropriate or may have off days. Reviews of your dog's state before, during and after every session (Ng, 2019) should be conducted as well as regular, frequent reassessments through a registering body (e.g., Pet Partners, TDI) to ensure optimal health and welfare. Regardless of the dog selected, clinicians need to allow their dog to 'be a dog' and engage in the kinds of behaviors that are typical for a dog (Ng, 2019), including frequent breaks that include wandering and sniffing. If a dog shows signs of distress, is disinterested in engaging in session, or does not appear comfortable around a particular client, the clinician should intervene by providing a break or somehow creating some distance between the dog and client. As the one responsible for the dog's welfare, the clinician must serve as their advocate at all times.

Proper training is critical

New puppies, as well as older dogs, require appropriate training before entering

into therapy work. The window of socialization for puppies is 6 - 16 weeks of age and what happens in that timeframe is critical to the future development of the dog. With the popularity of therapy dog work, the ever-increasing number of books, websites, and webinars on "the best way to train your dog" can feel overwhelming. Clinicians should be cautious about any training method (or trainer) claiming to be the best. However, research shows that positive reinforcement (e.g., rewards-based approach), makes for a happier and healthier dog, and one that will be more likely to connect with clients. Fernandes, Olsson, and Castro (2017) found that reward-based training results in lower aggression, and less anxiety, fear, and excitability. On the other hand, harsh, aversive methods of training can contribute to negative and potentially harmful repercussions (Ng, 2019). Ziv (2017) found that dogs trained with punitive methods exhibit more problematic behaviors - including fear and aggression. Many animal welfare and animal behavior organizations (e.g., American Veterinary Society of Animal Behavior and Welfare in Dog Training) have written public statements denouncing the use of aversive training methods that inflict pain (e.g., shock collars, choke chains, prong collars), and several countries (e.g., Denmark, Finland, Germany, Austria, and Wales) have banned the use of such collars because of the potential for physical damage to the dogs (Fernandes, Olsson, & Castro, 2017). Instead, it is suggested that training methods should focus on behaviors that will enhance the partnership between the dog and the human partner (Ziv, 2017). While this kind of training may take longer, it will result in a more trusting relationship that will facilitate the dog's willingness to learn new behaviors. Similar to how clinicians work to establish trusting relationships with their clients before

challenging them, dogs perform best within a trusting, safe relationship.

Part of effective training includes assessing the setting, including the client population, in which the dog will work. For example, if a dog has only been trained to work with adults, introducing children may present a whole new set of challenges. Children do not always know how to act around dogs, so they may approach the dog too quickly or tug at its fur or ears. Even the best trained dog may react negatively if not accustomed to these kinds of behaviors. Dogs experience less stress when they are in a familiar environment, so if the dog has never been in a school or busy office building, training in those environments is necessary before conducting therapy sessions (Glenk, 2017; Ng et al., 2014).

Although we emphasize the necessity of appropriate training for therapy dogs, no national certification or registration is legally required for therapy dogs. Yet, many sites (e.g., hospitals, schools, retirement facilities) may require some type of certification or proof of appropriate training. Nationally known reputable organizations such as Pet Partners or Therapy Dogs International offer evaluation and registration of therapy dogs,

Case Scenario

The following case scenario illustrates how even a well-intended AAT plan can result in unintended negative impacts on dog welfare.

Jenna is a mental health provider at a community mental health agency who works primarily with youth who have experienced trauma. After reading about the successes clinicians have had incorporating animal-assisted interventions with this population, Jenna thought adopting a dog would be a great way to help reach her clients. She went to the local shelter and specifically sought a dog that had experienced trauma - and adopted Karma. She thought about how sharing Karma's story might help her clients feel more comfortable sharing their own experiences, how Karma would be there to cuddle with the client after sharing or would lick away their tears. Within a couple of weeks of adoption, she took Karma to her busy office and blocked off the office door with a baby gate. All day long, day after day, other clinicians, their clients and support staff stopped by to pet her. Karma trembled, her ears were pinned back, she constantly licked her lips and kept her head down and exhibited excessive amounts of dander. Jenna asked staff to keep visiting as she thought that the more exposure Karma received from a variety of people, the sooner she would adapt and no longer fear the world around her.

and we strongly encourage clinicians to utilize the services of these types of organizations. Also, it should be noted that many dog trainers offer service dog training, but this type of professional training is not required for a dog to work in a therapeutic context. We urge clinicians to be cautious about the many websites that claim to provide official training, registration, or certification of therapy dogs, and instead to consult with experienced clinicians who have a background in AAI.

