

Incorporating Animal-Assisted Interventions in Therapy With Boys at Risk

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Harvey was removed from his parents' custody and spent most of his developing years in the Child Welfare System of New York State. He spent time at various residential facilities and was bounced in and out of foster care. After being expelled from eight schools by the age of 9, Harvey was sent to the residential program Green Chimneys. He described himself at that time as short-tempered and disruptive. Once he arrived at Green Chimneys, Harvey refused to talk to anyone, especially the staff and therapists. However, Green Chimneys had one attraction that seemed to be the most enticing to Harvey, the animals. He soon realized that the only way to gain access to these animals was by interacting with the staff, to ask for help and permission. "That started a kind of chain reaction. The more I communicated with the staff, the more time I could spend with the animals. Although the therapists did help me, I got more comfort from the interaction with the animals, and, on some level, I felt we had something in common. It was important to recognize that animals have feelings and that they were at Green Chimneys for the same reason I was, to get better." From his experience in working with Laddie and a few of the other animals at Green Chimneys, Harvey now thinks about a positive future. His relationships with animals opened up new doors for him. They supported him to realize that he was a worthwhile person that could be loved. (Fine & Eisen, 2008, pp. 113-114)

UNDERSTANDING THE HUMAN-ANIMAL BOND

The unique bond between humans and animals, and its powerful impact on human well-being, has been documented for hundreds of years (Serpell, 2006). Many theories have been proposed to explain why people adore being around animals. One widely accepted hypothesis stems from attachment theory. Bowlby (1969, 1980) formulated that the biological function of attachment is that of protection. It seems logical that this theory, which has often been attributed to explaining parent-child relationships, would also apply to our understanding of the human-animal connection. Barba (1995) suggested that the roles humans play in relation to their pets often parallel the roles played in relationships with humans, especially the dyad of child and parent. In a similar fashion that young children rely on their parents, scholars believe that pets must depend on their human companions for continual care. It is quite simple to observe this phenomenon in our homes, where many people find themselves caring for and doting upon animals. Often, pet owners treat their animals, especially those with infantile features, as their own babies (Fine, 2008). In fact, it isn't uncommon to find pets sleeping in our bedrooms, going on family vacations, and even having events celebrated in their honor.

Pet owners commonly view their relationships with animals in humanistic terms. Many seem to develop anthropomorphic attitudes toward their pets, projecting onto the animals their own human feelings, motives, and qualities, and often perceiving pets as substitutes for other people. McNicholas and Collis (2006) view our relationships with animals in the context of social supports. They noted in their research that it often appears easier for humans to bond with animals than with other humans. Unlike most humans, pets are typically indifferent to their human companions' material possessions, status, well-being, and social skills. It is possible that pets can provide an escape from the strains of human interaction.

THE ROLES ANIMALS HAVE IN THE LIVES OF CHILDREN

The literature is filled with data that suggest and support that animals can promote human physical and emotional wellness simply by being part of our lives. Companion animals have supported humans in many ways and have generated numerous psychosocial benefits (Hart, 2006; McNicholas & Collis, 2006). Evidence suggests that pets tend to protect their human companions against stress, act as a social catalyst for human interaction, provide social support, and aid in initiating and sustaining conversations (Hunt, Hart, & Gornikiewicz, 1992; Messant, 1984). In regard to children, pets have been found to play various roles including

friend, confidante, or even family member (Lookabaugh Triebencher, 2000). In reviewing the literature, there does not appear to be strong evidence documenting any significant differences between the way boys and girls positively relate and respond to pet companions (G. Melson, personal communication, August 12, 2009). This conclusion is supported by a study conducted by Kortschal and Ortbauer (2003) that found no gender differences in ways children interacted with a dog in a classroom. They did find, however, that behavior changes in the presence of the dog were more pronounced for boys than for girls. Yet, the literature is filled with research that does perhaps illustrate one major distinction between genders—as it pertains to animal cruelty and abuse. The literature appears to suggest that, with boys, interactions with animals facilitates decreased levels of anger and, as a result, decreased violence or aggression. Decreased violence has been suggested to have a correlation to increased empathy (Lindsay, 2007). The combination of decreased aggression and increased empathy helps to combat patterns of animal cruelty and abuse in boys.

