



Ukraine's Experience in Implementing Canine-Assisted Therapy for the Resilience of Vulnerable Populations

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OIDA International Journal of Sustainable Development, Ontario International Development Agency, Canada.

ISSN 1923-6654 (print) ISSN 1923-6662 (online) www.oidaijsd.com

Also available at <https://www.ssrn.com/index.cfm/en/oida-intl-journal-sustainable-dev/>

Abstract: This study examines Ukraine's experience implementing canine-assisted therapy (canistherapy) for vulnerable populations amid war and large-scale social disruption. The research aims to systematize institutional and community-based practices supporting military personnel, veterans, family members of fallen defenders, internally displaced persons, children with disabilities, and other war-affected groups. A qualitative research design was employed, using content analysis of statutory documents, official websites, social media materials, and public reports, as well as semi-structured interviews with Ukrainian canine-assisted therapy practitioners. Case studies from municipal rehabilitation centers, veteran support hubs, and community initiatives were analyzed to identify organizational models, therapeutic formats, and measurable outcomes. The findings demonstrate a transition from volunteer-based activities to structured, multidisciplinary rehabilitation programs integrated into healthcare, education, and social support systems. Measurable outcomes include reductions in anxiety levels, improvements in emotional regulation, enhanced social interaction, increased adaptive functioning, and strengthened motivation for rehabilitation. In post-deoccupation contexts, canine-assisted therapy contributed not only to psychological stabilization but also to rebuilding social trust and community resilience. At the same time, the rapid expansion of practice highlights the need for regulatory development, including formal recognition of the profession of canine-assisted therapist, standardized certification and licensing procedures, and unified national training requirements. The Ukrainian experience suggests that canine-assisted therapy represents a promising socio-psychological rehabilitation tool in wartime and post-war recovery contexts. Further longitudinal research and policy-level institutionalization are required to ensure sustainability, quality control, and broader national implementation.

Keywords: canine-assisted therapy; vulnerable populations; war-related trauma; social and psychosocial rehabilitation; veterans; community resilience

Introduction

Animal-assisted interventions have gradually gained recognition in Ukraine as an innovative approach to psychosocial support and rehabilitation. In the early 2000s, the first civil society organizations and initiative groups began promoting animal-assisted therapy as a complementary support method. In cities such as Kyiv, Lviv, Kharkiv, and Odesa, pilot programs were implemented involving therapy dogs in work with children with special educational needs (Kravchenko, 2020). During this period, international experience in animal-assisted interventions

became increasingly accessible in Ukraine, and individual dog handlers and psychologists undertook professional training and internships abroad. Early academic publications also emerged, examining the potential of canine-assisted therapy for supporting vulnerable populations.

Beginning in the early 2010s, canine-assisted therapy (canistherapy) became more structured and institutionalized. Specialized centers and programs were established to systematically implement therapy dog interventions. Canistherapy was increasingly integrated into comprehensive social and psychological rehabilitation programs and applied in work with children diagnosed with autism spectrum disorder, Down syndrome, and cerebral palsy. Scientific and practice-oriented conferences were organized, where canine-assisted interventions were discussed as an innovative direction in social work and rehabilitation practice.

In the 2020s, canistherapy has become a more widely recognized and востребован method in Ukraine (Kravchenko, 2021). Practical experience suggests that canine-assisted interventions produce long-term positive effects, including reductions in aggressive behaviors, increased self-confidence, and enhanced social integration. Additionally, public activities involving therapy dogs have contributed to fostering more inclusive societal attitudes toward children and adults with disabilities.

Following the escalation of war in 2022, canine-assisted therapy acquired particular significance. Therapy dog sessions have been conducted not only for children but also for internally displaced persons and military personnel experiencing psychological trauma. In the context of large-scale social disruption, canine-assisted interventions have become an important component of psychosocial support initiatives.

Overall, the history and practice of canistherapy in Ukraine demonstrate a gradual transition from informal volunteer-based initiatives to the formation of a professional community and the systematic integration of this method into the work of rehabilitation and social support centers.

Literature review

Animal-assisted interventions (AAI), and canine-assisted therapy (CAT) in particular, have attracted considerable scholarly attention over the past two decades as complementary tools in psychosocial rehabilitation. The growing body of English-language indexed literature provides an important international context for understanding Ukraine's emerging canistherapy practices with vulnerable populations during and after wartime.

