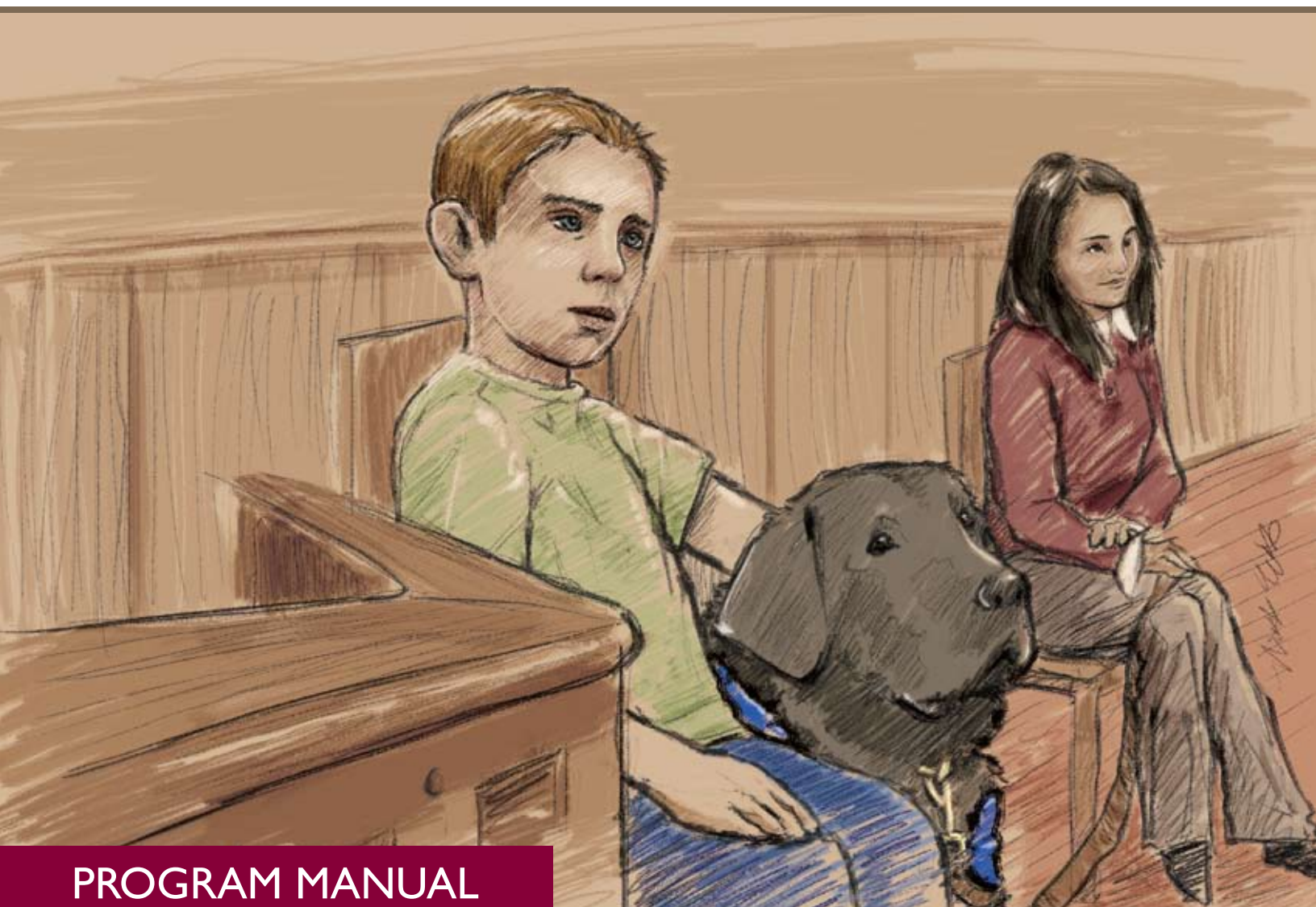




AMERICAN HUMANE

Therapy Animals Supporting Kids (TASK)[™] Program



PROGRAM MANUAL

Created by
Allie Phillips, J.D., and Diana McQuarrie
in cooperation with Delta Society[®]



CONTENTS

About the Authors	4
Acknowledgments	4
Introduction: The Child-Animal Bond	5
What Are Animal-Assisted Interventions?	6
Research Validating Animal-Assisted Therapy	6
Benefits of Animal-Assisted Interventions for Children Who Have Been Abused	7
Potential Drawbacks and Misapplications of Animal-Assisted Interventions for Children Who Have Been Abused	7
What Makes a Handler-Animal Team Appropriate for Animal-Assisted Interventions?	8
Differences Between Service Animals and Therapy Animals	8
Essential Qualities of an Effective, Well-Trained Handler-Animal Therapy Team	9
Should Clinicians Incorporate Their Own Therapy Animals in Sessions?	9
Assessing the Potential for Incorporating Therapy Animals	10
Finding the Appropriate Handler-Animal Therapy Team to Join the Treatment Team	11
Staff Training Before Introducing Therapy Animals	11
Talking to Families About Therapy Animals	12
Orientation for Handlers to Be Around Children With a History of Abuse	12
Case Study: The Power of Animal-Assisted Interventions for a Child in Need	13
Helping a Child Say Goodbye to a Therapy Animal	14
Where Therapy Animals Can Help Kids	15
Therapy Animals in Children’s Advocacy Centers and Child Protective Services Agencies	15
Therapy Animals in Police Stations	15
Therapy Animals in Hospitals or Medical Facilities	15
Therapy Animals in Prosecutors’ Offices	15
Therapy Animals in Courthouses/Courtrooms	15
When Therapy Animals Can Help Kids	16
Therapy Animals as Greeters	16
Therapy Animals at Forensic Interviews/Forensic Evaluations	16
Therapy Animals in Medical Examination Rooms	19
Therapy Animals in Individual and Group Therapy Sessions	19
Therapy Animals Assisting With Court Preparation	20
Therapy Animals Available During Testimony	20
A Plan to Succeed: Groundwork to Do Before Incorporating Animal-Assisted Interventions	22
Locate an Animal-Assisted Intervention Service Provider	22
Assign an Animal-Assisted Intervention Liaison	22
Follow Standards of Practice	22
Establish Policies and Procedures	23
Issues to Consider	23
Allergies	23
Fear of Animals or Transmission of Disease	23
The Animal Handler	24
Insurance Riders to Cover Animals On-Site	24

Examples of Children’s Advocacy Centers That Incorporate Therapy Animals 24

 Children’s Advocacy Center Serving Johnson County, Texas 24

 Children’s Advocacy Center Serving Bastrop, Lee and Fayette Counties, Bastrop, Texas 25

 Dallas Children’s Advocacy Center, Dallas, Texas 25

 Children’s Hospital of the King’s Daughters, Norfolk, Va. 26

 Alliance For Children, Tarrant City, Texas 26

Example of a Prosecutor’s Office That Incorporates Therapy Animals. 27

 Palm Beach County, Fla., State Attorney’s Office. 27

Legal Issues. 29

 Confidentiality of Information. 29

 Objections Regarding the Presence of a Handler During a Disclosure 29

 Handlers as Witnesses 29

 Zoning or Special Permits for Animals on Premises. 29

About the Sponsoring Organizations 30

References 30

Recommended Resources 31

Appendix A: Children’s Advocacy Centers Currently Incorporating Therapy Animals 31

Appendix B: Sample Forms. 31

 Animal-Assisted Therapy Referral Form 32

 Confidentiality Agreement 33

 Consent to Participate in Animal-Assisted Therapy. 34

 Handler-Animal Information Sheet. 35

 Incident/Unusual Occurrence Report Form 36

Appendix C: Delta Society Policies and Procedures for Registered Pet Partners®. 39



Doneen Crews, R.N., and Brody, her 5-year-old Labrador retriever mix, are among the volunteers who help abused children through an animal-assisted therapy program at the Dallas Children’s Advocacy Center.

ABOUT THE AUTHORS

Allie Phillips, J.D., is the vice president of American Humane's Public Policy Office, overseeing legislative and public policy initiatives. She is a former assistant prosecutor from Michigan and previously worked for the National District Attorneys Association's National Center for Prosecution of Child Abuse and National Child Protection Training Center. Ms. Phillips is a national trainer and author on numerous child and animal welfare topics, including The Link® between animal cruelty and human violence. She has conducted multiple trainings on how therapy animals can benefit children who have been abused. From her experiences with children going through the court process, she created the concept for the TASK Program and is hopeful that this manual will benefit children and the professionals who help them. She earned her juris doctorate from The University of Detroit School of Law.



Diana McQuarrie is the director of American Humane's animal-assisted interventions. She received her bachelor's degree in communications in 1987, completing additional studies in communicative disorders at West Chester University, including an internship at the Alfred I. duPont Hospital for Children in Wilmington, Del. Ms. McQuarrie is nationally certified with Delta Society as a master instructor and therapy team evaluator. Denver Pet Partners, one of the nation's largest animal-assisted therapy groups with over 200 teams, was founded by Ms. McQuarrie in 2001. Denver Pet Partners joined forces with American Humane in 2007, and is now the practicing arm of American Humane's Human-Animal Bond Division. American Humane's animal-assisted therapy teams impact over 80,000 lives per year. Through Ms. McQuarrie's work with professionals, handlers and animals in a diverse range of settings, as well as her own active registered therapy team participation with her black Labrador, Rigo, she has gained extensive knowledge and experience in the field of animal-assisted therapy. Ms. McQuarrie has been a consultant to Delta Society for its Pet Partners Program, and was instrumental in program and curricula development. She is a regular speaker at the University of Denver's Graduate School of Social Work and has presented at numerous conferences for health care professionals.



ACKNOWLEDGMENTS

The authors are thankful to the following individuals for giving their time and expertise to the development and review of this manual:

Dianne Bell, program manager for Delta Society, oversees the Pet Partners Program, volunteer training, development and implementation of courses, and continuing education in animal-assisted interventions. She joined Delta Society in 1990, with a background in contract administration. She is certified in health and wellness, with training in women's fitness, autistic aquatic, cardio rehabilitation, prenatal and senior fitness, and also in emergency response.

Marie Suthers McCabe, D.V.M., is American Humane's vice president of the Human-Animal Bond Division. She oversees programs related to humane education, animal-assisted interventions and The Link® between violence to people and violence to animals. Previously, she served as director of community education for Heifer International, director of the Center for Animal Human Relationships at the Virginia-Maryland Regional College of Veterinary Medicine at Virginia Tech, and director of the Veterinary Technology Program at Columbus State Community College. She earned her D.V.M. from Ohio State in 1982. She has been actively involved in the field of human-animal interaction for over 12 years, is a former president of the American Association of Human Animal Bond Veterinarians and serves on the Council of the International Society for Anthrozoology. Dr. McCabe was the 2005 Bustad Companion Animal Veterinarian of the Year and the 2006 Distinguished Virginia Veterinarian.

Amy McCullough, M.A., is the program manager of animal-assisted interventions for American Humane. She is responsible for the day-to-day operation of a trained animal-handler volunteer workforce of 200 teams, ensuring service-delivery excellence to over 50 facilities, including health care facilities, child welfare facilities and other settings. Ms. McCullough is a licensed Delta Society animal-assisted therapy instructor and evaluator and also a former member of Therapy Dogs International. She and her golden retriever, Bailey, have practiced animal-assisted interventions since 2003 in a variety of settings, including hospitals, group homes, mental health centers and hospice.

Lauren Morley, M.S.W., is a licensed social worker and the child welfare training and technical assistance specialist and manager, Prevention Initiative, for the Children's Division of American Humane. She develops training curricula and provides training and technical assistance to public child welfare agencies across the country on a variety of initiatives, including differential response in child protective services, father involvement in child welfare, and community-based primary prevention of child abuse and neglect. She has also served as a case reviewer and program analyst for several public child welfare state and county organizational assessment projects. Before joining American Humane, Ms. Morley worked as the victim services coordinator for Safe Shores – The D.C. Children's Advocacy Center, where she was also trained as a forensic interviewer. Lauren has over 10 years of experience working in child protection and child welfare, in both government and nonprofit agencies.

Andrea Schultz, LPC-S, RPT-S, is clinical supervisor of the Dallas Children's Advocacy Center. Ms. Schultz has worked with children and families in the areas of abuse, trauma and domestic violence for the past 17 years. She developed and currently oversees the Animal-Assisted Therapy Program at the Dallas Children's Advocacy Center.

Victor Vieth, J.D., has been a child protection professional for over 22 years. From 1988 to 1997, he served as a prosecutor in rural Minnesota, where he gained national recognition for his work addressing child abuse in small communities. He worked for the National District Attorneys Association for 10 years, serving as director of its National Center for Prosecution of Child Abuse for eight years. Since 2003, Mr. Vieth has directed the National Child Protection Training Center at Winona State University.

INTRODUCTION: THE CHILD-ANIMAL BOND

The bond between children and animals is undeniable. Animals are naturally part of a child's world. Even if families do not have a cat, dog or other companion animal, children are surrounded by animals from an early age. They have puppies, kittens, giraffes, monkeys and teddy bears on their clothing and floating above their cribs from mobiles; their books feature the Blue's Clues dog, Clifford the Big Red Dog, the Berenstain Bears, and Dora the Explorer and her animal friends; and their

TV shows and movies feature Big Bird, Simba and Nala, Nemo, Winnie the Pooh and many other animated animal characters.

We often hear of the human-animal bond; however, the child-animal bond is something pure when witnessed. As part of healthy growth and development, a child's bond with animals teaches empathy and compassion. Additionally, an animal can bring a withdrawn child out of his or her shell, and when a child has been abused or traumatized, the non-judgmental comfort an animal provides can help the child heal. Understanding this bond is essential to believing that animal-assisted therapy (AAT) can help children.

This manual is written to encourage professionals within the criminal justice and child welfare systems to incorporate therapy animals into their programs. Children's advocacy centers (CACs), child protection agencies, hospitals, prosecutors' offices and courthouses are well-suited to welcome therapy animals. This manual is also written to set forth the proper handling of therapy animals around children who have been abused. It explains how to keep both the child and animal safe, as well as how to avoid any unpleasant situations that may negatively affect a civil or criminal case involving child abuse.

Above all, this manual emphasizes that incorporating an animal in therapy, particularly in the case of child abuse, is a specialized field that requires extensive training. Without proper knowledge and experience in child development and clinical application, animal handling and animal therapy training, AAT can create issues of liability and compromise both the children and animals involved.



WHAT ARE ANIMAL-ASSISTED INTERVENTIONS?

The term “animal-assisted interventions” (AAs) encompasses both AAT and animal-assisted activities (AAAs). Delta Society (<http://www.deltasociety.org/>) defines AAT and AAAs as follows in its *Standards of Practice for Animal-Assisted Activities and 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.

AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning [cognitive functioning refers to thinking and intellectual skills]. AAT is provided in a variety of settings and may be group[-oriented] or individual in nature. This process is documented and evaluated.

AAA[s] [provide] opportunities for motivational, educational, recreational and/or therapeutic benefits to enhance quality of life. AAA[s] are delivered in a variety of environments by specially trained professionals, paraprofessionals, and/or volunteers, in association with animals that meet specific criteria (Delta Society, 1996).

The animals that conduct both AAT and AAAs are called therapy animals. AAT has been traced back to the Quakers in England in 1792. However, the first known involvement of an animal in therapy with a child occurred in 1969 when Dr. Boris M. Levinson incorporated his own dog, Jingles, in therapy sessions to help a severely withdrawn child (Levinson, 1969). Since then, animals have been incorporated therapeutically in hospitals, mental health facilities, nursing/retirement facilities and hospice care.

