Animal-Assisted Brief Therapy

A Solution-Focused Approach

Second Edition

TERI PICHOT
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The one absolutely unselfish friend that man can have in this selfish world, the one that never deserts him, the one that never proves ungrateful or treacherous, is his dog. ... He will kiss the hand that has no food to offer; he will lick the wounds and sores that come in encounter with the roughness of the world. ... When all other friends desert, he remains.

—George G. Vest

While many therapists intuitively recognize the healing power of animals, there is solid evidence to support it as well. Animals’ healing properties have been well researched and used for decades. This chapter provides an overview of the history, research, and current developments in the field of animal-assisted activities and therapy (AAA/T).

A Brief History of AAA/T

Over the course of history, many types of domesticated animals have played significant therapeutic and supportive roles. Animals’ role as human companions can be found in primitive drawings of people and wolves sitting around campfires sketched into cave walls. Ancient Egyptians were buried with cats or other cherished pets so they would be together in the afterlife. Their tomb walls even depicted pictures of pet monkeys and other domestic creatures. In 1976, a tomb of a human skeleton was found in
northern Israel. In it, the skeleton’s hand contained the remains of a puppy (Christiansen, 2007).

The benefits of animals throughout history extend beyond companionship, and history reveals the early beliefs that animals held healing properties. In ancient Greece, dogs licked the wounds of the sick since their tongues were believed to possess medicinal powers (Christiansen, 2007). While horses were used in the 1700s to assist in the therapy of a variety of diseases (Beck & Katcher, 1996, p. 132), the first documented case of animal-assisted therapy (AAT) appears in 1792 at the York Retreat in England (founded by the Society of Friends). Using rabbits, chickens, and other farm animals, William Tuke, a Quaker merchant, noted that animals would “enhance the humanity of the emotionally ill” (Beck & Katcher, 1996, p. 132). This was probably no surprise. Later, Florence Nightingale is credited as the first known clinician to study animals in healthcare. She observed that small companion animals were beneficial to her chronically ill patients (Nightingale, 1860). Throughout history, animals have been observed to improve motivation, self-control, and responsibility, as well as numerous other mental and physical benefits (Beck & Katcher, 1996; Friedmann, Katcher, Lynch, & Thomas, 1980; Sussman, 1985). One of the first formal research studies followed 92 outpatients from a cardiac care unit. They found that patients who were pet owners lived longer than those who did not own pets (Friedmann et al., 1980). Further research confirmed that animals have the ability to act as a social lubricant, increase comfort, and decrease stress, depression, and anxiety in humans (Barker & Dawson, 1998; Brubaker, Lau, San Miguel, & Geisler, 2004; Charnetski, Riggers, & Brennan, 2004; Fick, 1993; Folse, Minder, Aycock, & Santana, 1994; Friedmann, Locker, & Lockwood, 1993; Friedmann, Katcher, Thomas, Lynch, & Messent, 1983; Katcher, 1985; Marr et al., 2000; McNicholas & Collis, 1995; Mcvarish, 1995; Odendaal, 2000; Serpell, 1996; Siegel, 1990; Wilson, 1987, 1991). When reviewing the psychoanalysis literature, one finds that even Sigmund Freud included dogs in his sessions with patients and spoke through the dogs to send therapeutic messages, although not with the same practice standards as therapists use today (Walsh, 2009).

Today, domestic animals are routinely used in a variety of settings, including schools, hospitals, nursing homes, mental health units, physician offices, prisons, and businesses. Therapeutic equine riding programs are becoming more commonplace, as horses are used to improve the physical and emotional health of children and adults alike in the field of hippotherapy. Dogs frequently help physical and occupational therapists with their patients. Fish are often found in doctors’ offices to decrease patient anxiety, and cats, rabbits, and dogs are becoming more frequent visitors to the elderly in nursing homes. Therapy dogs are becoming more common in the role as hospital visitors as professionals better understand and

appreciate the healing powers of the presence of animals. Llamas, dolphins, and cows are even mentioned throughout the literature as playing a valuable role in the field of AAA/T.

