



## Animal Assisted Interventions- A Brief Guide

By: John D. Hunt, MA, CCISM, Co-Founder and COO Crisis Response Canines  
and Andrea Hering, Co-Founder and President, Crisis Response Canines

There is an unmistakable bond that exists between humans and canines. These captivating creatures become members of our families, sharing in our moments of joy and giving us comfort in times of sorrow. It is estimated in the United States, over 48 million households (38%) own dogs [1]. Some dogs are additionally trained to serve in roles as vital companions performing needed services, or to provide therapeutic interventions. A select very few progress to receive advanced training and elite certifications in order to skillfully and effectively interact following traumatic events. In these situations, they offer respite, provide moments of comfort and healing, and help to build resilience. This article serves to provide information on the various types of animal assisted interventions (AAI), and offer examples of appropriate scenarios for each.



CRC CANINE TARIK AT HIGHLAND PARK, ILLINOIS

Some of the earliest recorded history of utilizing domesticated animals for therapeutic purposes is attributed to the ancient Greeks. During the period of 900-800 B.C., Grecians associated dogs with Asklepios, the god of medicine. They included structured interactions with canines as one type of healing modality and chronicled their experiences. In 18<sup>th</sup> century England, dogs were used as an adjunct to traditional psychiatric interventions, and in 1860 Florence Nightingale wrote of the healing nature of small pets to improve health and reduce anxiety [2].

In modern times, the use of pets became more widespread as practitioners correlated the use of animals and their beneficial role in healing. Psychiatrists Sigmund Freud and Boris Levinson noted a distinct difference in their patients when their dogs were present

during their sessions. During WWII, the Red Cross created a program of animal assisted intervention for service members in the Army Air Force Convalescent Center in Pawling, New York. The results indicated the need for further investigation and study into this emerging field.

In the 1980's, as the popularity of AAI programs grew, it became clear criteria was needed to delineate the differences between various AAI programs. Having these distinctions aids in not only bringing clarity to the public to better understand the progressive nature of training and certifications of the dogs and their handlers, it also establishes guidelines for suitable situations for application of each.

As the rate of adoption of AAI increases so does the research being conducted to measure the effects of the interventions. Both qualitative and quantitative studies have demonstrated the distinct correlation between human and animal interactions and the associated positive physiological and psychological impacts.

The mere presence of a dog can reduce feelings of social isolation, loneliness, depression or anxiety and generally improve one's self reported quality of life. Levels of negative stress hormones such as epinephrine, norepinephrine, and cortisol have been observed to be lower and the levels of the positive mood regulating hormones oxytocin, serotonin, and dopamine higher following interactions with canines [3].

*Animal Assisted Interventions (AAI)* is a broad term commonly used to describe the utilization of various species of animals in diverse manners beneficial to humans. Animal assisted therapy, education, and activities are examples of types of animal assisted intervention [10]. AAI can occur in various settings such as health care facilities, educational institutions, businesses or places of worship.

*Animal Assisted Activities (AAA)* denotes non-professional volunteers who engage with their certified therapy dog in informal social contacts with others. These are typically pre-planned predictable events, such as a reading program. Their presence is usually welcomed at the short meet and greets, and there are no goals established as related to a particular desired outcome.

*Animal Assisted Therapy (AAT)* consists of a goal directed activity provided by an animal handler team that seeks to enhance the quality of life for humans [11]. The environments are predictable, the visits structured and lasting approximately one hour. Examples include: reading programs in schools, visits to special education students, routine visits to hospitals or nursing homes, or attendance at pre-planned events.

To conduct AAT & AAA sessions, canines and handlers require only minimal training from a certifying organization. The handlers hail from all walks of life, and require no specialized degrees or advanced certifications. This relatively simple criteria makes it a popular pastime for owners and their pets to volunteer within their local communities.

The category of AAT can also be used to describe goal directed intervention in which an animal meeting specific criteria is an integral part of the treatment process. This type of AAT is delivered and/or directed by health or human service providers working within the scope of their profession. Animal-assisted therapy is designed to promote improvement in human physical, social, emotional, or cognitive function. Animal-assisted therapy is provided in a variety of settings and may be group or individual in nature [10]. Measurable goals are established to provide evidence of the impact of the interventions.

