

1 Supporting Rights to Emotional Support Animals as an Accommodation: A Scoping Review of  
2 Professional Guidelines for Eligibility

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7 The Authors have no conflict of interests to state.

8 No specific funding source was used in the production of this manuscript.

9 **Ethics Statement**

10 This study does not involve human subjects, so it was not subject to human subjects' review.

11 The research has been conducted in an ethical and responsible manner in full compliance with

12 standard research protocol for policy and research review methods. No animals or humans were

13 involved. No patent, no laboratory or experiments are involved.

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## Abstract

When the emotional support provided by a person's animal helps to mitigate an aspect of a disability, that person has a right to have their animal, typically referred to as an Emotional Support Animal (ESA), within their housing as a disability accommodation under the Fair Housing Act (FHA) in the United States. Health and mental health care professionals (henceforth referred to as "health care professionals") are considered a reliable source for verification of eligibility for ESAs as a disability accommodation, and guidelines have emerged within and across professions to help guide assessment and documentation. These guidelines are published in the form of peer-reviewed journal articles and position statements from professional groups, such as primary care physicians, nurse practitioners, psychologists, counselors, social workers and psychiatrists. We used scoping review methods to identify guidelines across psychiatry, medicine, nursing, counseling psychology and social work then analyzed the guidelines using a competency-focused framework and compared the guidelines to the legal requirements of ESA documentation. Guidelines often reflected the values underlying the discipline, but agreement was generally seen in most areas of knowledge, skills and attitudes. Recommendations for integrative best practices guidelines, across professions, are proposed along with specific recommendations for writing ESA letters.

Keywords: Documentation, Emotional Support Animals, Nursing, Psychiatry, Social Work, Counseling, Medicine, Federal Housing Laws; Practice Guidelines

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## Introduction

41

In a newspaper article in the *Metro*, author Harriet Williamson (2018) described her

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experience of depression:

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“I’m curled in a ball on my bed, staring into space. I’ve spent the day trying to fend off a

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mental health episode, to be productive and keep myself distracted, but a depressed

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exhaustion has descended on me. All my limbs are heavy, and I feel like I can’t move.

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One of my cats, a black and white tom called ‘Purnest Hemingway’ comes to sit on me.

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He reaches out with one paw so he’s touching me. He almost always does this when I’m

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feeling vulnerable or upset. He’s a big, heavy cat and the weight of him makes me feel

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grounded. His purring is comforting. I no longer feel so alone and tangled in my own

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sadness. When he gets up to investigate a sound in another room, I find that I’m able to

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get up too. (No Page)”.

52

Whether Ms. Williamson’s eligibility for Purnest Hemingway’s companionship as an

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accommodation for her mental health condition has been explicitly documented via an

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“Emotional Support Animal (ESA) letter” is irrelevant; Purnest *is* functioning as her ESA as his

55

presence and interactions are helping to reduce impairment related to Ms. Williamson’s mental

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health condition. A person having a physical or mental health impairment, and their animal

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helping to alleviate the symptoms or effects of the impairment, are the two key components of

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eligibility of a reasonable accommodation for an ESA under federal disability rights laws in the

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United States (U.S. Department of Housing and Urban Development, 2020). Specifically, Ms.

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Williamson reports experiencing symptoms of depression which are causing difficulty in leaving

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her bed; she then describes how her interaction with Purnest –which entailed him spontaneously

62 sitting on her and required no special training for him to perform the task – rendering her able to  
63 get out of bed and engage in activities of daily living.

64 The interaction Ms. Williamson described having with her cat is clearly therapeutic, as it  
65 helped to mitigate the functional impairment she was experiencing due to her mental health  
66 episode. The kind of therapeutic benefits of human-animal interaction (HAI) described by Ms.  
67 Williamson are receiving greater public attention, as people like Ms. Williamson who experience  
68 mental and physical health challenges write, blog, tweet, and/or post videos about the therapeutic  
69 benefits of companion animals sharing their homes. Likewise, peer-reviewed research literature  
70 documenting substantive human health and mental health-related benefits from animal  
71 companionship has expanded in recent years.

72 In a review of the empirical literature on companion animals and human benefits,  
73 Friedman and Krause-Parello (2018) found animal companionship was associated with  
74 reductions in depression and loneliness, enhanced social interactions, reduced anxiety and  
75 physiological arousal, and promotion of exercise and/or physical activity. Among individuals  
76 living with chronic mental illness, having a companion animal has been associated with  
77 increased social support (Brooks et al. 2016; Brooks et al., 2019), increased community  
78 integration (Zimalog & Krupa, 2010), greater self-efficacy and empowerment (Wisdom et al.,  
79 2009), and decreased distress related to mental health stigma (Brooks et al., 2019). In a study of  
80 college students with ESAs, Kerman and colleagues (2022) noted the following were identified  
81 as ESA-related benefits: comfort, decreased mental health symptoms, increased empowerment,  
82 and the ESA acted as a conduit to positive interactions with other people. “Spending time with  
83 your pet or other animals” was ranked as one of the top strategies in a study of coping strategies  
84 for mood symptoms used by individuals living with chronic mood disorders (Wynter & Perich,

85 2019, p. 138) and animal companionship has been associated with decreased depression  
86 symptoms for individuals living with chronic mood disorders (Brookes et al, 2018; Kerman et al,  
87 2022). In a small longitudinal pilot study of how living with ESAs affected individuals living  
88 with serious mental illness, participants' scores on anxiety, depression, and loneliness  
89 significantly decreased after living with their respective ESAs (Author et al, 2021).

90         Perhaps most compelling is the emerging body of peer-reviewed literature on companion  
91 animals as a protective factor against suicide; findings in which people cite their respective  
92 companion animals as the reason they refrained from suicide are found in studies on suicidality  
93 in general populations in crisis (Hawkins et al., 2021; Love, 2021; Mason et al., 2021), autistic  
94 adults (Barcelos et al., 2021), domestic violence survivors (Fitzgerald, 2007), adults experiencing  
95 homelessness (Scanlon et al., 2021), LGBTQ+ young people experiencing homelessness  
96 (Schmitz et al., 2021), older adults experiencing isolation (Young et al., 2020), and veterans with  
97 PTSD and other chronic mental health issues (McLaughlin & Hamilton, 2019; Young et al.,  
98 2020). Unfortunately, regardless of how straightforward the therapeutic value of an animal's  
99 companionship may be for a person's health or mental health condition, barriers are routinely  
100 encountered when people attempt to exercise their right to have their animal in housing as a  
101 disability accommodation under U.S. federal housing law.

102         To exercise the right to therapeutic animal companionship (e.g., an Emotional Support  
103 Animal) as a disability accommodation in housing, a person is typically required by a housing  
104 provider to have their accommodation eligibility verified in writing via what is commonly  
105 referred to as an "Emotional Support Animal (ESA) letter".

106         Without such documentation, even when an animal provides therapeutic value and is  
107 functioning as an ESA for an individual, that animal may be prohibited by policy in places such

108 as rental units, condominiums, shared dwelling spaces, or by homeowner associations, until the  
109 housing provider receives specific, reliable information verifying ESA accommodation eligibility  
110 in the form of an ESA letter.

