What is a Therapy Dog?

The term "therapy dog" became part of the contemporary lexicon when Therapy Dogs International was founded in 1976. Originally, therapy dogs visited people in hospitals and residential facilities, engaging in "meet and greet activities." As the therapy dog movement expanded, so did the role of therapy cats. Most therapy dogs and cats work as a team with their handler. The handler can be a healthcare professional or a trained volunteer. Therapy animal teams who visit people in residential facilities usually do so as volunteers.

In "Four-Legged Therapist" and "Cavalier: Natural Healer," Dr. Abrams describes volunteering in several different visitation programs with her dogs, Duke and Romeo. This volunteer work helped fulfill Abrams's desire to give back to the community in addition to desensi-
tizing her dogs to the kinds of intense emotions that come up in psychotherapy.

While many therapy dogs visit people in facilities, some assist healthcare professionals in conducting treatment of some kind, such as occupational therapy, speech therapy, and psychotherapy. When that is the case, the dog and handler team may consist of the therapist and his or her own therapy dog, as in the case of Dr. Abrams and her dogs. Dr. Cynthia Chandler, a major contemporary contributor to the field of Animal-Assisted Therapy in counseling, also utilized her own animals (two American Cocker Spaniels and a therapy cat named Snowflake).

Alternatively, a therapy dog or cat belonging to someone other than the therapist may work as a therapy animal team under the therapist's direction (Chandler, 2012). An example of the latter is the psychologist in private practice who partnered with Veterans Moving Forward (VMF) to treat veterans with Post Traumatic Stress Disorder. The psychologist was assisted by a handler and therapy dog team provided by VMF, in which the handler was a former nurse working as a volunteer team with her dog, Iden (Mcilvaine, 2011).

Terms such as "comfort dog" and "stress relief dog" are sometimes used interchangeably with "therapy dog." Ordinarily, a therapy dog is the handler's personal pet when the dog is not working. An exception would be the therapy dogs who work with the U.S. Army's combat and operational stress control teams deployed to Iraq and Afghanistan. The combat stress control dogs represent a new category of military working
dog. After their deployment ends, the dogs are retrained to serve as more traditional therapy dogs in Veteran's Administration medical centers, where they work as physical, occupational, or behavioral therapy dogs. "Behavioral health" is the Army's umbrella term for psychological issues like Post Traumatic Stress (Krol, 2012).

**Therapy Dogs International (TDI)**

The contemporary Therapy Dog Movement took off in the 1970s, when Therapy Dogs International and the Delta Society were founded (Ensminger, 2010). Therapy Dogs International (TDI) was founded in

![A Shih Tzu comes to visit](image)
New Jersey in 1976, by an American nurse named Elaine Smith. Smith had worked in England for a time, where she was impressed by how well patients responded to visits by a hospital chaplain and his canine companion, a Golden Retriever. Upon returning to the United States, Smith started a program for training dogs to visit people in hospitals and other institutions. The first TDI dog and handler teams to visit a facility in the United States consisted of five handlers and six therapy dogs (five German Shepherds and one Collie). These were the original therapy dogs. They were called "therapy" dogs because the comfort and cheer they provided were deemed therapeutic.

Therapy Dogs International was the first organization to test, certify, and insure registered therapy dog volunteer teams. Their mission was to make more of these wonderful dogs available to people who were confined in hospitals, nursing homes, and the like. All kinds of dogs, including pure breeds, mixed breeds, and shelter dogs, can become
registered therapy dogs with TDI, as long as they meet the organization's requirements. Today, there are more than 24,000 therapy dog teams registered with TDI.

**Skeezer: Dog with a Mission**

In *Pets and Human Development*, child psychologist Boris Levinson reported that an animal co-therapist could play an important role in the residential treatment of very disturbed children.

Fifty inpatients aged 6 to 14, at the Children's Psychiatric Hospital in Ann Arbor, Michigan, enjoy the companionship and comfort provided by a "resident canine" named Skeezer, who seems to sense each child's needs and may spend the entire night at the bedside of a child who is extremely depressed or sick ... Skeezer has free run of the hospital and travels from floor to floor via elevator... When Skeezer gave birth to puppies, the pregnancy and delivery touched-off discussions among the children which helped to correct many distorted concepts about procreation... Watching the dog being treated by the hospital nursing staff for minor injuries, the children gained security in recognizing that they too would receive the care they needed. (1972, pp. 149-150)

I first heard about Skeezer from my friend Evelyn Jaffe who was working as an occupational therapist at Children's Psychiatric Hospital in Ann Arbor when it was decided to try something innovative by having a canine therapist in residence. The way Evelyn remembers it, Skeezer was a stray who wandered into the children's outdoor play area. According to another account, a veterinarian was instrumental in selecting Skeezer (Yates, 1973). Regardless, Skeezer was a large, mixed breed female.
Evelyn recalls helping the children build a doghouse for Skeezer, which was kept in the nurse's station on the sixth floor. When Skeezer became pregnant, Evelyn helped the children build a whelping box to protect the puppies during birth (whelping) and early life. Fifty years later, Evelyn still marvels at the children's response to Skeezer. "The most astonishing thing," she told me, "was how these emotionally disturbed children, who couldn't take care of themselves, provided so much caring for a dog."

