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Workshop 35a  
Therapy is Going to the Dogs: Ethics for and Experience of Animal Assisted Group  
Psychotherapy

Friday, February 16, 2016  
10:00 am to 12:30 pm  
2:30 pm to 5:00 pm

### Course Objectives

The attendee will be able to:

1. Describe the training for therapist and dog teams using Canine Assisted Group Psychotherapy.
2. Detail ethical considerations for therapists, group members and dog when using Canine Assisted Group Psychotherapy.
3. Describe how dogs impact individual neurobiology and enhance a group therapy experience.
4. Compare the benefits and challenges when working with a dog in a group therapy modality.

### Workshop Description

This workshop reviews basic definitions in Canine Assisted Group Psychotherapy, focusing on ethics specific to this modality and employs interpersonal neurobiology to explain how a dog impacts individuals and the consequent group experience.

A professional therapy dog, Stella, will be present in the second half of the workshop allowing integration of material presented as well as the direct experience of benefits and challenges of dog assisted group psychotherapy.

## Introductions: 30 Minutes

1. Stella and Lorraine
2. Workshop Participants and Workshop Structure

## Description of Terms: 10 Minutes

1. Definition of Service Dog (Chandler 2005)
  - a. Service Dogs are often confused with Therapy Dogs.
  - b. Service animals are specifically trained to assist the disabled and must be allowed *by law* to accompany their owner, handler or trainer into any facility.
  - c. Types of Service Dogs (Fine, 2010) recognized by Assistance Dog International (ADI)
    - i. Guide dogs for the blind and sight impaired
    - ii. Hearing dogs for the deaf and hearing impaired
    - iii. Service dogs specially trained for persons with other recognized disabilities
  - d. There are also Working Dogs, including fire, rescue, police and combat dogs. These animals are not considered strictly Service Dogs and do not have the same protection under the law.
2. Types of Therapy Dogs
  - a. A Visiting Therapy Dog functions to help people primarily in *emotional* ways. They do not have federal recognition or protection under the law. These animals are frequently taken by invitation to health care facilities, schools, prisons, etc.
  - b. “Emotional Support Animals” are for individuals who have a doctor’s note indicating that the animal is necessary for the emotional support of this particular person. This is a hot topic because there is little regulation and few guidelines about the rationale to grant this status to any owner and any dog. There is also controversy about where these animals are allowed to enter, as the issue straddles the line of the American with Disabilities Act (ADA) requirements establishments must follow to be in compliance with the law.
  - c. Professional Therapy Dogs
    - i. Stella is a *Professional Therapy Dog*, as she participates with me in Animal Assisted Psychotherapy within a clinical setting.
    - ii. She stays in one setting: my private practice office and works with all patients in individual, couples and group psychotherapy. She has no special exceptions under the law and does not come under ADA regulations.

- iii. Important Professional Therapy Dog Evaluations and Certifications
  1. AKC Canine Good Citizen Test
  2. Delta Society (now Pet Partners) Aptitude and Skills Test (or TDI) or other Therapy Dog Test.
  3. Stella is a Canine Good Citizen, a Distinguished Therapy Dog; Love on a Leash Therapy Dog; Advanced Trick Dog.
3. Definition of Animal Assisted Therapy (from Standards of Practice for Animal-Assisted Activities and Therapy, Delta Society, 1996)
  - a. AAT is a goal directed intervention in which an animal meeting specific criteria is an integral part of the treatment process.
  - b. AAT is delivered and/or directed by a health/human service provider working within the scope of his/her profession.
  - c. AAT is designed to promote improvement in human physical, social, emotional and/or cognitive function.
  - d. AAT is provided in a variety of settings and may be group or individual in nature.
  - e. The process is documented and evaluated.
  - f. In this workshop we are exploring AAT in terms of clinical, psychological work rather than other programs and facilities that use animal assistance.
4. Contrast with Animal Assisted Activities (Not Therapy)
  - a. AAA provides opportunities for motivational, educational, recreational and/or therapeutic benefits to enhance quality of life.
  - b. AAA is delivered in a variety of environments by specially trained professionals, paraprofessionals, and/or volunteers, in association with animals that meet specific criteria.
  - c. Key features of AAA include:
    - i. Absence of specific treatment goals
    - ii. Volunteers and treatment providers are not required to take detailed notes
    - iii. Visit content is spontaneous.