*Animal Assisted Crisis Response (AACR)* employs highly trained and certified teams of canines and handlers who provide comfort, stress relief, emotional support and crisis intervention services for people affected by crisis and disasters in complex, unpredictable environments surrounding traumatic events [9]. The handlers are expected to undergo training in trauma response, psychological first aid and suicide prevention. This level of professionalism and experience truly sets this category of animal interaction apart from other categories of AAI.

AACR differs from AAT in that it specifically is intended to be used for who are experiencing intense emotions after traumatic events. Teams are trained to not only interact and support those affected by crisis, but to also integrate with other emergency response teams who respond to the event. Some have likened these highly trained canines as the PhDs of therapy dogs as they are extensively evaluated and trained.

AACR dog and handler teams prepare to operate in unpredictable, possibly chaotic environments, likely fraught with intense emotions. The AACR organization typically commits to always being on call and responds on demand without prior notice. Often, through pre-incident cultivation of relationships and alliances with first responders and other agencies they can create a familiarity with procedures and personal that can be leveraged following an incident to more effectively respond to events

AACR teams deploy in response various crises/disasters. Examples include line of duty death, suicides, traumatic accidents, natural or manmade disasters, or mass shootings. Deployments are generally longer in length consisting of hours or days. Transportation can be more complex involving automobiles, planes, trains, buses, or even boats. As such the extensive training requires exposure to all of these types of environments.

A Critical Incident is defined as an unusually challenging event that has the potential to create significant human distress and interfere with one's usual coping mechanisms [4]. Following a critical incident, there is an opportunity to provide crisis intervention, a temporary but active and supportive entry into the life of individuals or group during a period of extreme distress [4]. This can be accomplished by applying the principles of Critical Incident Stress Management (CISM).

CISM is a comprehensive, integrative, multicomponent crisis intervention system. Developed in the 1980s by Drs. Jeffrey T. Mitchell and George S. Everly, Jr., the intent of the model is to lessen the impact of the critical incident, normalize instinctive reactions to the incident, encourage the natural recovery process, restore the adaptive functioning skills of the person and/or group, and determine the need for further supportive services or therapy [4].

Mitchell and Everly continued their research and application of the CISM model, and in 1991 founded the International Critical Incident Stress Foundation (ICISF). By 1997, Mitchell and Everly fully integrated their crisis intervention techniques into the comprehensive CISM system. CISM is now becoming a "standard of care" in many schools, communities, and organizations well outside the field of emergency services [5].

CISM can be applied to a myriad of critical incidents. Examples include: death, or risk of death, line of duty death, active shooter incidents, manmade or natural disasters, and traumatic accidents. The positive impact of CISM programs on building resilience and promotion of healing has been empirically validated [6].

Taken individually, the distinct programs of CISM and AACR each demonstrate positive impacts. Combining these interventions harnesses the powerful synergy of both, thereby providing an innovative approach that has been broadly accepted when put into practice.

Mitchell and Everly continued their research and application of the CISM model, and in 1991 founded the International Critical Incident Stress Foundation (ICISF). By 1997, Mitchell and Everly fully integrated their crisis intervention techniques into the comprehensive CISM system. CISM is now becoming a “standard of care” in many schools, communities, and organizations well outside the field of emergency services [5].

CISM can be applied to a myriad of critical incidents. Examples include: death, or risk of death, line of duty death, active shooter incidents, manmade or natural disasters, and traumatic accidents. The positive impact of CISM programs on building resilience and promotion of healing has been empirically validated [6].

Taken individually, the distinct programs of CISM and AACR each demonstrate positive impacts. Combining these interventions harnesses the powerful synergy of both, thereby providing an innovative approach that has been broadly accepted when put into practice.



Studies conducted on the impact of therapeutic interventions with people in crisis and found “AACR dogs have an innate ability to find the people in crisis who appear to need the most support”. Those with proper advanced skills, training, and certifications can implement AACR work safely and effectively [7].

One organization that has successfully developed a combined model of CISM and AACR is Crisis Response Canines (CRC). CRC is a New Jersey based non-profit organization whose volunteer members provide a comprehensive array of services nationally. Teams are based in all quadrants of the United States and participate locally in AAT and nationally in AACR. CRC’s mission is to provide strength, comfort, and emotional support to individuals, families, communities, and first responders experiencing traumatic emotions in the aftermath of critical incidents. Members devote thousands of collective hours each year in education, training, and services to their communities.

