

CHAPTER 1

Introduction to Animal-Assisted Crisis Response

Yvonne M. Eaton-Stull and Brian Flynn

Most would agree that having pets or interaction with animals in some way enhances our lives and offers many benefits. In the latest National Pet Owners Survey, the American Pet Products Association (APPA, 2019) found that 68 percent of households have pets. This special human–animal bond is defined as a mutually beneficial and dynamic relationship between people and animals that is influenced by interactions, thoughts, feelings, and behaviors essential to health and well-being (American Veterinary Medical Association, 2019). Even those who do not own pets can benefit from human–animal interaction. Many professionals have realized these benefits and have been incorporating various animals into their practices, including hospitals, nursing homes, residential treatment facilities, schools, and prisons. In addition, there is growing research on animal-assisted interventions that demonstrates and legitimizes the evidence behind this valuable resource.

ANIMAL-ASSISTED INTERVENTIONS

To understand how animals are incorporated in various settings, it is important to differentiate between the various types of animal interventions. The International Association of Human–Animal Interaction Organizations (IAHAIO, 2018) defines *animal-assisted intervention* (AAI) as an umbrella term for a goal-directed, structured intervention that includes

4 Animal-Assisted Crisis Response

or incorporates animals in health, education, and human services for the purpose of therapeutic gains in humans.

Animal-Assisted Therapy

One type of AAI, *animal-assisted therapy* (AAT), involves training and evaluating animals to provide interactions to people in need in a variety of settings, including individual use, clinical therapy, hospitals, and prisons. AAT animals may include dogs, cats, equines, rabbits, guinea pigs, miniature pigs, rats, alpacas, llamas, and birds (Pet Partners, 2020).

AAT is a goal-oriented, planned, structured, measured, and documented therapeutic intervention with animals that is directed by a human service or health care professional to enhance client functioning (IAHAIO, 2018). For example, licensed clinical social workers may rely on AAT if they are providing crisis intervention to one of their clients.

Animal-Assisted Crisis Response

A second type of AAI is *animal-assisted crisis response* (AACR), in which dogs are certified to assist with human crises. In addition to being certified therapy dogs, AACR dogs and their handlers must undergo extensive evaluation, training (both experiential and didactic), and continuing education to ensure that they are prepared to respond to emotionally charged and chaotic environments.

In situations where professionals do not have their own therapy dog, they may call on AACR teams for assistance. AACR includes the provision of comfort and support from a specially trained canine team following crises and disasters. AAT and AACR are very different, as outlined in Table 1.

AACR teams are volunteer handlers who often work with other AACR canines and with the assistance of a team leader (a person in a leadership position who is there to support, guide, and direct the AACR canine teams). AACR teams most frequently respond to traumatic crisis events. According to Cavaiola and Colford (2018), a *traumatic crisis event* is an extraordinary external event that is sudden and unpredictable and can affect more than one person. Examples of common traumatic crises to which AACR teams are deployed include natural disasters, school or other mass shootings, homicides, and suicides. AACR teams, unlike professional disaster responders, are there to support existing agencies and take guidance and direction from the agency who requested them. AACR organizations include HOPE Animal-Assisted Crisis Response (HOPE AACR, <https://www.hopeaacr.org>), K-9 Disaster Relief (<http://www.k-9-disasterrelief.org>), and National Crisis Response Canines (<https://crisisresponsecanines.org>).

Table 1 Differences between AAT and AACR

	Animal-Assisted Therapy	Animal-Assisted Crisis Response
Animal	May include dogs, cats, equines, rabbits, guinea pigs, miniature pigs, rats, alpacas, llamas, and birds	Dogs only
Visits	Visits are approximately one hour in length	Deployments are often several hours or days at a time
Travel	Usually involves driving to setting for visit	May involve transportation, such as by plane, boat, or bus
Setting	Routine and predictable facilities, often indoors	Often chaotic, unpredictable, crowded environments; may be outdoors
Degree of Preparation	Typically pre-scheduled for desired day and time	Often no warning, with need to respond quickly
Clients	Often visit same or similar clients	Clients often experiencing intense emotions, trauma, stress, and grief

Adapted from HOPE Animal-Assisted Crisis Response, <https://www.hopeaacr.org/>.

