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Professional Applications of Animal Assisted Interventions

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Dedicated to Gunner, who taught me that life is short, and I should keep my goals in sight and my rewards nearby.
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- President, Animal Assisted Intervention International
- Assistance Dog Trainer/Instructor, Assistance Dogs of the West
  (Accredited Member, Assistance Dogs International)
- Pet Partner’s Human-Animal Bond Advisory Board
- Public Access Educator/Governor’s Commission on Disability Task Force
- Adjunct Faculty/CI for variety of universities, internationally
- Author 5 Books in a series: Professional Applications of Animal Assisted Interventions (Amazon); Research & Articles on AAT and AD
- International Workshops & Program Development
- Post-Professional Rotations
Objectives

• Clarify Current Taxonomy
• Identify Animal Assisted Intervention Implementation Methods
• Describe Professional Ethical Guidelines Related to Animal Assisted Therapy
• Identify Professional Membership Organization
• Detail Standards of Practice for Animal Assisted Therapy
  • Continuing Education Areas and Resources
  • Canine Co-Therapist
  • Screening Clients
  • Liability and Risk Management
  • Self-Competency

Taxonomy

Types of Animal Assisted Intervention

• Animal Assisted Activities-AAA
• Animal Assisted Education- AAE
• Animal Assisted Therapy- AAT
• Animal Support- AS

(AAlI, 2016)
Animal Assisted Activities (AAA)

- A volunteer human-animal team that has at least introductory training, evaluation and registration (some organizations certify).
- Informal interaction for motivation, comfort, leisure and recreation purposes.
- AAA teams can participate in sessions under direction of a degreed/practicing healthcare or human service provider and it takes on different intentions, outcomes, and a different name.......

(AAII, 2013 & IAHAIO, 2014)
Animal Assisted Education (AAE)

• Goal-directed intervention that is planned, directed and/or delivered by a degreed professional in the education/pedagogy field.
• Educational professional and dog focus on educationally relevant goals.
• Progress is measured and documented.

(AAII, 2013; IAHAIO, 2014)

Animal Assisted Therapy (AAT)

• Goal-directed intervention that is planned, directed and/or delivered by a degreed professional in the healthcare/human service field. (Example: OT, Nurses, Social Work....)

• Healthcare/Human Service professional and dog focus on treatment goals related to physical, cognitive, or psychiatric/psychosocial areas.

• Progress is measured and documented.

(AAII, 2013; IAHAIO, 2014)
Animal Support (AS)

- Organization or individual animal trainer.
- Experience in training dogs for healthcare/human service and educational settings.
- Experience in training dogs to work with people with disabilities.
- Provides training, education and support for professionals who have dogs in practice.
- Must have animal training techniques using positive reinforcement techniques.

(Dogwood Therapy Services, 2012; AAI, 2013)

AAI Implementation Methods

1. Call in a registered volunteer visiting human-animal team from a reputable organization.

2. Train your own dog for basic and intermediate skills.

3. Procure a professionally trained dog from a reputable organization/trainer.
Example:

- Provides volunteer teams for recreational visiting or to work with healthcare/human service professionals
- If you do not have the right dog for the job
- If your work environment and schedule are challenged
- If you would like to try out AAT to see if it is the right fit
- Consider VOLUNTEERING with your dog away from work!
Example: Pet Partners

• Does NOT provide education, evaluation or registration for professionals who have dogs in work setting

• Does NOT provide liability insurance for professionals

• Does NOT ‘certify’ anyone, they register

Example: Pet Partners

• DOES provide education, evaluation and ‘registration’ for VOLUNTEERS

• DOES provide $2M general liability insurance for volunteer teams who work with healthcare/human service providers

• Team Re-evaluation every two years! Yay!

• Volunteer continuing education- confidentiality, infection control, effective communication, and animal handling best practices

(Pet Partners, 2015)
**Self-Training**

- Recommend that you and your dog start as a VOLUNTEER team (Like Pet Partners!) to get to know each other before working together!
- Dog enjoys different environments, people, & different activities
- Dog & person have an established relationship
- Dog & person have mastered basic and intermediate obedience
- Dog & person have been evaluated for professional applications of AAI’s
- Person can advocate for dog, multitask, and understand dog behavior beyond ‘family pet’ behaviors
- Intervention Planning

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**Procuring a Dog from a Professional Organization**

Professional Dog Trainers have the responsibility to:

- Train the dog for the job- variety of populations, settings, skills
- Train the person to work with the dog
- Knowledge of disabilities
- “Sure Thing”
Professional Dog Training Example: Assistance Dogs International Member or Private Trainer Programs

Dogs are raised and trained......
• With facility or clinic exposure, public settings
• With people with disabilities
• Socialized with other dogs and community members
• Dogs are objectively trained and evaluated for skills and preferences

YOUR Responsibilities, Regardless of Method
AOTA Code of Ethics

Ethics Ensure Fundamental Standards of Practice and Conduct. OT Code of Ethics includes two elements that relate to AAT. Non-negotiable....... 