## Training of Stella (Psychotherapy Dogs): 15 Minutes

1. Before Getting the Puppy (Download: Ian Dunbar, "Before You Get Your Puppy")
  - a. Before choosing a puppy, research breeds (I chose a Shih-Tzu). Then look at reputable breeders and choose a puppy (or the puppy might choose you).
  - b. The most important focus is temperament and a breed that is mid to low energy and relatively easy to train.
  
2. Early Training
  - a. I brought Stella home at 8 weeks and from the first day she sat in all individual, couple and group sessions.
  - b. There was always a pen outside the consulting room if she was obstreperous or stressed or unwanted by group members (although this has never been the case).
  - c. She was always, always, always "on leash" in sessions.
  - d. For her first 16 weeks, each day after "work" Stella and I focused on "socializing" by taking her to two or three new places per week and met new people of every stripe. We continue to go to new places to generalize the positive behavior she has learned.
  - e. During the first year, absolutely nothing (other than good manners) was required of Stella in a session. Instead, I observed how she responded to emotional material and how patients responded to her.
  
3. Continuing Training for Canine Assisted Psychotherapy
  - a. Stella and I began training program for her to become a "Canine Good Citizen". From the very beginning she was taught to sit, stay, down, come (and look to me for direction). These are basic behaviors that indicate a dog has good manners in virtually all situations. It is an ongoing process, as the dog moves through various ages and stages of puppyhood, adolescence and adulthood, each with their challenges and charm.
  - b. We went for weekly training for a year, then bi-weekly training and now monthly sessions to continue to work on her skills and my skills with her. This has been an invaluable element in this work.
  - c. She has *not* been trained to go to people who are emotional; she was *not* trained to stay with someone when she wants to leave their lap or their side. Instead, the effort has been to keep her emotional response genuine and spontaneous.

#### 4. Professional Considerations

- a. I have continued to meet with another group therapist that does Dog Assisted Psychotherapy for peer supervision.
- b. I made changes in the group contract to include her but *it was not the group decision about whether or not she would come into session—she was a new “member”*.
- c. I looked into insurance questions if in the unlikely situation Stella would cause harm to a patient.
- d. I took an on-line course on AAT to begin to think clinically about this element of group therapy.
- e. I read books on the topic, including:
  - i. Chandler, C. K. (2005). *Animal assisted therapy in counseling*. New York: Routledge.
  - ii. Fine, A. H. (Ed.) (2010). *Handbook on animal assisted therapy: Theoretical foundations and guidelines for practice* (3<sup>rd</sup> ed.). Boston: Academic Press.
- f. I talked with my co-leaders about bringing in Stella into group, but I would do that in far more depth and ask them to consider learning a bit about Canine Assisted Psychotherapy.

#### 5. Comments about Canine Professionals

- a. Stella seems to know that she is in our consulting room to help, as she does not sit near me or interact with me during a session. She keeps her focus almost entirely on the other person(s) except to check with me visually. Frequently, female dogs will “model” their owner (while male dogs frequently “mark their territory”).
- b. When assessing dogs for Animal Assisted Psychotherapy, even in your consulting room, it is important to understand that there are few dogs (and/or family pets) with the appropriate temperament for this work. They cannot be with us in the room because they comfort us; we must be clear about the therapeutic function they serve to patients.
- c. My trainer indicates that the “perfect” therapy dog is what is termed highly sociable, meaning that she is very interested in interacting with a wide variety of people. Further, she is confident with no serious fears (e.g., not afraid of unusual sounds, surfaces, situations), is completely non-aggressive, has medium to low energy level, and is relatively easily trained.

