

Article 55

Introduction to Animal Assisted Therapy in Counseling

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Although animal-assisted therapy (AAT) remains a relatively under-researched topic in counseling literature, some authors (Reichert, 1998; Wesley, Minatrea, & Watson, 2009) have described the unique positive impact that AAT has on the therapeutic alliance. Fine, (2006) suggested that incorporating AAT components into psychotherapy may help the counselor build positive therapeutic alliances quickly. This supports Chandler's (2005) assertion that the relationship between the therapy pet and the client facilitates the rapport between the client and the human counselor. Wesley et al. (2009) found that incorporating AAT improved the client's perception of the quality of the therapeutic alliance when compared to a group of clients who had no therapy animal present in treatment sessions. Considering that the quality of the therapeutic alliance is the strongest predictor of treatment success (Barber, Connolly, Crits-Christoph, Gladis, & Siqueland, 2009) regardless of specific intervention used, the inclusion of AAT may contribute to positive outcomes in counseling. According to Horvath and Symonds (1991), a good helping relationship (or therapeutic alliance) is characterized by mutual liking, respect, rapport, trust, warmth, acceptance, and collaboration. The incorporation of a therapy animal into the therapeutic process may help facilitate the trust, warmth, and acceptance that is so vital to the therapeutic process (Reichert, 1998).

Reichert (1998) understands that the therapy animal's warm, non-judgmental nature might help the client feel more comfortable trusting and disclosing during counseling sessions. Additionally, Reichert (1998) observed that a therapy animal can often serve as a transitional object for the client, as the client may find it easier to convey feelings through the animal as opposed to talking directly with the counselor. In this way,

the therapy animal could bridge the gap between the client and the therapist, thus easing the process of trust building. George (1988) observed that the need for language in therapy decreases when a therapy animal is introduced in counseling as the client may find it easier to express him or herself through physical interaction with the animal. This interaction could potentially provide an avenue for the counselor and client to communicate about painful or emotionally charged topics.

According to Chandler (2005), AAT techniques can be matched with and incorporated into a wide variety of therapeutic techniques and theoretical orientations; they can also be used to enhance the therapeutic relationship across a variety of interventions. The flexibility of integrating AAT into many different therapeutic approaches and its positive impact on the therapeutic alliance has the potential to facilitate client wellness across a wide variety of practice settings. Despite the potential benefits associated with AAT, the research base remains relatively small. Given the lack of literature and familiarity relevant to AAT, much confusion exists about the technique.

The purpose of this manuscript is to raise awareness about AAT and to familiarize readers with the concepts surrounding AAT so that they can be informed aids to clients who might benefit from the technique. To facilitate accurate understanding of AAT, the authors will discuss information relevant to multiple facets of AAT, including (a) what constitutes AAT in counseling, (b) what training is appropriate to practicing AAT, (c) potential benefits of AAT, and (d) contraindications for AAT.

Defining Animal Assisted Therapy in Counseling

Animal assisted therapy in counseling (AAT-C) is defined as the incorporation of pets as therapeutic agents into the counseling process; thus, counselors utilize the human-animal bond in goal-directed interventions as part of the treatment process (Chandler, 2005). Counselors can integrate AAT-C into sessions in a variety of ways and may be appropriate across a variety of settings (Chandler, 2005). AAT-C is delivered or directed by a professional health or human service provider who demonstrates skill and expertise regarding the clinical applications of human-animal interactions (Delta Society, 2010).

Although training and evaluation standards are often similar for therapy pet and handler teams in other therapeutic settings (e.g., therapy pet team visits in hospitals, schools or older adult care centers), animal assisted therapy in counseling involves an intentional intervention, implemented by a mental health professional, that is part of the client's treatment process.

