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**ANIMAL ASSISTED THERAPY IN COUNSELING AND INTERACTIONS WITH THERAPY DOG IN TRAINING**

**INFORMED CONSENT, RELEASE, AND WAIVER**

\*\*Please sign even if we are not going to have Kirby assist in therapy. That he is in the room is also considered therapy. Thank you.

**Introduction**

Animal Assisted Therapy (AAT) in counseling is a specific therapy approach that Dee Marcotte, LPC, CSAT, ACS, CAAP may utilize on a case-by-case basis depending upon an analysis of the risks and benefits for each specific client. Dee and her dog, Kirby, have fulfilled the requirements of certification and training in AAT and Kirby is now certified through the Therapy Dog International. AAT should only be used with a certified therapy animal and trained/certified mental health professional. AAT, when appropriate, is used in conjunction with other therapy methods such as traditional talk therapy. This Animal Assisted Therapy in Counseling Informed Consent, Release, and Waiver shall be read in tandem with Dee’s Disclosure Statement.

As a young therapy dog in training, Kirby’s training is focused on socialization and learning basic commands and impulse control. Kirby was trained in puppy classes and individual training sessions with Grace Training center.

# Risks and Benefits:

There are many benefits associated with working with therapy animals in training and with AAT. Some benefits that have been found in animal assisted therapy include:

* Animals help improve motivation and engagement in therapy, perhaps resulting in a shorter recovery process (and lower costs).
* Animals provide a sense of security and emotional support. Dogs in particular offer unconditional acceptance and positive regard.
* Animals can promote relaxation. Research has demonstrated that petting an animal can help lower blood pressure, heart rate, and increase oxytocin (a feel-good chemical in the brain). In a study of people who had heart attacks, those that had a companion animal lived longer than those that did not.
* Animals can help the client learn frustration tolerance and other anger management techniques.
* Animals offer humor and fun due to their playful nature
* Animals can help in the areas of focus and attention.
* Animals can be instruments of learning, which can increase self-confidence and self- esteem.
* Animals in therapy ask for clients to develop empathy, nurturance, and responsibility, and model other skills like forgiveness and patience.
* Clients can learn about stereotypes affecting animals, and how they deal with stereotypes in their own life. Through this, they can learn advocacy skills.
* Through the use of positive reinforcement-based dog training, clients can learn the importance of rewarding good behaviors in themselves, in their partners, and/or their children.

Even though there are many benefits to working with therapy animals in training and to AAT, there are risks involved in utilizing this method of therapy. For example: dogs in particular may nibble, accidently scratch, lick, lean up against a client, and/or cause light bruising. These actions are not aggression but rather the dog’s way of interacting with the client. In addition, if the client is allergic to dogs or is unaware of an allergy, the client may suffer from an allergic reaction.

# Assessment:

Working with a therapy dog in training may not be appropriate for each client or at every session. Its use will be determined on a case-by-case basis. In the following circumstances, working with Kirby will not be used or will cease:

* 1. If the client has a history of animal abuse/cruelty, or there are other risk factors that indicate potential harm to Kirby.
	2. If the client has a known allergy to dogs or an unknown allergy becomes known during the course of therapy.
	3. If the client exhibits problematic behavior toward Kirby, including but not limited to: kicking, biting, pushing, hitting, pulling the tail/ears/paws, and/or pinching Kirby.
	4. If the client has a fear of animals and the scope of the client’s therapy is not meant to address that fear.

Dee has determined the Client, , would benefit from working with a therapy dog in training because:

# Allergies:

The client shall inform Dee of any and all known allergies. Kirby may be at Dee’s office every day. Although a specific client may not be interacting with Kirby, Kirby will still be present in Dee’s office. If the client has an allergy to Kirby, Dee requests the provision of a doctor’s note identifying the allergy and any medical limitations. Dee will then determine whether any arrangements may be made to accommodate the allergy or whether referrals would be appropriate.

# Accidental Incidents:

If Kirby accidently scratches, nibbles, or otherwise causes any harm to the client, the client agrees to notify Dee immediately. Client agrees to inform Dee in a calm manner without raising his/her voice or otherwise alarming Kirby.

# Interactions with Kirby:

Dogs interact with humans differently than when humans interact with each other. Dogs wag their tails, lick people, may lean up against a person’s leg, or lay near a client. This is how Kirby interacts with humans. Dee will obtain client’s verbal permission (documented in the client’s file) for Kirby to lick the client. If the client is uneasy or otherwise uncomfortable with how Kirby interacts with him/her, client agrees to express those concerns immediately to Dee.