CRC Handlers and Canines teams are certified to assist with the complex emotions associated with arousal disorder. [Hyperarousal is a primary symptom of post-traumatic stress disorder (PTSD). It occurs when a person’s body suddenly kicks into high alert as a result of thinking about their trauma. Even though real danger may not be present, their body acts as if it is, causing lasting stress after a traumatic event.] The CRC Handlers and Canines have specific training to be able to provide post incident stress support linked to line of duty deaths, suicides, natural disasters, and mass shootings. A distinct focus of CRC is to provide trauma incident reduction therapy[TIR is a rapid (compared to traditional therapy) method of effectively reducing traumatic stress from emotionally and/or physically painful events in the past. It involves re-experiencing past traumas in a completely safe environment, free of distractions, judgments, or interpretations] to First Responders, Healthcare Workers, and school staff.

To become a member of Crisis Response Canines, both the handler and canine must complete a rigorous myriad of training curriculum and be certified by both CRC and independent nationally recognized trainers.

CRC dogs must demonstrate outstanding obedience skills. The canines must demonstrate exceptional control while being fully controllable and predictable. The canines are tested to ensure they can handle stressful situations and environments. CRC canines must maintain flawless control around other animals. The dogs must be prepared to interact with countless strangers who will be interacting with them during their details.

Some of the certifications that the CRC Canine must achieve include but are not limited to: National Therapy Dog Certification, CRC certification, AKC Canine Good Citizen, Canine Good Citizen Advanced, Canine Good Citizen Urban, Law Enforcement Defense Systems K9 Certification. CRC Handlers undergo detailed background checks prior to entering the orientation phase of the CRC membership. CRC Handlers must then successfully enroll and achieve certification in at least six predetermined FEMA Independent Study Incident Command Courses. Additional courses are required for designated deployment teams. Handlers must also achieve certification in ICISF’s Critical Incident Stress Management, Psychological First Aid, Canine Body Language, Human First Aid and CPR, Canine First Aid and CPR. Because of this considerable training expectation, there are few organizations that offer this specialized level of expertise. These stringent requirements truly are a differentiator for CRC.

CRC has two team levels: CRC Comfort and CRC Operational Deployment. CRC Comfort Teams serve as the foundation for visits to hospitals, schools, businesses, speaking events. The CRC Operational Deployment teams have the capability to respond to National Crisis Events. Teams receive the training and certifications commensurate with the role expectations and in addition, several members have achieved CISM certification through the International Critical Incident Stress Foundation (ICISF) program with the University of Maryland, Baltimore County. Currently, the organization has three members who have achieved ICISF Instructor status.



UVALDE TEXAS MAY 2022

CRC Operational Deployment teams are unique in that not only does the handler have training to manage the complex human emotions, the K9's on the deployment team have task training certification similar to service animals.

Service animals receive training specific to an individual to assist a person with a particular disability such as protection or rescue work, pulling a wheelchair or retrieving items, seizure trained to alert or otherwise help a person with seizure disorders, a guide dog or a service animal.

CRC Working Service Animals are trained to identify human body language to recognize an individual displaying common stress signals. If appropriate, the K9's can perform task on instinct or verbal cue from the handler. Some of the tasks the K9's have been trained are barrier blocking, tactile distraction, deep pressure therapy. For example, when Deep Pressure Therapy (DPT) is being utilized the pressure on the body, it begins to run its parasympathetic nervous system (PSNS), replacing the sympathetic nervous system (SNS). This change is known as a switch from "fight or flight" to "rest and digest".

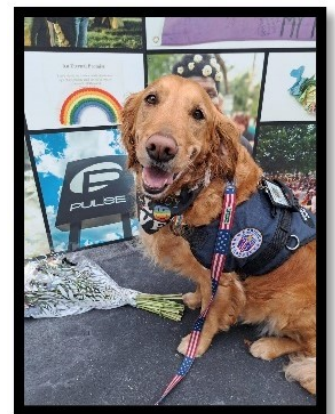
One of the biggest differences between a specifically trained service animal and a CRC Working Service Animal is that the CRC canines must be able to work with many individuals as opposed to one singular individual. These canines are specially trained to directly support skillfully trained handlers in providing trauma incident stress reduction. There are many exceptional therapy dog organizations who provide much needed temporary therapy relief. It is the mission of CRC to provide post incident stress support thus aiding with the recovery process for those impacted by distressing and shocking events or those countering the effects of cumulative events.