The type of animal and the settings in which the animal can make a positive difference are virtually limitless. For simplicity, and to remain within the scope of personal knowledge, this book focuses only on the therapeutic use of dogs in mental and public health settings. I hope that this book will serve as a jumping point for your imagination and encourage you to refer to the reference section to gain additional sources for how to use this foundational information with a variety of other animals.

Why Use Animals?

Physical Benefits

A child’s first pet is frequently a fish. Fish have relatively short life spans and are far less of a responsibility than a dog. Parents often view a fish as an excellent way to begin to teach the lessons of responsibility, as the child learns the importance of feeding, cleaning the bowl, and so on. However, few people put much thought into the health benefits of fish or why one frequently finds an aquarium in waiting rooms in physicians’ offices. Although aquariums have the potential to increase the amount of work required by the staff (people are often unaware of the amount of work the care of a large aquarium takes), the addition of an “aquarium in waiting rooms, treatment rooms, and community areas within institutions has great potential for decreasing anxiety and concomitant physiological arousal” (Sussman, 1985, p. 199). This positive benefit on staff and patients makes the work to maintain an aquarium a good investment.

Since a decrease in anxiety and physiological arousal are frequently observed in humans when animals are present, one commonly researched aspect of this benefit on health is the impact on blood pressure. One study measured the impact of the presence of a dog on the blood pressure of 26 male and female children (average age was 12 years old). It demonstrated that the blood pressure of the children was significantly lower when the dog was present. An important component of this research was that the children did not interact with this dog during the study. The dog’s very presence in the room with the children resulted in the health benefit. The researchers concluded that the dog’s presence changed the children’s perception of the setting, thereby resulting in decreased anxiety and lowered blood pressure (Friedmann et al., 1983).

If the mere presence of fish and a dog can have that much impact on those around them, imagine the power of an animal that interacts with clients, for the power of touch only further enhances the health benefits (Upton, 2005). When an animal is present, people are frequently seen smiling and
inviting the animal to touch them by offering an outstretched hand. There is the desire by many to interact. This touch is known to decrease an individual’s “anxiety and physiological arousal and can have important health effects” (Sussman, 1985, p. 199). Not only can petting a dog lower a person’s blood pressure, but also it has been known to ease some forms of pain (Davis, 2002; Shoshana Shiloh, Sorek, & Terkel, 2003).

In addition to benefits from casual interaction with an animal, the research is rich with the health benefits associated with dog ownership. Dog owners are more likely to take walks and engage in other forms of physical activity (Cutt et al., 2008), and 95–99% of dog owners who participated in one study considered interactions such as petting, grooming, walking, communicating to, and playing with their dogs as positively impacting their general health (Upton, 2005). Raina and Fellow (1998) conducted a study to determine if pet ownership was associated with lower use of health care. While their study did not find that pet owners received fewer services, they did discover that those who owned pets and required hospitalization required shorter hospital stays on average (8.0 days compared to 13.0 days for those who did not own pets). They concluded that pet ownership provided a valuable coping resource that enabled the elderly to more effectively deal with life stressors rather than having to enter or remain in the health system as frequently as those who did not own pets. Other studies have even shown longer survival in those who owned pets (Mugford & M’Comisky, 1975).

However, not everyone who loves animals can or wants to own a pet. Animal-assisted activities (AAA) and AAT are a viable way for pet owners and those without pets alike to benefit. For example, the positive physiological response that occurs during human–animal contact has been noticed by the medical field, and therapy dogs are frequently used in physical and occupational therapy. Macauley (2006) cited six studies investigating the effects of AAT in speech and language treatment. Participants reported more motivation when the therapy dog was incorporated into their session. When patients were asked to direct their conversations toward the dog, patients demonstrated increased effort and more spontaneous vocalization as compared to traditional speech and language sessions. In addition, patients also stated they felt less tension during their visit when the therapy dog was present. In another study, Mullett (2008) described a dog named Pita who would respond with a bark to the words cow and squirrel, thereby motivating patients to better articulate these words. Mullett explained that for some patients a therapy dog can offer the right amount of entertainment, humor, and distraction needed, resulting in the patients working harder and for longer periods of time.

