

## Article 80

### **Animal Assisted Therapy Interventions in Supervision: Building Alliances and Prompting Discussions**

Paper based on a program presented at the 2013 Association of Counselor Education and Supervision Conference, October 17–20, Denver, CO.

Leslie A. Stewart, Amber Bach-Gorman, Collette Harris,  
Judith Crews, and Catherine Y. Chang

Stewart, Leslie A., is an assistant professor of counseling at Idaho State University. Her clinical and research interests include animal assisted therapy in counseling, trauma-informed counseling, counselor wellness, and clinical supervision.

Bach-Gorman, Amber, is a licensed professional counselor and adjunct lecturer at North Dakota State University.

Harris, Collette, is a master's student in mental health counseling at Idaho State University.

Crews, Judith, is a professor of counseling at Idaho State University.

Chang, Catherine Y., is a professor of counseling at Georgia State University.

#### **Abstract**

A key task in supervision is to establish a strong working alliance (Bordin, 1983). As the supervisory relationship contains many parallels to the counseling relationship (Bernard & Goodyear, 2009), counseling interventions that enhance working alliances may extend to supervision. One such intervention is animal assisted therapy in counseling (AAT-C). Including AAT-C in supervision may help the supervisor build a strong working alliance with the supervisee and enhance the process of supervision in ways that would not be possible without the inclusion of a therapy animal. The authors present several case studies that illustrate ways that AAT-C interventions impacted supervision.

*Keywords:* supervision, animal assisted therapy, case examples

Effective supervision is a pivotal element for a counselor-in-training's development and is supported by a vast amount of literature emphasizing the importance of the supervisory relationship's influence on a supervisee's development (Bernard & Goodyear, 2009; Borders & Brown, 2005). A key task in supervision is the ability to establish a strong supervisory working alliance between the supervisor and supervisee

(Bordin, 1983). The supervisory working alliance was originally adapted from themes associated with the therapeutic working alliance that occurs in the counseling relationship. Thus, it is fostered through characteristics such as mutual collaboration, clear role expectations of each member, and mutual respect for the working relationship (Bernard & Goodyear, 2009; Bordin, 1983). Establishing a strong supervisory working relationship is critical not only for the supervisee's professional skill development, but also to the client's experience in counseling, as the supervisory relationship may serve as a model for strong counseling relationships. Further, Ramos-Sanchez et al. (2002) found that the quality of the supervisory relationship impacts the quality of client care. Given the supervisory relationship contains many parallels to the counseling relationship, interventions that facilitate positive working alliances in counseling may be transferrable to supervision (Bernard & Goodyear, 2009).

One such intervention that has a unique positive impact on the therapeutic working alliance is Animal Assisted Therapy in Counseling (AAT-C; Chandler, 2012; Fine, 2006; Reichert, 1998; Stewart, Chang, & Rice, 2013) when practiced by a well-informed practitioner with an appropriately trained and evaluated therapy animal. Dogs are a popular choice among practitioners utilizing AAT-C, but many other species of domestic animals such as horses, llamas, rabbits, guinea pigs, and cats are also eligible for registration as therapy animals. The similarities of the therapeutic working alliance and the supervisory working alliance influenced the authors to posit that including AAT-C in supervision may help the supervisor build a strong and positive working alliance with the supervisee quickly and effectively, thus facilitating the relationship that is imperative to effective supervision (Ramos-Sanchez et al., 2002).

Chandler, Portrie-Bethke, Barrio Minton, Fernando, and O'Callaghan (2010) discussed ways in which AAT-C may be integrated into many major theoretical approaches to counseling such as Cognitive Behavioral, Adlerian, Gestalt, and Family Systems theories. Bernard and Goodyear (2009) conceptualized many of the same major theoretical approaches discussed in Chandler et al.'s (2010) article as psychotherapy-based models of supervision and discussed how some major theoretical approaches in counseling may be adapted to the supervisory process. Based on these findings, the authors of this manuscript postulated that AAT-C might be integrated into some existing models of supervision.

