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Animal Assisted Therapy with Hurricane Katrina Survivors

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On August 29, 2005 Hurricane Katrina passed east of New Orleans, Louisiana. Winds were in the category 4-5 range and the tidal surge was category 5. The storm surge caused levee breaches in New Orleans resulting in the worst engineering disaster in U.S. history. By August 31, most of the city’s levees were breached and 80% of New Orleans was flooded. These breaches were responsible for at least two thirds of the flooding in the city. Ninety percent of the residents of southeast Louisiana were evacuated (CNN.com, 2005).

In the immediate aftermath of Hurricane Katrina, survivors from the city of New Orleans and surrounding area were displaced to temporary shelters across the United States far from their homes. Prior to their arrival in the shelters, survivors had experienced intense life threatening trauma and tragic loss. This mass displacement of disaster victims was unlike anything experienced before. Mental health providers responded by volunteering
services to the displaced survivors at local shelters. This paper describes the nature of the mental health disaster response to Hurricane Katrina survivors at two north Texas shelters by one mental health volunteer working both with and without the assistance of certified therapy dogs across a span of two weeks with a primary focus on professional animal assisted therapy disaster response (AAT-DR). AAT-DR was especially effective in this tragedy and, in many instances, observed to be clinically superior to non-animal assisted mental health intervention. When compared to non-AAT disaster response, AAT-DR was observed to be more effective in initiating client participation in interactions, relieving client tension and anxiety, facilitating client sharing of emotional responses, facilitating client sharing of personal tragedy, and providing appropriate comfort and nurturance. In addition to working with survivors, the therapy dogs attracted to the AAT-DR team almost as many professional disaster responders who were seeking relief from the stress of the event including doctors, nurses, police officers, National Guard members, and other disaster responders.

An integral requirement for disaster response counseling is to be trained and registered in advance for this type of work. Those who are, become the first responders to a disaster site or shelter. As a registered American Red Cross Disaster Response Mental Health Counselor, I began volunteering on the first day evacuees arrived at the Dallas Reunion Arena. For the first two days I volunteered, no therapy dogs were present because the American Red Cross director was delayed in gaining permission to allow the dogs into the shelters by the Dallas City Manager, who initially did not understand the concept of professional therapy dogs. No professional therapy dogs had been previously involved in this type of response in the Dallas area. By the third day, nationally certified therapy dogs Rusty and Dolly, red and white American cocker spaniels, were allowed to assist in the counseling process within the shelters. Each dog took turns working with me on alternate days and both worked side by side on one day when a trained graduate assistant joined us. Though the delay in getting approval for the therapy dogs’ assistance in disaster response counseling was an initial nuisance, in hindsight it resulted in an opportunity to compare disaster response counseling first without and then with the assistance of therapy dogs.

Disaster response counseling (DRC) is very different from traditional talk therapy (Chandler, 2005). DRC is briefer and focuses mostly on helping the recipient feel safe. DRC is considered “band-aid therapy;” sufficient to aid the survivor through the initial stages of the crisis and, if necessary, referral to other resources to satisfy more long-term needs. Disaster survivors are often in shock and confused. They may be overcome with worry and grief over loss (see Table 1, *Some Common Experiences of Disaster Survivors*). In a disaster, counselors focus on calming persons, helping them feel safe, and assisting them to obtain their most immediate needs. Counselors encourage survivors to tell their stories and listen with a caring attitude. The more times a survivor can tell his or her trauma story, the greater sense of personal control can be gained over the event. How effectively a counselor can assist a survivor in the immediate aftermath of a disaster may have a direct impact on how well a person copes with the disaster both in the short
term and in the long term.

**Table 1.** Some Common Experiences of Disaster Survivors.*

<table>
<thead>
<tr>
<th>Emotional Responses</th>
<th>Cognitive Responses</th>
<th>Behavioral Responses</th>
<th>Physiological Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shock and numbness</td>
<td>Difficult concentration</td>
<td>Withdrawal</td>
<td>Rapid heartbeat</td>
</tr>
<tr>
<td>Fear and terror</td>
<td>Confusion</td>
<td>Isolation</td>
<td>Elevated blood pressure</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Disorientation</td>
<td>Impulsivity</td>
<td>Chest pains</td>
</tr>
<tr>
<td>Anger</td>
<td>Difficult decision making</td>
<td>Inability to stay still or completely shut down</td>
<td>Muscle tension/pains</td>
</tr>
<tr>
<td>Grief and guilt</td>
<td>Short attention span</td>
<td>Exaggerated startle</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Uncertainty</td>
<td>Suggestibility</td>
<td></td>
<td>Hyperventilation</td>
</tr>
<tr>
<td>Irritability</td>
<td>Vulnerability</td>
<td></td>
<td>Headaches</td>
</tr>
<tr>
<td>Sadness</td>
<td>Blaming self or others</td>
<td></td>
<td>Increased sweating.</td>
</tr>
<tr>
<td>Depression</td>
<td>Forgetfulness</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Adapted from Lerner & Shelton (2001).