Both boys and girls often describe companion animals as siblings and cast them in a sibling role, according to a study conducted by Bryant (1986). The language used by the children to describe interactions and time spent with the pet was very similar to that used to describe interactions and time spent with peers and siblings (Melson, 2001). Only children or youngest siblings often assigned the pet the role of a younger sibling. These children spent significantly more time interacting with and caring for the pet than children who had younger siblings (Melson, 2001). The child took on the role of the leader and teacher of the pet, just as if it were a younger sibling.

Children often engage their pets as confidantes, beginning at a very early age and continuing into adolescence and adulthood. Many young children sincerely feel that their pet understands them and actually communicates back to them. As they grow older, children realize their pet is a being capable of feeling and communicating, even if these exchanges are nonverbal (Myers, 1998). Children confide many different feelings to their pets, ranging from anger and sadness to happiness. They recognize that the animal is able to handle full disclosure while remaining an uncritical and accepting audience capable of listening intently and keeping a secret. Additionally, it has been shown that children who are significantly involved with their pets show more empathy and are more skilled at predicting the feelings of others in certain situations (Bailey, 1987; Bryant, 1986; Melson & Fine, 2006; Melson, Peet, & Sparks, 1992).

Beyond playing the role of younger sibling or secret keeper, pets serve as a constant friend and social support for children. In one study, children ranked their dogs among those included in their "top five important relationships," while others labeled their pets as "my best friend" and expressed that their pet would be there "no matter what" (Furman, 1989). The idea that a pet will always be there is a comforting one to a

child, especially a child who may be going through difficult transitions such as starting at a new school, moving to a new neighborhood, or coping with some kind of change in the family structure. It has been found that many children will seek out their pet when they feel sad or upset because the pet is always available and doesn't demand reciprocity for its support (Collis & McNicholas, 1998).

Another important benefit pets may afford children is being an emotional buffer to help cope with a stressful environment or relational difficulties. According to Strand (2004), children who have pets in their homes often turn to them for comfort during high-stress situations, such as parental discord. Children who are able to use their pet interaction as a "buffer" or a self-calming technique may exhibit fewer behavioral problems because they have an outlet to help them regulate reactions to environmental stressors. Additionally, the pet provides the constant nurturing and acceptance needed to facilitate healthy coping skills, even in difficult times (Strand, 2004).

Pets also provide an excellent learning tool. They are used in homes to teach responsibility and nurturing. Martindale (2001) suggested that it is in this area that we may see a unique benefit of companion animals for boys. Pets are often the only source for nurturing others available to boys in which they are not accused of diminished masculinity because they are performing a caring behavior. Taking care of a pet is free of gender stereotypes. It is just as appropriate, both among children and adults, for a male to care for a pet as a female. When children ages 4 to 7 were asked who would be most appropriate to care for a baby or small child, pictures of "mommies" (adult females) were the resonating answer. Pictures of adult females were also chosen as appropriate caregivers for the elderly. When it came to who should care for animals, however, pictures of both males and females were chosen almost equally (Melson & Fogel, 1989).

Additionally, a family pet provides ample opportunity for a child to experience the calming effects of touch, which is thought to be important at all stages of development (Bowlby, 1980). This could be particularly important for boys, who may not be treated as affectionately or taught to be as affectionate as girls. This is extended one step further when addressing boys at risk. For boys who are being raised by a single parent, or a parent who is not available regularly, perhaps because she is working two or maybe three jobs, or young boys who are removed from their home situation due to trauma and abuse histories or because they exhibit delinquent behaviors, touch from these animals may have increased importance due to the limited amount of human touch available.

When addressing the link between animals and boys, the majority of the literature focuses on the negative associations, namely, the link between animal abuse as a child and how it relates to violence as an adult. Several studies, such as those conducted by Bell (2001), Patterson-Kane and Piper (2009), and Ascione and Shapiro (2009), have illustrated that

children who abuse animals are prone to crime and domestic violence. Attention has also been given to the correlation between child abuse and animal abuse.

