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Incorporating Animal-Assisted Therapy into  
Speech-Language Pathology Clinical Practice:  
An Overview

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- - [Amy] Once again, welcome to our event today. This is part two in a two-part series. And today's event is Incorporating Animal-Assisted Therapy into Speech-Language Pathology Clinical Practice: An Overview. Now, our presenter today is Dr. Sharon Antonucci. And without further delay, I'm going to hand over the floor to you, Sharon. Welcome, thanks for being here.

- [Sharon] Hi, thanks so much for having me, I'm very excited. This is a topic very close to my heart and thank you everyone for joining us. So, here are my presenter disclosures. And the learning outcomes for today are participants will be able to list skills and aptitudes required for animal-handler teams, describe benefits and challenges of speech language pathologists also acting as animal handlers, and describe goal-writing for clients with whom animal-assisted therapy is incorporated into treatment.

So, the first thing I wanted to do was just quickly review some terms. We did talk about these last week for anyone who was with us last week, but I wanted to review them again for anyone who wasn't. And so, particularly important in the context of animal-assisted therapy is thinking about some differences that you'll see in the literature and in descriptions of the different kinds of therapeutic activities that can involve animals. The first is what's known as animal-assisted activities, and these are really enrichment opportunities that the animal-handler team provides. So, the animal-handler team will go to a site or a location and make themselves available to a variety of people for relatively spontaneous interaction. The handler on the animal-handler team isn't coming in with any particular individualized expectations or plans. And so, examples of these kinds of activities are nursing home or hospital visits, library visits, local public library visits, visits to college campuses. Again, where the animal-handler team is interacting with a group of people or individuals without

necessarily a plan for what's going to happen in terms of expectations for behaviors, et cetera. Animal-assisted therapy is much different. Animal-assisted therapy is clinician-provided service within that clinician's scope of practice. And so everything that goes into a therapy session is part of animal-assisted therapy, requires a licensed clinician, client progress toward individual clinical goals is documented and session plans and session timing is dictated by clinical practice. So basically, it's therapy. It's whatever is appropriate therapy for that individual, as delivered by that clinician that includes the participation of an animal handler team.

So animal-assisted therapy is a treatment method similar to any other technique that a clinician might use and the animals are can serve as communication partners and also, communication facilitators. Of course, they are not manipulables or materials, they are living beings and we're gonna be talking a lot about that today in terms of the responsibilities of incorporating an animal into clinical practice. So animal-assisted therapy is not a meet and greet, it's not a visit, it's not unstructured play time with the animal. So in other words, it's not animal-assisted activities. And of course, it's not the animal as the clinician.

The licensed human clinician is still providing treatment and the animal is a partner in that along with his or her handler. And of course, it's not therapy for the animal. So we don't incorporate animals into animal-assisted therapy who don't want to be there, who have not demonstrated a clear enthusiasm for interacting with people and tolerance for kind of the rigors of therapy and we're gonna be talking a lot about that today. It's also not support from a service animal. Service animal is another kind of distinct category of job for an animal. And in fact, service animal, the definition is provided by the federal government here in the United States by the Americans with Disabilities Act as an animal trained to perform specific tasks for a specific individual with a documented disability. So they are animals who they are working animals, not pets, who have been trained to do particular tasks for an individual that is in need

relative to a documented disability. While they're not pets of course, they do deserve the same love and care that any other animal living in someone's home deserves. Okay, so an important distinction is that service animals are the only animals who are protected by law regarding public access. Therapy animals are not so protected and per the ADA, really the only animals that can be considered service animals are dogs with some separate provisions for working with miniature horses. And so this is just kind of a summary that indicates some differences related to handler status, status of the animal in terms of being certified, et cetera that summarizes the differences between AAA, AAT and service animals.

And so I did also just want to briefly talk about the evidence related to the incorporation of nonhuman animals into treatment related to what we're gonna be talking about shortly, which is getting certified with an animal to participate in animal-assisted therapy. Oops, went too fast. So, these are, I thought we definitely needed to have some animals in the talk. And so, these are my animals and because I am an animal parent as well as a clinician who incorporates animals into treatment, making sure that they're well cared for is always paramount in my mind. So, one quote that I think, and I did mention this last week, but it bears repeating that I think is really important to keep in mind in the context of animal-assisted therapy is the consideration of use or partnership versus exploitation and being confident that we can know for certain that X is not exploiting Y merely using Y.