While many of the health benefits have been documented in research, others remain anecdotal due to the difficulty of measuring and reproducing the exact cause of the health change. Although these accounts frequently
lack the rigorous testing that research provides, they include testimony from medical professionals that there is no other known explanation for the health improvements. They are found throughout the literature and are frequently told as firsthand accounts by those who work or volunteer with their animal partner (Pichot, 2009b). They serve to demonstrate the strong connection between one’s physical and mental well-being. Such accounts include a therapy dog’s touch awakening patients from a coma (Crawford & Pomerinke, 2003, pp. 11–12), as well as other unexplained sudden improvements in otherwise-terminal conditions (pp. 20–21).

Mental Health Benefits

The majority of people own pets not for the physical benefits, but for the social and mental health benefits. Of those, companionship is the most researched aspect. Owning a pet leads to “decreased loneliness and increased psychological and physiological health” (Sussman, 1985, p. 198). Sussman went on to state that “pets can decrease owners’ depression, anxiety, and sympathetic nervous system arousal” (p. 199). People have a special kind of relationship with animals that can rarely be found with human companions. Animals have a way of accepting without judgment; they do not condition their love and affection, and they are able to quickly forgive injustice. These animal traits make relationships with animals less threatening than those with people (Sussman, 1985, p. 198). In a world in which human interaction can at times be stressful, demanding, and riddled with misunderstandings, animals have the ability to give humans an emotional break. They have the ability to just “be.” They seek companionship, yet are not emotionally demanding. Their desire to fall asleep next to their owners, notice when situations are distressing, and respond with affection can serve as a source of comfort and companionship. In addition, the responsibility of owning a pet can promote good health by giving a sense of responsibility, purpose, and self-worth.

These can be extremely valuable benefits for the elderly or those who find themselves in the position of having to redefine their purpose in life (Garrity, Stallones, Marx, & Johnson, 1989; Upton, 2005). This point was substantiated by Upton’s 2005 study, which found that dogs can have a two-fold benefit: They not only can be a catalyst for positive lifestyle change but also can offer and strengthen useful protective factors such as relieving stress, increasing self-esteem, and negating depression. This study further found that the older participants in this study considered that their dogs contributed greatly to their overall well-being.

In children, the benefits include an important role in the development of such vital characteristics, including responsibility, competence, self-esteem, trust, the ability to connect cause and effect, and feelings of empathy. Children frequently view a family pet as a peer and as having a common
status within the family system (Sussman, 1985, p. 76). This role benefits the child by allowing the pet to be not only a playmate but also a confidant (frequently sharing secrets and dreams that are not told to adults). The pet provides a safe relationship in which imagination can flourish and social skills can be developed and practiced. To many children, the family pet is their buddy and best friend. In addition, pets are frequently children’s first experience with death and loss. Although this can present a challenging teaching experience for the parents, the loss of a pet provides them with a wonderful opportunity to teach children about the cycle of life, the role of grief, and how to begin to confront the concept of mortality.

Because of the rich learning environment that animals offer for both educational and social development, school systems frequently incorporate animals into the class settings through the use of class pets (usually small, low-maintenance pets such as rabbits, fish, etc.). Teachers have learned that many of the benefits of pet ownership are transferable to those who are only able to visit with a pet at school. This allows the professionals to purposefully use the benefits of pet ownership to assist and teach those who do not have a pet of their own. In addition, these class pets provide a more structured opportunity for object lessons that can be readily controlled and initiated by the professional. This important tenet is at the foundation of AAA/T: Many of the benefits of pet ownership can be reaped by those who can only visit for a short period with a pet.