## Specific Ethical Considerations: 20 Minutes

### 1. Ethical Considerations about the *Patient*

- a. The therapist determines that the patient is appropriate. Inappropriate patients are those who:
  - i. Are terrified of dogs.
  - ii. Have allergies to dogs.
  - iii. Are uncomfortable with or do not want a dog in the session.
- b. The therapist makes certain
  - i. This therapy will benefit the patient.
  - ii. It will not impair the safety or welfare of any party, including the dog.
  - iii. The dog is present for the therapy and not for the therapist.
- c. The patient must agree to participate and this must be in the informed consent agreement and notified *prior to* the first session.

### 2. Ethical Considerations about the *Dog*

- a. The dog:
  - i. Is in training or has earned Canine Good Citizen (and/or Love on a Leash, Pet Partners, TDI certification)
  - ii. Is happy going to work
- b. The therapist/handler:
  - i. Assesses if the dog has the temperament to be a therapy dog; and, knowing that dogs are willing to tolerate overwhelming environments, will be diligent in avoiding exploitation of the animal.
  - ii. Is clear that animals are not “used” in Canine Assisted Psychotherapy but are treated as partners in a mutually respectful relationship.
  - iii. Always considers, accommodates and balances the needs of the animal with the needs of patients within the scope of Canine Assisted Psychotherapy. This includes making certain that the animal has the capacity to recover from the encroachment of strangers, cope comfortably in the environment and respond to interactions.
  - iv. Is thoughtful about the needs of the dog, understands that participating in therapy is a complex, stressful situation for the dog and is careful not to overwhelm the animal. The dog must have a place to go when she is too stressed and/or when the patient does not want her in the consulting room.
  - v. Is aware that the most essential elements an animal and handler possess are talent and training. Talented and trained therapists are able to deal with the reality of the current and complex therapeutic situation, conduct quality therapy within one’s scope of competence and act as their animal’s advocate.

### 3. Ethics about the *Co-Therapy Team*

- a. Certification is an important requirement for the team.
- b. Certification does not insure but indicates to the patient:
  - i. That the therapist is practicing within his/her sphere of competence.
  - ii. That the dog has been evaluated and approved by a behavior specialist or trained therapy evaluator, including the assessment that the dog has the proper temperament for therapeutic work.
  - iii. That the dog has passed basic obedience tests and can manage unusual environmental and interpersonal circumstances.
  - iv. That the dog is healthy and up to date on all shots and that other health, safety and risk factors have been thoughtfully considered.
  - v. That the therapist has been trained to work with her co-therapist and can read important signals in the dog. (Do you know what a happy dog looks like? Do you know what an anxious dog looks like? Do you know how to calm an anxious dog?)

### 4. Ethical Considerations for the *Therapist*

- a. The therapist must be a competent and skilled therapist without a dog present.
- b. The therapist must be aware of health requirements and risks.
- c. The therapist must treat the dog in an ethical manner as described above.
- d. The therapist must be fully knowledgeable about their dog and particularly their calming signals.

### 5. Basics the Therapist Needs to Know about your Dog's Communication

- a. Her Responses to Various Emotional and Physical Situations such as:
  - i. Anxiety expressed by group members
  - ii. Anger expressed by a group member
  - iii. Conflict expressed between group members
  - iv. Depressed affect including crying or sobbing
  - v. Screaming or other loud sounds
  - vi. Awkward and/or sudden physical movements
- b. Her Expression of being Stressed
  - i. Sniffing the ground
  - ii. Blinking, averting eye contact, turning away
  - iii. Licking, yawning, tongue flicking
  - iv. Moving away to a quiet space in the room
- c. The Meaning of her Vocalizations and Barks

6. Need for Ethics in the Canine Assisted Psychotherapy
  - a. This is a burgeoning field with absolutely no written guidelines, ethics or standards. Those that are available have been written with the visiting therapy dog in mind. Therefore, this has left the door wide open for therapists to bring their dogs to work and inadvertently encouraged practice that is not within their scope of competence and ignorance of ethical considerations for the patient, dog and therapist.
  - b. A colleague and I have started the organization, SCAPE: Society for Canine Assisted Psychology Excellence and we have begun writing these guidelines, standards and ethics.