The neurobiological foundations of human-animal interaction were established in a landmark review by Beetz et al. (2012), who synthesized evidence from 69 studies and proposed that the oxytocin system plays a central mediating role in reducing stress, anxiety, and blood pressure while promoting social bonding and mood. This framework remains foundational for explaining why structured contact with therapy dogs produces consistent therapeutic effects across diverse populations.

For military veterans and active-duty personnel – a primary target group in the Ukrainian experience – the evidence base is growing but still methodologically uneven. O'Haire et al. (2015) conducted a systematic review of AAI for trauma and PTSD across ten studies, finding reductions in depression, PTSD symptoms, and anxiety, while noting a low overall level of methodological rigor. Building on this, Chirico et al. (2022) reviewed 25 studies specifically focused on military workers and veterans, with 72% observing significantly lower PTSD symptomatology following AAIs, most of which were canine-assisted programs. A complementary scoping review by Fonseca et al. (2022) reinforced these findings but concluded that clear efficacy conclusions are currently limited by program heterogeneity and small sample sizes. The most comprehensive synthesis on assistance dogs specifically was provided by Leighton et al. (2022), whose meta-analysis and meta-synthesis of 41 articles on psychiatric service dogs for veterans demonstrated multi-domain benefits encompassing psychological, social, and functional outcomes. Nieforth and Leighton (2024) extended this to military families, documenting how AAIs may reduce relational problems and depressive symptoms for spouses and children, which aligns with the Ukrainian approach of including family members of fallen defenders in canistherapy programs.

For children with neurodevelopmental and physical disabilities – another core population addressed in the reviewed Ukrainian article – the evidence is increasingly robust. O'Haire (2013) established an early systematic review of AAI for autism spectrum disorder (ASD), documenting improvements in social interaction, communication, and stress reduction across 14 peer-reviewed studies. More recently, Galvany-López et al. (2024) reviewed 19 studies on dog-assisted therapy for children and adolescents with ASD, finding positive effects on communication and social interaction in 84% of interventions. Romero-González et al. (2023) conducted a systematic review of randomized and controlled clinical trials and identified positive trends across cognitive, social, emotional, behavioral, and physical

domains, though highlighting significant methodological heterogeneity as a barrier to firm conclusions. The broader physical rehabilitation domain was addressed by Kovács et al. (2024), who reviewed animal-assisted programs for children with special educational needs – including cerebral palsy and ASD – and found overall positive impacts on motor and neurological functioning, consistent with Ukraine’s reported outcomes of 20–40% motor improvement in children with cerebral palsy. The qualitative perspective of Hill et al. (2020) contributed parental accounts of canine-assisted occupational therapy with autistic children, emphasizing improved engagement and goal-directed participation in therapy sessions.

The effectiveness of AAT for mental health disorders more broadly was synthesized by Pandey et al. (2024), whose meta-analysis of 16 studies confirmed positive results across depression, anxiety, PTSD, and neurological disorders, with interaction with therapy animals linked to cortisol reduction and increased social engagement. A parallel systematic review by Hediger et al. (2021) specifically examined AAI outcomes for PTSD across the lifespan, providing evidence of anxiety and trauma-symptom reduction applicable to both child and adult populations affected by armed conflict.

The animal welfare dimension – explicitly addressed in Ukraine’s protocol requiring stress monitoring and workload limitation for therapy dogs – is substantiated by two dedicated reviews. Glenk (2017) reviewed welfare indicators for therapy dogs in AAI, identifying frequency and duration of sessions, environmental novelty, and handler management as key modulating factors. The follow-up review by Glenk and Foltin (2021), covering 2017–2021 peer-reviewed publications, confirmed that while acute stress indicators are observable, proper handler training and session design can mitigate them. This literature supports the ethical framework adopted by Ukrainian practitioners.

Taken together, this body of international literature corroborates the clinical rationale behind Ukraine’s expanding canister therapy infrastructure and highlights both its promise and its unresolved challenges: the need for standardized certification, longitudinal outcome measurement, and regulatory frameworks – exactly the gaps the Ukrainian experience seeks to address.

The primary research question of this study is: How has canine-assisted therapy (canistherapy) been implemented in Ukraine to support vulnerable populations, and what institutional, methodological, and practical approaches characterize this implementation?