The Use of Animals in Professional Settings

There are two distinct ways that animals are used in professional settings. We explore these two ways in depth in this section. However, as in any profession, strict standards and ethical guidelines exist, and therapists who use animals should be aware of and abide by these standards. Regardless of how the animal is being used, the following standards are considered to be necessary for good practice:

1. No person (client, staff, visitor) shall be forced to have contact with an animal.
2. A facility shall have written policies and procedures in place before introducing an animal.
3. Animals and handlers shall be screened before participation in a program.
4. Clients will be screened for contraindications before an animal is introduced.
5. The rights of those who wish to have no contact with an animal shall always be respected.
6. No client or visitor is ever left alone with an animal.
7. At all times the rights of the animals shall be respected and ensured. This includes humane treatment, protection from undue stress, and availability of water and exercise areas.* (Delta Society, 1997, introduction p. 2)

In addition, the following code of ethics is in place for personnel who engage in AAA/T:

1. Animal-Assisted Activities and Animal-Assisted Therapy Personnel will perform duties commensurate with their position and training.
2. Animal-Assisted Activities and Animal-Assisted Therapy Personnel will abide by the professional ethics of their respective professions and organizations.
3. Animal-Assisted Activities and Animal-Assisted Therapy Personnel will demonstrate a belief and attitude of reverence for all life.
4. Animal-Assisted Activities and Animal-Assisted Therapy Personnel will, at all times, treat all, the animals, the people, and the environment, with respect, dignity, and sensitivity, maintaining the quality of life and experience for all involved.
5. Animal-Assisted Activities and Animal-Assisted Therapy Personnel will be informed and educated on the aspects and issues related to Animal Assisted Activities and Therapy.
6. Animal-Assisted Activities and Animal-Assisted Therapy Personnel will demonstrate commitment, responsibility, and honesty in all phases of their activities.
8. Each individual and organization will establish or adopt written guidelines to assure a quality program. All programs need to be continuously evaluated and, when appropriate, improved to assure quality standards and service.† (Delta Society, 1996, p. vii)

Animals can be used in two distinctly different ways in professional settings: animal-assisted activities (AAA) and animal-assisted therapy (AAT). The following sections explain the differences between these approaches.

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Animal-Assisted Activities

The following is the formal definition of AAA:

Activities that involve animals visiting people. The same activity can be repeated with different people, unlike a therapy program that is tailored to a particular person or medical condition. AAA provide opportunities for motivational, educational, and/or recreational benefits to enhance quality of life. AAA are delivered in a variety of environments by a specially trained professional, paraprofessional, and/or volunteer in association with animals that meet specific criteria. (Delta Society, 1997, p. 79)

AAA is a broad category of activities and is frequently described as a “meet-and-greet” type of interaction that can be repeated from individual to individual with no specific treatment goal for the individual clients. A common form of this type of activities is when dog-and-handler teams visit with patients in hospitals or nursing homes. The animal–handler team moves from patient to patient, allowing the opportunity for each patient to meet the animal and to spend a few minutes interacting. The interaction can take as long as is desired. In this type of interaction, the facility has prescreened the patients for appropriateness of AAA and has usually informed the handler of who would like visits. Interactions are spontaneous in nature.