### **Defining Animal Assisted Therapy in Counseling**

Animal assisted therapy in counseling (AAT-C) is a subspecialty of the broader field of animal assisted therapy (AAT). AAT-C focuses specifically on utilizing a specially trained and evaluated animal as a therapeutic agent into the counseling process (Chandler, 2012). In AAT-C, the therapy animal must be specially trained and formally evaluated for its suitability to work in a therapeutic setting. Examples of organizations that provide such evaluations are Pet Partners, Inc., Therapy Dogs Inc., and Therapy Dogs International (Stewart, Chang, & Jaynes, 2013). Providers of AAT-C, which may include professional counselors, counseling psychologists, and clinical social workers (Stewart, Chang, & Jaynes, 2013), apply the human-animal bond specifically within a counseling setting to achieve relevant mental health goals (Chandler, 2012). AAT-C requires skill in clinical applications of human-animal interactions (Pet Partners, Inc.,

2015), and several researchers have revealed that AAT-C providers are specific and intentional in their selection and application of AAT-C techniques (Chandler et al., 2010; Stewart, Chang, & Rice, 2013). When practiced with appropriate training and expertise, AAT-C can positively impact the therapeutic process of a wide variety of client populations (Chandler, 2012; Fine, 2006), and its flexibility allows it to be useful in many different treatment settings (Stewart, Chang, & Jaynes, 2013).

Practicing AAT-C requires certain adaptations, including the expectation that the counselor has the pertinent skills and has taken precautions to proactively address the potential risks involved. In addition to being competent in general counseling, the counselor must have both AAT-C related hard and soft skills. Hard skills are those that are shared by animal professionals across disciplines (e.g., veterinarians, animal trainers, stable managers, etc.) and are relevant to species-specific animal expertise. Hard skills include a clear understanding of positive methods of animal training and handling, competency in identifying and interpreting the animal's communication signals, and ability to provide high-quality animal care (Chandler, 2012; Stewart, Chang, & Rice, 2013; VanFleet, 2008). Soft skills are those that are specific to mental health professionals and are relevant to the intentional application of AAT-C as a therapeutic intervention. Soft skills include the ability to integrate AAT-C into existing counseling practices and the ability to facilitate human-animal interaction in ways that are not only safe, but also therapeutically meaningful (Stewart, Chang, & Rice., 2013). For more information about the adaptations and skills necessary for the ethical and competent practice of AAT-C, readers may refer to the list of resources included in the appendix.

### **Rationale**

Stewart, Chang, & Rice (2013) found that mental health professionals who include animal assisted therapy into counseling are able to enhance the counseling process in ways that are beyond the scope of traditional counselor-client relationships. Examples of this include: increased genuineness and other core conditions, opportunity for the inclusion of therapeutic touch, and spontaneous access to experiences and topics that would be otherwise difficult or impossible to initiate (Kruger & Serpell, 2010; Stewart, Chang, & Rice, 2013). Considering AAT-C's flexibility in application and Bernard and Goodyear's (2009) assertion that some counseling interventions may be transferable to the supervision process, the authors believed that the benefits gained by clients participating in AAT-C may be transferrable to the counselor-in-training in supervision. Thus, the authors believed that including animal assisted therapy in supervision could enhance the supervision process in ways that are beyond the scope of traditional supervisor-supervisee relationships.

Although there is empirical support for AAT-C's benefits to the counseling process (Chandler, 2012; Fine, 2006; Reichert, 1998; Wesley, Minatrea, & Watson, 2009), no current literature exists that examines the intentional application of AAT-C interventions in clinical supervision of counselor trainees. Due to the current lack of literature proposing, discussing, or supporting the use of AAT-C in supervision, the authors recognize that the approach at this stage is experimental. The purpose of this manuscript is to discuss several supervision case examples in which the supervisor intentionally incorporated an AAT-C informed approach into the supervision process, to

illustrate examples of AAT-C techniques in clinical supervision, and to discuss the authors' observations of the impact of AAT-C on the supervision process.