Specifically, the study aims to systematize and analyze the Ukrainian experience of applying canine-assisted interventions with the following target groups: children with special educational needs; persons with disabilities; internally displaced persons (IDPs); active-duty military personnel; and veterans.

The research further explores the organizational models, therapeutic objectives, professional standards, and ethical considerations underlying these practices within the Ukrainian socio-cultural and wartime context.

Ethics Statement

The study was conducted in accordance with the ethical principles of voluntary participation, informed consent, confidentiality, and anonymity. Semi-structured interviews were conducted exclusively with adult professionals involved in canine-assisted therapy practice. Participants were informed about the purpose of the study, the voluntary nature of participation, and their right to withdraw at any stage. No personally identifiable information was collected or disclosed. Interview data were anonymized during transcription and analysis and used solely for research purposes.

Research methods

This study employed a qualitative research design using content analysis to examine the practices of governmental and non-governmental organizations implementing canine-assisted therapy (canistherapy) in Ukraine. The research focused on identifying institutional approaches, organizational frameworks, and professional standards applied in the implementation of therapy dog programs.

To enhance the credibility and trustworthiness of the qualitative findings, several measures were implemented to mitigate potential internal biases. First, the study applied a comparative analytical approach, examining practices across different Ukrainian governmental and non-governmental organizations engaged in canine-assisted therapy. This approach enabled the identification of both common patterns and organization-specific features, reducing the risk of overgeneralizing findings from a single case. Second, data triangulation was employed through the use of multiple sources, including statutory documents, official websites, social media materials, public reports, and semi-structured interviews with practitioners. Comparing information obtained from these diverse sources helped verify the consistency of reported practices and outcomes. Third, thematic coding was conducted across all collected materials,

allowing recurrent themes to emerge inductively rather than being predetermined by researchers' expectations. In addition, special attention was paid to documenting both similarities and differences among organizations, which strengthened the analytical rigor of the study. Finally, the inclusion of institutions operating in different regions of Ukraine and serving various target groups (children, veterans, internally displaced persons, and people with disabilities) contributed to a broader and more balanced representation of canine-assisted therapy practices. These procedures increased the reliability of interpretations and minimized the influence of individual researcher assumptions on the study findings.

The analysis was based on multiple data sources to ensure triangulation and reliability: Statutory and regulatory documents of organizations implementing canistherapy; Official websites and publicly available institutional materials; Social media pages (e.g., Facebook, Instagram) containing descriptions of programs, activities, and public communications; Public reports and activity summaries published by organizations; Semi-structured interviews conducted with Ukrainian certified canine-assisted therapists.

Organizations were selected using purposive sampling. Inclusion criteria were: active implementation of canine-assisted interventions in Ukraine; publicly available documentation describing their activities; engagement in therapeutic, rehabilitation, educational, or psychosocial support programs involving therapy dogs.

Interview participants were selected based on professional experience in canistherapy practice within Ukraine.

Documentary sources were systematically collected and archived. Social media materials were analyzed within a defined time frame (specify period if needed). Semi-structured interviews were conducted online/offline, recorded with informed consent, and transcribed verbatim.

A qualitative content analysis approach was applied. The materials were coded inductively to identify recurring themes, including: therapeutic goals and target groups; models of intervention; training standards for therapy dogs and handlers; ethical and welfare considerations; institutional challenges and sustainability factors.

In addition, qualitative expert data were obtained from 15 experienced practitioners and managers of organizations implementing canine-assisted therapy in Ukraine. The information was collected during the preparation of the collective monograph "Canine-Assisted Therapy as a Modern Approach to the Social and Psychological Rehabilitation of Vulnerable Groups: International and Ukrainian Experiences" (2025). The average duration of expert consultations and interviews was approximately 30 minutes. Participants represented different institutional settings, including rehabilitation centers, veteran support services, educational institutions, and community-based organizations. The qualitative component was analyzed using thematic content analysis based on the synthesis and comparison of analytical materials provided by organizational leaders and practitioners. Particular attention was paid to identifying recurring themes related to intervention models, target populations, professional standards, implementation challenges, and perceived outcomes. The inclusion of experts from different regions and organizational contexts contributed to a broader representation of current canine-assisted therapy practices in Ukraine.