Although an expected benefit exists for the individual clients who are receiving a visit during AAA, no treatment plans have been formulated, and change is not prescribed or documented. While the handler and animal must have completed some type of formalized behavioral and health screening to evaluate the team’s safety and skill, the handler is frequently a volunteer working with his or her animal due to the lack of specific professional training that is required for this type of interaction. (However, a professional can serve as the handler for AAA as well.) Although no specific goals exist for the individual clients, there are specific goals and expected benefits for the general environment when using AAA. Common environmental goals are as follows:

1. Change the power differential between professionals and clients
2. Increase the general comfort level of clients
3. Encourage clients to focus on a positive activity
4. Assist clients in focusing attention on an external source

Change the Power Differential Between Professionals and Clients  When an animal is present, otherwise assumed boundaries between people tend to become less observed. People tend to feel more comfortable making casual conversation with a stranger who is walking a dog. Even people who normally rigidly keep to themselves and do not talk to strangers in public
settings are more likely to smile and say hello to a stranger walking a dog. The research supports that the “presence of a pet attracts attention to the person, predisposes the observer to respond positively to him or her, and then provides an occasion for a safe and neutral comment” (Sussman, 1985, pp. 16–17). Even gender does not seem to be a factor in the phenomenon. Sussman stated that both men and women are perceived as more approachable when with a pet. In addition, they are much more likely to be greeted, engaged in longer conversations, smiled at, and so on, when with a pet (p. 17). This can serve a valuable role for therapists.

When an animal is used in AAA, clients who would normally not interact become more talkative and initiate contact. When a therapist uses AAA, it can serve as a “social lubricant” (Fine, 2000, p. 181). The therapist can either be a handler and use an animal partner in an AAA fashion to encourage clients to feel more comfortable talking to him or her or can use a volunteer handler–animal team to work within common areas or waiting rooms to stimulate light conversation. In either fashion, clients have started to talk and become more comfortable interacting with each other and with professionals. This conversation can then be channeled in a purposeful direction at a later time.

Last, effective handlers tend to squat by their animal partner or sit on the floor during interactions with clients. (Alternatively, a handler might lift a small animal to his or her lap, ensuring that both handler and animal are on the same level.) This position is important to support the animal as well as to ensure safety during the interactions. This change in positions results in a more relaxed environment than the traditional stance. This more informal position is extremely powerful when the therapist is also in the role as the animal’s handler. The clients then benefit from the more casual conversation and position prior to formal work beginning.

Increase the General Comfort Level of Clients Clients frequently feel uncomfortable in new settings or due to the circumstances in which they find themselves. Because of the social lubricant factor that AAA provides, clients soon find themselves chatting comfortably with previous strangers about neutral subjects such as current or previous pets, animal-related television commercials or movies, and the like. These conversations often result in happy memories or funny stories, which lead to smiles, laughter, and other light conversation. Even clients who are not directly involved in the animal interaction frequently have difficulty holding back a smile as they watch the visiting animal perform tricks, or they see a toddler squeal with delight at a dog’s wet nose or soft fur. Staff and clients frequently laugh together and share lighthearted experiences, thereby lessening the discomfort and apprehension the clients once held. The environment can not help but be transformed.
Encourage Clients to Focus on a Positive Activity  As the animal-related activities unfold in the environment, clients’ attention is focused on a pleasant activity. Clients who were initially angry about having to wait, those who have to deal with a cranky child, or those who are having a bad day now find themselves focused on something more positive, whether it is an animal-related story or simply observing the animal interacting with others. It catches clients’ attention and redirects that attention to something more positive. It is powerful to witness an angry client sit in a waiting room (withdrawn or glaring at staff) as an animal–handler team enters the area. The expression on the client’s face quickly changes from anger to curiosity. Frequently, the client soon engages in interacting with the animal–handler team, and those around the client would never know he or she was previously upset. This brings us to our fourth environmental goal.

Assist Clients in Focusing Attention on an External Source  Understandably so, our clients are frequently absorbed in their own problems. These problems may be causing them emotional or physical distress and thereby demand all of their attention. Unfortunately, many of our clients’ problems only worsen with continued attention (i.e., worry, anxiety). Combine this with the discomfort that clients frequently feel about coming to talk to a stranger about these problems. This can make our waiting rooms and common areas heavy and depressing areas to visit. This is precisely where AAA can be just the approach that is needed. When an animal–handler team enters such an area, attention is drawn immediately from the clients to the animal. The animal distracts the clients from needless worry by providing an external focus. This, combined with the other previously discussed environmental goals, provides an excellent way to shift the focus and pleasantly pass the time until it is time to work with the professional to address the client’s need. This shift in focus frequently provides immediate relief from low-level worry, anxiety, and depression, allowing the client to have a more productive emotional outlook for the upcoming session.