Members of the CRC teams have a wide range of backgrounds including law enforcement, military, health care, and education. This highly experienced cohort of team members affords for a broad range of peer-to-peer support in virtually any situation. Their collective experience with helping first responders, healthcare, and other professionals cope with the psychological stresses so prevalent in their professions make them uniquely qualified, and relatable. Their consistent presence and visits in their communities allows them to establish baselines and readily recognize when someone may need a quiet moment with the dogs, or a referral for further assistance.

CRC Teams have responded to and interacted with countless first responders in the aftermath of tragic events. Additionally, CRC teams have deployed nationally to a myriad of events including, but not limited to, shootings at Pulse Nightclub, The Las Vegas Harvest Festival, Sutherland Texas First Baptist Church, Pittsburgh Tree of Life Synagogue, and the El Paso Walmart. Most recently, the CRC team deployed to the Surfside Florida Champlain Towers collapse, a post shooting event at Jefferson Hospital in Philadelphia, the shooting at Oxford High School in Michigan, and to Baltimore Maryland following the tragic loss of three firefighters a deployment to Virginia in support those impacted by the shooting death of two police officers at Bridgewater College, and to Uvalde Texas following the Robb Elementary School massacre to provide comfort to a devastated community.

As positive outcomes associated with CRC team interactions and interventions have become more widely known, calls for AAT, and AACR continue to increase and CRC members will continue their selfless dedication to their communities.

CRC can be contacted by phone: 856-336-0030, email: [info@crisiscanines.org](mailto:info@crisiscanines.org), website: <https://www.crisiscanines.org/>



## References:

- American Veterinarian Medical Association. (2022). *S pet owner statistics*. <https://www.avma.org/resources-tools/reports-statistics/us-pet-ownership-statistics>
- Halm, M. (2008). The healing power of the human animal connection. *American Journal of Critical Care*. (4): 373–376. <https://doi.org/10.4037/ajcc2008.17.4.373>
- Beetz, A., Uvnäs-Moberg, K., Julius, H., & Kotrschal, K. (2012). Psychosocial and psychophysiological effects of human-animal interactions: the possible role of oxytocin. *Frontiers in Psychology*, 3, 234. <https://doi.org/10.3389/fpsyg.2012.00234>
- International Critical Incident Stress Foundation. (2022). *Crisis Intervention Definition*. <https://icisf.org/wp-content/uploads/2020/04/Crisis-Intervention-Definition.pdf>
- Everly, G.S. & Mitchell, J.T. (1997). Critical incident stress management (CISM): A new era and standard of care in crisis intervention. Chevron.
- Everly, G.S. & Boyle, S. (1997). CISD: A meta-analysis. [Paper presentation]. 4th World Congress on Stress, Trauma, and Coping in the Emergency Services Professions. Baltimore, MD. <https://www.nmhealth.org/publication/view/general/1951>
- Bua, F. (2013). A qualitative investigation into dogs serving on animal assisted crisis response (AACR) teams: Advances in crisis counseling [Doctoral dissertation, Latrobe University]. <http://arrow.latrobe.edu.au:8080/vital/access/manager/Repository/latrobe:35600>
- Greenbaum, S. (2006). Introduction to working with animal assisted crisis response animal handler teams. *International Journal of Emergency Mental Health*, 8(1), 49-63
- National Standards Committee for Animal-Assisted Crisis Response. (2010). Animal-Assisted Crisis Response National Standards. Retrieved from <http://hopeaacr.org/wp-content/uploads/2010/03/AACRNationalStandards7Mar10.pdf>
- American Veterinarian Medical Association. (2022). Animal-assisted interventions: Definitions. <https://www.avma.org/resources-tools/avma-policies/animal-assisted-interventions-definitions>
- Gammonley, J., Howie, A., Kirwin, S., Zapf, S., Frye, J., Freeman, G. & Stuart-Russell, R. (1997). *Animal-Assisted Therapy. Therapeutic Interventions*. Renton, WA: Delta Society.