

Animal Assisted Therapy in Counseling

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Description of Topic

Therapeutic human-animal interactions are applied across a wide variety of disciplines to address a rich diversity of client concerns. Such interactions can be conceptualized as animal assisted activities (AAA), animal assisted therapy (AAT), or animal assisted therapy in counseling (AAT-C). Although all three of these types of interactions involve a highly trained and specially evaluated animal and handler team, they differ greatly in terms of their application.

Animal assisted activities (AAA) involve specially trained and qualified volunteer animal-handler teams providing services that improve quality of life through ‘meet and greet’ style interactions. Examples of this include, but are not limited to: reading assistance dog programs in schools, therapy animal visits in hospitals and nursing home facilities, or therapy dog visits to college campuses during final exams.

Although animal assisted therapy (AAT) may share some of AAA’s benefits, it differs in that it is a goal directed intervention applied by a health/human service provider with appropriate training and expertise within the provider’s scope of practice (Pet Partners, 2012). Examples of this kind of work can be found in physical therapy, nursing (<http://www.oakland.edu/nursing>), social work (<http://www.ssw.caahs.colostate.edu>), and crisis/disaster response (<http://animalassistedcrisis.ipage.com/>).

Animal assisted therapy in *counseling* (AAT-C) is defined as the incorporation of specially trained and evaluated animals as therapeutic agents into the counseling process, whereby, professional counselors use the human-animal bond in goal-directed interventions and as part of the treatment process (Chandler, 2005; <http://www.coe.unt.edu/center-animal-assisted-therapy>, <http://aatmh.webs.com/annotatedbibliography.htm>). Thus, AAT-C can be conceptualized as a specialty area within AAT. AAT-C requires a specialized set of skills and competencies. When carefully applied, AAT-C can enhance the therapeutic process in unique ways (Chandler, 2012; Fine, 2006; Stewart & Chang, 2012).

Although the application of AAA, AAT, and AAT-C encompass different skill sets with vastly different rationales for treatment, the formal evaluation and registration process is the same across all three approaches. To obtain formal evaluation and registration as a therapy animal-handler team, potential AAA, AAT, or AAT-C providers must seek and select a recognized therapy animal registration organization such as Pet Partners (<http://petpartners.org>), Therapy Dog Incorporated (<http://www.tdi-dog.org>), InterMountain Therapy Animals (<http://www.therapyanimals.org/R.E.A.D.html>), or North American Riding for the Handicapped Association (<http://narha.org>, <http://www.eagala.org>). Such organizations provide education for human handlers in addition to formally evaluating the training, temperament and health of a potential therapy animal. Professional counselors seeking to incorporate AAT-C should complete a formalized registration process, as this ensures compliance with a minimum standard of professionalization.

Among AAT-C practitioners, there is a rich diversity with regard to practice settings, techniques and choice of therapy animal partners. For example, Pet Partners recognizes the following domestic animals as eligible for therapy animal evaluation: dogs, cats, guinea pigs, rabbits, domesticated rats, horses, don-

keys, llamas, cockatoos, and African grey parrots. Additionally, Pet Partners does not endorse any specific breed bans; therefore all breeds of dogs (or other animals) may be eligible for evaluation. Currently, Pet Partners excludes wolf-hybrids and exotic animals such as ferrets and reptiles from eligibility. Examples of AAT-C practice settings include traditional office settings, farms or stables, correctional facilities, and older adult care facilities. Further, practitioners of AAT-C may also engage in mobile treatment modalities such as in-home visits and disaster/crisis response. It is important to note that practicing animal assisted crisis response (AACR) requires additional training and skills beyond those required for traditional therapy animal registration organizations. According to the National Animal Assisted Crisis Response (NAACR), crisis response animals must have a uniquely suited temperament and more advanced exposure training, while the human handler must have more advanced training to ensure animal safety and welfare. NAACR conceptualizes AACR as another subspecialty within AAT and AAT-C applications.

Applications

According to Chandler (2010), AAT-C is a highly flexible approach that may be incorporated into a wide variety of theoretical frameworks with a wide variety of client populations, presenting concerns, and therapeutic settings. Chandler, Portrie-Bethke, Fernando and O'Callaghan (2010) demonstrated how AAT-C can be incorporated conceptually and practically into every major counseling theoretical orientation. Thus professional counselors espousing almost any theoretical orientation can seamlessly integrate AAT-C interventions into client treatment plans.

