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# What do Therapists Think is the Uniqueness of Animal Assisted Therapy that Engages Children?

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What do therapists think is the uniqueness of Animal Assisted Therapy that  
engages children?

by

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MSW Clinical Research Paper

Presented to the Faculty of the  
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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### **Abstract**

What do therapists believe is the uniqueness of animal assisted therapy that engages children? This is the main question this research aims to answer. The purpose of this study was to get the opinions of therapists on how animal assisted therapies benefit children. In this qualitative study, the researcher interviewed six therapists who actively practice Animal Assisted Therapies with clients. These therapists were able to identify the benefits that children encounter when participating in animal assisted therapies. The therapists have been educated and certified to practice AAT using the EAGALA model. The findings of this research produced five main themes: the use of animals, therapist's description of AAT, diagnosis, unique benefits with children, and AAT with attachment disorders. According to the results of this research, therapists believe that the use of AAT has been found to be beneficial when working with children with attachment disorders. These findings indicate that the bond between the client, therapist, and animal is one that creates a safe space for the child to participate.

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### **Introduction**

In cultures worldwide, animals have been respected as essential partners in human survival, health, and healing (Walsh, 2009). Over the past decades, companion animals have become increasingly important in the lives of Americans with over 75% of households with children currently having at least one pet (Walsh, 2009). A pet is usually chosen for its ability to initiate and respond to attachment, and pet animals stimulate attachment responses in humans. Children are predisposed to becoming attached, thus making an animal bond important in their life (Brodie & Bailey, 1999). The human-animal bond has the potential to help humans on a daily basis by reducing cardiovascular reactivity to stress, buffer stress, and increase positive bio-psycho-social outcomes in patients (Halm, 2008).

Many studies have investigated the development of attachments between animals and humans (McCulloch, 1984). This beneficial attachment can be interpreted as friendly, affectionate, companionable interactions between an animal and a human (Brodie & Biley, 1999). Attachment is one of the social provisions that is essential for wellbeing and can be achieved in a variety of relationships with individuals or animals. For children, the attachment to animals is reciprocal and less complicated than human interactions (Brodie & Biley, 1999); this could be potentially beneficial for children who struggle with human- to- human interactions, such as children struggling with mental health challenges.

According to Washburn Center for Children, one out of five children in Minnesota will experience mental health challenges (Creating happier, 2011). Often when a child has been given a mental health diagnosis at such a young age, they let the world they live in often define them. This could potentially cause their mental health to

worsen over time. Contact with an animal could potentially help improve the way a child views their mental health diagnosis. The use of animals could be used in conjunction or as a substitute to diagnosing and prescribing medication. The use of diagnosing and medication tend to be the mainstream technique that is used currently when treating children with mental health diagnosis. The use of animals could be another option for children that may be less invasive than medications. It could also possibly just be a complimentary therapy to coincide with medication. The term “go green” has been referenced in regards to therapies that use natural resources such as the land and animals, for their therapy techniques (Wedge, 2011).

It has been shown by other researchers that we need studies with a wide variety of contacts with animals and nature (Beck & Katcher, 2003). It is important for future research to focus on humans and animals because research shows that animal contact is beneficial to the human life (Beck & Katcher, 2003). European investigators have demonstrated that animal contact can help influence development of communication skills in young children (Filiatre, Millot, & Montagner, 1983).

Animal Assisted Therapy (AAT) is defined by the Delta Society as:

*A goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process Key features include specific goals and objectives for each individual and measured progress. AAT is designed to promote improvement in humans physical, social, emotional, and/or cognitive functions. AAT is provided in a variety of settings and may be group or individual in nature. This process is documented and evaluate.*

Given this evidence that AAT is useful in treating children, what do social workers think about this approach? Reports in the social work literature on the practice relevance of the animal-human bond date back to 1975, where a unique social work department at a veterinary hospital was developed to address psychosocial aspects of the human-animal interaction and bond relevant to the treatment and diseases in companion and work animals, and to provide relationship and bereavement counseling for the caregivers of the animals (Netting et al. 1987). With the research dating back so far, it is possible that new research could bring forth even more relevance to the animal-human bond. This study will focus on gathering the perspective of trained professionals who use animal assisted therapies in their mental health professions to assess the benefits of using Animal Assisted Therapies in children with mental health disorders.