For some time, researchers have focused on the association between violence toward animals and violence toward humans. Ascione (1997) suggested that the development of empathy might play a role in this behavior. Furthermore, low levels of empathy correlate with high levels of aggressive behavior. As it relates to the difference between boys and girls, studies have shown that girls show more empathy for others than boys (Hastings, Zahn-Waxler, Robinson, Usher, & Bridges, 2000). Thompson and Gullone (2003) administered the Children's Treatment of Animals Questionnaire (CTAQ) to 25 boys and 36 girls to try to determine if there were significant gender differences in regard to their attitudes and behavior toward animals. They found that boys scored significantly lower on their measures of empathy, as expected, but the CTAQ did not suggest any significant difference between boys and girls and their ideas regarding humane behavior toward animals. These findings suggested that humane behavior and cruelty toward animals could be independent from, rather than opposite of, each other.

Whether or not one focuses on the positives or the negatives, there is no denying that companion animals play a large role in the everyday lives of children. In regard to pro-social behaviors, pets seem to positively affect both boys and girls equally. When looking at animal cruelty and abuse, the negative relationship between boys and animals is more pronounced. Nevertheless, it is obvious that companion animals are influential beings when it comes to children and how they relate to their environment.

ANIMAL-ASSISTED INTERVENTIONS

Lajoie (2003) suggested that over 12 different terms are in existence today to describe therapy that incorporates animals into the treatment process. Terms such as *pet therapy*, *animal-facilitated counseling*, *pet-mediated therapy*, and *pet psychotherapy* have commonly been used interchangeably. Nevertheless, the two most widely utilized terms are *animal-assisted therapy* and *animal-assisted activities*. Both terms could be classified under the rubric of animal-assisted interventions.

The Delta Society's *Standards of Practice for Animal Assisted Activities and Therapy* (1996) defined animal-assisted therapy (AAT) as an intervention with specified goals and objectives delivered by a health or human service professional with expertise in using an animal as an integral part of treatment. Whether provided in a group or individual setting, the Delta Society reported that AAT promotes improvement in physical, social, emotional, and cognitive functioning. For example, to help a client deal with issues of touch, a therapist may use the holding of a rabbit as a strategy to open up a discussion about that topic with

the child. The animals used in AAT range from goldfish in aquariums to horses in fields, and many others in between.

In contrast, animal-assisted activities (AAAs) occur when specially trained professionals, paraprofessionals, or volunteers accompanied by animals interact with people in a variety of environments (Delta Society, 1996). In AAA, the same activity can be repeated with many different people or groups of people; the interventions are not part of a specific treatment plan and are not designed to address a specific emotional or medical condition, and detailed documentation does not occur. The familiar sight of volunteers taking their pets to visit patients at an assisted living facility meets the criteria for AAAs.

ANIMAL-ASSISTED INTERVENTIONS WITH YOUTH

Animal-assisted interventions (AAs) can be applied in numerous settings with therapists who utilize diverse theoretical orientations. However, there needs to be a plan on how the AAI can be best incorporated. Fine (2006) advised that clinicians consider using a simple problem-solving approach as they begin to conceptualize how they would apply AAI with their patients. The questions that therapists should consider are the following:

1. *What benefits can AAI provide this client?* This rhetorical question needs to be considered clearly. How can animals in a clinical environment or a specific situation complement the ongoing therapy and make a difference?
2. *How can AAI strategies be incorporated within the planned intervention?* The clinician needs to consider how AAI fits into the overall treatment objectives, goals, and programs. This integration of AAI into the overall context of therapy is extremely vital. Unfortunately, some professionals neglect to problem-solve how to integrate AAI into the overall treatment, and the overall efficacy of the intervention is weakened. Fine (2006) believes that without making the necessary plans for integration, the generalization and transfer of the behaviors being focused upon is limited.
3. *How will I need to adapt my therapeutic approach to incorporate AAI?* This suggestion needs to be strongly considered. The interactions between the therapist and the animal should be fluid and seamless. Therefore, the clinicians must feel comfortable with how animals will work alongside them to make an impact on the treatment.

The following section will act as a brief description of the general strategies that should be considered when incorporating AAI. This introduction will be followed by more in-depth ideas of how to apply strategies with youth and, more specifically, boys.