Training and Evaluation Considerations

Chandler (2005) discusses that it is ideal for a counselor to employ his or her own pet as a therapy animal, since the bond and familiarity with one's own pet allows the owner to understand and anticipate the animal's behavior and responses across a variety of situations. It is also important to note that Chandler makes a distinction between a personal pet and a therapy pet. This is an important distinction, as personal pets are not always suitable for work in a therapeutic setting. The qualities and characteristics that make an animal a great personal or family pet may be necessary in a counseling setting, but are far from being sufficient. Chandler asserts that it is essential for both therapy pet

and handler to undergo special training and evaluation in order to ensure suitability for work in a counseling setting. The training of an animal for work in an AAT-C setting requires proper socialization, touch desensitization, and basic obedience (Chandler, 2005). Mastery of these skills by a handler and the therapy animal ensures a safe and healthy interactive experience for the client, handler, and pet.

In order to comply with a standard for suitability of temperament and quality of training, it is essential that a potential therapy animal and its handler be evaluated by, and registered with, a nationally recognized therapy animal organization with standardized evaluation procedures. As outlined by Chandler (2005), such evaluations include: the American Kennel Club's (AKC) Canine Good Citizen (CGC) test; Therapy Dogs International's (TDI) test; the Tuskegee PUPS behavior test; and the Delta Society's Pet Partners evaluation. Chandler (2005) describes The Delta Society's Pet Partners evaluation as the most rigorous evaluation. It is unique because it includes both handler education and an assessment of the working relationship between the handler and the pet. The Delta Society also provides evaluations and certifications for a wide variety of animals other than dogs (e.g., cats, farm animals, small animals, and birds). Both Delta Society and TDI require registered animal-handler teams to renew their memberships on a regular basis, which requires maintenance of appropriate veterinary care as well as periodic re-evaluation of the team's training. This ensures that animal-handler teams not only obtain, but also maintain, quality of care and training.

Multicultural Relevance

Human relationships with animals have archetypal significance across cultures (Fine, 2006). Additionally, the quality of the therapeutic alliance is an important factor in the client's experience in counseling regardless of the client's background. Despite the potential for AAT-C to provide a positive impact for clients with a diverse range of backgrounds, counselors must address cultural values regarding human-animal interactions on an individual basis. Counselors must understand each client's personal and cultural views about interacting with animals before deciding to implement AAT-C techniques.

Ethical Considerations

All issues surrounding standard ethical practice apply to incorporating AAT-C techniques into clinical work with clients. However, some issues are especially pertinent to this topic. Such issues include counselor competency and risk of harm. Issues of counselor competency are an important consideration, as appropriate training and experience are necessary for providing a safe session for the client and the animal. As discussed above, registration with a nationally recognized therapy animal organization is one way to document and regulate a minimum standard for proper handler training and education.

Animal advocacy is an additional ethical consideration that specifically pertains to AAT-C. A counselor who wishes to utilize AAT-C in counseling settings needs to serve as an advocate for the therapy animal. Such advocacy includes clear limit-setting about client conduct towards the animal as well as safeguarding against animal fatigue and

burnout by recognizing and responding to signs of stress in the animal. Regulations also require that the handler provide the therapy animal with certain accommodations (e.g., access to a quiet corner for retreat, regular bathroom, and water breaks) that are often clearly outlined by registering therapy animal organizations.

Risk of harm to the client is also especially relevant to incorporating AAT-C techniques in counseling. Even with rigorous training and evaluations, working with animals carries its own set of unique risks, such as accidental scratches or the development of previously unknown allergies. Such risks should be clearly outlined in an additional informed consent document, as well as reviewed with each client before counselors incorporate AAT-C into therapy sessions. Informed consent should include sections relevant to potential harm that can occur during human-animal interactions, including unforeseeable harm, and should outline precautions and contraindications for including an animal in the counseling process.

When practiced with appropriate training and education, AAT-C may facilitate the development of a positive therapeutic alliance (Fine, 2006). However, even after a therapy pet has successfully completed a standardized evaluation, the incorporation of a therapy pet into counseling session is not appropriate for every client. Examples of situations that may not be appropriate for AAT-C include clients with severe fear of animals, clients with animal allergies, or clients with a history of cruelty towards animals (Chandler, 2005). Although the incorporation of AAT-C techniques has the potential to be beneficial for clients across a wide range of settings, counselors should evaluate the decision to incorporate a therapy animal into counseling sessions on an individual client-by-client basis.