### Literature Review

Human relationships with animals date back to prehistoric days (Netting et al, 1987). The earliest recorded history between animals and humans dates back to the Native American Indians over 30,000 years ago (Canby, 1979). Research suggests that dogs may have been domesticated by the Indians (Brodie & Biley, 1999). Domesticated animals continue to play a significant role in the life of humans, just as they have for thousands of years previously (Brodie & Biley, 1999).

In the 1860's, Florence Nightingale was the first person to record the benefits of animal assisted therapy. In her nursing notes, she writes:

*A small pet animal is often an excellent companion for the sick, for long chronic cases especially. A bird in a cage is sometimes the only pleasure of an invalid confined for years to the same room. If he can feed and clean the animal himself, he ought always to be encouraged, and assisted to do so (p.147).*

Levinson was a psychologist who spent his life dedicating his work to hypothesizing that an emotionally disturbed child caring for pets will receive therapeutic benefits (New York Times, 1984). In 1960, he began promoting the health benefits of the human-animal interaction. Levinson is known for accidentally finding the benefits in animal assisted therapy by using dogs. His dog, Jingles was with him when a child and his mother arrived for treatment. In a prior session, the child had not said anything, but when the child showed some response to the dog Levinson realized the possible benefit of using a dog as a communication link between therapist and child. Levinson recommended that animals be carefully trained for psychotherapeutic work; this in return caused others to explore animal facilitated therapy (Netting, et al, 1987).

Levinson's (1962) research showed that the company of animals during an initial assessment would allow the child to open up more to the therapist. The animal allows the focus to be taken off the child and place it onto the animal. When a therapist uses the animal in therapy, they can build a quicker understanding and trusting relationship with the child. By using the animal as a bridge, it allows the therapy processes to initiate more quickly than it would in a traditional therapy setting. However, before the initial assessment, it is important to determine if the child has a fear of animals. Some children can experience zoophobia known as an abnormal fear of animals (Merriam-Webster, 2013). If a child experiences zoophobia, when an animal greets them at the door for therapy, it could automatically ruin the therapeutic relationship (Levinson, 1962).

It has taken mainstream therapy some time to catch on to the new idea of AAT (Netting et al, 1987). Currently, the therapy profession is doing what it can to incorporate natural therapeutic practices into therapy. Social work practitioners who are incorporating animal assisted therapies are producing some excellent results. It is critical for practitioners to fully evaluate the effects of interventions they deliver and to familiarize themselves with potential hazards when deciding to use AAT (Evans & Gray, 2012). By using animals to help ease a person's worries, it is both valuable and natural for people. When considering Animal Assisted Therapies therapists need to be aware of all the different terms and definitions used.

### **Definitions**

Animal Assisted Therapy (AAT) has been given several different terms and definitions. In one study, the authors found over 20 different definitions of Animal-Assisted Therapy (Kruger & Serpell, 2006). With over 12 different terms used

interchangeably for AAT, professionals need to be aware when incorporating the definitions into their therapies (Kruger & Serpell, 2006).

The term professionals turn to for Animal Assisted Therapy (AAT) is defined by the Delta Society (2012), an organization responsible for the certification of therapy animals in the United States. Because the Delta Society is responsible for certification of animals, their definition is termed the most professionally correct when using animals in a therapy setting. They define AAT as:

*A goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. Key features include specific goals and objectives for each individual and measured progress. AAT is designed to promote improvement in humans physical, social, emotional, and/or cognitive functions. AAT is provided in a variety of settings and may be group or individual in nature. This process is documented and evaluated.*

Various other terms can be used interchanged with Animal Assisted Therapy. The first is Animal-Assisted Activities, known as AAA; provides opportunities for motivational, educational, recreational, and therapeutic benefits to enhance the quality of life. One way to identify the difference of AAA from AAT is in the lack of specific treatment goals; volunteers and treatment providers are not required to take detailed notes for AAA (Kruger & Serpell, 2006). Another term that can be used in this realm is animal assisted education. Animal assisted education is practiced by educators, laymen, and volunteers with general therapeutic, educational, or recreational goals in mind. These may have therapeutic effects on the participant but should not be confused with therapy (Parish-Plass, 2008).