HOPE AACR

The largest and first AACR group in the United States is HOPE AACR. Founded in 2001, HOPE AACR (<https://www.hopeaacr.org>) is a well-established, experienced national volunteer nonprofit organization that is a member of National Voluntary Organizations Active in Disasters (VOAD). This book's authors are affiliated with HOPE AACR, and the deployments described in this book are from those experiences.

Grief Camps

HOPE AACR has been requested on a number of occasions to assist in specialty summer camps for children who have lost a loved one. These are often physically demanding deployments for AACR teams that can include a lot of walking, with the duration of the camp often lasting two to three days. At these camps, canines and handlers interact with between

6 Animal-Assisted Crisis Response

100 and 200 children who are laughing, running, yelling, and playing, which can be very stimulating for the dogs. In addition, the environment often includes unusual stimuli with which dogs may be unfamiliar, such as horses or large equipment. The AACR teams have been used in these situations in four ways:

1. To introduce campers and counselors to the dogs, the teams provide a presentation or demonstration about each dog and include something fun, interesting, or unique about the dog. This may include a demonstration of some of the dog's skills (such as obedience, "tricks," or the use of special equipment, like booties). They inform the campers of how long they will be at camp and that the kids are welcome to interact with the dogs at any time. At the conclusion of the demonstration, campers have an opportunity to meet each of the dogs.
2. AACR teams are positioned in the center of the camp throughout the day. When campers are moving from one event to another, they can stop by and visit and cuddle with the dogs.
3. Camp social workers facilitate grief-focused activities where children express their feelings and experiences. The AACR teams are present throughout the room where this is occurring and offer support and comfort when needed.
4. Finally, many of the grief camps offer a memorial service to remember the loved ones the campers have lost. This is a very emotional time, where campers place photos and may share stories about their special person. At this time, the camp leaders can alert the AACR teams to any special needs (such as particular campers who may need additional support), and the teams sit beside the campers to offer a calming presence, provide tactile comfort, or accompany them to other parts of the room.

Suicides

Another tragedy for which AACR teams are often called on to provide support is following a suicide. Unfortunately, suicides are on the rise in the United States (American Foundation for Suicide Prevention, 2019). AACR teams have been deployed to schools and colleges following suicide deaths of both students and staff. The following are just four reasons why AACR teams have been called on to be helpful in these situations:

1. School or college counselors may have unique concerns about a relative or a close friend of the person who took their life. The counselor may request an AACR team to be present when they

meet to assess the needs of this student. The AACR team simply sits with the student in their grief.

2. There may be special concerns for the other students enrolled in the classes in which the student was taking. The AACR teams may visit these classrooms and be present while the counselors or teachers talk with the class.
3. AACR teams may take shifts in or near the nurse's office or in the hallways where distraught students or staff may be passing by.
4. It is not uncommon for family to have heard or witnessed the benefits of the AACR teams and for the teams to be asked to attend the funeral. AACR teams sit in a designated area, usually a corner, where individuals can approach and seek comfort and support from the dogs as needed.

Natural Disasters

Natural disasters affect millions of people each year in the United States. According to the Federal Emergency Management Agency (FEMA, 2017), 2017 was a catastrophic year, with 59 major disaster declarations and another 16 emergency declarations, affecting more than 25 million Americans. Responding to these crises offers a host of challenges for AACR teams. At times, there may be limited electric or water services, minimal housing options, or closed highways. The agencies that request HOPE AACR services most frequently after disasters include National VOAD, the American Red Cross, FEMA, and the Salvation Army. When deploying with these agencies, HOPE AACR follows their direction based on the identifying agency's own needs assessments.

Some examples of duties during natural disasters include accompanying workers to the sites of devastation to provide comfort and support to those affected; being positioned near food or supply vendors for interaction; and interacting with children while parents are waiting in lines to apply for assistance. HOPE AACR has deployed to various shelters in the past, offering comfort to individuals and families who await the safety status of their home, pets, or human loved ones.