111 To clarify documenting housing accommodation eligibility relating to ESAs or task  
112 assistance from animals who have received specialized training that help mitigate disabilities  
113 (Service Animals), in 2020 the U.S. Department of Housing and Urban Development (HUD)  
114 (2020) released a document titled “Guidance on Documenting an Individual’s Need for  
115 Assistance Animals in Housing”. Within the document, HUD states:

116 ...certain impairments, however, especially including impairments that may form the  
117 basis for a request for an emotional support animal, may not be observable. In those  
118 instances, a housing provider may request information regarding both the disability and  
119 the disability-related need for the animal the housing provider is not required to grant the  
120 accommodation unless this information is provided but may not deny the accommodation  
121 on the grounds that the person requesting the accommodation has not provided this  
122 information until the requester has been provided a reasonable opportunity to do so... (p.  
123 9).

124 While not required to obtain information about the person’s disability and disability-related  
125 need for an animal to grant an ESA accommodation, requiring such is a routine practice for many  
126 housing providers in the United States. HUD explicitly designates health care professionals as  
127 reliable providers of documentation used to verify disability and disability-related eligibility for  
128 an ESA housing accommodation (HUD, 2020). As stated in the HUD 2020 guidance memo:

129 ...reasonably supporting information often consists of information from a licensed health  
130 care professional – e.g., physician, optometrist, psychiatrist, psychologist, physician’s

131 assistant, nurse practitioner, or nurse – general to the condition but specific as to the  
132 individual with a disability and the assistance or therapeutic emotional support provided  
133 by the animal. A relationship or connection between the disability and the need for the  
134 assistance animal must be provided. This is particularly the case where the disability is  
135 non-observable, and/or the animal provides therapeutic emotional support (p.12).

136 As awareness of the right to have an ESA as a disability accommodation has increased, healthcare  
137 professionals across professions are experiencing an increase in requests to verify ESA  
138 accommodation eligibility.

139 Across professions, guidelines have emerged informing whether, and how, to write ESA  
140 letters when asked to do so within the scope of professional practice. Such guidelines are a critical  
141 step forward in reducing barriers to ESA companionship within housing for those who have a right  
142 to this accommodation. However, there are areas of difference across these guidelines, both within  
143 and across professional viewpoints. Some sets of guidelines include recommendations not to write  
144 an ESA letter for one’s own client/patient, citing role conflicts, and instead suggest referring to a  
145 specialist in disability and forensic assessment to evaluate for ESA eligibility (Younggren et al,  
146 2019). This is in stark contrast to the guidance provided by HUD, which unequivocally states that  
147 verification of ESA eligibility can be done by a range of health/mental health care professionals  
148 within the scope of routine service/treatment delivery (HUD, 2020).

149 To date there has not been an integrative comparison of existing guidelines, which could  
150 illuminate points of interprofessional consensus and address areas of confusion and  
151 misinformation, that may be causing unnecessary barriers to individuals exercising their right to  
152 ESA accommodation in housing. To this end, the purposes of this paper are to: 1) provide a  
153 scoping, integrative review of existing ESA letter guidelines within and across professions, using

154 a competency-focused framework; 2) analyze guidelines according to conformity with HUD  
155 guidelines and disability rights fair housing laws for ESA letters; and 3) propose an integrative,  
156 inter-professional competency-based framework for ESA letters that is consistent with HUD  
157 guidance and fair housing laws. Ultimately, we hope to help to empower clinicians across health  
158 care professions to more comfortably and confidently support the rights of their patients/clients  
159 who are eligible under the FHA to have ESAs as housing accommodations in the United States.

160

161 **The Legal Context for ESA Eligibility: Anti-Discrimination Laws and Disability Definition**  
162 **in the United States**

163

164 Before delving into the method for the guidelines review, it is necessary to clarify the  
165 federal legal context within which ESA status as a housing accommodation for disability exists.  
166 Additional legal parameters at the state level regarding ESAs vary; while states can *expand*  
167 protections and access rights related to ESAs as accommodations, they cannot *remove* or *restrict*  
168 the disability accommodation rights established by federal legislation. A notable exception to  
169 this is California’s Assembly Bill 468; passed in 2021 the bill mandates that clinicians must  
170 establish “...a client-provider relationship with the individual for at least 30 days prior to  
171 providing the documentation requested regarding the individual’s need for an emotional support  
172 dog...”. This 30-day provider-client relationship requirement is *not* required in the relevant  
173 federal legislation, e.g., the FHA; because the 30-day provider-client relationship requirement  
174 places restrictions on people seeking ESAs as accommodations beyond what is required by  
175 federal law.



176           There are multiple federal laws that address aspects of disability, and definitions of  
177 disability vary depending on the purpose of the legislation. Recognizing and referencing the  
178 correct legal context is critical for a professional to appropriately respond to a patient/client  
179 request to document/verify ESA accommodation eligibility. The applicable federal laws in the  
180 United States related to disability accommodation are the Americans with Disabilities  
181 Amendments Act of 2008 (ADA, Pub. L. 110–325, Sept. 25, 2008, 122 Stat. 3553, codified at 42  
182 U.S.C. §§ 12101 *et seq.*), the Fair Housing Amendments Act of 1988, as amended (FHA, Pub. L.  
183 100–430, §13(a), Sept. 13, 1988, 102 Stat. 1636, codified at 42 U.S.C. §§ 3601 *et seq.*), and the  
184 Rehabilitation Act of 1973 (RHA, Section 504 of the Rehabilitation Act of 1973, Pub. L. No. 93-  
185 112, 87 Stat. 394 (Sept. 26, 1973), codified at 29 U.S.C. § 701 *et seq.*).

186           It is important to note that these laws are anti-discrimination laws that exist to protect the  
187 rights of people with disabilities: the ADA addresses rights and protections within public spaces,  
188 the FHA addresses rights and protections within housing, and the Rehabilitation Act of 1973  
189 pertains to rights and protections within settings that receive federal funds. ESAs are not  
190 recognized as accommodation under the ADA, only service animals who are trained to perform  
191 specific tasks that mitigate aspects of a person’s disability may be brought into public spaces as  
192 disability accommodation (HUD, 2020). The FHA provides the primary legal framework within  
193 which professionals should consider requests to write ESA letters.

