Article 46

Bring Your Dog to Work Day: What Animal-Assisted Therapy Is NOT


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Abstract

Animal welfare is a component that is largely absent in the dialogue surrounding the emerging field of animal-assisted therapy. This article will promote a deeper understanding of animal-assisted therapy, provide a guide to understanding canine behavior in the therapy room, and offer tools that counselors can use when working with therapy dogs. Further, methods of selecting and training an appropriate therapy dog will be discussed.

Keywords: animal-assisted therapy, ethics, animal welfare

The human-animal bond has been present in history for thousands of years (American Veterinary Medical Association [AVMA], 2014). The benefits of this bond tap into the emotional, psychological, and physical needs of both parties, and contribute to overall well-being (AVMA, 2014). Despite the evidence of a strong promotion of wellness, the benefits of the human-animal bond were not incorporated into the counseling profession until 1989 when the Delta society, now entitled Pet Partners, implemented a registration process for therapy animals (Ernst, 2014).

When considering the long history of the bond between humans and animals, the biophilia hypothesis is most appropriate to contextualize the innate connection (Wilson, 1993). The biophilia hypothesis states that our cognitive and emotional development is directly impacted by the relationship we have with nature (Wilson, 1993). The biophilia hypothesis emphasizes humans’ tendency to connect to their natural environment, animals included (Fawcett & Gullone, 2001). In the present day, this hypothesis is represented by taking vacations to beaches, visiting parks in spare time, and anthropomorphizing pets to become family members—the latter point highlighting the emotional needs that are met by animals (Fawcett & Gullone, 2001). Another biological
connection humans and animals share is through physicality. Having contact with an animal (e.g., petting) reduces blood pressure and heart rate levels when compared to individuals without animal contact (Tsai, Friedmann, & Thomas, 2010). Odenaal (2000) noted that levels of chemicals such as cortisol and oxytocin in the body were impacted by contact with animals as well. The decrease in blood pressure, heart rate levels, and cortisol and the increase in oxytocin provides a reduction in stress and anxiety levels and leads to improved overall emotional well-being (Odenaal, 2000).

The historical and biological bond shared between humans and animals has been established, and this bond can be seen as advantageous when considering therapeutic interventions. Reichert (1998) acknowledged that an animal can serve as a transitional body to strengthen the therapeutic relationship between the client and counselor. This is especially true for vulnerable populations that find it difficult to connect with others or express themselves, such as sexually abused children (Reichert, 1998). Clients that are initially hesitant to participate in treatment benefit from animals in therapy through a motivation to engage, establishment of trust in others, and expression of their emotions (Nepps, Stewart, & Bruckno, 2011).

Although there are benefits to the addition of animals in counseling, there are certainly challenges as well (Cole & Howard, 2013). The human participants might have allergies which would limit their ability to use animal-assisted therapy [AAT] as a treatment option, and any dog-phobic clients would be limited in their ability to benefit from the therapeutic effects of AAT (King, 2002). AAT might not be appropriate for clients who have displayed aggression or violence toward animals (Reichert, 1998). These examples illustrate the safety component that is necessary when utilizing AAT. Ethically, all participants must not be at risk for harm, and AAT includes the therapy animal as a participant (Chandler, 2005). Animal welfare is just as necessary and crucial as human welfare.

Animal welfare is a component that is largely absent in the dialogue surrounding the field of AAT. However, by not making the welfare of the therapy animal a priority in the counseling relationship, counselors are doing a disservice to their clients. An animal in distress is unable to connect properly to the outside world, and this may be apparent to the client. This could harm the client in a unique way that many counselors have not had to consider previously. The recent American Counseling Association [ACA] publication of professional competencies for animal-assisted therapy in counseling [AAT-C] is paving the way for the growth of the field (Stewart, Chang, Parker, & Grubbs, 2016). The direction the AAT field needs to take includes the following: an understanding of what AAT is and is not, how to best utilize AAT, and how to conduct AAT in a safe way for both client and therapy animal.