RESEARCH VALIDATING AAT

In general, there is sparse research detailing the benefits of conducting AAs with children who have been abused, and none existed prior to 1993. However, research has shown that the presence of animals, and particularly petting an animal, lowers blood pressure and levels the heart rate (Friedmann, Katcher, Thomas, Lynch, & Messent, 1983). In addition, a study was conducted to see if children would be calmer during a physical examination if a dog (in this case, a beagle) was present. The study concluded that “significant decreases in systolic blood pressure, mean arterial pressure, and heart rate occurred when the companion animal was present during the examination” (Nagengast, Baun, Megel, & Liebowitz, 1997, p. 328).

Other research addressing how children relate to animals clearly shows that animals are a positive presence for children

during stress or trauma. Dr. Gail Melson, professor emeritus of developmental studies at Perdue University, has published several articles in this area and found that with only five minutes of contact with an unfamiliar dog, 76 percent of children studied between the ages of 7 and 15 believed that a dog knew how they felt. Another 84 percent indicated they would confide secrets to a dog (Melson & Fogel, 1996).

It is important to point out that children who have been abused (physically, sexually or psychologically) and/or been subjected to severe neglect often suffer from insecure attachment. This manifests as distrust of adults, and can impact the effectiveness of therapy (Parish-Plass, 2008). In cases of severe abuse, children’s ability to empathize with others is often impaired, and this can result in a child not appreciating that he or she is causing harm to another. Numerous studies have shown that these children have a higher probability of becoming maltreating parents (Parish-Plass, 2008). Therefore, therapy is needed in order to stop the cycle of violence — and in light of many of these children’s distrust of adults, incorporating therapy animals into children’s therapy can facilitate the road to recovery.

In a 2004 study conducted by Dr. Aubrey Fine, a licensed psychologist and professor at California State Polytechnic University, the results of a patient survey suggested that having animals present in a therapeutic environment made the therapy friendlier and less threatening. Moreover, the patients reported they felt more relaxed, open and comfortable with the animals present. This research indicates that animals can ease stress, particularly in the initial phases of therapy when rapport-building is crucial, and may expedite trust and rapport-building between child and therapist (Fine, 2004).

Elizabeth Reichert, Ph.D., a licensed clinical social worker, stumbled across AAT for children who have experienced sexual abuse while working for the Project Against Sexual Abuse of Appalachian Children: “[Reichert] was going to take her dog, a 4 1/2-year-old part dachshund named Buster, to the veterinarian after work and had Buster in her office. While in the session with an extremely shy and withdrawn child, [she] noticed that the child started to talk to Buster. The child held and petted Buster and asked Buster questions, like ‘How old are you?’ In future sessions, the child became less withdrawn and opened up more” (Reichert, 1998, pp. 179-180).

Finally, in a study from 1986, two significant variables were found that differentiated survivors of abuse from non-survivors (those found not to be well-adjusted as adults): “The first was the presence among survivors, during the period of childhood, of an adult who inspired confidence in them, treated them with empathy and encouraged them. The second variable involved responsibility for someone else, whether it was a younger sibling or a pet. In other words, experience with an empathetic therapist (working on the emotional and cognitive components of the client’s internal working models) together with interactions with animals (a behavioral component allowing the client to implement and practice the changing of mental representations) may lead to inner change of strategies that will prevent the continuation of the cycle of abuse” (Parish-Plass, 2008, p. 16).

BENEFITS OF AAIs FOR CHILDREN WHO HAVE BEEN ABUSED

According to Kruger, Trachtenberg and Serpell, “[E]motional support — the sense of being able to turn to others for comfort in times of stress and the feeling of being cared for by others — may be enhanced by even relatively brief interactions with animals. The unconditionally ‘loving’ or affectionate nature of most therapy dogs, and their widespread use as ‘confidantes’ by troubled children and adolescents, lends credence to their value as potential providers of social support” (2004, pp. 10-11).

This emotional support is at the root of AAIs’ numerous benefits. An intervention typically:

- Aids in building rapport with the professional adult and promotes engagement with the child, who may be nervous or withdrawn (Parish-Plass, 2008).
- Acts as comfort or support for the child and reduces anxiety and stress (Serpell, 1996).
- Provides nonjudgmental acceptance and attention to the child (Parish-Plass, 2008).
- Serves as a catalyst to continue and comply with therapy in cases where the animal becomes an attachment figure to the child (Parish-Plass, 2008).
- Provides safety, friendliness and a sense of normalcy to the therapy setting, which encourages spontaneous and natural communication. If the child sees the animal is safe, then the child will feel safe (Parish-Plass, 2008).
- Allows the child to role play, project, transfer and re-enact experiences with the animal while maintaining a safe emotional distance from other people (Parish-Plass, 2008).
- Assists with reversing acting out (physically) by the child through safe interactions with animals.
- Improves the self-esteem of the child (Parish-Plass, 2008).
- Allows the child to practice new social and communicative skills with the animal; animals tend to be more forgiving, allowing the child to practice skills without rejection (Parish-Plass, 2008).
- Provides a healing touch to a child and removes feelings of social alienation (Parish-Plass, 2008).
- Teaches the child about appropriate versus inappropriate touching.
- Improves morale among staff; reduces employee turnover, which, based on anecdotal evidence, promotes continuity with patients.

POTENTIAL DRAWBACKS AND MISAPPLICATIONS OF AAIs FOR CHILDREN WHO HAVE BEEN ABUSED

There are some potential drawbacks that should be carefully considered before conducting AAT:

- A sudden reaction by a child or an animal might cause injury to either.
- A child may have an allergic reaction to animals.
- A child may be afraid of animals.
- A facility with a small waiting area or other location for the animals can be a challenge for any child who has allergies or fear of animals.
- Cultural perceptions of animals could be a barrier to a child feeling safe and comfortable.
- Hasty implementations can be counter-productive; if a child comes for an interview directly from a crime scene and there is no opportunity to assess whether AAT is appropriate for the child, it might not be the right approach.
- Having the animal treated like or viewed as a toy by the child can raise questions regarding a disclosure of maltreatment. A claim could be made that the disclosure was based on fantasy if the animal is treated in a fantasy-like manner.
- The animal may block some children from disclosing, particularly if the perpetrator was abusive to an animal, the child was abusive to animals in the past and may fear repercussions of those actions, or if an animal was exploited during the maltreatment of the child (i.e., the child was forced to have sexual contact with an animal).
- Presenting the animal as a bartering tool to obtain a disclosure in exchange for having the animal present can be counter-productive.
- If done improperly, introducing the handler (a third party) into sessions in which disclosures occur can be seen as intimidating to a child.
- Improper matching of an animal to a child can harm the therapeutic process.
- It may not be safe for a child with a history of violence toward animals to work with a therapy animal.
- Presenting an inappropriate animal that has not been properly trained and evaluated for its skill and aptitude for therapy work can not only be unsafe for the child, but also inhumane to the animal (not all animals enjoy therapy work).
- An untrained or inexperienced handler may not be able to properly serve in his or her role as the animal’s advocate. A handler should be trained to refrain from

interrupting a child during a session and should only interact with the child at the request of the therapist or clinician.

- There may be objections from agency staff about the credibility of the animal therapy team.
- There may be objections by defense counsel, defense expert witnesses and/or potential jurors regarding the credibility of the animal therapy team.
- If the closure process is mishandled, problems can occur when the child says goodbye to a therapy animal once treatment is complete.

WHAT MAKES A HANDLER-ANIMAL TEAM APPROPRIATE FOR AAIs?

To ensure safety and professionalism, it is critical that only credentialed and experienced handler-animal teams be considered for working with abused or traumatized children. Although some professionals bring their own pets to work and have seen wonderful relationships develop between their animals and the children at work, it is advisable to partner with a skilled, experienced therapy animal that has been trained and will react predictably when confronted with emergencies, such as a child's outburst.

Moreover, if a therapy animal is registered through a national therapy animal registry, the animal and its handler are insured through that agency when acting in a volunteer capacity. Look for a highly credible, standards-based program that provides comprehensive handler training and evaluation of the handler-animal team to ensure that the team possesses the appropriate skills, aptitude and handler knowledge to interact safely and effectively in therapeutic settings. If a clinician wishes to incorporate his or her own pet in a therapeutic setting with children, more information on becoming a registered therapy team can be found on American Humane's website at <http://www.americanhumane.org/task>.

Dogs seem to make up the majority of therapy animals and in general are the species most adaptable for this type of work. However, the therapeutic value of other animals, such as cats, rabbits and horses, is also powerful. Domesticated animals of all kinds are eligible to be registered as therapy animals. Reptiles such as snakes and lizards, and wild animals, however, are not legally acceptable as pets in many states. Since significant research has not been done to evaluate their behavior over time, their predictability and reaction to stress cannot be determined; therefore, they are not eligible to be registered as therapy animals.

Given the extent to which dogs engage in therapy work, specific terminology on working dogs is important to know. Understanding the clear distinction between service and therapy dogs and their respective specialized training is especially important in order to make an informed decision about engaging the appropriate dog in a therapeutic setting and correctly adhering to public access laws.

DIFFERENCES BETWEEN SERVICE ANIMALS AND THERAPY ANIMALS

Service Animals

According to the authors of Delta Society's *Animal-Assisted Therapy Application I Student Guide*, "Service animals, as defined by the Americans with Disabilities Act (Federal Code of Regulations, 1990), are individually trained to do work or perform tasks for the benefit of a person with a disability (physical or mental impairment that substantially limits one or more of the major life activities of the individual). These tasks include, but are not limited to, guiding individuals with impaired vision [or] alerting individuals with impaired hearing or other medical conditions. A service animal performs tasks to mitigate their handler's disability. Federal law permits qualified people, who have disabilities, to be accompanied by their service animals in all places of public accommodation, including places with posted 'no pet' policies, such as restaurants. Service animals are not considered 'pets' and typically do not serve as therapy animals" (Gammonley et al., 2003, p. 5).

Service animals are also known as "assistance" animals. According to the Colorado Judicial Department, "An 'assistance dog' means a dog that has been or is being trained as a guide dog, hearing dog or service dog. An assistance dog is not a pet. Assistance animals help people with disabilities in their day-to-day activities. Some examples include: guiding a blind or visually disabled person; alerting people with hearing impairments to sounds; pulling wheelchairs or carrying and picking up things for people with mobility disabilities; and assisting people with mobility disabilities with balance. Colorado law...provides that a person with a disability has the right to be accompanied by an assistance dog specially trained for that person as a reasonable accommodation" (Colorado Judicial Department, 2009, p. 11).

Service/Assistance Animals-in-Training

Since public access is granted to the person with the disability, not to the assistance dog, assistance and service animals-in-training only have public access rights when accompanied by a professional trainer for the purpose of training the animal for service work.

Therapy Animals

In Delta Society's *Animal-Assisted Therapy Application I Student Guide*, the authors explain, "Therapy animals are not focused on one person like service animals. In contrast, they provide animal contact to numerous people who may or may not have disabilities, such as hospital patients or nursing home residents. Therapy animals are the type of animal utilized in AAT and AAA, are usually the personal pet of their handler, and typically work with their handler in attendance during interactions. It is important that therapy animals meet specific criteria for health and behavior to [e]nsure the safety of the people they meet and their own safety" (Gammonley et al., 2003, pp. 24-26).

Another term for a therapy dog, “facility dog,” typically refers to a career-changed assistance dog and is defined by Assistance Dogs International, Inc. as: “A specially trained dog that is working with a volunteer or professional who is trained by a program. The work of a facility dog can include visitations or professional therapy in one or more locations. Public access is permitted only when the dog and handler, who is a trained volunteer or professional, is directly working with a client with a disability” (Assistance Dogs International, 2009).

Delta Society’s student guide also points out that “[f]ederal law does not legally define therapy animals. As such, federal laws have no provisions for people to be accompanied by therapy animals in places of public accommodation with ‘no pets’ policies. On occasion, an individual’s service animal may also serve as a therapy animal, but this is very uncommon” (Gammonley et al., 2003, p. 5). The Centers for Disease Control has published guidelines for including animals at health care facilities. Those guidelines can be found at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5210a1.htm> (under “Recommendations -- Animals in Health-Care Facilities”).

ESSENTIAL QUALITIES OF AN EFFECTIVE, WELL-TRAINED HANDLER-ANIMAL THERAPY TEAM

The following list has been reproduced verbatim from Delta Society’s *Animal-Assisted Therapy Applications Applications I Student Guide*, with Delta Society’s permission:

Animal

- Demonstrates behavior that is reliable, controllable, predictable.
- Inspires confidence in the person s/he is interacting with.
- Actively solicits interactions with people.
- Is accepting and forgiving of differences in people’s reactions and behavior.
- Demonstrates relaxed body posture, relaxed facial expression.
- Is more people-orientated than animal-orientated.
- Likes being petted and touched.
- Remains calm in a variety of distracting situations.
- Can walk on various surfaces (tile, carpet, rubber matting, wooden floors).

Handler

- Demonstrates appropriate treatment of people or animals.
- Demonstrates appropriate social skills (eye contact, smiles, confident posture, conversation) needed for interacting with people.

- Demonstrates pleasant, calm and friendly attitude [toward] animal during various tasks and scenarios.
- Acts as animal’s advocate in all situations.
- Effectively reads the animal’s cues (stress, excitement, etc.) and acts accordingly.
- Protects and respects the animal’s needs while at the same time interacting appropriately with clients.

Handler-Animal Team

- Works in harmony, synchrony.
- Interactions between animal and handler are pleasant and do not distract others.
- Confident.
- Constant, non-forceful, respectful communication (verbal and non-verbal) between animal and handler (Gammonley et al., 2003).

SHOULD CLINICIANS INCORPORATE THEIR OWN THERAPY ANIMALS IN SESSIONS?

While there is inherent satisfaction in sharing one’s own pet with others, and in such cases clinicians do not have to be concerned with scheduling and supervising volunteer handler-animal teams or with confidentiality, there are serious considerations for those weighing this option. The most important concern involves where the primary duty lies. Is it with the child or the pet? If a child has a negative reaction during a session and acts out physically, does the primary duty of providing safety lie with the child or the pet? If a child acts out and attempts to harm the pet, should the clinician abandon the child to remove the pet from the room, or attempt to calm the child and leave the pet unattended in the room?

These are serious considerations to address before ever introducing your own pet into a setting involving abused children. Also, clinicians incorporating their personal registered therapy animals are responsible for obtaining their own liability coverage. Only volunteers, who are not accepting a fee for service, are eligible for insurance coverage from the therapy animal organization they are registered with.

Therapy animals are highly vulnerable to stress because unless their handler allows them, they cannot voluntarily leave a stressful situation. A responsible handler must diligently manage the environment his or her therapy animal is in and monitor for stress at all times. If excessive stress exists from which an animal cannot escape, the animal is forced to manage the situation on its own, which may initiate defensive behaviors like growling or even biting. If a clinician is focused on assisting a child, it may be difficult to determine if his or her pet is encountering stress.

In a situation involving practitioners who are also therapy animal handlers, the practitioners must tend to the welfare of both their clients and their animals. This can lead to a quandary and possibly a conflict of interest should an incident occur during a client session, since it may be unclear how to meet the needs of their animals without jeopardizing those of their clients.

In addition, clinicians providing their own therapy animals are vulnerable to counter transference because they have close personal relationships with their pets. Negative feelings toward the children or their families may arise if disinterest or dislike for their animals is expressed. Any attempt by a client to mistreat the animal may evoke feelings of protectiveness, negatively affecting a clinician's attitude toward that client. Therefore, any clinician providing his or her own animal must closely monitor the source of any negative feelings. If the clinician cannot get beyond personalizing a client's negative reactions to a pet, it is wise to consider no longer involving that pet.

