10 Incorporating animal-assisted therapy into psychotherapy: guidelines and suggestions for therapists

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10.1 Introduction

Aaron came to his social skill’s group early each week so he could get Sasha’s undivided attention. “Can I bring in the cage and hold Sasha for a while? She is so cute,” bellows Aaron as I entered the building. “Sure, why not,” I replied. What he did not realize is that my eyes never left him as he carried in my small gerbil, sat down in the classroom and let her out of the cage. Here is a ten-year-old child diagnosed with ADHD, sitting and giggling and smiling, as Sasha crawls over his legs. So as not to frighten her, he sits calmly—something that is hard for him to do. He eventually begins to stroke her and tells her how beautiful she is. “You are a sweetheart, Sasha. I love you,” he whispers, with a proud smile.

At these times, Aaron acts like a different child. Around Sasha he slows down, and she has a calming effect on him. Her nature seems to transform him. Perhaps it is her size. He does not want to overpower her, so he moves slowly and talks gently. She reciprocates, by snuggling and allowing his tender touch. Over the course of the program, I often brought Sasha to Aaron so that he can learn to gage his own activity level and perhaps be in more control (Fine and Eisen, 2008, p. 7).

This case study occurred over 30 years ago. Sasha eventually was to become my first therapy animal. Those preliminary observations helped develop my early understanding of the value of animal-assisted interventions. In particular, I began to appreciate how the integration of an animal into therapy promoted a more nurturing and safer environment for clients.

As has been articulated throughout this book, the value of the human/animal bond has been seriously investigated over many decades. Furthermore, popular culture reflects the bond between humans and animals as it is seen in the popular press and the film industry. Most recently, various films in our pop culture have portrayed the importance of the human/animal bond as well as the impact of the bond. There has also been a proliferation of books focusing on the importance of wildlife to humans as
a recognition of the positive impact that animals have on the lives of people: Olmert (2009) Made for each Other; Becker et al. (2005) Chicken Soup for the Dog Lover’s Soul; Chernak-McElroy (1996) Animals as Teachers and Healers; Von Kreisler (1997) The Compassion of Animals; and Grogan (2005) Marley and Me. It seems a logical next step that mental health professionals try to incorporate the human/animal bond connections, when applicable, into their practices where applicable. As Bern Williams once stated: “There is no psychiatrist in the world like a puppy licking your face.”

10.2 The need for research

Despite positive anecdotal examples, the reader needs to recognize that there is limited empirical support and research validating the overall effectiveness of AAT (Fine, 2002, 2003, 2008; McCulloch, 1984; Serpell, 1983). Voelker (1995) noted that the biggest challenge facing advocates of animal-assisted therapy can be summed in two words. “Prove it” (p. 1,898). Voelker (1995) stresses that the major difficulties in obtaining outcome data in animal-assisted therapy is that many of the professionals applying these strategies do not see the necessity of conducting outcome research or, possibly, they do not take the time to validate outcomes. This lack of documentation and thorough investigation leaves a large void in demonstrating the efficacy of this approach. It seems that most clinicians persevere and incorporate the modality primarily on qualitative impressions that have been observed or heard about. However, a lack of empirical evidence may continue plaguing the acceptance of AAI, especially as many become more concerned about evidence-based forms of psychotherapy.

Barak et al. (2001) notes that research is also needed to identify the underlying mechanisms of AAT that produce therapeutic changes. The findings from these studies would be valuable to understand how the interventions work, so that the best practice procedures can be implemented. Unfortunately, many outsiders have a limited awareness of how AAI is applied and there is a need to demystify the process. In addition, there also needs to be a more appropriate bridge between clinical practice and best practice research. Practitioners are encouraged to pay closer attention to the need for program evaluation and documentation. All of these efforts should assist the scientific community with the needed research priorities.

Many have pointed out that although the utilization of animals may be highly appealing, it needs to be understood that just because an interaction with an animal is enjoyable, does not imply that the procedure is therapeutic (Katcher, 2000; Serpell, 1983).

Fine, in an interview with Kale (1992), pointed out that animals could have a therapeutic impact on children when the approach was integrated with other strategies. “To say that the therapeutic changes occur solely in isolation would perhaps be quite misleading.” Fine (2005) explains that it is important to understand how animal-assisted interventions can be integrated alongside traditional psychotherapeutic approaches. Attention in future research must address this concern.
Therefore, it is strongly emphasized that over the next decade a concentrated effort be initiated to demonstrate the efficacy of this modality. The findings from quality designed studies will help clinicians as well as researchers answer a variety of questions, including:

1. Under what conditions are animal-assisted interventions (AAI) most beneficial?
2. With what special groups do AAI appear to work the best?
3. Under which theoretical orientation (e.g. humanistic, cognitive, behavioral) does the incorporation of animals seem the most therapeutically effective?

10.2.1 Objective of the chapter

The objective of this chapter is to provide the reader with practical insight into how animals may be incorporated into a therapeutic practice. Within this context, the author will also provide suggested guidelines to assure quality control for the client’s and animal’s safety. Case studies will be incorporated to illustrate how the interventions can be applied logically.