X must repeatedly make choices that substantively further Y's welfare even when in conflict with X's own prudential motives. And I think this really highlights the kind of dual responsibility that clinicians have, especially when clinicians are also acting as the animal handler in the context of animal-assisted therapy. And then in terms of the kinds of animals who participate in animal-assisted therapy, I think a really important question to ask ourselves when we're thinking about any particular animal possibly being appropriate is, does the animal also benefit from the relationship? And I think the

evidence that domesticated animals, for example, like dogs and cats and horses, may be kind of actively solicitous of the relationship and benefit from it, is much different than for more wild or exotic animals. And so just a few things to keep in mind when you're looking at the literature. Again, most of the work is done with dogs. There's a lot less known about the potential benefits to other animals. There's a lot of variability in the literature relative to whether the animal participated in animal-assisted activities or animal assisted-therapy. And people have looked at both physiological measures of the animal's kind of stress level and comfort level and then also, behavioral measures. And it turns out that some of the things that seem to really matter are familiarity with the place where the activity or therapy is taking place, familiarity and comfort level with the handler, as well as kind of handler skill in supporting the animal. And then also factors related to the logistics of the sessions. How long are the sessions? How frequently are the sessions occurring?

How many breaks does the animal get during a session, et cetera. And so all of these, I think, are important things to keep in mind as we proceed with our focus, which is kind of the thought process on making a decision about whether to become a certified therapy animal handler team. There are a number of programs out there that can do the training and assessment to provide that certification. A number of them focus on dogs. The one that I am the most familiar with, which is Pet Partners, is actually certifies a much wider variety of animals, including cats and rabbits and even some kind of domesticated farm animals. And there's also, thank you if you're here. Someone last week had asked about hippotherapy and I didn't have a chance to put it into the slide, but I have shared the, excuse me, the website for the American Hippotherapy Association, which also offers certification in hippotherapy. And then we also have, sometimes clinicians are working with, rather than with necessarily visiting animal handler team, and they're actually working with a facility or residents animal and one organization that does certify facility animals is Canine Companions for Independence. Okay, so much of what I'll be talking about is informed by my experience with Pet

Partners. I have done handler training with Pet Partners and observed many animal handler evaluations. So they happen to be the organization with which I'm most familiar, but there certainly are commonalities across programs. So in terms of species that tend to be accepted into animal handler therapy activities trainings are domestic or domesticated animals that have kind of recognizable, documented cues so that we can interpret when the animal is trying to communicate to us, whether it's interest or stress or fatigue and that there's also evidence of a demonstrable interest in being with humans.

So some of these include dogs, cats, horses, guinea pigs, rabbits. Ineligible or inappropriate species tend to include still developing animals. So animals who have not yet reached their maturity. These animals are still forming their personalities and their preferences, and also they may still be in the course of receiving shots et cetera, inoculations to keep themselves and others safe. Also typically considered ineligible are wild or exotic animals. So animals where there is not really sufficient information to reliably judge the animals communications, or animals who are meant to kind of you know, meant to live in the wild and so have to be held in captivity to be participating in these activities.

And I think some interesting work has been done in that area specifically around what's called dolphin-assisted therapy and the potential problems in that kind of work. So our focus is going to be clinicians working with certified therapy animals, and the kinds of special considerations that need to be factored in to a decision about engaging in animal-assisted therapy. One of them certainly if you're thinking of a particular animal that you think would be a good candidate for incorporation into animal-assisted therapy, the animal needs to demonstrate particular and specific skills and also preferences related to the kind of interactions that they would be engaging in. Handlers also need to demonstrate specific skills that go above and beyond the kind of typical skill that a licensed clinician would have. And that includes knowledge and skill related

to maintaining animal welfare and kind of being clear about the different types of animal partners that are appropriate. Thinking about the benefits and challenges of the clinician also acting as the handler on the animal handler team. And then thinking about things related to client candidacy, for participation in animal-assisted therapy, health and safety precautions, and then liability related to using animal-assisted therapy as one of your techniques. And so in the context of animal-assisted therapy, we'll be talking mostly about speech language pathology scope of practice as opposed to other clinical practices.