This article will speak to three objectives involving AAT. First, this article will educate counselors on AAT-C. The very recent publication of professional competencies for AAT-C and the lack of a national board of interest specifically for counselors utilizing AAT-C mean that counselors must rely on professional clinicians in the field for an understanding of what the practice entails (Stewart et al., 2016). Next, this article will present animal welfare knowledge as a necessary component of practicing AAT-C. There are several types of animals that are appropriate for use in counseling sessions; however, this article will focus solely on therapy dogs. Therapy dogs need to meet strict criteria for temperament and training to ensure that everyone involved in the therapy session is safe,
animal included. This means that some dogs, or some clients, would not work well in an AAT setting. The emphasis of this objective is that a counselor’s pet is not always an appropriate therapy animal. The pet might provide emotional support as a family member, but may not be suitable for working with clients. Ignoring a therapy animal’s signs of distress could result in a compromised relationship between the animal and the client or, at the very worst, may lead the animal to act aggressively (Shepherd, 2009). A way to ensure that the dog is appropriate for a therapy setting is to be evaluated by a national organization that requires specific obedience adherences and is monitored through examinations (Pet Partners [PP], 2016; Therapy Dogs International [TDI], 2016). Finally, this article aims to instruct how to incorporate safe and ethical AAT practices to benefit clients. The ultimate goal of this article is to give counselors practicing animal-assisted therapy the tools they need to utilize the human animal bond in an effective therapeutic way that benefits the client and does no unnecessary harm to the animal.

This article applies to counselors across many subfields of counseling. AAT can be used in private practice, school, or group settings; and with children and adolescents, older adults, terminally ill clients, hospitalized clients, and incarcerated populations—with proper legal, ethical, and training requirements met, any counselor could employ AAT techniques to benefit their client(s). This article will focus on dyadic relationships mostly found in private practice settings to clearly and concisely highlight key concepts. However, the information in this article could be modified to work with counselors outside of private practice settings. The main focus of this article will be in the areas of creativity in counseling and ethics relating to animal welfare in the counseling relationship.

**Animal-Assisted Therapy**

The clinical use of the human-animal bond has been identified as animal-assisted interventions. Animal Assisted Interventions International (2013) has created categories to discern the different practices that incorporate an animal. Animal-assisted intervention (AAI) is a broad category of functions involving animals that includes more specific subsets. AAIs are interventions that have the goal of improving the quality of life for the individuals on the receiving end. The intervention is directed by an animal handler and, while mostly goal-driven, doesn’t follow a strict treatment plan. This is an all-inclusive category that encompasses the specialized subsets of AAI: animal-assisted activities (AAA) and animal-assisted therapy (AAT; see Figure 1). AAA do not involve any goal setting or treatment plans and usually center around the mere presence of an animal. The animal handlers participating in AAA are typically volunteers without any training in the helping professions. Alternately, AAT is an intervention involving an animal that is led by an educated and licensed professional. It follows a treatment plan that incorporates documented goals and progress toward those goals.

Animal-assisted therapy in counseling (AAT-C) is a subset of AAT that is specific to professional counselors (Stewart, Chang, & Rice, 2013). Essentially, any licensed counselor utilizing AAT in their scope of practice would be practicing AAT-C. AAT-C follows the ACA competencies for best practices involving a therapy animal in session (Stewart et al., 2016). Skills developed from following the ACA’s AAT-C competencies, such as the ability to link interactions with a therapy animal to the goals of
the client, allow for intentionally trained therapy animals to become directly involved in the therapeutic process, enhancing the therapeutic relationship in ways that traditional counseling cannot (Stewart et al., 2016). For a client partaking in AAT-C, the relationship with the therapy animal is just as important and beneficial as the relationship with the counselor.

**Ethics**

Incorporating an animal into the therapeutic relationship has the potential to lead to dilemmas in adhering to the *ACA Code of Ethics* (ACA, 2014). The first ethical concern is ensuring that the counselor has had professional training in AAT-C and is practicing within the scope of their abilities (ACA, 2014, C.2.a.). For work with the newly developing field of AAT-C, there is a need for appropriate training and supervision in order to ethically proliferate competence that minimizes the risk for harm (ACA, 2014, C.2.b.). Without proper training on AAT-C techniques, and without an AAT-competent supervisor, a counselor will be practicing outside of their scope of practice. Having only therapeutic knowledge or experience does not qualify a counselor to practice AAT-C. Similarly, a trained counselor is not qualified to practice AAT-C simply through pet ownership. A counselor must fully understand all the components involved when AAT-C is in practice, which include extraneous variables not taught in counseling programs such as canine behavior (Stewart et al., 2016). Therefore, additional specialized training is crucial for counselors interested in employing AAT-C.

