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## *Article 18*

# **Animal-Assisted Play Therapy: Canines As Co-Therapists**

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## **Introduction**

Research has shown that animals are significant in the overall development of children. Through animals, children learn about social interactions, boundaries, emotional reciprocity, and responsibility. Studies have shown that children who own pets have more empathy for others, higher self-esteem, and better social skills than other children (Jalongo, Astorino, & Bomboy, 2004). The child-animal bond is unlike any other relationship a child may have.

In reviewing the issue of children with emotional and behavioral problems, it has been determined that they also have a positive response to animals. In a study of neglected or abused children in foster care, it was found that the mere presence of a dog elicited laughter, lively conversation, and excitement among children who were generally withdrawn, hostile, and resistant (Gonski, 1985). Findings such as these form the foundation for incorporating animals, specifically canines, into play therapy.

## **Defining Play Therapy**

To fully understand the importance of combining play therapy and animal-assisted therapy (AAT), it is important to first define both interventions more specifically. Virginia Axline introduced play therapy into the mainstream of psychotherapy during the 1940s. Since then, play therapy has been recognized as an effective approach for the psychotherapeutic treatment of children. Play therapy creates a safe atmosphere where children can express themselves, try new things, learn more about how the world works, learn about social rules and restrictions, and work through their problems. Play therapy is based on the fact that play is a child's natural medium of self expression and provides an effective way for the child to communicate with others (Axline, 1974). Play therapy allows trained play therapists to assess and understand children's play, use it in assisting the child in coping with difficult emotions, and find solutions to their problems (Kottman, 2001). For children, toys are their words and play is their conversation (Landreth, 2002). According to Piaget (1962), the symbolic function of play is critical because play represents children's attempts to organize their experiences; it may be one of the few times when they feel in control of their lives. Play gives concrete form and expression to the child's inner world. Of interest to the clinician is that emotionally significant experiences are given meaningful expression through play.

The two basic forms of the therapeutic play relationship are directed and nondirected. In the nondirected approach, children select their play materials from a group of items, set their own rules, and use the toys as they choose within safety and time limits (White & Allers, 1994). In directed approaches (often called structured play therapy), the therapist designs the activity, selects the play medium, and creates the rules. Therapists use structured play to focus attention, stimulate further activity, give approval, gain information, interpret, or set limits.

## **Defining Animal-Assisted Therapy**

Animal-assisted therapy (AAT), the other intervention under investigation, involves the introduction of an animal into an individual's immediate surroundings with therapeutic intent. Current research suggests that it offers numerous benefits beyond those available through traditional therapies. AAT is not a style of therapy like cognitive-behavioral or rational-emotive therapy, as a therapist can incorporate the animal into whatever professional style of therapy the therapist already enacts.

The presence of the animal can facilitate a trust-building bond between the therapist and client. The animal relieves some tension and anxiety of therapy and interacting with the animal can be entertaining and fun. Through this interaction animals can help clients focus on difficult issues by aiding in the client's ability to get in touch with the associated feelings. Sharing these feelings with or about the animal can initiate the emotional sharing process with the therapist. For the client, the animal is seen as a friend and ally, thus presenting a safe atmosphere for sharing. The animal offers nurturance through a presentation of unconditional acceptance.

Chandler (2005) identified some of the major AAT therapy techniques. These can include (1) allowing clients to pet, touch, and hug an animal when the need or desire may arise, (2) using the animal to enhance the quality of the therapeutic relationship, (3) using the animal as a "co-therapist" to reflect, paraphrase, clarify, and summarize the behaviors and expressions of the therapy dog, the client, and the interactions between them, and (4) using the animals to provide access to emotions.

## **Integrating Play Therapy and Animal-Assisted Therapy With Canines**

Canine-assisted play therapy (CAPT) is defined as the incorporation of a dog into a play therapy session to increase the amount of opportunities for tracking behavior and reflecting feelings.

The canine serves the role of co-therapist in the session by engaging the therapeutic powers of play. Therapists and canines engage with children through both directed and nondirected play therapy, with the goals of improving children's emotional health.