![The children built a whelping box for Skeezer](image)

Skeezer became a "trusted and beloved" member of the medical team at Children's Psychiatric Hospital in the mid 1960s (Yates, 1973). This was before terms such as "therapy dog" and "Animal-Assisted Therapy" had become part of the popular dialog. At the time, Skeezer was
considered to be one of the first dogs to be utilized intentionally for treatment in an inpatient mental health facility.

**Drs. Samuel and Elizabeth Corson**

The role of therapy dogs continued to expand in the 1970s as psychiatrists Samuel and Elizabeth Corson with Ohio State University began incorporating dogs into the therapeutic treatment plan for individual patients. The Corsons designed a treatment program for psychiatric inpatients who had been unresponsive to any of the traditional therapies in use at the time, such as psychotherapy, group therapy, psychotropic drugs and electric shock treatments. The Corsons allowed patients to choose the dog they wanted as their "pet" during their hospital stay. The sessions of patients with their therapy pets were videotaped. Analysis of the videotapes showed that patients appeared happier, became less withdrawn and were also more responsive to interacting with a human therapist. Samuel and Elizabeth Corson conducted one of the earliest scientific studies evaluating the efficacy of making animals part of the treatment in institutional settings (Corson, Corson, Gwynne, & Arnold, 1975, 1977).

**Healthcare Professionals Learn how a Therapy Dog can Help Them**

As one might expect, the handlers of therapy dogs who brought cheer by visiting people in facilities would sometimes make their dogs available to assist healthcare professionals responsible for treatment. Jack Butrick of Cheyenne, Wyoming, was a pioneer in this regard. Butrick
started the therapy dog visitation program for nursing homes in Cheyenne, and made regular visits to the V.A. hospital with his Doberman Pinscher therapy dogs. Jack and his wife Ann were members of TDI for many years, then founded an organization of their own.

Dr. Mary Burch, author of *Volunteering With Your Pet* (1996), recalls early videotapes of Butrick in the 1980s in which Jack and his Doberman Pinscher, J.R., were giving demonstrations to an audience of physical therapists, occupational therapists, special education teachers, and others. The demonstrations showed what a skilled therapy dog team could do to help healthcare professionals working with a variety of different patient populations. At a time when people were primarily excited about the benefits of simply visiting with therapy animals, Jack Butrick was showing healthcare professionals how a therapy dog could help them achieve specific goals and objectives, an approach which is commonplace now.

**Founding of Therapy Dogs Inc. (TDInc.)**

Jack Butrick had a Doberman therapy dog named Stormy whose story is particularly interesting. Stormy easily earned his American Kennel Club (AKC) Companion Dog title, which is the first rung on the ladder of AKC obedience titles. Jack was planning to move up the ladder with Stormy, as he had with other dogs, but Stormy wasn't interested in obedience competitions. So Jack focused on activities that Stormy enjoyed. What Stormy liked was the Search and Rescue training he took
with Jack, and the therapy dog work he and Jack did as a team. In 1984, the Cheyenne Health Care Center gave Stormy a special award for "Therapy Dog of the Year."

Doberman Puppy!
Shortly after winning the award, Stormy lost a leg to cancer. He continued to accompany Jack on therapy dog visits until he died a year later. During the last year of Stormy's life, he and Jack visited the child oncology patients at Children's Hospital in Denver. Stormy entertained the children with tricks Jack had taught him. These children felt a special bond with the three-legged Doberman who had lost his leg to cancer.

In 1990, Jack and Ann Butrick founded Therapy Dogs Inc. (TDInc.). Sadly, Jack died of a heart attack in 1992, after performing in a parade with one of his therapy dogs. His wife Ann assumed the administrative responsibilities of TDInc. and the organization continued to grow. Today, there are approximately 12,000 therapy dogs registered with TDInc. in the United States and Canada.