As explained in Delta Society's *Animal-Assisted Therapy Applications I Student Guide*:

AAT can pose a risk to animals when the client's needs are allowed to supersede the needs of the animal. To make certain the animal's best interest is always at the forefront, a clinician who is performing the dual role of handler and practitioner must keep the following in mind:

1. Animals are never 'used' in AAT. They must be treated as participants in a mutually beneficial relationship. The needs of animals must always be considered, accommodated, and balanced with the needs of clients.
2. All local, state, national, and international laws pertaining to animals and their welfare must be adhered to at all times. Applicable permits, licenses, or other registrations must be obtained prior to involving animals.
3. Animal-care, housing, and handling in AAT programs must be based on a humane philosophy and should exceed the minimum standards set by law. Animals should be treated with mutual respect (Gammonley et al., 2003, p. 22).

ASSESSING THE POTENTIAL FOR INCORPORATING THERAPY ANIMALS

Carefully assessing both the client and the environment in which the handler-animal team will work is essential in determining the appropriateness of incorporating a therapy animal.

Client Assessment

In all cases, the benefits-versus-risk ratio when incorporating AAT is important to examine. Risk issues will present themselves through precautions or contraindications. For example, a precaution might be a client's history of allergies, the severity of which would be a consideration in deciding

whether to work with an animal. Contraindications, on the other hand, inherently disallow client contact with an animal. Contraindications include violent behavior or open wounds on the child, as well as the client's parent or guardian declining participation. If the child's history — which could include a fear of animals or allergies — is unknown, AAT would not be appropriate until an assessment can be done.

Delta Society's Animal-Assisted Therapy Applications Course is prescriptive about assessing the following components (summarized below from Delta's course material) to determine client suitability:

1. Permission to participate: This ensures client safety and program credibility.
2. Pet history: Species or breed of animal the client has owned, and type of relationship.
3. History of allergies (precaution): Determine severity before excluding contact.
4. History of animal abuse (precaution): Length and type of abuse is important to know, but of utmost importance are established criteria so that the therapy animal's safety is in no way compromised. Clinicians are obligated to reveal animal abuse histories to handlers. Therapy animal handlers must provide signed consent prior to working with any clients who have a history of animal abuse.
5. Client behavior: Unpredictable or impulsive behavior is a precaution. Acute assaultive client behavior is an absolute contraindication.
6. Animal fears or phobias (contraindication): Animal therapy work is not an option. Helping a child overcome a fear of animals requires specialized professional intervention and is beyond the scope of training received by volunteer AAT handlers.
7. Presence of hallucinations: Severity must be assessed to determine if safety is an issue, in which case animal therapy work is not an option.
8. Infectious disease risk: More often than not, this is a precaution. Defer to a physician's consult (Gammonley et al., 2003).

Environmental Assessment

Delta Society also identifies four environmental dynamics as having a direct impact on incorporating animal therapy teams safely and effectively. They are summarized below from Delta's course material:

1. Staff involvement: Responsibility for the AAT client sessions must be owned by the clinician, and never passed off to other staff.
2. Client interaction: The pivotal point with this dynamic is the question of if and how much of a distraction the therapy animal team will be to everyone involved in

the therapeutic process. This is an especially important consideration in a courtroom setting.

3. **Environmental activity level:** The activity level and how it may impact the therapy animal is directly related to the effectiveness of AAT. Diverse sensory stimulation from flooring, lighting, noise level, activity among staff and even stress level can all impact the therapy animal's ability to work. An experienced handler-animal team can be expected to be prepared to manage environmental dynamics to ensure the best possible outcome for all involved.
4. **Environmental distractions:** A clinician must be proactive in averting potential hazards and interruptions. While environmental activity relates to the general activity level of an area where a therapy animal team is working, environmental distractions relate to the degree of variability present in the environment (Gammonley et al., 2003).

FINDING THE APPROPRIATE HANDLER-ANIMAL THERAPY TEAM TO JOIN THE TREATMENT TEAM

To locate a therapy handler-animal team in your area, contact a national therapy animal registering organization such as Delta Society (www.deltasociety.org) or Therapy Dogs International (www.tdi-dog.org).

Although each national therapy animal registry has different requirements, you should ensure that the therapy animals in your program:

- Receive continuous humane training through positive reinforcement.
- Complete a rigorous screening and evaluation on a regular basis (every two years is recommended) to ensure the animal continues to have the skills and aptitude to serve as a therapy animal.
- Receive a thorough yearly health screening by a licensed veterinarian and be kept on a strict vaccination and parasite prevention schedule, administered and documented by a licensed veterinarian.

Due to the varying levels of security requirements among the diverse client base that therapy teams serve, it is the responsibility of each facility to conduct background checks on volunteer handlers as appropriate. Typical facilities may ask a volunteer to:

- Submit to a background check.
- Sign a confidentiality form.
- Understand that they may be subpoenaed to appear and testify in court.
- Complete a tuberculosis test.
- Obtain a facility badge.

- Complete a volunteer orientation.
- Take a tour of the facility.

If you are working with an independent handler-animal team (not part of an organization), you may also want to ask the handler about his or her motivation for working at a CAC, discuss the dynamics surrounding typical clients and ask questions to determine if anything in the handler's background might impact the effectiveness of his or her work.

By incorporating only those animals that are screened regularly by a registered therapy team animal evaluator, you can ensure the animal and the handler have the skills and aptitude for therapy work. In general, the animal needs to be "...controllable, reliable, and predictable. [The] animal should also have good manners in public places, and have the social skills to seek out and visit with strangers" (Delta Society, 2009).

The nature of therapy animals' work determines the extent of time that they should be on duty. Clearly, this will vary among species and is ultimately unique to each animal depending on its stamina, training and experience. In any case, sessions that involve extensive interaction are more mentally and physically demanding than those with minimal interaction. It is better to incorporate the services of multiple trained therapy teams to meet demand, rather than overextend the working capability of one handler-animal team. Even with adequate rest time, any more than two hours of concentrated therapy work is long enough for even a seasoned therapy animal.

In one long-term care study involving a therapy dog named Cody, the study ended without completion due to Cody becoming ill. Cody showed symptoms of Cushing's disease from an elevated cortisol level. This is similar to "burnout" that human therapists encounter. Cody likely suffered chronic stress from the intensity of the program, and the staff believed Cody did not receive enough breaks between sessions (Eggiman, 2006). So it is crucial that therapy animals always be given sufficient breaks to be in their natural state as animals.

Even a registered therapy animal has preferences for certain people. Just as a child is never forced to interact with a therapy animal, a therapy animal should never be forced to work with a child he/she is clearly uncomfortable with or stressed by.

STAFF TRAINING BEFORE INTRODUCING THERAPY ANIMALS

A staff training session, typically conducted by the agency that provides AAI services, further ensures a successful program and is well worth the investment of time. In this session, topics such as definitions, terminology, policies and procedures, and expectations of staff and the therapy team should be covered. In addition to allowing time for questions and answers, preliminary training allows an opportunity for the staff to personally meet the handler-animal team in a relaxed setting. When staff members are acquainted with the therapy team and know what to expect, their level of involvement is increased, and by taking some ownership in the program, the overall chances of success increase.

TALKING TO FAMILIES ABOUT THERAPY ANIMALS

Before introducing a therapy animal to a child, be sure to inform the parent or guardian that therapy animals are on the premises. Inform the parent or guardian that the therapy animal teams are registered and trained, and the pets are safe to interact with children. The parent or guardian can be asked these questions as part of the intake interview before introducing a therapy animal to the child:

- ✓ Does the parent or guardian approve AAT for the child?
- ✓ Does the child have allergies to animals (particularly the type of therapy animal that is present)?
- ✓ Does the child have a fear of animals, or of this particular type of animal? If the answer is yes, ask why. The child may be afraid because of animal cruelty that occurred in the home and that can be another area where the child may need therapeutic assistance.
- ✓ Does the child have a history of ever hurting or attempting to hurt an animal? If so, what is the nature and frequency of the abuse? This sets the handler's expectations and enables him or her to make informed decisions as to how to structure interactions for the utmost safety of the animal. It also allows for therapeutic assistance for the child.
- ✓ Does the child have a tendency toward aggression? What behavior does the child demonstrate when angry or frustrated? Hitting and biting puts the handler and animal at undue risk.
- ✓ Inform the parent or guardian that the therapy animal's handler will need to be present during the session (in order to ensure the safety of the animal) and ask if that is agreeable.
- ✓ If the parent or guardian is agreeable to allowing a therapy animal to interact with the child, always ask the child if he or she wishes to have a therapy animal present during the session. Respect the child's wishes and do not presume that the child will want an animal present.

If responses to these questions indicate that AAT is appropriate, you should then have the parent or guardian sign a consent form that allows the therapy animal handler to be present during the session with the child.

ORIENTATION FOR HANDLERS TO BE AROUND CHILDREN WITH A HISTORY OF ABUSE

Orientation is mandatory for therapy teams. Since child therapy sessions present such specialized settings, in order to set handlers up for success they must have a thorough understanding of an agency's clientele, policies and expectations. There are unique boundaries inherent in working with children with a trauma history. These must be clearly outlined and adhered to by the handler-animal team. An example of this is acceptable contact with the child (i.e., comfortable versus uncomfortable touching for certain children, or, in some cases, no touching at all).

Orientation should be provided by the agency where AAT will take place. This orientation can include client service standards, ethics and compliance, code of conduct, cultural diversity training, infection control, client and agency safety and security, risk management and volunteer policies. Client-specific orientation should be completed by the clinician with whom the handler will be working.

Handlers should be briefed in advance on how to handle their emotions in a session — up to and including giving them permission to leave the session if they feel they absolutely must. Give handlers instruction on how to excuse themselves without having a negative impact on the child. Therapists and clinicians should always make time to debrief with a handler after a particularly difficult session. It is recommended that you take time to speak with each handler to ensure they are not suffering from compassion fatigue or emotional “burnout.”

Orientation should also be conducted by the therapy animal organization. Specifically, a handler experienced in working with children with a history of abuse should provide coaching that addresses the handler's responsibility for his or her animal. This would include suggested techniques and applications for facilitating a session to ensure that the AAI's are meeting treatment goals.

Crucial to any successful orientation is an emphasis on handlers' need, at all times, to be proactive advocates for their therapy animals. They are ultimately responsible for keeping their therapy animals safe and watching carefully for signs of stress. Awareness of compassion fatigue in the handler is also crucial. Volunteer therapy animal handlers who are not professionally trained in working with children with a history of abuse will be exposed to upsetting and at times shocking events or graphic disclosures of abuse, which they may find very difficult to manage emotionally. It is important that they have a support system in place to assist them with secondary trauma. Role-playing during orientation provides an excellent opportunity to safely practice potential scenarios and test various intervention techniques without the pressure of an actual session. Therefore, it is highly recommended.

CASE STUDY: THE POWER OF AAT FOR A CHILD IN NEED

The following case study is an actual example of a case involving one of American Humane's AAT teams, Diana McQuarrie and her therapy dog, Rigo (a 5-year-old black Labrador retriever). They had regular weekly sessions with a child and her therapist over a period of several months (the child's name has been changed).

"Abby" was a 10-year-old girl in foster care who came to therapy with a history of sexual abuse. Her initial problems included lying, hyperactivity, inappropriate social behaviors with her peers, temper tantrums, and an inability to become calm and relaxed. Her history included sexual abuse by her birth mother's live-in boyfriend, neglect, nightmares, panic when seeing men who looked like her assaulter, hyper vigilance, inability to concentrate, hyperactivity and numbing of feelings. These behaviors meet the criteria for post-traumatic stress disorder and reactive attachment disorder in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*.

The initial treatment goals for Abby were:

- Improve peer relationships;
- Teach boundaries and provide a sense of safety;
- Practice using appropriate social skills;
- Build trust;
- Manage anger; and
- Develop empathy.

Abby first met Rigo at a Valentine's Day presentation in which children could choose to meet Rigo one-on-one, listen to his heart with a stethoscope and whisper a secret in his ear. Abby



slowly approached Rigo and appeared pleasantly surprised that he had a beating heart just like her! Trusting him to keep a secret, she knelt down by his side and whispered in his ear. Impressed by this experience, Abby subsequently asked about Rigo daily and wondered when she could see him again. Given this interest, Abby's treatment goals and Rigo's gentle temperament with children, a perfect match for AAT was evident.

Because Abby's goals were to learn boundaries and practice using appropriate social skills, the prerequisites for her AAT sessions were to understand the rules for interaction with Rigo and have a record of good behavior for the week she was scheduled to meet with him. This was done for her sense of safety, her ability to comply with rules and to reinforce the importance of appropriate social skills. Abby demonstrated adherence to the rules and since she viewed interacting with Rigo as a positive consequence, she was motivated to be on her best behavior with her peers.

Her first session with Rigo was structured as follows: a review of the rules for interacting with Rigo, verbal agreement with the rules, the re-introduction of Rigo and listening to his handler describe his background, petting Rigo and staying relaxed, talking gently to Rigo and saying goodbye.

The rules for interacting with Rigo were as follows:

- Wait until Rigo sits politely and makes eye contact, ask handler for permission to approach and then gently greet him by moving slowly and petting him on his side instead of his head.
- Stay calm around Rigo at all times.
- Do not give Rigo a command unless you have been given permission to do so; only the handler gives Rigo commands.
- Always be gentle.
- Get Rigo's attention first and try to make eye contact before speaking to him.

AAT Interaction Techniques Applied During Sessions With Abby and Rigo:

Sharing Similarities: Because of Rigo's history of growing up as a guide dog, he was raised in a foster home and at times experienced many different foster homes for short-term care. The career he was being prepared for required that he learn social skills, boundaries and how to get along with his peers — other dogs. It was important for him to learn to trust people, his foster family, his guide-dog instructor and especially the person with a visual impairment whom he was trained to lead. Despite all his formal guide-dog training, being a guide was not a job Rigo was entirely comfortable doing, so he was "career-changed" and adopted into the loving forever home of his handler, Diana. Rigo's training goals mirrored Abby's treatment goals on several levels. Shared similarities facilitated Abby developing a bond and level of trust with Rigo that was pivotal to effective treatment.

Safe Boundaries: Rigo is a very loving dog and may show his affection to some people by licking them. Through his training, he knows the command “that’s enough,” which instructs him to stop whatever he is doing. When Rigo licked Abby, she learned to assertively say, “That’s enough,” when she wanted him to stop. It was positively reinforced by Rigo since he always obeyed Abby when she asked him to stop licking, thus increasing her confidence and self-esteem.

Healthy Touch: Since Abby’s frame of reference for being touched had a traumatic history, she was confused about boundaries for physical closeness and contact. Abby learned how to appropriately pet, touch and groom Rigo. She was positively reinforced for gentle, kind behavior when she observed Rigo clearly enjoying and feeling safe with this type of contact.

Encouraging Empathy: Rigo is particularly attentive to reading a person’s body language and adjusts his behavior accordingly. For example, when working with rehabilitation patients who are learning to walk again, he adjusts his pace to match theirs. This characteristic was effectively channeled with Abby to help her develop an understanding of another person’s emotions. Abby was asked to watch Rigo for signals about how he might be feeling (e.g., happy, content, excited, submissive). The goal was to motivate Abby to think about how other people may be feeling, which may have helped improve both her social skills and peer relationships.

Abby’s behaviors during therapy sessions prior to the introduction of Rigo were as follows:

Before:

- Constant body movement that included walking around the room, touching everything;
- Talking with the inability to focus on one topic;
- Difficulty managing anger;
- Difficulty remaining calm, balanced;
- Could not identify feelings or show empathy for peers she behaved insensitively with; and
- Did not respect boundaries or personal space.

