

Research Paper

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Animal Assisted Therapy and Assistance Animals

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The Research Team are unable to ensure that the information listed below provides an accurate & up-to-date snapshot of these matters

Research questions:

- 1. Are there best practice models for animal assisted therapy that promote client independence and self-management?
- 2. What is the role of animal assisted therapy to promote capacity building that results in independence after therapy has ended?
- 3. Is there evidence of stigma or prejudice with the use of assistance animals?
- 4. Is there evidence of negative outcomes when assistance animals draw unwanted attention?

Date: 14/4/2022

Requestor: S47F -

Endorsed by (EL1 or above):

Researcher: S47F - Personal

Cleared by: S47F - Personal

1. Contents

Animal	sted Therapy and Assistance Animals1	
	Contents	
	Summary	
	Animal Assisted Therapy	
	Regulation of animal assisted therapy	
0.1	Trogulation of arminal abblotod thorapy	

V1 14-04-2022

Animal Assisted Therapy



Research Paper

OFFICIAL For Internal Use Only

3.2	2 Models of best practice using animal therapy to promote independence	
3.3	3 Capacity building using animal therapy	3
3.4	4 Ending the therapeutic relationship	5
4.	Assistance Animals	5
4.′	1 Stigma and discrimination	5
5.	References	8
6.	Version control	9

2. Summary

This paper is a supplement to research completed by the Tactical Research Team in 2021 - RES183 - Therapy Animals - Models of practice for ending involvement in therapy programs V1.0.docx.

Animal assisted therapy (AAT) is not governed by legislation or industry regulations. AAT needs to be adapted to individual client needs, therefore there is no model of best practise in the literature particularly with respect to capacity building for independence. The long-term efficacy of AAT after the cessation of the therapeutic relationship cannot be determined due to a lack of information in the literature. It is also unclear how often AAT leads to a request for an NDIS funded assistance animal as a result of dependence on the therapy animal.

People with a disability experience discrimination and research suggests that use of assistive technology can lead to discrimination and stigma beyond the disability itself. Research has shown that people with an invisible disability experience greater discrimination and stigma when using assistance animals compared to individuals with a visible disability. However, both groups report challenges and negative experiences as a result of taking their assistance animal out in public. This includes personal questions, confrontation about access to venues and people wanting to interact with the assistance animal. While there is limited data regarding the long-term impact of these negative experiences, it has been reported that these experiences can be so frustrating or upsetting that it can lead to not taking their assistance animal out in public as a means to avoid these situations.

3. Animal Assisted Therapy

3.1 Regulation of animal assisted therapy

Therapy dogs are not required to meet any legislated standard in Australia, including behaviour or hygiene standards (Friendly Dog Collar, 2022). After a broad search of state and national literature, no industry regulations could be found.

V1 14-04-2022

Animal Assisted Therapy

Page 2 of 9



Research Paper

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A search of Australian professional body websites, such as Australian Health Practitioner Registration Agency, Australian Veterinary Association and Allied Health Professional Association, revealed an absence of resources in the area of AAT.

It has been recognised by some members in the industry that best-practice regulations for AAT are needed (Orygen, 2018). The National Centre of Excellence in Youth Mental Health highlight that the absence of regulations make it vulnerable to poor practice for both users and those delivering the service. Regulations would help the industry operate in a safe and ethical manner based on evidence (Orygen, 2018).

Despite the lack of industry regulations, there are animal training organisations in Australia offering courses and assessment certificates for practitioners who want to train their own dog for use during AAT, such as Therapy Dogs Australia and Therapy Animals Australia. Therapy Dogs Australia also offer yearly assessment to maintain their organisation's accreditation (Therapy Dogs Australia, n.d.).

An international search for regulations revealed Animal Assisted Intervention International endeavouring to establish practice standards for the industry (AAII, 2019) and International Society of Animal Assisted Therapy (ISAAT, n.d.) offering accredited training and education for AAT. However, no international legislation or industry regulations for AAT were found.

3.2 Models of best practice using animal therapy to promote independence

A search of the literature was unable to reveal a model of best-practice for animal assisted therapy. A widely recognised definition of AAT is 'goal directed interventions in which an animal meeting specific criterion is an integral part of the treatment process' (Dunlap, 2019). AAT is considered an adaptive treatment model and is required to be flexible to tailor to individual goals (Compitus, 2021). AAT is used to improve the social, emotional and cognitive adaptive functioning of an individual and should be guided by goals and objectives laid out in a formal treatment plan (Compitus, 2021; Evans and Gray, 2012). AAT is provided in addition to existing practice models therefore, as practitioners work within their area of expertise of professional practice, there are variations in how AAT is utilised in practice (Evans & Gray, 2012). As a result, the focus of research is often towards the outcomes of assisted animal therapy rather than specifics around how the AAT was implemented (Compitus, 2021).