194

### 195           **Definition of Disability in U.S. Anti-Discrimination Laws**

196           Under these federal anti-discrimination laws, including the FHA, disability is defined as a  
197 physical or mental impairment that substantially limits one or more major life activities or major  
198 bodily functions<sup>1</sup>, a record thereof, or being regarded as having a disability.<sup>1</sup> Examples of major

199 life activities include, but are not limited to, “caring for oneself, performing manual tasks,  
200 seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing,  
201 learning, reading, concentrating, thinking, communicating, and working”, as well as the  
202 operation of major bodily functions such as “functions of the immune system, normal cell  
203 growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and  
204 reproductive. functions.”<sup>2</sup>

205 To determine how to define disability in practical terms, it is helpful to look at the  
206 legislative intent and implementing regulations. The Department of Justice established clear rules  
207 of construction to be applied when determining whether an individual can be considered as  
208 “living with a disability” under the ADA and FHA:<sup>3</sup>

- 209 • The term “*substantially limits*” should be construed broadly in favor of expansive  
210 coverage. The objective of discrimination cases is to determine whether an entity  
211 has discriminated, not whether an individual is covered under the law. (81 FR  
212 53204, 53204-05 (Aug. 11, 2016))
- 213 • An impairment is a disability if it makes it substantially more difficult than the  
214 average person to perform that major life activity.
- 215 • Determination of whether an individual is living with a disability (*i.e.*, the  
216 “substantially limits”) “usually will not require scientific, medical, or statistical  
217 evidence.”
- 218 • An impairment limiting one major life activity “need not substantially limit other  
219 major life activities in order to be considered a substantially limiting impairment.”

- 220           • That an individual can present themselves as functioning does not bear on the  
221           determination of whether the person is living with a disability under the ADA or  
222           FHA.

223  
224           As such, the term “disability” under the ADA and FHA is a legal term that requiring a  
225           low threshold to be met. This is an intentionally expansive definition to encompass the broadest  
226           possible number of people.<sup>4</sup> In fact, the determination can be made without “scientific, medical,  
227           or statistical evidence,” and in general housing property owners are not entitled to the specific  
228           diagnosis, the severity of the injury, and cannot request the individual’s medical records.<sup>5</sup> An  
229           ESA letter establishing that an individual is living with a disability does not need to be written by  
230           a doctor, the legal requirement is that the letter is reliable and based on personal knowledge.  
231           Moreover, writing an ESA Letter should not be compared to writing a prescription as an animal  
232           is not a controlled substance. Instead, clinicians need employ only “the knowledge used to  
233           diagnose, advise, counsel, treat, or provide health care or other disability-related services to their  
234           patient/client” when making the evaluation.<sup>6</sup> Such treatment of disability is consistent with  
235           technical assistance provided by the Department of Justice (DOJ) and HUD. In a 2004 guidance  
236           memorandum, numerous sources were listed as examples of ways to verify the existence of a  
237           disability, such as credible statement by the individual, “a doctor or other medical professional, a  
238           peer support group, a non-medical service agency, or a reliable third party who is in a position to  
239           know about the individual’s disability may also provide verification of a disability”.<sup>7</sup>

240           Conversely, ESAs are *not* mentioned or referenced in entitlement disability laws, such as  
241           Social Security (20 C.F.R. § 404.1505(a)) and Workers’ Compensation (5 U.S.C. §§ 8101 -  
242           8193). In contrast to anti-discrimination laws, entitlement disability laws have a much higher  
243           threshold of impairment necessary to qualify for income support due to inability to work.

244 Conflation of legal frameworks referenced in ESA verification has potentially dire consequences,  
245 as individuals living with a disability may be provided with disparate treatment dependent on  
246 whether their clinician refers to appropriate law in understanding “disability”. Under Social  
247 Security disability law, disability is defined narrowly as “the inability to do any substantial  
248 gainful activity by reason of any medically determinable physical or mental impairment which  
249 can be expected to result in death, or which has lasted or can be expected to last for a continuous  
250 period of not less than 12 months”. Meeting this definition requires a severe impairment that  
251 prevents the individual from participating in any gainful work and a formal disability evaluation  
252 is typically required to determine eligibility for entitlements/income support. Many people with  
253 disabilities are working and/or engaged in a range of highly meaningful activities. The notion  
254 that a person must reach the severe level of impairment required by disability entitlement laws to  
255 be considered “disabled” under anti-discrimination laws is completely inaccurate. Recognizing  
256 and referencing the correct legal context in which disability is defined, *i.e.*, the FHA, is a crucial  
257 aspect of a professional’s ability to accurately verify eligibility for an ESA as a housing  
258 accommodation.

### 259 **Policy Framework: ESAs as a Disability Accommodation in Housing**

260 Federal anti-discrimination laws, including the FHA, allow for a reasonable  
261 accommodation, or exemption, from laws and policies that serve as a barrier to individuals living  
262 with a disability from full use and enjoyment of their dwelling. Housing policies that do not  
263 allow pets, have breed or weight restrictions, and/or require cost-prohibitive pet deposits and fees  
264 (henceforth referred to as “pet rules”) are barriers for a person with a disability seeking to live  
265 with a companion animal who helps to mitigate effects of their disability.

266           The term “ESA” as utilized in the United States originated in federal anti-discrimination  
267 law pertaining to waiver of pet rules as a disability accommodation when needed to enjoy the full  
268 benefit of an individual’s dwelling. Emotional support was described as one type of assistance  
269 that could be provided by animals to alleviate disability-related impairment experienced by  
270 people. ESAs differ from service animals in their training, function, or species. While service  
271 animals are trained to perform specific tasks to assist people with aspects of their disabilities,  
272 ESAs are not required to have special training to assist people with disabilities. Rather, they help  
273 by conveying the biopsychosocial benefits associated with everyday human-animal interactions  
274 (author et al., 2021; Friedman & Krause-Parello, 2018).<sup>8</sup>

275           Individuals with disabilities whose emotional support or task-trained animal alleviates a  
276 symptom or effect of their disability are entitled to have their animals as a policy accommodation  
277 under the anti-discrimination laws to legally co-reside with them within a dwelling. Returning to  
278 the story in the first paragraph, Ms. Williamson writes that her cat Purnest is not trained to assist  
279 her, yet she was able to leave her bed after an interaction with him in after he spontaneously sat  
280 on her while she was in bed. In this instance, the alleviation of impairment related to her mental  
281 health symptoms. the alleviation of symptoms experienced by the author through interacting with  
282 her cat was likely due to the cat’s natural proximity-seeking behavior and subsequent tactile  
283 sensations conveyed – the weight and warmth of the cat’s body, the texture of the cat’s fur, and  
284 the vibration of the cat’s purr as he sat on her – likely served to ground her. While this cat  
285 behaved no differently than a typical household pet cat, the impact of this cat’s behavior upon  
286 the author resulted in alleviation of symptoms/effects of her mental health condition and was  
287 therapeutic. Given such therapeutic impact, under the FHA, the author could seek to have the  
288 presence of a cat in her home recognized as a housing accommodation, and the animal serving in

289 the role as an ESA. The FHA requires that people seeking ESAs – as well as other  
290 accommodations – provide verification of their disability; and how the animal alleviates a  
291 symptom or effect of the disability, or nexus, for the accommodation, when it is not obvious  
292 (Thrope, 2013; United States Department of Housing, 2020). In the case of ESAs, written  
293 verification of the disability and nexus is often requested from health care professionals who  
294 provide treatment/services to the individual seeking the verification.