1. Beneficence- Safety of clients 
2. Non-maleficence- Do no harm (patients or dog!) 

(AOTA, 2006) 

Professional Ethical Guidelines for OT


• OT promotes health & participation in activities that are meaningful

• More than half of homes in US have dogs
Centers for Disease Control & Prevention once reported

- 800,000 Americans seek medical attention for dog bites /year
- Dog is typically familiar
- Half of them children

(CDC, 2003)

Animal Assisted Therapy

- Requires specialty training
- Requires professional level education
- Requires objective evaluation
- Requires program proposals, evaluation, and development
- Requires ongoing continuing education & re-eval
- Requires professional standards of practice
Professional Membership & Standards of Practice (SOP)

Professional Membership Example:
Animal Assisted Intervention International
• AAII is a non-profit organization supporting Animal Assisted Intervention (AAI) within professional healthcare and human service settings.
• Members include healthcare, educational, and dog training professionals.
• Strong foundation of positive interactions with people and animals, at all stages in the AAII continuum (training, handling, treatment, educating, etc.).
• Standards of practice and embraces sharing of quality professional level information.
• Built accreditation process in response to the lack of governing body within Animal Assisted Intervention Industry.
Minimum SOP for AAT

• Handler/Therapist should evaluate work setting for anything that could possibly go wrong.
• Handler/Therapist and dog must be familiar with each other.
• Therapists new to AAT should have an experienced mentor.
• Interventions are pre-established goal specific and measurable.
• The focus of the intervention must be on the therapeutic process and the outcomes.
• AAT must be discontinued if it is no longer benefiting the client.

Minimum SOP: Training & CEU

• No governing body to assign organizations/individuals that provide AAT training & CE the ability to offer ‘certification’.
• Screen CEU providers for experience & training in animal behavior/training/handling/welfare AND working with people with disabilities.
• Ensure that CEU providers have experience/understand the field of OT, the settings & the population

Red Flags: CEU providers that belittle existing OT practice or have questionable interactions with animals
Minimum SOP: Training & CEU Components

- Animals
- Clients
- Intervention Planning
- Zoonosis (Cooties shared between humans & animals)
- Liability Issues
- Self-competency

The Right Dog for the Job

- Consistently enjoys being around people
- Can work directly with others, not just you
- Skilled in obedience- but not over trained!
- Doesn’t mind social pressure
- Reliable and predictable in presence of novel or unpredictable stimuli
- Comfortable being touched. (Does your dog actually like his head touched?)
- Dog healthy mind, body and spirit? No history of trauma?
Minimum SOP: Animals

Participate in Continuing Education that Includes:
• Perspective Taking: Animal Behavior & Signs of Stress
• Animal Handling
• Animal Training
• Animal Welfare
• Ongoing objective health & behavior evaluations

* These are all contextual

Perspective Taking: Animal Behavior & Stress

• Dogs each have different motivators
• Dogs are afraid of weird things……
• Grooming standards
• Dogs perceive the world through their senses.......... 
• Each dog has different proxemics preferences
• Dogs have preferences for their job description!
Animal Handling, Training, Evaluation

• Basic temperament, emotional soundness, resilience, work ethic
• Enjoys population, environment, and activities
• Engages directly with client/patient
• Works well with handler/therapist (relationship modeling)
• Responds to positive reinforcement techniques

Animal Welfare

• Right to be acquainted with therapist/handler.... Equipment, environment, and activities PRIOR to actual sessions

• Right to the 5 Freedoms (freedom from hunger/thirst; discomfort; pain, injury or disease; fear and distress and freedom to express normal behavior).

(FAWC, 2009)
Animal Welfare

• Food, water, bathroom schedule
• Quiet time
• Recognition of stress in the dog
• Canine Safety/First Aid
• Common toxic products and plants
• Regular grooming/veterinary care
• Lifestyle & schedule accommodations

Therapist should meet participant first.

Avoid taking dog into first session until you get to know them............
Support for Pre-Screening

- 8 year old child hung the family dog to see what dead looked like.
- 2 year old and 4 year old sibling were scuffling over who could hold the pet bunny and got in a tug of war situation.
- 9 year old force fed wild lizards fire ants using tweezers (killed numerous lizards this way).
- Children abused by adult using the animal as a pawn.

Alzheimer/Dementia

Hippocampus- Consolidates and retains memories. Dementia’s impair neural connections.

Amygdala (near the hippocampus) center for strong emotions. Not typically impaired by dementia’s. Emotions in tact.

AAT can bring about pleasure or pain. A person may not recall that they had a pet, but may have an emotional response via sensory triggers: visual, auditory, tactile........