Brodie and Bailey (1998) mention that our society has moved away from the term pet-facilitated therapy and this should be avoided by professionals. The professionals view this term as outdated and incorrect. They believe that the use of pet-facilitated therapy makes people believe that their pets are being used. Animals used in therapy are trained animals, not family pets. This term “pet-facilitated therapy” has been simply defined as an applied science, using animals to solve human problems.

Another definition used in Animal Assisted Therapy is, equine-assisted psychotherapy, known as EAP. It is a specialized form of psychotherapy using horses as the therapeutic tool. Psychotherapy is defined by Merriam-Webster as a type of therapy treatment for mental or emotional disorder, or of related bodily illnesses by psychological means (2013). This therapy is intended to deal with self-esteem and personal confidence, communication, trust, and boundaries. The clients gain skills through performing general care for the horses (Shultz, Remick-Barlow & Robbins, 2007). Hippotherapy is done by an occupational, physical, and speech therapist that have been specially trained to use this treatment for clients with movement dysfunctions. In this treatment, the horse influences the client rather than the client controlling the horse Kruger & Serpell, 2006). The definitions can be used to refer to any approach therapist take using animals.

### **Types of animals**

Almost any type of animal can be used with animal assisted therapies. The most common animals used are dogs, horses, cats, and birds ("American Humane Association," 2011). The majority of animals used in Animal Assisted Therapy is highly social, domesticated animals who have had the proper training to work with people. Certain animals are better for different types of therapy. For example, when using

Animal Assisted Therapies for patients who may need calm, independent, social interaction, a therapist may want to consider using cat. A cat can provide the patient with comfort and compassion. Dogs and horses are used most often because they are familiar to many people, they can be trained to behave in reliable patterns, and are often very skilled at working with clients who struggle working with other humans ("Pet therapy," 2012). For the best results from the animal, they need to be trained by a professional to participate in therapy.

### **Certified Therapy Animals**

The Delta Society, an agency who certifies therapy animals, has a set of guiding principles that they recommend assessing whether an animal is appropriate to become certified in AAT. An animal is required to have good obedience skills and should be able to walk next to the owner without a tight leash. The program accepts any domesticated animals except wolves, wild or exotic animals. They have a list of currently pending animals that include goats, potbellied pigs, chickens, ducks, sheep, and cows (Delta Society, 2012).

The American Veterinary Medical Association officially recognized the benefits of the human animal bond in 1982. At that time, they began to put guidelines in place for AAT. A set of guidelines they came up with describes key components for success in AAT. They begin to describe the importance of the animal selection in therapy by describing that the animals should be selected based on their type, breed, size, age, sex, and, the natural behavior appropriate for the intended use. Animals should be certified for animal assisted therapy. Animals must be chosen with the target population in mind. They also recommend trying to use the patient's history to connect them with an animal

they will most benefit from; for example, using a calf may work better with someone from a rural area ("Guidelines for animal," 2011).

Even though there are two different sets of guidelines for an animal to become certified to be used in therapy, they share many similarities. An animal that is going to be used in therapy needs to have a good temperament and have the basic obedience skills. The guidelines put together by the Delta Society describes the different animal breeds that can be trained to be used in therapy and the guidelines put together by AVMA describe what type of animals would best fit in what therapy settings.

### **Aspects of AAT**

There are many different ways that animals can be used in therapy. Physical and occupational therapists use horseback riding and hippotherapy to improve posture, balance, and muscle symmetry in children with physical disabilities (Smith-Osborne & Selby, 2010). Hippotherapy is a term used to define therapeutic horseback riding for people with disabilities or diverse needs and involves learning traditional equestrian skills (Smith-Osborne & Selby, 2010). School psychologists have used therapeutic horseback riding to address self-efficacy, verbal skills, attention shifts, and impulse control in children with learning disabilities and emotional disturbances. Studies show that therapeutic horseback riding in patients with psychiatric disabilities improves psychosocial effectiveness (Smith-Osborne & Selby, 2010). This study provides us with information on just how effectively AAT can be incorporated into the social work profession.