We'll talk a little bit about goal writing and treatment planning and then a bit about measuring and documenting outcomes. So again therapy animals are most commonly dogs but unlike service animal designation they do not have to be again therapy animals must be domestic or domesticated for most certification programs. And then in terms of kind of general qualities there are health and diet related parameters that need to be maintained for example, some programs will not certify animals that are fed a raw diet because there is concern about possible transmission for example of salmonella the animal has to be of course in good health, be well maintained in terms of hygiene, grooming, et cetera. The animal needs to be what is considered reliable, controllable and predictable.

And that is assessed across a number of different scenarios that we'll talk about and then the animal really should be one that actively solicits interactions from people not one who just quietly tolerates them but in fact actively solicits them. Therapy animals need to be accepting and forgiving of differences in people's reactions and behaviors, we may be working with clients who have difficulty modulating their loudness levels. We might be working with participants who have differences in vocal quality, differences in the way that they move, differences in the kinds of tools that they need to use and the animal really needs to be comfortable with and accepting of all of those kinds of differences. Therapy animals should like to be petted and touched and remain

calm in a variety of distracting situations like noisy hospitals, busy schools with loud bells going off intermittently et cetera. so in terms of the skills that are required first for the animal the, one of the things that is looked at in a series of tasks is what you might think of as the animals kind of how does the animal manage activities of daily living. How well do they tolerate grooming? What is their overall health? And how do they react in kind of standard situations that they might encounter when they are out and about how do they respond stranger comes up to them, how do they respond when another animal is in the area? And also how responsive are they and how predictable is their behavior relative to basic obedience? Do they sit on command or on cue? Will they do a down, will they do a stay?

Will they come when called? What if they're, in a dog, what are their leash skills like? If they are an animal that would be carried, like a cat or a rabbit, you know, what are their kind of basket skills? How well do they handle being passed from person to person, for example. And then also they have to demonstrate what you might think of as people skills. You know, how do they feel about inappropriate petting? You know, a child who might come up to them and squeeze them too hard, or kind of get in their face? How do they handle having large crowds of people kind of come upon them and all be reaching for them?

How do they handle loud sounds like people yelling, or arguing, or the sounds of a crutch being dropped? Or someone approaching them who needs to use the assistance of a walker? These are all parts of the skills and aptitudes that an animal should demonstrate, and needs to demonstrate to be certified as an animal that can participate in animal assisted activities, and also animal-assisted therapy. And I did want to include some information about, and this is one of the important kind of skills of the handler, is to be able to recognize animal's signals, when animals are trying to communicate with us. Whether it is through something like displacement behaviors, you know, where they're trying to communicate there's kind of something that's

bothering me, and I'm trying to control my reaction to it. And other kinds of signs of distress. Again, a lot of these examples are appropriate to dogs 'cause they tend to be the, one of the more common types of animal used in animal-assisted therapy. And we also have to be careful that differences in physical features. That we're able to read these cues in animals who, you know, maybe have differences in the typical way that they're able to give us these cues animals whose tails have been docked, animals who had their ears cropped et cetera.

And one thing that this brings up that I do want to point out you may have noticed in my discussion of kind of appropriate versus ineligible or inappropriate animals I didn't mention particular breeds of animal. So it's not the case that you know Staffordshire Terriers or German Shepherds are ineligible they're absolutely not. So it's not about the particular breed of animal it's about the animal's behavior and then these are also just some other examples of the kinds of communication that animals will sometimes give us and again most of these examples relate to dogs but if you are interested in working with a different kind of animal, you need to make sure that you're knowledgeable about and comfortable recognizing and responding to the cues that the animals you work with might give you, relative to stress or fatigue or discomfort with a particular situation.

And so, that really brings us to the qualities that a handler really needs to have. To be an appropriate handler, you really need to demonstrate a kind of a pleasant, calm, and friendly attitude toward the animal at all times no matter how stressed you are, no matter whether the animal is, in the moment, doing the thing that you asked it to do. You need to kind of, handlers need to demonstrate that they are able to kind of remain calm and pleasant, kind of irrespective of the circumstance. You have to be able to effectively read your animal's cues and act accordingly, whether it's, you know, taking them out of a situation, whether it's making sure that when they're in a situation, they know that you're still there with them, supporting them, et cetera. And whether that's