### **Intervention**

The primary author, a licensed professional counselor and appropriately qualified provider of AAT-C, offered her supervisees the option of having an AAT-C informed approach included in their supervision sessions. Supervisees were informed that this option was strictly voluntary and their choice would not impact the supervision evaluation process. The primary author included her registered therapy dog, Sophie, in supervision sessions for those who opted to have AAT-C in their supervision process. Although a majority of the supervisees accepted the option of having a therapy dog included in their supervision, scheduling considerations restricted the number of supervisees who were able to have access to Sophie. Sophie was only present in a working environment 2-3 times per week in order to prevent her from experiencing symptoms of fatigue or burnout. At the time of the intervention, Sophie was a five-year-old German Shepherd Dog. The primary author and Sophie were a registered Pet Partners team at the time of this study. The primary author had been working with Sophie in a college counseling setting for several years and intentionally chose Sophie as her therapy animal partner in supervision sessions because of Sophie's consistent eagerness to form strong bonds with individuals she worked with and her demonstrated ability to detect and respond to changing emotional states in the people around her. Supervisees who volunteered to participate were oriented to the process of AAT-C and completed animal assisted therapy-specific informed consent documents. This orientation and consent process lasted from 15-30 minutes and included information about the benefits and risks associated with AAT-C and a briefing on appropriate interactions with the therapy animal, therapy animal rights and welfare, and participant rights and welfare when interacting with a therapy animal. Relevant issues related to provider competency, animal advocacy, animal welfare, and supervisee safety were considered and addressed. All participants discussed in the following case examples gave consent to have their supervision experiences represented in this manuscript, and all participants have been assigned a pseudonym to protect confidentiality.

### **Case Examples**

#### **Jill**

Jill was a 25-year-old Caucasian woman completing her clinical counseling internship in a college counseling center. Jill consistently demonstrated strong counseling skills and was able to build strong rapport with a majority of her clients. However, a consistent issue occurred; her sessions would regularly run well over the hour designated. Jill found herself skipping breaks and meals and leaving the office late. Beyond poor self-care, Jill was displaying poor boundary setting by allowing clients to have sessions that ran up to a half hour longer than scheduled.

As Jill and her supervisor began to explore her pattern of late sessions within supervision, it became clear that boundary setting and asserting herself were issues Jill experienced both in and outside of counseling. Jill stated that she "did not want to be

mean” to her clients by telling them their session was almost over, especially if they were emoting and in a vulnerable space. Role-playing assertiveness and boundary setting with fellow interns and her supervisor did not yield results because Jill stated that she did not find role-playing to be realistic or transferrable to clients.

One animal assisted intervention in counseling is obedience training between the client and the animal to help the client improve assertiveness and clear communication skills. The supervisor began to teach Jill how Sophie could perform basic obedience commands such as sit, stay, lie down, and heel. When the supervisor asked for obedience behaviors from Sophie, the dog performed the appropriate behavior. As Jill instructed Sophie to sit, she became shy and, in a passive tone, asked the dog to sit. Sophie ignored the command and continued standing. Jill was receiving immediate feedback from Sophie and the supervisor was able to attend to any reactions or personalizations Jill was experiencing in real-time.

Jill continued to ask Sophie to perform various obedience behaviors, and Sophie continued to politely ignore Jill’s commands. As this continued, the supervisor asked Jill what she thought might be going on between her and Sophie. Jill stated, “I don’t think she is taking me seriously, which is weird because I know she really likes me.” The supervisor asked Jill what might happen if she gave Sophie commands in a more assertive and confident tone. Jill stated that she was afraid to do this because she valued her positive relationship with Sophie and did not want Sophie to dislike her or be offended that Jill told her what to do. Through dialogue about Jill’s interactions with Sophie, Jill recognized that the dog was giving her authentic and congruent responses in the moment, which was something role-playing had not accomplished.