**Dr. Leo Bustad, DVM (1920-1998)**

In the mid 1970s, the People-Pet Partnership (PPP) program at Washington State University College of Veterinary Medicine was founded by Dr. Leo Bustad, D.V.M, and Dr. Linda Hines. The PPP was a public service program dedicated to conducting research and educating the public about the human-animal bond and its therapeutic applications. This was the first university-based program of its kind. Bustad helped create community programs that brought people and pets together in new ways. He became internationally recognized for his pioneering work in the field of human-animal interactions and Dean of the College of Veterinary Medicine.
Dr. Bustad directed an extensive pet therapy program for the elderly which included cats as well as dogs. His observations are contained in his book *Animals, Aging, and the Aged* (Bustad, 1980). A case report of feline therapy, taken from Bustad's book, was published in Beck and Katcher (1996). The story begins with the healthcare team at a nursing home meeting to decide which resident would benefit the most from living in the private therapy room with a pet.
Marie was chosen because she had no family or friends, would not communicate, and remained curled in the fetal position with no interest in living. She also had sores on her legs from continual scratching. When other measures failed, she was moved in with Handsome (the resident cat). Whenever she began to scratch her legs, the cat played with her hands and distracted her. Within a month the sores were healed. She began to watch the cat and to talk to the staff about him. Gradually she invited other residents in to visit with him. Now she converses with strangers, as well as the nursing home staff, about the cat and other subjects. (Beck & Katcher, 1996, p. 126)

The Prison Pet Partnership Program

Bustad believed that providing prison inmates with opportunities to experience the human-animal bond would facilitate their rehabilitation. With that goal in mind, he founded the prison program at Purdy Correction Center in 1981. Female inmates who were accepted for the program learned how to groom and care for dogs and how to train unwanted dogs to help people with disabilities. The Prison Pet Partnership, as the program is now called, has expanded to include feline assisted rehabilitation for both male and female inmates. The cats are shelter cats who are temporarily placed with inmates, who prepare their charges for successful adoption. Dr. Bustad's prison program became a model for other animal assisted prison programs across the country.
In 1977, Dr. Bustad joined with several veterinary colleagues and a psychiatrist named Michael McCulloch to found the Delta Society, based in Portland, Oregon. From the outset, the founding fathers of the Delta Society focused on gaining a better understanding of the three-way relationship between pets, pet owners and caregivers. The name "Delta" was chosen to symbolize this triangle of People-Pet Partner relationships. "Delta" is a capital letter in the Greek alphabet shaped like a triangle.
According to an Editor's Note in the *Latham Letter*, Delta originated as a committee of the Latham Foundation (Fall, 2011, p. 15).

When Dr. McCulloch was a medical student at the University of Iowa, he became interested in the writings of psychologist Boris Levinson about pet-facilitated therapy. Levinson's work influenced McCulloch and shaped the direction of McCulloch’s career as a psychiatrist. McCulloch himself was allergic to animals but, knowing the important role they could play in his and his family’s lives, he found ways to live with 2 cats, 2 birds and a dog. In the 1970s, McCulloch began giving talks to veterinarians about the benefits of interactions between pets and people. A skeptical media reacted with articles such as, "Psychiatrist Goes to the Dogs." ("Biography: Michael J. McCulloch").

In the late 1970s, Dr. McCulloch examined the role that companion animals played in 31 of his outpatient cases. The patients were being treated for depression caused by a medical illness and also owned pets. Half the patients had a primary attachment to the pet. The other half considered the pet as belonging to another member of the family. In general, pets helped patients in both groups to cope with feelings of depression, loneliness, and isolation. Pets also promoted a sense of play and humor (Beck & Katcher, 1996). In 1985, Dr. McCullouch's unique insights were cut short when he was shot to death by a former patient who was psychotic.

In 1990, the Delta Society established its Pets Partners program for therapy dog training, registration, and visitation. In 2012, the Delta
Society changed its name and made "Pet Partners" the name of the organization. Of the three major therapy dog organizations today (TDI, TDInc., and Pet Partners), Delta/Pet Partners is the only one that also registers non canines as therapy animals, including cats, birds, donkeys, rabbits, and guinea pigs. Today there are at least 10,500 therapy dog volunteer teams registered with Pet Partners and about 170 therapy cats (White, 2011). The Pet Partners website includes an extensive online library of articles on Animal-Assisted Therapy and the health benefits of companion animals.

**Delta Introduces the Term "Animal-Assisted Therapy"**

Around the time that the Delta Society established its Pet Partners therapy animal program in 1990, Delta/Pet Partners introduced the terms "Animal-Assisted Activities" (AAA) and "Animal-Assisted Therapy" (AAT). The idea was to give AAT more credibility as a professionally delivered treatment modality.

Delta used the term "Animal-Assisted Activities" to describe "meet and greet" therapy animal visits which were primarily recreational in nature. The term "Animal-Assisted Therapy" was reserved for scenarios in which a therapy animal was assisting a healthcare professional achieving specific treatment goals, under the direction of a healthcare professional:

Animal-Assisted Therapy (AAT) is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a
health/human service professional with specialized expertise, and within the scope of practice of his/her profession. Kruger and Serpell (2010) note that the Delta Society definition goes beyond identifying the activities which constitute AAT, by including the requirement that the therapy animal itself meet specific criteria. They opine that the criteria by which animals are deemed suitable for visitations and therapy work are highly variable and often subjective.

