

CYNTHIA K. CHANDLER

Animal Assisted Therapy in Counseling





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SECOND EDITION

CYNTHIA K. CHANDLER



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I think dogs are the most amazing creatures; they give unconditional love. For me they are the role model for being alive.

Gilda Radner

Animal assisted therapy (AAT) is a therapeutic modality with goals that are consistent with all of the basic counseling theoretical orientations. It is considered an adjunct to therapy in that it encourages and facilitates client motivation and participation, enhances the client-therapist relationship, stimulates client focus and attention to task, and reinforces positive client change. AAT can be integrated with any style of counseling practice, be it directive or nondirective. It offers a variety of techniques that are flexible enough to be applied in individual, group, or family therapy formats. One important therapeutic aspect of a pet practitioner can be its presence in the therapy room. The pet can contribute significantly to an atmosphere of cozy comfort and lessen the negative impact for the client of being in an unfamiliar environment. A pet practitioner is a therapeutic agent of warm and cuddly feelings. In AAT, I have observed clients pet and snuggle with an animal in a therapy room and report that the animal makes them feel safer and more secure. With AAT, the client seems to warm up to the therapist faster because the client observes a positive relationship between the therapy animal and the therapist. Clients also report that petting the animal is soothing and comforting. I have observed clients become more expressive in therapy and introspect more as they search for personal insights when a therapy animal is present to interact with compared with when an animal is not present. The presence of a therapy animal may soothe clients' pain to allow them to explore their issues and concerns longer and more deeply. For those who may argue that an animal in a therapy session may impair the therapeutic process because clients need to feel the full extent of their pain to recover from it, I reply that I do not perceive that the therapy pet interferes with the therapeutic process but instead temporarily soothes their pain just enough to allow them to examine pain-inducing issues more closely. Even with the number of benefits the presence of a therapy animal can offer, it is important to note that it is not just the mere presence of the therapy animal in the room that contributes to client change. The therapist's orchestrated interactions between the client and the therapy animal as well as between the client and the therapist are a vital component to the success of therapy that incorporates the use of a therapy animal. AAT is not magic, but it can be an integral and powerful contribution to the rapeutic progress.

Working as a Team With a Therapy Animal in a Counseling Environment

A counselor who wishes to work as a team with a therapy animal must be able to (1) demonstrate competency in orchestrating a therapy animal to enact appropriate behaviors and comply with appropriate commands, (2) evaluate a facility or counseling environment for appropriateness of AAT, (3) network with facility and program staff regarding the intent and activities of therapy animals working in a facility, (4) follow facility and program policies and procedures regarding the practice of AAT and establish policies and procedures where none exist, and (5) evaluate client appropriateness for participation in AAT. During client—therapy animal interactions, the

handler should be proactive in behavior limit setting to protect both the animal and the client. The handler should be assertive in telling people, "No, my therapy animal cannot do that," or "No, do not do that with the therapy animal." Also, for the safety of people and therapy animals, therapy animals must be well behaved; for example, a therapy dog must not jump up on or place paws on people without being instructed to do so. Therapy animals must respond to appropriate commands when necessary; for instance, therapy dogs should most especially respond consistently to basic obedience commands such as sit, (lie) down, (get) off, wait, stay, come, walk politely on a leash, and leave it (leave an object alone, such as food on the ground). A facility must be conducive for the application of AAT. The grounds should accommodate a place for the animal to relieve itself and to stretch its legs or exercise. The facility must provide a safe and accessible location for AAT interventions. Where applicable, the facility must provide for a safe and secure location for the therapy animal to rest. Guidelines for the evaluation of a facility's appropriateness for AAT are provided by Delta Society (1996, 2008), Gammonley et al. (2007), and the organizations Equine Assisted Growth and Learning Association (EAGALA, n.d.a) and North American Riding for the Handicapped Association (NARHA, n.d.). Prior to the implementation of an AAT practice or program, approval should be obtained for the practice of AAT, and all relevant facility and program personnel should be consulted. This includes supervisors, directors, and staff of clinical programs and facilities, including those from custodial and other facility or human services (Delta Society, 2008). Policies and procedures for AAT practice should specify all of the dos and don'ts of AAT practice in a particular facility or program and also should provide safety guidelines for health and risk management. Guidelines for the establishment of policies and procedures for the practice of AAT in a facility or program are provided by Delta Society (2008), Gammonley et al. (2007), and EAGALA (n.d.a) and NARHA (n.d.). In the appendices in the back of this book can be found sample policies and procedures for AAT practice in a clinical agency and private practice (Appendix J) or in a counselor education program (Appendix G). Consulting with other established AAT counseling practices and programs is also a good source of information for the development of policies and procedures.

Not all clients are appropriate candidates for AAT. Recommended client screening guidelines were discussed in an earlier chapter (also see Appendix B) and are also described in Gammonley et al. (2007). Some of the most important issues to consider regarding evaluation of client appropriateness for AAT are (1) clients who have a fear or phobia of the animal as they are probably not appropriate candidates for AAT with an animal species consistent with the fear or phobia; (2) clients who are aggressive or who have poor reality orientation as they are unlikely candidates for AAT because of the danger posed to the therapy animal; and (3) clients with animal allergies, and if the allergy is severe (poses a health risk and cannot be controlled with medication) then the client is not an appropriate candidate for AAT with the species of which they are allergic.

Animals as Surrogates for Therapeutic Touch

A therapy animal may work well as a surrogate for therapeutic touch. For the most part, it is prohibitive for a human therapist to touch a client because of a real or perceived danger of client exploitation. Yet there are some times during a therapy session when a client could greatly benefit from the nurturance that appropriate, genuine, and caring physical contact can offer. This is another instance where an affectionate therapy animal can be very beneficial. Clients can hug, pet, and appropriately touch a therapy animal when the need or desire may arise without fear of landing in a compromising position. The advantage of hugging or petting a live animal over that of hugging a toy is that the animal responds in kind with affectionate behaviors that reinforce the therapeutic benefits of the touch.

When I took a therapy pet with me to the juvenile detention facility for animal assisted visitation or counseling, the adolescents initiated touch with the therapy pet as soon as we entered their section. And the juveniles continued to reach out and pet, touch, and hug the therapy animal during the duration of the counseling session or the visitation time. It is obvious that touching or petting an animal in nurturing ways is enjoyable for most humans. When a client is in special need of nurturance, therapeutic touch with an animal can provide comfort for the client.

On some days at the juvenile facility when a juvenile was emotionally distraught, staff members sought me out with one of my therapy animals for a few moments of nurturing companionship to help console the adolescent. For example, one day a really young juvenile was admitted to the detention facility; he was 10 years old, but his size and expression made him seem even younger. He was pretty scared to be in the facility on his first day. A program counselor sought me out and brought the young man to meet Rusty and visit him for a few minutes to help soothe the child's nerves. As is common with this intervention, the child managed a small smile, brighter eyes, softer face, and slower breathing as he knelt down and petted Rusty on the head and scratched behind his ears. Seeing and petting a friendly dog in an otherwise scary place may help a client to feel a bit safer.

On another day, the juveniles who were more advanced in the rehabilitation program had returned from a field trip to a local Holocaust museum. One of the senior adolescents was especially distraught over the experience. Rusty and I had stopped by his section to drop off another adolescent we had been counseling. Rusty immediately sensed the overwhelming sadness in the senior juvenile and walked over to the young man while slowly wagging his tail. He was a large, husky 17-year-old fellow who typically presented a strong, quiet presence, but on this day he was crying. Rusty gingerly put his head on the knee of this kid and stared up at him with his big brown eyes. The kid reached down and scratched Rusty's ear with one hand while he held his head with his other hand and continued to cry. I stood by quietly. After a few brief moments, the young man began drying his tears and looked down at Rusty who was still looking up at him while his ears were being scratched. The kid simply said, "Thanks, Rusty," and then looked over at me a few feet away and said thanks to me. We left while the young man continued to dry his tears. A therapy animal can extend a silent kindness to help soothe a saddened soul.

Animal Assisted Rapport Building

Rapport is defined as "a close or sympathetic relationship; agreement; harmony" (Agnes, 2002, p. 1188) and as "relation; connection, especially harmonious or sympathetic relation" (Dictionary.com). The quality of the therapeutic relationship is thought of as a key to a successful therapy experience for the client. Thus, building and maintaining rapport with a client by a counselor is vital for effective counseling.

Following are some real-life examples shared with me by various counselors of how animal assisted rapport building facilitated a therapeutic process.

The Intuitive House Cat

Flower was a black and white house cat that stayed in an old renovated southern-style mansion used as an office suite by a handful of counselors in Denton, Texas. One of the counselors, Dr. Anetta Ramsey, specialized in helping clients with eating disorders. Soon after a client entered Dr. Ramsey's office, Flower could be heard meowing at the door. She always showed up at the beginning of the session. The counselor asked the clients if they would like Flower to join them, and the answer was almost always yes. According to Dr. Ramsey, Flower had a keen sense of which clients to visit; she invited herself to those sessions of only clients who liked cats or were not allergic to them. How the cat seemed to know this no one could figure out, but it constantly amazed the clients and counselor alike. On those days when Flower was a little tardy in attending the session, some clients requested that Flower attend, and the session was slightly delayed until Flower was retrieved. The counselor reported that her clients found comfort in holding the cat during therapy. The clients said that holding Flower helped them feel safe and helped them to better get in touch with their feelings.

The Irresistible Puppy

Several years ago, play therapist Nancy Innis was working with a young girl who was a selective mute. The child had chosen not to speak to anyone in her life, including her parents. After several sessions of seemingly no progress, the play therapist was running out of ideas. On a whim the counselor decided to bring in her new Boston terrier puppy to the session to see if the girl would show any interest. The child immediately responded verbally to the puppy and very soon thereafter responded verbally to the therapist. The child began to show steady progress in therapy with the puppy present and eventually overcame her choice to be mute. Nancy was convinced that the child and puppy interactions led to greater rapport between the child and the human therapist, allowing for progress to occur. Convinced of the therapeutic benefits of AAT, Innis practiced AAT for many years as a school counselor in North Texas with her Boston terrier therapy dogs.

The Fuzzy Bunny

A counselor relayed this story to me at a workshop I was leading. She was working with a young child who had severe depression. The child was unresponsive to the techniques the counselor had usually found very effective with this age of client. However, she had never before worked with a child with this deep a level of depression. The counselor had recently acquired a light brown dwarf bunny named Fuzzy as a pet. Fuzzy began going to work with the counselor to visit with this child. In the first session with the bunny, the child responded with a brightened mood as she held and petted the rabbit. With a brighter mood, the child responded much better to the counselor. Fuzzy

became a regular part of therapy sessions, and the child made steady progress in therapy. As a result of the success with this child, the counselor began receiving numerous referrals from parents with similarly depressed children. The therapist claimed that Fuzzy was an integral part of the progress made in therapy by each of these children.

The Purposeful Poodle

Denette Mann, a private practitioner in Dallas, Texas, was working with a 5-year-old boy who was engaged in group play therapy with two other boys his own age. The other two boys were engaged in an activity that had this one boy feeling left out. He felt rejected and chose to hide under a table across the room. Rosie, a lap-sized, white therapy poodle, had been resting on her bed in the play therapy room observing the boys play. She followed the dejected boy with her eyes as he disappeared under the table. Rosie got up and leisurely strolled over to the table to see what the boy under the table was doing. She stopped just at the edge of the table, sat down, looked at the boy, and wagged her tail. A few long seconds passed before a small hand reached out from under the table to lightly pet Rosie's head. Rosie responded with an accelerated tail wag. After a few more seconds, an elbow became visible as the boy petted Rosie a little more vigorously. The shoulder was soon sticking out followed by both arms that engulfed Rosie with a hug. The boy then spent a moment giving Rosie a good petting. Rosie was up on all four paws wagging her tail and enjoying the rubdown immensely. The young boy confidently made his way back over to the other boys, followed close behind by Rosie, and asserted himself nicely into the play. The three boys played well together the remainder of the session with Rosie looking on.