Results and Discussion

The analysis revealed that the Central Kennel Club of the Society for the Promotion of Defense of Ukraine (<https://www.facebook.com/groups/588068831534003/>) formally incorporated a cynological direction titled "Assistant Dog Program" (canine-assisted therapy) into its statutory activities. This institutionalization marked an important step toward the professionalization of canistherapy within Ukraine (Fedosenko et al., 2025).

Therapy sessions involving specially trained dogs were conducted for multiple target groups, including: war veterans (including those receiving treatment in specialized institutions under the Ministry of Health of Ukraine) and their family members; children with special educational needs; children with disabilities and young people with disabilities; orphans and children in difficult life circumstances; internally displaced children; students in general and special education institutions; individuals who experienced psychological trauma as a result of armed aggression.

Additionally, specially trained therapy dogs were introduced into the Ministry of Social Policy's Early Intervention project, supporting children aged 1–6 years with psychological and physiological developmental conditions.

Based on the analysis of practice documentation and interviews, three primary formats of canine-assisted interventions were identified:

1. Dog Meeting (DM) – Activity-Based Interaction

Dog Meeting sessions are designed to establish positive emotional contact between participants and the therapy dog. Following a short educational briefing on safe interaction with dogs, participants engage in direct contact activities.

The primary objectives include: promoting positive emotions; reducing fear and anxiety; stimulating sensory perception; providing emotional relief.

Sessions may be conducted individually or in groups and can take the form of one-time events or cyclical programs. Initially, this format was primarily implemented in summer camps for children of military personnel. At that stage, the intervention focused mainly on emotional support rather than structured therapeutic goals.

2. Learning with a Dog (LD)

This format is aimed at improving cognitive and intellectual development, particularly among children. The therapy dog functions as a motivational and educational facilitator, enhancing engagement and learning retention. Sessions are typically implemented in preschool and school settings and may occur individually or in classroom groups.

The presence of the dog increases motivation, reduces learning resistance, and creates a supportive educational environment.

3. Dog-Assisted Therapy (DAT) – Structured Therapeutic Intervention

Dog-Assisted Therapy represents a structured rehabilitation approach with clearly defined therapeutic goals. Intervention plans are developed in collaboration with rehabilitation specialists or treating physicians.

Key characteristics include: individualized approach based on participants' needs and abilities; full documentation (individual records and progress tracking); ongoing assessment of therapeutic effectiveness; gradual increase in task complexity according to participant progress.

DAT is most effective in individual sessions or very small groups (no more than three participants). Each participant works with a designated therapy dog during the session, allowing uninterrupted human–animal interaction and deeper emotional engagement.

Following the full-scale invasion of Ukraine in 2022, the scope and intensity of canine-assisted therapy significantly expanded (Safin et al., 2022). The team began working systematically with: children aged 1–21; children of military personnel; children from de-occupied territories; children with official status as war-affected; children of fallen or captured service members; internally displaced children; active-duty military personnel; families of military personnel, prisoners of war, and fallen soldiers.

During this period, practice evolved from predominantly Dog Meeting sessions toward broader implementation of structured Dog-Assisted Therapy. DAT became particularly relevant for military personnel and individuals with special educational needs, as the small-group or individual format allowed for focused psychological support and deeper interpersonal engagement.

Each session includes the presence of a psychologist from the canine-assisted therapy team. The psychologist facilitates emotional regulation, supports fear reduction, and promotes cognitive and socio-emotional development.

A representative of the host institution is also present, typically a social worker, psychologist, psychiatrist, psychotherapist, educator, or medical doctor, ensuring multidisciplinary collaboration and continuity of care.

The results demonstrate a clear evolution of canine-assisted interventions in Ukraine: from volunteer-based emotional support activities toward structured therapeutic programs; from occasional events toward systematic institutional integration; from child-focused initiatives toward broader psychosocial rehabilitation, including military personnel and war-affected populations.

The professionalization of practice is evidenced by formal statutory inclusion, documentation procedures, interdisciplinary cooperation, and expansion into early intervention and rehabilitation frameworks.

The experience of the *Comprehensive Rehabilitation Center of Obolon District* (<https://surl.li/wymuyb>) provides an illustrative example of institutional integration of canine-assisted therapy within a municipal rehabilitation framework (Bezler, 2025).

In 2022, the introduction of canine-assisted therapy was initially perceived as an experimental initiative aimed at expanding psychosocial and rehabilitation support for children and youth with disabilities beyond strictly medical or pedagogical approaches.