During sessions with Rigo, the following behaviors were observed in Abby:

- Sat quietly on the floor with Rigo lying beside her;
- Listened to a stories about Rigo and conversed using socially appropriate responses;
- Followed every rule with regard to Rigo;
- Exhibited muscle relaxation;
- Shared thoughts and feelings about her birth mother;
- Was gentle and caring with Rigo; and

- Respected personal boundaries and touched Rigo appropriately.

In subsequent sessions with Rigo, Abby felt safe and secure enough to disclose the details of her sexual abuse. Since then, her behavior in her foster home and at school has reportedly improved. Abby treasures a picture of Rigo and her “little Rigo” (a small stuffed black Lab toy). These objects are reminders of the trusted, safe and calm friend she has in Rigo. When Abby is feeling anger or difficulty dealing with memories of her trauma, these objects are comforting for Abby and evoke feelings of calmness. Abby’s AAT sessions, coupled with the work of the rest of her interdisciplinary treatment team, have enabled Abby to positively advance toward her treatment goals. Abby is now in a supportive foster home in which she is comfortable. She has integrated back into the public school system and is hoping to soon be adopted into a forever home.

HELPING A CHILD SAY GOODBYE TO A THERAPY ANIMAL

Sometimes children build such rewarding relationships with therapy animals it may be difficult to part ways. However, it is a vital step for both the child and the therapy team to formalize the end of their bond, mark the success of the process and move forward.

A formal ending can be either planned or unplanned. Unplanned terminations may result from the child no longer participating, the therapist or therapy animal handler no longer being available, an incident occurring or the therapy animal passing away suddenly. Unplanned endings can result in residual feelings of rejection, shame or even anger in the child and/or handler when there is a lack of proper closure.

Planned endings can occur when anticipated outcomes are not achieved, such as in cases where the child is not progressing with AAT, the needs of the child are not being met or the child is not complying. Ideally, however, planned endings occur when there has been successful achievement of goals. In these instances, an effective closure phase involves empowering a child to combine the coping skills he or she has obtained. The closure phase can begin when a few sessions remain. A wrap-up “graduation” session to which parents or guardians, the therapist and others involved in the child’s case, the handler-animal team, and even some of the child’s siblings or peers are invited can be planned. During this session, a child may demonstrate coping skills he or she learned through AAT during role play; for example, the child might guide the therapy animal through obedience exercises he or she helped “teach” the therapy dog. This demonstrates life skills such as patience, self-control, the appropriate use of an assertive voice and empathy through gentle handling. At this final session, it is appropriate to present the child with a photo album with pictures of him or her and the therapy animal. Some handlers

present the child with a goodbye letter “from the animal” and a lock of fur or a small stuffed representation of the animal that the child may seek comfort from or as a reminder to use the coping skills learned during AAT.

If follow-up sessions without the handler-animal team are part of the child’s treatment, it provides an opportunity for the therapist to identify any residual challenges with saying goodbye to the therapy animal and to offer assistance and guidance. This can lessen the impact of parting from the team for the child and also provides an additional avenue to evaluate the impact of having incorporated AAT.

WHERE THERAPY ANIMALS CAN HELP KIDS

THERAPY ANIMALS IN CACs AND CHILD PROTECTIVE SERVICES AGENCIES

There are over 700 CACs (children’s advocacy centers) nationwide that are registered with the National Children’s Alliance (<http://www.nca-online.org>). CACs provide a single location to handle all the professionals and phases associated with child abuse investigations in particular regions. They often provide on-site offices for child protective services (CPS) investigators, prosecutors and law enforcement, and have special interview rooms established for forensic interviews of children and adolescents (Chandler, 2006). American Humane has identified fewer than 20 CACs, to date, that successfully incorporate the assistance of animals for their child or teen clients (see Appendix A).

As described in the next section, therapy animals at CACs or child protective services agencies can serve a variety of purposes, including greeting children, spending time with children before or after forensic interviews, sitting in on forensic interviews, and joining in on individual and group therapy sessions. If a CAC has an on-site medical examination room, a therapy animal can also provide a welcome distraction while children undergo physical or sexual assault examinations.

THERAPY ANIMALS IN POLICE STATIONS

Therapy animals can be effectively incorporated at police stations to help all victims, particularly children who have a history of abuse or have witnessed abuse. Some jurisdictions may not have a CAC and, therefore, may conduct forensic interviews at the police station. Not all children view a police

station as a safe place. A police station can be frightening to those children who have had bad experiences with law enforcement or witnessed a police officer arrest a parent. Therefore, a therapy animal can help calm children in these situations.

THERAPY ANIMALS IN HOSPITALS OR MEDICAL FACILITIES

If a child obtains a medical examination at a hospital or medical facility, there are opportunities for therapy animals to assist the child through the process. Some hospitals and medical centers have existing therapy animal programs to help patients in cancer units and with physical therapy and recovery. As explained on page 19, these hospitals have procedures established for allowing animals on-site.

THERAPY ANIMALS IN PROSECUTORS’ OFFICES

A few prosecutors’ offices have been identified as incorporating therapy animals into the everyday practice of victim advocacy, trial preparation and trial testimony. As a former prosecutor, one of the authors has seen firsthand how frightening it can be for children to tell their stories to adult strangers. Therapy animals can help ease this fear. Furthermore, children under the age of 10 have difficulty understanding common legal concepts such as courts, trials, attorneys, juries and judges. They do not have the cognitive ability to process that testimony is taken to determine guilt or innocence (Saywitz, 1989; Saywitz, Jaenicke, & Lorinda, 1990). This reduced cognitive understanding in children often increases their fear of having to testify. Making therapy animals available in a prosecutor’s office may help a child have more productive meetings with the prosecution staff, including during sessions that prepare the child to give testimony.

THERAPY ANIMALS IN COURTHOUSES/ COURTROOMS

Walking into a courtroom can be daunting for any witness, particularly a child. A child’s fear of testifying publicly about private and embarrassing events can be intensified when having to see the defendant in the courtroom. Moreover, strangers sitting in the audience, in the jury box, at the parties’ tables — not to mention a stranger in a black robe sitting high up and towering over everyone — can be overwhelming to a child. The image would make most adult witnesses start to feel nervous. Therapy animals helping a child both inside and outside the courtroom can calm a child, thus resulting in more efficient and accurate testimony — and less trauma to the child. When prosecutors, judges and court staff appreciate the benefit of therapy animals for child victims and witnesses, everyone wins.



WHEN THERAPY ANIMALS CAN HELP KIDS

THERAPY ANIMALS AS GREETERS

Some CACs have greeter therapy animals and handlers in the lobby available to meet children as they come in the front door. This is often the first opportunity a child has to interact with a therapy animal. Children who come to a CAC for a forensic interview, medical examination or therapy may be nervous, uncomfortable or in a state of shock. A happy dog with a wagging tail, a purring cat or a peaceful bunny will often bring a smile to the child's face.

It is essential to find out in advance if the child has an allergy to animals or is afraid of animals. It is recommended to have a sign at the entry of the CAC announcing the presence of therapy animals on-site. Some children may have been exposed to cruelty to animals or animals that were trained to fight or be vicious. The CAC staff should ask each child or child's caregiver about his or her experiences with animals. This is an opportunity to determine the child's relationship to pets and whether any animal cruelty occurred in the home. It may be beneficial for the child to bond with one particular animal who may follow the child through the process of an interview, physical exam, therapy and testimony. The decision should be left to the child as to whether the therapy animal and handler will accompany him or her through other phases of the process. The animal then acts as a comfort or support to the child and can be explained as such should anyone (including the defendant's attorney or the judge) inquire as to why the animal is accompanying the child.

In an emergency situation, it may not be possible to conduct an assessment to determine if AAT is appropriate for the child. If an assessment cannot be completed, AAT is not advised. Pre-screening is recommended in all cases to ensure the safety of the child and therapy animal.

» *Benefits of Greeter Animals*

When a child enters a facility or CAC in order to be interviewed about abuse or trauma, the presence of a therapy animal can immediately put a smile on the child's face. Children will be more at ease when therapy animals and their handlers are present as greeters.

» *Concerns With Greeter Animals*

Issues of allergies to animals or fear of animals may arise when greeter animals are allowed to mingle with all children entering a facility. To resolve this, please ask a parent or guardian about each child's relationship with animals and about health concerns. If the child is allergic or fearful, consider an alternative waiting area for the child or place the therapy animal in a section of the waiting room that distances the animal from the child.

THERAPY ANIMALS AT FORENSIC INTERVIEWS/FORENSIC EVALUATIONS

When a child is suspected to have been abused or neglected, or to have witnessed a crime, the forensic interview is the most important phase of the investigation. It is also when the child is most vulnerable and frightened. A forensic interview, which entails discussing trauma with a stranger, can be intimidating. There are numerous forensic interviewing protocols available to an interviewer, but all begin with a stage to develop rapport with the child. Without rapport and a level of comfort and trust, the child will be hesitant to talk and may withhold information. It is at the rapport stage when incorporating a therapy handler-animal team can be helpful (Phillips, 2004).

For anyone who has seen a child interact with an animal, it is clear that most children have a natural bond with animals that includes trust and comfort. This is why forensic interviewers and CACs are beginning to appreciate that therapy animals can help children during forensic interviews. Therapy animals can put children at ease in situations where the children are required to talk about something difficult. Children have been observed disclosing abuse directly to therapy animals. However, there are a few dos and don'ts CAC staff should consider before placing a therapy animal in a forensic interview room.

Do	Don't
<p>Do allow the child to decide whether a therapy handler-animal team should join him or her in the interview room. If a child agrees to a therapy animal, the interviewer and handler should still be aware of the child's non-verbal cues as to whether he or she appears to enjoy the animal's presence. If the child appears hesitant in spite of saying yes to the animal, the handler should politely excuse the therapy animal and let the child know the therapy animal will be waiting for him/her outside.</p>	<p>Don't tell the child that if he or she comes to the interview room and talks, then he or she can have a therapy animal present. Never use a therapy animal as a bartering tool to obtain a disclosure.</p>
<p>Do ask the interviewer if a therapy animal and handler can be incorporated into the interview. Some interviewers may be uncomfortable around therapy animals.</p>	<p>Don't assume that an interviewer is animal-friendly or will work comfortably around your therapy animal. Some interviewers may be afraid of dogs or cats. Please ask the interviewer's permission before assisting a child in an interview.</p>
<p>Do ask the child which type of animal he or she is comfortable with.</p>	<p>Don't assume that all therapy animals are appropriate for all children. Match the therapy handler-animal team to the child based on the needs of the child. If the child is overactive, consider a calmer animal. If the child is withdrawn, consider matching to a more outgoing animal. In some cases, you may decide to match a high-energy child with a high-energy dog to result in better interaction.</p>
<p>Do inform the child that the therapy animal needs to have his or her handler present at all times. Ask the child if the handler can join those in the interview room. Abide by the wishes of the child at all times, but the animal should never be left alone without the handler.</p>	<p>Don't assume the child is comfortable disclosing trauma or abuse in front of the therapy animal handler. The presence of the handler may inhibit the child from making a full disclosure.</p>
<p>Do allow the child to pet, connect with and even talk to the therapy animal during the interview.</p>	<p>Don't allow the child to hit, be aggressive or otherwise inappropriately interact with the therapy animal.</p>
<p>Do ensure that any disclosure to the animal is based on what really happened and that the child is not engaged in fantasy.</p>	<p>Don't prompt the child through the animal (i.e., "Bailey wants to know what your favorite class in school is"). And do not ask the therapy animal to perform tricks for the child at this stage. This may be appropriate in therapy, but is not appropriate in a forensic interview due to the introduction of fantasy.</p>
<p>Do allow the child to focus on the therapy animal if anxiety or stress becomes too great.</p>	<p>Don't allow the child to focus so much on the animal that the interview is compromised or ceases. Use redirecting techniques to re-engage the child with the interview. If the child becomes distracted by the therapy animal and is unable to focus on the interview, the interviewer should send a pre-determined cue to the handler and the handler should excuse him or herself. The handler could inform the child that the therapy animal needs a bathroom break so that the child does not feel bad about the departure.</p>
<p>If local rules prohibit the animal from being in the interview room, do ask the child if the handler-animal team can walk the child to the room and wait for the child to finish.</p>	<p>Don't force the child to interact with a therapy animal and only ask if the handler-animal team can accompany the child to the interview room if the child shows an interest.</p>
<p>Do provide clear instructions to the handler on his or her role during the session (e.g., remain quiet, only interact with the child when directed to by the interviewer).</p>	<p>Don't assume that the handler knows the proper protocol during an interview. Please explain your expectations and any guidelines specific to how you conduct an interview.</p>

Every professional interacting with children who have been abused should always put the needs of the child first. This is epitomized in the Child First Doctrine, which states:

- The child is our first priority.
- Not the needs of the family.
- Not the child’s “story.”
- Not the evidence.
- Not the needs of the courts.
- Not the needs of police, child protection, attorneys, etc.
- The child is our first priority (Ahlquist & Ryan, 1993).

Under this doctrine, if a child requests the presence of a therapy animal to assist him or her through the forensic interview process, the forensic interviewer should accommodate the child’s request as long as the child abuse team members are in agreement. This process is similar to when a child asks for a comfort item or a support person when discussing difficult memories.

Because it is the role of the staff to put the needs of the child first, there also must be a person putting the needs of the animal first — his or her handler. If at any time, the safety and comfort level of the animal is compromised, the handler must remove the animal from the situation.

If a CAC currently tracks the number of forensic interviews performed, along with the number of disclosures and non-disclosures obtained during each interview, it is recommended that a similar process be incorporated for therapy animals. CACs should consider keeping a log of how many forensic interviews incorporated a therapy animal, and then track how many of those interviews resulted in disclosures or non-disclosures. Maintaining this information may be helpful in

handling the argument that the presence of a therapy animal resulted in a child providing a disclosure in exchange for being around the animal. For example, if a CAC records that 30 percent of the forensic interviews with therapy animals result in non-disclosures, then this information could be presented to show that not all children disclose simply because a therapy animal is present.

Before incorporating therapy animals into the forensic interview process, please consult with your local prosecuting attorney or child protection attorney to obtain an agreement and to discuss any concerns.

Potential Objection From Opposing Counsel	Proposed Response to Objection
The presence of the handler inhibited the child from a full disclosure that may have exonerated the defendant.	The interviewer, handler or child can testify that the child was asked before the interview if the animal and handler could be in the room and the child agreed. The interviewer and handler can testify regarding the child’s outward demeanor and whether the child appeared apprehensive or inhibited as a result of the handler being present. If the interview was videotaped, offer the videotape as the best evidence of what occurred.
The presence of the therapy animal was suggestive to the child.	Therapy animals are akin to comfort items (such as dolls and blankets) and are incapable of suggesting information or answers to the child in response to questioning. Check your state statutes to see if comfort items or support persons are specifically allowed.
The child was coerced into giving a false disclosure in exchange for petting the dog.	Compare the child’s initial disclosure (often to a family member, school official or friend) to the disclosure made during the forensic interview to show that the core details regarding the abuse were consistent, and therefore, could not have been coerced.
The handler behaved inappropriately in the interview room and responded with comforting sounds when the child spoke of abuse. This encouraged the child to disclose additional false allegations of abuse in order to receive approval.	The interviewer and/or handler can testify that the child did not interact with the handler, the handler did not speak or make any physical gestures to the child and that the child did not look at the handler during the interview. The handler can testify that he or she was trained on the importance of not reacting during a disclosure. If the interview was videotaped, offer the videotape as the best evidence of what occurred.