done by just having a light hand on them, or just staying close, keeping a short leash so that the animal is close to you, et cetera. Protect and respect the animals needs while maintaining appropriate interaction with clients. Right and so it really becomes a dual responsibility, you have kind of two top priorities, the client, and also the animal. And so I think kind of the main thing that I like to keep in mind, and that is definitely a part of the training curriculum to become a part of a certified animal handler team, is that the handler is should always be acting as the animals advocate in all situations. And so what does that look like? So, it is the handlers responsibility to be monitoring all of those cues and looking at how frequently does the animal seem to be under distress. How long of a session can the animal typically tolerate before it starts to demonstrate real fatigue is the animal demonstrating physical discomfort in some context, you know, limping or wincing, et cetera. And so again, the top handler priority is to be the animals advocate.

And for some of us, like myself, being the animals advocate, being my animal's advocate is knowing that she would want no part of being on an animal handler team, and keeping her away from it, no matter how much I might want to do it with her. Another important thing to keep in mind about certification, it is the result always of an evaluation of the animal and handler, as a team, and so that means, for example, that if you are a certified handler, you're only certified to work with the animal with whom you got certified. So just because your next door neighbor's animal is also certified doesn't mean that you are, quote, unquote, certified to work with that animal. And that is because the animal is always being assessed in relation to the skills and aptitude of the particular handler, you know, so really, you're being part of the assessment is looking at the relationship that the animal and handler have with each other, you know, and how well the handler is responsive to the animal. And how well the handler is able to attend both to the animal, and whatever else is going on around him or her. And so, all of this really certainly does bring up the question, should clinicians be handlers? You know, there's a lot of responsibility involved in both. And I would say that, absolutely,

clinicians can and should be certified handlers. There are, I think, absolutely benefits to being a clinician who is also the animal handler, you know, including more direct access and integration of the animal into therapy. You don't have to spend time training another person in what's going to happen in the treatment, what kinds of clients they'll be working with things around ethics, of confidentiality, et cetera. But there are also challenges that we just need to be aware of, you know, in as a clinician who's also acting as the certified handler, you need to balance the needs of your client, and the needs of the animal.

And also in, for example, if you're in a private practice situation, you need to make sure that there's someone else in the vicinity, who is available in case of an emergency, whether there's an emergency with a client or an emergency with an animal, that needs to be handled immediately. And the other party, either the client or the animal can't be left alone. So those are some of the benefits and challenges that I kind of can think of relative to clinicians being certified handlers. There are also benefits and challenges to a clinician working with someone else. Another certified handler certainly allows the opportunity for the clinician to focus more exclusively on the client. It certainly might be easier to balance in cases where most of your clients are not animal-assisted therapy participants.

But then, of course, there are the challenges of incorporating someone who is not natural necessarily a clinician into your therapy relative to your procedures relative to ethics, any restrictions or requirements of your facility. And it also means that you as the clinician will have less familiarity with and training time with the therapy animal. Now, I will say that it is also a possibility that a clinician speech language pathologist might be work might be co-treating with another clinician, who is the certified handler, in which case, some of these challenges are not as relevant. So in the hospital where I work, the one of the recreation recreation therapists is also the certified handler. There's actually a facility dog, we have a facility dog who lives with the rec therapist,

and comes in with her to work. And so she co-treats with a number of the other clinicians on a number of services, other services in the hospital. So that's also an option. Either way, whether you elect to be the the certified handler or not. There's a lot that needs to go into thinking about client candidacy for animal-assisted therapy. You know, really looking at whether any inherent risks of involving a non human animal in your practice are outweighed by the potential benefits. And I certainly in my opinion, in many cases, they absolutely are. There are some contraindications. Clients, for whom animal-assisted therapy is simply not an option. Obviously, those include if the client or the client's guardian declines participation. If their physician declines participation. If they have an open wound that cannot be safely covered. If the client demonstrates overt signs and symptoms of aggressive and violent behavior, that is typically a contraindication for the animal safety, as well as for the client safety. That's an important consideration.

And then of course, if you're working in a facility where animals are not allowed, then you can't do animal-assisted therapy in that facility. So really, the one of the primary components of thinking about client candidacy is that there should not be any animal-assisted therapy in cases where there is a danger of harm, either to the client or to the animal.