How do you reduce risks?

No situations that involve animals are totally risk free, including AAT. Therapy with animals comes with some level of uncertainty and unpredictability, but it is the therapist's responsibility to minimize the risks involved. Additionally, we encourage clinicians practicing AAT to have adequate liability coverage beyond their general practicing coverage. Insurance, however, is only one part of reducing risk. As discussed above, clinicians should have appropriate AAI-specific education and training, a well-trained therapy dog, and the knowledge, ability and willingness to monitor their therapy dog's welfare and remove a stressed dog before an incident occurs.

Considering Karma's welfare, how would you answer the following questions:

What do you think Karma was experiencing?

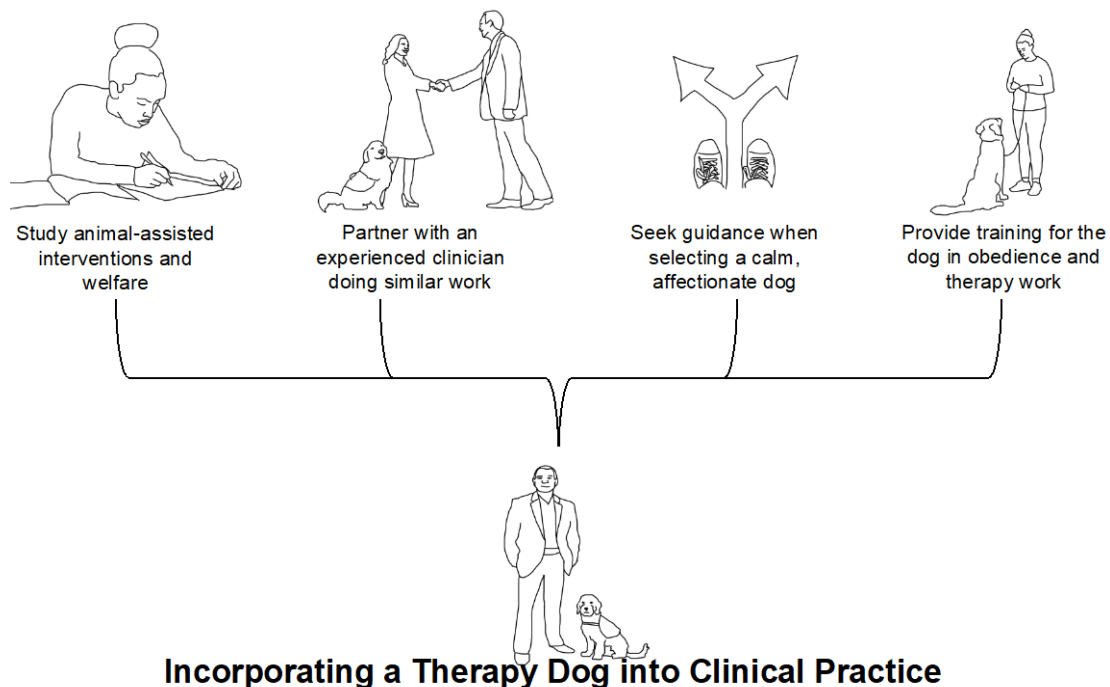
What behaviors do you see as red flags?

How might you assess when or whether Karma would be ready to work with clients?

What are some concerns you might have with Karma if she were to be in a session?

The risk in a situation such as this pertains to all those involved --- Karma, her owner, coworkers, and potential clients. Bringing an animal into therapy sessions without the proper training and 'hoping things will work out' is a large, avoidable liability. See Figure 1 for a summary of how to prepare for and implement AAT. A court case in California (Tran-Lien, 2017) further illustrates that a negligent therapist can be held liable for not following best AAT practices. In this situation, a therapist failed to inform her minor-aged client of the risks, benefits, and goals of AAT. The dog, when accidentally awoken by the client, bit the child, and the Board of Behavioral Sciences placed the therapist on probation.

Figure 1. The process of preparing and gaining the necessary expertise to implement AAT in your work.



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Conclusion

AAT can be a rewarding experience for the client, animal, and therapist; however, successful AAT takes knowledge, time, and patience. The welfare of the client and the animal, as well as the therapeutic goals,

should always drive the decision to implement AAT. The therapist and the dog should be a team that interact from a foundation of trust and help deliver goal-directed activities and measurable positive outcomes.

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