Over the course of several supervision sessions, Jill learned to assertively communicate with Sophie who began to enthusiastically perform the obedience tasks that Jill asked. Jill became more comfortable with being assertive and made new meaning of assertiveness – “I’m not being mean, I’m being clear, and now Sophie isn’t confused.” Through this work, the supervisor was able to challenge any irrational beliefs Jill was experiencing by asking her to process what it meant to be assertive and how Sophie reacted to Jill’s commands. Further, Jill was able to explore the impact of her assertiveness on the relationship between herself and Sophie, which grew stronger and was characterized by more accurate communication. After the animal assisted work, Jill was able to slowly transfer her new assertiveness skills into her sessions with clients and began ending sessions on time. After exploring assertiveness and communication skills with Sophie, Jill became more open and transparent with the supervisor about her experiences setting limits and boundaries with her clients and colleagues.

### **Jenny**

Jenny was a 30-year-old Haitian-American woman completing her university-based supervision for her master’s practicum and internship while interning at a site that served an HIV/AIDS population in a large metropolitan city. She worked with the supervisor and Sophie in both individual supervision and supervision group. Jenny consistently demonstrated strong conceptualization skills and accurate empathy, but often struggled to perform relationship-building skills due to what she described as anxiety related to perfectionism. Although her peers and instructors recognized Jenny’s academic performance, she struggled in counseling coursework that required live skill

demonstration. She consistently presented with composure and professionalism, but was often relationally inaccessible to her peers and supervisors. In early individual supervision sessions, Jenny was actively engaged and appropriate, but guarded and hesitant to disclose challenges or personalizations that occurred in her counseling work.

In Jenny's fourth individual supervision session, Sophie chose to lie on Jenny's feet. This was a different behavior for Sophie, as she normally sat beside Jenny or the supervisor in close proximity, but without physical contact. In response to Sophie's behavior, Jenny said, "Wow, she really wants to be on my feet today. I mean, I like it, but I wonder why she wants to do that so much." Jenny asked the supervisor if Sophie had ever done that before. The supervisor told Jenny that in her experience working with Sophie, she sometimes chose to lie on someone's feet when she notices something about that person and wants to offer care and support. The supervisor asked Jenny what it was like to have Sophie attend to her in that way. Jenny immediately bent over in her chair to be close to Sophie, rubbed Sophie's ears, and became tearful. The supervisor utilized silence while Jenny spent a few moments quietly crying as she petted and hugged Sophie. Sophie remained on Jenny's feet for the entirety of the session.

Jenny then dried her tears, regained her composure, and expressed embarrassment about becoming visibly emotive in a professional setting. Jenny disclosed in more depth about her difficulty applying skills, the disconnection she experienced with her peers, and the struggles she was coping with in her personal life. In subsequent sessions, Jenny was able to disclose and express emotions and challenges genuinely and openly in supervision, and became less hesitant to show tapes with 'mistakes.' Jenny's application of clinical skills with her clients steadily improved.

In later sessions, the supervisor asked Jenny to evaluate her own professional development and growth. Jenny said that she had been reflecting on the session when Sophie sat on her feet and attended to her distress. Jenny disclosed that this moment had been powerful in facilitating her own personal growth, and she realized that Sophie had not used any verbal counseling skills. She described how Sophie simply attended to her and expressed genuine empathy, and this was enough to facilitate healing. Jenny said that this realization helped her feel less anxious about using counseling skills and instead focus on being present with the client in the room, which she now conceptualized as the most important intervention in the counseling process.

During group supervision, Jenny noticed when Sophie sat on another group member's feet. Jenny pointed out that she knew from personal experience with Sophie that this might mean Sophie is concerned, and asked the group member if anything was going on. Jenny's observation helped her connect on an emotional level with her fellow group members and helped the group members attend to their own emotional responses. Throughout the year, whenever Sophie would attend to a group member in particular ways, it would prompt the group to check in with that member and often resulted in group-led discussions surrounding self-awareness, vicarious trauma, and stress management.

