

About
Events
2015 COSC Symposium
All Events
Publications
Feedback

Research Programs Psychological Health Technology



Animal Assisted Therapy and PTSD (White Paper) What is Animal-Assisted Therapy?

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What is Animal-Assisted Therapy?

The bonds between humans and animals have been documented across cultures for thousands of years. In modern times, animals have become valued as service animals, which are trained to live and work with an individual with a specific disability. The first documented use of pets for therapeutic reasons was at the Quaker Retreat in York, England, in 1792. In 1969, Levinson noted the benefits of human-animal interaction during psychotherapy. Currently, research is beginning to examine the effects of animals on human stress and anxiety, and interest in animal-assisted therapies is gaining popularity, evidenced by numerous new programs for wounded warriors, such as canine and equine therapies.

Animal-assisted therapy (AAT) is defined by Barker and Dawson⁵ as the use of trained animals in facilitating patients' progress toward therapeutic goals. It has been suggested that the beneficial outcomes of AAT could be a direct effect of the animal-human bond in which there is a friendly and affectionate companionship between human and animal that is less complicated than companionship between two humans.

AAT is delivered by a healthcare professional who has the skills and expertise necessary for the application of human animal interactions and is working within the scope of the profession, ^{6,7} while the animal might act as a companion or a social facilitator. It is important to note that there is a difference between therapy and service animals. A service animal is defined by the Americans with Disabilities Act (ADA) as any dog trained to perform tasks for a person with a disability, and the law requires all businesses serving the public to allow entrance to disabled persons and their service animals. Therapy animals, conversely, are typically personal pets of the handlers and accompany them in a variety of settings and in some cases animals may reside in a facility away from the handler's home. ADA only applies to persons with disabilities and not handlers of therapy animals. In terms of certification and registration for a service animal, it is not required that the animal be trained by a professional and although not standardized, there are numerous service animal registries and organizations that offer guidelines. Similarly, animal-assisted therapy programs are endorsed by healthcare providers in various settings and there is no one standard certification program. Instead, certification programs are offered through different organizations and universities.

Is AAT an Effective Treatment for PTSD?

The literature reveals positive effects of AAT on both physiological and psychological factors in various age ranges and with a wide number of psychological disorders, including hospitalized psychiatric patients, children with developmental disorders, substance abuse and victims of trauma. It has been noted that human-animal interaction is associated with lower levels of cholesterol, blood pressure and heart rate. Furthermore, AAT appears to be associated with better self-esteem, lower stress and improved behavior. Other benefits include better physical health and reduced stress for elderly and improvement in cognitive functioning, mental health and relationships for younger persons.⁹

Research related to the effect of AAT on symptoms of post-traumatic stress disorder (PTSD) is limited. Altschuler¹⁰ suggested that pet-facilitated therapy might be a good adjunct to treatment of PTSD because it could help alleviate fear and anxiety of patients.

Altschuler's idea grew from a comment a patient made about his anxiety elevating when separated from his pet. Stemming from this recommendation, Lefkowitz and colleagues⁴ proposed the use of AAT in conjunction with prolonged exposure (PE). In the animal-assisted prolonged exposure (AAPE) model, combining animal-assisted therapy with an already existing treatment for PTSD could help hesitant individuals participate and complete the treatment by creating more tolerable demands of them and altering their perception of themselves, as well as the world.

The claim made is that incorporating AAT with PE could help build an alliance between the client and the therapist more quickly and increase compliance with attendance. Also, animals

might help decrease physiological responses; however, an animal should not be introduced until an optimal anxiety level is reached.

Recently, one study examined the effects of animal-assisted therapy on wounded warriors, who participated in three to six occupational therapy classes. When compared to a control group receiving only occupational therapy, AAT groups did not show significant differences in mood state, stress levels, resilience, fatigue and most measures of daily functioning. Although there were no significant differences between the two groups, participants in the AAT group anecdotally expressed benefits from the intervention.¹¹

What are Concerns about ATT?

With interest in AAT gaining popularity, another important issue is the well-being of assistance animals. Individuals interested in AAT typically will go through the International Delta Society, an organization that certifies and defines AAT. The organization warns against the use of ATT when an animal can get injured from rough handling or from other animals, when basic animal welfare cannot be met, or when an animal does not seem to enjoy participating.

Certain species have cognitive, emotional and social intelligence and are working in a variety of settings, including the military. Dogs, for example, are considered to be highly effective in detecting improvised explosive devices, which is why the number of working dogs on active duty is on the rise. At the same time, evidence is emerging that military dogs deployed with combat forces are suffering from canine PTSD-like symptoms. This further supports the notion that animals, like humans, are capable of experiencing emotion. When examining how animals contribute to human well-being, it is therefore just as important to understand how incorporating animals into mental health might influence their well-being. This will determine how to best use animals for AAT paradigms.

Is AAT a Good Treatment for Service Members?

Literature posits that AAT can help build an alliance between the client and the therapist, increase adherence to treatment, promote social interactions, decrease anxiety and lower psychological arousal. It can be integrated with numerous counseling practices in treating depression, anxiety, dementia, emotion regulation and substance abuse. Although the most commonly used animal is a dog, there has been an increased interest in other animals and interventions, such as dolphin-assisted therapy and equine-assisted therapy. These programs are producing anecdotal evidence that the use of animal-assisted therapy reduces PTSD symptoms; however, the mechanisms underlying benefits of AAT for the treatment of PTSD are yet to be defined.

AAT has been tested in a few different populations that vary in age and disorders; however, more research is needed to test the method in war veterans. It seems appropriate to consider the use of AAT given its benefits, but due to lack of scientific evidence supporting or refuting AAT as an effective model in treating PTSD, more methodologically sound studies need to be conducted. Special attention also should be given to consideration of moral concerns with AAT. This will lead to the development of clear and strict guidelines protecting the well-being of

animals, while offering an alternative therapeutic approach for humans.

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