The Friendly, Furry Face

My dog Rusty and I had been volunteering our services for individual AAT and group animal assisted activity (AAA) at a juvenile detention facility for about 6 months when we were called on to spend some one-on-one time with a young man aged 15 years who we will call Larry. Larry had a reading difficulty and a speech problem resulting from low self-esteem and poor self-concept. In conversation with adults, he would not make eye contact, and he mumbled in a very low and oftentimes inaudible voice. Larry had been observed in detention as having great difficulty relating well with peers and authority. He had been very resistant to counseling and was easily prodded by his peers into fights. He came from a very abusive home and had a quick temper and hypersensitive nature. He did have a positive interest in animals and missed his own dog while he was in confinement. Sensing an opportunity, the therapeutic programs coordinator referred Larry to me for AAT. Rusty and I saw Larry once a week for 1 hour. During that time, he played with and petted Rusty for about 10 minutes, practiced reading a book aloud for 20 minutes, was counseled for 20 minutes, and played with and petted Rusty for 10 more minutes. While Larry practiced his reading and participated in counseling, Rusty slept with his head resting on Larry's leg while Larry petted him. Larry often verbalized how Rusty helped him be less anxious while practicing his reading and talking about painful things in counseling. Larry said he felt more comfortable with me as a counselor because he could see what a positive relationship I had with Rusty. After a few sessions, Larry often said goodbye to Rusty with an "I love you, Rusty" added. Larry responded very well to this type of therapy. After only 6 weeks, his reading skills had greatly improved, and when conversing with others he could make good eye contact and speak in clear and audible tones. Larry credited Rusty with his motivation to attend and work hard in weekly therapy sessions. It is important to note that while Larry had difficulty trusting and liking people he did love animals; thus, it was easier for him and comforting for him to spend therapeutic time with Rusty.

Rusty is a very affectionate cocker spaniel with a very friendly, furry face. His spotted, red-on-white coloring gives him a nonthreatening appearance. When you add a scarf around his neck, those red freckles on his face give him a canine Howdy Doody appearance. His friendly and outgoing personality, affectionate nature, and really cute appearance attract a lot of people to him for petting, which he just loves.

One day Rusty and I were walking Larry back to his room when we passed an interview room with the top half of the wall made of glass. Inside were two female probation officers trying to communicate with a belligerent-looking juvenile girl we will call Stacy. As we passed, one of the officers came out to greet us. She introduced herself to me as Larry's probation officer and said she had heard many good things about Rusty the therapy dog and wanted to meet him. I asked Larry to introduce Rusty to his officer, and he did so with beaming pride, a big smile, and in clear and coherent speech. While we were conversing, the other probation officer had been called out of the interview room to take a phone call, leaving the young juvenile female alone in the room with the door open. A few moments passed as Larry, his probation officer, and I were conversing when the three of us looked down at Rusty to see that he had made eye contact with Stacy through the doorway into the room where she was still sitting. Stacy's face had changed since I had first seen her through the glass only a few moments before. Initially the muscles in her face were tight, her forehead deeply furrowed, her lips frowned, and her eyes angry. But now, her face was different as she looked back at Rusty. Her eyes were soft and had a longing look. Her frown had slipped into a slight smile, and her forehead was more relaxed and smooth. She looked very much like she wanted to pet Rusty, who was actively wagging his tail in an expression of wanting to greet her.

The probation officer and I made eye contact in recognition that something very special was taking place between Stacy and Rusty. The officer asked Stacy if she would like to pet Rusty, and without hesitation she gave a nod and moved from the small room down to the floor in the doorway. Rusty accelerated the speed of his tail wag, which caused his whole body to wag with it, and crawled into her lap and snuggled up against her chest. Stacy put her arms around Rusty and began to cry. As the heavy teardrops hit Rusty's curly coat, he pushed his head up to her shoulder and nuzzled his nose against her neck as if to say, "It's okay; I am here for you." With Rusty snuggled against her body Stacy began to sob heavily. Rusty continued to snuggle with Stacy as her tears of anger and fear poured out of her. The rest of us stood quietly for these few precious moments while Rusty provided therapeutic affection to Stacy. When Stacy's tears began to slow, I made a few simple reflections about how Rusty cares about her and knows she is having a hard time. Stacy dried her tears on her shirtsleeve, and she and the probation officer resumed their interview while Rusty and I escorted Larry back to his room.

After Rusty and I were back in the car ready to leave for home, I allowed myself to release my feelings, and as my eyes teared up I told Rusty what a very, very good dog he was. My heart was full of joy and compassion, and once again it was affirmed

to me that my choice to work with Rusty as a partner in therapy was indeed a very good one. I received a phone call a few days later from the therapeutic programs coordinator, who told me that the two probation officers were saying glowing things about AAT. They said that after just a few moments of empathy exchange with Rusty Stacy had become cooperative with the officers. The belligerent and resistant attitude she had only moments before her visit with Rusty had disappeared after her visit with Rusty. Sometimes, it takes a friendly, furry animal face to help people who are frightened of other people feel safer.

Animal Assisted Psychosocial Goals and Techniques

Delta Society offers a half-day course, called AAT Applications I, for professionals seeking information on how to incorporate AAT techniques into their practice. I recommend the course and am a Delta Society–licensed instructor for the course. When I present this course I supplement information based on my knowledge and experience with AAT practice as a mental health professional. The text for the Delta Society course delineates AAT goals and techniques in the following four domains of human growth and development: (1) physical; (2) speech and communication; (3) cognitive; and (4) psychosocial. Delta Society presents a number of psychosocial goals that can be achieved using a variety of AAT techniques (Gammonley et al., 2007, pp. 43–47; Gammonley et al., 2003, p. 38), including the following:

- Common animal assisted psychosocial treatment goals
 - Improve social skills.
 - Brighten affect and mood.
 - Provide pleasure and affection.
 - Improve memory and recall.
 - Address grief and loss.
 - Improve self-esteem and self-worth.
 - Improve reality orientation.
 - Improve cooperation.
 - Improve problem-solving ability.
 - Improve concentration and attention.
 - Decrease manipulative behaviors.
 - Improve ability to express feelings.
 - Reduce general anxiety.
 - Reduce abusive behavior.
 - Improve ability to trust.
 - Learn about appropriate touch.
- Common animal assisted counseling techniques
 - Give and receive affection with an animal (pet or hold the animal).
 - Learn gentle ways to handle an animal.
 - Learn to communicate with an animal.
 - Learn about how animals learn.
 - Observe and discuss animals' responses to human behavior (immediate consequences).
 - Generalize animal behavior to human circumstances.
 - Brush the animal.

ANIMAL ASSISTED COUNSELING PRACTICES

- Learn about proper care, feeding, and grooming of an animal.
- Engage in play with the animal.
- Talk to the animal.
- Talk about the animal.
- Learn and repeat information about the animal and other animals.
- · Share animal stories.
- Ask the animal to do tricks or commands it knows.
- Teach the animal a new trick or command.
- Follow a sequence of instructions with an animal.
- Learn to feed and care for an animal.
- Take the animal for a supervised walk.
- Introduce the animal to others.
- Recall information about the animal.
- Recall information about client's own pets, past and present.
- Discuss how an animal might feel in certain situations.
- · Learn about animal behavior.
- Predict or forecast animal behavior.
- Develop a cooperative plan to accomplish something with the animal.

These animal assisted techniques can be incorporated into counseling sessions to help meet a variety of psychosocial treatment goals. For example, to work toward the goal of improving a client's social skills, the client can practice interacting with a therapy dog by sharing nurturing touch, playing together, and teaching the pet commands or tricks. The client can describe or demonstrate the accomplishments to someone else or teach another person these same skills. Self-esteem can be enhanced by the successful accomplishment of a difficult task with a therapy animal, such as cleaning a horse's hooves or teaching a dog simple tricks or complex agility commands. Compassion and gentleness can be taught and reinforced in a client who must learn to enter a pasture with a posture and attitude that instills a sense of trust in a horse the client must approach and successfully halter. A client's sense of self-worth can be enhanced by a therapy animal that desires to interact or play with a client. Clients who work together in animal-facilitated team activities, such as dog obedience or horsemanship, must practice good communication and cooperation to achieve efficacy with the animal activity. Reducing general anxiety in a client can be accomplished through petting and hugging a therapy cat. Improved reality orientation can be achieved through brushing a pet or asking a pet to do a trick or command. Concentration can be improved in a client learning and repeating animal information. Motivation to attend and participate in counseling is potentially enhanced by a client's desire to interact with a therapy animal. The positive benefits to be gained from therapy can be more immediate when a therapy pet is involved, especially to a client who may have initial resistance to therapy that can likely be reduced by a desire to be with the therapy pet.

A therapist who wants to reinforce the importance of proper communication in getting oneself understood might invite a client to ask a pet to do a trick. The pet's response to the client can be entertaining for the client but also affirm or refine the client's skill at communication. I frequently used this approach with the juveniles with whom I worked at the detention center. I am left-handed and have trained my dogs to respond to verbal commands in conjunction with left-hand signals. Most of the juveniles are right-handed. So when they gave a right-hand signal to Rusty and

he did not respond, I worked with the juveniles to teach how specific and clear communication must be to get themselves heard and understood. When the juveniles used a different word with my dogs from what I had used in training them and the dogs did not respond, once again we discussed the importance of how clear and concise messages must be conveyed so that the message one intends is the message that is received. If you ask Dolly or Rusty to *lay*, a word with which they are not familiar, they will stare blankly at you. On the other hand, if you ask the dogs to *down* they will plop down to the ground and lie there until released. I processed this exercise with the juveniles to relate the lesson to real-life experiences involving different communication approaches clients can use to convey messages in a way that might serve a better purpose for them. Sometimes this involves not only being clear in one's communication but also discovering the best way to actually be heard depending on to whom one is speaking.

My dogs are most familiar with my vocal tone, speed, and accent. Some of the juveniles spoke very different from me, such as at a faster or slower speed, more or less clearly, more or less loudly, or with a different accent. Thus, sometimes the dogs did not respond to the verbal requests of the juveniles as well or as quickly as they do for me. I sometimes watched juveniles struggle to get Rusty to do a trick. Rusty tried to understand the juveniles and sometimes even attempted a few different things he knew in hopes of hitting on the right one. The juveniles at times got frustrated easily and gave up. This happens very quickly in this population, after only about two or three tries. This makes for a great opportunity to teach and reinforce patience and frustration tolerance. I encouraged the juveniles to stay with the dog and keep practicing. I shared a few suggestions to help. The juveniles were motivated to keep trying because it was obvious that they really wanted to experience the sense of selfefficacy that comes with successfully completing the command or trick with the dog. After several more tries, success was achieved, and we processed what the juveniles did to finally achieve that success. They were smiling with a sense of accomplishment and relayed their understanding about the event with great interest and pride. I would often see these same juveniles carefully instructing another juvenile who was struggling as they first did. The second juveniles were motivated to be receptive to the instruction from their peers, as opposed to being closed-minded and mouthing off, because they were motivated to complete the exercise with the dog. Thus, a previous attitude of coercion, manipulation, or "one-upmanship" that is common with this population was replaced with a sense of mutual cooperation being built between the juveniles because of their desire to interact positively with the dog.

AAT can contribute to a decrease in a variety of antisocial behaviors. Juveniles in the detention postadjudication program I participated in were not allowed to participate in animal assisted social activity if they misbehaved a certain amount. A misbehaving juvenile "goes off program" for a while, meaning they were not currently earning points toward release from the facility. To "get back on program," the adolescent must demonstrate proper behavior for a designated time period, and then they can also once again participate in recreational types of activity such as animal assisted social visits. I had reported to me and have observed myself on numerous occasions juveniles making conscious decisions to correct behavior or remind a peer to correct behavior so they could spend time with the animals. Social workers, counselors, and probation officers at the facility all reported to me how sad juveniles were when they found out their behavior was going to prevent them from participating in AAT or AAA and that the juveniles worked hard to correct the situation so

they could once again interact with the therapy dogs, cats, or horses involved with the juvenile rehabilitation program. AAT is a powerful motivational force for engaging and maintaining engagement of at-risk youth in rehabilitative therapy.

The concept of animal assisted rehabilitation is so effective that simple information about animals can reinforce good behavior maintenance or encourage behavior correction. One day, I brought to the detention facility an article for each adolescent on the history of the various dog breeds classified as pit bull. The kids had been asking for an article on this topic for some time and were excited for me to get around to this variety of dog breeds when bringing articles about animals each week. When it was time for me to bring information about "pit bull" type dogs, one particular juvenile was not allowed to have the article because he was off program, and standard procedure prohibited him from receiving it. His disappointment was profound. Sensing an opportunity for reinforcing rehabilitation, I shared the juvenile's disappointment about not getting the article with the adolescent's caseworker at the facility. So the caseworker made a deal with the juvenile: He would keep the article for the adolescent and give it to him as soon as he got back on program. The adolescent verbalized he would start immediately with his behavior correction. He worked really hard and was back on program within a day, and he was as happy as he could be about the article he got to have and read. On my next weekly visit, he told me all he had learned about the dogs from the article in great detail. He was quite proud of himself for learning all of that information and verbalized that he was maintaining his good behavior because he missed playing with the pets when I visited, and he wanted to keep getting the information articles about different dogs. He then made a request for a dog breed he wanted me to bring information on when I could. I made a special effort to bring that information the next week to reinforce the good progress the juvenile was making in the program.