THERAPY ANIMALS IN MEDICAL EXAMINATION ROOMS

If a child obtains a physical examination at a hospital or at a CAC that is equipped to provide an on-site medical examination, special considerations should be evaluated before allowing a therapy animal into the medical examination room. Issues involving animals being present when evidence is collected should be addressed with hospital professionals.

As in the case of making a therapy animal and handler available for the forensic interview, ask the child if the animal and handler can be present during the examination. Be sure to provide a sight barrier between the handler and the child so that the child does not feel any additional discomfort with another adult in the room. This can occur by positioning the handler behind a sight barrier while he or she holds the leash and keeps his or her therapy animal visible, or by having the handler sit with his or her back to the child in such a way that the handler can still observe the therapy animal. The handler should not speak or interact with the child during this process. The therapy animal should be positioned on the ground at the head of the table, or on a chair if the animal is small. Children may take comfort in dangling their hands over the side of the bed and petting the animal during an examination.

Be sure to consult with your prosecuting attorney and medical staff before incorporating a therapy animal into the medical examination process. The medical staff may have additional health and safety rules to follow in order to have animals on-site.

» ***Benefits of Therapy Animals in Medical Examination Rooms***

The obvious benefit is that the child feels safe and comforted by the therapy animal during the examination, which can include a genital examination

and sample collection of possible evidence. Being able to distract the child with the therapy animal may result in a quicker examination due the relaxed nature of the child. The animal may also help prevent any re-traumatization of the child as a result of a physical examination of body parts involved in a sexual abuse case.

» ***Concerns With Therapy Animals in Medical Examination Rooms***

The medical staff may have policies in place regarding animals in medical facilities and these policies may conflict with the best interest of the child. You should also consult with your crime lab to determine whether animals in the room could contaminate evidence samples. If policies bar animals but seem unreasonable, you can consult with medical personnel and encourage them to rethink their policies.

THERAPY ANIMALS IN INDIVIDUAL AND GROUP THERAPY SESSIONS

Children may find it easier to express feelings through interactions with therapy animals than through talk therapy. Thus, therapists may need to observe children's demeanor, tone of voice or other expressions more than verbal statements (George, 1988). Some children may project their feelings onto the therapy animal. For example, in Elizabeth Reichert's study involving her dog Buster, she informed one child that Buster had a nightmare the night before and asked the child what the nightmare may have been about. The child said, "The nightmare was about being afraid of getting hurt again by someone mean" (Reichert, 1998, p. 182). This allowed the child to safely discuss her feelings indirectly through Buster until she was comfortable with a direct conversation.



Therapists incorporating therapy animals in sessions should be well-versed in the literature concerning child maltreatment and memory and suggestibility. Therapists should avoid incorporating therapy animals in a manner that may contaminate a child’s disclosure. Moreover, therapists should record sessions with therapy animals, or at the very least maintain detailed notes describing the involvement of therapy animals. This will ensure that the therapy animals were not incorporated in a suggestive or inappropriate way.

One of the authors observed a 4-year-old boy disclose physical abuse, consisting of cigarette burns on his arm, to a therapy cat. The cat rubbed his face all over the child’s burned arm and that put a smile on the boy’s face. He then promptly announced he felt better, was done with therapy and wanted to play. The therapist commented that often the affection of a therapy animal does more than a traditional therapy session.

Although the conduct during a therapy session may be questioned during trial, and may include subpoenaing the therapist and records, the presence of a therapy animal and handler should elicit fewer objections than their presence during a forensic interview.

Potential Objection From Opposing Counsel	Proposed Response to Objection
The presence of the handler interfered with the therapist-patient relationship and tainted the child’s information to the therapist.	The therapist, handler or child (if old enough) can testify that the child was asked before the therapy session if the animal and handler could be in the room and the child agreed. The therapist and handler can testify regarding the child’s outward demeanor and whether the child appeared apprehensive or inhibited as a result of the handler being present.
The presence of the handler broke the confidentiality of the therapist-patient relationship and, therefore, the defense is entitled to all the confidential records and notes from the therapy sessions.	Most states have laws that prohibit confidentiality when child abuse is disclosed and mandate disclosing the information to child protection authorities. Therefore, a child’s session with a therapist is likely not covered by privilege and the presence of the handler is not an issue. Check your state statutes regarding confidentiality issues in therapy.
The child was coerced into making a false disclosure in order to pet the dog.	Compare the child’s initial disclosure in the forensic interview to those made during therapy sessions to demonstrate that the core details regarding the abuse were consistent, and therefore unaffected by the presence of the therapy animal.

THERAPY ANIMALS ASSISTING WITH COURT PREPARATION

Therapy animals can ease much of the tension for children surrounding their testimony. Effective prosecutors always prepare their witnesses for court, including meeting face-to-face to answer questions and go over proposed questions and possible cross-examination topics. These sessions can be uncomfortable for crime victims, and particularly so for children. Having a therapy animal tour the courtroom with the child ahead of time and sit with the child can aid in the session and help the child feel at ease. If the therapy animal gives the child a sense of safety and comfort with the process, these feelings can also be applied to the prosecutor. Therefore, if the animal is unable to enter the courtroom with the child, the child may still have elevated feelings of safety knowing the animal-friendly prosecutor is present.

If the prosecutor knows that the presiding judge will not allow the therapy animal into the courthouse or the courtroom during the child’s testimony, it is recommended that the child be informed and arrangements be made for the therapy animal to meet the child before or after testifying outside the courthouse. The child may expect the therapy animal to be there during testimony if the therapy animal was allowed to accompany the child into the courtroom for a tour. However, if the child is old enough to understand that the dog is available for the courtroom tour, but will wait outside the courtroom after the child is finished testifying, then that discussion should occur with the child to avoid unrealized expectations.

» ***Benefits of Therapy Animals Assisting With Court Preparation***

Having a therapy animal present during pre-trial court preparation can relax the child and provide a sense of safety, which may transfer to the prosecutor handling the case.

» ***Concerns With Therapy Animals Assisting With Court Preparation***

Be sure not to let the child believe that a “good performance” on the witness stand is contingent on having the therapy animal available for pre-trial court preparation.

THERAPY ANIMALS AVAILABLE DURING TESTIMONY

Therapy animals are showing up with more frequency in courthouse hallways and inside courtrooms during testimony. Allowing therapy animals into the courthouse to sit with witnesses and waiting families can help keep them calm and patient during the long trial process. If approved by the judge, therapy animals can also assist children during their testimony. Although the defense counsel may object that an animal’s presence is “prejudicial” or likely to unfairly paint the child as a “victim,” these arguments can easily be surmounted if the judge is open-minded and willing to consider the purpose of AAT in the courtroom. The goal of any

testimony is to obtain the information effectively, efficiently and thoroughly. If a child approaches the witness stand and freezes, this not only re-traumatizes the child, but it brings the effective administration of justice to a complete halt. However, the presence of a therapy animal provides a feeling of safety for the child, making it easier for him or her to testify and keep the trial moving.

A therapy animal can be equated to a comfort item for a child. A Texas appellate court rejected the arguments of the defense counsel with respect to a child’s use of a teddy bear during testimony, and much of the court’s analysis would be applicable to the presence of a dog. Specifically, the Texas Court of Appeals ruled:

[We] cannot conclude that the teddy bear constituted demonstrative evidence which engendered sympathy in the minds and hearts of the jury, validated the child-victim’s unimpeached credibility, or deprived appellant of his constitutional right of confrontation. Indeed, the same accusation could as reasonably be made of the calculated attire of any witness. Rather, under this record, it seems more rational that the trial court, when faced with the general objection made, permitted the child-victim to retain the stuffed animal as one of the discretionary “reasonable steps” authorized by the Code of Criminal Procedure in an effort to minimize the psychological, emotional and physical trauma of the child-victim caused by her participation in the prosecution, including her face-to-face confrontation with appellant. (Sperling v. State, 1996)

To obtain a sample pre-trial motion to include a therapy animal in the courtroom, please visit www.americanhumane.org/task.

One of the first known cases of a therapy animal assisting a child during testimony occurred in 1992 in Jackson, Miss. The pre-trial hearing transcript can be viewed at http://www.vachss.com/dogs/vachss_transcript.html. Vachss, a German shepherd therapy dog, had been assisting a 7-year-old child with a history of abuse through therapy, and when it came time to ask for a comfort item or support person during trial, the child asked for Vachss. The defense objected and argued that a 90-pound dog was different from the child having a teddy bear, and that the child appeared to be “normal” and not requiring the assistance of a dog in the same way a blind or other disabled person might. However, the judge allowed Vachss to sit at the girl’s feet during her testimony.



Dr. Cathy Dixon, Vachss and a child witness

Potential Objection From Opposing Counsel	Proposed Response to Objection
The presence of the therapy animal and handler in the witness stand will be prejudicial.	The prosecutor should take steps to conceal as best as possible the therapy animal and move the handler as far from the witness stand as possible, but still allow leash control and a visual of the animal to ensure the animal’s safety. Just as children in many states are allowed to have a comfort item (such as a doll or blanket) or a support person with them during testimony, the therapy animal fulfills both roles and is less suggestible than a concerned adult.
The presence of the therapy animal and handler in the witness stand conveys that the child is fragile and needs protection from the defendant, which conveys a negative image of the defendant.	This is not a valid objection and does not reach the legal level of “extreme prejudice” or “overly prejudicial.” The demeanor of the witness, whether strong or fragile during testimony, is not an objectionable factor since all witnesses react differently when testifying. Therapy animals help to calm children; thus, the child will provide more efficient and accurate testimony during questioning. This could actually help protect a defendant from inaccurate testimony (Mathews & Saywitz, 1992).
It’s just inappropriate to have an animal in the courtroom.	More courts are allowing therapy animals outside the courtroom (to comfort witnesses, family members, etc.) and inside the courtroom to aid in testimony. Contact American Humane to obtain a list of courts that allow therapy animals.
The defendant or other court observers are allergic to the therapy animal.	Depending on the size of the courtroom, usually the therapy animal will sit at the feet of the child witness and any allergic reaction will be minimized. Generally, an allergic reaction requires touching the animal and touching one’s hands to one’s face or eyes.



“Every state addresses the right of crime victims to be free from fear and to have a support system in place. Some states have [an] actual Crime Victims’ Bill of Rights by statute or constitution, and some have an additional special focus on children” (Justice, 2007, Part II, p. 1). Be sure to check your state statutes on protections of child victims; please visit <http://www.americanhumane.org/task> for explanatory documents. An argument can be crafted allowing a therapy animal to accompany a child into the courtroom, similar to the argument that allows a comfort item or support person.

A PLAN TO SUCCEED: GROUNDWORK TO DO BEFORE INCORPORATING AAIs

Incorporating therapy animals into the six scenarios previously discussed is a complex endeavor. Many areas of expertise are represented and participants must work collaboratively to achieve a successful integration of therapy animal teams into a facility. Assessing feasibility is part of being prepared; for example, you should evaluate the level of support received from the administrators, the facility’s accessibility to therapy animal teams, whether staff resources are adequate, and whether or not the facility lends itself to accommodating animals. This type of assessment may lead you to conclude that AAI is not a viable option at the current time. It is better to acknowledge this and exercise due diligence than rush in unprepared and fail, which would be a disservice to clients and staff. There are no shortcuts to proper planning and preparation and no compromise for high standards. It is well worth investing the effort to create a successful program that will positively impact many children’s lives for years to come.

The following steps assume that a thorough and honest assessment indicates full support from facility administrators and a strong chance of success.

LOCATE AN AAI SERVICE PROVIDER

Risk is inherent in bringing animals and people together, which is why risk management is crucial to minimizing

potential problems. Managing risk involves two primary elements: effective skill and aptitude when screening handlers and animals; and proper training of staff and volunteers. It is recommended that you collaborate with an established therapy animal organization that has experience in both of these areas, as well as a strong reputation for excellence in service delivery.

An example of such an organization would be a local affiliate group belonging to a national organization. If no such group exists in your area, consider seeking local registered therapy animal teams. You can locate therapy animal service providers by contacting Delta Society or Therapy Dogs International, or by checking in your area to determine which registered handlers are providing therapy animal services as independent contractors. Either way, the important point is to work with people who are trained, experienced and registered through a credible therapy animal organization. This route is optimal because of the rigorous requirements for credentialing, and because handlers are covered by liability insurance through their registering agencies. It is also preferable because it helps ensure a basic level of professionalism, high standards and safety for your program. Registered therapy teams are trained to provide consistent and predictable service, and both the handler and animal are screened for the skill and aptitude necessary for incorporating effective AAIs.

ASSIGN AN AAI LIAISON

Incorporating therapy animals requires staff time. Just as an administrator is responsible for the overall operations of a facility, there needs to be a designated person who is responsible for the overall therapy animal program. It is recommended that each agency or facility assign a staff person to serve as a primary liaison with handler-animal teams. The liaison is an essential point of contact for all AAIs at the facility, including volunteer orientation, scheduling and coordinating teams and the resolution of any issues or conflicts. Typically, the best staff person for this role volunteers for the job and has a genuine interest in incorporating animals into the facility. This person would consult with the prosecutor’s office and other child protection team members to determine in which phases the animal would be incorporated, advise on the appropriate volunteer handler-animal team, and in conjunction with the therapy animal organization providing services, if applicable, establish policies and procedures that outline prescriptive safeguards for both the children and the animals involved. The liaison can also serve as a valuable contact for fellow staff, soliciting internal feedback to gauge the program’s success and suggest improvements.

FOLLOW STANDARDS OF PRACTICE

Standards of practice are a vital asset to any professional field of study. They serve as guidelines supporting safety, quality assurance and consistency.

The comprehensive *Standards of Practice for Animal-Assisted Activities and Therapy* was published by Delta Society in 1996. It was written by over 50 multidisciplinary professionals with extensive experience in AAI. It covers important topics such as animal selection, screening and health requirements;

personnel credentials, training and evaluation; assessment; and investigative studies.

A few direct excerpts from Delta Society's Standards of Practice that are strongly recommended for any AAT therapy program include:

Standard 2.1: Standards for Individual Providers

2.1.1. Individual providers maintain credentialing through a professional, or volunteer organization involved in AAA/T.

2.1.2. Individual providers maintain screening and certification for the animals they work with.

2.1.3. Animals working with individual providers are screened by an impartial evaluator familiar with the settings in which the animals work.

2.1.4. Individual providers maintain insurance for documentation of AAA/T services (Delta Society, 1996, pp. 7-8).

Other standards to review include:

- Compliance with local, state and federal laws and regulations that concern the presence of animals in various settings.
- Risk management to ensure quality, reduce liability and provide for the well-being of all participants, including clients, visitors, volunteers and animals.
- Standards for AAT specialists (education/human services providers) to ensure they have the proper credentials, skills and continuing education needed to facilitate an AAT session.
- Animal handlers' knowledge of animal behavior, training, humane handling and the ways animals impact people.
- Maintenance of records of all AAA/T interactions by the provider and the facility, including basic animal and handler information, proof of current AAT certification/registration, veterinary and vaccination records, confidentiality agreements, signed acknowledgement of facility policies and procedures, and any other documentation regarding specific AAT teams.

According to another Delta Society manual:

Certain tenets of AAA/T are indisputable:

- No person (client, staff, visitor) shall be forced to have contact with an animal.
- A facility shall have written policies and procedures in place before introducing an animal.
- Animals and their handlers shall be screened before participation in a program.
- Clients will be screened for contraindications before an animal is introduced.
- The rights of those who wish to have no contact with an animal shall always be respected.