Kruger and Serpell also point out that what particular interventions require from animals is diverse and changeable. They give the example of AAT practitioners who see an advantage to using skittish or behaviorally challenging animals with particular clients. Another example they give is the use of feral cats in psychotherapy (Wells et al., 1997). Although there are organizations that rescue feral cats and find homes for them, feral cats cannot be registered as therapy animals, so far as I know. Whether or not feral cats meet Delta's "specific criteria" as therapy animals, their use in psychotherapy still qualifies as Animal-Assisted Therapy or an Animal-Assisted Intervention.

**Feline Healing**

Debra White's article "Feline Healing" begins with the information that there are approximately 170 therapy cats registered with Delta/Pet Partners, as compared to 10,500 therapy dogs. Although some local and regional organizations also register therapy cats, dogs still outnumber cats as therapy animals. The small number of therapy cats compared to
Visit with a Pet Partners therapy cat

therapy dogs is surprising given that companion cats outnumber companion dogs by millions. According to the website for the American Society for the Prevention of Cruelty to Animals (ASPCA), there are 86.4 million companion cats in the United States and about 78.2 million companion dogs ("Facts about Pet Ownership in the U.S."). The mere fact that companion cats are so popular should tell us something about the quality of the human-animal bond that cats can form with people.

In response to the question, "Why so few therapy cats?" one of White's sources opined that cats tend to be more reserved in a strange environment than dogs and need more time to acclimatize. Given that cats
are territorial, participating in a visitation program could be challenging for some cats. However, the territorial nature of cats can mesh well with an office based clinical practice, where there is continuity of the physical space and the ability to provide a "safe haven" for the cat, such as the top of a bookshelf. Wilkes (2009) describes a counselor with a feline co therapist whose office was set up in this way. In developing this course, I came across a surprising number of examples of cats as co therapists. A couple of these are mentioned in the Therapy Dogs & Cats Commentary, but you'll find more in the AAT in Clinical Practice Commentary.

The therapy cats described in "Feline Healing" were primarily involved in activities such as visiting people in nursing homes, assisted living facilities and schools; teaching kindness towards animals to troubled teens in a group home setting; and acting as reading buddies for children in the Words for Whiskers program. Sometimes, these therapy cats worked alongside therapy dogs, as in the Pet Hug Pack Program in Walnut Creek, California.

While therapy cats sometimes work with children and adolescents, they are particularly well suited to working with seniors, whether living in residential facilities or in their own homes. A companion cat can be an ideal pet for seniors who are house bound. Paula Scott-Ginn with Pet Partners visits an Alzheimer's facility with her therapy cat. "It's amazing the effect he has on the residents!" Paula told me (personal communication, May 29, 2013).

Therapy cats in visitation programs are usually expected to be on a
leash when working, just like therapy dogs. The leash can be attached to a harness or to the cat's collar. If you look closely, you can see that the cat in the above photo captioned "Visit with a Pet Partners therapy cat" is wearing a harness. It comes as a surprise to many people that training a cat to walk on leash is even possible. The A.S.P.C.A. website provides information on how to teach your cat to walk on leash ("Teaching Your Cat to Walk on Leash," n.d.).

**Therapy Cats Comfort Hospice Patients & Their Families**

All four of the therapy cats in "Feline Healing" were involved in bringing comfort to Hospice patients and their families. I like to think of Animal-Assisted Activities and Animal-Assisted Therapy on a continuum. The work of therapy cats who visit Hospice patients and their families seems to fall closer to the AAT end of the continuum and may fall in the category of Animal-Assisted Therapy. Hospice requires therapy animal teams to complete a specialized Hospice training program before they can visit and has a structured protocol for the visits themselves (Katz, 2008).

*Therapy Pets* by Crawford and Pomerinke (2003) contains a moving account of a therapy cat named "Bleu" who was visiting Hadlow Hospice Center in Florida. The family of a man who hadn't moved or spoken for several days (Mr. Maitland) requested that Bleu visit. Bleu's handler, Nan, placed the cat on the bed. The family told Mr. Maitland that a kitty was here to see him and moved Mr. Maitland's hands across Bleu's back. Slowly, Mr. Maitland began to stroke the cat. Nan and Bleu visited
several times over the next three weeks, and each time Mr. Maitland found pleasure in petting Bleu. When Mr. Maitland died,

His family was prepared for, even at peace with his death. They felt they had been given a gift: Bleu had shown them that the person they loved was still present although he lay so still. That gift was irreplaceable. (p. 134)

The healing power of cats

The girl and the cat in the above photo are physically close and mirroring one another. This is a well known sign of companionship and deep relaxation in the mammalian animal kingdom. Even though I grew up with cats, I had never thought of cats as natural healers until I read "Feline Healing." Sadly, millions of cats are euthanized in shelters each
year. Healthcare professionals can help by educating others about the healing power of cats, as both therapy cats and companion animals, and by encouraging people to adopt a rescue or shelter cat.