Many of the adolescents in detention came from homes that had a pit bull type of dog as a pet, or tragically a family member had chosen to fight these dogs. But sometimes the youth were just intrigued by a stereotypical reputation that pit bull dogs have as being the toughest, meanest dogs. I shared information about pit bull dogs with the juveniles in detention to reeducate them about the cruelty of dog fighting and also about these dogs' positive characteristics that should be nurtured.

Several dog breeds are often referred to as bully breeds. Primarily, these include the American pit bull terrier (also called a pit bull), American Staffordshire terrier, bull terrier, Staffordshire bull terrier, miniature bull terrier, and American bulldog (Christie, 2002). The dog breeds typically classified as bully dogs vary in personality characteristics, some more friendly than others, some more affectionate than others. But all in all most of these bully breed dogs, when appropriately trained, properly socialized around people and animals, and raised by a loving family, make affectionate and well-behaved companions (Coile, 1998). In fact, the 1999 winner of the prestigious Delta Society national special service award Beyond Limits was the animal therapy team of owner Linda Bates and her American pit bull terrier named Rowdy, who enriched the lives of the people they visited in a California psychiatric hospital (NAPBTA, 2000). Some cities, counties, and states consider bans of certain breeds appropriate, such as pit bulls; this has been referred to as canine racism by the late Franklin Loew, dean of both the Tufts and Cornell Veterinary Schools (Rollin, 2009, p. 6). In an article in the *Journal of Animal Law*, Rollin (2009) challenged the ethics of breed-specific legislation and pointed out that in an objective temperament testing, pit bulls fared just as well as many other breeds.

An objective measure of temperament is the breed testing done by the American Temperament Testing Society, a non-profit group that evaluates the temperament of dogs by a uniform test. In the 2006 tests, 84.1% of American Pit Bull Terriers passed the test, 83.9% of American Staffordshires, and 85.2% of Staffordshire Terriers. In contrast, only 71.4% of Chihuahuas passed, 79.2% of Collies and 75.5% of Pomeranians passed. This, of course, must be taken with a grain of salt, as the numbers of each breed varied widely. But it helps belie the view that all pit bulls are vicious.

In fact, any dog can be made vicious by owners, depending on treatment. Beating the animal, tying them on a short leash, not socializing and many other ways of managing the animal can make a dog mean or bitter. Breed reputations are garnered largely by public hysteria fueled by the media. (Rollin, 2009, pp. 13–14)

Several dogs associated with the bully variety have achieved positive notoriety in the United States. Sharing stories of positive accomplishments by a breed of dog with a really bad reputation helps to overcome this and place into perspective how any dog from any breed can achieve good and sometimes wonderful feats, despite any reputation the breed might have. This metaphor may instill hope in juveniles who wish to overcome a somewhat bad reputation they have developed for themselves. Following is a list of some well-accomplished bully dogs that I share with my juvenile clients (Deneen, 2002; Orey, 2002; Thornton, 2002):

- The well-known commercial image of a dog sitting next to an RCA gramophone in 1900 and later a television—this was a dog named Nipper, a mutt that was part bull terrier with a trace of fox terrier.
- A well-known department store named Target featured for several years in the early 2000s in its advertisements and on gift certificates a white bull terrier with a red bull's-eye.
- A well-known beer company named Budweiser debuted during the 1987 Super Bowl a television commercial on its Bud Light product starring a bull terrier they called Spuds Mackenzie. The commercial ran until 1989, and during the period the commercial ran the popularity of the breed largely increased.
- A dog that starred in the popular 1930s "Our Gang" comedies was Pete, an American Staffordshire terrier.
- A bull terrier appeared in the 1996 Disney movie *Babe*.
- A bull terrier appeared in the 1963 original version of the movie *The Incredible Journey*, and an American bulldog starred in the 1993 remake of the film.
- Prominent people who have owned bull terriers include the famous World War II general George S. Patton, famous actress Dolores del Rio, famous author John Steinbeck, and former U.S. president Woodrow Wilson.
- Famous actors Humphrey Bogart and Lauren Bacall owned a pit bull-type dog named Harvey.
- The famous author and teacher Helen Keller (who was both blind and deaf since early childhood) owned an American pit bull terrier.
- An American Staffordshire terrier mix named Popsicle, left for dead after a pit-fighting past, achieved fame in 1998 as a narcotics detection dog because of its tremendous nose and resilient spirit.

- A bull terrier named Lady Amanda was inducted into the Purina Animal Hall of Fame in 1987 for saving her sleeping female owner by leaping at and pinning an intruder against a wall until the police arrived.
- A pit bull named Weela was recognized as a Ken-L Ration Dog Hero in 1993 for her bravery in saving 30 people, 29 dogs, 13 horses, and a cat during heavy floods in Southern California.
- An American pit bull terrier mix named Buddy was a stray puppy found on the carport and adopted by a family he later saved from a devastating house fire in their Florida home in 2000.
- An American Staffordshire terrier named Norton saved his owner's life when he went for help after she collapsed from a deadly allergic reaction in 1997. He was later inducted into the Purina Animal Heroes Hall of Fame in 1999.
- An American Staffordshire terrier named Cheyenne was an abandoned, abused, and mange-covered 4-month-old puppy in California and was going to be put to death simply because of her breed as a "pit bull." The dog was rescued by her current owner, who had a life-threatening illness. The dog was instrumental in the owner's recovery, providing emotional support and physical assistance, such as licking the owner's forehead when she was feverish and retrieving household items needed by the disabled owner. Cheyenne's nurturing abilities encouraged her owner to share the dog's gifts of healing with others. Cheyenne worked as a therapy dog in a hospital. With her owner, she visited patients in recovery along with a second "bully" dog adopted into the family, an American pit bull terrier named Dakota.

Hearing or reading about accomplished dogs can inspire an individual to achieve: "If a dog can be a contribution to society, why can't I?"

There is no doubt that as a group, bully dogs have been unfairly stereotyped as bad dogs. Any dog that is trained to be aggressive or is not trained to be a good citizen and therefore is undisciplined and unruly is potentially a dangerous dog. Even a badly behaving Chihuahua can inflict a painful bite. However, a small, badly behaving dog does relatively little damage, whereas a strong and powerful badly behaving dog can maim and kill. Initially, it is not the dog's fault if it is a danger to society; rather, it is the owner's fault. All dogs should receive proper socialization, nurturance, and training to be good companions and well-behaved citizens in a community. On a rare occasion, a dog may be born with something neurologically wrong with it, and successful social training is not possible. Normally, though, dogs are genetically wired to be intelligent and social creatures that desire companionship and respond well to socialization and obedience training (Alderton, 2000a). Helping adolescents realize the damage that can be done by bigoted stereotyping of animals is a helpful tool for teaching fairness in judgment and proper management of the responsibility that comes with pet ownership.

During AAT sessions clients frequently tell stories about their own pet or a former pet. And to emphasize how facilitative a therapy pet can be for stimulating conversation about a client's pet, I would like to point out that in my experience with my therapy pets, about 90% of the people who engage with me while I am accompanied by a pet, whether a stranger on the street or a client I am working with in therapy, initiate a discussion, without any query from me, about their own pet or a pet of a family member or friend. If it is a former pet, opportunity to discuss grief

and loss issues is presented. If it is a current pet and the client is confined in a facility that separates the owner from the pet such as a hospital, nursing home, or detention facility, opportunity is presented for the client to process how much he or she misses the pet. If it is a current pet waiting at home, the discussion usually centers on the special feelings a client has for the pet and the personal needs the pet fills in the client's life. Each of these is a significant relationship issue that can stimulate client exploration and sharing of very deep emotions. The significance of a client–pet relationship or a client's loss of a pet is too often overlooked by a therapist. Much can be discovered about a client by exploring client–pet relationships. And opportunity to heal bereavement from pet loss can contribute to greater well-being for a client. Also, discussion about client–pet relationships or feelings a client has for a living or deceased pet leads easily into exploration about relationships with people.

A number of additional activities can be useful in AAT (Delta Society, 1997):

- Gain knowledge about animals.
- Learn humane animal care.
- Develop motor and physical skill through human–animal interactions.
- Learn animal training.
- Practice appropriate discipline and correction.
- Incorporate an attitude of kindness and compassion.
- Learn about nurturance.
- Practice loyalty and responsibility.
- Experience human–animal bonding.
- Learn responsible pet ownership.
- Learn AAT and AAA training and activities.

As mentioned earlier, I brought information about animals to share with the juveniles in detention, and this became a very popular activity among these adolescents. They very much looked forward to receiving handouts or copies of articles that described information about dog and cat breeds or that told interesting and true animal stories. If I forgot to bring an article or could not because the photocopy machine was broken, the juveniles' disappointment was apparent. A good source for dog stories was the American Kennel Club's AKC Gazette magazine. Dog Fancy and Cat Fancy magazines are also full of good animal stories. My veterinarian saved his old issues and gave them to me for my counseling work. Dog and cat breed information was obtained from Alderton's Cats or Dogs or from Coile's Encyclopedia of Dog Breeds. A source for stories on AAT is Delta Society's Interactions Magazine. Also, at the local pet store, I found entire magazine volumes dedicated to one specific dog breed that contained a history of the breed and some really good true stories about dogs of that breed achieving some type of fame, notoriety, or act of heroism. It is possible that accomplished dogs portrayed in true stories serve as surrogate positive role models for clients.

It is important that articles shared with clients be appropriate for the population. For instance, for juveniles in a detention center, all animal-related material was screened for curse words. Even *bitch*, which typically refers to a female dog, was not allowed in materials handed to the juveniles as a precaution against misuse of the word by the juveniles in the facility. No addresses or contact information or advertisements were allowed in the materials to be shared with juveniles in the facility. All reading material was age appropriate and served a positive educational

or therapeutic purpose. Also, no staples or paper clips were used to hold multiple pages together as these could be used as instruments of harm toward self or others. Having the pages three-hole punched before distributing them made it easy for the juveniles to store the information in their notebooks of collected educational material

Animal-Facilitated Life-Stage Development

Therapeutic work involving a therapy animal may facilitate an individual's progression through primary stages of psychosocial development:

Within the first series of life stages, the primary goals that need to be achieved pertain to a child's needs to feel loved and to develop a sense of industry and competence. In a practical sense, the animal's presence in therapy ... may assist a child in learning to trust. Furthermore, the animal may 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 toward others or internally against oneself. A therapist may utilize an animal to help a child see value in life. (Fine, 2000b, p. 190)

It is important to consider that the various core conditions required for a person to adequately assimilate one or more stages of development might be aided by social interaction with a therapist working in conjunction with a therapy pet. Following is a developmental model for psychosocial development proposed by prominent psychologist Erik Erikson in 1968 (found in Kolander, Ballard, & Chandler, 2005, p. 30). Let us examine Erikson's model in conjunction with suggested animal assisted therapeutic interventions to facilitate life-skill development. For purposes of discussion we will hypothetically assume that for some reason in a child or person's life there might have been some impairment in the development of a particular stage or stages of normal psychosocial development or there was a desire to expand upon a current normal level of development.

Erikson's Stages of Psychosocial Development

If the life task is mastered, a positive quality is incorporated into the personality. If the task during each stage is not mastered, the ego is damaged because a negative quality is incorporated into it (found in Kolander, Ballard, & Chandler, 2005, p. 30):

- 1. Trust vs. distrust (0–1 year of age): Learning to trust caregivers to meet one's needs or develop distrust if needs are not met.
- 2. Autonomy vs. shame and doubt (1–2 years of age): Gain control over eliminative functions and learn to feed oneself; learn to play alone and explore the world and develop some degree of independence; or, if too restricted by caregivers, develop a sense of shame and doubt about one's abilities.
- 3. Initiative vs. guilt (3–5 years of age): As intellectual and motor skills develop, one explores the environment and experiences many new things

- and assumes more responsibility for initiating and carrying out plans; or caregivers who do not accept the child's own initiative instill a feeling of guilt over labeled misbehavior.
- 4. Industry vs. inferiority (6–11 years of age): Learning to meet the demands of life, such as home and school, and develop a strong sense of self-worth through accomplishment and interaction with others; or, without the proper support and encouragement, one begins to feel inferior in relation to others.
- 5. Identity vs. role confusion (12–19 years of age): Develop a strong sense of self; or become confused about one's identity and roles in life.
- 6. Intimacy vs. isolation (20s and 30s for males only; and 12–19 years of age for females. Intimacy develops in conjunction with identity in females and intimacy development follows identity development in males): Develop close relationships with others; or become isolated from meaningful relationships with others.
- 7. Generativity vs. stagnation (40s and 50s): Assume responsible, adult roles in the community and teach and care for the next generation; or become impoverished, self-centered, or stagnant.
- 8. Integrity vs. despair (60 years and over): Evaluate one's life and accept oneself for who one is; or despair because one cannot determine the meaning of one's life.

