

A Report from the New York State Therapy Dog Working Group

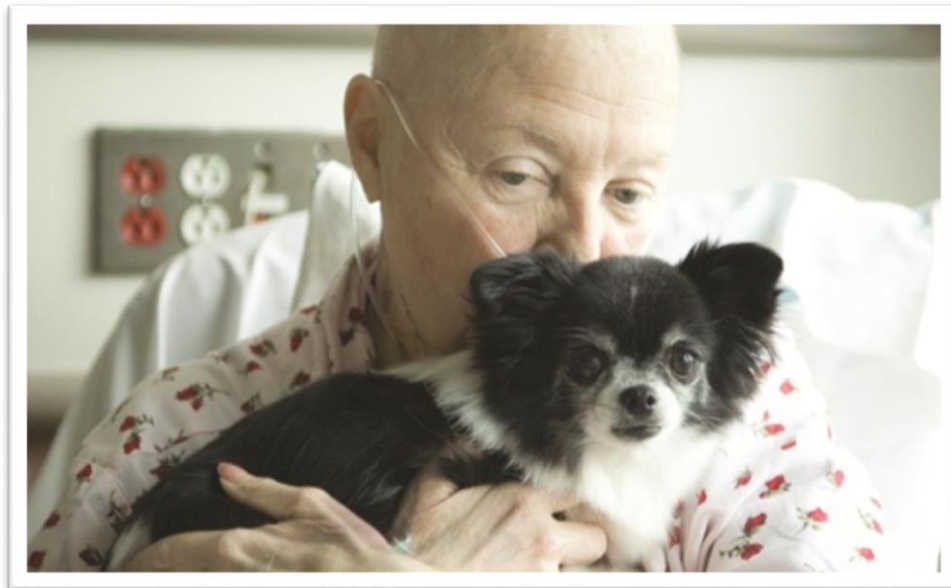


Photo courtesy of The Good Dog Foundation

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Executive Summary

Dogs provide proven physical and mental health benefits to people. Positive effects on people include lowering blood pressure, improving cardiovascular health, releasing calming natural endorphins, decreasing physical pain, and increasing relaxation. Dogs may also improve mental health and decrease depression, feelings of isolation, and boredom, provide comfort, and reduce anxiety.

The use of dogs for therapeutic purposes, such as those listed above, has been seen in hospitals, nursing homes, homeless shelters, colleges and universities, schools, libraries, airports, areas affected by disasters, and even in private homes.

While the use of dogs as therapy is increasingly popular, there are no standards related to either the therapies or the designation of a therapy dog. This leads to confusion regarding what a therapy dog is, what therapies it can provide, how it received the designation, and whether its use must be accommodated. Dogs are increasingly common in public settings, and it can be difficult for businesses, service providers, and the public to understand the differences among therapy dogs, service dogs, and emotional support dogs and what each designation permits.

Governor Andrew M. Cuomo signed legislation in January 2018 directing the Commissioner of the Department of Agriculture and Markets to convene a working group to examine the need for statewide standards for therapy dogs as currently defined in Article 7 of Agriculture and Markets Law. The working group comprised representatives of state agencies that may be affected by the use of therapy dogs and individuals from nationally recognized therapy dog organizations. The working group met during the summer and fall of 2018; it reviewed the need for standards for training, evaluation and certification procedures for the designation of a dog as a therapy dog, the need for identification and information for the public about such dogs, the rights and responsibilities of therapy dog owners, the use of therapy dogs in institutions and facilities, and the distinction between therapy dogs and other similar dogs, such as service dogs and emotional support dogs.

The working group developed four separate sub-committees to address the major areas of interest: organizations that register dogs as therapy dogs, considerations for facilities that utilize therapy dogs, information for the public about therapy dogs, and criteria for dogs used as therapy dogs.

The group concluded that there is a lack of standards regarding training, evaluation, certification, and identification of therapy dogs. There is also confusion regarding the rights and responsibilities of therapy dogs, especially in relation to service dogs and emotional support dogs. Development of standards would benefit the public, the dogs, and the humans benefiting from use of a therapy dog.