- No client or visitor is ever left alone with an animal.
- At all times the rights of animals shall be respected and ensured. This includes humane treatment, protection from undue stress, and availability of water and exercise areas (Gammonley et al., 1997).

ESTABLISH POLICIES AND PROCEDURES

In addition to having standards in place regarding handler training and animal selection, the agency sponsoring the therapy animal program should also detail specific policies and procedures for the program that may include but are not limited to:

- Training requirements for the handler about the agency and engaging with clients.
- Handler conduct, dress and role during a visit.
- Confidentiality requirements.
- Check-in and check-out protocol before and after a visit.
- Documentation regarding the visit.
- Staff supervision and role during visit.
- Animal appearance policies.
- Incident procedures.
- Conflict of interest procedures.
- Restricted areas for animals.
- Infection control procedures.

Please see Appendix C, Delta Society's *Policies and Procedures for Registered Pet Partners*.

Issues to Consider

Allergies

Before any child is allowed to interact with an animal, a parent or guardian should be asked whether the child has allergic reactions to animals. If yes, the child or therapy animal(s) should be placed in separate areas so that they cannot interact.

Fear of Animals or Transmission of Disease

A fear of animals is clearly a contraindication. It introduces unnecessary risk to the child and to the animal and is counterproductive to effective AAT sessions. A clean, well-groomed animal is absolutely essential to prevent zoonoses (diseases communicable from animals to people and vice versa). All therapy animal handlers should provide up-to-date health certifications from their animals' veterinarians with proof of vaccinations and fecal testing, which includes stating that the animal is fit and competent to do therapy work. As of 2002, there have been no

documented cases of transmission of disease between a therapy animal and a human (Stanley-Hermanns & Miller, 2002).

The Animal Handler

Handlers should be required to successfully complete therapy-animal handler training, which includes topics such as interpreting animal stress signals, mitigating risk, controlling infection and considerations for working with specific populations. This is especially important for therapists wanting to incorporate their own animals in therapy. Application of knowledge, experience and skill in AAT to ensure that best practices, methods and precautions are adhered to cannot be over-emphasized.

In addition to handler training, the handler should receive facility-specific training on working with children who have been abused so that the handler is prepared for discussions and conditions he or she may see. Secondary trauma training is also recommended for these volunteers. Debriefing is essential for all handlers by the therapist or clinician. This should occur after each session.

Insurance Riders to Cover Animals On-Site

Volunteer therapy animal handlers who are registered with a national registering body are covered by that body's insurance (contact the organization directly for specifics regarding what conditions must be present in order for the insurance to be in effect). Professionals who choose to incorporate their therapy animals in their work must obtain insurance either through their employers or through personal policies.

in the forensic interview room and (with approval from local judges) in the courtroom. It was the first CAC in Texas to have dogs accompany children in both the forensic interview room and the courtroom. According to the CAC's website, "There is always anxiety that goes with [children] telling their traumatic stories. These very special dogs seem to respond effortlessly to each child's needs. Some of our dogs love to play ball while others will lay [sic] quietly at a child's feet just waiting to be petted. The children always have their undivided attention. It is very heartwarming to see a child that is scared and nervous respond to an affectionate dog, waiting at the door, wagging his tail, and ready to engage them in play" (Johnson County CAC, 2009). Tammy King, executive director, said the program has been very successful and is a hit with the children. Since October 2008, King has arranged for a dog to come to the CAC every day of the week to ensure that dogs are always available for the children. The handlers appreciate this because it provides a set time for them to come to the CAC with their dogs (T. King, personal communication, April 29, 2009).

For the courtroom process, the CAC set up an appreciation breakfast for the local judges to introduce the idea of therapy animals in the courtroom. The judges were excited about the idea and unanimous in their support. They discussed how to avoid battles with defense attorneys to ensure a smooth process. It was decided that if a child asked for a therapy dog to attend court with him/her, the request would be honored. If the child asks for a specific dog, then the CAC works to get that dog into the courtroom. The goal is to match an appropriate dog to each situation. A calmer dog works better in a courtroom setting than a dog who is more active. The dogs are introduced during the voir dire (jury selection) process and all questions regarding the dogs are answered at that time. The dogs wear special vests that indicate they are therapy court dogs and the handler sits off to the side of the witness chair while the dog is between the handler and the child.

The only issue has been having dogs in the forensic interview room, which has led to handlers being subpoenaed. Solutions are being explored because having the dogs in the forensic interview room has proven beneficial to the children.

In spite of the overwhelming support and success, King noted that the largest challenge continues to be overcoming anxiety that the dogs in the courtroom could distract children during their testimonies. In fact, the dogs actually calm the children when testifying. To date, this concern has not been borne

EXAMPLES OF CACs THAT INCORPORATE THERAPY ANIMALS

In December 2007, with the assistance of the National Children's Advocacy Center, American Humane conducted an email survey of CACs across the country and has, to date, located less than 20 CACs that incorporate therapy animals to help children who have been abused. Here are a few examples of how CACs and children are benefiting from a therapy animal program.

THE CAC SERVING JOHNSON COUNTY, TEXAS

The CAC serving Johnson County has incorporated therapy dogs into every phase of the process for children who have been abused. The program was launched in 2004 and now involves about 15 dogs registered by Therapy Dogs International (<http://www.tdi-dog.org/>). The dogs, including Cooper, work as greeters and participate in therapy sessions,



Cooper, one of the greeters at the Johnson County CAC

out, and further education and experience with therapy dogs in the courtroom may help alleviate it (T. King, personal communication, April 29, 2009).

CAC SERVING BASTROP, LEE AND FAYETTE COUNTIES, BASTROP, TEXAS

Cheryl Koch, executive director of the CAC, started a therapy dog program in 2006 with a dog named Harry, a registered therapy dog. When Harry passed away, a Maltese named Woodstock joined the center and was registered in January 2008 through Therapy Dogs International. Lynn Kirby, handler and owner of both Harry and Woodstock, explained the dog's job at the center:

An 8-year-old little girl who had made an [accusation] of sexual abuse by her uncle is brought to the Children's Advocacy Center for a forensic interview. When entering the Center, the child is visibly nervous and hiding behind her mother. The child is immediately greeted by "Woodstock," the center's certified therapy dog, and his handler. The child is encouraged to squat down to meet Woodstock, and he is quick to come to her and give her a sweet kiss on the cheek. The [child's] demeanor changes and she smiles, petting Woodstock, and comes out from behind the shelter of her mother. The family is escorted to the waiting room, where Woodstock and his handler continue to engage the child. Following the forensic interview, Woodstock again is there to keep the child company while her parents meet with the Child Protection Team members. It is decided that there is a need for a non-acute SANE (Sexual Assault Nurse Examination), which will be done at the center the following day. In returning to the center for her exam, this time in entering the building, the child comes in immediately asking for her [newfound] friend Woodstock. Woodstock and the handler escort the child to the exam room, where she is introduced to the SANE nurse. The child is assured that while the exam is taking place, Woodstock will be waiting outside the door, (periodically sticking his nose under the door, checking out what is going on inside the room). When the exam is complete, the child again has her pal Woodstock at her side. The child continues to visit the center on a weekly basis for her play therapy sessions. Now, when she arrives, she bounds into the center, calling out for Woodstock. In the future, if the child's case goes to trial, Woodstock will



Woodstock

be available to wait with her prior to her testimony, and will be there to comfort her when she is done. It is not uncommon for children who no longer need the services of the center to [make] a surprise visit to see Woodstock (L. Kirby, personal communication, April 15, 2009).

DALLAS CAC, DALLAS, TEXAS

Andrea Schultz, clinical supervisor at the Dallas CAC (DCAC), created a therapy animal program in 2007. Therapy dogs visit in the waiting area, participate in individual and group therapy sessions, and comfort children in crisis situations. In the CAC's first year, 21 dogs provided assistance to children in 244 therapy sessions. The dogs and their handlers logged 392 volunteer hours at the CAC.

Schultz reported that an unexpected benefit of the program has been the positive impact on staff morale. She noted that just a few minutes spent with a therapy dog can provide a welcome break in a staff member's day. "We recognize that this is one more way a therapy dog can have a positive impact on the children — by helping to prevent burnout in the professionals that work their cases on a daily basis. Our handlers are always willing to spend a few extra minutes visiting with staff," she explained (A. Schultz, personal communication, May 25, 2009).

Schultz also acknowledged that one concern is protecting the handlers and the use of their time should they be subpoenaed to court. She said, "We have the handlers sign a confidentiality agreement, listing their name and contact information, that explains to them the possibility of their being subpoenaed to court. They have a choice on this document to check whether or not they will allow DCAC to release their personal contact information to any attorney. If they do not authorize us to release their information we require prosecutors and/or defense attorneys alike to subpoena their information. We are hopeful this will deter our handlers being subpoenaed as a 'matter of routine' in those cases where they really don't have anything to offer in testimony. Our handlers volunteer at multiple facilities, have contact with many clients, and of course, due to confidentiality, do not keep records about the specifics of their visits. These factors in combination with the many months it takes a case to reach court make it unlikely that a handler will recall any relevant information from a specific therapy session" (A. Schultz, personal communication, May 25, 2009).



Harry



Keeper

The following is a story from Schultz of how a registered Delta Society therapy dog named Keeper helped one particular child at the DCAC:

Mark is an 8-year-old boy who was sexually abused by his father. He had been in individual therapy for several weeks but was making no progress. He had difficulty establishing a relationship with the therapist and would not talk at all about the abuse. The therapist decided to bring a therapy dog into the sessions to see if this might help Mark relax and begin to open up.

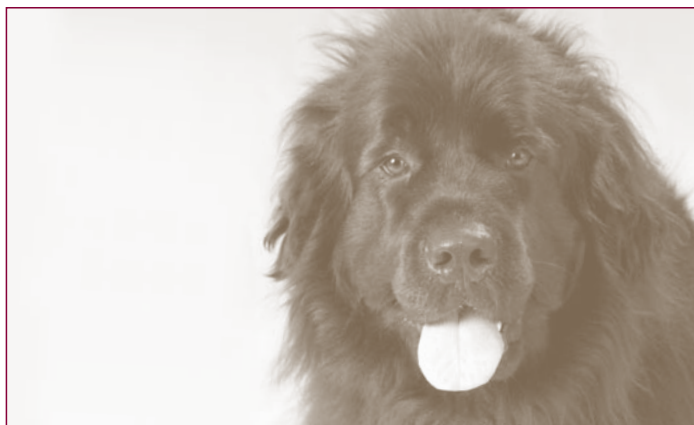
Keeper is a golden retriever who joined Mark's therapy sessions. Mark was very curious about Keeper and asked many questions about the dog. Mark quickly became comfortable with Keeper and developed a bond with him that he had not been able to develop with the therapist.

Over the course of just a few sessions Mark began to talk about his family situation and his feelings. The therapist asked Mark if he could tell his "secrets" about the abuse to Keeper. Mark laid [sic] down next to Keeper, lifted his ear, and proceeded to tell the dog about the abuse. When he finished talking, Mark asked if Keeper would be scared by what Mark had just told him. The therapist now had a chance to talk with Mark about being scared and about feelings in general. When Mark returned for therapy the following week he asked if Keeper had experienced any bad dreams as a result of hearing the "secrets." This gave the therapist an opportunity to talk about the bad dreams that Mark was reportedly having. The introduction of a therapy dog into the sessions helped Mark become comfortable enough to express his feelings and begin to deal with his abuse (A. Schultz, personal communication, March 19, 2009).

CHILDREN'S HOSPITAL OF THE KING'S DAUGHTERS, NORFOLK, VA.

Michele Thames, forensic interviewer at Children's Hospital of the King's Daughters, provided the following assessment of the hospital's animal therapy program:

Incorporating therapy dogs in our [center] has been a wonderful experience! We currently incorporate the dogs



Cara

in our waiting room to help clients that visit us, children and adults alike! Many times, when a family is sent to a [CAC], there are unanswered questions, anxiety and fear within the family. Stepping into a [center] with a friendly dog dramatically reduces the anxiety in children, which in turn helps the parent.

When children visit our [center], often there is anxiety and fear. Cara, a member of our Buddy Brigade therapy dog team, can almost sense the anxiety and does everything she can to make kids feel comfortable. She helped a 4-year-old be less apprehensive about approaching a dog by gently licking his hand. At the end of his visit, he was proudly walking Cara around the waiting room (M. Thames, personal communication, June 18, 2009)!

ALLIANCE FOR CHILDREN, TARRANT CITY, TEXAS

Diana Davis of Alliance For Children provided the following account of Willie, a Newfoundland who participated in the organization's AAT program:

Willie became a therapy dog with Alliance For Children in April 2007. He started off by going to one center on a monthly basis to visit all of their counseling groups. He would visit six groups in one night and each time share a little story about himself. It didn't take long before Willie became an instant hit and we soon began to look at other ways to utilize this big "dark knight," as his handler calls him.

Then one day in staffing we began to discuss a case of a 10-year-old little girl who had been sexually abused by her biological dad. The little girl had been interviewed [and] had not made an outcry, but dad confessed to everything. The little girl clearly had a story to tell but was too scared to let her voice be heard. So, in an effort to give her another opportunity our [district attorney] suggested that we incorporate one of our therapy dogs to see if this would give her the safety that she needed to tell her story.

I contacted Karen (Willie's handler) and asked if she would be interested in helping. Of course she didn't



Willie

hesitate at all and so I briefed her on the potential outcry that could be made and discussed their role in the interview [at] great length. I made arrangements with her to arrive 15 minutes before the child so that Willie could see the room and be comfortable with it. [This] allowed Willie to feel completely comfortable with his surroundings so that he could excel at what he does best, which is making children feel comfortable and safe. The other thing that I did was to request that the interviewer allow about 20-30 minutes for the child and Willie to interact before going back for the interview. This would allow the child to build a rapport with Willie and to feel comfortable with him.

When the big day came everyone was prepared. Willie and Karen arrived early to see the room and when the little girl met Willie all you could see were smiles and wags! Willie and this little girl hit it off right away and visited for about 20 minutes or so before the interviewer asked the little girl if she would like to have Willie come with them for the interview. She was so excited to hear that Willie could go with her into the interview. [Also], the mom was aware that a dog might be incorporated in the interview and we knew that the girl liked dogs, but we wanted to make sure that she was comfortable with the idea after she met Willie.

Karen brought an extra lead so the little girl was able to use that to help walk Willie back to the room. Now, I will say that the entire time they were in the interview I was on pins and needles! I was so nervous, I felt like a parent wanting their child to do really well on a test. I wanted it to go well for the little girl, I wanted it to go well for Karen and Willie and I wanted it to go well for the future of the program. What seemed like forever was really about 45 minutes and when everyone came out of the interview with smiles on their faces I knew it had to be good.

Once the family left I debriefed with Karen to make sure she was okay and with the interviewer to see how things went. They both agreed that things couldn't have gone any better and that when she went in the interview room I was told that she just "spilled everything." What a tremendous success for the program, team and most importantly for this little girl. What started off as a little girl who didn't want to talk and who didn't want

to come in at first found a friend in Willie and with this friend's help she was able to regain her voice and tell what happened to her.

You may be wondering why this case [required the child to explain what happened]. If dad confessed then what difference does it make? It's a good question. But we felt as a team that this was the best case for everything. We had not incorporated the dogs before and we didn't have anything to lose and only everything to gain. So, maybe the DA didn't need the child's story with a confession in hand. But the child needed it and the child needed to finally feel safe enough to tell her story.