Strategy 1: Animals Acting as a Social Lubricant

Fine (2006) stressed that animals can act as a social lubricant in a variety of settings. They can effectively ease the stress of the initial phase of therapy, act as a link in conversation between therapist and client, and help establish trust and rapport between patient and clinician. The mere presence of an animal can also give clients a sense of comfort, which further promotes rapport in the therapeutic relationship. A calm animal may also act as a signal of a safe environment. Since clients often view animals as an extension of the therapist, an animal may ease tension and serve as an icebreaker when greeting clients with warmth and enthusiasm.

Fawcett and Gullone (2001) suggested that youth with conduct disorders, who often attribute negative thoughts and feelings to those around them, could begin to form a positive bond with a therapist in the presence of a therapy animal. It is suggested that the therapist becomes a benign presence because of the animal. This is especially true when dealing with boys who, either by nature or nurture, have a predisposed sense of *machismo*, making them traditionally more guarded against assistance and less open to traditional therapeutic intervention. However, when the animal is used alongside a therapist, boys seek out excuses to spend time with the therapist. The presence of the animal, in turn, enables the therapist to interact more frequently with a client, increasing the chance of a strong client-therapist bond. Chandler (2001) and Fine (2006) surmised that the animal helps create a trusting environment by decreasing anxiety and tension during the session, especially when addressing some of the more challenging issues faced in the therapeutic process.

The following is a brief example of how any well-trained therapy dog could act as a social catalyst for therapeutic rapport to enhance the therapeutic regime. Fine and Eisen (2008) discussed the case of Charles, who was diagnosed as having attention deficit hyperactivity disorder (ADHD). Charles lacked impulse control and had limited ability to focus on tasks. In an interview, his mother confided that although Charles could be gentle, more often than not he was in constant motion, moving from toy to toy or place to place, leaving a mess in his wake. In one instance early in Charles's therapy, Fine recalls observing Charles sitting in the waiting room and interacting with a therapy dog named Puppy. These early interactions appeared to be an incentive to Charles for attending therapy.

Charles lies on the floor playing with the train set in the waiting room. Puppy is laying on the floor too, in the middle of the train set, the tracks making a circle around her. Every two or three minutes Charles talks to Puppy. "I'm moving the bridge now, Puppy." She responds with an enthusiastic, but gentle, wave of her plummy tail. Charles' voice begins to build in volume and excitement. He walks around the tracks holding the train in the air and making louder and louder choo-choo sounds. Suddenly,

he stops in mid-choo, kneels in front of Puppy, and he throws his arms around her neck, knocking his glasses half off his face. Unable to contain himself, Charles sings, "I love you/You love me...." As Charles continues singing, his face radiates with happiness. Puppy stands up and gives his cheek a large swipe with her tongue. At this, Charles whoops in surprise and then dissolves into giggles, burying his face in the dog's fur, content and comfortable in Puppy's company. (Fein & Eisen, 2008, p. 3)

When working with young children, an animal may provide a sense of nonjudgmental love, fulfilling the most basic of developmental needs. According to Melson (2001), children may be able to experience a unique parenting role through a close emotional and tactile relationship with an animal companion. On the other hand, adolescents may feel less defensive when they are able to receive comfort from or project emotions onto an animal present in the therapeutic setting. They may also be able to identify with some of the animal's characteristics, such as playfulness, outgoing or shy behaviors, or devotion to others.

At the Children's Village (CV), an all-male child welfare residential program located in Dobbs Ferry, New York, an animal-assisted therapy group program seemed to have a strong effect on all the boys who participated. From 2004 to 2005, a study of group therapy at CV followed two groups of boys who were receiving group therapy three times weekly. During one of the weekly sessions, the therapy dog was present; the other two sessions used different modalities, including psychoeducational and didactic approaches. By far, the best attendance in a group therapy session, in which fewer boys left during the process, was when the therapy dog was present (Lindsay, 2004).

The boys in these groups also showed fewer outbursts, fewer disagreements or fights, and more cooperation. The boys didn't want to yell for fear of upsetting the dog. They wanted her to like them and come to them. The only way they could entice her to come to them was by having a calm demeanor, not by calling or pulling on her. They each learned from the others, and began to read body language and imagine the situation from the dog's point of view. There appeared to be a group sense of empathy for keeping the dog safe and secure. Prior to the start of the group session, the boys would work together to make sure there was nothing on the floor that she could get to that could endanger her. The boys also found something in common with the staff who liked the dog. That identification consequently led to enjoying a positive relationship with an adult, and being surprised by having things in common.