## **Discussion**

The authors are aware that further investigation is required to fully understand the applications of AAT-C interventions in supervision and that the experiences described in

this manuscript are based on two case examples which are biased by the authors' observations and interpretations. Still, the authors' observations of these case examples may illustrate that in some instances, including AAT-C in supervision has the potential to enhance the supervision process. AAT-C has been found to facilitate the therapeutic working alliance between client and counselor and to provide natural opportunities to address topics and challenges that would otherwise be difficult to access (Stewart, Chang, & Rice, 2013), which the authors believed to be transferrable to the supervisory relationship in these case examples. Further, including the therapy animal in supervision allowed the authors to identify several specific ways that AAT-C interventions can be integrated into the supervisory process. From the perspective of the authors, the therapy animal's presence in supervision sessions provides opportunities for enhanced genuineness and often grounded supervision interventions in the here-and-now while offering the counselor trainee with an additional modality for expression and processing. The authors believe that the therapy animal's inherently spontaneous and congruent responses may have encouraged the counselor trainee's observational skills and non-verbal communication skills, and the therapy animal's attentiveness to signs of distress may have encouraged self-awareness. The authors' observations of AAT-C's impact in supervision parallels Kruger and Serpell's (2010) findings that AAT-C enhanced the process of counseling by stimulating conversation through the animal's unscripted behavior, expediting the rapport building process, and by serving as a catalyst for human social interactions. In this way, a counseling technique that positively impacts the therapeutic alliance (such as AAT-C) could have been transferrable to the supervisory working alliance.

In encouraging counselor trainee self-awareness, animal assisted therapy interventions in supervision could support the finding that working with a therapy animal can help counselors prevent symptoms of professional burnout and better attend to self-care practices (Stewart, Chang, & Rice, 2013). This implication may be especially relevant for supervisee development, as job-related stress and burnout are identified as important areas for counselors and other helping professionals (Ilfie & Steed, 2000; O'Halloran & Linton, 2000). Sherman (1996) asserted that counselors have a responsibility to maintain health and wellness and the 2009 Council for Accreditation of Counseling and Related Programs Standards for Professional Orientation and Ethical Practice (II.G.1.d) require counselor trainees to learn and practice self-care strategies appropriate to the counselor role. In this way, AAT-C in supervision offers supervisors and counselor educators with a potential strategy to encourage the practice of self-care strategies and burnout prevention.

Additionally, the primary author's relationship with the therapy animal provided an avenue to address and process power dynamics and cultural differences within the supervisory relationship. Because of a supervisor's evaluative role, the supervisor-supervisee relationship is inherently hierarchical, as is the supervisor's relationship with the therapy animal. Through her relationship and interactions with the therapy animal, the primary author was able to consistently demonstrate responsible, sensitive, and supportive use of power in hierarchical relationships in real-time. With regards to addressing cultural differences, the primary author often initiated discussions about cultural differences in supervision by first addressing the differences between canine culture and human culture, and what that meant for the therapy dog's experience in

supervision. This allowed the primary author to demonstrate her appreciation of and attention to the impact of culture in relationships and naturally prompted discussions about cultural differences between the supervisor and supervisee as well as the supervisee and clients.

Further research is needed to investigate the unique phenomenon of AAT-C in supervision, but the authors believe that these case examples demonstrate that the empirically supported benefits of AAT-C in the counseling process may be transferrable to the supervision process for some counselor trainees. Incorporating AAT-C interventions into clinical supervision may offer supervisors and counselor educators a modality to enhance their approach to supervision.