Documentation: Client/Patient

- Participant Screening (based on the following)
- Written consent for AAT
- Written expectations for respectful interactions (ex: Pledge of non-violence)
- Rules for engagement (Animals not left alone with clients)
- Incident Reports

Screening Clients/Patients

- Cultural/Religious
- Zoophobia (fear of animals)
- Unpredictable behavioral outcomes/Boundary Issues

- History with Animals
  - Abuse
  - Neglect
  - Separation from previous pets
Screening Clients/Patients

• Regular documentation/general intake
• Asking youth About Their Relationships with Animals (on-line)
• The Pet Bonding Scale (on-line)
• Index of Empathy (on-line)
• Rotter’s Locus of Control Scale
• Cooper-Smith Measure of Self Esteem

Liability and Risk Management

Individuals in the environment or your client may have allergies (*15% of the population!)

• Animal saliva
• Animal urine
• Animal dander
• Certain ingredients in flea power, doggie perfumes, etc.
• Latex animal toys or equipment
• Foods used with animals (peanuts, wheat,......)
• Pollen and dust carried on from the yard

* American Academy of Allergy, Asthma, and Immunology
Precautions:

- Dog factors
- Diet factors (raw diet pathogens)
- People factors
- Zoophobia
- Allergies/asthma
- Immunodeficiency
- Respiratory disorders
- Open wounds/burns
- Zoonosis

Health Considerations for Client Participation

- Aplastic Anemia (failure of bone marrow which produces blood cells)
- Chemotherapy
- Clients undergoing corticosteroid therapy
- Compromised skin integrity (thin skin, bruises easily, burns, open wounds)
- Dialysis
- Hematopoietic aplasia
- Leukemia
Health Considerations for Client Participation

• Methicillin-resistant staphylococcus aureus (MRSA)
• Neutropenic patients (Low count of phagocytic WBC’s that eat the bad guys)
• Post-splenectomy
• Radiation
• Respiratory Disorders (asthma, O₂ tanks)

Zoonosis

<table>
<thead>
<tr>
<th>What</th>
<th>Trans to People</th>
<th>Trans to Animals</th>
<th>Where/How Spread</th>
<th>Looks like</th>
<th>Cleaning procedure</th>
<th>Treatment time/no work</th>
<th>Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA</td>
<td>No</td>
<td>Questionable</td>
<td>Big risk for colonized areas, direct contact</td>
<td>Spider-bites, pimples, or boils</td>
<td>Cleaners (removes soil), Sanitizers (reduce surface germs) and Disinfect (inactivate/destroy germs that are approved by EPA)</td>
<td>Rx until released</td>
<td>Hand-washing, avoid contaminat ed areas</td>
</tr>
</tbody>
</table>
Therapist (Self-Competency)

- Evaluate ability to multitask
- Ensure that therapist is not sabotaging client session
- Ensure the presence of AAT is not harming other clients
- Respect dog’s range of ability according to developmental milestones, training, preferences, and natural drives

Self-Competency

- Evaluation of dog behavior/handling skill (elicit, reinforce, redirect or interrupt with HUMANE methods) including unpredictable situations
- Ability to consistently elicit and model interaction (avoid physical force, lures..)
- Think Prediction! What could possibly go wrong!
Documentation

• Document participation in AAT

• If you know how to measure, you know how to document it!

• Document clients progress as you would any other modality....... affect, response to intervention, %, reps, quality, quantity.....plan.

Client participated in AAT. Client making progress in UE active ROM evidenced by ability to flex shoulder to 110 degrees for 10 repetitions. Horizontal Abduction increased to 45 degrees with minimal verbal cues to avoid trunk rotation substitution. Achieved 45 degrees supination and functional MCP, PIP, and DIP flexion to grasp ½ item. Forearm pronation and functional MCP and PIP extension to release 1/2” object into a 4” target.
Animal Assisted Intervention Planning

- Know the patient’s measurable goals. (Probably not dog related…)
- Ask about history with animals, allergies, etc.
- Know the patient’s baseline performance
- Determine the activity (with dog) that best suits the goals
- Ensure the dog is familiar with the activity and equipment (Hint! Train default behaviors… carpet square = auto down.)
- Don’t forget to reinforce your canine colleague (words, touch, toys, treats, etc.)
- Ensure that dog does not work too long. Release it from work BEFORE it becomes stressed or bored.

Questions? Comments?
Continuing Education Resources

* OT.com
  * Dogwood Therapy Services
  * AOTA Conferences
  * Udemy.com
  * Coursera.org
  * Animal Assisted Intervention International (aaii-int.org)
  * Pet Partners- to become a VOLUNTEER or call in a team to work with you in AAT! (petpartners.org)
  * Try to find hands on courses!

Professional Applications of Animal Assisted Interventions
Available on Amazon.com
References


References