VanFleet (2008) highlights several key features of CAPT:

- (a) the therapist and animal are trained to do this type of work;
- (b) the interventions are systematic in nature, with forethought and evaluation of their usefulness in terms of therapeutic goals;
- (c) the primary modality of the interventions is play, including cross-species play;
- (d) the interventions are beneficial to the child developmentally and/or clinically;
- (e) the animal employed should benefit from the work as well; and
- (f) there is a focus on the various relationships of all those involved with each other—child, therapist, and animal. (p. 20)

Determining how to structure a CAPT session depends on a variety of factors. First, goals related to the use of the therapy dog should be set for each child. Second, how often the therapy dog is used needs to be determined. The presence of a therapy dog may not be necessary for every play session. There may be some children who respond well to the use of the dog in all sessions and other children who prefer the dog be used only on occasion. In nondirected play therapy it may be beneficial to include the dog in all sessions, as in this type of therapy it is important to maintain some consistency, predictability, and continuity in the play session. However, in directed therapy the dog may only be used in a few sessions in response to the child's treatment goals. Third, the dog's energy and stress levels must be considered as they may limit his use in sessions. If it is obvious the dog is disengaged, tired, or stressed, his use may no longer be therapeutic. Often it is important to allow the dog to leave the session when signs of stress become apparent. This can also be an important modeling opportunity for the child.

## **Nondirective Canine-Assisted Play Therapy**

In nondirective play therapy the use of therapy dogs in play sessions tends to be fairly systematic in nature. The therapy dog attends every session throughout the day as all clients are screened for the appropriateness of the use of a therapy dog through a screening form. The therapy dog serves the role of “co-therapist” in sessions. The therapist introduces the therapy dog to the child at the initial play session. The therapist reads the child a book about play therapy and immediately engages the therapy dog by pretending as though the dog is also involved in the storytelling (in much the same way as using a puppet to talk to the child). The dog shows the child to the playroom after the purpose of play sessions is explained and after the child is introduced to the therapy dog. The child is given a tour of the playroom and is also shown an area known as the “Cozy Corner.” This is an area dedicated to child-animal interaction. Here there are the dog’s toys, a large pillow for the two of them to sit on, stories for the child to read to the dog, and a brush the child can use on the dog. A child is introduced to this in the same way he is introduced to all of the other toys in the fully stocked playroom.

While in the playroom, the therapy dog is an active part of the session. The therapist often makes reflective tracking statements to the therapy dog instead of directly to the child. This incorporation of another living being into the session allows the child to better accept the tracking of feelings and behaviors. For example, the therapist may say to the therapy dog, “Johnny is having a hard time deciding what he wants to play with next” or “Johnny seems frustrated with that thing today.” Often the children respond to tracking from the dog more than from the therapist. We also use the value of fantasy in the pet play sessions. The therapist may pretend the therapy dog has a question to ask of the child or has a feeling or emotion to something the child may have said or done in the session. For example, the therapist may say to the child, “Razz wonders what happened to that doll” or “Razz is worried about how difficult school has been for you this week.” This seems to be less threatening to the child and often allows for a response from the child.

## **Goals of Canine-Assisted Play Therapy**

The following are some of the many goals of CAPT: (1) help establish rapport quickly, capitalizing on the natural interest that children have in animals; (2) improve social skills and confidence levels of children while also decreasing their aggressive and maladaptive behaviors; (3) enhance a child's self esteem and promote the expression of feelings; (4) foster healthy attachment relationships, not only with the dog, but also with people; (5) develop children's empathy, sharing, and care-giving capabilities; (6) help children share traumatic experiences in an emotionally safe way; (7) provide an opportunity to help children overcome a fear of dogs; (8) offer nurturance through a presentation of unconditional acceptance and interaction; and (9) improve cooperation and problem solving ability (VanFleet & Thompson, 2008).

Animals in psychotherapy can be used in a variety of ways to assist in meeting these goals, but few systematic approaches have been identified. Some clinicians use them merely as a presence to reduce anxiety where others use them more actively in role plays, metaphoric storytelling, or as co-therapists. Others see them as opportunities for children to exhibit control such as through obedience training or as diagnostic tools to solicit a child's social skills, aggressive tendencies, ability to emotionally self regulate, or ability to connect to another living thing.

## **Training and Certification of Therapy Dogs**

Selecting a dog for therapy work is a difficult task. In an ideal situation, the therapy dog is chosen as a puppy based upon temperament testing and responsiveness to training. It is important to choose a breed that is suited for the work the dog is intended for and that will fit comfortably into the therapist's life. Just because a dog may be a marvelous pet does not mean it will be an effective canine therapist. Many factors and characteristics should be considered. Some of the preferred characteristics include: being well socialized

(especially to children); having an interest in playing with humans; possessing the ability to calm itself easily; being able to handle loud noises, lots of activity, and quick movements by children; desiring human contact; having a high frustration tolerance; lacking aggressive tendencies; and getting along with other canines.