295 To help clarify the intent of the laws and the role of professionals within the scope of  
296 competent practice, multiple profession-specific guidelines on aspects related to ESA letters have  
297 been published by a range of professions in the form of peer-reviewed journal articles and  
298 position statements. Each of the publications explicates dimensions of professional competence  
299 as related to ESA letters; competence is commonly defined as the requisite knowledge, skills,  
300 and attitudes/values needed to perform a professional task or function (Frank et al, 2010; Lizzio  
301 & Wilson, 2004).

### 302 **Method**

303 A scoping review (Arksey & O'Malley, 2005) was undertaken to locate published  
304 guidelines on ESA verification. Scoping reviews are a relatively new methodology and lack a  
305 consistent definition or universal methodology. These reviews are also called “mapping” reviews  
306 and “reconnaissance reviews” because they clarify working definitions and conceptual  
307 boundaries of a topic or field (Peters et al; 2015). Scoping reviews are of particular use when a  
308 body of literature has not yet been comprehensively reviewed, or exhibits a large, complex, or  
309 heterogeneous nature, not amenable to a more precise systematic review (Peters et al., 2015).  
310 Scoping reviews are also useful for summarizing findings, and while the process varies, it

311 typically involves charting in tables and can include categorizing findings into conceptual  
312 categories (Peters et al., 2015).

313         This search used Academic Search Complete, with all sub-databases selected and the  
314 search term “Emotional Support Animal\*”, and the criteria included: peer-reviewed, written in  
315 English, and specified professional guidance for health or mental health professionals on ESA  
316 letter requests as the primary article focus.

317         The search generated 213 items, which was reduced to 79 items when exact duplicates  
318 were removed. Of the 79 items, a total of 8 peer-reviewed articles were located that met the  
319 stated criteria. The lead author of this article, through personal communication with members of  
320 various human-animal interaction scholarship and professional practice networks, also located  
321 two additional documents that were referred to as “position statements” on ESAs for sub-groups  
322 of national professional organizations. Each of these position statements, while not peer-  
323 reviewed journal articles, had been subject to extensive peer review within the respective  
324 professions that published them, and were thus included in the scoping review. Three of the  
325 psychologist-authored articles were combined and treated as one set of guidelines, as the first  
326 two articles culminated in a third article that specified an ESA assessment model (incorporating  
327 content from the previous two articles). Finally, there was one late addition to the scoping of  
328 documents: the American Psychiatric Association Resource Document: Resource Document on  
329 Emotional Support Animals.

### 330 **Framework and Analysis**

331         Competence and practice-related competencies are well-established and delineated across  
332 multiple professions and professional education curriculums. The language of competence in  
333 professional practice thus offers a unifying interprofessional framework within which to situate

334 and analyze the various guidelines that have emerged across professions on ESA letter writing.  
335 In 2010, Frank and a team of international colleagues published a seminal framework of  
336 competencies for medical and health profession education. This framework was the culmination  
337 of a collaborative multi-step process, starting with a systematic review of literature which:  
338           ... identified authors from various countries who have published key papers on  
339           CBME [Competency Based Medical Education]. Authors of papers that defined  
340           and elaborated contemporary concepts of CBME were invited to join in a multi-  
341           stage group process to advance work in this area... We engaged in a multi-stage  
342           group process and held a consensus conference with the aim of reviewing the  
343           scholarly literature of competency-based medical education, identifying  
344           controversies in need of clarification, proposing definitions and concepts that  
345           could be useful to educators across many jurisdictions, and exploring future  
346           directions for this approach to preparing health professionals... (Frank et al, 2010,  
347           p.639).

348 Given the depth and breadth of scholarship and perspectives involved and the rigor of their  
349 iterative, consensus-driven development process, the framework offered by Frank et al (2010)  
350 provides a solid and straightforward foundation within which to situate competencies relevant  
351 across health professions. As explained by Frank et al (2010), "...specific elements of  
352 knowledge, skills, and attitudes are the components of a given specific ability [competence] ..."  
353 (p. 641). Using this framework, each of the ESA guideline documents was reviewed and coded  
354 for knowledge, skills, and attitudes proposed to be needed to verify and document eligibility for  
355 ESA accommodation (Frank et al, 2010). In defining the codes, and to strengthen conceptual  
356 clarity in the coding analysis, the distinction typically made between declarative and procedural



357 knowledge was also included: knowledge defined as declarative knowledge includes facts,  
358 information, concepts, and definitions that a person knows and can communicate, whereas skills  
359 were defined as procedural knowledge which entail a sequence of specific cognitive or  
360 behavioral actions to accomplish a given goal or task (Anderson & Schunn, 2000). Attitude is a  
361 complex construct that has cognitive, affective, and behavioral dimensions. Within professional  
362 training and practice, it is typically the cognitive aspect of attitudes that is focused upon,  
363 regarding values, ethics, and ways of orienting to issues and situations (Aiken, 2002). In this  
364 analysis, “attitude” was thus considered to include values, ethics, and ways of orienting within  
365 the profession.

#### 366 **Analytic Procedures.**

367 Two coders analyzed the documents: the first author, a PhD researcher in human-animal  
368 interaction (HAI), and a graduate student under their supervision. The content in each set of  
369 guidelines was independently reviewed and coded using the three broad categories of  
370 knowledge, attitudes, and skills as defined in the preceding section. The two coders worked  
371 independently and then negotiated on coding schema. Within each of these three categories,  
372 topical sub-themes emerged and were likewise coded and reviewed. For example, within the  
373 category of knowledge, the following emerged across guidelines as needed areas of knowledge  
374 related to writing an ESA letter: policy and law, assessment of the client, therapeutic roles of  
375 animals and HAI benefits, risks related to HAI and ESAs, and animal-related knowledge. Table  
376 1 summarizes the content of these knowledge components as explicated within each set of  
377 guidelines.

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379 [INSERT TABLE 1]

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## Results

### Clinician Knowledge Needed for ESA Letter Writing Competence

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As seen in Table 1, there was strong agreement across healthcare professional ESA guidelines as to the importance of having knowledge of the federal laws related to ESAs, most notably the FHA and the Air Carrier Access Act (which is now no longer relevant due to revisions which have removed ESA companionship as a disability accommodation in air travel). Psychiatry's guidelines added knowledge of state and local laws. Knowledge of the different therapeutic roles of animals was also an area of agreement across all professions. However, the depth of knowledge needed on the therapeutic nature of HAI varied. Several sets of guidelines noted only knowledge related to therapeutic HAI role differences as needed (Baker & Adams, 2020; Ernsinger & Thomas, 2013; Hahn, et al., 2020; Thompson & Elad, 2020; Tin, Rabinowitz, & Fowler, 2019). Author, Author and Hector (2019) and Ferrell et al., (2021) also indicated knowledge of biopsychosocial benefits of HAI was needed, whereas the HAICIN (2019) guidelines authored by Stewart et al., (2019) called for knowledge on therapeutic HAI at the level required to do animal-assisted therapy (AAT), as delineated in competencies associated for counselors doing AAT.

