

# Consent for Animal-Assisted Therapy

## Rose Brand, LCSW

### Introduction

Animal-Assisted Therapy (AAT) is a form of creative therapy that utilizes therapy animals and handlers (people who manage the animal) to provide goal-directed interventions to individuals of all ages. AAT can be used with various types of psychological, emotional, developmental, cognitive, motivational, or physical impairments. The purpose of this form is to review the policies, procedures, benefits, and risks of working with a therapy animal, as well as request your consent for treatment utilizing AAT provided by Rose Brand, LCSW. Please note that this form upholds the agreement of procedural and financial terms as stated in the Consent for Psychological Treatment.

### Meet "Gussy" therapy rabbit in training



Gussy is a Dutch rabbit breed. Dutch rabbits tend to be easygoing, friendly, and intelligent. Gussy is extremely curious and loves to explore everything. Gussy is full of energy, enjoys running circles in the exercise pen and standing up tall on the tree trunk. Gussy likes to eat leafy greens, timothy pellets, blueberries, and apple wood sticks. Gussy is potty trained! Well, Gussy doesn't know how to use a toilet but has learned to use a litter box. Gussy is learning to walk on a leash and come on command. Gussy will be in training for several months along with myself as his/her handler. Gussy is excited to meet everyone and asks that you be patient and gentle with him/her as he is very young and is learning about trust, safety, and building relationships with people.

## **Animal Assisted Therapy & What Science Says**

For Mental Health:

- The simple act of petting animals releases an automatic relaxation response.
  - Humans interacting with animals have found that petting the animal promoted the release of serotonin, prolactin, and oxytocin- all hormones that can play a part in elevating moods.
- Lowers anxiety and helps people relax.
- Provides comfort.
- Reduces loneliness.
- Increases mental stimulation.
  - Assist in recall of memories and help sequence temporal events in clients with head injuries or chronic diseases such as Alzheimer's disease.
- Can provide an escape or happy distraction.
- Can function as catalysts in the therapy process.
  - May help break the ice.
  - May reduce the initial resistance that might accompany therapy.

For Physical Health:

- Lowers blood pressure and improves cardiovascular health.
- Reduces the number of medications some people need.
- Breathing slows in those who are anxious.
- Releases many hormones such as Phenylethylamine which has the same effect as chocolate.
- Diminishes overall physical pain.
- Relax more during exercise.
  - Participants were motivated, enjoyed the therapy sessions more, and felt the atmosphere of the session was less stressful during Animal-Assisted therapy.

## **Policies, Procedures, and Risks for Working with Animals in Therapy**

Although working with animals in a therapeutic setting has many benefits, there are risks associated with the intervention. Because AAT utilizes a live animal, it is important to note in advance the policies and procedures needed to maximize the intervention and ensure a safe therapeutic environment, for both the animal and the client.

1. Participation in AAT is not guaranteed and will be based on clinical assessment by Rose Brand, LCSW. If the assessment determines the client is not a good fit, other treatment options will be discussed, and appropriate referrals will be offered.
  - a. If a history or indication of animal abuse or other risk factors are present, clinician will determine whether participation in AAT is appropriate.
  - b. Should a client become aggressive (hits, kicks, bites, pulls, pinches, etc.) towards the therapy animal during therapy, clinician will remove the therapy animal from treatment and determine whether it is appropriate to continue treatment or make the appropriate referrals.
2. Anyone wishing to participate in AAT should be screened for allergies before working with the therapy animal. All allergies must be reported before beginning treatment so the proper precautionary measures can be taken. Should documentation from a medical professional indicate that allergies, skin or respiratory sensitivities, or other medical conditions exist, clinician will work with treatment team to determine if it is appropriate to continue treatment or make the appropriate referrals. Neither clinician, nor APC can be held liable for allergic or other physiological reactions to the therapy animal.