10.3 The role of animal-assisted therapy in psychotherapy: is there such a thing as an AAT Rx?

As previously discussed, one of my greatest reservations in recommending AAT has been the lack of published protocols. There is a definite lack of clarity of how a treatment regime can be replicated. Unfortunately, this lack of clarity makes it difficult to develop a clear cut Rx for AAT. One should not look at AAT in isolation, but rather how the animals support and augment the clinician’s ability to work within his/her theoretical orientation (Fine, 2005, 2008). Fine (2005) has suggested that there are several basic tenets to consider when one incorporates animals into therapeutic practice. Therapists should consider utilizing a simple problem-solving template as they plan on applying AAT interventions with their various patients. The following three questions should be considered:

1. What benefits can AAT/AAI provide this client? The clinician needs to consider the benefits animals will have in the therapy. What benefits will the animals provide in the clinical intervention? Should therapists only expect the animals to act as social lubricants to promote a safer environment, or can the animal’s involvement be more deeply integrated within the clinical efforts?
2. How can AAT strategies be incorporated within the planned intervention? A clinician must begin to conceptualize the vast array of opportunities that the therapy animals can provide. Several of these alternatives will be discussed later in the chapter. A plan must be formulated so the outcome will not be purely serendipitous.
3. How will the therapist need to adapt his/her clinical approach to incorporate AAT? This perhaps is the most critical aspect to consider. A clinician must take into account how incorporating animals into therapy may alter his/her clinical orientation. Therapists must also mull this over (even if being an animal lover) if they are comfortable practicing psychotherapy co-jointly with their animals. If the animal’s presence does not match the style of therapy practiced, it may cause more dissidence and become ineffective.
In a similar vain, Chandler (2005) points out that the therapist should design interventions to involve a therapy animal in ways that will move a client toward treatment goals. The decisions regarding if, when and how a therapy animal can or should be incorporated into counseling depends on: (1) the client’s desire for AAI along with the appropriateness of the client for AAI (which may be prohibited by such things as animal allergies, animal phobias, or client’s aggressive tendency); (2) the counselor’s creative capacity to design AAI consistent with a client’s treatment plan; and (3) the therapy animal’s ability to perform activities that assist in moving a client in a direction consistent with treatment goals (Chandler, 2005).

To assist in better understanding how to apply AAT in traditional clinical practices, the following section briefly describes basic foundation strategies that should be considered.

### 10.4 Consideration 1—why clinicians may find animals therapeutically beneficial

#### 10.4.1 Animals as a social lubricant for therapy

Parish-Plass (2008) suggests that AAT is based on the very strong emotional connection and evolving relationship between the therapist, client and animal. She points out that an animal’s presence in the environment contributes to the perception of a safe environment. She also believes that the client’s perceptions that the therapist makes the therapy animal feel safe contribute to the client’s impression that s/he will feel safe as well. Early research investigating the incorporation of animals within outpatient psychotherapy was somewhat limited. Nevertheless, Rice (1973) conducted a study to evaluate the extent to which animals were used by psychotherapists in the USA as a whole. The study also attempted to classify the ways in which animals served in psychotherapeutic roles. One hundred and ninety members (64% of the sample) of APA Division 29 (Division of Psychotherapy) responded to the survey. The findings of the study suggested that 40 clinicians (21%) indicated that they used animals or animal content in conjunction with their psychotherapy.

The most powerful finding from this study pertained to the specific uses of the animal within the therapeutic setting. The researchers reported that some therapists found some utility in actually having animals present in therapy, while others utilized animals in a conceptual manner. Common commentaries about the utilization of real animals pertained to employing an animal as a vehicle for cultivating or modeling the positive nature of interpersonal relationships. Most of the responders pointed out that animals were used to ease the stress of the initial phases of therapy to establish rapport. The researchers also reported isolated uses of animals such as suggesting that a patient obtain a pet as a means of introducing practical caretaking responsibilities. The conceptual use of animals by most reporting clinicians was most frequently symbolic. Therapists often incorporate animal content to formulate interpretations of patient’s fantasies or underlying themes in their discussions.
Mallon (1992) points out that the animals should not be considered as substitutes for human relationships but as a complement to them. It has been noted that animals appear to decrease the initial reservations that may develop from initially entering therapy. Arkow (1982) suggested that the animal may act as a link in the conversation between the therapist and the client. He called this process a rippling effect. Others such as Corson and Corson (1980) describe this process as a social lubricant. It appears that the presence of the animal allows the client a sense of comfort, which then promotes rapport in the therapeutic relationship.

Box 10.1 Case study

Fine and Eisen (2008) described how a gentle golden retriever aided a young girl with selective mutism into feeling more comfortable in therapy. “For years Diane’s parents had told themselves their daughter was shy. But after her first week at kindergarten, the teacher called the parents into school for a conference where they were told that Diane needed professional help. In school she was not only unwilling to speak, but she cowered with fright when approached or spoken to. Diane’s parents, concerned and upset by this evaluation, tried to work with Diane to overcome her selective mutism and fear when away from her home. Yet, nothing they said or did made any impression on Diane. She refused to talk and, at times, seemed incapable of speech, as though she physically either could not hear or speak.

I first met Diane and her parents on a weekday in the afternoon. When I introduced Puppy and myself, Diane didn’t respond. She gave no indication that she had even heard me. Instead, like Charles, she began to pet Puppy’s head, running her hands over Puppy’s ears, nose and muzzle. Although she never changed her body posture, she was smiling and enjoying her interaction with Puppy.

I turned towards the girl and called Puppy’s name quietly. When Puppy looked up at me, I gave her a hand signal to come towards me and then continued back into the inner office. As Puppy walked away, I watched Diane’s face fall and her eyes take on a sad and disappointed look. I told her, “Oh, I’m sorry. I didn’t realize you wanted Puppy to stay with you. All you have to do for her to come back is to say, ‘Puppy, come.’”

Diane’s parents stared at me, with a look of skepticism on their faces. Then, in a low voice, she called, “Puppy, come, please come, Puppy.” The parents in awe gazed at their daughter. I gave Puppy the signal to go and she ran over to Diane, who slid off of her chair and began hugging Puppy tightly.