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The content on the nature of knowledge needed related to client assessment diverged, depending on whether writing an ESA letter was determined to be an appropriate task within a clinical treatment relationship, or a formal disability determination that should be completed by a specialist with training in disability evaluation. All of the guidelines authored by physicians (Baker et al., 2020; Tin et al., Fowler, 2019) and social workers (Author, Author, & Hector, 2019; Hahn et al., 2020), as well as one set of guidelines authored by psychologists (Ernsinger &

403 Thomas, 2013), treated the writing of an ESA letter as a task that clinicians completed within the  
404 context of providing ongoing treatment services, using the general assessment practice  
405 knowledge of the respective professions. In contrast, two sets of guidelines authored by  
406 psychologists (King et al, 2020; Younggren et al., 2019), psychiatrists (APA, 2022) and one set  
407 of guidelines authored by nurse practitioners (Thompson & Elad, 2020) explicitly identified the  
408 writing of an ESA letter as equivalent to conducting a formal disability determination via  
409 applying related specialized knowledge, and hence a task that should be completed by a  
410 specialist with formal disability evaluation knowledge and training. Notably, King et al (2020)  
411 and Thompson and Elad (2020) both referenced the work of Younggren and colleagues (2019) in  
412 explaining ESA letter writing as a formal disability evaluation. The guidelines authored by  
413 counselors noted that specialized knowledge was also needed to write an ESA letter. However,  
414 the specialized knowledge noted was related to therapeutic human-animal interactions rather  
415 than formal disability determinations (HAICIN/Stewart et al., 2019; ACA, 2019). Animal-  
416 specific knowledge was generally described as outside of scope of practice across most  
417 guidelines, and collaboration with collateral sources such as veterinarians, animal trainers, and  
418 animal shelter staff was widely endorsed across guidelines when animal-specific knowledge was  
419 needed. Ferrell and Crowley (2021) from psychology offer a decision model that includes all the  
420 knowledge areas and decisions made by the clinician in each area which then determines the  
421 direction. This includes human and animal knowledge, laws, and an assessment of risks and  
422 benefits.

423 Knowledge of risks related to ESAs was another area addressed across guidelines. The  
424 guidelines differed across professions as to who would be at risk, client and/or clinician, animal,  
425 or public, as did the nature of the risks (physical, financial, social, emotional, legal) for all

426 parties. Client risks related to injury and illness (falls, asthma) and zoonotic diseases and animal  
427 bites (APA, 2022; Baker, 2020; Hahn, et al., 2020; HAICIN/Stewart et al., 2019; King et al,  
428 2020; Tin, et al., 2019; Younggren, et al., 2019) was a substantive area discussed, as was clinician  
429 legal risks related to writing an ESA letter (APA, 2022; Ernsingner & Thomas, 2013 Hahn et al.,  
430 2020; Ferrell & Crowley, 2021; HAICIN/Stewart et al., 2019; 2019; King et al, 2020; Younggren  
431 et al, 2019; and Thompson & Elad, 2020). In three sets of guidelines, the possibility of long-  
432 term negative effects of a formal disability determination for a client with regards to how it  
433 might impact their employment, education, security clearance, child custody determinations, and  
434 other areas was also stated as a risk (Baker et al., 2020; Thompson & Elad, 2019; Younggren et  
435 al, 2019). The counseling guidelines also mentioned “public skepticism and misconception” as a  
436 risk which was not identified in the other guidelines. Having knowledge of the risks was well  
437 conceptualized across all professions and is an area of emphasis in all professional guidelines.

438 Risks to the animal serving as an ESA and information related to the animal’s well-being  
439 and clinician assurance that the animal is/will be adequately cared for were addressed to varying  
440 degrees across guidelines. For instance, while breed and species-specific knowledge is not noted,  
441 a concern for the animal’s welfare is delineated as part of the letter writer’s consideration in  
442 medical, psychology, and social work guidelines (Ferrell & Crowley, 2021; Author et al., 2019;  
443 King et al, 2020; Tin et al., 2019). In contrast, HAICIN (2019) guidelines authored by Stewart et  
444 al., (2019) called animal welfare knowledge at the level required to do animal-assisted therapy  
445 (AAT), as delineated in competencies associated for counselors doing AAT.

#### 446 **Clinician Skills Needed for ESA Letter Writing Competence**

447 Two skill sets were discussed within the guidelines: assessing whether the client’s  
448 condition met ESA eligibility criteria (*i.e.*, met the FHA definition of disability); and assessing

449 whether there was or would be a nexus between the ESA and alleviation of the client's FHA-  
450 qualifying condition. Table 2 summarizes the findings across guidelines concerning these two  
451 primary skills.

452 [INSERT Table 2]

453         Regarding the skill needed in assessing whether the client's condition met ESA eligibility  
454 criteria, guidelines again diverged in terms of whether the skill was included in general  
455 professional practice methods or constituted a specialized skill set. Guidelines authored by  
456 physicians (Baker et al.,2020; Tin et al., 2019) and social workers (Author, Author, & Hector,  
457 2019; Hahn et al., 2020), one guideline set authored by psychologists (Ensigner &Thomas,  
458 2013), and the guidelines in the counseling position paper (HAICIN/ Stewart et al., 2021 ACA,  
459 2019) explicated this skill as embedded within routine professional practice and assessment  
460 methods. Baker et al (2020) further proposed an algorithm and routine screening instruments  
461 that could be used in primary care practices to assess patients requesting ESA letters. Similarly,  
462 Ferrell and Crowley (2021) provide a decision tree model which focuses on need and clinical  
463 goal first, then on how well an ESA will meet the needs and address the goal. In contrast, two  
464 sets of guidelines authored by psychologists (King et al, 2020; Younger et al., 2019), and one set  
465 of guidelines authored by nurse practitioners (Thompson & Elad, 2020), explicitly identified this  
466 skill as a formal disability evaluation that required specialized training and should be done by  
467 someone other than the treating clinician. The guidelines from psychiatry are clear that this  
468 assessment is a diagnosis of a mental health condition first and secondly a physician's  
469 assessment of how an ESA could reduce functional impairment from the illness (APA, 2022).

470         The clinical skills related to assessing whether the client met eligibility criteria for an  
471 ESA varied widely across guidelines. Author et al (2019) specified use of the biopsychosocial

472 framework to situate empirically supported HAI benefits and evaluate potential amelioration of  
473 specific client impairment and symptoms. All guidelines by physicians (Baker et al., 2020; Tin  
474 et al., 2019) and social workers (Author, Author, & Hector, 2019; Hahn et al., 2020) noted  
475 discussion with the patient about ESA risks/contraindications and benefits as an aspect of  
476 determining ESA need, juxtaposed with relevant diagnosis/treatment information and clinical  
477 judgment. Tin et al (2019) stated such discussion included the patient elaborating on why they  
478 believe an ESA will be beneficial, while Hahn et al (2020) indicated a patient's desired ESA  
479 benefits needed to be explicitly linked to their mental health goals, which would presumably take  
480 place through discussion. Ernsinger and Thomas (2013) expressed concern that patient self-  
481 report of ESA benefits might be viewed as less credible by external entities, suggesting the  
482 clinician could attempt to observe the patient and animal to see if the animal interrupts the  
483 patient's symptomatic behavior and speculating on the negative effects of not having an ESA,  
484 ultimately to strengthen credibility for the client. Psychology guidelines (King et al., 2019) and  
485 counseling (HAICIN/Stewart, 2019) indicated a specialized set of skills related to AAT/HAI  
486 expertise were needed to assess for ESA need.