AAA programs can be designed with specially trained, internal staff and their pets (in a resident handler/dog model such as we use in our program) or with volunteers who visit at designated times with their pets. Regardless of which model is employed, the marked changes to the environment that AAA produces have an impact not only on the clients but also on the staff. These environmental goals are frequently achieved in everyone. As Sussman (1985) wrote, “The presence of pets can lead to significant improvement in staff morale, which can eventually improve staff-patient relations and care” (p. 199).
Animal-Assisted Therapy

The following is the formal definition of AAT:

AAT involves a health or human service professional who uses an animal as part of his or her job. Specific goals for each client have been identified by the professional, and progress is measured and recorded. AAT is a goal-directed intervention in which an animal meeting specific criteria is an integral part of the treatment process. AAT is delivered and/or directed by a health or human service provider working within the scope of his or her profession. AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning. AAT is provided in a variety of settings and may be group or individual in nature. The process is documented and evaluated.* (Delta Society, 1996, p. 79)

AAT is used in health care by physical, occupational, and speech therapists for a variety of goals. For example, a speech therapist might use a dog to encourage a child to increase vocalization or enunciation. The child might be asked to give the dog commands, such as “sit” or “down.” The dog rewards the child’s vocalizations by complying with the request. At the beginning stages of this goal, while the child’s enunciation is poor and the dog might not understand the command, the handler might stand behind the child facing the dog and give the hand signal for the command that the child has given to encourage the child’s efforts. This assistance by the handler would only be done on direction from the speech therapist, when he or she has determined that this type of encouragement would be therapeutic for the child.

An occupational therapist might use a dog to increase a patient’s fine motor skills. Oakley and Bardin (1998) described animal-assisted occupational therapy with a child as a process in which the “occupational therapist conducts the therapy session using the dog as a modality to facilitate the development of skills needed by the child to achieve independent functioning in the areas of self-help, play and learning.” For example, the patient might be encouraged to brush the dog’s coat as the dog lies patiently on the floor. This task requires that the patient hold onto the brush and control his or her arm movements. The dog reinforces the patient’s efforts through the dog’s presence and enjoyment of the activity. The patient can take periodic breaks to pet the dog (which also requires arm and hand control). Other therapeutic activities might include holding the dog’s leash to walk the dog around the room, assisting in food/water preparation, or

* Reprinted courtesy of Delta Society.
throwing a toy for the dog to retrieve. All of these activities could be part of a treatment plan for increasing use of affected extremities, crossing midline, increasing fine/gross motor skills, increasing strength and endurance, and more. The use of a dog in these exercises significantly increases the patient’s enjoyment and thereby increases motivation and effort.

Although used less widely than in recent years, mental health therapists can also benefit from the assistance of a therapy dog. For example, a dog might be used to assist with a child who has difficulty with empathy. In this case, it might be most helpful for there to be a separate therapist and handler to maintain greater control over the situation. (This is a helpful strategy any time a client might have quick, unpredictable movements.) The therapist can work closely with the child to talk about the dog’s feelings, discuss how the dog might like to be treated, practice some appropriate petting, and explore the dog’s response to the child’s interaction, while the handler is present to move the dog as appropriate to ensure the dog remains safe while the child learns. If the parent is present, this can afford a wonderful opportunity for the therapist to respectfully demonstrate how the parent can teach empathy to the child by using the dog. The therapist can then explore with the parent other real-life situations he or she can use to teach the child empathy in a safe fashion.