3.3 Capacity building using animal therapy

3.3.1 Why use animals?

It has been postulated that animals may facilitate the therapeutic alliance between client and practitioner (Compitus, 2021). The basis of AAT is derived from theory of human-animal interaction, which is the mutual relationship between humans and animals resulting in positive physical and psychological health (Hill et al, 2020). The benefits of AAT is well represented in the literature across a range of disabilities and diagnoses, including for hearing and vision

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impairment, physical disability, epilepsy and diabetes alert, autism spectrum disorder, post-traumatic stress disorder and other psychosocial disabilities (Department of Psychology and Counselling, School of Psychology and Public Health, 2016; Kourkourikos et al, 2019).

Engaging children with autism spectrum disorder to be actively involved in their therapy can be difficult and traditional reward systems, such as tokens or stickers, have limited success in sustaining engagement and positive behaviour (Hill et al, 2020). A systematic review examining the efficacy of AAT for children with autism spectrum disorder has shown moderate effect sizes for positive outcomes such as behaviour modification, emotional wellbeing and autism spectrum symptoms (Burgoyne et al, 2014). Further studies have shown improvement in social engagement for these children, including increased verbal and non-verbal communication, when interacting with a therapy dog (Hill et al, 2020; Kourkourikos et al, 2019). Research has also demonstrated that equine therapy may improve social functioning, reduce maladaptive behaviour and increase trunk stability for children with autism spectrum disorder (Trzmiel et al, 2019).

Social and emotional benefits from AAT have been attributed to the human-animal bond whereby the non-judgemental nature of animals encourages people to seek support and companionship from animals (Ferrell & Crowly, 2021). AAT may act as a motivator to attend and engage in therapy, particularly for children or people with a psychosocial disorder who might increase their attention and participation with the therapy program (Hill et al, 2020). Animal therapy can also have physical benefits for individuals with physical challenges, including improving fine motor skills from grooming or strengthened muscles and improved coordination through horse riding (Kourkourikos, 2019; Riding for the Disabled, 2022).

3.3.2 Canine-assisted animal therapy

Dogs are the most common animal used for animal assisted therapy, possibly due to their ability to be bred to certain physical traits, temperament and willingness to be around people and the historical point, now outdated, that dogs were the only species to have legal recognition as an assistance animal (La Trobe University, 2016).

As detailed in <u>3.1 Regulation of animal assisted therapy</u>, there are training providers in Australia who will train an individual's dog to be a therapy dog for clinical work. General canine assisted therapy programs have not been discovered through this research, possibly because a therapy dog's work with a client depends on the skills of the practitioner and needs of the client (Compitus et al, 2021; Evans & Gray, 2012). A literature search also has not identified research regarding long term maintenance of capacity building gains through canine assisted therapy, therefore the long-term efficacy of canine assisted therapy programs cannot be determined.

3.3.3 Riding for the Disabled

Riding for the Disabled provides equine therapy for people with a disability. Resources provided by Riding for the Disabled indicate they cater to individuals with a range of intellectual and physical disabilities, including cerebral palsy, autism spectrum disorder and spina bifida

V1 14-04-2022

Animal Assisted Therapy

Page 4 of 9



Research Paper

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(Riding for the Disabled Association of Australia, 2022). The organisation indicates there are capacity building benefits across physical, social, psychological and educational domains (Riding for the Disabled, 2022), however there is no information about their specific riding programs such as how often or how many therapy sessions are required to achieve the stated benefits. Also, the organisation does not provide information on their website about how capacity building gains are maintained after cessation of the AAT program.

3.4 Ending the therapeutic relationship

While there is a broad range of literature describing the positive outcomes of animal assisted therapy, there is little research in the area of ending the therapeutic relationship. One study, Compitus et al (2021), addresses the need to prepare the client for the end of the therapeutic relationship however does not address how the end of therapy is managed in a way that ensures capacity building gains are maintained. It was noted that for clients with strong attachment to the animal, or a history of insecure attachment, ending AAT needed to occur after emotional regulation skills had been developed so there was not a sense of loss when separating from the therapy animal (Compitus et al, 2021).

A broad literature search was unable to discover longitudinal research regarding maintenance of the skills developed during animal assisted therapy, therefore no conclusions can be made with respect to the long-term efficacy of animal assisted therapy. Also, research regarding how often AAT leads to a request for an assistance animal on a permanent basis could not be sourced. Therefore, it cannot be determined how often an individual may become dependent on an assistance animal to maintain their functional capacity gains.