487         In contrast, the guidelines authored by Younggren and colleagues in psychology (2019)  
488 explicitly indicated that observation of the individual and animal together and apart was  
489 necessary to determine eligibility for ESA, to assess the individual's presentation in both  
490 contexts. Clinical judgment and standardized instruments of symptoms related to disability were  
491 also noted as needing to be utilized in determining a nexus between ESA and disability  
492 amelioration; patient reports of benefits from ESAs was identified as an inadequate data source  
493 in determining this nexus (Younggren et al, 2019). A differing viewpoint in psychology is  
494 offered by Ferrell and Crowley (2021), who frame assessing for ESA need as a transparent,

495 dialogue-driven process between the clinician and the client as they collaboratively work through  
496 an ESA-related decision model to arrive at a decision.

497         Psychiatry guidelines are clear that it is outside the scope of work to determine whether  
498 particular breeds and/or a particular individual ESA is appropriate for their client, deferring to  
499 veterinary or animal behavioralists.

500

### 501 **Clinician Attitude/Values Needed for ESA Letter Writing Competence**

502         Table 3 summarizes the values and attitudes identified within the guidelines.

503 [INSERT Table 3]

504         In the guidelines, the attitudes toward ESA letter writing diverged according to whether  
505 the task was understood as a formal disability evaluation, or as a treatment/support option (often  
506 but not always generated via patient request) to be considered and evaluated by clinicians and  
507 patients within the contexts of ongoing treatment and routine professional practice. Social work  
508 and medicine tended to fall on the side of treatment/support whereas authors of Psychology and  
509 Nurse Practitioner and Psychiatry-( King et al, 2020; Thompson et al, 2020; Younggren et al,  
510 2019) guidelines that identified ESA letter writing as a formal disability evaluation cited  
511 concerns related to dual roles and conflicts of interest, along with lack of training in disability  
512 evaluation, as primary reasons for clinicians not to write ESA letters.

513         The need to evaluate for malingering or manipulation was particularly emphasized by  
514 Younggren et al, 2019 and by the APA (2022). This group of guidelines concluded clinicians  
515 should generally refrain from writing an ESA letter for an individual that a clinician is treating  
516 and should instead refer the individual to a disability evaluation specialist, such as a forensic  
517 psychologist, for a stand-alone expert evaluation. Ferrell and Crowley (2021), in psychology,

518 were an exception, for landing somewhere closer to social work in their recognition of the value  
519 and power of the HAI but using a formal system to work through the evidence to determine if the  
520 disability creates a need and a goal and whether an ESA can meet the treatment goal. This  
521 decision process is part of the therapeutic conversation and treatment plan.

522 Attitudes about support and advocacy were also present in some guidelines. Social work-  
523 authored guidelines further delineated an attitude of support and advocacy for people with ESAs,  
524 and psychologists Ernsinger and Thomas (2013) approached ESA letter writing as assisting  
525 clients who had a need for documented ESA accommodation eligibility. Psychologist Ferrell and  
526 Crowley (2021) land on the side of evidence for best practice through structured joint decision  
527 making, which they believe is the best way to collaborate with and advocate for a client. The  
528 counselor-authored guidelines expressed the need for more conclusive evidence on benefits of  
529 human-animal interaction before committing to advocacy related to ESA eligibility.

530

### 531 **Limitations, Discussion and Next Steps**

532 To our knowledge, this is the first attempt to review and compare existing guidelines for  
533 clinicians who are typically asked to document the eligibility for having an ESA as a housing  
534 accommodation. However, scoping reviews are limited to what is available and accessible.  
535 While the authors were diligent in their search, it is possible that guidelines or research articles  
536 were missed in the process. Moreover, this is focused on the United States only and there is a  
537 great deal of HAI work occurring in professional circles in Canada, the United Kingdom,  
538 Australia, Portugal, and elsewhere across the world that could be informative. It is also  
539 important to reiterate that while individuals and organizations from different professions



540 authored ESA verification guidelines, they cannot speak monolithically for each of their  
541 respective professions.

542         Perhaps the most important commonality expressed across guidelines was recognition,  
543 with varying levels of caution, of the overarching potential for ESAs to contribute to the well-  
544 being of people living with chronic health and mental health conditions. This was framed in  
545 several guidelines within the context of ESAs as potentially offering support for people that  
546 could be added to existing interventions. Physician guidelines further framed a patient ESA letter  
547 request as an opportunity to engage helpfully with the patient and reassess their treatment with  
548 them. Psychologists Ernsinger and Thomas (2013), even within the title of their guidelines,  
549 framed writing ESA letters as an opportunity to help clients living with mental disorders, when  
550 their need for documentation of eligibility for ESAs as an accommodation could be supported.

551         Across guidelines, there is strong ethical support for the use of evidence-based practices.  
552 Another commonality across guidelines was that incorporation of ESA companionship within  
553 treatment is *not* an evidence-based practice (APA, 2022; Baker et al, 2020) or a substitute for  
554 comprehensive health and mental health care (Tin et al, 2019). The potential for animal  
555 companionship via ESAs to contribute to patient well-being and improvement was framed as an  
556 evidence-supported, valid reason to proceed with considering the ESA letter request across  
557 guidelines; in psychiatry, the lack of strong peer-reviewed evidence was explicitly identified as  
558 an ethical reason for refusal to consider an ESA letter request from a patient/client.

559         It is critical to note that the FHA does not require a housing accommodation to be an  
560 “evidence-based practice”. Rather, the accommodation needs to ameliorate distress and  
561 impairment of a particular person’s disability. Healthcare providers across professions are  
562 ethically called to provide evidence-based practices to the extent possible and typically consider

563 ESA verification letter requests in light of this. An ESA letter from a healthcare provider serves  
564 as written verification of a particular person’s eligibility under FHA for accommodation in a  
565 housing environment. For other forms of accommodation, verification of need from healthcare  
566 providers is typically not held to the evidence-based practice standard. Requiring a higher  
567 threshold of evidence for animal companionship as an accommodation for primarily mental  
568 health-related disabilities raises numerous ethical and legal problems.

569 An ESA need verification letter may be written for someone who may want their  
570 relationship with ESA to be explicitly incorporated in their healthcare/treatment plan, however,  
571 such ESA incorporation into ongoing treatment services is not required by the verifying  
572 healthcare provider under the FHA. Honoring such requests *is* highly congruent with client- and  
573 patient-centered approaches that incorporate the unique strengths and preferences of a person  
574 within their care plan. Moreover, there is an emerging body of research on the biopsychosocial  
575 benefits of animal companionship that supports such incorporation. *Requiring* a person’s ESA  
576 relationship to be part of their ongoing treatment in order to verify ESA eligibility is not  
577 evidence-based practice, and if it is not congruent with a person’s preferences, it is problematic  
578 for general practice standards across professions as well.