Since that time we have incorporated Willie and several other therapy dogs in not just our forensic interviews but also in our forensic evaluations. They have an unspeakable connection to these kids that is hard to explain but so easy to see! It is clear that our furry friends make a difference and while they are not incorporated in every interview or evaluation they are still making a difference and having a huge impact on our children and staff (D. Davis, personal communication, July 1, 2009).

EXAMPLE OF A PROSECUTOR'S OFFICE THAT INCORPORATES THERAPY ANIMALS

Several prosecutors' offices have been identified as incorporating animals into their practice to help child witnesses, such as: Bexar County District Attorney's Office in San Antonio, Texas; Maricopa County Attorney's Office in Phoenix, Ariz.; and San Diego District Attorney's Office in San Diego, Calif. A description of one office and its effective incorporation of registered therapy animals in cases involving children follows.

PALM BEACH COUNTY, FLA., STATE ATTORNEY'S OFFICE

The Palm Beach, Fla., State Attorney Canine Therapy for Children (CATCH) Program is designed to provide a comfortable environment for children while they are visiting the office. The dogs visit domestic abuse shelters and work special projects on request. Three therapy dogs are available to assist victims and witnesses in trial preparation, depositions and court testimony. Child victims and witnesses of all ages benefit from this program. All of the dogs are registered with nationally known AAT organizations.



Jake, Chloe, State's Attorney Michael McAuliffe and Morgan

What follows is a true story of how a child handled the court process without a therapy dog, and then with a therapy dog named Chloe (registered with Delta Society). The story has been retold by Lorene Taylor, an employee at the district attorney's office who was involved in this child's case and present to see her reactions with and without a therapy dog at her side.

Without a Therapy Dog:

"Will I have to be there alone? Because I really don't want to go, so just tell them I am not coming," the child victim pleaded. Apprehension and nervousness made her fingers curl into fists, and her eyes got wide with fear.

The prosecutor knew all too well what would happen next. The little girl would become more fearful. Doubt and mistrust would build. Even if the child was coaxed into her deposition, she would look only at her shoes, mumble with her head resting on her chin and "forget" everything she had seen at the crime scene. She would pretend to be asleep. She would do anything to make it end.

The child victim's deposition would be an exercise in pleading and bargaining.

"Can you be strong and answer questions for a few more minutes?"

"You and your mom can go home just as soon as it's over."

The girl will shake, stammer through a few more questions. Little useful information would be gained in the questioning.

With a Therapy Dog:

"Will I have to be there alone? Because I really don't want to go, so just tell them I am not coming," the child victim pleaded.

"No, you will not be alone. A special dog friend will be there with you, I will be with you, your victim advocate will be with you, and, of course, your mom will be right outside the door."

"OK. Can I pet the dog?"

We explained to our child victim all about Chloe, including that Chloe loves to be with children and is allowed to work in the courthouse. Chloe and her registered therapy dog handler work as a team with the prosecutor's office. We tell our victim that Chloe and her handler go with other kids to depositions. Chloe also accompanies child victims inside the courtroom and helps a child see where she will sit, where the jurors will be and how loud to talk.

Chloe likes to sit in a chair next to the child in a deposition and listen to what the child saw and heard. She likes to look around the room and check everybody out, even if the child does not look up. Of course, she likes to get a doggie treat for sitting quietly when the deposition is over.

We ask: "Do you think you could help Chloe by holding her leash during the deposition?"

"I maybe could try."

The little girl walked into the deposition, and sat in a chair next to Chloe. She was able to tell the adults what happened. It was not easy. Sometimes she gripped the leash until her fingers turned blue. Sometimes she would only whisper to the dog about what she had seen. They all pretended not to watch while she cried into the fur on the dog's back. But she was able to tell what she knew.

When the deposition was over, we asked her again to help the dog. The therapy dog handler explained to the girl that the dog gets tired from all that emotion, Could you help get Chloe a drink of water, a treat and a potty break?

This allowed the girl a few minutes to transition from the memories of the crime, to what was happening now. She could focus on something besides her fear. She could actually help somebody (the dog) instead of feeling helpless. She had a new friend, and so did Chloe (L. Taylor, personal communication, June 4, 2009).

LEGAL ISSUES

There are a few legal issues that may arise when having therapy animals at a facility that assists children who have been abused. However, with a little attention and dedication to positive outcomes, these issues can be overcome.

CONFIDENTIALITY OF INFORMATION

Each state has confidentiality laws regarding child abuse investigations and reporting. And every state has laws in place regarding child protection teams or multi-disciplinary teams sharing confidential information among team members. Moreover, out of respect for the child, all information received from a child must be kept confidential. If the therapy animal handler is deemed a member of your child protection team or multi-disciplinary team, then state laws on confidentiality should resolve the issue of a handler being present at a disclosure by a child or being involved in post-disclosure therapy for the child. Each therapy animal handler should receive an orientation that covers instruction on confidentiality issues. A Confidentiality Form for the Handler should be signed by each therapy animal handler. A sample form is included in Appendix B.

OBJECTIONS REGARDING THE PRESENCE OF A HANDLER DURING A DISCLOSURE

One particular concern regarding a therapy animal handler being present in the forensic interview involves potential allegations that the handler did something, said something or acted in a way that influenced the child during the interview. To avoid this allegation, it is important that all handlers attend an orientation on what to expect when interacting with children who have been abused. Children who have been abused often disclose the most horrific and depraved acts of violence they endured, and any handler needs to be prepared to overhear their words. Reacting (either with a physical response, a gasp or an uncomfortable body posture) could not only bring about an allegation of improper conduct in the interview room, but also make the vulnerable child feel more insecure about disclosing the harm done to them; the child could become reticent about disclosing other important information. One way to handle this is to allow handlers to wear ear plugs or headphones so that they are unable to hear disclosures. Or your agency could follow protocols used when interpreters or translators become involved in child abuse cases; handlers are in a similar situation.

HANDLERS AS WITNESSES

Handlers need to be informed that they could be listed as witnesses on prosecution or defense witness lists if they hear a disclosure of abuse/neglect or interact with a child suspected of being maltreated. If a handler is present at a disclosure during a forensic interview, therapy session or other phase in the process, the handler will need to be listed as a potential witness. As with many ancillary professionals who interact with maltreated children, handlers' knowledge for purposes of

testimony at trial may be minimal. Yet witness rules indicate that anyone with knowledge regarding the charged incident or conduct of any witness can be listed and subpoenaed.

If a forensic interview is videotaped and all present in the room are within the camera range, then an argument should be presented that the therapy animal handler is not needed as a witness since the videotape is the best evidence of what occurred. If an allegation arises that the handler or interviewer acted improperly during the forensic interview (either through body language or other visual or verbal cues to the child), the videotape is the best evidence of what occurred in the room. If a disclosure is made during a therapy session, the handler is likely an ancillary witness since the therapist was present and can testify to what was said. Since handlers are lay people (whereas therapists and forensic interviewers are frequently testifying as expert witnesses), a handler is not able to interpret the meaning of a disclosure or provide an opinion. Moreover, if the handler does not maintain detailed notes on each session, the handler is likely to have little, if any, memory of a disclosure or child's behavior by the time a trial occurs (which is often months or years later).

It is recommended to discuss the possibility of being a witness with all therapy animal handlers and work to inform prosecutors and the judicial bench that handlers may not be necessary witnesses. If a handler is required to appear in court to testify, prosecutors should be cognizant that the handler, like other professionals, has clients to service and his or her time in court should be respected and kept to a minimal amount of waiting. If the defense attorney places a handler on the witness list, and if the handler is expected to be present with the child in the courtroom during testimony, the prosecution will need to secure a ruling from the judge that the handler is allowed to be in the courtroom and should not be sequestered out of the courtroom like other witnesses. If the handler is able to testify before the child, the prosecutor needs to ask that the sequestration order be lifted after the handler's testimony so that the handler and therapy animal can be in the courtroom to support the child. It is important to be aware that a defense tactic may be to place the handler on a witness list so that the handler and therapy animal are not allowed to be present during a child's testimony.

ZONING OR SPECIAL PERMITS FOR ANIMALS ON PREMISES

It is recommended that therapy animals not reside at the CAC since all therapy animals should have a designated handler with whom they can go home at the end of the day. If the handler is an employee of the CAC, prosecutor's office, police department or other agency incorporating therapy animals, it is recommended that the animal not be left overnight at the facility and not work as a therapy animal for more than two hours a day. This not only promotes the care and well-being of the therapy animal, but also allows agencies to avoid issues with city or county licensing that may require special permits for the overnight housing of animals. As long as animals do not reside at the facility overnight, there should be no requirement to obtain a special permit for having an animal visit on-site. However, please check with your local zoning or occupancy permit office to ensure that therapy animal visits are allowed.

ABOUT THE SPONSORING ORGANIZATIONS



AMERICAN HUMANE
Therapy Animals Supporting Kids (TASK)™ Program

American Humane Association

Founded in 1877, the American Humane Association is the only national organization dedicated to protecting both children and animals. Through a network of child and animal protection agencies and individuals, American Humane develops policies, legislation, curricula and training programs to protect children and animals from abuse, neglect and exploitation. The nonprofit organization, headquartered in Denver, raises awareness about The Link® between violence to people and violence to animals, as well as the benefits derived from the human-animal bond. American Humane's regional office in Los Angeles is the exclusive authority behind the "No Animals Were Harmed"® end-credit disclaimer on film and TV productions, and American Humane's office in Washington, D.C., is an advocate for child and animal protection at the federal and state levels. The American Humane® Certified farm animal program is the nation's original independent certification and labeling program for humanely raised food (www.thehumanetouch.org).



Delta Society

The mission of Delta Society is to improve human health through therapy and service animals, increase awareness of the positive effects of animals, reduce the barriers that prevent the involvement of animals in everyday life, and expand the therapeutic and service role of animals in human health, service, and education.

REFERENCES

Ahlquist, A., & Ryan, B. (1993). *Interviewing children reliably and credibly: Investigative interview workbook*. Minneapolis, MN: CornerHouse Interagency Child Abuse Evaluation and Training Center.

Assistance Dogs International. (2009). *Glossary of terms*. Retrieved June 22, 2009, from <http://www.assistancedogsinternational.org/Standards/GlossaryOfTerms.php>

Chandler, N. (2006). Children's advocacy centers: Making a difference one child at a time, *Hamline Journal of Public Law & Policy*, 28, 315.

Colorado Judicial Department. (2009). *Access to the courts: A resource guide to providing reasonable accommodations for people with disabilities for judicial officers, probation and court staff*. Retrieved on July 24, 2009, from <http://www.courts.state.co.us/userfiles/File/Administration/HR/ADA/ADAResourceGuide.pdf>

Delta Society. (1996). *The standards of practice for animal-assisted activities and therapy*. Renton, WA: Author.

Delta Society. (2008). *Pet Partners training course manual*. Renton, WA: Author.

Delta Society. (2009). *Frequently asked questions*. Retrieved on July 9, 2009, from <http://www.deltasociety.org/Page.aspx?pid=267#MyAnimal>

Eggiman, J. (2006). Cognitive-behavioral therapy: A case report — animal-assisted therapy. *Topics in Advanced Practice Nursing eJournal*, 6(3), 1-7.

Fine, A. H. (2004, March). *The AAT Rx for youth: Bridging research with clinical insight*. Paper presented at the Can Animals Help Humans Heal? Animal-Assisted Interventions in Adolescent Mental Health Conference in Philadelphia, PA.

Friedmann, E., Katcher, A. H., Thomas, S. A., Lynch, J. J., & Messent P. R. (1983). Social interaction and blood pressure: Influence of companion animals. *Journal of Nervous and Mental Disease*, 171(8), 543-551.

Gammonley, J., Howie, A. R., Kirwin, S., Zapf, S., Frye, J., Freeman, G., et al. (1997). *Animal-assisted therapy: Therapeutic interventions*. Renton, WA: Delta Society.

Gammonley, J., Howie, A. R., Jackson, B., Kaufmann, M., Kirwin, S., & Morgan, L. (2003). *Animal-assisted therapy applications I, student guide*. Renton, WA: Delta Society.

George, M. (1988). Child therapy and animals: A new way for an old relationship. In C. Shafter (Ed.), *Innovative interventions in child and adolescent therapy* (pp. 400-419). New York: John Wiley & Sons.

Johnson County Children's Advocacy Center (CAC). (2009). Retrieved July 1, 2009, from <http://www.childadvocacycenter-jc.org/Therapy%20Dogs.htm>

Justice, R. M. (2007). The use of animal assistance at child advocacy centers, and pets in the courtroom: The new "comfort item." *American Prosecutors Research Institute Update*, 20(2 & 3).

Kruger, K. A., Trachtenberg, S. W., & Serpell, J. A. (2004). *Can animals help humans heal? Animal-assisted interventions in adolescent mental health*. Philadelphia, PA: Center for the Interaction of Animals and Society, University of Pennsylvania School of Veterinary Medicine.

Levinson, B. M. (Ed.). (1969). The pet and mental hygiene. In *Pet oriented child psychotherapy* (pp. 41-45). Springfield, IL: Charles C. Thomas.

Mathews, E., & Saywitz, K. J. (1992). Child victim witness manual. *California Center for Judicial Education and Research Journal*, 1, 34.

Melson, G. F., & Fogel, A. (1996). Parental perceptions of their children's involvement with household pets: A test of a specificity model of nurturance. *Anthrozoos*, 9, 95-106.

Nagengast, S. L., Baun, M. M., Megel, M., & Liebowitz, J. M. (1997). The effects of the presence of a companion animal on physiological arousal and behavioral distress in children during a physical examination. *Journal of Pediatric Nursing*, 12(6), 323-330.

Parish-Plass, N. (2008). Animal-assisted therapy with children suffering from insecure attachment due to abuse and neglect: A method to lower the risk of intergenerational transmission of abuse? *Clinical Child Psychology and Psychiatry*, 13(1), 7-30.

Phillips, A. (2004). The dynamics between animal abuse, child abuse and domestic violence: How pets help children. *The Prosecutor*, 38(5).

Reichert, E. (1998). Individual counseling for sexually abused children: A role for animals and storytelling. *Child and Adolescent Social Work Journal*, 15(3), 177-185.

Saywitz, K. (1989). Children's conceptions of the legal system: Court is a place to play basketball. In S. J. Cici, D. F. Ross, & M. P. Togli (Eds.) *Perspectives on children's testimony* (pp. 131-157). New York, NY: Springer Verlag.

Saywitz, K., Jaenicke, C., & Camparo, L. (1990). Children's knowledge of legal terminology. *Law & Human Behavior*, 14, 523.

Serpell, J. A. (1996). *In the company of animals: A study of human-animal relationships* (Canto Ed.). Cambridge, England: Cambridge University Press.

Sperling v. State, 924 S.W.2d 722, 726 (Tex. Ct. App. 1996).

Stanley-Hermanns, M., & Miller, J. (2006). Animal-assisted therapy: Domestic animals aren't merely pets. To some, they can be healers. *American Journal of Nursing*, 102(10), pp. 69-76.

RECOMMENDED RESOURCES

Delta Society: <http://www.deltasociety.org/>

The National Children's Advocacy Center:
<http://www.nationalcac.org/>

National Children's Alliance:
<http://www.nationalchildrensalliance.org/>

Therapy Dogs International: www.tdi-dog.org

APPENDIX A: CACs CURRENTLY INCORPORATING THERAPY ANIMALS (AS OF JULY 2009)

Note: This listing may not be complete and is simply a listing of CACs that responded to American Humane's request for information. Please contact American Humane at task@americanhumane.org to be added to our list.

Please be advised that some CACs are incorporating therapy animals that are not registered with a therapy animal organization. We encourage readers to contact these CACs to learn more about their programs. American Humane strongly encourages CACs to incorporate registered therapy animals in any program with children.