Sitting on the floor beside Puppy and Diane, I began to talk to her. I told her that I knew how hard it was for her to talk to people she didn’t know and how happy I was that she was brave enough to call for Puppy. Hoping to build on this small first step, I asked her what she liked about Puppy. She hesitated a moment and then answered, “She is so soft and cuddly.” As we talked, Puppy sat beside Diane who leaned against her and laced her fingers through Puppy’s fur.

(Continued)
Kruger et al. (2004) and Beck et al. (1986) suggested that a therapist who conducts therapy with an animal being present may appear less threatening and, consequently, the client may be more willing to reveal him/herself. A gentle animal helps a client view the therapist in a more endearing manner. This perception was also found by Peacock (1986), who reported that in interviews in the presence of her dog, children appeared more relaxed and seemed more cooperative during their visit. She concluded that the dog served to reduce the initial tension and assisted in developing an atmosphere of warmth. There have been numerous studies which have elicited similar findings. Odendaal and Meintjes (2003) suggested that animals appear to have a calming effect on humans and reduce arousal. In their study, the data linked tactile contact with a dog with experimentally induced low blood pressures.

10.4.2 The benefits of animals as an extension to a therapist: a method for rapport building

Animals are known for the zealous greetings they provide to visiting clients they encounter. Levinson (1965), in a seminal article on the use of pets (in the treatment of children with behavior disorders), implies that bringing in the animal at the beginning of therapy assisted frequently in helping a reserved client overcome his/her anxiety about therapy. Many therapy dogs are more than willing to receive a client in a warm and affectionate manner. Imber-Black (2009) points out that animals in therapy provide healthy support for spouses being yelled at by their partners and shy children who are anxious to attend therapy.

For example, in most cases, animals can become an extension of the therapist. Personally, the animals that work with me are very responsive to greeting visitors. Children look forward to seeing and interacting with Fine’s therapy animals (PJ and Magic—golden retrievers, Tikvah—a bare eyed cockatoo and Ozzy—a bearded dragon). The dogs eagerly walk over to the children encouraging attention. These initial encounters ease the tension at the beginning of every meeting. The animals are instrumental in regulating the emotional climate.

Boris Levinson (1964), a pioneer of utilizing animals in therapeutic relationships, suggested that the animals may represent a catalyst in helping a child make more

| Box 10.1 Case study—cont’d |

When the session ended, I asked Diane to say goodbye to Puppy. She hugged the dog again and said, “Goodbye.” Her voice was soft, but it was clear. Puppy reciprocated with a head nudging and a huge lick on her arm. She had made a remarkable breakthrough and was about to begin her journey towards interacting with the world outside her home.

Over the course of the next five months, Diane, Puppy and I developed a wonderful relationship. Our simple first session eventually changed her life. For Diane, her whole world opened up and she eventually developed the confidence to talk and interact with others (p. 9).
progress in a clinician’s setting. It seems evident that the animals’ presence may make the initial resistance easier to overcome. Furthermore, as suggested by Fine and Mio (2006) (and in an updated chapter later in this volume) as well as by Parish-Plass (2008), the AAI acts as an adjunctive therapy that supports the clinicians’ abilities to work on the client’s cognitive, social and behavioral issues. As Parish-Plass (2008) states, “the animal is the tool, and the client is the focus” (p. 12).

10.4.3 A therapeutic benefit of animals in therapy: a catalyst for emotion

Fine and Beiler (2008) point out that, for many clients, the mere presence of an animal in a therapeutic setting can stir emotions. Simply interacting with an animal in a therapeutic setting can lighten the mood and lead to smiling and laughter. Animals may also display emotions or actions that may not be professionally appropriate for therapists to display. For example, the animal might climb into a client’s lap or sit calmly while the client pets him. Holding or petting an animal may soothe clients and help them feel calm when exploring difficult emotions in treatment that might be overwhelming without this valuable therapeutic touch.

Animals within therapeutic settings can also elicit a range of emotions from laughter to sorrow. Often in the literature on animal-assisted therapy more attention has been given to the softer emotions, which the human/animal bond instills. Nevertheless, recognition that animals can exhibit humorous behaviors is relevant. Norman Cousins (1989) in his premier writing of *Head First: The Biology of Hope* has emphasized for decades that humor was not only beneficial in improving an individual’s mental state, but also his/her physical constraints. Laughter and joy are two ingredients which

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**Box 10.2 Case study**

Several years ago, a 15-year-old boy, who was diagnosed as being depressed, was referred to my office. When he entered the waiting room he became very intrigued with the fish tanks. It seemed that over the years he had developed a strong interest in tropical fish. This common interest appeared to enhance our therapeutic rapport quickly. Over the next six months, our common interest went beyond talking about and observing the fish to a higher level of involvement. After careful consideration and planning, we both believed that putting together a 60-gallon salt water tank would be therapeutically beneficial for him. Indirectly and directly, his involvement and efforts in helping select the fish, plants, scenery, and rocks not only enhanced our bond but definitely appeared to uplift his sense of demoralization. Jeff had something to look forward to. His drive to fight off his lethargy and helpless thoughts seemed to be impacted by the sight of a new environment which he helped design and build. He frequently stopped at the office to check on the fish, taking pride in his accomplishments. Although Jeff continued to battle with his depression, he continued to find refuge and support in the tank he established. The partnership we established in developing the tank was a definite asset to our working relationship.
positively impact a person’s quality of life. It seems apparent that not only do animals promote warmth within a relationship, but they may also bring joy and a smile.

There are numerous examples that can be applied to illustrate this phenomenon. For example, a playful cockatoo or a puppy getting itself into mischief can always garner a smile. There have been numerous occasions where the animals incorporated therapeutically get themselves in comical/playful situations. It seems that when this occurs, the laughter generated has therapeutic value.