In addition, therapy dogs can be incorporated into mental health treatment plans to increase self-esteem, self-confidence, self-control, and interaction; brighten mood; address grief and loss; improve reality orientation; encourage eye contact and verbalization; improve ability to express thoughts and feelings; improve cooperation; and much more. For example, a child who is having difficulty with self-esteem and therefore initiates minimal interaction with those in the surroundings might benefit from interactions with a therapy dog due to the unconditional love most animals exude. The therapist could speak for the therapy animal during the session, giving words to the animal’s interactions, such as, “He really likes you. He wants you to pet him.” Not only do most children find a dog’s request for attention irresistible, but also this helps the client to understand the animal’s intentions and serves as an invitation for further therapeutic conversation. AAT is best thought of as another tool that the therapist can use to design effective treatment plans for clients. It is limited only by the therapist’s imagination and the therapy dog and handler’s skills.

It is important to mention that not every dog is appropriate for every situation or treatment plan. A therapist must be attentive to and respect a dog’s comfort level and ability to ensure safety for everyone involved. In addition, a therapist must carefully consider if it is best to design the intervention with a separate handler to work with the dog or if the therapist has
the ability and attention of the given client to effectively attend to both the dog and the client (a much more challenging and not always possible task). Similar to every other therapist intervention, each situation is unique and must be individually evaluated and designed. Although it can be tempting for a therapist to bring his or her therapy dog to work to be a part of the day’s agenda, it is crucial that the therapist carefully evaluate each client and session the dog attends as well as the clinical appropriateness of the dog as a part of that intervention. A therapy dog should not be present simply because it is convenient for the therapist or because it “won’t hurt,” just as a therapist should not use any other therapeutic tool without purposefulness and design.

**Common Values Between AAA/T and Solution-Focused Therapy**

Any time a therapist combines two fields of discipline, it is wise to take a few moments to ensure that the core values of the fields are compatible. Overlooking this crucial step can lead to incongruence in one’s work and negative fallout for the clients. In this section, we briefly explore the commonalities between the values of solution-focused therapy (SFT) and AAA/T. The following are their common values:

1. Respect for life and change
2. Respect for culture and everyone’s unique way of viewing the world
3. Belief in hearing and respecting the wisdom of those with whom we are working
4. Belief that the interaction should always be purposeful and with the end result in mind
5. Belief that partnership is the most effective strategy
6. Belief that small steps can make a big difference

*Respect for Life and Change*

As solution-focused therapists, respect for life and change is at our core. Without this respect, there would be no point in working for change with clients who have many times already lost hope that this change is even possible. It is our belief that all life is worthwhile that propels us forward to be curious about what change a client desires (albeit dependent on a miracle). It is this respect for life that allows us to see possibility when clients describe the toughest circumstances. It is this same belief that makes us curious what difference a dog could make in a client’s life. Dogs are amazing creatures, and the changes in strangers and passersby that are frequently observed during day-to-day activities cannot help but make one curious and tap into the respect for life and change.
Respect for Culture and Everyone’s Unique Way of Viewing the World

Solution-focused therapists believe that every client is unique. It would be erroneous for us to assume anything about a client based on his or her culture, gender, and so on. We must listen carefully and ask respectful, well-worded questions to really understand the heart of another human being. Furthermore, we must wish to understand and be curious about what we will learn as a result. It is only through this listening and curiosity that we can understand the client’s desires, hopes, and solutions. In working with animals, it is important to remember that each animal is unique. Dogs have a culture, a way of thinking and behaving, and a way of communicating that are uniquely theirs. In addition, each dog communicates in his or her own way low-level warning signs that something needs to be changed. It is not only disrespectful to put our way of thinking onto them but also unsafe for clients. Unless we really understand and respect the animal’s unique way of interacting and communicating, we may miss early warning signals of discomfort in a situation. When this happens, the dog then needs to communicate progressively “louder” in an effort to better communicate to us. If the signals are still ignored, they may ultimately communicate in the only other way available to them: with their teeth.