Devon stared at the wall, refusing to move to attend the group. This had been the usual sequence of events for him. Today, though, the staff tried something different. "Sky [one of the therapy dogs] is going to group today too," one of the staff softly said to Devon. He accused her of lying to him. But then he saw Sky walk past and into the room with the therapist. He'd never seen her in group before. His eyes lit up as he asked the staff, "Do you like Sky too?"

A conversation between youth and staff followed that ended with Devon in group that day, and each day forward. Sky had been the link to the group for him, as well as a link to a relationship with the staff with whom he usually argued about going to group.

Strategy 2: A Catalyst for Emotion

For many clients, the mere presence of an animal in a therapeutic setting can stir emotions and help a client express feelings and thoughts (Fine, 2006). Simply interacting with an animal in a therapeutic setting can lighten the mood. Animals also can display emotions and interact with the client in manners that may not be professionally appropriate for therapists. For example, the animal might climb into a client's lap or sit calmly while the client pets it. Holding or petting an animal may soothe clients and help them feel contained while exploring difficult emotions in treatment that might be overwhelming without this valuable therapeutic touch. The animal may console, for example, by placing a paw on a client's lap in a time of need. However, the therapist must be aware of occasions in which the client uses the animal to hide or screen from discussing difficult issues.

An animal's presence in the therapeutic setting can also lead to spontaneous situations that help the client work through difficult emotions he or she may be experiencing. A terrific example of spontaneous interaction with a boy and an animal occurred several years ago at CV just before Christmas. Outlined below is a brief excerpt from one of the sessions with an eight-year-old who rarely spoke of his feelings to anyone.

That afternoon he tried to engage a therapy dog named Jaguar. She was tired, and not much into playing at that moment, so he lay on the floor nose to nose with her and began consoling her, seeming to have figured she was sad. "You must be feeling sad that you won't get to see your family at Christmas," he began, continuing the one-way conversation with her for about 20 minutes. "But the social workers and other people here love you, and they'll make it fun for you. You'll see."

His openness in expressing his feelings about the dog seemed to demonstrate how this little boy worked out his own disappointment that he would not be going home for Christmas.

Key to examples like this spontaneous interaction are the behind-the-scenes training of staff and therapists. It is important that all be educated at the beginning of the process of such a program about the benefits it could provide. Otherwise, the risk is that the animal is seen at times as a reward for negative behavior. Parameters should be clear, especially about the use of an animal when intervening in the crisis phase of a situation. Interaction with the animal should be set up as a routine part of the day or program.

Strategy 3: Animals as Teachers

Teaching animals and supporting their growth can also have therapeutic benefits for the clients. Arluke (2007) took a strong look at AAI programs, which were established in five settings treating teens at risk. Of the five programs he reviewed, he observed and studied two that were service dog programs, two that were obedience dog programs, and one that was a farm animal program that also offered gardening. The major goal of all the programs was to give the youth an opportunity to act as mentors and teachers for animals that needed their support.

One example of such a program exists at CV, which became a training site for Educated Canines Assisting with Disabilities (ECAD) in 1999, an organization that raises, trains, and places dogs with individuals who have various disabilities that cause loss of independence. Puppies in the program spend the week in school with the boys learning how to be service dogs and their weekends in the homes of local residents learning manners and socialization. Many of the first puppy raisers were in fact employees of CV. With the introduction of puppies into the offices of therapists who were also puppy raisers, an interesting phenomenon began to unfold.

Boys at the residential program were scheduling their therapy sessions for the days when the puppies were present. The dog was a natural pull to the therapist's office, leading in turn to a pull to therapy. Boys who had gone out of their way to avoid therapy, by either not showing up or not having much to say or do in the session, started coming to session. The boys actually wanted to be there. They also wanted to talk, and had many questions about the dogs: where they lived, what they did, who took care of them, as well as describing how they thought the dogs felt about their situation, even noting socialization patterns and family ties.