Once a counselor meets the minimum ethical training standards to practice AAT-C, they must consider their skill to properly apply related techniques. A counselor that is proficient in AAT-C will be able to discern whether AAT is appropriate for a particular client. Some examples of clients that would benefit from AAT-C include survivors of sexual abuse, clients in need of anger management, elderly clients, or at-risk youth (Chandler, 2005). In order to comply with ethical standards, there needs to be a structured treatment plan that clearly shows a benefit of the animal’s involvement in the client’s
progress toward success; otherwise, the animal isn’t necessary in the client’s treatment (ACA, 2014, A.1.c).

When a counselor proficient in AAT-C is able to assess an actual therapeutic need for an animal to be involved in the counseling process, they must consider any potential harm that may ensue. The counselor must attend to the general notion that no harm is being done to the client (ACA, 2014, A.4.a.). Specific to AAT-C, the counselor’s consideration of harm includes the introduction and incorporation of the animal in treatment not being detrimental to the client’s well-being in any way. To preemptively address the particular harms associated with involving an animal (e.g., biting), the welfare of that animal must be prioritized. If the needs of the animal are understood and being met, the threat of harm to the client is drastically reduced (Shepherd, 2009).

**Utilizing Animal-Assisted Therapy**

There is a need for a more standardized method of AAT-C training involving a practicum, AAT-C-specific supervision, and certification process. Currently, counselors interested in practicing AAT-C must take it upon themselves to enroll in an AAT continuing education program, such as the one offered online at Oakland University. AAT-C counselors must also be familiar with the ACA’s AAT-C competencies as an informal method of training (Stewart et al., 2016). Knowledge of AAT-C and its associated competencies would be an ideal trait of a supervisor that is supervising a counselor utilizing AAT-C. Once a counselor completes this training in AAT-C and reviews the ethical considerations of practice, they are able to begin conceptualizing work with clients that involve a therapy dog.

**Triangular Model**

The unique dynamic of using AAT-C in a counseling session is best understood through the lens of the triangular model (Brooks, 2006). The triangular model involves three key components: the client, the counselor, and the therapy animal (Brooks, 2006). The lines of the triangle are all equal in length; this means client, counselor, and therapy animal all have equivalent influence in the therapy session. Attentiveness to all three components of the triangular model is vital, which means the needs of the therapy animal should be valued just as much as the needs of the counselor and the client. Some potential considerations of the needs of the therapy animal include setting parameters for a manageable weekly schedule, number of clients seen per day, and adequate breaks tailored to the way the certain animal relieves tension (e.g., a walk around the block, play, rest, etc.). The important message of the triangular model is that the therapy animal is more than just a device in the therapy session—it is a living being that requires care and attention (Brooks, 2006).

Due to the absence of a third-party animal handler, the counselor often uses their own registered therapy animal in a professional context and is responsible for attending to the needs of the animal as well as the needs of the client (Brooks, 2006). In order to remain ethical to their therapy animal and to their client, the counselor must remove the animal from the therapy session if they communicate any discomfort. This means that a counselor practicing AAT-C must understand canine communication.
The canine LADDER of AGGRESSION

Dogs communicate their discomfort with a situation and a desire to end an interaction by using visual cues. These are depicted on this ladder of aggression. Recognizing the lower-rung gestures is important so a perceived stress or threat to a dog can be removed sooner.


Canine Communication

An important aspect of animal welfare in AAT-C is proficiency in canine communication (Stewart et al., 2016). To uphold ethical standards as a counselor, no harm must be done to a client (ACA, 2014, A.4.a.). This means that it is of utmost importance that a counselor practicing AAT-C is able to read signs of distress in therapy dogs and remove them from the therapy session before their behavior escalates. This is a skill that is reflected in a counselor that is in compliance with the AAT-C competencies (Stewart et al., 2016, B.3.d.ii.). A way to conceptualize canine communication is through Shepherd’s (2009) ladder of aggression.

