

Article 26

“Pawsitive” Pets: Working With Your Pet as Cotherapist

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Animal assisted therapy (AAT) is the incorporation of pets as therapeutic agents into the counseling process. AAT utilizes the special relationship between a pet and its owner to provide services for persons in need. The therapy animal works in partnership with a human therapist to provide compassionate and stimulating therapy designed to facilitate human client recovery. AAT applications in the counseling environment are growing in popularity because increasing numbers of therapists have observed the therapeutic benefits of animal assisted interventions. The most significant contributions of AAT have been demonstrated with clients that are resistant to therapy and/or clinically dysfunctional. In these cases, therapeutic gains were made with the assistance of a therapy animal that most likely would not have been possible otherwise.

AAT impacts the dynamics of therapy in several possible ways (Chandler, 2005). The opportunity to interact with a therapy animal may increase client motivation to participate out of a desire to spend time with the therapy pet. AAT may temporarily shift a client's focus away from disabling pain so the client can work harder and longer in a therapy session and potentially gain more benefit. A client may receive healing nurturance and affection through physical contact with the therapy pet and may experience soothing comfort from petting or holding a therapy pet. In AAT, a client may experience unconditional acceptance by a therapy pet. A client may experience enjoyment and entertainment from interaction with a therapy pet. A client may be able to form a more trusting relationship with a human counselor who demonstrates he or she can be trusted by his or her positive interactions with a therapy pet. And, depending upon the specific needs and characteristics of a client, he or she may be able to achieve goals not otherwise possible without the assistance of a therapy pet.

Therapy pets serve as powerful transitional objects in therapy. In fact, therapy pets may make the best therapeutic transitional objects because they are affectionate and responsive to clients, unlike toys, and

are accepting and nonjudgmental, unlike most humans. Thus, therapy animals can enhance client recovery in ways that therapeutic toys and human therapists cannot.

There are many types of animals that are appropriate for therapy work. The most common therapy animals in a counseling setting are dogs, followed closely by horses. Other therapy animals include cats, rabbits, birds, gerbils, hamsters, and aquarium fish. Llamas and pot-bellied pigs are among the most interesting therapy animals. Other farm animals can also be appropriate for therapy work.

It is not just the presence of a therapy animal that promotes therapeutic gains in AAT, rather it is carefully orchestrated interventions by the human therapist between the client and the therapy animal combined with interventions between the client and the human therapist that generates the power of AAT. Thus, the human therapist should have a very positive relationship with a therapy pet. The best working model for AAT is for a professional therapist to work with his or her own pet in providing therapeutic service. The strong human-animal bond that exists between a pet and the therapist-owner is a strong catalyst for therapeutic gains. The enhanced awareness of an animal's potential contributions to a counseling session and the mutual trust involved in an owner-pet relationship greatly contribute to the success of AAT. However, if a professional does not have or does not want to work with his or her own therapy pet, a therapist can contract with a certified therapy animal team to work under the guidance and direction of the therapist so that a client may still experience the benefits of AAT. These certified therapy animal teams consist of a pet owner, who is not necessarily a healthcare provider, and his or her trained therapy pet. Certified animal therapy teams can be found by contacting an AAT organization, two of the most popular being Delta Society (Web site: <http://www.deltasociety.org>) and Therapy Dogs International (Web site: <http://www.tdi-dog.org>). Delta Society offers training and certification programs for professionals to work with their pets. It is very important that professionals receive proper training if they want to

practice AAT. This training should include a component where the therapist and the therapy animal are evaluated as part of a certification process. To practice AAT without the proper training and certification for the professional therapist and the therapy pet would greatly increase the risks of therapy.

In order to work as a professional therapy pet, the animal must be healthy, very well-behaved, not aggressive toward people and other animals, friendly, and sociable, and have a high tolerance for stress; and for dogs and horses the animal additionally needs to be properly trained (Burch, 2003). Horses must be trained for riding, and dogs must be trained in basic obedience commands. It is also helpful if a therapy dog knows some special skills and tricks that might be helpful in a therapy setting.