Mass Shootings

Incidents of mass violence, specifically mass shootings, are on the rise in America. According to the Gun Violence Archive (2019), 2019 saw 418 mass shootings and another 31 mass murders, compared with 337 mass shootings in 2018. Needless to say, deployments following mass shootings are intensely emotional, and there are many ways AACR

8 Animal-Assisted Crisis Response

teams can effectively help. For example, during mass shootings at places of work, people often flee offices and leave behind personal belongings. Because these sites are designated as crime scenes, most people cannot immediately return and collect their belongings. Days later, when those who survived are able to retrieve possessions, going back to the scene of the crime can be retraumatizing and difficult. AACR teams can accompany these individuals and provide support along the way. In the case of a school shooting that occurred during recess, AACR teams were called in to help the students “reclaim their playground” days later by engaging in play and laughter with the dogs.

AACR RESPONSE

After a crisis, AACR teams are generally contacted by phone or e-mail by the responding agency. They do not self-deploy, and they are always self-sufficient. AACR teams rely on agencies to identify their needs, such as how many people may want to interact with the teams, what days and times the teams are requested, and what teams will do to assist the organization and the people being served. It is always important to understand the needs of the area directly affected by the crisis, as well as the needs of the surrounding community. For example, when responding to a school, the AACR team’s primary role may be working with the students, but it is imperative to consider that teachers, staff, administrators, parents, and other community members may also be affected.

BENEFITS

There are a variety of players and stakeholders during disaster and crisis response, each with their own roles and responsibilities. Some get involved immediately after the crisis, while others focus on recovery or long-term needs. AACR usually is called on during early intervention, focusing on decreasing physical arousal, providing comfort and support, and encouraging social connections (Orner, Kent, Pfefferbaum, Raphael, & Watson, 2006). AACR teams, with their canine component, are able to assist in meeting these needs.

Physical Arousal

It is common for individuals to experience physiological changes in response to trauma and crises. Elevated heart rate, blood pressure, and cortisol (stress hormones) are commonly experienced as the body physically prepares to deal with a threatening situation. Increased, prolonged

physiological arousal is linked to the development of posttraumatic stress disorder, so an AACR team's ability to decrease this arousal may offer preventative measures. Research has found that interacting with therapy dogs decreases an individual's heart rate (Barker, Knisely, McCain, Schubert, & Pandurangi, 2010; Kaminski, Pellino, & Wish, 2002; Morrison, 2007; Nepps, Stewart, & Bruckno, 2014). Beetz, Uvnas-Moberg, Julius, and Kotrschal (2012) evaluated 69 AAI studies and found well-documented evidence of physical benefits. Decreases in blood pressure (Barker et al., 2010; Krause-Parello & Kolassa, 2016) and cortisol (Barker et al., 2010; Pendry & Vandagriff, 2019) have also been noted in the AAI research. Yorke (2008) concludes that the touch and proximity of these special canines can promote stress reduction and recovery.

Comfort and Support

Perceived feelings of support and decreased stress are additional benefits offered by these AACR teams. Firsthand accounts from responders to disasters attest to the value of these canines. Reflecting on her post-Hurricane Katrina experience, Chandler (2008) witnessed how AACR teams were effective in reducing anxiety, providing nurturing comfort, and facilitating expression of emotions. A 911 responder concurred (Greenbaum, 2006), describing how families affected by 9-11 and the first responders who worked with them actively sought out the nonjudgmental support and comfort provided by AACR teams. Graham (2009), summarizing her Red Cross and AACR deployments to various shootings, fires, and tornadoes, called AACR teams a "compassionate presence."

Additional support can be gleaned from research with those who have experienced trauma. In Lubbe and Scholtz's (2013) research, a young survivor of a bomb blast had increased self-esteem and feelings of happiness with AAI. In another case study of an adult survivor of a physical assault, researchers found that AAI increased the subject's mood, decreased their anxiety and agitation, and improved their sleep (Sockalingam et al., 2008). Psychiatrists who treated individuals following various traumatic events detailed how the dogs offer nonjudgmental support that helped to facilitate therapeutic connections (Arehart-Treichel, 2010). Research by Rossetti, DeFabiis, and Belpedio (2008) found evidence of staff benefits as well: Staff who participated in AAI had improved morale, cheerful disposition, increased motivation, and less stress.