The first stage involved organizational preparation, including: development of protocols for the selection and training of therapy dogs and handlers; compliance with veterinary and infection-control requirements; preparation of parental consent forms and documentation procedures; integration of canine-assisted therapy into Individual Rehabilitation Plans (IRPs).

A critical principle was ensuring that the therapy dog was not an occasional visitor but an integrated component of multidisciplinary rehabilitation, combined with physical therapy, speech therapy, and psychological services.

The first three months were dedicated to introductory sessions, consisting of: short individual contacts in controlled settings; assessment of anxiety levels; screening for allergic reactions; evaluation of readiness for structured engagement.

Subsequently, sessions were organized into therapeutic modules: motor exercises involving the dog; verbal and non-verbal communication tasks; emotional regulation activities (including guided breathing exercises in the presence of the dog); group sessions aimed at developing social participation.

Each session followed a structured plan with predefined input and outcome indicators.

Systematic evaluation of effectiveness was conducted using: social interaction scales; anxiety and emotional regulation measures; motor function and participation assessment tools.

From 2022 onward, the Center documented the following aggregated outcomes:

Autism Spectrum Disorders (ASD): positive changes in social interaction and verbal communication in approximately 60–78% of cases.

Cerebral Palsy (CP): improvements in gross and/or fine motor skills and balance in approximately 20–40% of participants (including increased walking speed, improved balance quality, reduced muscle tone, and better performance in dual-task activities).

Intellectual Disabilities: improvements in psychomotor functioning, attention, and adaptive skills in approximately 50–90% of cases.

Other client groups: enhanced social participation, emotional engagement, and therapy motivation in approximately 50–70% of participants.

These findings indicate statistically observable behavioral and functional improvements across diagnostic categories.

Based on this experience, several key implementation principles were identified:

Standardization and Monitoring. Agreement on assessment instruments at baseline, midpoint, and post-intervention is essential for generating measurable outcome indicators.

Individualized Planning. The most significant positive changes occurred when canine-assisted therapy was directly linked to Individual Rehabilitation Plans and combined with other therapeutic modalities. Isolated sessions produced weaker and less sustainable effects.

Duration and Intensity. Effective interventions typically lasted several weeks to several months, with a frequency of 1–3 sessions per week. Programs exceeding six months demonstrated more stable improvements, particularly in motor and adaptive domains. At the Center, therapy is conducted on a regular, ongoing basis.

Animal Welfare Monitoring. Protocols emphasize that therapeutic success for human participants must not compromise the welfare of the therapy dog. Stress monitoring and workload limitations are mandatory components.

Interdisciplinary Team Training. Regular supervision sessions and quarterly cross-case reviews among rehabilitation specialists, psychologists, and the dog handler reduced incident rates and improved outcomes in group sessions.

The implementation of canine-assisted therapy at the municipal rehabilitation level demonstrates measurable positive outcomes across multiple domains, including social interaction, psychomotor functioning, emotional regulation, and adaptive behavior.

The findings suggest that canine-assisted therapy may serve as an effective component of comprehensive rehabilitation programs in Ukraine. The documented quantitative indicators support the need for further local validation studies and cost-effectiveness analyses to inform broader national implementation strategies.

Case Study: The Bucha Community as a Model of Post-Deoccupation Psychosocial Rehabilitation (<https://bucha-rada.gov.ua/bucha-united-local-community>). The experience of the Bucha community represents an innovative example of post-deoccupation psychosocial recovery following the Russian occupation in 2022. Having sustained severe humanitarian losses, Bucha became a site of locally driven rehabilitation initiatives aimed at restoring psychological stability, social cohesion, and community resilience (Ponomarenko, 2025).

After deoccupation, several programs were implemented focusing on: psychological adaptation of military personnel returning from combat; emotional stabilization of civilians, particularly children and older adults; creation of safe public environments through structured human–animal interaction.

Beginning in 2023, in cooperation with local volunteers, psychologists, and professional dog handlers, a structured canine-assisted therapy program was introduced. The program included: group sessions for military personnel experiencing post-traumatic stress symptoms; individual sessions for children who had lost family members or witnessed combat-related events; open therapeutic spaces allowing supervised free interaction with therapy dogs.

Therapy dogs involved in the program were prepared according to international standards established by the Pet Partners (formerly Delta Society). All animals underwent veterinary screening and behavioral assessment to ensure safety and welfare compliance.