### **Ethical and Multicultural Considerations**

As with any specialty area, professional counselors and clinical supervisors must seek appropriate training, credentialing, and supervised experience before implementing AAT-C interventions with counseling clients or supervisees. Ethical providers of AAT-C must gain additional knowledge, skills, and attitudes relevant to the practice of this specialty area (Stewart, 2014). AAT-C interventions involve additional considerations to ensure the safety of the participant and the welfare of the animal. Competent AAT-C practitioners understand that animal advocacy not only impacts the wellness of the therapy animal, but also is directly linked to the safety of the humans involved in AAT-C (Stewart, 2014). Although the American Counseling Association *Code of Ethics* (2014) currently lacks a specific code addressing therapy animal advocacy, protecting the welfare of the therapy animal is a critical ethical consideration to which supervisors implementing AAT-C must attend (Stewart, Chang, & Rice, 2013).

As the quality of the supervisory alliance impacts supervisees across all cultural identities, competent supervisors must actively build knowledge about interventions that can facilitate this relationship. AAT-C interventions in supervision may be applicable to supervisees with a diverse range of backgrounds. However, before implementing AAT-C approaches, supervisors must address cultural values regarding human-animal interactions on an individual basis and must understand each supervisee's personal and cultural views about interacting with animals (Shelton, Leeman, & O'Hara, 2011). Although AAT-C may offer professional counselors and supervisors with a flexible and beneficial modality for enhancing their practice, it is important to note that AAT-C is not appropriate for every client, supervisee, or setting.

### **Limitations and Future Directions**

The authors believe that these case examples support the idea that some benefits of AAT-C in counseling have the potential to be transferrable to the supervision process for some counselor trainees. However, this manuscript is limited to the observations and interpretations of the authors, which are influenced by the authors' biases and not necessarily generalizable. The authors recognize the need for empirically based investigations of AAT-C in future research. From the perspective of the authors, incorporating AAT-C interventions into clinical supervision may offer supervisors and counselor educators a modality to enhance their approach to supervision in ways that would not be possible without the inclusion of a therapy animal. In future studies, the authors hope to include qualitative and mixed-method investigations of AAT-C in

clinical supervision and to investigate how AAT-C interventions may be integrated into existing models of supervision.

While AAT-C offers supervisors a potentially valuable intervention strategy, certain barriers may be limiting to some supervisors. Acquiring, caring for, and appropriately preparing an animal for therapy work involves a significant investment of time, money, and personal resources from the handler. Further, finding appropriate training and supervision relevant to AAT-C may be challenging for those interested in becoming competent AAT-C providers. Although the number of competent practitioners and supervisors of AAT-C has historically been limited, the continuously growing interest in AAT-C and steadily increasing availability of educational resources is making quality training more accessible. Readers interested in learning more about AAT-C may find the list of resources in the appendix helpful.

### References

- American Counseling Association. (2014). *ACA code of ethics*. Retrieved from <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>
- Bernard, J. M., & Goodyear, R. K. (2009). *Fundamentals of clinical supervision* (3rd ed.). Boston, MA: Pearson Education.
- Bordin, E. S. (1983). A working alliance based model of supervision. *The Counseling Psychologist, 11*, 35–42.
- Borders, L. D., & Brown, L. L. (2005). *The new handbook of counseling supervision*. New York, NY: Lawrence Erlbaum Associates.
- Chandler, C. K. (2012). *Animal assisted therapy in counseling* (2nd ed.). New York, NY: Routledge/Taylor & Francis Group.
- Chandler, C. K., Portrie-Bethke, T. L., Barrio Minton, C. A., Fernando, D. M., & O'Callaghan, D. M. (2010). Matching animal assisted therapy techniques and intentions with counseling guiding theories. *Journal of Mental Health Counseling, 52*(4), 354–374.
- Council for Accreditation of Counseling and Related Educational Programs. (2009). *2009 standards for accreditation*. Alexandria, VA: Author.
- Fine, A. H. (2006). *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (2nd ed). San Diego, CA: Academic Press.
- Illife, G., & Steed, L. G. (2000). Exploring counselor's experience of working with perpetrators of domestic violence. *Journal of Interpersonal Violence, 15*, 393–412.
- Kruger, K., & Serpell, J. (2010). Animal-assisted interventions in mental health: Definitions and theoretical foundations. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (3rd ed., pp. 33-48). San Diego, CA: Academic Press.
- O'Halloran, T., & Linton, J. (2000). Stress on the job: Self care resources for counselors. *Journal of Mental Health Counseling, 22*(4), 354–364.
- Pet Partners, Inc. (2015). *Terminology*. Retrieved from <https://petpartners.org/learn/terminology/>