Social Connections

Following disasters and crises, many people are alone, displaced, or separated from family and loved ones. Connecting to and linking with support

10 Animal-Assisted Crisis Response

networks is a key component of psychological first aid (Brymer et al., 2006). Animals help facilitate social connections and also bridge the divide between individuals in need and helping professionals. Wells (2009) described how dogs have a catalyst effect, helping to make social connections. Halm (2008) furthered this description by explaining how these dogs provide company, bridge communication, and normalize experiences by connecting to other individuals. In a previous publication (Eaton-Stull & Flynn, 2015), we described how AACR dogs increase interactions, decrease isolation, and enhance engagement with responders following crises and disasters. Chandler (2008) described frustration during Hurricane Katrina that survivors did not interact with mental health providers until the AACR teams arrived. AACR teams help facilitate essential connections, which contribute to recovery from these tragedies (Ernst, 2013). In fact, many describe these AACR teams as supplements to or extensions of the mental health professionals and services (Bua, 2013; Homish, Frazer, McCartan, & Billittier, 2010).

CONCLUSION

AACR teams comprise specially skilled, trained, and evaluated handlers and advanced therapy dogs who assist following disasters and crises. HOPE AACR, the first established AACR organization, has established state-of-the-art screenings and evaluations, training, continuing education, and professional standards to ensure that these teams offer the best service possible to individuals and responders. FEMA's *Beginner's Guide to Comfort Dogs* provides examples of the agency's collaboration with HOPE AACR. The text also explains what steps are necessary to become a HOPE AACR team (Stapf, 2017). These teams are deployed upon request to respond to and provide support following a myriad of incidents, including mass violence, natural disasters, and other crises. The benefits of this support are clear and evidence-based. This book will provide readers with a more in-depth look at the specialized form of crisis intervention known as AACR with contributions from dedicated, skilled AACR professionals.

REFERENCES

- American Foundation for Suicide Prevention. (2019). *Suicide statistics*. Retrieved from <https://afsp.org/about-suicide/suicide-statistics/>
- American Pet Products Association. (2019). *2019–2020 APPA National Pet Owners Survey*. Retrieved from https://www.americanpetproducts.org/pubs_survey.asp

- American Veterinary Medical Association. (2019). *Human–animal bond*. Retrieved from <https://avma.org/policies/human-animal-interaction-and-human-animal-bond>
- Arehart-Treichel, J. (2010). Dogs create bonds that humans sometimes can't. *Psychiatric News*, 45(19), 14.
- Barker, S. B., Knisely, J. S., McCain, N. L., Schubert, C. M., & Pandurangi, A. K. (2010). Exploratory study of stress-buffering response patterns from interaction with a therapy dog. *Anthrozoos*, 23(1), 79–91. doi: 10.2752/175303710X12627079939341
- Beetz, A., Uvnas-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), 1–15. doi:10.3389/fpsyg.2012.00234
- Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., & Watson, P. (2006). *Psychological first aid: Field operations guide* (2nd ed.). Retrieved from https://www.ptsd.va.gov/professional/treat/type/PFA/PFA_2ndEditionwithappendices.pdf
- Bua, F. (2013). *A qualitative investigation into dogs serving on animal assisted crisis response (AACR) teams: Advances in crisis counseling* [Doctoral dissertation]. Retrieved from <http://hdl.handle.net/1959.9/279067>
- Cavaiola, A. A., & Colford, J. E. (2018). *Crisis intervention: A practical guide*. Thousand Oaks, CA: SAGE.
- Chandler, C. K. (2008, March). *Animal assisted therapy with Hurricane Katrina survivors*. Based on a program presented at the ACA Annual Conference & Exhibition, Honolulu, HI. Retrieved from <https://www.counseling.org/resources/library/VISTAS/2008-V-Online-MSWord-files/Chandler.pdf>
- Eaton-Stull, Y., & Flynn, B. (2015). Animal-assisted crisis response. In K. R. Yeager & A. R. Roberts (Eds.), *Crisis intervention handbook: Assessment, treatment, and research* (4th ed., pp. 599–606). New York: Oxford University Press.
- Ernst, L. S. (2013, March). Animal-assisted therapy: Paws with a cause. *Nursing Management*, 16–19. doi:10.1097/01.NUMA.0000427181.19436.19
- Federal Emergency Management Agency. (2017). *FEMA reflects on historic year*. Retrieved from <https://www.fema.gov/news-release/2017/12/29/fema-reflects-historic-year>
- Graham, L. B. (2009). Dogs bringing comfort in the midst of a national disaster. *Reflections*, 15(1), 76–84.
- Greenbaum, S. D. (2006). Introduction to working with animal assisted crisis response animal handler teams. *International Journal of Emergency Mental Health*, 8(1), 49–64.
- Gun Violence Archive. (2019). *Gun violence archive*. Retrieved from <https://www.gunviolencearchive.org/past-tolls>