The first stage of psychosocial development proposed by Erikson, that of trust versus distrust, requires the experience of a relationship with a caregiver or care provider in which a child can trust that the provider will not harm the child and will in fact ensure the safety and welfare of the child. This would typically be the child's parents. However, the child may not have had nurturing parents or may have had an abusive experience with an adult or older child, thus potentially impairing the development of trust for the client. This early developmental impairment may cause psychosocial difficulty for the client at any time or throughout the client's life. A counselor may be able to help a client to repair early childhood impairment through a therapeutic process. A counselor is trained in basic relational skills that assist the therapist to convey empathy to the client and to facilitate a trusting relationship. Even so, an impaired client may have difficulty trusting the therapist's presentation given that some individual in the client's life was neglectful or betrayed trust. Thus, any additional information that may reinforce the client's ability to observe and experience trust with a therapist can be most beneficial. When a client observes the trust conveyed between a therapist and the therapist's pet this provides the client with strong evidence that a therapist might be trustworthy. Furthermore, a counselor can teach a client what an appropriate nurturing and loving interaction looks like by demonstrating that type of interaction with the therapy pet. Additionally, the client experiences the genuine affection offered by a therapy pet to the client, showing the client that he or she is in fact lovable. Finally, a client can take initial risks in expressing trust, love, and affection in the safe environment of the therapy room by interacting with the therapy pet, giving and receiving nurturance and affection, and developing a trusting relationship with the pet and transferring that trust to the pet's handler, the therapist.

The second of Erikson's stages, autonomy versus shame and doubt, describes the developmental process whereby the child either develops the necessary confidence and courage to explore the world or instead is inhibited by self-imposed shame regarding one's perceived inadequacies and doubt about one's abilities. Progression toward proper development in this stage or rehabilitation regarding impairment of this stage may be facilitated with AAT. Interactions with a therapy pet can offer a client opportunity to demonstrate competency; for example, the client may teach a therapy pet a trick or train the animal in basic commands.

The third stage of Erikson's model for psychosocial development, that of initiative versus guilt, implies that children either receive support and encouragement for the behaviors they initiate on their own or feel guilty because their initiative is labeled as misbehavior. A child can easily become discouraged without proper support and encouragement regarding their choices about behavior. This discouragement can play a dominant role in determining the client's healthy versus poor behavior choices throughout life. Opportunity to initiate productive behaviors with rewarding effects can be offered through the care of animals. Choosing to participate in the daily care of an animal through feeding, grooming, training, and cleaning its bedding offers positive evidence for clients that they can make good choices and participate in productive and rewarding behaviors.

The fourth stage in Erikson's model for psychosocial development is industry versus inferiority. In this stage, clients must develop a sense that they are worth-while persons who can successfully interact with others and accomplish things of importance. An example of animal assisted facilitation or rehabilitation of the life tasks in this stage is assisting clients to teach a therapy animal some advanced skills that can result in rewards for them and the animal. This might include obedience training or agility training for a dog and participation in competitive dog trials or riding skills with a horse and competitive riding competitions. Some of the horses and dogs trained by the client can have been rescued by the humane society or other rescue groups and need training for adoption. Thus, the client's sense of self-worth is further reinforced by accomplishing a task for self and by doing something valuable for someone else, the animal and the animal's future adopted family.

The fifth stage of psychosocial development proposed by Erikson is identity versus role confusion. A client must develop a sense of self in this stage; failure to do so can result in confusion and a lack of direction in life. Providing a client with opportunities to participate in animal assisted interventions can lead to greater life direction. For instance, vocational skills can be developed regarding dog or horse exercising, training, and grooming, plus veterinary technical skills can be acquired as well as knowledge and experience in animal boarding and kenneling. In addition, assisting clients to team with a pet and obtain training and pass evaluation so they can visit patients in a nursing home or hospital can demonstrate for them the benefits of integrating the role of community service provider into their identity development. This may eventually lead to a profession directly or indirectly related to human services or other types of benevolence.

The sixth stage in Erikson's model of psychosocial development is intimacy versus isolation. A therapist might encourage a client who is lonely or isolated to get and care for a pet. The pet can provide good companionship for that client. In addition, walking a pet out in the community stimulates social interaction for a client with others who may want to engage with the client's pet, talk about the client's pet, or discuss their own pet with the client. This introduction may lead to the establishment of acquaintances or friendships that offer opportunity for additional social interactions. The person with their pet can become a volunteer and provide animal

assisted activity service by visiting with their pet at schools, nursing homes, and hospitals. They can join a local group of animal handlers that do this on a regular basis. Even if individuals do not want to volunteer with their own pet, or if their pet does not have the proper temperament for becoming a therapy animal, they can volunteer to assist others who provide animal assisted therapy; for instance, to volunteer to be a sidewalker for a client who is participating in equine assisted therapy. A sidewalker walks along the ground, keeping pace at the side of the mounted rider to help assure that a young rider or a rider with a physical disability can maintain balance on the horse. All of these types of animal activities can provide additional social contact opportunities for an individual.

Generativity versus stagnation is the seventh of Erikson's stages for psychosocial development. An individual can find personal and financial fulfillment through the practice of animal-related professional activities, hobbies, or community service. Perhaps if you are reading this book, you are considering incorporating animals into your professional practice. Many clients are attracted to the idea of working with a therapist who partners with a therapy animal; thus, AAT may increase your client base. Furthermore, some therapeutic goals might be more easily accomplished with a client with the assistance of a therapy animal, thus enhancing the efficacy of your practice with particular clients. In addition, you may be sought out for contract work by other agencies such as schools, hospitals, prisons, or detention centers for training faculty or staff in animal assisted therapeutic techniques or in providing AAT. Thus, working with animals can foster the professional development and satisfaction of an individual, including you.

The final stage of psychosocial development described by Erikson is integrity versus despair. AAT is a common practice with elderly clients. Therapy animal visitations can increase the social interaction and brighten the mood of an elderly client. In addition, the therapist's animal may encourage the client to discuss pets they have had in their life, thus initiating a life review process for the elderly client. This life review can reinforce for clients the many interesting experiences and productive accomplishments they have had throughout their life and can reassure them that their life has been a meaningful one. Elderly clients may be somewhat isolated or may no longer have anyone to care for. Suggesting that they get a pet to care for, such as in their own home or maybe a resident therapy dog or cat in a senior care facility, can give them chances to experience being important and meaningful to another living being.

This brief presentation on how AAT can facilitate normal psychosocial development or rehabilitate impaired psychosocial development for clients is meant to demonstrate just a few ways a therapist incorporating animal-related interventions into a counseling practice may assist them at any stage of life. Many different types of animal assisted or animal-related interventions or activities might be incorporated into a therapeutic practice to assist a variety of clients with a variety of concerns.

Typical Animal Assisted Counseling Session

As mentioned previously in this chapter, AAT is an adjunct tool that may be used by a therapist during a typical individual or group counseling session. A nondirective therapist may simply introduce the therapy pet to the client and explain that petting or playing with the pet during a session is a standing invitation during any point of the client's session. A more directive therapist may build in a few minutes at the

beginning or end of the counseling session, or both, specifically as a time dedicated for the client to interact with the therapy pet, but also invite the client to interact with the pet during the session by petting or holding it. Also, a directive therapist may actually structure interventions for the client aided by interaction with the pet, all done with the permission of the client. This might include any number of activities or interventions; for example, helping the client to feel more comfortable in the therapeutic environment by facilitating a response to the client's request for the therapy dog to perform certain tricks, or relieving tension by having the therapy dog catch a ball tossed by a client, or guiding a therapy dog to snuggle with a client who is sad, or placing a cat in a client's lap to soothe the client's anxiety.

It is quite acceptable for a therapist to pet a therapy animal that seeks affection from the therapist during a therapy session. This nurturing interaction provides useful information to the client about the positive and trusting relationship between the therapist and the pet and may help the client feel more comfortable with the therapist after observing such kind and gentle behavior. Also, the client may be encouraged to interact with the pet simply by observing the therapist's and pet's nurturing interaction.

In a group therapy setting, the same approaches, nondirective or directive, can be incorporated depending on the therapeutic style of the therapist, the nature of the group, and the goals for that particular group therapy. Again, the therapist may direct specific, structured interventions between the pet and the clients or simply have the therapy pet in the therapy room for when the clients might choose to interact with the pet. A unique aspect of AAT group therapy is how group members' interactions with the pet might reflect the formation of cohesion and role development among group members. Some group members may ignore the pet altogether, whereas other group members may focus a great deal on the therapy pet. There may even be some competition among group members vying for the pet's attention. The addition of a therapy pet in a group therapy session requires the group leader to be aware of the potential dynamics stimulated by the pet's presence and assimilate this information to better understand the group. The group leader may sometimes reflect this information back to the group, when appropriate, to assist the group members' self and other awareness.

A colleague of mine who was a counselor at an equine counseling program had a graduate class that was studying group counseling visit the equine facility to learn more about group equine assisted counseling. As part of the visit, she had the class participate in a couple of actual equine assisted interventions. For example, in pairs, approach one of the horses loose in an arena and halter it, and, as one group, get a specific horse to move between two orange cones on the ground that were about 10 feet apart without touching or bribing the horse or talking out loud to one another in the group. After each exercise, she processed the experience with the group class. Several individual and group dynamics were shared by participants that exemplified enhanced awareness of self and others. For instance, one student shared that she was aware of some performance anxiety because the other classmates knew she had some previous experience with horses, and they were looking to her for information and leadership. She was very nervous about messing up because she wanted to get it "right." The therapist asked her how this need for perfection played out in other aspects of her life. Self-insight was gained as the student integrated a new perspective regarding the pressure she puts on herself, caused by not allowing room in her life for any mistakes.

Having introduced the topic of "a typical AAT session," I would like to point out that there really is no typical session. The manifestation of animal assisted individual or group therapy depends very much on (1) the therapist's preferred style of therapy, (2) the clients' needs and wants, and (3) the therapy animal's abilities. There is no "cookbook" for performing AAT. The therapy animal is basically an assistant to the human therapist. Though therapy animals are referred to as pet practitioners and cotherapists, they are under the direction and guidance of the human therapist and assist in facilitating counseling sessions. The human therapist has to decide if, when, and how a therapy animal may fit into a counseling session or sessions to facilitate clients' recovery. AAT intervention strategies are provided as ideas for a therapist who might choose to incorporate AAT into counseling practice at certain times with certain clients.

Introducing the Pet Practitioner

A counselor who uses pets in the therapeutic process must disclose this information to clients in advance of their attendance at an AAT session. Thus, if clients do not wish to have a therapy animal present in the session, the counselor has ample time and opportunity to make arrangements for the therapy pet to be secured in the pet's crate in a corner of the counselor's therapy room or in another room altogether or left home that day. The therapy pet should always be secured in a safe and comfortable place when not engaged in a therapy session. For clients who do wish to work with the therapy pet, the first introduction to the pet should be made outside of the therapy room if possible, such as in a waiting area, with plenty of personal space between the client and the animal. After introductions with the pet, the therapist then may invite the client and the pet to meet and greet one another. The therapist has the responsibility to make sure therapy pets, especially the therapy dog, understand not to jump up on clients in their enthusiasm of meeting them. Experienced and well-trained therapy dogs will meet and greet with all four paws on the floor. It is okay if the therapy pet rolls over on its back for a tummy rub as is common practice by therapy dogs because this is nonthreatening behavior and very cute to boot. After everyone has had a chance to meet for the first time and seems to be okay with the relationship, then the therapy team can proceed into the therapy room for a counseling session.