Analysis of the Bucha case identified several core elements contributing to program effectiveness:

Intersectoral collaboration – cooperation among local authorities, non-governmental organizations, mental health professionals, and canine specialists.

Needs-based design – alignment of interventions with the specific psychosocial conditions of the local population.

Creation of “safe touch zones” in public spaces – structured yet open environments enabling regulated physical and emotional contact with therapy dogs.

Practitioners and researchers involved in the initiative emphasize that, even in the absence of centralized national coordination, it was possible to establish an effective, humane, and evidence-informed support model. The Bucha case illustrates that canine-assisted therapy functions not only as a psychological intervention but also as a tool of social rehabilitation. It contributed to: rebuilding trust in the social environment; reducing feelings of isolation; fostering positive identity reconstruction in a post-traumatic context.

The Bucha experience demonstrates that effective local initiatives can serve as scalable models for other deoccupied or frontline regions. Essential conditions for replication include: interdisciplinary teams (psychologists, dog handlers, medical professionals); partnerships with NGOs and veterinary services; accessible therapeutic spaces; active involvement of local self-government.

The Bucha community case confirms the high potential of canine-assisted therapy as a psychosocial intervention supporting anxiety reduction, emotional stabilization, and the development of social skills among vulnerable populations.

As demonstrated in this post-conflict context, canine-assisted therapy may be effectively integrated into comprehensive trauma recovery frameworks, contributing not only to individual healing but also to community-level resilience and social reintegration.

The practice implemented at the *Kyiv Military Hub (Comprehensive Support Center for Combatants)* (https://www.facebook.com/kyivCDUATO/?locale=uk_UA) demonstrates the application of canine-assisted therapy under conditions of full-scale war in Ukraine. The program shows significant potential in work with active-duty military personnel, veterans, family members of fallen defenders, children with traumatic experiences, and other vulnerable groups (Kholina, 2025).

Canine-assisted interventions were implemented in cooperation with civil society and charitable organizations. This collaborative model enabled the provision of emotional support, reduction of anxiety levels, enhancement of social engagement, and activation of participants’ internal coping resources.

Combat exposure, loss, forced displacement, and prolonged security threats have contributed to increased levels of anxiety, emotional exhaustion, depressive symptoms, social withdrawal, and post-traumatic stress disorder (PTSD).

The reintegration of military personnel into civilian life is often accompanied by difficulties in adapting to new social roles, rebuilding family relationships, pursuing professional self-realization, and interacting within civilian environments. Additional socio-economic and bureaucratic stressors may exacerbate maladaptation, increase risks of secondary traumatization, and contribute to deviant or self-destructive behavior patterns.

An empirical study conducted between 2022 and 2025 by specialists of the Kyiv Military Hub involved multiple respondent groups: veterans; active-duty military personnel; family members of fallen service members; children aged 7–14.

The intervention model combined: individual and group canine-assisted sessions; initial psychological assessment; structured adaptation support; development of emotional self-regulation skills; referral to specialized mental health services when necessary.

The results indicate: decreased levels of anxiety; improved emotional stability; increased communicative activity; enhanced social interaction among participants.

For children, additional therapeutic practices integrated into canine-assisted sessions—such as art therapy, play-based interventions, and reflective techniques—proved particularly effective. These methods facilitated safe emotional processing and strengthened emotional regulation skills.

The findings suggest that canine-assisted therapy represents a promising and effective socio-psychological rehabilitation tool in wartime and post-war recovery contexts (Koliada et al., 2025a; Safin & Kravchenko, 2025).

Its systematic integration into healthcare institutions, educational settings, and social protection services may contribute not only to individual psychological recovery but also to strengthening social cohesion and rebuilding public trust—critical societal resources in prolonged crisis conditions.

The activities of the *NGO Canine Center GrandDog, operating in cooperation with the Odesa Regional Kennel Club of the Society for the Promotion of Defense of Ukraine* (<https://www.facebook.com/dogshowcenterKherson/>), represent an example of community-oriented canine-assisted initiatives implemented in southern Ukraine.

The organization conducts a range of projects combining elements of education, psychosocial support, and human–animal interaction.

One of the key initiatives was the educational project “How to Become a Dog’s Best Friend”, implemented with the support of the international animal welfare foundation FOUR PAWS.