Introduction

Chapter 37 of the Laws of 2018 sponsored by Senator Kathy Marchione and Assemblyman Matthew Titone requires:

The commissioner of agriculture and markets shall convene a working group to examine the need for statewide standards for therapy dogs, as such term is defined in subdivision 26 of section 108 of article 7 of the agriculture and markets law, including, but not limited to, training, evaluation and certification procedures for the designation of a dog as a "therapy dog" and the need for identification, education and information for the public about such dogs, the rights and responsibilities of such dog owners, the use of such dogs in institutions and facilities and the distinction between such dogs and service dogs or animals and other similar dogs or animals such as emotional support animals.

Therapy dogs are being seen in many settings for numerous types of therapeutic benefit and in varying degrees of formality. Examples include:

- Children's libraries have therapy dogs who are read to by students who are struggling to read.
- High schools host therapy dogs during finals week for stressed test-takers.
- Medical facilities (rehab, mental health, skilled nursing) bring in therapy dogs to help patients recover.
- Institutional and temporary residence facilities (homeless shelters, long-term health care, prisons, veterans homes, college dorms) bring in therapy dogs for residents.

In these situations, one therapy dog can be a minimally trained pet whose owner enters into an agreement with a facility to come visit. Another therapy dog can also be a highly trained animal, part of a professional therapy dog organization that follows rigorous guidelines and best practices covering public health, handler training, dog training, and conduct of animal-human interactions. Absent standards, there is no distinction between the two therapy dogs.

Therapy can also encompass a wide range of effects and be used for patients and residents experiencing stress, post-traumatic stress disorder (PTSD), depression, autism, substance abuse, Alzheimer's disease, among others. There are no common standards or guidelines for the use of dog therapy for any given illness or condition.

Organizations that Register Dogs as Therapy Dogs

Any organization (or individual) wishing to become a therapy animal organization should ensure that therapy animals and handlers are appropriately trained, develop strategies and policies to enable the organization to manage potential risk from various sources, and must, at all times, consider the health and well-being of the animal.

Training and Assessment

1. All handlers must have training specific to animal-assisted intervention on topics including, but not limited to:

Handler Responsibilities

- Ensure a humane experience for the animal
- Ensure that the animal is not made to experience undue stress and is not at risk of physical or emotional injury
- Ensure appropriate interactions between the client interactions and the animal

Best Practices for Handling

- Techniques for responsive stress management to support the animal
- Proactive positioning of the animal relative to the client, taking into account special equipment such as IV lines and wheelchair wheels
- Selection of appropriate environments and/or clients for the therapy animal team, giving due consideration to the animal's experience and comfort level, the activity level of the environment, and the additional oversight or support that is available from onsite staff

Professional Conduct

- Applicability of any confidentiality requirements, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Appropriate behavior and boundaries with clients
- Respect for the attitudes of others, particularly those who are concerned about the presence of an animal
- Respect for therapy animals, acknowledging that they can express preferences for involvement and can actively consent to participation

Zoonotic Transmission and Infection Prevention

- Ability to identify signs/symptoms in the handler or animal that preclude interactions
- Ability to identify risks to the handler and animal that preclude an interaction, such as posted precautions
- Best practices in hand hygiene
- Species-specific grooming guidelines to minimize zoonotic transmission

Best Practices When Working with Clients

- Facilitating interactions with clients
- Approach strategies that ensure client consent
- Closure strategies that balance the desires of the animal and the client
- Conversational best practices, such as active listening, person-first language and strategies for establishing rapport

Handler Self-Care

- Stress management techniques
 - Identifying compassion fatigue, secondary trauma, and burnout
2. All handlers must have access to continuing education, including formal coursework and/or mentoring/shadowing.
 3. All handlers must be assessed on factual and applied knowledge that is related to best practices in handling and safety.
 4. Each handler/animal team must undergo a practical assessment of skills and aptitude to demonstrate its ability to interact with clients safely and effectively.

- The practical assessment should reoccur at least every three years.
- The location of the practical assessment should attempt to simulate a setting for future interactions. Care should be taken to avoid settings that the animal is overly familiar with, such as a dog training center or the handler's home.
- To ensure consistency, evaluators who conduct the team's practical assessment should complete relevant, species-specific training in animal behavior, in addition to training that is specific to the registering organization. Evaluators should also be familiar with the settings where therapy animals work. Additionally, care should be taken to ensure an impartial evaluator and avoid familiarity between the team and the evaluator. The therapy animal should not be habituated to the evaluator.