Selectively, animals are in a unique situation to display emotions and behaviors that may not be deemed professionally appropriate for a human service provider. For example, in difficult periods within therapy, a client may be in need of comforting and reassurance. The presence of an animal may become that catharsis. The holding of an animal or the petting of an animal (be it a cat, dog, or a bunny) may act as a physical comforter and soothe many patients. The touching of the animal and the proximity to the animal may also represent an external degree of safety within many clients.

Moreover, an additional benefit of the animals may be their contribution in helping clients gage excessive emotion and reactive behavior. On numerous occasions, the author has witnessed that when a dispute would take place, the animal’s presence seemed to lend some comfort and stability to the environment. The adults seemed to regulate their reactiveness, possibly because they were aware of the animal’s presence. Furthermore, in working with children who are quite active and impulsive, it is amazing to observe how large birds (cockatoos and macaws) seemed to help promote a decorum for what is or is not considered acceptable behavior. It seems that most children gave tremendous respect to the birds’ presence (possibly some unconscious intimidation) and the reduction to their disruptiveness was evident. Most children seemed to realize that their escalated behaviors would cause uneasiness in the birds, which they did not want to cause. In addition to this one benefit, as a follow-up to the child’s outbursts and the bird’s ability to help reduce the tension, discussions on self-control and behavioral regulation were introduced.

10.4.4 Animals acting as adjuncts to clinicians

Mallon (1992) emphasizes in his paper that the animals must be considered as adjuncts in the establishment of a therapeutic relationship and bond. Hoelscher and Garfat (1993) suggest that when relating to a therapist with an animal, people with difficulties sometimes find the animals the catalyst for discussion, which previously may have been blocked. For example, several years ago, an eight-year-old girl visited the office. She was very intrigued with the birds she saw and wanted to hold a few of the small lovebirds. Without asking if she could hold the bird, she eagerly put her hand towards the animal. To her dissatisfaction, the bird hissed at her. Shortly after this experience, I explained to the girl that she needed to ask the bird’s permission (and mine) to touch the animal. Ironically, this was followed by a powerless response of “I know what you mean.” Her response to my statement piqued my attention, since she was referred for depressive symptoms. I picked up the lovebird and began to scratch her head. I told the girl that the bird was very sensitive to touch, and there were certain spots that she did not like to be touched. At this point, the girl became very teary eyed and responded by
saying once again (very sadly this time) “I know what you mean.” Shortly after, she began to reveal a history of sexual abuses by one of her grandparents. It was apparent the serendipitous use of the bird acted as a catalyst to promote a discussion on feelings that she had buried. Over the course of her treatment, we used the example of the bird to help her gain insight on the importance of giving people permission to embrace you, and how you have the right to tell people that your body is private.

10.4.5 The use of the relationship with animals vicariously—role modeling

A valued benefit of incorporating animals clinically is the vicarious outcomes that a client may develop as a consequence of the interaction between the clinician and the animals. For example, the loving relationship between the animal and the therapist may explain by example to the client some of the caring traits of the clinician. This outcome may enhance the development of the therapeutic relationship and alliance. Personally, over the years, this writer has been amazed with the comments he has received from clients observing his interaction with the animals. The most common response pertains to the interaction with the animals and how some clients compare these interactions with their own child/parent relationships (since most of his clients are children and their parents). Other clients comment on how well the animals are treated, including the elements of compassion, consistency, firmness, and love. These scenarios can be used to demonstrate to the client appropriate interactions and responses to behaviors.

Experienced clinicians will attest to the numerous occasions (during sessions) that boundaries need to be placed on the animals. This demonstration of limit setting should be a valuable teaching tool for the clients. The therapist can use these episodes as opportunities to model specific discipline or problem-solving strategies. For example, within my office, one of the many therapy birds that I use is an umbrella cockatoo. She periodically has a tremendous need for attention, and one approach that she uses is to screech. Parents are always amazed with my approach and the explanation that I give to them. The most common approach applied is extinction, and the eventual reinforcement of the appropriate behavior when it is demonstrated (verbal praise and petting the bird). The outcome to this interaction eventually leads to an informal discussion on behavior management, which may have implications to their own child rearing practices.

As can be seen, there are numerous episodes that a clinician could draw upon. It is of utmost importance that the therapist takes advantage of teachable moments and learning opportunities. Discussions with adults on boundary setting, the need to be loved and admired and appropriate ways of interacting are all relevant.

10.5 Consideration 2—the therapeutic environment: animals as an aspect of milieu therapy

Modifications to the work environment may also be considered a valuable contribution which animals can influence. The perceived environment appears to be more
friendly and comfortable to incoming clients. Barnard (1954) pointed out that it was Ernst Simmel’s pioneering work that gave serious thought to the manipulation of the environment to meet the unconscious needs of clients. In her paper, Barnard (1954) reported that in ancient times even pagan temples (which promoted healing) provided an atmosphere of encouragement and hope. She noted that in an ancient institution in Cairo patients were entertained daily with musical concerts as one source of their therapy. The underlying force within milieu therapy is recognizing the “climate” within the environment and its impact on the client. Sklar (1988) points out that there is a constant interaction between the client and the therapist that is impacted by the physical and emotional environment that is created in the clinician’s office. Sklar’s writings as well as Langs’ (1979) suggest that the development of an effective therapeutic alliance may actually begin with the creation of a proper therapeutic environment. Sklar (1988) reports on how many outpatient clinics neglect giving attention to the physical environment in which the therapeutic process unfolds. Goldensohn and Hahn (1979) report that a client’s readiness for psychotherapy could be disturbed by the simplicity of a clinic’s decor and perhaps by its disorder.

