Canine Assisted Therapy for Posttraumatic Stress Disorder

Q. What is canine assisted therapy?

A. Canine assisted therapy (CAT) is one type of animal assisted therapy (AAT), a goal-directed intervention where animals are used to assist a trained health care professional in facilitating progress towards specific treatment goals (Fine, 2000; Parenti, Foreman, Meade, & Worth, 2013). Animals meeting minimum criteria (such as obedience and socialization) are integrated into treatment to assist a health care service provider with promoting improvement in a particular domain such as physical, social, emotional, or cognitive functioning (Kamioka et al., 2014; Department of Veterans Affairs/Department of Defense, 2010; Parenti et al., 2013). Much of the published literature relates to the use of AAT to facilitate functioning or rehabilitation, for example in cerebral palsy or stroke patients. Currently, AAT is being explored as assistive in the treatment of a wide variety of conditions and disease states.

Q. What is the proposed treatment model underlying CAT for PTSD?

A. In CAT, the presence of a dog is not the active treatment component in and of itself. Instead, trained health care professionals use the dog to assist their clients in meeting treatment goals as specified as part of a health care treatment plan (Parenti et al., 2013). Some proponents of CAT for PTSD have suggested that canines may provide more direct benefits for patients with PTSD based upon theoretical speculation that animals may exert anxiety and stress-reducing effects on some humans (Beetz, Uvnäs-Moberg, Julius, & Kotrschal, 2012; Yount, Ritchie, St. Laurent, Chumley, & Olmert, 2013). However, this proposed mechanism has not been substantiated by research.

Q. Is CAT recommended as a treatment for PTSD in the Military Health System (MHS)?

A. **No.** The *2017 VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* states that there is insufficient evidence to recommend any complementary and integrative health practice as a primary or adjunctive treatment for PTSD, including AAT.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend CAT as a treatment for PTSD?

A. **No.** Other authoritative reviews have not substantiated the use of CAT for PTSD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reviews were found on CAT as treatment for PTSD.
- Cochrane: No reviews were found on CAT as a treatment for PTSD.

Q. Is there any recent research on CAT as a treatment for PTSD?

A. An October 2020 literature search identified one systematic review of animal assisted interventions for trauma. This review (O'Haire, Guerin, & Kirkham, 2015) identified five studies involving dogs as the participating species, none of which addressed canine assisted therapy as a treatment for PTSD. No randomized controlled trials were identified evaluating CAT as a treatment for PTSD.

Q. **What conclusions can be drawn about the use of CAT as a treatment for PTSD in the MHS?**

A. While anecdotal evidence of canine assisted programs for patients with PTSD has been favorable, and these programs are generally well received, there is little evidence of a therapeutic effect above and beyond normal human-animal interaction. The current state of the CAT evidence base is not mature enough to recommend CAT as an evidence-based treatment for PTSD in the MHS. The limitations of the available evidence do not allow strong conclusions to be made from the existing research that could inform clinical practice guidelines or policy decisions within the MHS.

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