The benefits of expanding social work practice to include a range of equine assisted therapy in working with children are based off of two decisions; the first being

the decision to involve animals based on observation of the benefits, and the second is the formation of human and animal interactions (Smith-Osborne & Selby, 2010). A table was provided to reference what type of therapy would be best based on a child's diagnosis and the social workers role, a table was provided (See Appendix 1). Based on a child's needs they can be provided the most compatible AAT therapy setting available to them.

### **AAT Therapy Setting**

An example of an animal assisted therapy setting for children was described by Parish-Plass (2008):

*The room contains typical items found in play therapy (e.g. doll house, dolls and accompanying accessories, toy weapons, plastic characters and animals, costumes, kitchen toys, board games, card games, pictures to stimulate projective story telling, toy cars and trucks, and various art supplies). In addition, a number of animals (all raised in the therapists home so they are used to interactions with people) are present, together with a number of accessories, such as a leash, chew toy, dog brush and hair bands, bowls, dog food, and corn flakes (as animal snacks).*

The descriptive of the animal assisted therapy setting can help us imagine what the therapy setting would be like for a child. This therapy setting would be the type that would be used with small, domesticated animals with children who have been diagnosed with mental health concerns. This type of therapy is considered a nondirective play therapy with animals; it is described as a type of therapy where a child chooses what activities to do and the therapist goes with whatever the child is attentive and interactive

manner is. The therapist reflects the manner of the child's actions, emotions, and process in order to encourage insight as well as further the development (Parish-Plass, 2008).

### **Engaging Children in AAT**

Animal assisted therapy has several steps that engage children in the process of development. In the beginning, the child will just get used to the animal by petting, talking, or engaging in imaginative play. The child will disregard the therapist all together in the first stage. In the next stage, the pet is the center of the child's activity and is made to participate in the role the child has chosen. The child may choose for the animal to play the role of himself or herself. Whatever role is chosen for the animal, it is a role that provides insight to the therapist or an important role of a person in the child's life. In this stage, the pet has replaced the role of the therapist completely. Once the animal has helped create a trusting relationship between the child and the therapist, the animal is no longer needed and treatment can begin (Levinson, 1964).

The therapy setting described previously can be set up using many different animals. Because of the wide range of guidelines for the different types of animals that can be used in therapy, the therapy session can be conducted just about anywhere. There are some places that people expect would be acceptable setting for an animal to participate in therapy and then there are some not so obvious settings. Some of the settings people would not expect animals to be are: schools, physician's offices, residential treatments, and long-term medical facilities (Parish-Plass, 2008). Typically, people tend to think of those settings as being sterile environments.

### **Unique Benefits for Children**



Animal assisted therapy is based on an emotional connection and relationship between all parties included in therapy such as the child, therapist, and animal. Each one needs to have a bond with the other. When participating in animal assisted therapies, the child may decide to participate at any point. The main component is the accompaniment and guidance of the child by the therapist; between the child and his/her own inner process, leading to reflection, awareness, and insight. The presence of the animal is a tool to the therapist and should be the focus of the child. The therapist works with the child on cognitive, social, behavioral, and emotional issues in order to bring change and healthy emotional development (Parish-Plass, 2008).

There are some unique goals that therapists should consider when using animal assisted therapies (Parish-Plass 2008). The first goal is enabling connections between therapist, child, and animal. When a child can observe a positive, nurturing relationship between the therapist and the animal, the child can view the therapist in a more positive way and feels less threatened by the experience. The next goal is creating a sense of normalcy, safety, and friendliness within the therapy setting and the acceptance of a child by the animal. When the animal is in a therapy setting, it adds a sense of normalcy and encourages a natural response and behavior by the child. When a child feels acceptance from an animal, they are more likely to open up in front of them because the animal does not judge or pose a threat.