Belief in Hearing and Respecting the Wisdom of Those With Whom We Are Working

Solution-focused therapists believe that the clients are the experts on themselves. While the therapist remains the expert on the change process and on asking excellent questions to facilitate change, the therapist can never know what is best for the client. The belief in the client as expert results in a stance of curiosity rather than censor when clients do unexpected things. Because he or she trusts the client’s wisdom, the therapist explores unanticipated changes in behaviors or perceptions in the favorable context of the client’s desired solution.

We have repeatedly observed and heard stories of therapy dogs communicating things to their handlers that the handlers would have otherwise missed. It would be unwise for those communications to go unnoticed. For example, a dog may suddenly refuse to lie down in a group of children due to the handler consistently missing that the children frequently step on his tail. By exploring the possible reason for the apparent disobedience, the handler learns to better protect the dog’s tail from children’s feet. Once the dog feels assured that the handler will protect his tail, the dog is able to relax and obey with confidence.

Belief That the Interaction Should Always Be Purposeful and With the End Result in Mind

Solution-focused therapy is purposeful in all interventions. The therapist begins by assisting the client in clearly describing and defining the
details of the desired outcome (through the use of the miracle question). It is through this clear description of the desired outcome that all work takes place. Scales serve the purpose of continuously evaluating the client’s progress toward the goal, while leaving room for the goal to be modified as needed throughout. Similarly, AAA and AAT must have clearly defined outcomes, whether it be for the environment or for the individual clients. While AAT has much more defined treatment plans that are continuously monitored and recorded, AAA also has general goals and is not done without thought or careful reevaluation to ensure that the desired outcomes are met. Policies and procedures are required to ensure purposefulness and to design a program that best meets the needs of the clients.

**Belief That Partnership Is the Most Effective Strategy**

Solution-focused therapists hold a strong belief that their role is to work with clients to assist the clients in creating change. The therapist is in a partnership role rather than an expert role. Through questions, the therapist assists the client to determine what outcome is desired, what change strategies have been most effective, and what changes would bring the desired outcome in this situation. The therapist never pushes from behind or leads from ahead. I often think of the analogy of a tour guide walking beside a client down a trail, asking the client lots of questions to assist the client in taking desired paths as he or she comes to forks in the road. The therapist could never make good decisions for the client since only the client holds the answers. However, the client makes better decisions when gently challenged by the therapist’s questions. In working with a therapy dog, the dog is viewed as a partner, no more or less important than the human partner. The dog is able to make changes in the environment and clients that the handler could never do, and the dog could never make the changes without the training and opportunities that the handler provides. It is truly a partnership in which the abilities of both are enhanced by the presence of the other.

**Belief That Small Steps Can Make a Big Difference**

Solution-focused therapists believe that no step is too small, and that it is the culmination of all of the client’s steps that results in the client’s goal. In fact, it is often because clients overlook the small steps they have already taken that they lose hope and forget the wealth of knowledge that they already have. Once they remember and give themselves credit for these small steps, they regain their footing and continue toward their solutions. Similarly, it is the small things that occur during an AAA/T interaction that make incredible differences in clients’ lives: the change in the environment when a client simply sees a dog walk by, a touch by a soft muzzle, the wag of a tail. All of these things lift spirits, bring a smile, change a client’s outlook, and give hope.
Summary

Animals have an amazing impact on humans. There is a connection between people and animals that is powerful when used in the helping professions. Clients often gain motivation, hope, or joy from animals in the face of incredible life obstacles. When used in a purposeful way within the scope of AAA/T, therapists and agencies can benefit from this human–animal bond while maintaining credibility within the community and within their profession. Chapter 4 describes many of the hurdles professionals face when implementing AAA/T programs and explains ways to overcome these. First, an overview of SFT is provided in the next chapter.