Kirby is at the beginning of his training. Clients are welcome to help train him by waiting to pet him, giving him treats for waiting, and having him sit with clients. If a client prefers that Kirby be in his crate during sessions, please let Dee know and she will put Kirby in his crate.

# Conduct toward Kirby:

1. Just like a human being, Kirby should be treated with respect and kindness. If Kirby is sick or injured he will not actively be training, however, therapy services will continue. Kirby will obtain veterinary approval prior to resuming training if Kirby is sick or injured.
2. Dee is also required to look out for the general welfare and safety of Kirby. If at any time Kirby becomes irritated, frightened, distressed, or in any way exhibits a negative and/or aggressive behavior, Kirby will take a break. If this occurs, only Dee may interact with Kirby until in Dee’s sole and absolute discretion s/he is able to return to the session.
3. Any and all fear, trepidation, and/or anxiety towards dogs must be disclosed to Dee prior to engaging in interactions with Kirby.
4. Kirby may only participate in therapy when Dee is present. No other mental health professional may conduct a session with Kirby. Clients will never be left alone with Kirby.
5. There is a designated space in Dee’s office for Kirby only. This is Kirby’s space where he can rest, sleep, and/or take a break without interruption or intrusion. Clients are not allowed in this space.
6. If Kirby is allowed off leash, this shall be noted in a client’s file. Dee shall determine in her sole discretion whether Kirby is allowed off leash.
7. Client agrees to avoid any and all contact with Kirby’s urine, stool, and/or blood.

# Zoonotic Disease:

Every effort will be made to ensure against zoonotic disease transmission (i.e. the sharing of disease between humans and animals). Kirby will remain current on all standard vaccinations, such as rabies; however, there is always a risk of the transmission of a disease when working with animals. A client may request to review a list of vaccinations Kirby has.

# Sanitation:

Dee will have at her office antibacterial wipes and/or soap that the client must use before and after interacting with Kirby.

# Release and Waiver:

**GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS:** I,

 hereby agree for myself and/or my minor child/ren and our respective heirs, assigns and legal representatives, to indemnify, defend and hold Dee and her officers, directors, board members, employees, volunteers, agents, independent contractors and other participants (“Releasees”) harmless from any and all claims and/or damages (including medical fees and attorney fees) and causes of action of any nature for any and all personal and/or bodily injury or illness, including death, which may occur to myself or my minor child/ren or which may be aggravated or caused by the negligence of others while interacting with Kirby.

I further expressly understand and agree the foregoing indemnity, release, and waiver is intended to be as broad and inclusive as permitted by the law of the State of Colorado and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**ASSUMPTION OF RISK:** I, individually and/or on behalf of any minor child/ren, expressly and specifically assume any and all known and unknown risk of injury, illness, or death resulting from interacting with Kirby, which may include, but is not limited to: zoonotic disease transmission, scratching, nibbling, heavy leaning, jumping, light brushing, and or licking by Kirby, and any unknown or known allergic reaction.

I agree to abide by Dee’s office policies and procedures as they specifically relate to Kirby and his training as a therapy dog. If I have any questions as to conduct that is appropriate when interacting with Kirby, I agree to ask Dee before engaging in such conduct.

If any injury and/or illness occurs while at Dee, I individually and/or on behalf of my minor child/ren hereby authorize Dee to contact the below medical professional or if the medical professional is unavailable or cannot be reached, to call 911 or the nearest hospital. I and/or on behalf of my minor child/ren hereby release Dee from any claim and/or damages whatsoever which may arise as a result of any first aid, treatment, services, or assistance provided to me or my minor child/ren in connection with any and all injuries and/or illnesses that may arise from interacting with Kirby. I take full responsibility for my welfare and safety as well as for my

minor child/ren; and I hereby give permission for emergency medical treatment to be administered as deemed appropriate.

# I, individually and/or on behalf of my minor child/ren, being informed of the above known risks, and acknowledging other potential unknown risks, have read the above warning, waiver, and release and understand that I, individually and/or on behalf of my minor child/ren am giving up substantial rights for myself and/or my minor child/ren by signing this. I sign this release and waiver voluntarily, freely, and without duress. I understand that by signing this Agreement I, individually, and/or on behalf of my minor child/ren am waiving certain legal rights.

**Client Name/Signature DATE**

**Parent/Legal Guardian Signature DATE**

**(Please specify Relationship to Client)**

**Parent/Legal Guardian Signature DATE**

**(Please specify Relationship to Client)**

**Dee Marcotte, LPC, CSAT, ACS, CAAP DATE**