579 To some degree, the guidelines reflect the value orientations which inform problem  
580 identification and practice interventions in helping professions. Psychiatry, nursing, and to some  
581 extent psychology, use a theoretical medical model placing more emphasis on diagnostic factors  
582 rather than environmental factors (Rodgers, 2019). Social work’s theoretical lens is firmly in the  
583 “person in the environment” and systems and ecological theories are more focused on  
584 understanding and utilizing the dynamic interaction between persons and the environment to  
585 improve functioning. (Rodgers, 2019). Counseling occupies an intersectional space diagnosing

586 and working in the environment, to improve functioning, concerned with diagnosis and  
587 understanding client experiences (Aptekar, 1955). Despite differing theoretical orientations,  
588 across all professional guidelines there was strong agreement that healthcare providers should  
589 generally not provide stand-alone ESA letter assessments/evaluations, albeit with some caveats  
590 in reasoning. Guidelines viewing ESA letter writing as a *healthcare provider task* expressed  
591 ethical concerns regarding purposes and quality of stand-alone assessments for people who were  
592 not their ongoing patients/clients, whereas guidelines endorsing ESA letter writing as a *formal*  
593 *disability evaluator task* indicated concerns regarding a healthcare provider's ability to perform  
594 such a specialized task and articulated concerns about client and provider risks.

595         Another question guiding this analysis was how well the professional guidelines fit with  
596 legal policy requirements and whether they are sufficient to meet policy, particularly considering  
597 the inclusive definition of disability under the FHA and the presumption that the law is intended  
598 to be applied broadly to decrease accessibility barriers. Both the requiring and forbidding of  
599 stand-alone ESA verification assessments pose access barriers for those who legitimately qualify  
600 for an ESA accommodation and are seeking documentation. Moving the verification of ESA  
601 eligibility out of the purview of everyday, ongoing practice activities between a healthcare  
602 provider and their patient, via requiring a stand-alone specialized disability evaluation, moves  
603 ESA eligibility verification outside of routine professional assessment practices reimbursed by  
604 public and private insurance providers. This poses a financial barrier for people unable to afford  
605 self-payment for such an evaluation, and/or those who otherwise lack access to such specialized  
606 services. Moreover, a policy memo was issued by HUD which unequivocally clarified that when  
607 providing an ESA letter "...health care professionals should use personal knowledge of their  
608 patient/client – i.e., the knowledge used to diagnose, advise, counsel, treat, or provide health care

609 or other disability-related services to their patient/client” (p. 16). Thus, a formal stand-alone  
610 disability evaluation provided by an assessor other than the treating clinician is *not* legally  
611 required for ESA eligibility verification, but rather, the information derived through routine  
612 health/mental health care assessment and treatment suffices.

613         Imposing a stand-alone formal disability evaluation requirement creates additional  
614 barriers to accessing ESA supports, particularly for economically marginalized populations.  
615 This is anathema to the purpose and application of the FHA and creates disparate treatment that  
616 violates the spirit, and potentially the letter, of anti-discrimination laws. The HUD (2020) memo  
617 further clarifies that for the purposes of eligibility for ESAs (and other forms of assistance  
618 animals) under the FHA, having been diagnosed with certain conditions automatically meets the  
619 FHA definition of disability in most cases and additional evaluation of disability is unnecessary;  
620 listing conditions such as : “...major depressive disorder, bipolar disorder, post-traumatic stress  
621 disorder, traumatic brain injury, obsessive-compulsive disorder, and schizophrenia” (p.10).

622         Conversely, forbidding stand-alone ESA verification assessments among health  
623 professionals likewise poses access barriers, particularly for economically marginalized  
624 populations. Requiring a person to use treatment services on an ongoing basis before agreeing to  
625 provide an ESA letter is not required by the FHA and may pose a potential financial barrier.  
626 Perhaps most ethically problematic are the recurrent situations in which a person has an animal  
627 and meets eligibility criteria for an ESA as an accommodation but does not have a healthcare  
628 provider and needs emergency housing. While homeless shelters are considered dwellings, and  
629 thus subjected to FHA accommodation requirements (HUD 2020), without an ESA from a  
630 licensed healthcare professional ESA-eligible people with animals may be denied access and put  
631 in the untenable position of having to choose between their (undocumented) ESA and basic

632 shelter. People who are in dire need of ESA eligibility verification to access basic shelter, and  
633 who may be experiencing high levels of impairment and subsequent high need for their ESA,  
634 frequently face high barriers to accommodation.

635 Professional practice associations from the respective professions need to consider how  
636 to mitigate barriers posed by guidelines calling for potentially costly and legally unnecessary  
637 formal stand-alone disability evaluations, ensuring that obtaining ESA status for an animal as an  
638 accommodation is an equitable process for all clients needing it. However, as the recent change  
639 in aviation policy demonstrates, policies can be revised. Therefore, part of the professional role  
640 includes staying current with changes in federal, state, and local laws, and if helping  
641 professionals believe that ESA improves client function, then continuing to advocate for clients  
642 to have ESAs in dwelling spaces could be considered as part of their professional ethics.

643

#### 644 **Next Steps: Trans-Professional ESA Verification Guidelines**

645 Each of the helping professions has multiple theoretical frameworks by which they  
646 approach clinical interventions and supportive activities, such as advocacy and documentation of  
647 eligibility for rights and benefits. Integrative interprofessional guidelines could go a long way in  
648 providing consistency and transparency in the process of documenting accommodation eligibility  
649 and supporting housing access rights under the FHA. Toward catalyzing such, we propose broad  
650 initial trans-professional guidelines for verification of ESA eligibility, crossing theoretical and  
651 professional-specific guidelines.

#### 652 *Needed knowledge for ESA Letter Writing*

- 653 • Federal law knowledge: Healthcare providers should have a basic understanding of  
654 the applicable federal laws and their criteria, e.g., what specifically is needed in an

655 “ESA letter”. This knowledge is easily obtained and can be an appendix to the  
656 guidelines.

657 • State/local statutes - Healthcare providers must keep up to date with changes not only  
658 to Federal laws but also to changes to laws in the state(s) and locality(ies) in which  
659 they practice.

660 • Professional and licensure guidelines – As guidelines and licensure stipulations  
661 emerge related to ESA verification, providers should stay abreast of and practice  
662 within the scope therein; if these conflict with emergent best practices and anti-  
663 discrimination laws relevant to ESA verification, advocacy may be necessary to  
664 address such conflicts.

#### 665 *Needed Skills for ESA Letter Writing*

666 • Referral/linkage skills to support animal well-being: Human healthcare providers do not  
667 typically have animal-specific knowledge within their general scopes of practice; as with  
668 other areas outside of scope of practice, the ability to locate and refer to animal health  
669 and welfare entities is needed to help ensure both human and animal well-being.