12 Animal-Assisted Crisis Response

- Halm, M. A. (2008). The healing power of the human–animal connection. *American Journal of Critical Care, 17*(4), 373–376.
- Homish, G. G., Frazer, B. S., McCartan, D. P., & Billittier, A. J. (2010). Emergency mental health: Lessons learned from Flight 3407. *Concepts in Disaster Medicine, 4*, 326–331.
- International Association of Human–Animal Interaction Organizations. (2018). *The IAHAIO definitions for animal assisted intervention and guidelines for wellness of animals involved in AAI*. Retrieved from http://iahaio.org/wp/wp-content/uploads/2019/01/iahaio_wp_updated-2018-19-final.pdf
- Kaminski, M., Pellino, T., & Wish, J. (2002). Play and pets: The physical and emotional impact of child-life and pet therapy on hospitalized children. *Children's Health Care, 31*(4), 321–335. doi:10.1207/S15326888ChC3104_5j
- Krause-Parello, C. A., & Kolassa, J. (2016). Pet therapy: Enhancing social and cardiovascular wellness in community dwelling older adults. *Journal of Community Health Nursing, 33*(1), 1–10. doi:10.1080/07370016.2016.1120587
- Lubbe, C., & Scholtz, S. (2013). The application of animal-assisted therapy in the South African context: A case study. *South African Journal of Psychology, 43*(1), 116–129. doi:10.1177/0081246312474405
- Morrison, M. (2007). Health benefits of animal-assisted interventions. *Complementary Health Practice Review, 12*(1), 51–62. doi:10.1177/1533210107302397
- Nepps, P., Stewart, C. N., & Bruckno, S. R. (2014). Animal-assisted activities: Effects of a complementary intervention program on psychological and physiological variables. *Journal of Evidence-Based Complementary and Alternative Medicine, 19*, 211–215. doi:10.1177/2156587214533570.
- Orner, R. J., Kent, A. T., Pfefferbaum, B. J., Raphael, B., & Watson, P. J. (2006). The context of providing immediate postevent intervention. In E. C. Ritchie, P. J. Watson, & M. J. Friedman (Eds.), *Interventions following mass violence and disasters: Strategies for mental health practice* (pp. 121–133). New York: Guilford Press.
- Pendry, P., & Vandagriff, J. L. (2019). Animal visitation program (AVP) reduces cortisol levels of university students: A randomized controlled trial. *AERA Open, 5*(2), 1–12. doi:10.1177/2332858419852592
- Pet Partners. (2020). *Volunteer with Pet Partners*. Retrieved from <https://petpartners.org/volunteer/volunteer-with-pet-partners/>
- Rossetti, J., DeFabiis, S., & Belpedio, C. (2008). Behavioral health staff's perceptions of pet-assisted therapy: An exploratory study. *Journal of Psychosocial Nursing, 46*(9), 28–33.

- Sockalingam, S., Li, M., Krishnadev, U., Hanson, K., Balaban, K., Pacione, L. R., & Bhalerao, S. (2008). Use of animal-assisted therapy in the rehabilitation of an assault victim with a concurrent mood disorder. *Issues in Mental Health Nursing, 29*, 73–84. doi:10.1080/01612840701748847
- Stapf, J. (2017). *A beginner's guide to comfort dogs*. Retrieved from <https://www.fema.gov/blog/2016-03-22/beginners-guide-comfort-dogs>
- Wells, D. L. (2009). The effects of animals on human health and well-being. *Journal of Social Issues, 65*, 523–543.
- Yorke, J. (2008). The significance of human–animal relationships as modulators of trauma effects in children: A developmental neurobiological perspective. *Early Child Development and Care, 180*, 559–570. doi:10.1080/03004430802181189