AAT-C can enhance the client's perception of the therapeutic alliance (Wesley, Mintrea, & Watson, 2009), which is useful for all client populations and presenting concerns. Further, some authors have asserted that AAT-C may decrease the need for language in therapy (Reichert, 1998) thus being useful with children and non-verbal populations, as well as with clients who may wish to express painful or emotionally charged experiences through physical interactions with the animal rather than through verbal exchanges with the professional counselor (Fine, 2006). AAT has also been observed to facilitate client disclosure (Chandler, 2005; Reichert, 1998; Stewart & Chang, 2012) thus being helpful with mandated clients, fearful clients and survivors of trauma. Further, AAT-C provides unique opportunities for clients to experience safe and therapeutic touch (Chandler, 2005; Reichert, 1998) which may be helpful with clients experiencing chronic loneliness and survivors of interpersonal violence who may benefit from corrective experiences with safe and non-sexual touch (Reichert, 1998). Additional benefits of incorporating AAT-C may include reduction or prevention of burnout symptoms in counselors (Fine, 2006; Stewart & Chang 2012). Stewart et al. (2012) found that the highly developed working relationship between the professional counselor and the therapy animal may be reciprocal, thus allowing the therapy animal to recognize and respond to signs of stress and fatigue in the counselor, just as the counselor recognizes and responds to similar signs in the animal. Further, the act of caring for the animal between client sessions (e.g., going for walks, feeding/watering, spending time attending to the animal) also promotes counselor wellness and self-care.

Intervention Strategies

Although AAT-C presents a valuable treatment option for many clients, research surrounding the topic remains limited (Shelton, Leeman, & O'Hara, 2011), as does evidence based intervention strategies. As such, AAT-C should be used carefully, and practitioners should seek regular consultation and supervision around its use. O'Callaghan (2008) found that a majority of AAT-C practitioners use the following AAT-C intervention techniques: a) reflecting or commenting on the client's relationship with the therapy animal; b) encouraging the client to interact with the

therapy animal; c) sharing information about the animal's history with the client; d) sharing animal stories, themes and metaphors with the client; e) allowing the therapy animal to be present without directive intervention; and, f) allowing the therapy animal to engage in spontaneous moments that facilitate the therapeutic discussion.

Van Fleet (2008) also discussed employing Canine-Assisted Play Therapy (CAPT; <http://www.playfulpooch.org>) techniques, in which a specially evaluated therapy dog is included in play therapy sessions. Despite the relative scarcity of evidence-based intervention strategies, Stewart and Chang (2012) found that mental health professionals who practice AAT-C select intervention strategies purposefully and with intentionality. These intervention strategies varied greatly depending on the provider's client population and theoretical orientation. Some providers practiced non-directive AAT-C, in which the animal was allowed to behave naturally and spontaneously during sessions. Providers then chose to interpret (or refrain from interpreting) the animal's behavior and responses in therapeutically meaningful ways, consistent with the client's overall treatment plan. In this non-directive approach, providers noticed that the mere presence of the animal had a positive impact on the therapeutic climate. Other providers directed interactions between the client and the animal. Some of these providers reported adapting play therapy and expressive art techniques to include the therapy animal, while others directed clients to practice obedience work (with intention to encourage empathy, communication skills, frustration tolerance and self-efficacy), or to engage in caretaking behaviors towards the animal, such as brushing, feeding or walking (with intention to encourage empathy, facilitate discussion about needs and how they are met, or to facilitate relaxation or meditation exercises). It is important to note that one of AAT-C's strengths is flexibility, and like any other therapeutic modality, the application of AAT-C will vary greatly depending on the individual counselor's style, population, and theoretical orientation.

AAT-C may potentially benefit clients with a diverse range of backgrounds, as the quality of the therapeutic alliance is an important factor in counseling regardless of a client's background. Although Fine (2006) suggested that although most cultures place symbolic meaning and importance on human-animal interactions, professional counselors must understand a client's personal and cultural views about human-animal interactions before introducing AAT-C as a treatment option. Multiculturally competent counselors must continuously address clients' cultural values regarding AAT-C on an individual basis.

In addition to upholding all ACA ethical codes, professional counselors implementing AAT-C must remain especially attuned to certain considerations that are especially relevant to the approach: a) risk of harm, b) counselor competence, and c) animal advocacy to protect the welfare of the therapy animal. Working with animals, regardless of temperament or training, carries certain unavoidable risks, so it is important to clearly discuss risks of harm with each client (Shelton et al., 2011). Such risks may include (but are not limited to): accidental scratches or damage to clothing, unknown/unforeseen allergies, and defensive behavior if the animal feels threatened or intimidated. As discussed above, appropriate counselor competence is required to provide a safe and therapeutic AAT-C experience for the counselor, client, and therapy animal. This includes general counseling competence, but also requires the acquisition of additional, AAT-C specific training and skills (Stewart & Chang, 2012). Although there is currently no ACA ethical code section specifically addressing therapy animal advocacy, protecting the welfare of the therapy animal is an additional ethical consideration relevant to AAT-C. Because therapy animals cannot verbally communicate their needs, it is the professional counselor's responsibility to recognize, address, and prevent animal stress and fatigue and protect the therapy animal from intentional or unintentional exploitation or harm.

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