670 • Use of general professional assessment information to determine ESA “nexus” and  
671 eligibility.

672 ○ Clients should have a routine assessment to explore their health/mental health  
673 condition within the scope of the healthcare provider’s practice. FHA-relevant  
674 information from this assessment, as well as from any subsequent ongoing  
675 treatment/interventions if the client is working with the provider on an ongoing  
676 basis, should be used in the ESA letter writing process.

- 677           ○ Assess for client impairment related to health/mental health condition per  
678           FHA (e.g., does the person have a health or mental health condition (or record  
679           of such) that causes impairment in a life activity (HUD, 2020)), assess for  
680           ESA eligibility: 1) potential fit (nexus) between empirically supported HAI  
681           biopsychosocial benefits and patient’s specific symptoms and impairment; 2)  
682           patient’s self-report of current/historical HAI benefits; 3) patient affiliation  
683           toward and ability to care for animal; 4) contraindications (risks to patient  
684           and/or animal).
- 685           • Shared decision-making with client: Clients should have options and informed choices  
686           regarding ongoing care and ESA, (e.g., ESA can be beneficial and incorporated into  
687           ongoing care plan if desired) but is not substitute for EBP *Needed Attitudes for ESA*  
688           *Letter Writing*.
- 689           • Listening to the client/patient and being open to the client/patient experience of benefits  
690           from ESAs is critical. As noted by Author et al. (2021), you do not need to be an “animal  
691           person” to recognize the biopsychosocial benefits of the human-animal bond for some  
692           clients. Weighing evidence, listening to the client, and keeping an open mind are critical  
693           for any intervention. An attitude of “watchful waiting” and openness to practice with an  
694           emerging, if at times, unclear evidence base is the standard for any practicing clinician.
- 695           • Being mindful of animal welfare issues and, as with other emergent client/patient life  
696           issues and needs that are not in one’s professional scope of practice, being willing to  
697           assist with identification of and linkage to appropriate community resources (accessible  
698           veterinary care, pet food banks, temporary foster care for the ESA, etc.) to support the  
699           well-being of the ESA are important attitudes in maximizing benefits associated with

700 having an ESA as an accommodation. A healthy well-cared for ESA will be better able  
701 to engage in affiliative behaviors with their person and convey the benefits that can help  
702 mitigate disability. Conversely, an ESA that is unwell or in distress may be a source of  
703 distress for their person. Staying within scope of practice is critical, however, an attitude  
704 of openness to collaboration with animal professionals offers opportunities to build on  
705 connections between people and animals and maximize well-being for both.

706

707 Value orientations and theory positions orient practices differentially across professions, but  
708 there are areas of overlap within which a coherent set of trans-professional guidelines for  
709 determining ESA eligibility can exist. Clear, consistent, and rigorous trans-professional  
710 guidelines could help increase access to ESAs as accommodations for eligible individuals by  
711 catalyzing provider willingness to consider providing ESA eligibility documentation for their  
712 patients/clients who meet criteria. The use of “decision trees” or “client conversation” guidelines  
713 as outlined by Ferrell and Crowley (2021) would provide a framework for clinicians to work  
714 through information and a transparent process for both the client and clinician. Some  
715 congruence across professions and greater transparency in the process may help reduce the  
716 proliferation of internet sites that sell “ESA letters” for hundreds of dollars to ESA-eligible  
717 people who often cannot afford the cost, but need their ESA and may not have a healthcare  
718 provider, or their healthcare provider has refused to provide an ESA letter (Ferrell & Crowley,  
719 2023).

720 We are optimistic that a more transparent, accessible, and equitable approach to  
721 supporting vulnerable groups of clients who meet ESA eligibility can occur through using a  
722 transdisciplinary set of guidelines for ESA letter writing. Ultimately, we have analyzed authors’



723 perspectives and positions from within various professions and were not comparing a monolithic  
724 “professional perspective” from each profession represented. It is only through the continued  
725 efforts of such individuals that ESA letter-writing guidelines and other professional practices can  
726 continue to evolve and improve. Our hope is that our analysis offers a stepping stone toward an  
727 interprofessional, collaborative initiative through which general ESA letter guidelines can be  
728 established and implemented, ultimately increasing access to ESA companionship as a disability  
729 accommodation for those who have the right to such.  
730

## Footnotes

- 731  
732  
733 <sup>1</sup> 42 U.S.C. § 12102, 42 U.S. Code § 3602(h). Note that the definition of disability is the same  
734 under a anti-discrimination laws, meaning that the rules of construction under the ADA apply to  
735 the definition of disability under the FHA and RHA. *See Chavez v. Aber*, 122 F.Supp.3d 581,  
736 594 n. 5 (W.D. Tex. 2015) (citing *Bhogaita v. Altamonte Heights Condo. Ass'n, Inc.*, 765 F.3d  
737 1277, 1285 n. 2 (11th Cir. 2014)); Joint Statement of the Department of Housing and Urban  
738 Development and the Department of Justice, “Reasonable Accommodations under the Fair  
739 Housing Act,” (May 17, 2004), hereinafter “2004 Joint Statement” at fn 2, available at  
740 [https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint\\_statement\\_ra.pdf](https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint_statement_ra.pdf).  
741  
742 <sup>2</sup> 42 U.S.C. § 12102(2)  
743  
744 <sup>3</sup> 42 U.S.C. § 12102(4)  
745  
746 <sup>4</sup>42 U.S. Code § 12101 Findings and Purpose  
747  
748 <sup>5</sup> 2004 Joint Statement Q and A 16, 17, 18; AAN at p. 14, 81 FR 53204  
749  
750 <sup>6</sup>AAN at pp. 11, 16  
751  
752 <sup>7</sup>2004 Joint Statement at Q and A 18  
753  
754 <sup>8</sup> ESAs can be trained to perform a specific task that assists individuals with disabilities.  
755 However, if the animal is not a dog or miniature horse, the animal does not meet the definition of  
756 “service animal” under federal law. *See* U.S. Department of Justice ADA Requirements: Service  
757 Animals (Feb. 28, 2020), available at [https://www.ada.gov/resources/service-animals-2010-](https://www.ada.gov/resources/service-animals-2010-requirements/)  
758 [requirements/](https://www.ada.gov/resources/service-animals-2010-requirements/). We also note that if an individual has trained the ESA to perform a task that  
759 alleviates a symptom or effect of the disability, such as a dog that is trained to lick the person’s  
760 hand to lessen the impact of an anxiety attack, the dog is considered a service animal and an ESA  
761 Letter is not needed. *See* U.S. Department of Justice Frequently Asked Questions About Service  
762 Animals and the ADA (Feb. 28, 2020), available at [https://www.ada.gov/resources/service-](https://www.ada.gov/resources/service-animals-faqs/)  
763 [animals-faqs/](https://www.ada.gov/resources/service-animals-faqs/). This is to highlight the fact that the protections afforded under disability anti-  
764 discrimination laws is broad and require a low barrier to meet.

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