Animal Assisted Basic Relational Techniques

Every effective counselor uses four basic listening responses in a helping relationship to convey empathy and facilitate a therapeutic relationship: reflection, paraphrase, clarification, and summarization. *Reflection* is the counselor responding to the feelings expressed by the client. A counselor will reflect these feelings to the client by rephrasing the affective part of a client's message. The intended purpose of reflection is to assist the client: to be more expressive, to be more aware of feelings, to acknowledge and manage feelings, and to accurately discriminate between feelings (Cormier & Nurius, 2003). *Paraphrase* is the counselor responding to the content expressed by the client. A counselor will accurately rephrase the content of the client's message in the counselor's own words. The intended purpose of paraphrase is to assist the client to focus on the content of the client's message and to highlight content when attention to client feelings is not appropriate (Cormier &

Nurius, 2003). Clarification is the counselor requesting more information from the client. Clarification frequently takes the form of a counselor asking the client a question. The most effective therapeutic questions are open-ended questions that allow for comprehensive answers by the client and usually begin with how, what, when, where, or why. The intended purpose for clarification is to encourage more client elaboration, to check the accuracy of what the therapist heard the client say, and to clear up vague or confusing messages (Cormier & Nurius, 2003). Summarization involves the therapist joining together two or more paraphrases or reflections that sum up the client's messages partway through the session or sum up the client's messages at the end of a session. The intended purpose of summarization is to tie together multiple elements of client messages, to identify common themes or patterns presented by clients, to interrupt excessive rambling by a client, and to review client progress (Cormier & Nurius, 2003).

In an AAT session, it can be very therapeutic to reflect, paraphrase, clarify, and summarize the behaviors and expressions of the therapy pet, the client, and the interactions between them. The therapist must be astutely in tune with the therapy pet to be able to observe and oftentimes acknowledge even the most subtle reactions of the pet for therapeutic purposes. Most dogs demonstrate a keen intuition in their relations with others. The therapy pet's interactions with and reactions to the client can provide a therapist with additional information about what is going on with that client. Even more important is the client's interactions with and reactions to the pet; these can provide extremely useful information about the client's emotional state, attitude, and relational style and ability.

To draw a clearer picture of what some animal assisted relational responses may look like, I have provided a few examples from my own experience:

• Reflections:

- "When you got very quiet, Rusty walked over and placed his head on your knee and looked up at you and your eyes filled with tears."
- "A moment ago you seemed a little anxious, and your voice was fast and high-pitched. Now as you sit there stroking Rusty's fur, you seem quieter and more introspective."

• Paraphrases:

- "When you began to focus inward I saw you look over at Dolly sleeping on the floor; you took a deep breath, and then you shared something painful in your life."
- "Each time, as you begin to talk about your father, you start scratching Rusty's ears a little more vigorously."

• Clarifications:

- "There are certain times during the session that Dolly walks over to you, looks up at you, and wags her tail; this seems to make you smile. What are you experiencing?"
- "Rusty was a bit wiggly when you first arrived, and you seemed a bit anxious. But now as you sit there rubbing his ears you seem calmer and he seems calmer as you both have slowed down your breathing; you both seem more relaxed as he rests next to you. How do you experience yourself differently now compared with when the session first began?"
- "When you talk about your mother you cuddle with Rusty; when you talk about your father you pick up the ball and roll it back and forth with

Rusty. How is your relationship with your mother different from your relationship with your father?"

• Summarizations:

- "You have spoken a great deal today about how important it is for you to regain your father's confidence in you—that you are not sure he realizes how hard you have been working on your issues and how much you have changed. You have reached out to pet Rusty a lot in the session, mostly during the times you talked about your father. This is a deeply emotional issue for you."
- "You have shared today how you have been putting off dealing with some family issues in your life, and it is getting to the point you feel you can no longer avoid these issues. But you are unsure as to how to begin to address them. You said you did not realize how much you had been negatively affected emotionally by avoiding the issues until you noticed in yourself during the session how much comfort you got from sitting close to Rusty and petting him. You realized you have really been stressing out and not wanting to acknowledge it."

The intent of these examples is to demonstrate how occasionally including useful information during a session about the client and therapy animal interactions can provide additional information that may benefit the client. These animal assisted relational statements are not meant to take the focus off of the client but rather to further the client's self-understanding and reinforce the client's introspective process. These animal assisted relational statements are also designed to communicate to the client that you are very aware of what is going on in relationship to the client in a session, and the inclusive empathy conveyance may increase the client's confidence in your therapeutic ability. You may recall what it was like for you when you took your first basic counseling techniques course and you not only had to learn how to properly reflect, paraphrase, clarify, and summarize but also had to sense when it was most appropriate to do so for the maximum therapeutic benefit. It is equally true for animal assisted reflection, paraphrase, clarification, and summarization; timing is very important. Incorporate animal assisted relational techniques when they can specifically enhance the therapeutic process for the client. Animal assisted relational techniques should be used strategically during a session to retain their potential benefit.

Accessing Feelings Through the Use of AAT

Sometimes it is difficult for a client to get in touch with or express feelings. Having an animal present can often help a client with this. Techniques to facilitate emotional expression can be very subtle or very direct. One direct technique is to ask the client a question from a therapy animal's perspective. For instance, "Dogs have a keen sense and oftentimes know people better than other people do. So, if this dog could talk, what would he say about you?" or "If this dog could talk, how would he say you are feeling?" And, "If this dog were your best friend, what would he know about you?" or "If this dog were your best friend, what would he know about you that nobody else would know?"

One subtle technique for accessing clients' feelings is to have them briefly focus on the animal and try to empathize with it. For instance, when a client is

scratching Rusty's ear and Rusty is relaxed, eyes closed or drooping, with slowed breathing, I will ask the client to observe and describe Rusty's emotional state and guess how Rusty might be feeling right then. We will discuss what has to happen for Rusty to feel safe, relaxed, and content and what would interfere with that state. Likewise, I proceed to have clients relate the same types of condition in their lives where they feel safe and relaxed and when they do not. So the client—animal interaction serves as a lead to initiate expression of feelings that the client may be struggling to recognize or to share.

I learned from experience that Rusty was sensitive to the internal state of the client, and if the client was anxious, nervous, or angry Rusty became a little unsettled and wiggled a lot or got up, walked around, and lay down several times. This made for a great opportunity to suggest the client focus inward and become more aware of what feelings were inside of the client and what impact these feelings had, even though the client may have tried to hide the feelings from self or others. When a client was sad, Rusty seemed to know this intuitively and gravitated toward the client and put his head in the client's lap or against the client's knee in a snuggle-like pose. This elicited tears from clients on many occasions.

I observed an interesting and fairly consistent phenomenon between Rusty and the clients with whom he worked. At the beginning of the session, the client mostly stroked Rusty's back. As the client got deeper into personal issues, the client's hand moved up to rubbing Rusty's neck and shoulders. And when the client was talking about the most intense personal issues or was in touch with emotional pain, the client rubbed Rusty's ears starting at the tips and then moving to rub the base of the ear where it connected to the head. Rusty progressively relaxed both posture and demeanor through this touch process, moving from friendly and calm to relaxed and then to deeply relaxed. This relaxing touch progression happened without any direction from me. I do not know why it happened, but I can speculate. Back stroking or patting a dog may be a more superficial acquaintance interaction that helped the client and Rusty get to know one another. Rubbing Rusty's neck and shoulders was a more soothing activity that helped both the client and Rusty relax. And, finally, rubbing Rusty's ears initiated a strong relaxation response in Rusty that was further soothing and comforting for the client and made it somewhat easier for the client to share painful issues, introspect, and gain personal insights. Many behavior specialists recommend rubbing a dog's ears to relax a dog, especially at the base where the ear meets the head. I find it interesting that clients intuitively interacted with Rusty via touch in a progressively comforting manner that soothed and relaxed the dog and then likewise soothed and comforted the client. There seemed to be a natural pacing and matching process of human and animal emotional and behavioral energy levels that did not require conscious awareness to occur. Therapeutic reflection of observations of when this did occur was very facilitative of insight and growth for a client.

Deb Goodwin-Bond, a very talented and insightful equine assisted counselor who worked in Keller, Texas, often pointed out to a client how a nervous horse was responding to the nervous energy generated from within a client. Or a horse that was acting stubbornly was likely responding to a client's attempts to bully the horse. She taught her clients the importance of looking within themselves to become aware of any negative emotional energy they were projecting and to modify that energy to project a more positive energy, resulting in the presentation of a more positive and friendly posture. This counseling technique assisted a client to learn to be more aware of negative internal emotional states, to recognize the importance of resolving issues

that give rise to such states, and to modify a destructive or counterproductive internal negative emotional state to a more positive and constructive emotional state.

A friend of mine and a private practitioner in Plano, Texas, Dr. Sara Harper, relayed a story to me about how her blond Labrador retriever therapy dog, Brie, really got one family's attention regarding the family's dysfunctional communication. As I remember the story, the therapy session began when family members were greeted merrily by the friendly therapy dog, and all was cordial. Then the family members raised their voices and started in on one another with blame and accusation. The dog eventually tired of it and went to the corner of the room and lay down on her bed. The family's mutual word barrage continued and escalated loudly. Just then Brie got off of her bed, walked to the center of the therapy room, and regurgitated. Everyone stopped talking instantaneously. Before the therapist could share the apology posed on the tip of her tongue, the family members became concerned for the dog and began to direct kind and nurturing words and pats toward Brie. All family members spontaneously began to discuss how they felt they had made the dog sick with their angry words in the therapy room. Recognizing this as a metaphor for how they were treating one another, the family focused the remainder of the session on how they were hurting each other with their words and behavior and how they needed to get better. The session became very productive, and the therapist had great success with this family as the things learned in the therapy session generalized to the home. The family members were always nurturing of Brie in continuing therapy sessions and were careful to keep their communications healthy for fear of upsetting Brie. In speaking with me about this story, Dr. Harper conveyed that she was not sure if Brie threw up because she coincidentally had an upset stomach or if the family's extremely dysfunctional interaction had actually made her ill. Brie had not become ill before in sessions and did not since, but she also had not experienced such poor behavior from clients as she had from this particular family. A therapy dog vomiting in a therapy session is not supposed to be a therapeutic intervention and should be avoided, but sometimes accidents do happen. It is difficult to tell why Brie threw up since she could not tell us, but the incident served to help one family become more aware and motivated family members to work and grow together. Brie remained a good barometer of anger for clients as she would gracefully exit the therapy session when voices were raised, an action that made it difficult for clients to deny dysfunctional behavior. Dr. Harper's AAT work was featured in the Dallas Morning News (McKenzie, 2003). In addition to Brie, she also worked with two Tonkinese cats, Katherine and Elliot. Along with animal assisted individual and family counseling, Dr. Harper often combined biofeedback assisted relaxation therapy with pet therapy to help patients recover from a variety of conditions. Adult as well as child clients were calmed when they petted one of the therapy cats who were more than willing to sit and purr in their laps while they learned and practiced the therapy skills taught by Dr. Harper. Also, children who might not otherwise want to come for therapy instead looked forward to playing a brief game of soccer with Brie, who was very adept at kicking a tennis ball back and forth during the child's therapy session.

DePrekel and Welsch (2000b) designed a structured activity that can be used in an individual or group format to assist with the recognition and expression of affect. It consists of providing clients with a simple line drawing of a dog or horse on a sheet of paper and asking them to color the various body parts based on the following schema. Colors represent the following feelings: blue = sad; red = angry; orange = happy; green = confused; yellow = scared; and purple = curious. The body parts represent the following

topics: tail = friends; head = family; ears = school or work; feet = myself; body = love; and neck = left blank to be filled in by client. The resulting discussion about the client's end product can initiate the sharing of important issues and the feelings surrounding them.

I prefer a slightly different format for using animal illustrations for accessing client feelings. I ask clients to choose their own colors and label what feelings each represents within them. Likewise, I ask them to label the animal's body parts to represent significant areas in their lives. See the illustrations of a dog, a cat, a horse, a rabbit, and a parrot along with accompanying exercise instructions provided in Appendix D for your convenient use.

Another helpful exercise to access feelings is to provide clients with a picture of a dog or a cat posed in different expressive positions, for example, an angry dog barking with hackles up or a fearful dog with its tail tucked and ears back. After exploring together what the animal in the picture might be feeling, the therapist can guide the client in a discussion about how the client may feel. Also, the client and therapist can discuss how animals typically show how they feel. In contrast, sometimes humans express how they feel, and sometimes they hide their feelings. The therapist may inquire when and under what circumstances clients hide feelings and when they show feelings genuinely. See the illustrations of a dog and cat in expressive poses along with accompanying exercise instructions provided in Appendix D for your convenient use.

