First Responders and Dogs: Findings from an American PhD thesis on Animal-Assisted Therapy

Moncur, Janus M. 2023 *First Responders, Therapy K9s, and Social Work: "What Are the Lived Experiences of First Responders Working with Therapy K9s and Their View of Social Work and Therapy?"* PhD diss., Ellen Whiteside McDonnell School of Social Work, Barry University

Introduction

Increasingly, peer support professionals in emergency response agencies are incorporating dogs into their work. Historically, dogs have long served as partners in public safety work. For example, law enforcement officers in 1800s England brought their own dogs on patrol and firefighters used dogs to guide horse-drawn equipment through crowded streets (DeMello, 2012). Animals have also been used historically in therapeutic interventions, even though on an informal basis. Even Freud's had a dog, Jofi, whose presence soothed him and also proved beneficial to clients. In case it is of interest, this digest includes a map that classifies all the kinds of human-animal interventions, as Annex A.

This study examines the impact of dogs within peer support interactions. It explores questions such as how does the presence of a dog influence the therapeutic experience of first responders during trauma-focused treatment? And how can first responders be encouraged to seek professional help in the first place?

Purpose of the Study

- Explore the lived experiences of first responder peer support specialists who work with dogs.
- Examine how the presence of a dog influences the helping relationship between peer support specialists and first responders.
- Investigate whether first responders are more likely to engage with peer support when a dog is present.
- Explore first responders' perceptions of therapy, and how dogs might help build relationships with professionals

Methodological Approach

- Utilizes a qualitative approach, based on long form semi-structured interviews with three peer support workers. It is a 'collective case study' method because it creates and analyses a number of case studies to shed light on collective experience.
- Interviewing peer support workers was a plan B. At first the author wanted to interview first responders, but found they were guarded and reluctant to open up. The author backs up this observation with research on first responders as cynical and reluctant to talk to outsiders about themselves and their work.
- Also a literature review on animal assisted therapy (AAT) and canine-assisted therapy (CAT), media videos and article, and interview with the founder of National Crises Response Canines, and documentation on a peer dog training program.

Data analysis:

- Coded data using NVivo to surface themes and patterns grounded in participants' language and experiences (Saldana, 2015). Used 'process coding' (highlighted actions and processes described by participants); 'emotion coding' identified feelings, reactions, and emotional tone within narratives; and 'values coding' (examined participants' beliefs, judgments, and perspectives about K9 involvement).
- Author also used 'memoing', a technique to document ongoing reflections and researcher positionality (which means reflecting on how one's subjective identity and experience create bias when interpreting data).

Strengths and limitations of case-study methodology:

- *Strengths*:
    - Can generate an in-depth, multifaceted understanding of a complex issue within its real-world context.
    - Practiced reflexivity through explicit researcher positionality statements.
- *Limitations* (these are my observations and not points in the study):
    - Interviews only captured what people said, not what they did (which could be addressed by observation and engagement over time.
    - Although qualitative research does not aim for numerical representativeness, a sample of only three interviewees is still considered small by qualitative standards.

Findings

Theme 1: Looking for Help

This theme captures participants' efforts to seek support for themselves and recognise how cumulative exposure to trauma was impacting their wellbeing.

Subtheme 1.1: Not Sure of Resources

Participants described uncertainty about where to find appropriate support. One responder noted that their department offered few accessible options. Another recounted being pressured into the chaplaincy program despite explicitly stating they did not want to speak with a male chaplain following sexual abuse. As they described: "I told him… I didn't want to talk to a man. So who called me? A male chaplain… You have no woman available to talk to a woman who was sexually abused?"

Only later did this responder learn about the peer support program, where they eventually found female peers and chose to join.

Subtheme 1.2: Stigma

Although stigma has lessened over time, participants emphasised that it remains a powerful deterrent to seeking help. One described the entrenched identity of first responders as people who "do not want to admit that we need help," noting they were "guilty of it." Another recalled that early in their career, admitting distress was met with ridicule or suggestions to "find another job". Participants also mentioned that those who did seek help were often dismissed as weak: "Oh, you called for a defusing after a dead baby. You're weak."