Risk Management

Therapy animal organizations should:

1. Provide an appropriate level of insurance coverage for the animal-assisted intervention activities of the handler/animal team.
2. Have a comprehensive system for identifying, tracking, and resolving incidents and perceived incidents. Incidents include but are not limited to acts of aggression by the animal, inappropriate behavior by the handler, and injuries to any participating party, including the handler and animal. Resolution of incidents might include, but is not limited to, remediation, re-evaluation, and dismissal.
3. Have policies in place that minimize the risk of infection. These should include:
 - Vaccination/titer requirements to veterinary standards appropriate to the species.
 - Prohibition against raw-meat diets, which are more likely to contain potentially disease-causing bacteria, including *Salmonella*, *E. coli*, *Listeria*, *Clostridium* and *Campylobacter*, putting clients at risk of infectious disease.
 - Required hand hygiene for clients and handlers before and after each interaction with a therapy animal.
 - Handler health requirements including being free of symptoms of communicable illness. Such symptoms include, but are not limited to, fever, coughing, sneezing, rash, vomiting and diarrhea.
 - Requirements that therapy animals be in good health, receiving a veterinary examination at least once a year to proactively identify and treat health concerns. Animals with conditions including, but not limited to, broken skin, vomiting, diarrhea, infection and lameness should not be actively visiting. Therapy animals should also be free of internal and external parasites. Therapy animals that take medications including antibiotics, antifungals, or immunosuppressants should not participate in animal-assisted intervention until they have completed the course of treatment and are healthy again.
 - Barrier use when a therapy animal sits on a client's lap, on top of a client's bedding or on furniture at a facility. These barriers can be either disposable or laundered, but they should not be shared by multiple clients.
4. Take reasonable steps to help ensure that handlers are well matched to the clients/populations they are serving, understanding that facilities may have their own unique requirements.

Animal Welfare

1. Interactions are time-limited. Therapy animals experience fatigue. Animals that are routinely fatigued have suboptimal immune responses and are at risk for illness as a result of their therapy work. Although different interactions result in different levels of fatigue, a limit of one

to two hours of work is recommended. Note, however, that the ideal time might be even shorter, depending on the individual animal or setting. For practitioners who incorporate their therapy animal for only parts of a day, the animal should be provided a rest area away from people.

2. Training is positive, and the equipment that is used is non-coercive. Training of any kind should use force-free techniques. Equipment that is used for training and handling should be equally force-free, and the use of slip, spray, shock, or prong collars (or similar equipment that is not perceived as humane) should be precluded.
3. The animal must never be left unattended by its handler. Handlers who leave their animal unattended put the animal's welfare at risk.

Considerations for Facilities Using Therapy Dogs

A facility should evaluate if a therapy dog program would be appropriate and beneficial to the constituents it serves. In order to do so, the infrastructure and surrounding environment should be evaluated to ensure the health, safety and well-being of all staff and participants. A facility should consider the needs of the specific population it serves.

If determined that such a program would be useful within that facility, facilities should develop a written policy for therapy dog activities. A copy of this policy should be provided to all participants in the program.

At a minimum, facilities should follow the below-listed best practices:

- Therapy dog services should only be provided to clients who affirm that they wish to receive such services.
- No client should be required to participate in therapy dog activities. Clients with allergies, fear of animals, or difficulties cooperating may not be appropriate clients to participate in the program.
- Facilities should only utilize services provided by therapy dog organizations (or individuals) that meet the best practices contained within this report.
- Facilities should prioritize infection prevention and disease control to ensure the safety of both clients and staff. Facilities should set standards for cleanliness that account for the needs of the clients served. Facilities should devise protocols to ensure that the designated area meets those standards before and after each visit. In addition, facilities should request that participants wash their hands both before and after each visit.
- Facilities should designate a liaison for the program who will become knowledgeable of the policy and procedures of the therapy dog program. The liaison will be responsible for the coordination of services between the facility and therapy dog organization. In addition, the liaison should be responsible for ensuring that handlers are designated as volunteers, contractors, or staff to the facility and, as such, have been trained on the facility operations and procedures.
- Facilities should require that a staff member remain present during therapy dog activities as a means of further ensuring safety for all participants.
- Facilities should maintain records of the session, including documentation of any problems that may have arisen during a specific session.
- Facilities should solicit feedback from clients regarding their experiences with the program and the therapy dog organization utilized.