- Reichert, E. (1998). Individual counseling for sexually abused children: A role for animals and storytelling. *Child & Adolescent Social Work Journal*, 15(3), 177–185. doi:10.1023/A:1022284418096
- Shelton, L., Leeman, M., & O'Hara, C. (2011). Introduction to animal assisted therapy in counseling. In *Ideas and research you can use: VISTAS 2011*. Retrieved from <http://www.counseling.org/knowledge-center/vistas>
- Sherman, M. D. (1996). Distress and professional impairment dues to mental health problems among psychotherapists. *Clinical Psychology Review*, 16, 299–315.
- Stewart, L. (2014). *Competencies in animal assisted therapy in counseling: A qualitative investigation of the knowledge, skills, and attitudes required of competent animal assisted therapy practitioners* (Doctoral dissertation, Georgia State University). Retrieved from [http://scholarworks.gsu.edu/cps\\_diss/100](http://scholarworks.gsu.edu/cps_diss/100)
- Stewart, L., Chang, C., & Jaynes, A. (2013, May). Creature comforts. *Counseling Today*, 52–57.
- Stewart, L., Chang, C., & Rice, R. (2013). Emergent theory and model of practice in animal assisted therapy in counseling. *Journal of Creativity in Mental Health*, 4(8), 329–348. doi:10.1080/15401383.2013.844657
- Ramos-Sánchez, L., Esnil, E., Goodwin, A., Riggs, S., Touster, L., Wright, L. K., & Rodolfa, E. (2002). Negative supervisory events: Effects on supervision and supervisory alliance. *Professional Psychology: Research and Practice*, 33(2), 197–202. doi:10.1037/0735-7028.33.2.197
- VanFleet, R. (2008). *Play therapy with kids & canines: Benefits for children's developmental and psychosocial health*. Sarasota, FL: Professional Resource Press.
- Wesley, M. C., Minatrea, N. B., & Watson, J. C. (2009). Animal-assisted therapy in the treatment of substance dependence. *Anthrozoos*, 22(2), 137–148. doi:10.2752/175303709X434167.

*Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: <http://www.counseling.org/knowledge-center/vistas>*

## Appendix

### List of Resources

American Counseling Association Interest Network for Animal Assisted Therapy in Mental Health: <http://www.counseling.org/aca-community/aca-groups/interest-networks>

American Counseling Association Knowledge Center, Practice Brief on Animal Assisted Therapy: <https://www.counseling.org/docs/practice-briefs/animal-assisted-therapy.pdf>

University of North Texas Center for Animal Assisted Therapy: <http://www.coe.unt.edu/center-animal-assisted-therapy>

Oakland University Center for Human Animal Interventions (CHAI):  
<http://www.oakland.edu/nursing/continuing-education/animalassistedtherapy/>

Pet Partners (formerly called the Delta Society): <http://petpartners.org/>

Equine Assisted Growth and Learning Association: <http://www.eagala.org/>

Professional Association of Therapeutic Horsemanship International:  
<http://www.pathintl.org/>

Playful Pooch: <http://playfulpooch.org/>

Therapy Dogs International: <http://www.tdi-dog.org/>

Colorado State University, Human-Animal Bond in Colorado:  
<http://www.habic.chhs.colostate.edu/>

R.E.A.D. (Intermountain Therapy Animals):  
<http://www.therapyanimals.org/R.E.A.D.html>