This excitement of the animal's presence engages the child in remembering memories, emotions, and reactions but in the safety of an animal interaction, not a human interaction. An animal that eludes a positive self-esteem is an important benefit for children to feel accepted and trusted by the animal, it is also important for the animal to

feel accepted by the child. Animals are more forgiving, which allows children to practice their social and communication skills without rejection when a mistake is made. The way a therapist shows empathy for the animal is a positive way for modeling empathy for a child in therapy. Another goal to consider is the need for control for a child with the animal. Having the control will help a child gain self esteem and self-confidence through therapy. The presence of animals allows the opportunity for warm, intimate touch, which leads to a psychological sense of well being for children who do not often get that connection with parents. Another goal of animal assisted therapy is to gain a regression in the service of the ego. The presence of an animal will lower the state of stimulation to increase the child's ability to participate in emotionally difficult work involved in the therapy session. The last goal addressed by Parish-Plass (2008) is separation, loss, and bereavement. The presence of the animal may remind children of an animal that has since passed, which will cause them to relive those memories in therapy.

With Animal Assisted Therapy, children often gain life skills in caring for animals. These tasks help them bring out emotions and talk about how they are feeling by gaining confidence in their abilities and emotions. Sometimes therapists can make children feel as if they are being judged; the nonjudgmental nature of animals is what makes them such a unique supplement to intervention in programs with children (Levinson, 1970). The children can initiate, observe, and participate in social interactions with the animals. The child has a chance to reenact social situations with the animal. Children come to realize their own responsibilities in the shaping of their interpersonal world, helping them gain the power to change it. The child can practice things first with the animals such as behaviors and reactions to different situations. The ability to form

beneficial relationships is enhanced by creating relationships with animals (Parish-Plass, 2008).

Children's interactions with animals have been shown to promote positive benefits in several aspects of their lives. They have been shown to improve physical problems, general health problems, social skills, and the reduction of anxiety. Research suggests that children's interactions with animals, such as dogs, can help children's social interactions with peers and adults in the classroom. The dogs can offer an unconditional social support, and their dog's spontaneous enthusiasm for social interaction may provide the stimulus for the child's own social behavior. Additionally, the animal may increase positive initiated interactions toward the teacher while interacting with the dogs (Friesen, 2009). Animal assisted therapies can also help encourage children in social risk taking. Studies suggest that in children animal therapy may reduce verbal, behavioral, and emotional anxiety (Friesen, 2009). It may lower blood pressure and heart rate when a child is in a mildly stressful activity, like a visit to the doctor's office (Friesen, 2009).

Findings in this research around AAT indicate there are some things that animals can help develop. These things include providing companionship and pleasurable activities, facilitating exercise, play and laughter, being something to care for and a source of consistency, allowing feelings of security, being a comfort to touch and pleasurable (Brodie & Bailey, 1998).

Animals are considered as an attachment figure for children. It allows the child to work through attachment issues within a therapy setting. Bowlby (1969) acknowledged the connection between attachment behavior systems, in which a child tends to seek others who they find as supportive. Attachment behavior systems have certain functions

they need from an attachment figure (Mikulincer & Shaver, 2003). Research shows that an ongoing relationship with an animal can replace some of the needs a child gains from a human attachment figure (Zilcha & Mikulincer, 2007). The relationship between an animal and a child can offer a more positive relationship, which allows the child to work through the content related to attachment issues. An animal relationship bond is likely to serve as a catalyst for the therapy process with children (Parish-Plass, 2008).

This research asks an important question of the social work profession. What can we do as social workers to bring a more natural effect to the mental health diagnosis in children? By asking professionals what they believe the uniqueness of animal assisted therapy is, we can begin to contribute solid evidence for the use of animals in therapy. This project will help professionals determine the best way to help a child succeed in therapy and to accept their mental health diagnosis. For social workers and therapists in the traditional therapy setting, they focus on what approach to use when conducting therapy sessions. It is important for this research to be able to take that concept and help social workers have options on where to best refer a child who needs therapy for a mental health diagnosis.

A lot of research has been done around AAT in the past when it was first introduced into the therapy world. This research will provide evidence that can determine a way for mental health diagnosis to be more normalized. If therapy is looked at as a normal process such as “petting an animal” per say, then more people in our nation would consider getting help for mental health issues.