**Small Acts of Kindness**

I found the following story of a black and white tuxedo cat named "Hocus" in *Angel Cats: Divine Messengers of Comfort* (Anderson & Anderson, 2004). Sally and her husband adopted Hocus as a feral kitten. Subsequently,

Sally's husband became increasingly disabled as a result of post-polio syndrome. At the same time, Sally was slowly losing her vision as a result of delayed onset retinopathy and glaucoma. She had to leave behind her consecutive careers as a college librarian and occupational therapist and became increasingly isolated at home. "I had always been active and productive," said Sally. "Now I wondered how I could still contribute in a meaningful way."

The small acts of kindness that Hocus, who had begun life as a fearful feral, performed so unselfishly caused me to consider how valuable such seemingly unobtrusive acts can be... Hocus has caused me to view small acts with greater respect. Whether I am giving or receiving an act of comfort or kindness, donating time or money to a worthy cause, or writing a book review through which I share another animal's story, each small act connects me with the world in a circle of compassion. As Hocus has taught me, the "small" is never really small. (Anderson & Anderson, 2004, pp. 121-122)
Cats in Psychotherapy

It is a little known fact that Boris Levinson, who is widely recognized as the true father of animal facilitated psychotherapy, was sometimes assisted by his cat in sessions. The cat slept in a basket on Levinson's desk (Levinson, 1969, 1972). Some of Levinson's psychologist colleagues also had cats who acted as co therapists from time to time. In virtually all cases, these feline assistants were adopted from shelters, or directly from the streets as strays.

Levinson's cat slept in a basket on his desk

Dr. Cynthia Chandler, author of Animal Assisted Therapy in Counseling (2005, 2012), describes how a kitten who wandered into her
yard as a stray went on to become her therapy cat. Snowflake was a white domestic American shorthair cat with one blue eye and one green one. He grew into a large, husky cat with a very playful personality. Snowflake's unique appearance was compounded by the fact that he was deaf, most likely from birth.

Dr. Chandler is a professor at the University of North Texas, where she developed a course in Animal-Assisted Therapy in counseling. She also trains students in how to do AAT. Every Wednesday, Chandler would bring her red and white cocker spaniel, Rusty, and her cat Snowflake, to the juvenile detention center in Denton, Texas, where Chandler volunteered her counseling services. An article on the University of North Texas website describes a typical day at the detention center when Rusty and Snowflake were there.

At first, the expressions of the adolescents were lackluster and distant. That changes when Rusty and Snowflake go into action — Rusty licking, cuddling and barking and Snowflake leaping at a toy dangling from a string... When Rusty and Snowflake are in a restful or cuddly mood, students learn about empathy (Cashle, 2002).

Chandler and Snowflake received the 2004 Delta/Pet Partners National Service Recognition Award for Animal-Assisted Therapy.

**Attributes of a Great Therapy Animal**

Each organization that registers therapy animals has their own testing and evaluation procedure. That being said, there is widespread agreement as to the kind of attributes that make for a good therapy animal.
The characteristics listed below were taken from the attachment to the Pet Partners brochure which describes the "Typical Attributes of a Great Therapy Animal."

- friendly, confident and sociable with people
- respects personal boundaries and doesn't jump up on people

Well-mannered cat initiates contact with a well-mannered dog

- well-mannered interactions with other animals
- initiates contact and stays engaged
- comfortable being touched by strangers (at times awkwardly)
- able to cope with unusual or stressful situations
- controllable and predictable by their handler

**Attributes of a Great Handler**

Pet Partners' "Attributes of a Great Handler" highlights characteristics such as:

- Being a considerate and caring leader
- Knowing how to enhance your therapy animal's abilities so that it is at its best when interacting with people
- Being aware of behaviors and body positions which indicate that your therapy pet is stressed or uncomfortable
- Knowing how to reassure your animal and help it be successful
- Being a proactive advocate for your therapy pet

Abrams emphasizes that a good handler recognizes the importance of building and maintaining a close relationship with their therapy animal, who is a member of another species after all. In addition, "The therapist and their canine co-therapist need to remain consistent with training throughout the years...I consider my dogs *always in training*, just as therapists are mandated to have continuing education" ("Four-Legged Therapist," p. 13). I think she would agree that a good handler also knows how to capitalize on unexpected training opportunities. It's good to do some training with your dog every day, even if it's just five minutes.
Being Aware of Your Animal's Stress Signals

There's a tipping point where fear, anxiety, or agitation in a therapy animal constitutes an unacceptable level of stress. Because every dog is different, and reacts differently to different situations, it's important to know how to read your dog's signals. The more stress symptoms you observe occurring together, the more stressed your dog is. The initial signs of stress in dogs can be subtle and difficult to recognize. Some of the more obvious symptoms of stress include behaviors such as: hyperventilating, low ear carriage, pacing, acute diarrhea, raised hair/hackles, and lunging at other dogs. The better you are at recognizing signs of distress and discomfort in your dog, the better you'll be at keeping stress under control and preventing stressful situations from escalating.