Sklar (1988) also reported that many facilities that provide mental health services appear to be proud of the happy, affectionate family atmosphere that the clinic attempts to create. He suggested that one must not only focus on the client’s internal dynamics for treatment to become successful, but in addition, the therapists also must address the clinical space within which treatment is ongoing.

As the research suggests, little attention appears to be given by most therapists to the elements which enhance their therapeutic environment. Light music, lighting and climate control have always been intuitively associated with a more comfortable environment. These ingredients seem to promote a sense of security and comfort. It seems obvious that living beings could also be utilized to complement the work environment by making it more appealing and relaxing. Of utmost value is that the animals appear to bring a certain sense of security and warmth into the environment. For example, Katcher et al. (1983) reported, in their study on anxiety and discomfort before and during dental surgery, that subjects viewing the aquarium appeared more comfortable and less anxious than those subjects in a control group not viewing an aquarium. Watching a school of fish swim harmoniously can be quite relaxing for some. With proper lighting and an attractively designed tank, clients could feel more at ease when they enter an office or while undergoing a therapy session. Over the years, I have found fish tanks to be extremely enticing. The gentleness of the fish and the ambiance developed can be truly beneficial to a therapy session.

Unfortunately, when schools in a fish tank are not properly selected, the outcome can make people feel uncomfortable, especially if the fish incorporated are aggressive and hyperactive. For example, early in my own personal utilization of fish tanks for the ambiance they promote, my selection of fish was not appropriate. Two fish in the school were quite active and aggressive. They would often be observed fighting and chasing each other. Rather than finding the fish tank to be relaxing and comforting, many of the clients noted that they felt uneasy watching the fish. One adult was overheard saying that the activity level of the fish reminded her of the chaos that she witnesses within her own home, especially with her children. Although this event
serendipitously led to a discussion about her concerns with her children, it did not put her at ease.

With the importance of a therapeutic environment now established, it is notable to appreciate how animals can be viewed within this dimension. Beck and Katcher (1983) suggest that animals have the capacity to modify a person’s environment. Friedmann et al. (1983) have demonstrated that people appear to exhibit lower blood pressure and verbally express feelings of relaxation in the presence of a dog, while Beck and Katcher (1983) have been able to correlate a similar phenomenon in the presence of viewing a tank of fish. Lockwood (1983) hypothesizes that this outcome may occur because people perceive most situations with animals as safer and perhaps more benign.

Very few studies have been implemented investigating the impact that animals have in altering the therapeutic effects of an environment. Beck et al. (1986) initiated a study in Haverford, Pennsylvania, where the initial hypothesis speculated that the animals would alter the therapeutic environment and make it less threatening to patients with various mental illnesses. These patients (who met in a room containing birds) attended sessions more faithfully and became more active participants in comparison to a control group. The researchers’ findings reported that the experimental group (who conducted their therapy in the presence of the birds) had a greater rate of attendance and demonstrated more frequent participation than did the non-bird group. In addition, their findings from the Brief Psychiatric Rating Scale identified a reduction in hostility scores in clients within the experimental milieu. The researchers believed that this outcome was enhanced due to the impression the clients had about the birds (that the animals were perceived by the patients as less hostile, and, therefore, the clients felt more at ease in the presence of the animals).

Not only can animals be used to enhance the milieu as well as enhance the relationship between the client and the therapist, but also the therapist can also observe how the client relates and interacts with the animal. The client may unconsciously be overbearing and controlling to the animal or, for that matter, may act coldly and unresponsively. These experiences may provide the therapist with an alternate diagnostic window to view his/her client.

10.6 Consideration 3—incorporating theory into practice: animal-assisted therapy from a life stage perspective

A clinician’s theoretical orientation will have a strong bearing on the incorporation of animals within his/her therapeutic approach. An explanation that seems to naturally align itself is developmental psychologist Erik Erikson’s theoretical orientation. Erikson views development as a passage through a series of psychosocial stages, each with its particular goals, concerns, and needs. Although the themes may repeat during a lifecycle, Erikson noted that certain life concerns were more relevant during specific eras. For example, as people age and experience new
situations, they confront a series of psychosocial challenges. This author recommends that clinicians should consider the various eight stages of psychosocial development and reflect on how the application of animals may be appropriate. To articulate the various stages, I have incorporated Table 10.1 to illustrate the major elements found within each stage. This will be followed by an interpretation of how Erikson’s theory can be applied to animal-assisted therapy.

10.6.1 Suggested developmental goals and treatment purposes for children

Within the first series of life stages, the primary goals that need to be achieved pertain to a child’s need to feel loved, as well as developing a sense of industry and competence. In a practical sense, animals can assist the clinician in promoting unconditional acceptance. Bowers and MacDonald (2001) point out that children over the age of five turn to their beloved companion animals when they feel stressed and are in need of unconditional love. Children may also use their relationships with pets as an emotional buffer to help cope with a stressful environment or emotional discord (Strand, 2004). It seems that the animal’s presence allows the child to have something to turn to for emotional support during times of conflict. This position may hold true in a therapy environment. The animal’s presence in therapy (as discussed previously)

### Table 10.1 Erik Erikson’s eight stages of development

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<th>Virtue</th>
<th>Stage Description</th>
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<td>Estrangement, Separation, and Abandonment</td>
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<td>2</td>
<td>Autonomy vs. Shame and Doubt (2nd Year)</td>
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<td>Initiative vs. Guilt (3–5 Years Old)</td>
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<td>4</td>
<td>Industry vs. Inferiority (6th Year to Puberty)</td>
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<td>Identity vs. Identity Confusion (Adolescence)</td>
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<td>6</td>
<td>Intimacy vs. Isolation (Young Adulthood)</td>
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<td>7</td>
<td>Generativity vs. Stagnation (Middle Adulthood)</td>
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<tr>
<td>8</td>
<td>Integrity vs. Despair (Older Adulthood)</td>
<td>Wisdom—Integration of Life Experiences</td>
<td>Ritual—Integration</td>
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</table>