### **Review of Neurobiology: 30 Minutes**

1. Human Animal Bond: General Definition from the American Veterinary Medical Association's Committee on the Human Animal Bond (HAB)
  - a. It is a mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviors that are essential to the health and well-being of both.
  - b. This includes, but is not limited to emotional, psychological and physical interactions of people, other animals and the environment.
2. Human Animal Bond: Related to Interpersonal Neurobiology and Polyvagal Theory: Why is this Important?
  - a. Interpersonal Neurobiology and the Polyvagal Theory provide developing scientific evidence for what we have known intuitively as clinicians.
  - b. Understanding these concepts allows us to make better use of what we know how to do; and, to explain it to group members so they have easier and deeper access to concepts and behaviors which further emotional bonding, attachment and consequent healing.
3. Dan Siegel—Relational Neuroscience aka Interpersonal Neurobiology
  - a. Siegel's, "The Brain in the Palm of Your Hand"
  - b. The function of the brain is relational, that is, to engage with others.
  - c. There is relational circuitry in the (right) brain so that your right brain limbic system is always reaching out to other right brain limbic systems in the room and neuroceptively (without conscious awareness and without words) picks up the "vibe" of the people and the space and then responds to what it sensed. This happens in about 1/500 of a second, well before cognition weighs in with a thought or opinion about the relational situation (which might take about 1/50 of a second).



#### 4. Stephen Porges—Polyvagal Theory

##### a. From his website:

- i. Safety is critical in enabling humans to optimize their potential. The neurophysiological processes associated with feeling safe are a prerequisite not only for social behavior but also for accessing both the higher brain structures that enable humans to be creative and generative and the lower brain structures involved in regulating health, growth and restoration.
- ii. The Polyvagal Theory explains how social behavior turns off defenses and promotes opportunities to feel safe. It provides an innovative model to understand bodily responses to trauma and stress and the importance of the client's physiological state in mediating the effectiveness of clinical treatments.
- iii. From a Polyvagal perspective, interventions that target the capacity to feel safe and use social behavior to regulate physiological state can be effective in treating psychological disorders that are dependent on defense systems.

##### b. Why is it called “Polyvagal”: Simplified Neurological Explanation

- i. The Central Nervous System consists of the brain and the spinal cord and is associated with information processing. Originating in the medulla are the cranial nerves. One of the cranial nerves (#10: X) is the Vagus Nerve. There are two distinct branches of the Vagus Nerve (Dorsal and Ventral). These neural pathways regulate autonomic state and the expression of emotional and social behavior.
- ii. The Peripheral Nervous System (PNS) is involved in movement, stimulus response and physiological changes.
- iii. The PNS is divided into the autonomic and sensory-somatic systems.
  1. The sensory somatic nervous system is associated with voluntary control of body movements via skeletal muscles
  2. The autonomic nervous system controls unconscious visceral functions like heart rate, respiratory rate, etc.
- iv. The ANS (controlled in the hypothalamus and located just above the brainstem) It is divided into the
  1. Sympathetic (increases energy)
  2. Parasympathetic (conserves energy)
    - a. The vagus is the primary pathway for the parasympathetic nervous system
    - b. The vagus is so named because it wanders (vaga-bond nerve)

## Chart Depicting the Nervous System

CNS	Peripheral Nervous System			
Brain and Spinal Cord	<b>Sensory Somatic</b> Controls voluntary body movements	<b>Autonomic Nervous System</b> Controls unconscious visceral functions		
-Includes the 10 <sup>th</sup> cranial nerve called The Vagus Nerve -Originates in the medulla above the brain stem -Regulates autonomic state and the expression of emotional and social behavior		<b>Sympathetic Nervous System</b> Increases energy <b>FLIGHT OR FIGHT RESPONSES</b>	<b>Parasympathetic Nervous System</b> Conserves energy	
The Vagus Nerve in the CNS supplies motor parasympathetic fibers to most organs			<b>Dorsal Branch of Vagus Nerve</b> Activated based on the neuroception of life/death: <b>FREEZE RESPONSE</b>	<b>Ventral Branch of Vagus Nerve</b> Activated based on neuroception of safety <b>SOCIAL ENGAGEMENT RESPONSE</b>