Sometimes it is easier to stimulate a conversation for clients to talk about themselves when they have something to compare with how they see themselves. The therapist can provide a photo or picture of certain dog breeds with accompanying descriptions of common characteristics for that breed. Clients can pick one or more dogs out to represent shared characteristics of how they see themselves and the dog as similar. Coile (1998) thoroughly describes over 150 breeds in her text; Table 8.1 gives a sample list of just a few contrasting dog breed characteristics that can be useful.

For example, if I were to compare myself with one of the dog breeds characterized in Table 8.1, I would have to say that I am most like a Great Dane. You can also have a client describe a breed or characteristics of different breeds that they would aspire to be more like to check out the self-acceptance level of the client. For example, I am pretty happy being a Great Dane, but, not being completely satisfied; I would prefer to be more like an American cocker spaniel except with better protection ability and fewer grooming requirements, like that of a German shepherd. I guess in my ideal world, this would make me something like a spaniel-shepherd. You can also have the client pick out which family members share certain characteristics with certain dog breeds or a combination of dog breeds. This stimulates a discussion around family dynamics and potential family misunderstandings and conflicts. A therapist can also use this exercise in a team-building workshop to help participants describe their perceptions of self and of the colleagues they work with in an effort to build a greater understanding of how one is perceived and how this impacts working relationships. This is also a good exercise to inquire as to what type of dog characteristics clients see themselves as having in different situations, such as home versus work, or with friends versus with family or a spouse. It would be interesting to discover that the client is more like one dog at home and a different dog at work and so forth. This exercise explores the potential dichotomies within the client's life. The exercise should be introduced with the idea that no dog breed is a bad dog breed; every dog breed's unique characteristics make it special.

 Table 8.1
 Dog Breed Characteristics

Dog Breed	Characteristics
American cocker spaniel	Considered a medium-sized dog. Average weight 24 to 28 pounds. Average height 13.5 to 15.5 inches. Watchdog ability high but protection ability very low. Medium energy level. Extremely friendly and playful. Easy to train. Very high affection level. Grooming requirements very high. This dog is cheerful, amiable, sweet, sensitive, willing to please, and responsive to its family's wishes. It is also inquisitive and loves outings in the country, but is equally at home in the city and happily walks on a leash for its exercise. (pp. 30–31)
American Staffordshire terrier (pit bull-type dog)	Considered a large dog. Average weight 57 to 67 pounds. Average height 17 to 19 inches. Watchdog ability and protection ability very high. Medium energy level. Not very friendly. Low training ability. Medium affection level. Low grooming requirements. Sweet, trustworthy, docile, and playful with its family. Friendly toward strangers as long as its owner is present. Generally good with children. Aggressive toward other dogs — especially those that challenge. It is stubborn, tenacious, and fearless. Loves its owner's fond attention. (pp. 146–147)
Bloodhound	Considered a very large dog. Average weight 90 to 110 pounds. Average height 23 to 27 inches. Watchdog ability high. Protection ability low. Energy level medium. Friendliness high. Affection level very high. Playfulness very low. Grooming requirements very low. Ease of training very low. This dog is gentle and placid, has calm manners, and is extremely trustworthy around children. It is also tough, stubborn, and independent. A great tracker used for hunting and search and rescue. (pp. 64–65)
Border collie	Considered a medium-sized dog. Average weight 30 to 45 pounds. Average height 18 to 23 inches. Watchdog ability high. Protection ability medium. Energy level very high. Friendliness medium. Playfulness high. Training ability very high. Affection level medium. Grooming requirements medium. A bundle of energy. One of the most intelligent and obedient breeds. Needs lots and lots of exercise. It is a dependable and loyal companion. (pp. 288–289)
Bulldog	Considered a medium-sized dog. Average weight 40 to 50 pounds. Average height 12 to 15 inches. Watchdog ability very low and protection ability low. Energy level very low. Friendliness high (but not toward other dogs). Playfulness high. Training ability low. Affection level very high. Grooming requirements low. This is a jovial, comical, docile, and mellow dog. It is willing to please although it does have a stubborn streak. (pp. 246–247)
Chihuahua	Considered a very small dog. Average weight 6 pounds or less. Average height 6 to 9 inches. Watchdog ability very high but protection ability very low. Very high energy level. Not very friendly or playful. Not easy to train. Not very affectionate. Low grooming requirements. A saucy dog with intense devotion to a single person. May try to be protective but is not very effective. Often temperamental and may bark a lot. (pp. 204–205)

Table 8.1 (Continued) Dog Breed Characteristics

Dog Breed	Characteristics
Dachshund	Considered a small dog. Average weight 16 to 22 pounds. Average height 8 to 9 inches. Extremely high watchdog ability, extremely low protection ability, high energy level, somewhat friendly and playful, but hard to train. Affection level medium. Grooming requirements low. Bold, curious, and likes adventure. Likes to track and sniff things out. Is independent but likes to join in on family activities. Reserved with strangers and may bark a lot. (pp. 68–69)
German shepherd	Considered a large dog. Average weight 75 to 95 pounds. Average height 22 to 26 inches. Extremely high watchdog and protection ability. Somewhat friendly (but aggressive toward other dogs). Very playful. Medium energy level. Easy to train. Affection level medium. Grooming requirements low. Very intelligent with great ability as a working dog. Very devoted and faithful to its owner but suspicious toward strangers. May try to be domineering. (pp. 298–299)
Golden retriever	Considered a large dog. Average weight 55 to 75 pounds. Average height 21.5 to 24 inches. Watchdog ability medium. Protection ability low. Energy level medium. Extremely friendly, playful, and affectionate. Very easy to train. Medium grooming requirements. This dog is friendly, devoted, and obedient. Needs lots of exercise and active nature outings Is overly exuberant, boisterous, and enthusiastic about everything. Is eager to please and enjoys learning new things. (pp. 16–17)
Great Dane	Considered a very large dog. Average weight 100 to 120 pounds. Average height 28 to 32 inches. Watchdog ability high. Protection ability medium. Low energy level. High friendliness and very playful. Easy to train. High affection level. Low grooming requirements. This dog is gentle, loving, easygoing, and sensitive. Generally good with children and friendly toward other dogs. It is a powerful dog (and can be hard to handle if not properly trained), but it is very responsive to training. This dog makes a pleasant and well-mannered family dog. (pp. 116–117)
Poodle (miniature)	Considered small dog. Average weight 12 to 18 pounds. Average height 10 to 15 inches. Energy level, friendliness, and affection level are high. Playfulness is very high. Watchdog ability and ease of training are very high. Protection ability is very low. Grooming requirements are very high. This is a lively and playful dog that is eager to please, responsive, smart, and obedient. (pp. 264–265)
Yorkshire terrier	Considered a small dog. Average weight 7 pounds or less. Average height 8 to 9 inches. Watchdog ability is very high. Protection ability is very low. Energy level medium. Somewhat friendly toward strangers but not too friendly with other pets. Playfulness is high but affection medium. Training ability is low and grooming requirements are high. This dog seems oblivious to its small size. It is eager for adventure and trouble. It stays very busy and is quite inquisitive. This dog is bold and stubborn and can be aggressive to strange dogs and small animals. (pp. 236–237)

Source: Coile, D. C., Encyclopedia of Dog Breeds, Barron's, Hauppauge, New York, 1998.

Some other structured activities I developed and use to assist clients with accessing feelings are described in the following vignettes "Doggone Different" and "Animal Tales." I have used these exercises often with a variety of participants, and the exercises are very well received. In fact, the group that participates often asks to repeat the exercise a few weeks later in the group because they found it so beneficial the first time.

Activity: Doggone Different

PURPOSE

Clarify personal change, growth, or personal goals

POPULATION

Clients or students (most often a group activity). I have most frequently performed this activity with adolescent therapy groups in the juvenile detention center and with graduate students taking my animal assisted therapy course.

AGE SPECIFICATION RECOMMENDATION

Adults or adolescents

MATERIALS NEEDED TO APPLY THE ACTIVITY

Numerous and varied pictures of different dogs at different places performing different activities. It is best if the dogs have varied expressions that could represent a vast array of emotions. I use a stack of 365 photos from a calendar of dogs. No people are in the photos, just dogs. Each calendar photo is approximately 5 inches square. Some are in color, and some are in black and white. Numerous breeds and ages of dogs are represented. A few examples of variety include a dog covered with diamonds and jewelry wearing sunglasses and sitting in the front of a convertible parked in front of a casino in Las Vegas, a dog covered with soap suds in a bathtub, a dog flying high to catch a Frisbee, and a dog walking down a dark and deserted alley in the rain.

DESCRIPTION OF THE ACTIVITY

- A. Give a small stack of photos to participants and encourage them to share their stacks with one another as they go through and pick out two dog photos per participant based on the instructions given in part B.
- B. The two dog photos they pick are to represent either a change that has taken place or can take place in the person's life. Depending on the particular group you are working with the two photos can represent one of the following:
 - a. A change from past to present—the person they were and the person they are now (e.g., before being brought to the detention center and currently, or before the stressor or trauma and now, or before deciding to come to graduate school and now in graduate school, or 5 years ago and today).
 - b. A personal goal—the two photos can represent who they are now and who they aspire to be in the near future (e.g., how they hope to be different or what they hope to accomplish).

C. Participants share with the group their choice of dog photos and what they represent for the participant.

SPECIAL CONSIDERATIONS

I use dog photos because I perform animal assisted therapy with a dog, who is usually present during this activity. However, this activity can be performed outside of any reference to animal assisted therapy. Also, the symbolic use of dogs makes it easier for participants to get in touch with and share their feelings.

Activity: Animal Tales

PURPOSE

Clarify personal feelings and values. The inner workings of a person can be reflected in a story the person tells about an animal.

POPULATION

Clients or students (best done as a group activity of no more than 7 to 10). I have most frequently performed this activity with adolescent therapy groups in the juvenile detention center and with graduate students taking my animal assisted therapy course. (For teaching and demonstration purposes in larger groups the remaining participants can watch.)

AGE SPECIFICATION RECOMMENDATION

Adults or adolescents

MATERIALS NEEDED TO APPLY THE ACTIVITY

About twelve 8-inch by 10-inch photos of dogs (and some of cats if you wish). Each is pasted on cardboard and laminated. The color photos are varied pictures of different dogs and cats at different places performing different activities. I use photos cut from an old calendar my veterinarian gave me. Examples of the photos are a blonde Labrador retriever fetching a stick from the ocean, a husky standing atop a snowy hill, an Australian shepherd wearing a bandana sitting in front of a wagon wheel that is leaning against a barn, a brown dog coming from a grassy field climbing through a wooden rail fence, two orange kittens peeking out over the edge of a small wooden bucket, and a multicolored cat playing on a wooden porch.

DESCRIPTION OF THE ACTIVITY

- A. Without being too specific, ask the small group to choose one picture to use today in a group discussion activity. After choosing one, set the other pictures aside as they will no longer be used.
- B. While holding the selected picture up to the group, give the following instructions. "The group is going to tell one story about this picture. Each member of the group (with the exception of you the group leader) will contribute to the story. When you add your part of the story, try to speak for no more than 2 or 3 minutes, less is okay. You can say

whatever you want, but you have to take up the story where the previous person left off. We will not go in any order. Please raise your hand or speak up when you want it to be your turn. Be respectful of the person talking, and do not try to influence that person's part of the story while they are telling it. Who will volunteer to begin the story?"

- C. After each person has contributed to the story say the following. "Take a moment and reflect and ask yourself, what is going on for you that influenced you to say what you said as your part of the story?"
- D. Encourage participants to share what they think or feel has happened or may be happening in their lives that is related to why they contributed what they did to the story.

SPECIAL CONSIDERATIONS

Same as for the exercise described in the first vignette.

Animal Assisted Family History Gathering

Many clients own a pet and consider their pet a close family member that they spend a lot of time with and from which they receive emotional support. With a therapy animal present in a session, it seems natural for a therapist to inquire as to whether clients have a pet. This type of discussion can easily segue into a discussion about their support system and how well they are using personal resources.

AAT can be useful for gathering family histories or facilitating clients' creation of a family tree. The family tree exercise in counseling involves having clients list all significant persons in their lives, most predominantly relatives, and describing various remembrances they have had about them, positive and negative influences (direct or indirect) these persons have had upon the clients, and any significant mental health issues or other pertinent history of these persons. The exercise is useful for helping clients understand the social influences that have impacted their own growth and development.