Sometimes, when one of my dogs is just too agitated, I find a quiet place and use petting of the ears or massage to the jaw muscles to induce relaxation.

Ethical Considerations for Protecting the Welfare of the Animal

The handler of a therapy animal is responsible for protecting their animal from harm or exploitation, whether the animal is in the role of cotherapist, part of a volunteer therapy animal team, or participating in training and recreational activities. This is the most fundamental ethical principle when doing AAA and AAT. Chandler articulates this ethical principle clearly.
Since humans are consciously aware of how we treat animals, we have a moral obligation to avoid treating them in ways that cause suffering, and we should do this regardless of whether we view ourselves as intellectually or rationally superior to [other] animals. Thus, with this in mind, practitioners of AAT and AAA should try to ensure that the animal's participation in AAT or AAA is something the animal wants to do and is something that does not distress or harm the animal. (2012, p. 125)

Many therapy dogs and cats enjoy participating in AAT and AAA, because they enjoy interacting with people and working as a team with their handler. However, even animals who enjoy their involvement in AAT and AAA can become overly tired or stressed at times. It is the responsibility of the handler to know when it's time to quit for the day, or when the animal's stress is such that it needs to be removed from a taxing situation, or otherwise protected. In the context of counseling and psychotherapy, it's important that the therapy animal have a place where they can rest or retreat to. Dr. Abrams created a safe haven for her dogs at the office by having a crate for each dog. The crate doors remained open so that Duke and Romeo could take breaks and rest as needed.

When Cynthia Chandler volunteered with her therapy dogs at the Dallas Arena Shelter for Katrina evacuees, she observed that her dogs became visibly fatigued as the day progressed (Chandler, 2008). Therefore, she made sure her dogs had multiple breaks throughout the day and limited their work at the shelter to six hours a day. Given how successful the dogs were in encouraging evacuees to ask for assistance and accept much needed help, Chandler had to weigh the needs of her
dogs against the needs of evacuees. Ultimately, Chandler made caring for the welfare of her dogs her first priority.

**Animal-Assisted Therapy Can be Harmful to the Animal's Health**

A handler's failure to read the signs of stress in the therapy animal, or the failure to mitigate stress, can result in abuse or exploitation of the animal. I came across what appears to be an example of this in an article by Kathryn Heimlich, M.S.. Heimlich saw a need for more empirical research on the efficacy of Animal-Assisted Therapy and sought to meet this need by designing a quantitative study to evaluate the therapeutic outcome of an Animal-Assisted Intervention with children in a residential facility who had multiple disabilities. She had the best of intentions.

Heimlich's study was conducted in 1996, while she was at the University of Illinois. Although the events described in her article took place in 1996, the article itself wasn't published until five years later, in 2001. Heimlich was obviously proud to be contributing a quantitative study of AAT. Wouldn't she want to get the results of her study published as soon as possible? The story Heimlich tells is a painful one. I wondered if there was a long time when it was too painful to bear, let alone write about in a journal available to the public.

The research proposal called for Heimlich to provide AAT to the students, with the help of her black Labrador Retriever, Cody. Staff at the facility were responsible for choosing which students would participate. Three trials of the structured AAT program were proposed as the optimal...
treatment plan for working with the maximum number of students. Seven students were chosen for each eight week trial, for a total of 21 students. During each eight week trial, Heimlich and Cody were to provide two 30 minute sessions per week to seven children.

Plans for the study were made in collaboration with the director of the facility, who was very enthusiastic about the introduction of an Animal-Assisted Therapy program. As luck would have it, there was a change of administration just as Heimlich's study was about to get underway. The new director was not supportive of the AAT study. There was supposed to be 15 minutes between therapy sessions, so the student could be returned to his or her classroom, and Cody could be taken outside to relieve himself. The new administration wanted to eliminate the transition time altogether. The transition was reduced to 10 minutes as a compromise. Heimlich acknowledges that this placed undue stress on Cody. Another problem was that staff members were not instructed to maintain distance between Cody and children who were particularly aggressive. As a result, Cody was deluged by the children, some of whom deliberately tried to injure him.

By the end of the first trial of eight sessions, Cody was exhibiting physical changes indicative of stress, such as excessive panting and urination. The veterinarian who was monitoring Cody's physical status during the study found that the dog had ear and urinary tract infections. Cody was treated for the infections and given some time off, then the
study resumed. At the end of the second trial of eight sessions, Cody was diagnosed with Cushing's disease, which the vet opined may have been

due to the intense stress placed on the dog during his participation in the AAT program. At that point, the in vivo part of the study was cancelled.