Disaster response counseling with Hurricane Katrina survivors involved a great amount of assessment, triage, and information provision. Liaison with the onsite psychiatrist and medical staff was vital. Evacuees demonstrated heightened anxiety as a result of the disaster and displacement. Many individuals who had been stranded in the New Orleans Convention Center or Superdome for over a week prior to evacuation had been without medication, including psychotropics, for many days and a large number did not remember the name of their medication. Counselors gathered detailed descriptions of the evacuees lost medication and self-reported symptoms to assist an onsite psychiatrist in writing new prescriptions. Emotionally and mentally disabled persons had been separated from caretakers in the chaotic departure from New Orleans and needed assessment and placement with local agencies. Counselors assisted evacuees in making important contacts. Hundreds of evacuees were separated from loved ones and were desperate to find them. Many were trying to contact friends and family who were not affected by the hurricane so they would not have to remain long at the temporary Dallas shelter.
Survivors were anxious to contact state and federal agencies to report the loss of property and change of address. Many survivors were not computer literate and needed assistance with using onsite internet service at the shelter. Mental health responders from many professions assisted in the disaster response effort in Dallas, including social workers, counselors, psychologists, and psychiatrists. While many volunteered there were often not enough mental health providers to cover every shift. DRC for Hurricane Katrina required the ability to make some independent decisions because, due to other responsibilities, there often was no supervisor available to direct decisions. As is typical in disaster response, the atmosphere at the Dallas shelters was one where chaos often ruled and communication was very poor. Disaster counselors had to be able to size up a situation very quickly and then act where needed. To be an effective disaster counselor one must handle stress well, be capable of some necessary independent decision-making, be willing to exercise appropriate assertive responsibility, and liaison well with other responders including mental health, medical, and rescue personnel. A disaster counselor needs to contribute calm and order to a stressful and confusing atmosphere.

I observed that mental health professionals performed in excellent fashion at the two Dallas shelters where I volunteered. But over the course of the first two days, mental health counselors universally shared a mutual frustration – the shelter evacuees did not approach the counselors for “counseling.” Even when the counselors went out amongst the hundreds of cots that lay across the floor to make contact and encourage individuals to share their stories, evacuees did not want to talk about their personal trauma with the counselors. While polite, they said few words, if any, about their experience. The counselors agreed this was a major concern since it was understood how therapeutic the telling of the trauma story is for expediting recovery and limiting long term post traumatic effects. There were certainly barriers to communication that may have contributed to the hesitancy of evacuees to speak with counselors about their trauma. The majority of evacuees were African American and almost all of the counselors were Caucasian. The evacuees were in a strange city a very long way from their beloved New Orleans and did not relate to the people of Dallas. Even though the evacuees expressed grateful appreciation for all that was being provided, it was very difficult for the evacuees to trust their personal tragedy to a stranger many miles from their own home and very different from themselves.

On the third day, the therapy dogs were allowed into the Dallas shelters to assist me with my disaster response counseling. Both Rusty and Dolly were certified through the national organization Delta Society (2007) at the highest rating of “complex environment” work and they had been assisting me for several years in the counseling program at the university and with my volunteer counseling at the county juvenile detention center. Thus, I felt confident they would be an asset at the shelters with the hurricane evacuees. I did not know what to expect with the dogs assisting me at the shelters as this was the first DRC I had participated in either with or without the therapy dogs. As it turned out, the DRC with the therapy dogs was a very different experience than the past two days of counseling at the shelters without the dogs. The time the
evacuees had been at the shelters can be ruled out as a reason for the difference because new evacuees were arriving at the shelters every day. The difference was clearly because of the dogs.

The first day the therapy dogs assisted with the Katrina effort was at the Dallas Convention Center shelter. Dolly, Rusty, myself and a graduate student trained in AAT techniques worked side by side as a team. The first noticeable difference was that it took much longer to get into the facility with the dogs, not because security was suspicious, but because they wanted to pet and visit with the dogs. The first line of security was National Guardsmen around the perimeter of the convention center. When the two nearest guardsmen saw us coming with the happy faced dogs they broke into broad smiles and asked to pet the dogs. One guardsman spent several minutes discussing how much he missed his golden retriever at home, as he pet Rusty, and was looking forward to getting back home to his dog. The next line of security was a police officer at the main entrance. She saw us coming, gave us a stereotypical security-like sizing up as we approached and when we got within a few feet she got down on her knees and started laughing and hugging on the tail wagging canines. She shared how stressed out she was and how nice it was to love on a dog. After several minutes we proceeded with the dogs to the volunteer check-in table near the entrance. While we signed in under our shift time, the volunteers at the table were petting Dolly who had stretched the limits of her six foot leash to greet the people on the other side of the table. Leaving smiling check-in volunteers behind us we finally entered the facility where hundreds of evacuees were sitting on cots, or standing in lines for clothes and supplies.