The program created a safe and interactive learning environment in which children and youth: learned appropriate and safe behavior around dogs; studied canine body language and communication signals; discussed bite prevention and safety strategies; explored the basic needs of dogs; reflected on humane and responsible attitudes toward animals.

Such initiatives contribute to fostering a culture of mutual respect between humans and animals and enhance safety within urban environments.

Before the winter holiday season, the organization traditionally hosts the event “Meeting with a Furry Friend” at the Odesa City Social Services Center for children from foster and guardianship families. These sessions focus primarily on emotional enrichment, joy, and positive social interaction.

Additionally, visits were conducted to Veterans HUB ODESA, where therapy dogs interacted with veterans’ spouses and children. These sessions aimed to reduce daily stress, alleviate anxiety, and provide emotional relief within families affected by war-related experiences.

In collaboration with the Odesa Central Municipal Children’s Library, the organization implemented an educational-play event titled “All About Dogs”. The program included: an interactive lecture on dog behavior; presentation of the book *Children About Dog Training* by Vanessa Estrada Martin; educational games focused on understanding canine body language; demonstration performances by trained dogs, followed by supervised interaction with children.

Such activities integrate educational content with experiential learning, enhancing empathy, responsibility, and knowledge.

Within the framework of the “Weeks of Good Deeds” initiative, the organization conducted seminars on dog dancing and trick training. These activities emphasized: development of children’s creativity and self-confidence; strengthening human–animal communication; promoting responsible dog ownership; encouraging mutual understanding and coordinated interaction.

The inclusive philosophy of the program stresses that participation is not limited by breed, size, or pedigree. The key factor is motivation and positive engagement between the person and the dog.

The GrandDog case illustrates a preventive and community-based model of canine-assisted practice. Unlike strictly clinical rehabilitation programs, these initiatives emphasize: educational prevention; emotional enrichment; strengthening family and community bonds; promoting humane values and safe urban coexistence.

This model demonstrates that canine-assisted approaches can function not only as therapeutic interventions but also as instruments of civic education and community resilience, particularly relevant in wartime and post-crisis contexts (Koliada et al., 2025b).

The Ukrainian experience of implementing canine-assisted therapy during wartime and post-deoccupation recovery warrants particular scholarly and policy attention. The cases analyzed in this study – from municipal rehabilitation centers to community-based and veteran-focused initiatives – demonstrate the growing institutionalization of animal-assisted interventions as a response to large-scale psychosocial trauma.

Across settings, canine-assisted therapy has been integrated into programs supporting: military personnel and veterans; family members of fallen defenders; internally displaced persons; children with disabilities and traumatic experiences; broader civilian populations affected by war.

These practices indicate that canine-assisted interventions in Ukraine are evolving beyond isolated volunteer initiatives toward structured, multidisciplinary, and evidence-informed models. Notably, measurable improvements were observed in emotional regulation, anxiety reduction, social interaction, adaptive functioning, and motivation for rehabilitation.

At the same time, the rapid expansion of canine-assisted therapy in response to wartime needs has revealed several systemic challenges.

Despite practical success, Ukraine currently lacks comprehensive normative and legal regulation governing: formal recognition of the profession of canine-assisted therapist; standardized certification and licensing procedures; unified training requirements for specialists; national protocols for therapy dog preparation and welfare monitoring (Kravchenko & Safin, 2025).

The absence of standardized regulatory frameworks creates variability in quality, training standards, and ethical oversight. While many practitioners follow international guidelines and best practices, including animal welfare protocols and interdisciplinary supervision, these efforts remain largely self-regulated.

Institutionalization at the national level would contribute to: ensuring professional accountability and public safety; protecting animal welfare; enhancing interdisciplinary cooperation within healthcare, education, and social protection systems; strengthening evidence-based practice through standardized monitoring and evaluation tools.

The Ukrainian case demonstrates that canine-assisted therapy can function not only as a psychological intervention but also as a mechanism for social rehabilitation and community resilience. In post-traumatic environments, structured human–animal interaction contributes to rebuilding trust, reducing social isolation, and facilitating reintegration into civilian life.

Given the scale of war-related trauma, integrating canine-assisted therapy into national rehabilitation and mental health frameworks may offer a cost-effective and culturally adaptable support mechanism. However, further longitudinal research, standardized outcome measurement, and economic evaluation are required to substantiate large-scale implementation.