Ritual—Integration Perverted Ritual—Sapientism (Pretense of being Wise)
may assist a child in learning to trust. Furthermore, the animal may also help the
clinician demonstrate to the child that he is worth loving. Unfortunately, for some
children, their reservoirs of life successes are limited and they feel incompetent. This
sense of incompetence may be acted out aggressively towards others or internally
against oneself. A therapist may utilize an animal to help a child see value in his life.
Gonski (1985) further suggests that the presence of a therapy animal “enables the
child to initially begin to trust in a safer, nonjudgmental object prior to placing their
confidence in the worker or other significant adult” (p. 98).

The animal-assisted therapy can eventually go beyond the office visits. A clinician
may suggest to a family the value of having a pet within the home. The animal may
help a child in developing a sense of responsibility as well as importance in life.
Triebenbacher-Lookabaugh (1998) points out that children perceive their pets as
special friends and important family members. In her study, she points out that 98% of
the participants viewed their pets as important family members. She also noted that
children may use their pets as transitional objects. Results from the study support the
position that pets may offer children emotional support and a strong source of
unconditional love.

Therapists may use the experience of the interaction between the child and the
therapy animal as an opportunity to observe and assess if a child may psychologically
benefit from having a pet within the home. Levinson (1965) reported that a pet within
the home may be an excellent extension to therapy. The pet could provide the child
with constant solace and unconditional joy and warmth.

Fine et al. (in press) point out that boys and girls describe companion animals as
siblings and cast them in a sibling role. The language used by the children to describe
interactions with and time spent with the pet was very similar to what was used to
describe interactions with and time spent with peers and siblings (Melson, 2001).
Children often use their pets as confidants, beginning at a very early age and
continuing on into adolescence and adulthood. Children confide many different
feelings to their pets, ranging from anger and sadness to happiness and sharing deep
secrets. They recognize that their pet is able to handle full disclosure while remaining
an uncritical and accepting audience capable of listening intently and keeping
a secret. Additionally, it has been shown that children who are significantly involved
with their pets show more empathy and are more skilled at predicting the feelings of
others in certain situations (Daly and Morton, 2009; Melson et al., 1992).

Bryant (1990) reports of how animal companions have been cited as providing
important social support for children. Bryant reports that animals within a home may
assist children in developing a greater sense of empathy for others. Further studies, such
as Poretsky et al. (1988) and Covert et al. (1985), both have documented similar
outcomes. These researchers suggest that pet ownership may be extremely valuable in
enhancing a child’s self-esteem and social skills, as well as a sense of empathy.
Although Paul and Serpell (1996) are in agreement with these findings qualitatively,
they indicated that most of the research conducted has not demonstrated any firm causal
relationship between childhood pet ownership and alterations in the psychological
well-being of children. It is interesting to note that many researchers seem to agree that
there appears to be qualitative support for the value of the animal/human bond but that
there are difficulties in quantifying this value. Perhaps some of the challenges that researchers are being confronted with pertain not only to quality research protocols presently under investigation, but also to a possible measurement problem.

However, there have been some studies, such as Bryant (1990), which do demonstrate some promise in promoting the therapeutic benefit of pets for children. In her study, Bryant (1990) studied the potential social-emotional benefits and liabilities of children having pets. Although the study and its implications were based on children, it is important for clinicians to consider some of the findings as being pertinent for adolescents and adults. Two hundred and thirteen children were surveyed as part of the sample under investigation. The outcome of the study identified four potential psychological benefits for children to have animals. Furman’s (1989) “My Pet” Inventory was utilized to assess the subjects’ interests. A factor analysis of Furman’s inventory indicated that, from a child’s perspective, there are four factors in which the child/pet relationship can be viewed as potentially beneficial. The factor of mutuality was defined by Bryant (1990) as having to do with the experience of both giving and receiving care and support for the animal.

Furman (1989) originally identified these variables as companionship and nurturance. The enduring affection factor identifies the child’s perception of the lasting quality of their relationship with their pet. This factor focuses on the child’s perception of the permanence of the emotional bond between the child and the animal. The third factor, which was entitled enhanced affection, identifies the perception from the child that the child/pet relationship makes him/her feel good, as well as important. This factor is a crucial element that clusters the admiration and affection between the animal and the child. Finally, the factor of exclusivity focuses on the child’s internal confidence in the pet as a confidant. This factor appears to be extremely crucial for therapists to underscore.

It is within this factor that a child may rely on the pet companion to share private feelings and secrets. This may be an important outlet, especially when there are limited friends and supports within the community or the home. Mallon (1994a) also points out that there is evidence that a child may use an animal as a confidant. In his study on the effects of a dog in a therapeutic setting treating children with behavior disorders, the staff observed that the children would often utilize the dog as a sounding board or a safe haven to discuss their problems and troubles.

Bryant (1990) suggests that the viewing of the child/pet relationship may be extremely valuable in understanding the dynamics within the family. Negative relationships may also be indicative of existing or impeding crises within the family.

On the other hand, within the study, Bryant (1990) also pointed out some of the limitations to the child/pet relationship. Some of the constraints included distress associated with taking care of the pet, the unfair grief of a pet acting mean, or the rejection of the child by the pet. These data are in agreement with other researchers such as Kidd and Kidd (1980, 1985) who point out that the choice of the animal with the child has to be a proper match. Different breeds of animals (dogs, cats, and birds) may offer unsuitable physical and psychosocial benefits to their owners. Unfortunately, if the wrong animal or breed is selected as a pet for the child, there may not be the effective bond which was described earlier. Finally, the research of Wedl and
Kotraschal (2009) suggest that girls were more likely to want to have a pet and seem to develop stronger emotional relationships than boys.