To Heimlich's credit, she acknowledges the harm to her dog and the mistakes that seem to have caused it. She discusses the lessons from those mistakes in the hopes that others will learn from them. However, certain questions still trouble me.
• Why didn't Heimlich halt the study sooner, when it became apparent that the new administration was creating a hostile climate that was harmful to her dog?

• Where were Heimlich's university advisors in all this?

• Why didn't Heimlich make protecting her dog from harm and exploitation her first priority?

• Why didn't the veterinarian who was monitoring the dog's status intervene?

• Would there have been a happier outcome if the ex director of the facility, who was enthusiastic about adding AAT to the curriculum, had stayed on?

It may be that Heimlich's good intentions, which were to help the children and contribute an empirical study to an emerging field of practice, influenced her decisions with regard to her dog. The fact that there was a change of administration just as Heimlich's study was ready to go put her in a difficult position. Perhaps she took a gamble, thinking that she could still make it work. The gamble failed as far as her dog was concerned, but Heimlich deserves credit for the courage she showed in publishing an article which tells the story.

Guidelines for Animal-Assisted Interventions in Healthcare Facilities

The underlying concern when discussing the pros and cons of requiring that therapy animals be registered with a reputable organization is usually a concern for protecting the welfare of AAT recipients as they
interact with animals, whose welfare must also be protected. As recognition of AAT as a legitimate professional discipline grows, recognition of the need for safety standards grows with it. What kind of animal health screening is required by the various organizations who register therapy animals? What kind of screening process should healthcare facilities have for visiting animals who belong to patients, visitors, or staff? What measures should be taken to prevent the transmission of disease and infection between species?

In 2007, a working group of stakeholders in Animal-Assisted Interventions met in Toronto, Ontario, for the purpose of finalizing a draft set of health and hygiene guidelines. The meeting was sponsored by the Public Health Agency of Canada and the Centre for Public Health and Zoonoses. "Zoonoses" are diseases that can be spread from animals to humans (and vice versa) under natural conditions. Rabies is a zoonotic disease. So is avian influenza, also known as "bird flu." The draft document had been prepared by the project leaders, veterinarians J. Scott Weese, D.V.M., and Sandra L. Lefebvre, D.V.M.. The draft was circulated for preliminary comments prior to the meeting. Here are a few of the highlights.

The guidelines place a major emphasis on all individuals (patients and staff) practicing hand hygiene before and after handling animals, as well as other infection prevention control strategies to minimize the spread of pathogens from or to animals.
The need for facilities to delegate a single individual as the animal visit liaison to be aware of all animals entering the premises is also identified.

Similarly, a method to facilitate contact tracing in the event of potentially zoonotic patient infections (or handler/animal contact with contagious patients) is suggested. (Guidelines for Animal-Assisted Interventions in Health Care Facilities, 2008)

**Therapy Dogs and Cats Today**

Currently there are about 45,000 therapy dogs registered with the three largest therapy dog organizations: Therapy Dogs International, Therapy Dogs, Inc., and Pet Partners. This does not include all the therapy dogs who are registered with local or regional organizations. In his book *Service and Therapy Dogs in American Society* (2010), attorney John Ensminger opines that there are also "a great number of dogs" who visit facilities of one sort or another, despite the fact the dog has never taken a behavioral test or been formally registered as a therapy animal. This is not necessarily a bad thing.

Consider the SHIP Program in Cincinnati, where untrained shelter dogs serve as therapy animals in a small group intervention for battered mothers and their children (Boat, 2005). The human participants learn to use clicker training with the dogs, making them more adoptable. The therapist leading the group then helps family members use clicker training as a way of shaping more desirable behavior in each other.
There are times when not requiring that animals be formally registered as therapy animals affords the flexibility to do good deeds that would not have been possible otherwise. An example of this can be found in the aftermath of the Columbine shootings, when counselors helped traumatized students by making creative use of personal pets (see below).

**Pros & Cons of Becoming a Registered Therapy Animal Team**

Counselors and psychotherapists who wish to incorporate a pet dog or cat into their practice should consider the benefits of becoming a registered therapy animal team with their pet, but are not required to do so. Becoming a registered therapy animal team with your pet provides your pet with exposure to different kinds of people and situations, which is helpful training for a pet who will be assisting in clinical practice. Chandler opines that becoming a registered therapy animal team also provides a degree of quality control and lends credibility to your work as an AAT practitioner.

On the downside, there are issues of time and money to consider. Registered therapy animal teams usually work as volunteers and may be required to do visitations on a regular basis in order to renew their registration. Volunteers are responsible for their own travel expenses and typically spend half-a-day or more at the facility they visit. Some organizations have more elaborate requirements for health precautions and veterinary screening. Meeting these requirements takes additional time.
and money. This prompts some volunteers to change the organization their therapy animal is registered with.