Although Arluke (2007) concluded that the findings gathered from most of these projects listed numerous positive anecdotal comments, there wasn't any clear scientific evidence that they were effective in reaching the outlined goal of the program. Nevertheless, Arluke (2007) speculated and generated several ideas of why he believed these interventions had a meaningful effect on the clients. These suggestions can be found in Table 5.1.

Fine (2007) pointed out that if the impact of the therapeutic intervention is to have overall efficacy, attention must be given to generalization and transfer of the behavior taught. Stokes and Onnes (1986), in their benchmark paper on the generalization of social skills, discussed numerous variables that need to be considered. They suggested that when the goals and procedures of training are more widespread, the outcomes could also be widespread. They advised that the more similar the training setting is to the natural environment in which the child lives, the more likely the training will elicit the wanted response in both settings. Fine and Kotkin (2003) also suggested that if there are peers

TABLE 5.1 Arluke's (2007) Suggestions for Why AAI Works With Youth

1. Buying into programs	Youth are curious and excited about working with the animals and are thus "hooked" on the idea of AAT.
2. Forming close relationships	Youth form close relationships with the animals and thus the therapists.
3. Feeling unjudged	Youth feel more secure in the nonbiased presence of the animals, and thus the therapists.
4. Empowering participants	Youth feel empowered through the training of the animals and the support from the staff.
5. Taking perspectives	The animals allowed the youth to experience situations based on how others are feeling.
6. Allowing frustration	Training animals is not easy, and thus the youth have to learn how to be patient and accept failures.

from the child's life that are included in the actual treatment program or are aware of the goals, the social behaviors that are being taught are more likely to transfer into their daily lives. This transfer will occur because the exposure will help increase the likelihood the child will utilize the learned responses in his or her natural environment with the peers present. AAI cannot be utilized in isolation. The interventions must incorporate relevant people in the therapeutic process so that they understand the value of the AAI and can apply the outcomes of the interventions in the child's daily life.

Finally, there have been numerous researchers and clinicians who have studied and written about how animals can be used as teachers with diverse groups of children. Katcher and Wilkins (2000) wrote about the use of therapeutic farms for children with ADHD, and have found positive results. Barcl (2006) and Gee, Sherlock, Bennett, and Harris (2009) have used animals as a catalyst for teaching children (preschoolers and children with autism) developmental skills such as counting, cutting, expressing themselves, and problem solving.

Strategy 4: Adjuncts to Clinicians and Animals Changing the Therapeutic Environment

Having an animal in therapy may prove a catalyst for discussion, especially when clients share commonalities with animals. Some patients may see similarities between their own emotions and the perceived emotions expressed by an animal, such as shyness or fear. For example, children who have been abused or neglected may feel comfortable relating to an animal that was also abused or abandoned, and this may lead

to them sharing about their own abuse or the abuse of a family member or pet they have witnessed.

Oscar, a 13-year-old boy, came into the short-term, subacute setting after exhibiting aggression toward a younger sibling in his foster home. Having been removed from his mother two years prior due to allegations of excessive corporal punishment, he was reported to be doing poorly in school and had been in several foster homes where he was seen as poorly related or disengaged. Oscar would come to therapy and report that everything was "alright." He took little ownership for why he was placed in the program and saw no connections between his behaviors and those of his mother toward him. Oscar wasn't particularly impressed with the therapy dog, but would acknowledge her when he entered the therapist's office. Occasionally, he would make comments about her not really doing anything (during the workday), and say she was sad. Over time, the dog would move toward Oscar once he had settled into a seat in the room, until, without fail, she would sit in front of him, between him and the therapist, so that Oscar could scratch her neck. He would sit and almost absentmindedly scratch the dog's neck. On the days that she was more up front about it and stayed there until he did so, Oscar was much more prone to opening up about his life. He would ask questions about why the kids were not mean to her, paralleling his feelings about being picked on by his peers. This would later evolve into his exploring his difficulty with his mother's rejection since he had come into foster care. He wanted to know if the therapy dog knew her mother, and if she got to see her siblings. While the therapy dog had no known history of abuse, Oscar still was more apt to discuss this in relation to the dog and what they had in common. Oscar would use her literally as a shield from the therapist, or a safety net to interact. As long as she was sitting between him and the therapist, he could ask such questions.