If, or when, therapy dog standards are officially adopted, consideration should be given to creating a statewide registry of therapy dog organizations within New York that meet the minimal acceptable best management practices that have been identified in the working group.

From the Tufts Institute for Human/Animal Interaction,¹ the following checklist for facilities suggests ways to find a therapy animal organization.

Facility Check Sheet to Find a Therapy Animal Organization

- ✓ Organization provides training and support to their animal handlers.
- ✓ Organization provides testing (and retesting at least every two years) of animal skills and aptitude for being a therapy animal.
 - Animals should be one year of age or older
 - Handlers should have a relationship with the animal for at least six months
 - Basic canine obedience skills such as walking on a leash without pulling, not jumping up on people, no face-licking, etc. are all important attributes for dogs to have
 - All animals should welcome touching from a variety of people in a variety of ways, including people with poor motor control, or people with varied tones of voice
 - Animals should be directed by their handlers during the interactions (“go say hi” etc.), rather than the handler standing silently and letting the animal guide the interaction
- ✓ Organization provides suitable liability insurance for their handler/animal teams during visitation. Liability insurance should specify exactly what and who is covered and under what circumstances (e.g., coverage may not be valid when animals are off leash or if handlers are paid for visits).
- ✓ Organization requires regular health screenings to ensure that animals and their handlers remain appropriate visitors to facilities.
- ✓ Organization does not allow therapy animals to be fed raw protein diets or treats. These diets have a high rate of bacterial contamination and subsequent shedding from the animal, putting clients at risk for infectious diseases.
- ✓ Organization provides support for handlers in case of an incident and is available to both handler and facility to address any questions or concerns, such as:
 - How long can animals visit at a time?
(Recommended: Two hours is typically the maximum; some animal-handler teams may require shorter times.)
 - Can a handler bring more than one animal at a time?
(Recommended: One animal at a time for everyone’s safety.)
 - Can animals go off leash outside the facility and play fetch?
(Recommended: This is not recommended due to liability should someone trip, and handlers are not able to physically control their animal unless it is on a leash.)
 - Are species other than dogs allowed to visit?
(Recommended: Not all organizations allow other species, but species as varied as llamas and rabbits can be excellent therapy animals.)
 - Are animals with disabilities (e.g., blind, missing a leg) allowed to visit?
(Recommended: If deemed safe by their veterinarian, these animals can provide a very positive impact for individuals they visit.)

¹ <https://hai.tufts.edu/>

Therapy animal organizations should maintain health standards for animals such as:

- Animals are not fed a raw protein diet or raw treats (e.g., freeze-dried liver treats or rawhides, bully sticks, etc.). Raw protein diets lead to increased infectious agent transmission between animals and humans.
- Animals receive a health screening on an annual basis by their veterinarian, which provides a professional opinion that the animal is up to the work of being a therapy animal. A copy of full physical examination by veterinarian, vaccination history (including rabies vaccination), and negative fecal parasite testing must be kept on file.
- Animals are thoroughly bathed and groomed, including nails, teeth, eyes, and ears, within 24 hours of visiting.
- Animals are not currently taking antibiotics, immunosuppressive drugs, antifungal medications, and have no stitches or staples present.
- Animal skin should be intact without evidence of superficial infections.
- Intact female animals are not “in season” or nursing young.
- Animals are not currently showing any effects of illness, including vomiting, diarrhea, coughing, acting listless, etc.
- Other animals in the household are not showing evidence of upper respiratory or gastrointestinal illness.

Minimal health standards for therapy dog handlers may include:

- Handlers are free of respiratory illness symptoms.
- Handlers do not have nausea, vomiting, or diarrhea.
- Other people in the house are not actively ill with a contagion such as cold or flu.
- Handlers have not had an unusual stress-causing incident which would prevent them from concentrating on being fully engaged during the visit with their animal.
- Handlers have appropriate vaccinations (such as flu, depending on the facility) and health screening (for example, tuberculosis).