Another point related to client candidacy that we alluded to a moment ago is, you may be in a situation where you need to manage an environment in which there is a mix of appropriate and contraindicated clients, where some of your clients who will be coming into your office may have allergies. You know, what kind of alternatives you can pursue with respect to keeping the population separate as needed. And also thinking about, and we'll touch more on this, possible alternative animal-assisted therapy activities for someone who's interested in it, but for some reason, has perhaps a health contraindication. In terms of some procedures, a number of permissions are typically appropriate to acquire before engaging in animal-assisted therapy. The client's

permission, if they have a guardian. Their physician and then any other clinicians who are also working in your environment who might be impacted by the presence of the animal. Often we will, it's appropriate to get a history from the client about their own history with animals, whether they've had companion animals in the past or any other history they might have with animals, what their health history is and what their infectious disease risk is, relative to the possibility of being in the presence of zoonotic diseases, which are diseases that can be transmitted across species. Whether the person is immunocompromised for example. And then again, kind of behavior contraindications as I mentioned earlier, if they demonstrate aggression or violent outbursts. Typically contraindicated for AAT is a client who has hallucinations or delusions.

And then animal fears or phobias, I think this is important to keep in mind. Animal-assisted therapy is not a version therapy. So it's not the job of the animal-assisted therapy team to help someone get over their fear of an animal. So that's also not an appropriate, that wouldn't be an appropriate client. So in terms of kind of clinical practice factors. Hopefully this will be a relief to some, you don't change your goals? And in response to the question, How do I change my goals in the context of AAT, you don't.

Your goals are your goals for whatever the needs of the client are, whether they're motor speech goals, voice goals, language goals, et cetera. Your goals don't change. It's just the method that you're using to target those goals that you're incorporating. In terms of how we measure effects, certainly speech and language gains are documented as they typically would be, whether it's a standardized assessment battery, particular response to particular target items, et cetera. But then also, we do want to measure the effects of the animal's participation and look for gains that might be specifically resulting from participation with the animal, which might require not only item-specific measurement, but language sampling, looking at conversation based

goals, pragmatic goals, and then also client satisfaction with the treatment, and as well as possibly life quality of life ratings. So I wanted to just go through a few examples of the kinds of behaviors we might be targeting in treatment, and what that potential AAT method might look like. So for example, for a client with aphasia, you might have a goal related to increasing length and meaningfulness of utterance, or increasing number or type of words in the lexicon. And so, AAT method methods could include providing cues of increasing length to the animal, being asked to name concepts associated with the animal.

And then outcome measurement would be any of the kind of standard clinical measures that you might use language sampling, mean length of utterance type token ratio, et cetera. Another example, increasing topic initiation and topic maintenance with either a familiar or unfamiliar partner. Maybe you're a team method might be to introduce to have the client introduce the animal to X number of new people using, you know, Y number of words.

You might have them tell pieces of information about the animal to another person, or respond to questions about the animal from another person. And again, your outcome measurement you have, the opportunities you have for outcome measurement are the same that they would be in any other clinical context. And so then I've just included a few other kind of examples that you can kind of just thought experiments that you can engage in on your own if you're interested to think about other ways that you could incorporate an animal-assisted therapy method to target a particular speech language, behavior. I think it is definitely important to kind of be aware of how you could alter these protocols for someone who is motivated but cannot have contact with animals. And I think we've probably all gotten much better at using virtual opportunities in the last six months or so. And so that might be an example of a way to incorporate AAT. Do a video call with an animal handler team, have the person write materials for a plan for a grooming plan, an exercise plan for an animal, there are a number of things that

you can do that can incorporate kind of animal concepts, as well as the potentially an animal, him or herself, that would allow you to maintain distance between the client and the animal, as necessary or as appropriate. So in terms of planning, I think that, and this is something that we talked about in the content in Pet Partners, is that animal-assisted therapy is really traditional therapy, plus the capabilities of the animal. So you have access to all of the tools and strategies that you and responsibilities of traditional therapy, but now you're supplementing those with the capabilities and preferences of the animal that you're working with.

And so the typical cornerstones of good clinical practice, are critical in the context of animal-assisted therapy, all of the things that we would be doing before, during and after sessions. Communicating with clients, communicating with guardians, preparing plans with people that we might be co-treating with. Whether they are another clinician or an animal handler, who is a volunteer, thinking about health and safety, hand washing procedures, very important in the context of animal-assisted therapy, reflecting on how the session went, you know, what worked, what didn't work? How was the animal responding? Are there things that need to be tweaked to increase the benefit, to decrease the stress level.