The Ukrainian experience suggests that canine-assisted therapy holds significant promise as part of comprehensive wartime and post-war recovery strategies. Nevertheless, sustainable development of this field requires: legal recognition of the profession of canine-assisted therapist; development of national licensing and certification standards; establishment of accredited training programs; formal integration into public health, education, and social protection systems.

Addressing these regulatory and professional gaps would enable Ukraine not only to strengthen domestic rehabilitation capacity but also to contribute valuable applied knowledge to the international field of human–animal interaction in crisis contexts.

The findings of this study can also be interpreted through the broader framework of sustainable development, particularly its social dimension. Sustainable development extends beyond economic and environmental considerations and includes the creation of resilient, inclusive, and supportive communities capable of responding to social crises. The Ukrainian experience demonstrates that canine-assisted therapy contributes to social sustainability by enhancing psychosocial well-being, supporting the rehabilitation of vulnerable populations, facilitating social reintegration, and strengthening community resilience in wartime and post-war contexts. The analyzed initiatives promote inclusive access to psychosocial support for veterans, internally displaced persons, children with disabilities, and other war-affected groups, thereby reducing social exclusion and fostering social cohesion. At the same time, the study identifies several challenges for the sustainable development of canine-assisted therapy in Ukraine, including the absence of unified regulatory standards, limited institutionalization, insufficient professional certification mechanisms, and the need for long-term outcome evaluation. Addressing these challenges would enhance the sustainability, accessibility, and effectiveness of canine-assisted interventions and support their integration into national health, education, and social protection systems.

Conclusions

This article presents the Ukrainian experience of implementing canine-assisted therapy (canistherapy) in wartime and post-deoccupation contexts. The findings may be useful for practitioners working in rehabilitation centers, veteran support services, educational institutions, and community-based psychosocial programs.

Across multiple institutional and community settings, canine-assisted interventions have been applied to support military personnel, veterans, families of fallen service members, internally displaced persons, children with disabilities, and individuals affected by war-related trauma. The practice demonstrates that structured interaction with trained therapy dogs can contribute to reduced anxiety, improved emotional regulation, enhanced social engagement, and increased motivation for participation in rehabilitation programs.

The conclusions of this study should be interpreted in light of the qualitative nature of the research design. To minimize potential biases associated with qualitative data, findings were derived through comparative analysis of multiple institutional cases representing different regions, organizational models, and target populations. The use of diverse data sources, including official documents, public reports, social media materials, and practitioner interviews, enabled triangulation and cross-validation of information. Conclusions were not based on isolated examples but on recurring patterns identified across organizations implementing canine-assisted therapy in different contexts. Particular attention was paid to both common characteristics and context-specific differences, reducing the likelihood of selective interpretation. Nevertheless, the study acknowledges that some information originated from self-reported institutional materials and practitioner perspectives, which may reflect positive reporting tendencies. To address this limitation, evidence from multiple sources was systematically compared and analyzed before drawing conclusions. Therefore, the findings should be viewed as an evidence-informed synthesis of current Ukrainian practice rather than as definitive causal proof of intervention effectiveness. Future longitudinal and mixed-methods studies involving standardized outcome measures would further strengthen the evidence base and provide additional validation.

Several practical lessons emerged from the Ukrainian experience:

Integration into multidisciplinary teams is essential. Canine-assisted therapy is most effective when embedded within individual rehabilitation plans and combined with psychological, physical, and social interventions.

Structured planning and outcome monitoring improve effectiveness. Standardized assessment tools (e.g., anxiety, social interaction, motor function scales) should be used at baseline and follow-up stages.

Individualized and small-group formats are particularly beneficial for participants with complex trauma or significant psychosocial vulnerability.

Animal welfare must be systematically monitored. Therapy dog stress management and workload regulation are integral to ethical and sustainable practice.

Intersectoral collaboration enhances sustainability. Partnerships among local authorities, NGOs, mental health professionals, and certified handlers strengthen program continuity and accessibility.

Practitioners operating in crisis or post-conflict environments may consider canine-assisted therapy as a complementary psychosocial support tool. However, successful implementation requires professional training, clear safety protocols, and institutional support mechanisms.

The Ukrainian case illustrates that even under conditions of large-scale social disruption, canine-assisted therapy can serve as a practical, scalable, and community-oriented intervention supporting both individual recovery and broader social resilience.

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