Figure I: Depiction of the Cranial Nerves

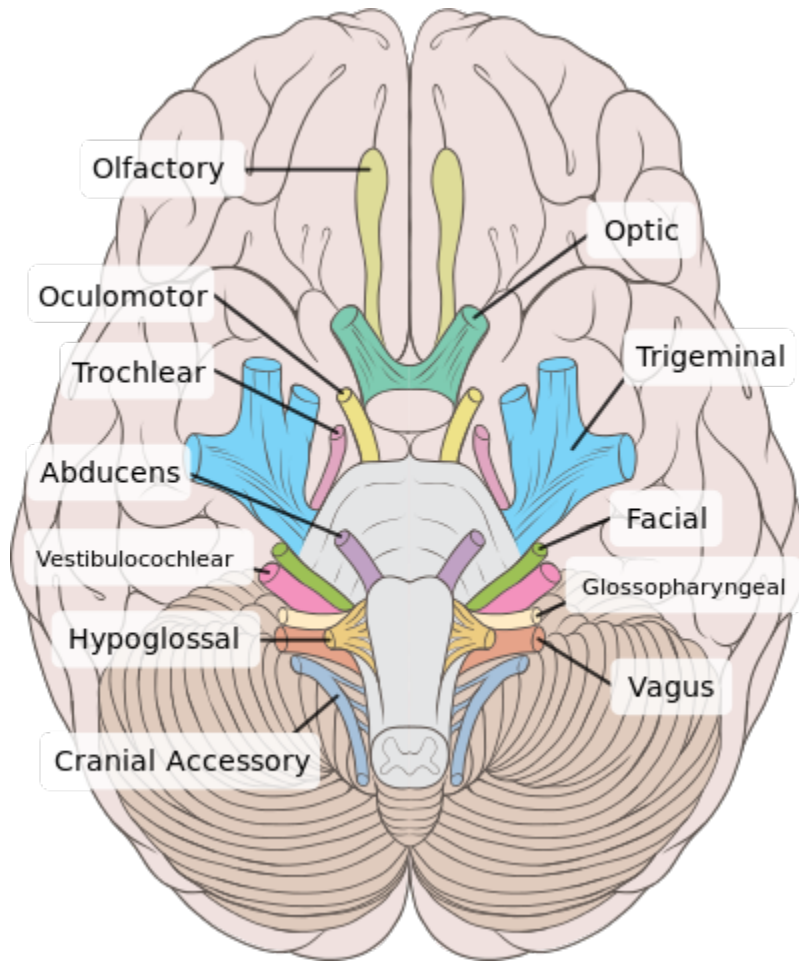
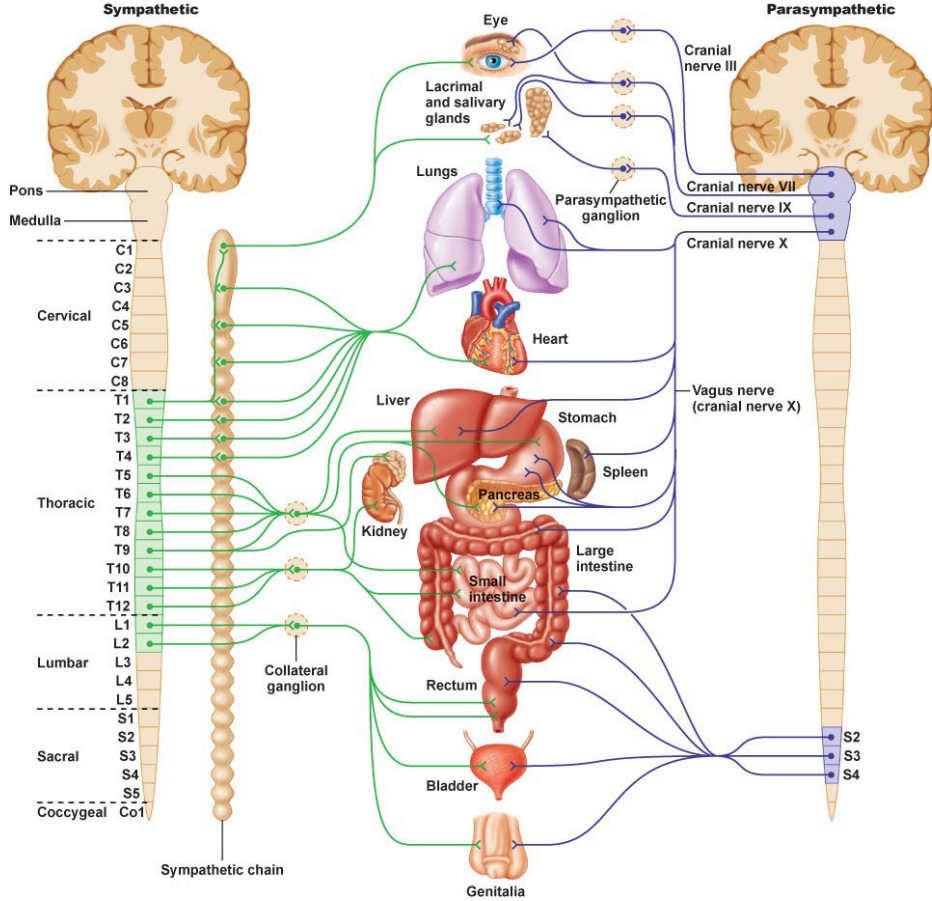