Documentation before, during and after sessions, and then revising the plan and communicating any revisions to the rest of the team. In terms of environmental assessment, so thinking about where you might be doing this animal-assisted therapy, you wanna think about what staff are available and are willing and able to be involved. You know, the clinician handler responsibilities, the handler, if that person is other than yourself, the clinician, any support personnel that might be available, again, to help in emergencies, to help, you know, guide clients in an environment where you have a mix of, AAT appropriate and AAT inappropriate clients. And this gets us into client interactions, the clients being served in the AAT program and those that are not but who are still coming into the environment. What's the environmental activity level? Is it

a busy hospital? Is it a quiet private practice? Is it a grammar school versus a high school? And how are you? How does that inform your thoughts about where the sessions will take place? How long the animal will be involved in the session, how the animal will be conducted into and out of the office, et cetera. And then keeping in mind not only for the client, but also for the animal, what environmental distractions might be present. And you know, kind of doing our best to remember that animals have different sensitivities than we do, because they see hear and smell, from a different perspective, smells that we might not even notice might be extremely off putting, or extremely enticing and distracting to an animal.

Animals perceive motion differently, and so something, you know, moving in the background, that might not be at all distracting for us might potentially be distracting for them. So trying to think about the environment from the animals perspective, as well as yours and the clients. In terms of health and safety, of course, infection and safety control policies and procedures need to be respected, need to have conversations with your infection control staff about the possibility of incorporating an animal into your treatment, if you are kind of in the vanguard, if that's not already happening, where you're working.

You need to know who needs to be contacted and informed about the presence of the animal and what's gonna be going on. Need to think about your responsibilities as the clinician and if you are also the handler or not, relative to documentation and letting people know, what's going to be happening with the schedule is what kind of animal is going to be present? Making sure that all the documentation around the animal is up to date. Again, for example, vaccinations, inoculations et cetera. And then any facility staff or other contacts that need to be involved, including infection control staff, if your facility has such staff. Oftentimes, also, again, especially if you are kind of in the vanguard, if you're the first person who's gonna be doing AAT wherever it is that you practice, it's often appropriate and sometimes required, that you have a facility policy

agreement in place. So that the parameters of what is going to happen and what is allowed to happen, are agreed upon by everyone involved before the program is initiated. In terms of documentation, again, important to keep in mind that AAT is not a separate field of practice. It's a method that clinicians incorporate within activities appropriate to their clinical scope of practice. Animal-assisted therapy is neither the goal nor the behavior, as we had looked at in some examples earlier. It is an activity, it's a method that is incorporated to help the client progress toward whatever their behavioral goal is. So in your documentation, you certainly will document the goals and behaviors being addressed.

You will document whatever activities were implemented to help move the client toward that goal, including whatever the animal assisted treatment activities were. And so you would be documenting progress toward the behaviors and goals as you typically would. And you would document that animal-assisted therapy was incorporated into the method and activities. Also, just wanted to point out a couple of things to consider relative to liability. You may depending on whether you're covered by your employer, you may need professional liability insurance. Many or at least some of the organizations that certify animal handler teams might provide volunteer insurance. And then also, even if you are not the handler, it is still as your clinician your responsibility to document any permissions that are that were required, and to make sure that you have copies of any documentation related to the health and safety of the animal, and the the handler. So thank you for your interest. In this whirlwind discussion of animal-assisted therapy in the context of speech language pathology, there is a references handout that goes along with this presentation that has lots of citations and websites in it. And thank you again, we definitely have time for some questions-

- Thank you so much Sharon.

- Or comments, if.

- Thank you, if there are people out there who are doing animal-assisted therapy, and have some comments or points to make, please do, share. Thank you very much I will take a look at the Q and A pod here and Eliza Marie actually has a question that's similar to one I was thinking about. Oh, sure, she said that, she would think that AAT is not super widely available around the US. Are there any studies showing the efficacy of virtual animal-assisted therapy versus in person? Especially, you know, given our past-

- Right.

- Year, it would be interesting to know.

- [Sharon] Yes, so I am aware of a few studies that have looked at whether the live animal is integral to the animal-assisted therapy, some of which incorporated kind of virtual animal in the context more of watching animal related television, than having, for example, like a zoom meeting with the animal. But I, there isn't a ton, and I think this is probably, especially as you point out in this day and age an area of inquiry that is ripe for additional studies. And hopefully, some of you all will be contributing to that evidence base. So thank you for your question.