### **Conceptual Framework**

John Bowlby (Holmes, 1993) is the founder of attachment theory. Bowlby's (1969, as cited in Holmes 1993) Attachment Theory is one of the major theoretical developments in psychoanalysis. Bowlby (1988) defined attachment in his book titled A Secure Base:

*Attachment behavior is any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world. It is most obvious whenever the person is frightened, fatigued, or sick, and is assuaged by comforting and care giving.*

All the behaviors an individual exudes in the development of attachments to the primary care giver which could be displayed as: smiling, following, crying and clinging, are formulated to make certain that the primary care giver will remain close to the child (Bowlby 1969, as cited in Holmes, 1993). The behaviors a child may exude in the development of attachment are all activated by separation from the attachment figure. Bowlby stated that between six and eight months of age, a child begins to form a clear attachment to the main caregiver. The child will gain the significant bond with an attachment figure as their cognitive development proceeds (Bowlby 1969, as cited in Holmes, 1993). If a child is not capable of making a secure attachment during this cognitive development, it could be essential that the child partake in therapy to repair a positive attachment strategy.

### **Types of Attachment**

Children with mental health struggles may have secure attachment or insecure attachments. According to Bowlby, his colleague Mary Ainsworth was first to describe these attachments in 1971 (Bowlby, 1988). Secure attachments are one in which the individual is confident that their parent figure will be available, responsive, and helpful should their encounter frightening situations. With this assurance, the child feels bold in their exploration of the world. These patterns are considered vital by a parent in the child's early life (Bowlby, 1988). An insecure attachment as classified by Ainsworth, is an avoidant attachment in which the individual has no confidence when they seek care. The individual who experiences an avoidant attachment will try to become emotionally self-sufficient due to lack of support. This is a result of the individual's primary care giver constantly rejecting their child when they need them (Bowlby, 1988). Attachment disorganization defines a fight or flight response. This state for children causes a socio-emotional and behavioral distress. Therapists state that therapy dogs can help create a healthy attachment through the human-animal bond and help change the process of the flight or fight response (Vanfleet, 2008).

When using Animal Assisted Therapies with children who have poor attachment strategies, it is possible that the child's attachment strategies can be created to be more secure with the assistance of a therapist and an animal. The animal can act as the bridge to transition a child into making an attachment with the therapist, thus allowing the therapy to be successful.

As previously addressed in the literature review, when a therapist uses the animal in therapy, they can build a quicker understanding and trusting relationship with the child. By using the animal as a bridge, it allows the therapy processes to start a little

faster than it would in a traditional therapy setting (Levinson, 1962). When animal assisted therapy is used, the child can expand on positive attachment strategies by caring for the animal itself. They can use Bowlbys term of “compulsive care giving” where the child participates in role reversal and inhibits an expression of painful affect. By gaining the trust of an animal, they can use the role reversal and show the animal the type of care they wish that their caregiver had shown them (Holmes, 1993).

Often when a young child experiences an insecure attachment, they can feel as if they have failed their parent’s expectations. If a child is going to be capable of rebuilding a secure attachment with the people in their lives, it could be beneficial for them to attend therapy with the use of animals. The benefit of using Animal Assisted Therapy with children with Attachment Disorder is that an animal can serve as a transitional object for children during their therapy session. An animal will provide them with unconditional love and acceptance which will in turn decrease a child’s anxiety during therapy. Animals can give children a sense of comfort to move from one level of emotional development to the next. If a child exhibits a secure attachment, the animal can provide a sense of security when the child is away from their parents. If a child is experiencing an insecure attachment, the animal will act as a constant companion to reduce anxiety and provide stability for future development (Lacoff, 2000).

An example of how the attachment fluctuation works in an AAT setting would be in Attachment Theory. These processes in AAT therapy will require a few things to be successful: a secure base, comprising reliability, responsive, and the capacity to process negative effects, especially in relationship to separation and loss. If these things are provided, a child with attachment insecurities will gain a greater capacity for self-

reflection, increased coherence of mental structure and enhanced autobiographical competence (Holmes, 1993).