Figure 2: Depiction of the Sympathetic and Parasympathetic Nervous Systems



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- c. An additional concept is “neuroception”, a word Stephen Porges coined. It is our nervous system’s constant evaluation of risk in the environment.
  - i. So when a big, strange dog is charging towards you, there is likely a neuroception of danger. At that time the ANS is activated and typical reaction is **flight/fight** and you are mustering your energy and strategy. The sympathetic flight/fight responses are activated and social engagement is minimized in those moments.
  - ii. If the situation worsens (the dog is barking, frothing at the mouth and baring his teeth), the amygdala (within the limbic system) assesses threat to life, and the dorsal vagus (the more primitive unmyelinated branch that runs from stomach to brainstem) comes into play and initiates a **freeze** response. Secure attachment is impossible in those moments.
  - iii. In contrast, if there is a neuroception of safety (a cute fluffy doggy comes to greet you), the myelinated (more evolved and only in mammals) branch of the 10<sup>th</sup> cranial nerve, the ventral vagus, inhibits the fight/flight response of the sympathetic nervous system and we are open to **social engagement/secure attachment** in those moments.
  
- d. As therapists, our conscious intent is to create a safe space for group members to engage and to be open to the therapeutic factors in group therapy. Therefore, we encourage the physical and emotional environment to “recruit the ventral vagus complex”.
  - i. When Stella approaches, with her wagging tail and perhaps a lick, consider your response, as hopefully the ventral branch of the vagus nerve is aroused. In this more typical response is of safety, there is the release of a hormone (oxytocin) that relaxes you and promotes a bonding relationship and encourages social communication.
  - ii. Therefore, when you enter the group therapy room you are in a neurobiological space of safety that encourages bonding with Stella and with others in the room. This gives us the therapeutic backdrop to consider deeper issues with deeper relationships.
  
- e. Again, consider your feelings when you meet Stella and how that may set the mood in the room within you and with others.

## 5. General Information about Canine Brains

- a. A dog's mammalian brain is much like that of a human brain, which is the center for interpreting and integrating information from all over the body.
- b. The structure also has a central nervous system which includes the spinal cord and the brain. As with humans, the brain is divided into three main sections: the brain stem (involved in controlling basic life functions), the cerebrum—with right and left cerebral hemispheres (involved in conscious decision making) and the cerebellum (involved in movement and motor control).
- c. As with all other mammals, a dog has twelve cranial nerves, including the Tenth (X): the vagus; and similar chemicals send constant messages throughout similar channels within the brain and the body. And, similarly, these signals tell the body when it is in danger and when it is safe.
- d. Bonding likely happens in a very similar manner.