- [Amy] Thank you, interesting, can the cost of purchasing an animal specifically for animal-assisted therapy be written off as a business expense?

- [Sharon] That's a good question. To tell you the truth. I've never heard anyone talk about it. So most of the people that I've kind of interacted with, who are doing animal-assisted therapy, either they had an animal already, that they felt was appropriate. And they proceeded with the training and certification. I will say, though, and I'm sorry, this isn't gonna be a direct answer to your question. The rec therapist at our facility did apply to get to be eligible for a resident animal under incorporation with

Canine Companions for Independence. And it's possible that sometimes an employer might take on some of the costs. If the animal is going to be a facility or residence animal. I guess from kind of my own personal perspective, you know, being a pet parent is full of joy, but it's also full of work. So I don't necessarily advocate getting an animal just because you want to do animal-assisted therapy.

- [Amy] Yeah.

- [Sharon] If that makes sense. Maybe, you know, better to partner with someone.

- [Amy] Right, that's great, thank you. Marsha I see a question from Marsha here. And I hopefully I'm interpreting this right one of the parts for question is if you have one client that you're using, that you're doing AAT with, what do you do with your animal for the rest of the day in your work environment? Marsha, let me know if I'm completely misinterpreting the second half of your questions. Does that make sense, Sharon?

- [Sharon] Yes, and I think it's a great question. And it goes directly to this idea of, if you really only have one client, you know, is it, might it be a little bit more feasible to work with someone else who is a handler too so that they can kind of come and go? If it is your own animal, is there a place where the animal can rest for the rest of the day? The remainder of the day? Is there another staff person available to monitor the animal while you're busy with your other clients? I definitely think it's a logistical hurdle that is going to differ depending on whether for example, you know, I've known clinicians who their entire practice was animal-assisted therapy, and they were doing it out of their home. You know, and so there were other, you know, there might be another family member who could take care of the animal when they were working with a client.

- [Amy] Right.

- [Sharon] But, you know, it's a factor.

- [Amy] Great, thank you. I did want to let our participants know, if you need to leave, feel free, you will have full attendance and you'll be eligible for the exam. But I am gonna try to squeeze in another question or two here. If you're okay with it, Sharon. Somebody was asking if you have any examples, like an example of a challenging situation that you had to deal with, perhaps in the context of doing animal-assisted therapy, in your own practice? And how did you deal or overcome that hurdle?

- [Sharon] So my experience, as someone doing animal assisted work is very specific. In that I have done it primarily in the context of going into a client's excuse me, a client's home and working with them and their animal, as opposed to bringing one of my animals into the setting. And so in that case, their animal wasn't certified therapy animal, it was their own animal. And this was in the context, more of a pilot project and research projects. And so I didn't necessarily have an animal that was doing a lot of good listening. And I think you need to be flexible about, you know, if and this is something we all have to do. If you're not getting the result that you need from the work with the animal. You know, are you prepared with techniques to reengage the animals interest? Or help it understand what it is that you're asking it to do? And are you prepared with alternative ways of targeting your goals?

- Yes, the plan B?

- [Sharon] And Plan C and D, yeah.

- [Amy] And that's kind of a nice segue. We have a really nice comment here from Shana who says, "In my private practice, I programmed my client's iPad with oral commands for his dog. And they were both very excited to come to therapy and

practice these commands, and the dog started relating to his owner again, post stroke." So that's a great story.

- Yeah, that's outstanding, absolutely outstanding.

- [Amy] And, you know, again, not a certified therapy animal, but a great example of how animals can be motivators in therapy so. Absolutely, I do think we should wrap it up here. Sharon, thanks so much. And I want to thank our audience, and you, Sharon, for your patience and persistence in we had kind of a rocky start today due to some Adobe server issues. And I'm glad we were able to get rolling and have our event today. So thank you very much. Thanks for spending an hour of your day with us, Sharon, thanks for this two part series. It's been super interesting and really fun topics. So I appreciate you presenting for us.

- [Sharon] Thank you, it's been my pleasure. All right, everybody, have a great day. I will wrap it up here, bye bye.

- [Sharon] Bye.