Research suggests that the incorporation of metaphorical themes throughout the course of therapy may also enhance the therapeutic outcome (Angus, 1996; Barker, 1996). Both the client and the clinician can apply metaphors as a method of discovering and understanding the client's concerns. The imagery generated from the metaphors can be used to help the client uncover how he or she is coping or feeling (Fine, 2006). For example, while in a therapy session observing horses on a ranch, a 15-year-old client with depression drew insight about his emotions with a metaphor that the first author applied from a verse from Cole Porter's song "Don't Fence Me In" ("I want to ride to the ridge where the west commences, and gaze at the moon until I lose my senses. I can't look at hobbies and I can't stand fences. Don't fence me in"). Fine utilized the verse to capture the young man's perceived emotions and then assisted the client in expressing his feelings of internal captivity and discouragement.

The utilization of animals in the metaphorical sense is endless. Bringing in ties to real-life experiences and expanding these into an activity offers multiple options for engaging boys. Social networking is

a seemingly favorite pastime of adolescents today. But where do they learn about informational boundaries and such? Group therapy projects such as providing a worksheet and pictures of the dog present, and then having the members create a social networking page for the animal, can communicate volumes about the boys and what they want people to know or think about them. By projecting their ideas onto the dog, they feel safer to share. Is the animal happy? Sad? What would she change if given the choice? Another group cohesion activity is one of creating a story, leaving out adjectives, then allowing the group to fill in the blanks one by one to create a whole story together. Boys then find a way to work with staff and each other to create one common goal.

TRAINING AND ANIMAL WELFARE

Mallon, Ross, and Ross (2006) and Fine and Stein (2003) provided several guidelines for developing and designing AAT programs. They concur in urging clinicians to obtain appropriate AAT training. The Delta Society's Pet Partner Program strongly advocates that clinicians must contact their insurance carrier to notify them that AAI is being practiced, to assess coverage and address any questions the carrier may have. Requirements and coverage vary among insurers, and some may require a special binder for practicing AAI.

Early in the implementation of CV's AAT program, the cofounders realized that if the program was to succeed, the staff had to have a full understanding of and investment in the program. The introduction of an animal to an existing program, orientation, and a review of the literature and history of findings will help ensure understanding. This can be done as an overview while teaching staff what to watch for in the animal-child interactions. It is frequently helpful to have an expert in the field, or an organization that specializes in animal-assisted therapies, provide an in-service on the history and benefits. Time and attention should also be given to discussing the staff's reservations, anxieties, and fears about having the animals present. When this is done in advance, problems can be avoided and the staff becomes more engaged in the treatment. Once an animal is introduced as part of the milieu, helping staff watch for and allow spontaneous interactions will be key. Providing opportunities to review any interactions during supervision will fine-tune the staff's ability to spot such opportunities and maximize their efficacy.

Fine, Serpell, and Hines (2001) discussed ethical questions about the use of animals as therapeutic aides that arise out of tension between interests. While the therapeutic advantages of AAI to humans may be obvious, the benefits to the animals utilized in therapy are by no means always self-evident. Ultimately, as clinicians in therapy are by no means should be the highest priority. Nevertheless, therapists must also safeguard the animals' integrity and welfare. Serpell, Coppinger, and Fine

(2006) developed a list of several guidelines that clinicians must consider if they are incorporating AAI. The following are a few ideas:

1. All animals must be kept free from abuse, discomfort, and distress.
2. Proper health care for the animal must be provided at all times. Animals must receive proper husbandry and have a proper diet.
3. All animals should have a quiet place where they can have time away from their work activities.
4. Interactions with clients must be structured to maintain the animal's capacity to serve as a useful therapeutic agent.
5. Situations of abuse or stress for a therapy animal should never be allowed. In the event that a client intentionally or unintentionally subjects a therapy animal to abuse, the animal's needs must be considered and the interaction must be discontinued.
6. As an animal ages, his or her schedule for therapeutic involvement will have to be curtailed. Accommodations and plans must be considered. The transition into retirement may be emotionally difficult for the animal as well as the therapist and clients familiar with the animal. Attention must also be given to this dimension.