Alliance For Children (Tarrant County, Texas)
Child Abuse Council of Muskegon County (Muskegon, Mich.)
Child Advocacy Center of Harford County (Bel Air, Md.)
Children's Advocacy Center (Johnson County, Texas)
Children's Advocacy Center Serving Bastrop, Lee and Fayette Counties (Austin, Texas)
Children's Advocacy Center Serving Johnson County (Cleburne, Texas)
Children's Assessment Center (Houston, Texas)
Children's Hospital of the King's Daughters (Norfolk, Va.)
Dallas Children's Advocacy Center (Dallas, Texas)
Dearing House Child Advocacy Center of Kay County (Ponca City, Okla.)
Denton County Children's Advocacy Center (Lewisville, Texas)
Kids Intervention and Diagnostic Service (KIDS) Center (Bend, Ore.)
Lake Sumter Children's Advocacy Center (Leesburg, Fla.)
Midland Rape Crisis and Children's Advocacy Center (Midland, Texas)
Oneida County Child Advocacy Center (Utica, N.Y.)
Sunflower House (Shawnee, Kan.)

APPENDIX B: SAMPLE FORMS

Thank you to the Dallas Children's Advocacy Center for its provision of the Animal-Assisted Therapy Referral, Confidentiality Agreement, Consent to Participate in Animal-Assisted Therapy and Handler-Animal Information sample forms, all of which have been reproduced on the following pages. Additionally, thank you to Delta Society for providing the sample Incident/Unusual Occurrence Report Form.

ANIMAL-ASSISTED THERAPY REFERRAL FORM

Client Name: _____ Age/Sex: _____ Case #: _____

Therapist: _____ Referral Date: _____

Child Pre-screened: Yes _____ Initials: _____ Parental/Guardian consent obtained _____

Circle all that apply: Sexual Abuse Physical Abuse Neglect CPS Removal/Foster Care

Witness to Violent Crime Survivor of Homicide

Other: _____

Client is the: _____ Victim _____ Sibling of the victim _____ Parent of the victim

Session will be conducted in: _____ English _____ Other Language: _____

Appointment Day and Time: _____

Animal Preferred _____ Weekly _____ Every other week _____ Other: _____

Handler Preference: _____ First available _____ MUST be female _____ MUST be male

Animal Preference: _____ First available _____ MUST be small _____ MUST be large

Other Information: _____

For Office Use Only:

Referral No: _____ Handler Notified: _____

Handler: _____

Credentials Checked: _____ Therapy Organization: _____

Registration ID Number: _____ Expiration Date (M/D/Y): _____

Therapy Team Assigned to Case#: _____

Handler is Bilingual: Yes _____ Languages: _____

Start Date: _____ **End Date:** _____ **Total # of Sessions:** _____



CONFIDENTIALITY AGREEMENT

Your work at the DCAC may give you access to personal information about the children and families receiving services at the center. This information is strictly confidential and is not to be discussed outside the DCAC. Confidential information includes the client's identity, his/her circumstances, the fact that he/she is receiving services at the center, and any other information disclosed to you directly by the client or by the DCAC staff in reference to the client. The single exception to this policy is explained below.

Child abuse is a criminal offense; therefore, law enforcement officers, child protection workers, and prosecutors with the District Attorney's office are routinely involved in our clients' cases. The DCAC works in collaboration with these partner agencies to help ensure that perpetrators are held legally accountable for their crimes. With the permission of the client or the client's guardian, DCAC routinely shares case information with these partner agencies. Information may be shared informally or in a court setting if required by law.

On occasion, a detective, a child protection worker, or a prosecutor may need to speak with the AAT handler who attended a client's therapy session. They may have questions or need information about what the handler heard or observed in session. The handler may be asked to share this information informally or in a court setting if required by law. Any handler asked to provide information in court will receive a subpoena for his or her records.

Should anyone from a DCAC partner agency wish to speak with me:

I give my permission for DCAC to release my contact information as listed below.

I do not give DCAC permission to release my contact information unless it is subpoenaed and they are required to do so by law.

Handler Signature

Date

Handler Name: _____

Full Address: _____

Phone: _____ (H) _____ (W) _____ (Cell)

CHILDREN'S ADVOCACY CENTER

Consent to Participate in Animal-Assisted Therapy

I give permission for my child, _____, to participate in the animal-assisted therapy program. I understand that the handler-animal team has successfully fulfilled the requirements for registration in a nationally recognized animal-assisted therapy organization. This includes handler training, and an evaluation of the handler-animal team to assess their skill and aptitude to conduct safe, reliable and manageable interactions. Also, a licensed veterinarian has conducted a thorough health examination of the animal and has authorized that the animal is healthy and current on all vaccinations required by state law.

I understand that my child's therapist will continue to be responsible for directing the therapy sessions and for determining what issues will be addressed. The handler-animal team is there to help my child feel more comfortable and to help engage his or her active participation in the session, as directed and overseen by the CAC. I understand that my child will never be left alone with the handler-animal team, the handler or the animal, and the animal will be on-leash and under the direct supervision of the handler at all times. I am aware that although highly unlikely, there are always potential risks with exposure to any animal.

I have read this consent, understand the contents, and have had any questions regarding the animal-assisted therapy program answered to my satisfaction. I release the Children's Advocacy Center, the staff, volunteers, and the handler-animal team from any and all liability arising from my child's participation in this program. I understand that I may withdraw permission for my child to participate in this program at any time.

Parent / Guardian Signature

Date

Therapist Signature

Date

CHILDREN'S ADVOCACY CENTER Handler-Animal Information

Handler Information:

Name: _____ Date: _____

Full Address: _____

Phone: _____ (H) _____ (W) _____ (Cell)

Email: _____ Occupation: _____

Emergency Contact Name & Number: _____

Animal Information:

Name: _____ Breed / Type: _____

Sex: _____ Age: _____ DOB: _____ Weight: _____

Team Information:

Registered By: _____ Delta Society _____ Therapy Dogs Inc. _____ Therapy Dogs International

Registration Number: _____ Expiration Date: _____

Restrictions/Special Equipment: _____

Experience:

Team is experienced in: _____ Animal-assisted activities such as "meet & greet" visit programs
 _____ Animal-assisted therapy with goal-directed intervention overseen by a professional health/human service provider
 _____ Working with children
 _____ Other related experiences: _____

Animal's length of consistent service time as a therapy animal: _____

Facilities you currently visit with this specific animal: _____

Name and contact information of a Reference familiar with your AAA / AAT work: _____

Have you ever been prohibited from working as an employee or from serving as a volunteer with an agency that works with children? No Yes If yes, please explain: _____

Do you understand that you may be subpoenaed to appear in court? No Yes

Who was involved?	<input type="checkbox"/> Pet Partner Handler	<input type="checkbox"/> Pet Partner Animal
	<input type="checkbox"/> Non-Pet Partner Handler	<input type="checkbox"/> Non-Pet Partner Animal
	<input type="checkbox"/> Client	<input type="checkbox"/> Staff
	<input type="checkbox"/> Team Evaluator	<input type="checkbox"/> Pet Partner Instructor
	<input type="checkbox"/> Other:	

Did the incident / unusual occurrence occur during a visit? Yes No

Name of Individual Report filed on:	ID# (If Applicable):
Address:	City:
State:	Zip Code:
Phone:	Email:

Individual is a: (check all that apply)	<input type="checkbox"/> Pet Partner Handler	<input type="checkbox"/> Pet Partner Animal
	<input type="checkbox"/> Non-Pet Partner Handler	<input type="checkbox"/> Non-Pet Partner Animal
	<input type="checkbox"/> Client	<input type="checkbox"/> Staff
	<input type="checkbox"/> Team Evaluator	<input type="checkbox"/> Pet Partner Instructor
	<input type="checkbox"/> Other:	

Animal's Name (if applicable):	Species:	Breed:
--------------------------------	----------	--------

Name of person(s) involved in incident / unusual occurrence:

Did incident involve apparent injuries? Yes No

Complete the following section only if an injury occurred.

Was first aid given? Yes No

Who administered first aid?

Did the person(s) or animal(s) involved in the incident resume his/her/their activities? Yes No

If no, please explain:

Was further medical treatment required? Yes No

Did person need to consult with a doctor? Yes No

RN or MD Evaluation (if available):

Please describe injury:	
Will further medical treatment be required?	
_____ RN or MD Signature	_____ Date

_____ Reported by: Name (Printed)	_____ Signature	_____ Date
--------------------------------------	--------------------	---------------

_____ Name of Person Involved (Printed)	_____ Signature	_____ Date
_____ Address of Person Involved	_____ Date	

_____ Name of Witness #1 (Printed)	_____ Signature	_____ Date
_____ Name of Witness #2 (Printed)	_____ Signature	_____ Date

_____ Name of Facility Supervisor (Printed) (if applicable)	_____ Signature	_____ Date
---	--------------------	---------------

Delta Society will endeavor (make every effort) to promptly obtain a report from (by) all parties involved as appropriate. Delta Society will investigate and determine a course of action. Please allow 2 to 4 weeks for Delta Society to complete the process. In some rare cases it may take over 4 weeks due to the complexity of the report and number of parties involved.

Note: Pet Partner activities/visits may be put on hold until the investigation has been completed. Serious violations may result in termination from the Pet Partners program.

Please return this form to:	Rachel Wright Delta Society 875 124th Ave. N. E. Suite 101 Bellevue, WA 98005	Questions? Phone: 425-679.5506 FAX: 425-679-5539 Email: petpartners@deltasociety.org
-----------------------------	---	---

For Delta Society Office Use Only	
Date Delta Society received report:	Date Report Filed:
Action Taken:	
Delta Society Staff Signature/Date:	

APPENDIX C: DELTA SOCIETY POLICIES AND PROCEDURES FOR REGISTERED PET PARTNERS®

(REPRODUCED IN FULL FROM THE DELTA SOCIETY 2008 *PET PARTNERS TRAINING COURSE MANUAL*)

© DELTA SOCIETY 2008

1. I will **abide by all Pet Partners policies and procedures**, and will adhere to the guidelines as set forth in the Pet Partners Team Training Student Manual.
2. I will **represent the program in a professional manner**.
3. I will **uphold the code of ethics** for AAA and AAT.
4. I will **visit only with animals registered with the Pet Partners program**.
5. I will **visit with only one animal at a time**.
6. I will **ensure that each facility I visit has policies and procedures in place** regarding AAA and AAT. If there are no policies and procedures in place, I must provide the facility's program coordinator with a copy of the Pet Partners Facility Policy Agreement.
7. I will **abide by all policies, procedures, and precautions of each facility** visited.
8. I will **check in and sign in, as well as sign out when leaving, with the staff or supervisor for each visit**.
9. I will **observe all rules of privacy and confidentiality**.
10. I will **be on time for every commitment** made.
11. I will **be responsible at all times for the animal**, considering the animal's needs and humane care first. I will **always stay with the animal and be in control of the situation**.
12. For safety, **all animals must wear a collar or harness and be on lead at ALL times**. A facility may in rare circumstances approve an animal to be off-lead, with the written understanding that the facility is assuming liability for off-lead work. Cats and small animals such as rabbits, guinea pigs, etc. shall be carried in a basket or on a towel. They must wear a collar or harness and must be on lead at all times. Caged birds that leave their cage for visits must be in a harness and on lead at all times. Caged birds that visit in their cage do not require a harness.
13. Prior to each visit, I will **abide by the Pet Partners grooming guidelines**.
14. I will **be well-groomed**. Comfortable and casual clothing is acceptable, with an emphasis on neatness and professionalism. Adhere to the dress code of the facility where I am visiting. [E.g.,] blue jeans, sleeveless tops, and open-toed shoes are not acceptable in some hospital settings.
15. I will **clean up after the animal inside and outside** the facility.
16. I understand as a handler, I am **required to wear the Delta Society® identification badge** and my animals must wear their **Delta Society identification tag** (in addition to any identification required by the facility) while providing or promoting AAA/AAT as a Pet Partner. This ensures that it is clear whom I am representing should an incident occur.
17. I will **not tie animals to people, equipment, or furniture** while visiting.
18. I will **not be under the influence of alcohol and/or illegal drugs** during a visit.
19. I will **not borrow money or personal items or receive any personal gratuity, gift, or tip** such as money or jewelry from people I visit.
20. I understand, it is **not routinely acceptable to give gifts to the people I visit**, even small ones such as candy, cookies, etc. If any doubt exists, a Pet Partners area coordinator or facility contact should address the appropriateness of all gifts.
21. I will **not charge a fee for services in my role as a Delta Society Pet Partners team**.
22. **In case of an accident or unusual occurrence**, I will follow the Delta Society's set procedures for these types of situations.
23. I will **not take photographs of people I visit without first obtaining a photo release waiver signed by the client and the facility contact**. Photo release waivers are provided by the facility, not Delta Society. (Polaroid photos may be acceptable only if the photo is left with the client and permission has been granted by the client and the facility.)
24. I understand I must **obtain approved written permission from Delta for each proposed usage of the Delta's logo, Delta and/or Pet Partners name**.
25. I understand **Delta materials are copyrighted[;] approved written permission must be obtained from Delta for each proposed usage of the materials**.
26. I understand that as a Pet Partner I am **not authorized to administer the PPST/AT unless I am a current Team Evaluator**.
27. When approaching a facility for the first time, I will **find out if there are any Delta Society Affiliates, Pet Partners teams or individuals already visiting there[;] if so, I will respect and follow proper protocol by going through the appropriate channels prior to visiting with my pet**.
28. I understand that as a Pet Partner I am **not authorized to teach the Pet Partners Team Training course unless I am a current Pet Partners Instructor**.

“When a child has been maltreated, it can be difficult for the child to talk about those experiences. Incorporating therapy animals into the response with maltreated children is a creative model that can help the child feel safe, thus initiating the healing process. The *TASK Manual* sets forth helpful and essential guidelines for all professionals [who] interact with children in this regard. Therapy animals are nurturing and comforting and, therefore, incorporating them with a child in need can have outstanding therapeutic benefits. This manual is a ‘must have’ for those considering this innovative step.”

Chris Newlin, M.S., LPC
Executive Director
National Children’s Advocacy Center
Huntsville, Ala.

“For many children, the pain of child maltreatment is matched only by the pain of disclosing the abuse in a courtroom, a hospital or during an investigative interview. It is critical that child protection professionals do everything possible to lessen the child’s burden. To this end, the TASK Program is an innovative and sound intervention that assists children both short and long term. The National Child Protection Training Center is a proud supporter of TASK and this valuable manual.”

Victor Vieth, J.D.
Director, National Child Protection Training Center
Winona, Minn.

“As state attorney, I am pleased to confirm our support of, and reliance on, therapy dogs in our office’s cases. Victims are less fearful and better equipped to navigate the criminal justice system when they have the comfort and unconditional attention of a therapy dog. The therapy dogs and their handlers play a vital role in numerous cases and we are in their debt.”

Michael McAuliffe
State Attorney
15th Judicial Circuit
Palm Beach County, Fla.

“A child who has been hurt by another human is a child who has a mistrust of people. Animals offer the unconditional acceptance that can build a bridge back between the child and others. Children see and understand that adults who love animals are also adults who can love and accept them, and trust can begin there. Incorporating pets in therapy has so many benefits, but building trust is the foundation that allows healing to begin.”

Catherine Dixon, Ph.D.
Psychologist
Jackson, Miss.

www.americanhumane.org/task



AMERICAN HUMANE
Therapy Animals Supporting Kids (TASK)™ Program



DELTA SOCIETY
The Human - Animal Health Connection®
PET PARTNERS®