10.6.2 Suggested developmental goals and treatment purposes for adolescence

Erikson views adolescence as a time where the teenager must achieve a sense of identity. The teen goes through many physical and mental changes in his/her quest to secure an adult-like status. The developmental period appears to be the first time that there is a conscious effort in defining a sense of self. During this period, the teen begins to organize drives, beliefs, and ambitions toward a consistent and clear image of self. It is at this time frame that the emotional stability of the youth may be extremely fragile. Some teens may be unable to cope with the many physical, social, and developmental expectations that come with this passage. Their strong need for affiliations and the need to be wanted and to fit in with peers may become the primary goals within therapy. A clinician may find an animal’s presence valuable in making the teen feel more at ease during his/her visit. The teen may be more willing to take down some of the barriers, if she/he feels more comfortable. Furthermore, although a teen may project the need to be adult-like, the teen may appreciate the free spirit of an animal. The comfort the youth may receive may allow him/her to feel more appreciated.

The value identified earlier in regards to the psychosocial benefits of having a pet as a child may also be pertinent to a teenager. A therapist may strongly suggest to a family that having a pet may aid a teen in experiencing some social isolation. Kidd and Kidd (1990), in their study on high school students and pets, suggested that pet ownership may be beneficial both to adolescents who are having challenges in personal independence as well as mature inter-familial relationships. Walsh (2009a) also points out the value for teens in taking responsibility for an animal’s daily care and well-being. She discusses how the experiences are an excellent opportunity to form a bond as well as learning to express affection and empathy.

10.6.3 Suggested developmental goals and treatment purposes for adults

Therapists who focus more on adults may also find Erikson’s insight beneficial. With young adults, their need to recognize that they can also take care of others may become a great starting point for discussion. A therapist may use a therapy animal as a starting point to discuss decisions about having children or, for that matter, child-rearing practices. It is not uncommon for some therapists to suggest to young couples that they try to rear a pet as a precursor to deciding if they are ready for children. The animal’s presence may be an ideal introduction to this topic. Furthermore, adults experiencing parenting challenges and couples who are experiencing marital dysfunction may find the metaphors and the stories related to bringing up children and learning to share one’s life with another person as all appropriate topics. The presence of animals, and examples incorporating animals, may give some clarity to the subject of generativity versus self-absorption. Finally, Walsh (2009b) points out that much can be learned about relation patterns in a family by asking the adults about their
10.6.4 Suggested developmental goals and treatment purposes for the adults

Finally, animals may tremendously impact a clinician’s ability to interact with elderly clients. Similar to the role that an animal may have in treating a child, a therapist may find an animal extremely useful in securing a positive relationship with an elderly client. Clients who have had a history of animals within their lives may find the animal’s presence extremely advantageous in reminiscing past life events. Raina et al. (1999) have found that the daily activities for seniors who had pets were dramatically increased in comparison to the elderly who did not live in the company of animals. Barak et al. (2001) believes that AAT “reawakens both memories of a former life” and a “need to continue interacting with animals” among seniors. It is astonishing how a lifetime of growing up with animals may make it easier, for some people, to reminisce and think about major milestones in their lives. Reflections of the past may become more apparent as a consequence of compartmentalizing specific life events, which may have revolved around or included pets. A clinician may ascertain that the presence of the animal may act as a catalyst for reliving past events.

Furthermore, the clinician may also recommend to an elderly patient that he or she consider purchasing a pet. Research such as Ory and Goldberg (1983), Friedman et al. (1980), Kidd and Kidd (1997), Jenkins (1986), and Garrity et al. (1989), as well as the information noted in the chapter on aging, all suggest the inherent value of seniors having pets. A client’s sense of value could be tremendously enhanced as a consequence of feeling needed once again. In addition, many individuals will thrive from the positive attention they will receive from their companion animal. In some cases, the animal/human relationship may become the necessary ingredient which alleviates a perceived sense of loneliness and isolation. Findings from research by Hunt et al. (1992) suggested that unobtrusive animals evoked social approaches and conversations from unfamiliar adults and children. It is apparent that the presence of an animal may become a social lubricant for spontaneous discussions with passing strangers. Furthermore, the walking of pets would also possibly enhance an individual’s physical health and stamina. Kidd and Kidd (1997) point out that since dogs require considerable energy in care, their survival rate might be associated with the greater physical activity on behalf of their owners.

10.7 Practical suggestions for clinician’s applying animals

10.7.1 Training and liability

Therapists considering incorporating animals within their practice must seriously think about the factors of liability, training, as well as the safety and welfare of both the animal and the client. Hines and Fredrickson (1998) and the Delta Society’s Pet
Partner Program strongly advocate that health care professionals must have training on techniques of AAT. Clinicians also need to be aware of best practice procedures ensuring quality, as well as safety, for all parties. Table 10.2 identifies some of the basic guidelines that clinicians should consider when instituting an AAI intervention. Those clinicians living in North America should register through the Delta Society for a one-day workshop or a home study course. In an effort to achieve the best possible qualitative results, Hines and Frederickson (1998) strongly suggest that health care staff receive training. They point out that without adequate training on how to apply AAT, therapists may inappropriately incorporate animals and get poor results. The Pet Partners Program developed by the Delta Society includes in-service training on a variety of areas, including an awareness of health and skill aptitude of the animals, as well as strategies to incorporate the animals with the clients. The Pet Partner