3. Any fear of animals must be reported before treatment commences so the proper precautionary measures can be taken and goodness of fit determined.
4. If sick or injured, the therapy animal will not be able to provide services until the illness or injury subsides or upon veterinary approval, as sickness or injury could negatively impact the animal's behavior.
5. Although the therapy animal will remain current on his/her vaccinations and health screenings, there is always a slight risk of zoonotic disease transmission (i.e., the sharing of diseases between animals and humans) when working with an animal. Every effort will be made by clinician to reduce the risk of zoonosis.
6. Direct contact with the animal's urine, stool, and/or blood should be avoided. Every effort will be made by clinician to educate/model for the client and/or guardian appropriate ways to physically engage with the therapy animal.
7. All clients must either wash their hands, use hand sanitizer or sanitizing wipes before and after touching the therapy animal.
8. The therapy animal will be well groomed before every therapy session. Although every effort will be made to cut and file the therapy animal's nails, scratching may occur while physically interacting with the animal. Neither clinician, nor APC, can be held liable for injuries incurred by the therapy animal's nails.
9. Animals play or show affection by licking or nibbling, which may result in oral contact from the animal. Although clinician will make every effort to monitor this, there is a risk for light biting or zoonotic disease transmission to occur when an animal makes oral contact with a person. Neither clinician, nor APC can be held liable for injury or zoonotic disease transmission as a result of oral contact from the therapy animal.
10. Animals use their body to communicate and may brush against or lean into a person. Other body language such body wiggling may also occur. Such behaviors create a risk for loss of balance, falling, or light bruising. Neither clinician, nor APC can be held liable for injury incurred by physically engaging with the therapy animal.
11. The client and/or guardian will promptly report all accidents and/or injuries to clinician. Should injury occur, clinician will respond accordingly and take proper action to help the client get the appropriate medical care.
12. The therapy animal cannot be used in therapy without clinician present. No other provider, unless credentialed and previously approved by Rose Brand, LCSW, can handle or use the therapy animal in a therapeutic capacity.
13. Clients will never to be left alone with the therapy animal.
14. If at any time, the therapy animal shows signs of distress, irritation, fear, or in any way acts in a negative manner, s/he will be allowed to take a break. No one, except the clinician, should touch or interact with the therapy animal during these times. Clinician will assess and determine whether it is safe for the therapy animal to return to the session.
15. Animals, like people, have their own moods that determine their level of desire to interact with others. It is therefore understood that the therapy animal is allowed to determine if to participate in therapy/interact with others. While it may be planned to use the therapy animal in a scheduled therapy session, the therapy animal will never be forced to interact should s/he indicate signs of distress and/or resistance.
16. The therapy animal has a designated space in the office where s/he is free to rest, sleep, or take a break without interruption.
17. If clinician/ client/guardian agree, the therapy animal may work off leash, which will be noted in the client's file.

# Consent for Animal-Assisted Therapy

## **Minor or Individual with a Custodial Guardian**

I, the parent or guardian, of \_\_\_\_\_ understand and agree to the policies, procedures, benefits, and risks associated with the use of Animal-Assisted therapy in psychological treatment. I have been provided a copy of the policies, procedures, and risks associated with the use of Animal-Assisted Therapy. I hereby consent to therapeutic services involving a therapy animal/therapy animal in training, provided for the client by Rose Brand, LCSW and accept full liability if the therapy animal causes injury to client in any way throughout the course of treatment. Furthermore, I am not aware of any fear, allergy, skin or respiratory sensitivity, or other medical condition the client has/had that would limit physical interaction (i.e., touching, handling) with or close proximity to a therapy animal potentially harmful to his or her health.

By signing this form, I am releasing Rose Brand, LCSW and Arkansas Psychiatric Clinic from any and all liability that may result from participating in Animal-Assisted Therapy.

\_\_\_\_\_  
Client Signature (*ages 12 and up*)      Date

\_\_\_\_\_  
Guardian Signature      Date

\_\_\_\_\_  
Clinician Signature      Date

\_\_\_\_\_  
Witness Signature      Date

## **Adult Own Guardian**

I \_\_\_\_\_ understand and agree to the policies, procedures, and risks associated with the use of Animal-Assisted therapy in psychological treatment. I have been provided a copy of the policies, procedures, and risks associated with the use of Animal-Assisted Therapy. I hereby consent to receive therapeutic services utilizing a therapy animal/therapy animal in training from Rose Brand, LCSW and accept full liability in the event that the therapy animal causes injury to me in any way throughout the course of treatment. Furthermore, I am not aware of any fear, allergy, skin or respiratory sensitivity, or other medical condition that I may have/or have had that would limit physical interaction (i.e., touching, handling) with or close proximity to a therapy animal potentially harmful to my health.

By signing this form, I am releasing Rose Brand, LCSW and Arkansas Psychiatric Clinic from any and all liability that may result from participating in Animal-Assisted Therapy.

\_\_\_\_\_  
Client Signature      Date

\_\_\_\_\_  
Witness Signature      Date

\_\_\_\_\_  
Clinician Signature      Date