Subtheme 1.3: Bad Experiences

All participants referenced negative experiences (either their own or of colleagues) with agency support which influenced their reluctance to seek help.

Subtheme 1.4: Therapy

Participants expressed strong ambivalence and sometimes outright hostility toward therapy. Some had negative experiences with therapy. One said that a therapist had once told them they were 'beyond help'. Another said that the therapist did the talking and focused on her own problems. The other said the therapist failed to understand the realities of first responder schedules, workloads, and constraints.

They also said first responders in general fear of being judged or with a clinician who "doesn't get" first responder culture. They also had concerns about confidentiality and career impact.

Theme 2: Finding Dogs

All described distinct pathways that eventually led them to working with dogs. One had grown up with dogs, another used to handle greyhounds, the third intentionally sought out a puppy for their own therapeutic needs. The third said that had not considered themselves a "dog person," pointing to how a relationship with dogs helped with their healing.

Subtheme 2.1: Why Dogs

Participants turned to dogs when other avenues of support closed. One responder, after being dismissed from therapy, consulted a neurologist who encouraged exploring engagement with service animals. They trained their dog, Charlie, and within six months saw significant improvement in PTSD symptoms. They began using Charlie in peer support interactions and noticed that his presence facilitated connections for other too.

Subtheme 2.2: How Dogs Help

Participants highlighted that dogs influence people's physiology. Specifically, they can reduce heart rate, lower blood pressure, and release calming neurochemicals. One described this as, "It's like resetting a circuit breaker… They're numb, walking around, and then you bring a dog in and suddenly they're showing you pictures of their own dogs or kids."

Dogs were consistently described as a bridge, helping first responders connect with the positives in themselves and their lives, even when the person is fresh from working in a traumatic environment. The unconditional presence and non-judgment of dogs was said to be key here.

Subtheme 2.3: Which Dogs?

All participants stressed that not all dogs are suited for therapeutic or operational support roles. Some dogs are poorly matched or disruptive, especially when not trained. Participants emphasized the importance of temperament, specialized training, and handler competence, reinforcing the need for rigorous standards.

Theme 3: Sharing that Help with Other First Responders

All participants described wanting to share the benefits they had personally experienced from their canines with other first responders.

Subtheme 3.1: Showing Up and Being There

One participant described how wearing a peer support shirt rarely prompted engagement, but that changed when he arrived with his dog. This was also found by a support worker a 911 (Triple Zero), when he brought his dog, responders who otherwise avoided him connected with him.

Subtheme 3.2: Bridging the Gap

Participants all said that without a dog it would have been difficult to do their work. This is because at disaster scenes, responders tend to shut down. “At this point, you can go f*** yourself if you think anybody’s going to talk to you… But they’ll ask, ‘Can I walk your dog? Can I spend time with your dog? Without you?’”.

Another participant described how their dog created a safe, non-threatening opening for connection. She described moving the dog around first responders in a treatment centre, and how their prickly and distrustful vibe gave way to their defences dropping. They started sharing stories, and some lay on the floor just to be closer to the dog. This participant described the shift as “like magic.”

Subtheme 3.3: Positive Impact

Dogs helped responders reconnect with a sense of normalcy, grounding, and humanity (even briefly) before returning to often traumatic work. Participants emphasised that these impacts were not simply emotional but supported by physiological mechanisms.

One told the story of how a dog approached a firefighter standing apart from the group. Only later did the firefighter reveal he had just learned of a colleague’s suicide. Seemed that the dog had sensed distress before anyone else knew.

Discussion

First responders avoid therapy because of stigma, fear, and cultural norms: They are reluctant to admit they’ve sought therapy. They are disappointed in therapy, they fear judgement, career impact, and vulnerability. They prefer peer-based, culturally familiar support.

Peer support specialists are the actual bridge to therapy: Peer supporters can normalize help-seeking. Peer supporters can act as a culturally credible “gateway” to professional services.

Dogs make peer support workers more approachable: by reducing resistance among first responders to engage and open up. In other words, dogs make the first step toward help seeking less intimidating.