Looking at the uses of animal-assisted therapy, one must also take into consideration several human factors. While the results of AAT are overwhelmingly positive, one must remember that not all humans like animals; in fact, some are very afraid. In order to have any therapeutic process be successful, input from those around or involved in peripheral ways must be obtained. Comfort levels must be respected. Likewise, children often have fears due to past experiences, lack of exposure, or learned behaviors. Along the same line is concern over allergies. Depending on the animal and the person, allergies can range from mild to severe, and at times life threatening. Careful assessment of and respect for allergies needs to be given. It is not uncommon for a fearful person to claim allergies as the reason to have the animal kept away; an astute clinician will identify that there is more to the story, yet honor the request either way.

Understanding and accepting animal behavior takes years of practice and cohabitation. Introducing an animal as a therapeutic partner needs to be closely monitored. All animals have their own personality, so it is key to understand their behavior and accurately read body language and warning signs. An animal's hygiene when participating in any therapeutic activities is key. Frequent baths, daily brushing, and clipped nails are all beneficial. The *Los Angeles Times* recently published an article reporting that studies have shown that animals participating in therapy can carry bacteria and infections that can be spread to places such as hospitals or group care settings. Consequently, special considerations need to be made to prevent potential contamination.

There are currently no national standards for training in and implementation of AAT. Current AAT practitioners understand the need

for a group of experts to develop standards and guidelines for practice. Until then, the therapeutic animal partners are relying solely on their human counterparts to protect them against things such as being overworked, abused, and mistreated.

SUMMARY

When initiating psychotherapy for children, especially with boys, many different techniques, therapeutic orientations, and modalities can be used. The challenge as a therapist is to identify the correct approach that will make a difference in a boy's life. Animal-assisted interventions represent an outstanding adjunctive therapy, especially with boys who have a genuine love and appreciation for animals. The bond between humans and animals has been well documented, and the field of AAI is continually gaining credibility.

All children can pose challenges in psychotherapy, especially those with more significant psychopathology. It is evident that there are differences in best practice approaches when treating boys versus girls. Kiselica (2003) pointed out that there appear to be several male-friendly approaches that foster relationships and therapeutic outcomes. AAI could be considered in this vein and may offer therapists a unique alternative to complement the overall treatment of boys.

As has been discussed throughout this chapter, animals in the lives of boys can and do play many roles. These roles include surrogate siblings, confidantes, social supports, emotional buffers, and even teachers. The value of these interactions is viewed most in traditional homes, but it is now more common to see animals in residential group living settings as pets or therapy animals. It is clearly evident in the literature that most animals appear nonjudgmental in their interactions with boys. Animals do not seem particular about age, skin color, weight, or disability. They respond to kindness and appear more accepting of differences than most human counterparts. Traditionally, an animal trained to be a therapy animal has a gentle temperament, which assists a therapist in reaching out to a child.

AAI can offer an effective alternative to traditional therapy if the relationship between the animal and the therapist is balanced and extremely comfortable so they can work in tandem. The process may be arduous, and planning and adapting must occur. Therapists would do well to realize that not all animals are equipped to partner with a human in the therapy process. Careful attention should be given to the selection process in choosing the right animal for a therapist and therapy setting. Additionally, the efforts of AAI must be totally integrated into the overall treatment goals of the child. Working in isolation will decrease chances for optimal success. Most would agree that the ultimate test for AAI will be to facilitate long-lasting changes in a child's behaviors.

Professionals seeking to add animal-assisted interventions to their repertoire are encouraged to spend some time researching the area and possibly observing a colleague who utilizes AAI. If there appears to be a healthy interest, reading and attending continuing education courses would help develop the appropriate skills necessary. Partnering and becoming certified by any of the AAI organizations, such as the Delta Society or Therapy Dogs International, would be an extremely desirable step. Therapists should be aware of animal welfare issues and develop safeguards to ensure a good quality of life, health, and safety for the animal. Cautions need to also be considered for the clients as well, such as their possible fears, negative histories, and potential health-related concerns.

Martin Buber (1923/1970, p. 144), the famous philosopher, once stated, "An animal's eyes have the power to speak a great language." It is this gentle nonverbal communication that allows animals to make a major impact in the lives of many, including boys who are at risk or in need. Although not a panacea, AAI could provide a healthy addition to a dynamic therapeutic regime.

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