One type of common family tree exercise used in counseling is clients' construction of a genogram. "The genogram is a pictorial representation of the client's family tree. It quickly shows a family's history by depicting current and past relationships.... The genogram is therapeutic when a client's main concerns are family problems because the client gains insight into the issue by describing them to the helper as the genogram is constructed" (Young, 2005, p. 210). Young (2005) describes basic reasons to consider using the genogram, including the client and therapist gaining a greater understanding of the following:

- Cultural and ethnic influences
- Strengths and weaknesses in relationships
- Intermarriage and generational influences
- Family disturbances including addictions, divorce, and mental illness
- Sex and gender role expectations
- Economic and emotional support and resources
- Repeated patterns in clients' relationships

- Effects of birth order and sibling rivalry
- Family values and behaviors including dysfunctional patterns
- Problem relationships
- Family traumas, such as suicides, deaths, and abuse

When the therapy animal has a pedigree with some type of registry, such as American Kennel Club for dogs, sharing the animal's family ancestry is a fun way to introduce clients' family tree exercise. When the animal's family ancestry is unknown, then the counselor can use a history of the breed of the animal. For a history of individual dog breeds, *Encyclopedia of Dog Breeds* (Coile, 1998) is a good resource, and for a history of individual cat breeds I recommend *Cats* (Fogle, 2000). Even if the therapy animal's particular breed history is unknown, an exploration of the history of the animal's evolutionary rise can serve as a substitute.

As an example breed history, let us briefly examine the evolution of the American cocker spaniel as described by Hart (1968). Spaniels are mentioned in literature written as early as 1386 and are referred to by Geoffrey Chaucer as spaynel. By the 15th century, spaniels were being used to flush game birds. The recognized country of origin of this hunting dog, Spain, gives it its name, and Spanish spaniels were commonly used by sporting aristocrats. The spaniel became popular in many European countries with similar hunting terrain and aspirations, especially England. Spaniels began to be bred for specific purposes, which began to divide the breed into three categories: flushing spaniels, which found and flushed the game birds; water spaniels, which retrieved; and setting spaniels, which crouched and set and pointed. From the flushing type of Spanish spaniel came the field spaniel followed by the Norfolk and springer spaniel. And from the springer was developed the English cocker spaniel. "These 'cocker' or 'cocking' spaniels, used primarily in the hunting of woodcock, snipe, and other lowland birds, were bred down in size to be handy, hardy, and easily cared for" (Hart, p. 11). Early cocker spaniels in both England and America looked pretty much the same. But in 1882 the American Spaniel Club was organized, and the English and American cockers began to diverge in type. The American cocker was bred to have a more distinctive head and a shorter and stockier body.

Alderton (2000a) describes a brief history of the species of the domestic dog. It is believed that all dogs, wolves, jackals, and foxes are members of the Canidae family and can be traced back some 30 million years. Today there are 13 genera and 37 recognized species spread all over the world. It is thought that all modern domestic dogs are descended from the gray wolf. Wolves and domestic dogs share the same social, territorial, hunting, and guarding instincts. The socialization of the domestic dog is thought to have begun over 12,000 years ago, probably in the Northern Hemisphere when wolves were in greater number and spread over a wider territory than they are today. There are now more than 300 different breeds of domestic dog. Cheetahs, panthers, ocelots, wild cats, and cats are all part of the Felidae family. There are a number of wild cats spread over the world, but it is thought that all domestic cats are descended from the African wild cat (Alderton, 2000b). The domestic cat has had a varied history:

During the 9,000 years or so since the domestication of the cat began in the Middle East, these remarkable creatures have provided a mixed reception. Although worshiped in ancient Egypt, and treasured in the Far East, they suffered undeserved persecution in Europe during the early Christian era because of their associations with the old pagan religions. However, the role of cats in destroying the rats that

carried the Black Death across Europe regained them some status. (Alderton, 2000b, p. 6)

Animal Assisted Interventions and Clinical Diagnoses

There is no comprehensive scientific resource that delineates how specific animal assisted therapeutic interventions can be applied to clients with a particular clinical diagnosis. However, in their workbook DePrekel and Welsch (2000a) described over 14 clinical disorders that they believe AAT can be effective with. The workbook also includes information on specific AAT goals, interventions, precautions, and contraindications. The diagnoses they address are based on the Diagnostic and Statistical Manual for Mental Disorders, 4th edition published by the American Psychiatric Association and include general anxiety disorder, attention-deficit/hyperactivity disorder, bipolar disorder, borderline personality disorder, conduct disorder, eating disorders, major depressive disorder, narcissistic personality disorder, obsessive-compulsive disorder, oppositional defiant disorder, posttraumatic stress disorder, reactive attachment disorder of infancy or early childhood, separation anxiety disorder, and substance-related disorders. Verifying the accuracy of the information in the DePrekel and Welsch text would make an interesting research project. Many of the interventions are recommended for more than one of the diagnoses. A common contraindication for participation is a history of animal abuse. A few examples of the recommended diagnosis-based interventions by DePrekel and Welsch (2000a) are as follows:

- · Generalized anxiety disorder
 - Slow breathing exercise with an animal.
 - Walk an animal to the tempo of relaxing music.
- Attention-deficit/hyperactivity disorder
 - Identify parts of an animal.
 - Participate in dog exercising and agility activities.
- Bipolar disorder
 - Compare own behavior with the turtle and the finch.
 - Journal about how learning from animals helps to understand self.
- Borderline personality disorder
 - Substitute self-destructive behaviors with productive animal care behaviors.
 - Work one-on-one with an animal to form an attachment.
- Conduct disorder
 - Study herd behavior of horses.
 - Engage in proper play or other interaction with animals.
- Major depressive disorder
 - Groom an animal and discuss need for daily self-care.
 - Learn riding and horsemanship skills to build competence.
- Oppositional defiant disorder
 - Train in basic dog obedience.
 - Play with and exercise an animal.
- Posttraumatic stress disorder
 - Hold or pet an animal while talking about own trauma.
 - Observe and discuss flight or fright responses in animals.

Animal Assisted Metaphor

Animal assisted interventions such as animal images, stories, and metaphors used as symbols paralleling clients' experiences can be very beneficial for facilitating client insight and growth. Metaphor has been defined as "a thing regarded as representative or symbolic of something else" (Jewell & Abate, 2001, p. 1074) and as "a figure of speech containing an implied comparison, in which a word or phrase ordinarily and primarily used for one thing is applied to another" (Guralnik, 1980, p. 893). Metaphors can work like distraction methods getting around client defenses and resistance. The client relates to the image or metaphor but finds it less threatening to consider because it is presented about someone or something else.

Milton Erickson used imagery and metaphor to speak with the client's "unconscious mind" (Bandler & Grinder, 1975; Zeig & Munion, 1999). When Milton Erickson refers to speaking with "the unconscious part of the mind," he is referring to the mute or nondominant hemisphere. The left side of the brain, considered the dominant hemisphere for functioning in most humans, synthesizes language whereas the nondominant right side of the brain synthesizes space. The left hemisphere perceives detail, and the right hemisphere perceives form. The left hemisphere codes linguistic descriptions and the right hemisphere codes sensory input in terms of images. Thus, if one wants to surpass the defenses established by the logic and language of the dominant left hemisphere, this is best done through the use of imagery or symbolic metaphor processed by the nondominant, right hemisphere.

The success of the use of animal-related metaphor in therapy is based on the idea that even though the imagery and metaphor briefly shift the focus to the animal, clients will still tend to process the animal's experience or animal's story through their perspective, which is formed around their life experience. It is my belief that this side-door technique of having clients imagine what the animal's experience is like helps to tap more deeply into suppressed and even repressed client feelings and experiences. Animal assisted metaphorical intervention sidesteps clients' barricaded self-awareness and gains access where it is typically limited when using more directive inquiry. Animal assisted metaphors must be brief and used somewhat sparingly so clients do not tire of them. These techniques are most powerful when the client and the therapy animal have established a positive relationship because then the client will relate more strongly with animal-related stories and metaphors. Following is an example of a therapeutic metaphorical animal story I developed and used effectively in therapy.

"A Failure to Communicate"

A METAPHOR DESIGNED TO EMPHASIZE THE VALUE OF EDUCATION, DISCIPLINE, AND COMMUNICATION

Let me tell you a story about a friend and his dog, an 8-month-old German shepherd. My friend would get very frustrated when his dog did not understand him. When they went walking the owner would get tangled up in the leash, or he would go on one side of a telephone pole and the dog would go on the other side. Sometimes he would almost trip on the leash and fall down. The dog pulled on the leash most of the time and would drag him down the street. Back at the house,

when he would give the dog a treat he would get his fingers nipped by the dog's haste to get the treat because the dog had poor manners. When my friend wanted to add something to the dog's food bowl while he was eating, the dog growled at him and he was afraid he would bite him. He resisted the idea of obedience training for the dog because he did not think it was the right thing to do to a dog. He would say it was unnatural and thus not fair to the dog. Finally, out of desperation, he decided to go see what obedience training was all about. The obedience trainer started by explaining:

Owners and their dogs need to develop a form of communication between one another. Without the ability to communicate, there could be no mutual understanding or cooperation. If you and your dog had a shared language, you would get along much better and like each other's company a great deal more. In addition, you and your dog could go more places together. You are frustrated because your dog does not behave the way you want him to. But dogs do not naturally know the English language. They have to be taught. In fact they can learn some simple words in any language. I have a friend in Seoul, Korea, whose dog is actually bilingual, responding to commands in Korean and English. So people with their dogs need to go to school for several weeks to learn a shared language, called obedience training. It is positively rewarding for the dog and the trainer; whenever your dog understands you, give him lots of praise and reward him with petting, a food treat, or a toy treat. Learning can be fun for both you and your dog. In addition, watch your dog's body language. He has no words to express his feelings, but he can say a lot with his tail up and tense that tells you he is alert to something, or his tail tucked between his legs to demonstrate he is afraid or cautious, or his tail can be relaxed and wagging, sharing that he is calm and friendly. He can say a lot with his ears that will be perked up when he is alert, drawn back when he is afraid or cautious, or relaxed when he is calm and friendly. So not only does your dog need to learn your English-language obedience commands, but you need to learn his "dog speak" so he can communicate with you. It is a shared venture of learning and training to benefit your relationship and what you can get from it.

Well my friend fell in love with the obedience training, and not only do he and his dog now have a shared language of understanding and cooperation, but they also enjoy going just about everywhere together. My friend is so proud of his dog and his relationship with his best furry friend. Sometimes you just have to figure out how to communicate to have a better relationship with someone. And if you cannot figure it out by yourself, going to school or getting counseling are good places to get the information and guidance you need to be successful.

There are several symbols, images, and messages presented in this metaphor. It is likely that clients will self-select those symbols, images, and messages that are most meaningful for them. Several phrases in this animal metaphor story that clients might key in on are "would get very frustrated," "did not understand," "get tangled up," "trip and fall down," or "drag him down." These phrases symbolize how things are not going very well in clients' lives. The next few phrases could symbolically represent their life fears: "would get his fingers nipped," "growled at him," "afraid he would bite him." The next phrases might symbolically address clients'

potential resistance to change: "he did not think it was the right thing to do," and "it was unnatural," and "not fair." The following phrases could stimulate clients' openness to gain insight or initiate change: "need to develop a form of communication," "mutual understanding and cooperation," "shared language," "get along much better," "like each other's company," and "go more places." The next set of phrases are designed to construct the change goals and process into perceptively achievable steps so clients feel less overwhelmed: "have to be taught," "simple words," "go to school," "positively rewarding," "praise and reward," "learning can be fun," "shared adventure of learning," and "benefit your relationship." And finally, the last set of phrases are designed to reflect the positive outcome likely to occur from clients achieving the change goals: "shared language," "understand each other," "go ... everywhere together," and "proud of his dog." It is possible that the dog in the story is a symbolic representation of one aspect of clients' self or represents some other significant person in their life.

Following is another example of a metaphor I developed and have used effectively in counseling with clients.