Therefore, dogs should increases the likelihood of first responders accepting a referral to therapy: Conversations about mental health happen more naturally with dogs. Since they seem to soften the emotional barrier it is likely (but was not studied in this thesis) that dogs promote more engagement with professionals

Key findings

First responders will not seek therapy unless the entry point feels safe

First responders will not voluntarily step into a clinical setting. Engagement must begin before therapy, through peers, culture, and relational safety.

Dogs would likely help here because their presence lowers arousal and increases trust.

The interaction with peer support workers and dogs feels informal and relational. It is also significant that the peer support helper understands first responder culture, language, and humour.

How this aligns with the literature

Findings from this study **confirm the bridging phenomenon** of therapy dogs breaking down defences, caused by stigma and other barriers, as documented in clinical literature (Chandler, 2018; Fine, 2019; Tedeschi & Jenkins, 2019). Participants reported being ignored or actively avoided when approaching responders without their canine partners. When accompanied by their dogs, first responders were the ones to initiate interaction, first with the dog and then with the peer specialist.

Specifically, **dogs can capture attention, reduce threat, and create a relational opening with diverse groups,** including:

- returning military personnel
- older adults
- children and youth
- individuals with trauma histories
- people with developmental disabilities
- individuals experiencing depression or suicidality
- general civilian populations
  (Amiot & Bastian, 2015; Fine, 2019; Handlin et al., 2011, 2012; Jain et al., 2020; Nimer & Lundahl, 2007; Souter & Miller, 2007; Virués-Ortega et al., 2012).

All respondents said that first responders often preferred to interact with their dog before engaging with the peer support specialist. Findings that dogs are seen as safe, calming, and emotionally accessible **aligns with attachment and polyvagal theories**:

Attachment theory explains why humans gravitate toward beings (which includes animals) who feel safe, predictable, and non-judgmental. Dogs can function as:

- *Transitional objects* offering comfort and emotional regulation (Geist, 2011; Winnicott, 1953).
- *Secure attachment* figures providing safety, co-regulation, and a stable emotional presence (Geist, 2011; Zilcha-Mano et al., 2011).

This theory applies to experiences of dogs as helping first responders "reset," "ground," "feel safe," and "open up," because attachment theory emphasises that humans regulate their nervous systems through safe relationships.

Polyvagal Theory explains the neurobiological mechanisms behind attachment theory. Known mechanisms include:

- *Oxytocin release*, which enhances bonding and reduces stress (Beetz, 2012).
- *Vasopressin and other neurochemicals* that decrease stress reactivity and support wellbeing (Cozolino, 2017; Freund et al., 2016; Merritt, 2021; Moreno & Schulkin, 2020).

The theory applies because contact with dogs helped first responders shift out of defensive states (fight/flight/freeze) into states of safety and social engagement. Polyvagal theory can also explain why humans (including therapists, chaplains, and peer supporters) can be perceived as potential threats in

high-stress contexts and why dogs are perceived as safe, not threatening. As van der Kolk notes, animals provide “less complicated companionship” and a powerful sense of safety (2014, p. 80).

Recommendations and Conclusions

This study concluded, based on inference, that first responders are more willing to engage with professional help when the initial point of contact (peer worker) feels culturally safe, non-clinical, peer-led, and has a therapy dog. The presence of the dog was key for reducing stigma, lowering physiological arousal, and building trust. This creates a bridge that is likely to make professional help feel more acceptable and less threatening.

The study recommends using therapy dogs and peer support as culturally safe, trust-building entry points that reduce stigma, support co-regulation, and create a bridge into professional mental health care.

Future research directions

- Examine whether therapy dogs increase help-seeking behaviour, early disclosure, and willingness to engage in professional care among first responders
- Investigate the exact mechanisms of action (attachment, co-regulation, polyvagal responses) that explain why dogs reduce distress and increase openness.
- Study how peer support workers and their dogs function in real operational contexts and whether they improve referrals to therapy.
- Explore if and how dog programs may shift workplace culture.
- Conduct controlled or longitudinal studies to evaluate the effectiveness of dog-assisted interventions in emergency services.
- Examine ethical and welfare considerations for therapy dogs, including workload, stress, and best-practice deployment standards

Annex A

Figure 1.

Human Animal Interventions Chart