Practical Applications

As discussed above, incorporating a therapy animal into clinical practice requires the potential handler and animal to seek specialized education, training, and expertise. Once prepared for work in a counseling setting, a therapy animal and handler team must navigate a variety of practical considerations relevant to incorporating an animal into a counseling site. Specific practical considerations will vary widely depending on each individual site and animal/handler team, but several major considerations are encountered by many practitioners seeking to incorporate AAT. Some of these considerations include: (a) animal advocacy considerations, (b) risk management concerns, and (c) consideration of other individuals who will be sharing workspace with the therapy animal.

To address the practical aspects of animal advocacy on a daily basis, counselors should refer to the animal welfare accommodations as outlined by their therapy animal organizations. Although certain accommodations to the physical workspace are required to safeguard the therapy animal from burnout or fatigue, most of these accommodations can be implemented relatively easily into many counseling sites. For example, Chandler (2005) discusses how a simple privacy screen, large closet, or quiet corner with a pet bed and bowl of water might suffice as a retreat space for a therapy pet to seek respite or refreshment. To address the animal's need for regular bathroom breaks, the handler could schedule enough time between sessions to provide bathroom break opportunities for the therapy animal.

To address risk management aspects specific to AAT, a counselor may choose to consult with their site's legal team (if applicable) as well as create a detailed informed consent and hold harmless waiver (for additional liability protection). In addition to the benefits associated with AAT, clients must be oriented to the potential risks associated with human-animal interactions. In order to reduce the risk of zoonotic agents (i.e., communicable diseases from animals to humans) it is recommended that counselors set aside time each day or each week to bathe the animal, clean its teeth, and trim its nails (The Delta Society, 2010). Furthermore, counselors who practice AAT-C are advised to build relationships with local veterinary agencies and training organizations in order to provide additional support with risk management and hygiene practices.

Another aspect of including a therapy animal into clinical practice is consideration of other individuals who will be sharing a workspace with the animal. Because the therapy animal must be supervised at all times, it may be beneficial install a crate to safely confine the animal during situations that may require the brief absence of the handler (i.e., bathroom breaks, clients who decline the presence of the animal in sessions, etc.). This prevents the responsibility for the care and supervision of the animal from being imposed on other staff and ensures that all human-animal interaction is directly supervised by the handler. Additionally, handlers must be sensitive to, and prepared to address, staff apprehension towards the inclusion of a therapy animal in the workplace. Although staff apprehension can present challenges when choosing to incorporate AAT in an agency or setting, the Delta Society (2010) has found that individuals (i.e., staff, visitors, etc) who experience apprehension in the presence of animals are able to overcome their fears when interacting with a well groomed and highly trained animal with a tested and proven temperament. The Delta Society (2009) has also noted that the presence of a therapy dog in group settings (e.g., skilled nursing facilities, hospitals, schools, and residential facilities) can have a salubrious effect not only on clients or patients, but the staff and visitors as well.

Conclusion

When practiced with the appropriate education and training, animal assisted therapy in counseling has the potential to impact the therapeutic experience of a diverse range of clients across a wide variety of settings in a highly positive manner. When deciding to incorporate animal assisted therapy into counseling sessions with clients, it is important to understand the concepts surrounding animal assisted therapy in counseling. Proper didactic training, supervised experience, and thorough evaluation by a nationally recognized therapy animal organization is essential to establishing a standard for quality of human and animal training and education. Such preparation and assessment is an important step in ensuring a safe, positive, and therapeutic experience. The decision to incorporate animal assisted therapy in counseling is one that counselors should make on an individual basis with each client; counselors should brief clientele on the additional informed consent considerations that apply to working with animals in counseling.

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