Our plan was to walk down the aisles separating the groups of cots and invite people to pet the dogs to relieve their stress. Based on my previous experience over the past two days of not working with the dogs, I expected that people would not seek us out and that we instead would have to approach people and that people still may not want to visit much. In fact something very different happened. As soon as people heard the jingle noise of the dogs’ tags they looked up to locate the source and when they saw the jolly, freckle-faced cockers coming people sitting on their cots smiled, got up off of their cot and came over to greet us part way. This was the case for adults and children alike. Shocked, grief-stricken faces gave way to pleasant grins and laughs upon seeing the dogs. Each person spent several minutes petting the dogs and, unlike the non-AAT-DR counseling, almost every evacuee we encountered spoke with the counselors in length while petting the dogs. An extraordinary, persistent pattern of interaction emerged with the AAT-DR counseling. This communication pattern was completely spontaneous and occurred with no prompting or direction from the counselors. First, evacuees asked numerous questions about the pets, such as, name, gender, age, breed, and “Are they twins?” Second, evacuees shared their worry over the pets they left behind and some shed tears at this time. And third, evacuees segued right into discussing details about their Hurricane Katrina trauma, loss and evacuation. The presence of the therapy dogs had removed the barriers that had been impeding the sharing process by evacuees, an impediment to communication that had been mutually discussed by many frustrated
counselors working at the shelters over the previous two days. I was pleasantly amazed. It seems as though the dogs were a bridge of commonality that united strangers in a strange environment. Hundreds of evacuees gave and received canine hugs that day and walked away a little happier and lighter in mood. The children were especially impacted by the dogs. In fact, after visiting with the dogs and counselors many of the children continued to follow behind as we moved down the aisles separating the cots. Several times we had to stop and sit down with the children when the tag-a-long group had grown too large to get down the aisle; this allowed us to do spontaneous, brief group counseling with the children who shared their feelings and traumatic experiences while petting and hugging the dogs.

The evacuees in the shelters were very thankful for the therapy dogs. One 49-year old woman said she had to leave behind two dogs – Missy, a very smart dog who would knock on the door with her tail when she wanted out, and a mother dog with nine puppies. “I’m just looking to see how pretty these dogs are,” she said. “Truly, I miss mine. They were my babies. My children are grown and gone, but my dogs kept us safe, and we had to leave them. These babies here [Rusty and Dolly] are just so pretty, so pretty. I just love dogs.”

Another woman, age 20, “I started to smile the minute I saw the dogs,” she said petting Rusty as he turned over on his back for a belly rub. “I miss my dog so much. She was so spoiled. We were all crying when we left her behind. We left her in a second-floor room with a lot of food and water. I hope somebody kicks in the door and finds her.”

One eight year-old girl said, “I think Dolly’s precious. I have two cats, but dogs are smarter than cats.” Her eight-year old cousin added, “This dog’s smarter than two cats. I think they’re fun and smarter than cats, they work hard, playing with people.”

“I felt like I’d seen everything in the way of kindness here in Texas, but these dogs just put it over the top,” said a middle-aged woman, wiping away a tear after petting Dolly in silence for a minute.

The therapy dogs helped people release emotions and receive healing nurturance. Evacuees shared with the therapy dog team many stories of tragedy. Many had lost loved ones to death, both humans and pets. One nine year-old boy told a heartbreaking story of having only enough time to save his brother and could not save his dog and her puppies from drowning before the water got too high. He was overcome with guilt and grief. A woman told of her harrowing rescue by helicopter after spending hours stranded atop her roof with her husband surrounded by flood waters. She and her husband were separated during the rescue and ended up in shelters in different cities, she in Dallas and he in Houston. Many people became separated in the evacuation process and many had not been able to locate loved ones. Two children pet the dogs while sharing a story of watching a dead body float by while their parents trudged through murky flood waters navigating a floating mattress supporting the young girl and her little brother. It was
apparent the dogs put evacuees at ease and helped them feel safe enough to share personal information with the counselors. AAT-DR was much more effective than non-AAT-DR in several significant ways including, providing comfort and nurturance, relieving anxiety and tension, and facilitating the sharing of emotional responses and trauma stories.

Interacting with around one hundred very, stressed adults and children a day was exhausting. To help manage the stress of AAT-DR, the therapy dogs were provided multiple break times. The dogs were monitored closely and each animal received nurturing massage at day’s end. The dogs’ attitude remained jolly and their temperament calm throughout their disaster work but they became visibly fatigued as the day progressed. Thus, their disaster work was limited to no more than six hours per day.

Training in AAT and non-AAT disaster response is available from the following organizations – HOPE: Animal Assisted Crisis Response (www.hopeaacr.org); K-9 Disaster Relief (www.K-9DisasterRelief.org); the American Red Cross (www.redcross.org); and the National Organization for Victim Assistance (www.try-nova.org).

References


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