### **Methods**

The purpose of this research was to explore what animal assisted therapists that practice in Minnesota believe is the uniqueness of animal assisted therapy when used with children. With many research studies illustrating the benefits of animal assisted therapies, it is important to compare the thoughts of current practitioners to the results of the literature review. The findings can be beneficial for all practitioners and could contribute to the academic discussion about the practice of AAT. The researcher's focus for this research was to know if there is a more positive outcome with children when they participate in Animal Assisted Therapies instead of traditional therapies. With the social work clientele constantly looking for resources, it will be beneficial for the social work profession to be providing a child with the most beneficial therapies available. This section will address the methods that were used when conducting this research study.

### **Research Design**

This research was conducted by using a qualitative study by administering a series of seven to ten interviews. A qualitative research approach was used to allow the researcher to stress the value of letting concepts and abstract ideas emerge from the data. Qualitative interviews allow for deep, rich understanding of the research. This research allows participants to expand on their responses. This can help the researcher identify what the participant means when completing the interview (Monette, Sullivan, and DeJong 2011). By using qualitative research the researcher was able to determine what



AAT therapists believe is the uniqueness to their therapies in regards to children. It also helped the researcher determine if Animal Assisted Therapy is more beneficial for children to utilize than traditional therapies, according to the views of AAT therapists.

### **Sample**

The interviewees were all actively working as professional where they utilize Animal Assisted Therapies in Minnesota. Several of the interviewees have a background in the social work profession. The snowball sampling strategy was used to conduct this research. The snowball strategy allows the researcher to identify several people with the necessary credentials and then interview them. At the end of the interview, the subject interviewed was asked to provide the researchers contact information and asked to pass it along to any professionals who have similar credentials and who would be willing to participate in a research study. The researcher also asked the professionals interviewed for contact information of other professionals in the area with similar credentials to themselves who may be interested in participating.

The first interview that was scheduled was conducted by utilizing a work connection. The therapist is a Licensed Independent Clinical Social Worker (LICSW), Certified Animal Therapist, and owner of Hope Ranch, located in Rochester, Minnesota. The researcher began the processes by phone contact. The researcher began the conversation by introducing herself. The researcher explained the content analysis that will be used when conducting the research study and what the research would be regarding. The researcher then asked if she was interested in participating in a research study on professional's views of Animal Assisted Therapist. The participant agreed to participate in the study. The researcher sent an email copy of the prepared questions and

consent form to the participant. A time was set up between the researcher and the interviewee to meet at her office. After the first interview was completed, the researcher asked the professional to give the contact information to any other professionals within or outside of Hope Ranch. The researcher also asked for other possible professionals that the interviewee knew that the researcher could contact. The researcher contacted another professional regarding the research study; the researcher completed the same processes of snowball sampling by asking them to pass my contact information along to other professionals with the same credentials as themselves or to give me the contact information of other professionals that may be willing to participate with the similar credentials to themselves. Participants were asked to contact the researcher via email or phone so they could be given details about the research study.

### **Data Collection**

The interviews lasted from around forty-five minutes to an hour in length. They were recorded to provide the most accurate information for this research. There were approximately 10 questions used to guide the interviews (See Appendix B). The interview questions were approved by the IRB before the interview was conducted. The questions that guided the interview were a series of questions pertaining to the uniqueness of using Animal Assisted Therapies with children formed from the previous research presented in the literature review.

### **Setting**

The interviews all took place in a quiet confidential setting. The interviewees were asked if there was a preferred setting for the interview, most chose their office. The therapists were given the option to conduct the interview over the phone as well. Many

of the interviews were conducted face-to-face, but some were over the phone. All interviews were recorded by the researcher and this was made clear to the interviewee before the interview began.

### **Human Subjects**

To minimize the risk of breaching confidentiality, the researcher carefully worded the interview questions to assess a general population. The participant was asked to sign a consent form before beginning the interview. These documents were kept in a locked location at the researcher's home. They were destroyed after completion of this research study. The professionals were made aware of their capability to withdraw from the study at any time or to skip a question they may find to be too intrusive to their practice.