Information for the Public About Therapy Dogs

It would be helpful to amend the current definition of a therapy dog as written in Article 7 to include schools, private homes, and other venues where therapy dogs are utilized. The definition should also be updated to note that consumers of services at nursing homes, assisted living facilities, and other similar venues are referred to as “residents” and not “patients.” The use of the word resident would be consistent with other New York State statutes and regulations in which the term patient is no longer used. Other classes of dogs such as service animals are currently defined in Article 7 of Agriculture and Markets Law. Therapy dogs are not defined in other laws under the Americans With Disabilities Act, Federal Housing Authority, NYS Human Rights Law, or New York City Human Rights Law. Links to several excellent resources which explain the differences among service animals, therapy animals, and emotional support animals can be found below:

- <https://www.orvis.com/is-that-a-real-service-dog-infographic>
- https://petpartners.org/wp-content/uploads/2018/09/PP_Flyer-Comparison-Chart.pdf
- <https://www1.nyc.gov/assets/mopd/downloads/pdf/service-animal-flyer.pdf>

Information provided to the public should address where the various designated classes of dogs as defined in Article 7 of Agriculture and Markets Law can go and what legal rights of access therapy dogs have. For example, therapy dogs have no legal rights of access and need special permission to enter a facility while service dogs do not.

Therapy dogs should be appropriately licensed as required by Article 7 of Agriculture and Markets Law. Therapy dogs should be identified as such through a tag or other accessory if they are duly registered with a relevant therapy dog organization and should have appropriate liability insurance coverage provided by the registering organization.

Criteria for Dogs Used as Therapy Dogs

Dogs used as therapy dogs must be licensed as required by Article 7 of New York State Agriculture and Markets Law. Dogs used as a therapy dog must have an appropriate temperament to serve as a therapy dog and possess basic obedience skills. Dogs should be registered with a recognized therapy dog organization that assesses the suitability of the dog to serve as a therapy dog, evaluates the dog-handler team, and determines which environments are appropriate for the dog-handler team to provide animal-assisted interventions. Dogs registered with a recognized therapy dog organization should be issued some type of identification or accessory that indicates that they are a therapy dog. Health requirements for therapy dogs are covered in the section “Considerations for Facilities Using Therapy Dogs” of this report.

Conclusion

The New York State Therapy Dog Working Group was convened per Chapter 37 of the Laws of 2018 to examine the need for statewide standards for therapy dogs.

Currently, there are no national or statewide standards regarding the training, evaluation, certification, and identification of therapy dogs, or the rights and responsibilities of those dogs. There are no standards regarding the use of dog therapy for any given condition. The public is often confused by the terms service dog, therapy dog, and emotional support dog and what each of those dogs can do with that designation. There is no formal identification or certification of therapy dogs, and “credentials” can be purchased from multiple organizations with no standards or proof.

Based upon its research and discussion, the New York State Therapy Dog Working Group understands the need for standards around this issue and feels that the best practices contained in this report would be a good basis for standards for therapy dogs moving forward.

Therapy Dog Working Group Members

- Ms. Beth Abramson, Animal Control Officer, Town of Halfmoon, NY
- Dr. James Bozinos, New York State Office of Mental Health
- Ms. Mary Margaret Callahan, Pet Partners
- Dr. David M. Chico, New York State Department of Agriculture and Markets
- Mr. John Cochran, New York State Office for the Aging
- Ms. Tracey Collins, New York State Office of Alcoholism and Substance Abuse Services
- Mr. Bruce Fagin, Good Dog Foundation
- Mr. Sim Goldman, Esq., Disability Rights New York
- Ms. Sara Kalvin, New York State Office of Mental Health
- Ms. Laurie Kurtzman, Esq., Associated Dog Clubs of New York State
- Ms. Rachel McPherson, Good Dog Foundation
- Mr. Bruce Pomerantz, New York State Division of Veteran's Affairs
- Ms. Libby Post, New York State Animal Protection Federation
- Dr. David Smith, New York State Department of Agriculture and Markets
- Ms. Moira Smith, American Society for the Prevention of Cruelty to Animals
- Ms. Erin Sobkowski, Esq., New York State Division of Human Rights
- Ms. Linda Tripoli, New York State Department of Health