Beyond these characteristics, there are other considerations to be made when selecting a canine specifically for use in play therapy. Obviously, it is extremely important that the dog enjoys interacting with children and that he has a repertoire of tricks or activities he can do with them. It is also important to acclimate the dog to the play therapy environment, especially considering that there may be items in a playroom the dog typically is not exposed to. This can include toy guns, swords, or dress-up costumes that could initially alarm the dog. The dog should also enjoy physical contact with humans such as being petted or groomed. Finally, it is helpful for the dog to be “attentive to human affective expressions” and to be responsive to what the child needs at that particular time (VanFleet, 2008).

Once a therapy dog has been chosen the process of training him to fit into our world begins. Basic obedience training is the essential first step to help dogs integrate into the human world. Dog training should revolve around positive reinforcement, praise, fun, and showing the dog how to be successful. Positive training involves the use of rewards and praise for positive behaviors and firm but minimal corrections for undesirable behaviors. Forceful negative corrections can only overwhelm and confuse the dog. Therapy is not based on punitive or aversive measures and neither should the training of the therapy dog. Good dog training does not just happen; it is the product of enthusiastic instructors possessing a broad base of experience with dogs. Each dog is unique, has its own way of learning, and has its own problems and needs. You should always strive to bring out the best in every dog and work with a knowledgeable instructor.

Over the years, several certification programs have been developed within the animal-assisted therapy community. It is recommended that therapists who are considering the use of canines

in their practices work toward one of these certifications before utilizing their dog in sessions. Therapy Dog International, Inc. (TDI) is the oldest and currently the largest therapy dog organization in the United States. It is a volunteer organization dedicated to regulating, testing, and registering therapy dogs and their volunteer handlers for the purpose of visiting nursing homes, hospitals, prisons, schools, and wherever else therapy dogs are needed. Dogs registered through TDI are rigorously evaluated and are graduates of basic obedience classes as well as other specialized forms of training. To maintain their therapy dog certification, the handler must renew their annual membership with TDI, which includes an annual veterinary visit, current vaccinations, and routine check-ups.

The Delta Foundation is another organization interested in therapy dog work. In the 1990s, Delta built on its scientific and educational base to provide the first comprehensive training in animal-assisted therapy to volunteers and health care professionals (Delta Society, 2006). They began their Pet Partners program in 1990, which trains and screens volunteers and their pets for visiting animal programs in hospitals, nursing homes, rehabilitation centers, schools, and other facilities.

### **Research on Canine-Assisted Play Therapy**

Thompson, Mustaine, and Weaver (2008) completed the first known controlled study of the use of canines in nondirective play therapy. The purpose of this study was to present a model for combining animal-assisted therapy and play therapy as well as providing data on its effect on a child's response to play therapy. Methods combined quantitative and qualitative data collection to examine differences in children's behavior in the presence/absence of a certified therapy dog (ABAB design). Individual nondirective play sessions occurred weekly for 45 minutes across 16 weeks. Quantitative data collected with the Play Therapy Session Summary (PTSS) yielded an overall total behavior score based on the frequency of positive behaviors (participation in play, engagement in fantasy

play, attention to task, response to tracking, positive affect, positive vocalizations, adherence to limits) and negative behaviors (play disruptions, distractibility, negative affect, resistance to tracking, negative vocalizations, breaking of limits, aggression) per session. Qualitative data were therapist-generated (MT) narratives. The study lasted for 6 months and captured 12 sessions with 5 participants and 16 sessions with 3 participants.

Results of the study showed that the presence of the therapy dog had a significant impact on a child's response to play therapy. In the presence of the dog, children in the study showed an improvement in mood and affect, an increased ability to engage in thematic play, and more readily established rapport. They also exhibited a decrease in aggressive behavior and play disruptions. Another interesting finding was when children with PTSD disclosed their abuse for the first time, it was always in the presence of the therapy dog. Seven of the eight children showed a clear differentiation between more positive and less negative behavior in the presence of the dog, suggesting that the therapy dog was associated with more organized behavior in anxious children.

VanFleet (2008) also recently wrote a book entitled, *Play Therapy With Kids & Canines: Benefits for Children's Developmental and Psychosocial Health*. This book was written for child and family play therapists who wish to incorporate their own dogs into their play therapy work. She addresses the human-animal bond, the methods and research for AAT and PT, and considerations for selecting, training, and using dogs in play therapy.

## **Conclusion**

Animal-assisted play therapy has the potential to be a successful intervention for children if the proper steps are taken. It is important for therapists to have a solid foundation in play therapy before venturing to add the play therapy dog to the playroom. It is also important for the therapist to hand select their therapy dog for personality and temperament and to ensure the dog has the proper

training and certification needed for the work. Dogs have been known to be wonderful teachers, friends, and companions and it appears now they also make wonderful therapists.

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