4. Assistance Animals

4.1 Stigma and discrimination

There is a rich volume of literature regarding the many benefits, including increased emotional and functional capacity, for people who are supported by an assistance animal (Nieforth et al, 2021; Rodriguez et al, 2020; Tsang et al, 2021). Assistance animals can support people across a range of 'visible' and 'invisible' disabilities, such as blindness, hearing impaired, autism spectrum disorder, epilepsy and psychosocial disabilities (Kourkourikos, 2019; Tsang et al, 2021). There is increasing research exploring challenges that result from using an assistance animal in the community, particularly for people with an 'invisible' disability, including stigma and discrimination (Nieforth et al, 2021; Rodriguez et al, 2020; Tsang et al, 2021).

Mills (2017) conducted research specifically whether the visibility of a disability impacts the assistance animal user's experience with respect to discrimination. It was found that 61.1% of respondents with an invisible disability reported everyday discrimination, compared to 39.7% with a visible disability. Invasive questions were reported by 76.9% of respondents with an invisible disability and 56.5% of respondents with a visible disability. Unwanted attention was

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received by 52.9% of individuals with an invisible disability compared to 29.4% of individuals with a visible disability. Use of assistance animals for people with an invisible disability means the disability is no longer concealed but as the disability is still not easily identified it may make these assistance animal users more vulnerable to discrimination due to scepticism about the legitimacy of their need for the assistance animal (Mills, 2017).

Although individuals with an invisible disability may be more likely to experience discrimination when using their assistance animal in public, discrimination is still reported by individuals with a visible disability. In a 2020 study by Rodriguez et al investigating the experience of 64 people with an assistance dog – disabilities included epilepsy, musculoskeletal disorder and neuromuscular disorder – only 30% said there were no negative points to having an assistance animal. Challenges described by the participants included public access and education (44% of the cohort) and negative attention received from people while in public (20%). Participants cited issues such as people patting or distracting their assistance dog, people making assumptions about their functional capacity, and the lack of understanding that assistance animals can be utilised for people other than blind or hearing impaired.

Supporting these findings, Tsang et al (2021) found with a cohort of 112 Australian participants with a disability – disabilities included psychosocial disability, autism spectrum disorder, physical disability, diabetic alert, hearing, seizure response and other neurological – 70% of participants experienced both positive and negative experiences in the community with their assistance animal. Almost all participants experienced being asked why they had an assistance animal. Apart from the hearing-impaired participants, at least 50% of the other disability groups reported being verbally discriminated (being insulted or joked about). Nonverbal discrimination, such as being stared at or path avoidance, was reported at higher rates particularly for people with autism and seizure response dogs. Unwanted attention included people distracting the dog or trying to pat the dog, being asked personal questions about their disability and unwanted social interactions with strangers were reported to sometimes be a barrier to accessing the community with their assistance dog. Further challenges reported, explained in part that it might occur when a common or expected dog breed is not used as the assistance animal, were being refused access to taxis, bus drivers not stopping when they see the assistance dog, difficulty booking accommodation, and accessing retail and hairdressers.

A further study by Nieforth et al (2022) explored the experiences of 69 US Veterans with post-traumatic stress disorder who had an assistance dog and found 43% received too much attention and were asked personal questions by strangers, 25% experienced misinformation about service dogs including being accused of having the legitimacy of their dog questioned, and 6% reported stigma when out in the community.

Long term implications from these negative experiences are not well documented with respect to whether they may trigger a relapse (or worsening) of symptoms for people with a psychosocial disability. However, it has been stated there is a need to be assertive when in public with an assistance animal as there may be confrontations when trying to access venues or transport, and these confrontations may cause considerable stress for people with an

V1 14-04-2022

Animal Assisted Therapy

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anxiety disorder (Department of Psychology and Counselling, School of Psychology and Public Health. (2016). Mills (2017) and Tsang et al (2021) both reported some individuals with an assistance animal become so bothered by the personal questions and difficulties with public access that they make the personal choice to not take their assistance animal in public. Therefore, it seems reasonable to conclude that these people could experience worsening symptoms of their psychosocial disorder as time goes on.



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V1 14-04-2022

Animal Assisted Therapy

FOI 24/25-0380 Research Paper



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6. Version control

Version	Amended by	Brief Description of Change	Status	Date
0.1	SJP131	Document creation	Draft	13/4/22
0.2	AHR908	Review	Draft	14/4/22
1.0	SJP131	Finalised	Cleared	14/4/22