Table 10.2 Guidelines for incorporating animals in AAT

**Basic requirements**
- All dogs must have excellent temperament
- The animals need to be calm and gentle and enjoy being around people
- As therapy animals, the animals will be exposed to unusual sights, sounds, and smells. The therapist needs to be confident that the animals are prepared for these unusual circumstances
- All therapy animals need to be obedient and follow directions of the therapist.
- Able to regain self-control after play or excitement
- Able to sit quietly for extended periods
- Able to navigate through crowded environments
- Attentive to the handler

**Preparation**
All therapy dogs should have some certification in obedience training such as meeting the standards of the American Kennel Club’s Canine Good Citizens Test. The test requires the dog to master the following skills:
- Be comfortable with a friendly stranger
- Walk comfortably in a heel position on a leash
- Sit, stay, come, and lie down on command
- Be able to ignore a neutral dog
- Practice self-control
- Refrain from any aggressive responses

**Safety and comfort guidelines to consider**
- Major rule to follow—Always protect your therapy animal. Remove the animal from all stressful situations. Over time, you can continue to train the animal to overcome situations which were previously considered stressful
- Give the animal constant breaks, providing walks and play breaks will allow the animal to be less stressed throughout the day
- Always have fresh water available all day. On break times, have some of the animal’s favorite toys available
- On a daily basis have a pleasant grooming session
- In the therapy environment, establish a safe space away from any stimulation. Within that area have the animal’s favorite bed or cage
Program should be considered as a valuable introductory course. All of the training will aid practitioners in gaining appropriate guidelines for quality practice (Hines and Fredrickson, 1998).

There are numerous references that therapists should consider reading to help them understand dog behavior and possible training techniques. *At the Other End of the Leash* by Patricia McConnell (2002) and *The Power of Positive Dog Training* by Pat Miller (2001) are two excellent guides. There are many other good books on this area including the many books written by Stanley Coren. Dr. McConnell’s chapter (Chapter 9) also has some wonderful insights to consider.

Finally, it is imperative that an animal’s well-being is preserved and safeguarded. Several chapters earlier in this book identify some of the behaviors that animals can display when they feel stressed, especially while in the work setting. The readers are encouraged to review those chapters for more details. Additionally, Chapter 23 examines the ethical issues in utilizing animals in therapeutic settings. These issues are to be considered strongly to safeguard the quality of life of the involved therapy animals.

### 10.7.2 Precautions for the clients

Therapists must make wise choices in selecting animals for their practice. Not all pets make good adjunct therapists. A clinician who is considering incorporating animals within his/her psychotherapy must strongly consider what animals will serve the best purpose. This may mean further studying, and purchasing animals that best suits his/her needs. Unfortunately, a good home pet may not be suitable for therapy.

Wishon (1989) points out that an underestimated problem that may occur in the animal/human bond is the pathogens that can be transmitted from animals to human beings. This process is now known as “zoonoses.” Wishon (1989) reports that most cats and dogs carry human pathogens which, along with those carried by other animals, have been associated with more than 150 zoonotic diseases. However, Hines and Fredrickson (1998) point out that the data regarding the transmission of zoonotic diseases in any AAT programs have been minimal. Practitioners are advised to work closely with veterinarians and other public health specialists to ensure the safety of the animals as well as the clients involved.

Brodie et al. (2002) suggest that, although the potential to suffer some harm from AAI may exist, it can be minimized by taking simple precautions. These precautions include the careful selection of therapy animals, rigorous health care and monitoring for the animal and informed consent by all those involved. When following good medical practices for both the animals and the patients, the risks for allergies, zoonoses and potential injuries can be tremendously reduced. Finally, the clinician should be aware of any fears of animals or allergies before utilizing animals adjunctively with specific clients. This will ensure that the addition of the animal will not complicate the therapy.

### 10.7.3 Additional concerns

There are numerous other concerns which a clinician should consider prior to introducing animals into his/her practice. Although some of the concerns cannot be
completely planned for, the therapist must be aware of them. For example, a clinician should consider how to handle explaining an illness of the animal to his/her clients and how to explain the death of a beloved animal. Both of these variables are realistic concerns which will have to be considered seriously. Over the years, concerned attached clients have had difficulties accepting these inevitable problems. Furthermore, the introduction of new animals into a practice will also need attention. A suggestion is to transition gradually all new animals, so that you are comfortable with the behavior. At times, young animals (specifically rambunctious young puppies) will need significant attention until they are capable of being more actively involved.

10.8 Conclusions

With thought and planning, animals can make a major contribution to a therapist’s arsenal in treating clients. Animals can enhance the therapeutic environment by making the milieu more emotionally and physically accessible to clients. Some clinicians may still be skeptical of the therapeutic value of the animal/human bond, and may initially underestimate the clinical utility of animals as an adjunct to therapy. It is understood, as was discussed at the outset of this chapter, that the lack of documentation and thorough investigation of outcome research leaves a large void on the efficacy of this approach. Interested clinicians may initially incorporate animals solely to develop rapport with clients. Nevertheless, after reading this chapter, a skilled and well-informed clinician should be able to recognize a multitude of benefits which animals can fulfill. A therapist may have to make some adjustments to his/her practicing philosophy to ease the incorporation of animals into one’s professional repertoire.

Those clinicians who craft a place (for animals) into their therapeutic regime will not be disappointed with their efforts. Their therapeutic milieu and approach will be richer as a consequence. As George Eliot (1857) writes in Mr. Gilfil’s Love Story, “Animals are such agreeable friends. They ask no questions and they pass no criticism.” The unconditional love and devotion that an animal will bring to a therapeutic practice will be an asset that may never be thoroughly understood but should be appreciated and harnessed.

References