Animals have natural talents that contribute to their being beneficial therapeutic agents. Animals are expressive communicators, and animals do not hide their feelings. Research demonstrates that animals are capable of various complex emotions (Tangley, 2000), and that animals have distinct and measurable personalities that are not species or breed specific, but rather unique to each animal (Gosling, Kwan, & John, 2003).

There are a number of client psychosocial goals that can be achieved through AAT (Gammonley et al., 2003), including improve social skills of clients, brighten affect and mood, experience pleasure and affection, improve memory and recall, improve reality orientation, improve self-esteem and self-worth, improve cooperation, improve problem-solving ability, improve concentration and attention to task, decrease manipulative behaviors, improve ability to express feelings, reduce general anxiety, improve ability to trust, and learn about appropriate touch.

There are many AAT applications to assist in achieving client psychosocial goals. The presence of a therapy animal can help build a comfortable atmosphere. Therapy animals can serve as a surrogate for therapeutic touch. Therapy animals can enhance rapport building between a client and a therapist. A therapist can utilize basic counseling relational techniques to increase client self-awareness and other awareness by reflecting and interpreting client and therapy animal interactions. In addition, a therapist can facilitate client recovery by applying a variety of AAT psychosocial techniques (Gammonley et al., 2003), such as learning about giving and receiving appropriate affection with a therapy animal, learning to communicate by giving commands to an animal, learning about social behaviors through observing and discussing animals' responses to human behaviors, facilitating client growth by studying how animals learn,

generalizing animal behaviors to human circumstances, learning about hygiene and proper care through feeding and grooming a therapy animal, learning to be more expressive by talking with or about a therapy animal, stimulating a client to be more present focused by interacting with a therapy animal, enhancing a client's mood through interaction with a therapy animal, exploring feelings by first discussing how an animal might feel in certain situations, and enhancing self-esteem by positive and productive interactions with a therapy animal.

Research has shown AAT to be beneficial for psychosocial well-being. Studies have shown AAT to decrease depression in adults (Mcvarish, 1995), enhance self-esteem in adults (Walsh & Mertin, 1994), and reduce emotional and behavioral problems in children (Kogan, Granger, Fitchett, Helmer, & Young, 1999). Research has also shown AAT to be beneficial for psychophysiological health. For example, AAT with a therapy dog resulted in reductions in levels of blood pressure, stress, and anxiety in children (Friedmann, Katcher, Thomas, Lynch, & Messent, 1983; Hansen, Messinger, Baun, & Megel, 1999) as well as reductions in anxiety and distress for adults (Barker & Dawson, 1998). And interactions with a therapy dog have demonstrated decreases in human hormone blood levels associated with stress, such as cortisol and adrenalin, and increases in levels of hormones associated with a reduction in stress such as cortisol and oxytocin (Odendaal, 2000).

In the practice of AAT, a therapist can incorporate the animal into whatever style of therapy the therapist already enacts. AAT can be directive or nondirective in its approach. AAT sessions can be integrated into individual, group, couple, or family therapy. AAT can be used with a wide range of age groups and with persons of varying ability. AAT has been shown to be beneficial in a variety of therapeutic settings, such as schools, agencies, hospitals and hospices, private practices, prisons, juvenile detention centers, and developmental disability facilities (Chandler, 2005). AAT is also a very useful approach to crisis response counseling in that the presence of the therapy animal can provide comfort and a sense of normalcy in highly intense and often chaotic situations.

AAT is a beneficial adjunct to counseling practice. It offers unique applications to facilitate client recovery in many ways. It is especially effective with clients who are poorly motivated to participate in therapy or are resistant to therapy. The opportunity to interact with a therapy animal can enhance client motivation to participate and lower resistance to therapeutic intervention. For clinically dysfunctional clients, AAT can be effective in enhancing client mood, increasing

reality orientation and attention to task, and reducing disabling emotional pain that might interfere with client responsiveness to therapeutic intervention. While AAT is considered an adjunct to therapy, it is vitally important that both the therapist and the therapy animal be qualified to practice AAT. The therapy animal must be evaluated for proper temperament and aptitude, and the human therapist must be trained in AAT techniques and risk prevention and management.

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