**Ladder of aggression.** The ladder of aggression is a visual representation of increasing reactions a dog has to a recognized stressor (Shepherd, 2009). The ladder’s bottom rungs are green in color and, as the ladder continues upwards, change to yellow, and finally red (See Figure 2). These colors represent the level of aggression the dog is expressing. The mildest behavior that signifies stress is blinking, yawning, and licking its nose, whereas the most extreme behavior is biting (Shepherd, 2009). The dog begins expressing stress through these behaviors to show that something in their environment needs to be resolved. When their communication is not addressed, the apparent threat becomes increasingly distressing. The dog will increase the severity of their behavior until the threat dissipates. Over time, if the dog does not become accustomed to having their safety needs met, the dog will skip over the more minor rungs of the ladder and respond assertively at the initial experience of the stressor or threat. This speaks to the importance of understanding when a dog is communicating stress and consistently responding to change the threatening environment.

A counselor competent in AAT-C will notice when their therapy dog is communicating the signals on the lower rungs of the ladder and respond immediately to change their environment (Stewart et al., 2016). This avoids any prolonged stress on the therapy dog and any preventable harm to the counselor or client. A study by researchers Glenk et al. (2013) identified that AAIs themselves do not cause stress to therapy dogs; however, the way in which their handler facilitates the AAI with the dog has an impact on the stress levels the therapy dog experiences during AAIs. Without expertise in canine behavior and communication, a counselor practicing AAT-C is not maintaining ethical standards in animal welfare or with their client.

Canine Selection

Selecting suitable therapy dogs for AAT-C is another important aspect of maintaining integrity to animal welfare and client welfare. Before any formal training begins, the natural temperament of the dog must be considered (TDI, 2016). The dog should exhibit socially positive behavior towards humans without exclusions of a certain gender, race, or age (TDI, 2016). The dog should be nonreactive when faced with all other pets and animals, which means there is an absence of barking, whining, lunging, and over-excitement (TDI, 2016).

If a dog meets the temperament criteria, they may be considered for the next step in therapy dog registration. This would be a formal evaluation by a therapy animal organization. Therapy Dogs International and Pet Partners are both therapy animal organizations that evaluate animals on their ability to become involved in AAI (TDI, 2016; PP, 2016). Before evaluation, animals must be at least 1 year old, have been in
stable housing for 6 months in the handler’s care, be up-to-date on vaccinations for rabies, be house trained, have basic obedience abilities, lack any history of violence, be comfortable with strangers, and be able to wear gear signifying they are a therapy animal (PP, 2016). There are also requirements for handlers, or the individual that owns the animal or will be participating in AAI with the animal. These requirements include understanding canine communication, utilizing positive training methods, remaining calm and attending to their animal at all times, encouraging others to interact positively with their animal, and promoting the well-being of their animal (PP, 2016).

Once these requirements are fulfilled, handlers are able to schedule an evaluation with a registered therapy animal organization. Components of the evaluation include receiving a pleasant stranger, staying by handler’s side when walking through a group of individuals, sitting and staying when directed, coming when called by name, being patted by several individuals at once, and remaining neutral around unknown dogs (TDI, 2016). Due to the settings that are typical of therapy animals, evaluations typically include exposure to equipment such as wheelchairs, crutches, and walkers. Finally, things will be intentionally dropped or banged to create a noise. To pass the evaluation, the dog must not act aggressively when startled by the noise.

Only after the assessments of temperament, fulfillment of pre-evaluation requirements, and successful completion of a registered therapy animal organization’s formal evaluation can a therapy animal be incorporated into work in AAI. For a therapy dog to participate in AAT-C, they should be paired with a counselor that is in compliance with the ACA’s AAT-C competencies (Stewart et al., 2016). An important component to animal welfare post-registration is continuing education (PP, 2016). Handlers should stay abreast of the current research in order to maintain the welfare of their therapy animals and the individuals with whom they work.

Conclusion

With an understanding of AAT-C and its related competencies, canine communication, and therapy dog selection, a counselor is much better informed to begin work with a therapy dog. While a personal pet might provide therapeutic benefit for its owners, it will not be able to be formally involved in professional settings until it is properly evaluated by a registering therapy animal organization. A crucial factor to consider when reflecting upon working with a therapy dog is animal welfare. Without attending to animal welfare, a client is positioned to potentially experience preventable harm.

References


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