## **Advantages and Challenges of Canine Assisted Group Psychotherapy: 30 Minutes**

### I. Advantages of Canine Assisted Group Psychotherapy:

- a. Stella sets the stage for social and emotional bonding as she may:
  - i. Become a catalyst for bringing forward emotional material.
  - ii. Increase motivation for the patient to participate in therapy.
  - iii. Increase rapport with the therapist.
  - iv. Provide role modeling to the patient.
  - v. Provide soothing and possible unconditional acceptance to the patient.
  - vi. Assist patient to regulate emotionality.
- b. Stella does not rationalize or accommodate to group members the way I might. She reacts to the moment in the moment and to the primitive feeling she experiences.
- c. Group members respond to her with less defensiveness and with less conscious thought and intention.
- d. There is an additional “object” in the room to observe attachment style, behavior and transference.
- e. By definition, I am modeling my attachment style, and, in some ways I have additional information about their attachment styles.
- f. Neurobiological benefits in terms of reducing cortisol, elevating mood (so depressed members can more readily engage), modulating affect (so more emotional members can participate in a more grounded space) and releasing oxytocin (so bonding increases to another being). Therapeutic benefits accrue from these neurobiological experiences.

1. Challenges of Animal Assisted Group Psychotherapy Include:
  - a. Stella's presence in the room splits my attention to some degree.
  - b. Stella is almost always responding with more primitive instincts and behaviors; therefore I am working with additional unknowns.
  - c. Stella knows my mood even when I believe I am privately managing and metabolizing more difficult material.
  - d. Stella's presence incurs additional risk management details (that have been specified above) including insuring safety to dog/group members/therapist.
  - e. Stella can have unexpected bodily functions or behaviors (vomiting, spitting up, barking to invite play) and these are managed publicly.
  - f. Stella's training is sometimes in conflict with patients' interactions and I must assess my strategy at that time.
  - g. Stella must be exercised, walked to relieve herself, have dog time (for sniffing and running outside) before group sessions, all of which takes extra time.
  
2. Usefulness for Group Therapy and the Group Member
  - a. A new member is ready to enter the group and engages even briefly with Stella, having met her first in individual therapy or in the assessment interviews. They will also meet in the waiting room before the group begins.
  - b. As a result, the ventral vagal complex is activated and oxytocin is released and the new member is more available for bonding with Stella initially and then during the group session as the brain is primed to engage with others in meaningful (not fearful) ways.
  - c. The new group member is more comfortable in those crucial early sessions, able to bond, increase emotional engagement (adding to group cohesion) and effectiveness of the group.
  - d. Stella is available with this member as she is for others as the member engages more deeply with cohorts and in the group process.
  
3. What is Happening with Stella at the Same Time?
  - a. Remember, she has a similar brain structure including a limbic system. During these playful moments her levels of oxytocin also increase; she has "feelings" about the member and her availability for bonding also increases.
  - b. As group proceeds with this member, her bonding experience allows Stella to be available to this person and the group process (when she is not tired or stressed), remaining even-tempered, responding openly to her experience.

### **Discussion 15 Minutes**

1. What are your experiences with Canine Assisted Group Psychotherapy?
2. Additional Questions?

## Afternoon Outline

1. Introduce Stella
2. Explain important shifts in our group contract with her as a part of our experience
3. Describe the focus of this half of the workshop: to note the impact on our process
4. Introduce “her language”, how to handle and touch her and her role with us
5. At 45 minutes to the end
  - a. Attend to the ending of our time
  - b. Encourage the resolution of experiences with participants
6. At 30 minutes to the end
  - a. Integrate material
    - i. Bring full circle a discussion of their experience based on the morning’s material
    - ii. Encourage Questions and Answers
    - iii. Focus on IPNB and Review of Ethics
  - b. End with AGPA Evaluation



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