If you become a registered therapy animal volunteer team, the organization you're registered with will usually provide liability insurance for the volunteers in the organization's visitation programs. This is not the same as professional malpractice and liability insurance for licensed counselors and psychotherapists who utilize AAT as part of their professional practice. Chandler strongly recommends that all licensed counselors who practice AAT in a professional capacity, and all student counselors, carry professional malpractice and liability insurance. Make sure that the carrier covers AAT.

According to Dr. Chandler, the American Counseling Association (ACA) has established a policy that the ACA insurance underwriter will cover the practice of AAT as long as the therapist and therapy pet hold registration as a Pet Partners/Delta team or has passed the American Kennel Club's Canine Good Citizen test or its equivalent. It is important to remember that becoming registered as a therapy animal team only qualifies you and your pet to participate in volunteer visitation programs.

Counselors and psychotherapists who wish to incorporate an animal into their practice are licensed professionals first and foremost. The ethical guidelines for all licensed mental health professionals require that the therapist practice within the bounds of his or her competence. Animal-Assisted Therapy is an emerging field of practice. As a practical matter, this means that there is no consensus in the professional community about
specific standards for AAT practitioners. The burden falls on the individual practitioner to seek appropriate training and practice responsibly.

If you elect not to become a registered therapy animal volunteer team, explore other alternatives for providing your dog or cat with as much socialization exposure as possible. Consider training in the tasks that make up the American Kennel Club Canine Good Citizenship Test, whether or not you plan to take the test. Mastering the tasks that make up the test means that your dog will have good manners for interacting with people and other dogs, especially when you and your dog are out in public. The requirement that the dog walk on a loose leash, wearing a flat buckle or slip collar, is a deterrent to taking the test for some people. As far as I know, dogs are not allowed to wear devices such as choke chains, martingales and pinch collars while taking the AKC Good Citizen Test. Organizations such as Pet Partners and Therapy Dogs International, who evaluate and register therapy dogs, may have similar requirements.

Devices such as choke chains, martingales, and pinch collars are intended to give the handler more control. Some people disapprove of these devices, out of concern that they are painful or cruel to the dog. Personally, I think these devices have their place if properly used, but they are not a substitute for training. The alternatives that are often recommended include use of a harness with the leash attached at the dog's chest or use of a "Gentle Leader," which relies on a cloth band around the dog's snout to give the handler more control. The strength and ability of
the handler, along with the size, breed, and training of the dog are all important factors. If you have difficulty walking, or are at high risk of fractures due to osteoporosis, you may need more control. Your dog could lunge at the sight of a squirrel or another dog and you'd be flat on the pavement with broken bones.

**Creative Use of Personal Pets**

In 1999, two seniors at Columbine High School in Colorado went on a shooting rampage, killing 13 people and injuring 27. Marguerite McCormack, a Licensed Professional Counselor and trauma specialist, became the project director for Columbine Connections Resource Center. Columbine Connections was a community-based response to the shootings, providing a place where survivors could receive free counseling. Looking back, Marguerite McCormack said that she hadn't planned to use pets to try and reach the traumatized survivors and help them to recover -- it was just luck that the therapists she hired were animal lovers.

Some of [the students] were so terrorized that they literally ran out of their shoes on the day of the shootings and were found three miles from the school with bloody, raw feet...When school began again, many formerly stellar students' grades dropped, friendships dissolved, and substance abuse skyrocketed, as did angry outbursts.

One little boy had been waiting with his mother in a car at a traffic light when terrified students covered in blood and broken glass ran past them. After that, he would not talk..."This child was all locked
up. He couldn't move forward, couldn't sleep, couldn't eat," Marguerite said.

One clinician asked if she could bring her English bulldog dog to work, and Marguerite agreed. The next time the little boy came in, he gravitated to the puppy. The staff was so pleased that he had found something he could respond to that Marguerite encouraged all of her staff to bring in their pets. (Becker, 2002, pp. 48-49)
Soon, the clinicians at Columbine Connections were recommending that clients who had animals of their own spend more with them. One of these clients was a 13-year-old girl who had watched as two students were shot outside the cafeteria window. The girl was having trouble eating and sleeping. She couldn't concentrate in school. When the clinicians saw how much pleasure the girl was getting from playing with the dogs at the clinic, they encouraged her to spend more time with her dogs at home. Over the course of several visits, the girl shared that she'd started lying on the couch with her dogs, using one of them as a "pillow" when she slept. According to Dr. Marty Becker, Animals were one of a number of techniques that the clever, compassionate clinicians at Columbine Connections used to try to knit the survivors back together. "We used whatever we could. If a person had tremendous spiritual faith, we used that," Marguerite said. The lucky advent of animals was a positive focus of attention for both therapist and child that greatly speeded up recovery. (p. 51)
References for Therapy Cats & Therapy Dogs Commentary