"Shedding the Old to Make Room for the New"

A METAPHOR DESIGNED TO EMPHASIZE A NEED FOR CHANGE

My cocker spaniel. Rusty, has a lot of fur. His coat is very thick and wayy. But his coat changes when it needs to, with the changing of the seasons. For instance, in the winter his coat becomes thicker to keep him warm when the weather is cold, and in the summer his coat becomes thinner to help keep him cooler in the heat. He changes his coat when the need arises. His thinner summer coat has to be shed before his thicker winter coat can grow in, and vice versa. His coat changes naturally, but sometimes the change works much better for him when he gets help. If he gets brushed and combed regularly, then his coat stays smooth and soft. If grooming is neglected, then his hair can become so tangled that combing it takes a great amount of effort that can sometimes be uncomfortable for the dog. Sometimes to get a smooth coat again a piece of tangled fur has to be trimmed out. The trimmed piece of hair leaves space for a healthier coat to grow in its place. Thus, regular attention to grooming, especially during the more drastic seasonal changes, makes his coat healthier and more functional. But no matter what, sometimes tangles happen. And when they do, we deal with them in the best way we can so his coat becomes soft and smooth once more.

This animal metaphor story is also designed with key symbolic phrases to facilitate client insight and initiate the change process. The phrases "has a lot of fur," and "very thick and wavy" might represent the complexities of clients' issues. The next phrases may serve as encouragement for clients' desire and ability to change along with reinforcing the idea of seeking help with the process: "He changes ... when the need arises," "has to be shed," "can grow," "change naturally," "combed out," "trimmed a little bit," and "works much better for him when he gets help." The following phrases may represent their fears: "neglected," "so tangled," and "very painful." And finally, these last phrases may represent expected outcomes for change and thus motivate clients: "space for a healthier coat to grow," "healthier and more functional," "deal with them in the best way," and "becomes soft and smooth."

It is easy to create an animal assisted metaphorical story. Think of the basic elements you want to convey to your client, and think about animal behavior or situations that would reflect those elements and string them into a story for your client. Be careful to include metaphors that are appropriate for your client's unique needs, for example, the part in the "shedding" metaphor about trimming out a tangle may not be appropriate for a client that self-mutilates but may send a message for someone else to change a negative behavior or to distance oneself from negative influences. Metaphors do not require interpretation by the therapist. In fact, they work best when the interpretation is left solely to the client so greater personalization can occur. Sometimes clients ask me what the story means. I simply tell them, "It is just a story that may have meaning for you. Think about it over time if you like, and if you want we can discuss what it means for you." When using the animal metaphor story, some clients respond immediately with personal insights. But sometimes clients seem to dismiss the story only to come back in a later session with some meaningful insights the story stimulated for them.

I hesitate to describe a structure for the development of a metaphorical story because construction is highly dependent on a counselor's particular understanding about the unique needs of a specific client. However, I have found to be helpful the placement of certain common symbolic elements in the therapeutic metaphorical stories I tell to clients: (1) phrases that can convey empathy and understanding for the client's problems or concerns; (2) phrases that may address a client's fears; (3) phrases that may address a client's hopes; (4) phrases that may address a client's resistance to change; (5) phrases designed to instill encouragement and motivation to change; and (6) phrases that symbolize possible positive outcomes from instigating the change process. My skills at therapeutic, metaphorical storytelling evolved from my childhood experiences of listening to various family members who were very adept and entertaining storytellers. And I always appreciated that many of those stories had embedded in them some meaningful life lesson that I could relate to.

Termination Issues in AAT

Termination of counseling services may occur for several reasons. Perhaps the client has completed therapy goals and no new goals have been established. Maybe the client wishes to take a vacation from therapy for a while. Perhaps the number of counseling sessions has been limited based on insurance reimbursements or agency policy. Or maybe new therapeutic client goals require a skill outside the competency area of the existing practitioner, so a referral is required.

There are standard steps to take in the termination process in counseling to promote effective and ethical practice (Cormier & Nurius, 2003). When the termination time approaches, it is important to prepare the client in advance before the last session arrives. The therapist should initiate a discussion with the client about terminating the therapy process at least 2 weeks ahead of time. The discussion should address the client's feelings about termination. Address the positive changes the client has made and give the client credit for the progress achieved. Assist the client in exploring how positive changes will be maintained and how to avoid sabotaging progress. Determine if the client desires a follow-up session to check on how they are doing. Provide the client with names of referral resources if the client wishes to continue therapy with another counselor or needs other types of services in the community.

It is likely that a client who has worked with a therapy animal will have established a strong relationship with that animal. Thus, in the termination process, the counselor needs to facilitate discussion regarding the client's feelings about having worked with the animal and about no longer having contact with the animal. Provide opportunity for the client to say good-bye to the therapy animal. Sometimes, when appropriate, the therapist can provide the client with a small token of remembrance of the therapy animal to help bring some closure to the relationship. For instance, when the juveniles completed the program at juvenile detention, they were given a color collage photocopy of photographs of my therapy animals Rusty, Dolly, and Snowflake with whom they had weekly contact. And when the juveniles completed the equine assisted therapy program at Rocky Top Therapy Ranch, they were given a certificate of completion with a photograph of themselves riding the therapy horse they partnered with for the past several weeks.

When working in the dimension of end-of-life care for the terminally ill, the client may request assistance in saying good-bye to the persons in the client's life who are important to the client. Sometimes the counselor and the therapy animal are included in this group of significant others. Thus, the counselor must be aware of offering an opportunity for the client to achieve some emotional closure on the therapeutic relationship with the counselor and the counselor's pet practitioner. When working with the terminally ill, sometimes other persons involved in providing care for the patient also become attached to the therapy animal. Thus, remember friends, family members, and medical staff when the life of the patient nears an end and allow time for these significant persons in the patient's life to say good-bye to you and the therapy pet.

Documentation and AAT

Counselors are required to complete thorough and comprehensive session reports for each client with whom they work. A popular model for documenting each counseling session is the four-part SOAP plan, which includes a description of (1) the client's subjective presentation, (2) the counselor's objective observations and other facts about the client, (3) the counselor's assessment and conceptualization of the client, and (4) the counselor's action plan for the client (Cameron & turtle-song, 2002). At a minimum, I recommend that the counselor include in every counseling session report the following information:

- Name of the client (more thorough descriptive information about the client can be recorded on the client intake and initial interview form)
- Date, time, and location of the therapy session
- Name of the counselor or counselors providing the therapy
- Type of therapy (e.g., individual, couples, group, family)
- Any relevant diagnosis and ongoing presenting problem of the client
- Current functional status of the client (e.g., assessment of any crisis state)
- Client's presentation during the session of issues and concerns
- Counselor's conceptualization of the client's presented issues and concerns
- Counselor's goals and plans for the client in the session
- Interventions used by the counselor during the session
- Assessment of the outcome of applied interventions

- Counselor's discussion of any progress (or lack of progress) observed in the client
- Any recommendations made to the client for homework or referral

If this is a termination session, then a termination summary report should also be completed that overviews the client's presenting problems, status, any observed progress across all sessions, the client's status at time of termination, the reason for termination, and recommendations or referrals made to the client at termination. If any standardized assessment instruments were used as part of the therapy process, then a brief session report should be written for inclusion in the client's file that interprets the results of the assessment.

When incorporating a therapy animal into the counseling process, the counselor must be sure to include relevant information about the therapy animal in the counseling session report. The name of the animal, its species and breed, and its credentials should be included. Describe in the session report specific decisions to include the therapy animal in the counseling session, and discuss in detail what client–therapy animal interactions took place and what animal assisted interventions were used during the session. Finally, the counselor should discuss in the session report his or her assessment of the outcome of the client–therapy animal interactions and interventions. The information regarding client–therapy animal interactions and interventions can be interwoven into the counselor's typical session report; thus, including information relative to AAT requires little additional effort on the part of the counselor.

Program Evaluation and AAT

An important consideration for validating the incorporation of AAT into counseling is evaluating the success of therapeutic intervention. Counseling program evaluation can be accomplished through qualitative or quantitative measures (Heppner, Kivlighan, & Wampold, 1999; Marshall & Rossman, 1999). Quantitative results are preferable over qualitative measures for obtaining measurable and replicable results. Sometimes it is difficult to achieve statistical significance in counseling research because in counseling interventions there is typically a small number of subjects involved, and some of the statistical variance analyses, such as analysis of variance (ANOVA), analysis of covariance (ANCOVA), or multivariate analysis of variance (MANOVA), lend themselves better to a large sample size to achieve statistical significance when only two data collection points are used, such as with the commonly used pretest versus posttest design.

In counseling research, it is better to consider using statistical strategies that are more appropriate for small sample research (Hoyle, 1999). Due to small subject samples typical of research studies in counseling, it is important to analyze clinical significance, or effect size, and not just statistical significance (Kramer & Rosenthal, 1999; Thompson, 2002). Analysis of effect size may produce clinical significance even if statistical significance is not found. Also, a researcher applying a simple pretest versus posttest comparison loses much information about potential client change with this type of two data collection points design. A greater likelihood of measuring change is possible with an intensive design, also referred to as a multiple repeated-measures design, for data collection and analysis. The intensive

design is a linear, individual growth trajectory model and provides more information for analysis, such as individual growth and individual differences in growth across time, compared with measuring individual change with simple observations limited to two time points as in the pretest versus posttest design (Maxwell, 1998; Willett, 1989, 1994). However, an intensive, multiple repeated-measures design does not provide significant benefit over a two-points design (pretest versus posttest) unless at least five to six data points can be obtained (Kraemer & Thiemann, 1989).

Gathering client data across time requires taking repeated periodic measures of the client's behavior. This is not always plausible if the researcher is using lengthy assessment tools or the assessments must be gathered from others who might observe the client, such as parents or teachers. Filming multiple sessions with the client's permission and having independent, trained judges view and rate the recordings for certain behaviors is one way to accomplish repeated measures, but achieving high interrater reliability is often difficult. Another way to gather client data on multiple occasions is to use a quantified client session form with a scale for measuring client change. One example of a session-to-session measure of client change is the Psychosocial Session Form (PSF) developed by Chandler (2005b); a copy is provided in Appendix C for your convenient use. A description of this instrument is provided in the following section.

Numerous social and psychological assessment measures are available that may be appropriate for assessment of client progress depending on a particular therapeutic focus. A useful resource for finding assessment measures includes *Buros Mental Measurements Yearbook* (available at your local college or university library or from Buros Institute of Mental Measurements online at http://www.unl.edu/buros).

Psychosocial Session Form

The PSF (developed by Chandler, 2005b; see Appendix C) is used to effectively measure change occurring as a result of AAT and to determine human behaviors of two types: positive social behaviors and negative social behaviors. The PSF provides three scores: positive social behavior score, negative social behavior score, and a total (overall) behavior score. The test is designed to be completed on a client by a therapist or therapy team at the conclusion of each therapy session. It is a method for tracking client social behavior change across treatment sessions. The amount of a behavior present in a session is rated on a Likert-type scale: 0 (none), 1 (very low), 2 (low), 3 (medium), 4 (high), and 5 (very high).

A Rasch analysis was conducted on the Psychosocial Session Form instrument (with data of 140 participants) evaluating its usability for creating a behavior variable (Trotter, 2006); the analysis clearly indicated that the rated items followed an expected pattern. The analysis supported the ordering (clustering) of rated items. The positive items grouped together along the continuum, and the negative items grouped together along the continuum. The Rasch test–retest internal-consistency reliability yielded values in the high 0.90s, indicating a high degree of score reliability or consistency. A test–retest Pearson correlation of logit score values also yielded reliability values in the high 0.90s. This indicated that the logit score responses were consistent or reproducible for each session (Trotter, 2006). The PSF demonstrated construct validity with trend analysis (ANOVA) of the negative behaviors scores and the positive behaviors scores—as positive behaviors significantly increased across

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12 data points (12 sessions), negative behaviors significantly decreased (Trotter, 2006). Additionally, in the same study, the PSF demonstrated convergent validity by producing, with 12 data points, similar behavior change patterns as pre- and posttest (two-point) comparisons of the Behavior Assessment System for Children (BASC), Self and Parent Reports (Trotter, 2006); that is, positive behaviors significantly increased and negative behaviors significantly decreased across time on the PSF, BASC Self-Report, and the BASC Parent Report (Trotter, 2006). While these validity and reliability measures mentioned here on the PSF are significant and contribute to the establishment of the PSF as a valid and reliable instrument, these measures are limited to one sample (140 elementary and middle school children at risk for academic and social failure) and one study (equine assisted counseling). In another study, Ryan (2010) effectively used the PSF to demonstrate positive change in at-risk youth participating in equine assisted education and counseling at a secondary school (school years 10 and 11) in Bedford, England, Additional studies with additional populations and different treatments would further establish the validity and reliability of the PSF.