All identifying information about the clients was kept confidential. The interviewee was asked not to disclose any names of clients. The participants were given information about how their identity would be kept confidential and that the researcher would be the only one who would hear the recorded interview. The recordings of the interview along with the transcripts were kept on the researcher's recording device that requires a password to be accessed. The data was deleted upon completion of this research.

### **Data Analysis**

The researcher used content analysis to analyze the data from the interviews. The researcher coded the transcribed interview for themes. The researcher was looking to identify the code three or more times within the interview. The codes that the interviewer looked for were codes that came out of information in the literature review. The researcher was looking for types of animals used in therapy, the interviewee's description

of AAT, the unique benefits that AAT provides for children, and the different types of diagnosis therapists work with, specifically attachment disorder. Identifying information was taken out of the coded interview, making it completely confidential.

### **Bias**

The previous research and literature review in this study helps the researcher to hypothesize some conclusions from this research. It has already been proved in previous research that children can easily form attachments to animals, making animal assisted therapy vital for children with Attachment Disorders. Children are able to gain skills in nurturing and caring for the animal that can help them use those skills in their daily lives. It has also been made clear through research that Animal Assisted Therapies have proven beneficial and a more natural way of treating children with disorders.

## **Findings**

All interviewees from this study were professional therapists that are currently certified to use AAT with clients when performing therapy. The recorded interviews used in this research were transcribed and coded by the researcher to help identify the findings. The researcher refers to the respondents as therapists when referring to the interviewees responses. Many of the themes drawn from this research were consistent with previous research findings found in the literature. The themes identified occurred three or more times within the interviews. The findings contained the themes of types of animals used in AAT, therapist's description of AAT, different diagnosis therapists work with, unique benefits provided to children, and AAT with attachment disorders. The following sections include a summary of the findings that speak to the themes identified.

### **Use of Animals**

Interviewees reported two main animals used in their therapy settings, dogs and horses. Research shows that dogs and horses are used most often because they are familiar to many people, they can be trained to behave in reliable patterns, and they are often very skilled at working with clients who have great trouble working with other humans ("Pet therapy," 2012). The therapists all reported that both dogs and horses are present at the time of therapy but that it is up to the client if they interact with them during the session.

Respondents referred to the animals used in therapy as "prey" and "predatory" animals. The horse is considered a "prey" animal because of its social nature and its great attention for detail. Naturally living in herds, this animal is accustomed to social experience. The horse is able to respond to things that go unnoticed by humans, which

makes their assistance in therapy very beneficial. This is why horses are referred to as “prey” animals (Lentini & Knox, 2009). Because the horses’ nature, therapists say that they always provide honest feedback. Dogs on the other hand are considered “predatory” animals because of their lack of attention to detail. Therapists in this research explained this, *dogs simply want to please humans and be their friends so this provides different feedback*. Therapists acknowledged that dogs have their own agenda and may sometimes miss an opportunity to respond to a client and provide feedback.

All respondents reported using dogs in some aspect of their practice. The use of dogs is helpful to the therapist in the sense that the dogs are “predatory animals”. One therapist stated, *Dogs will respond to over emotions and they may go comfort and respond to an emotion*. Another therapist stated, *Dogs generally want just to be your friend and that produces a different kind of feedback*. Dogs are useful in helping therapists create and maintain a safe and secure therapeutic bond. A few therapists also discussed having cats at their locations, although the cats are not incorporated into the therapy, they too are predatory animals there for the satisfaction and comfort of clients in therapy. The cats that are in the therapeutic settings are always present during therapy but it is up to the client if they acknowledge them or not. The cats are not used in the therapy processes but may be comforting for the clients and may be a way for them to begin their engagement with the animals.

The therapists were able to identify the form of therapy being used with the horses in their therapeutic settings. According to one therapist,

*The horses are used as a third member of the treatment team along with a mental health therapist and an equine therapist. This allows communication to flow from*

*the horse about what is happening in an arena and then for the client to connect what is happening in their own lives to the horse.*

Because horses are considered “prey animals”, one therapist described them as, *Able to pick up on everything around them for a mile. They are particularly sensitive to energy and emotions.* By the client being able to using the animal’s reaction to make sense of their own experiences in their lives they can begin to put words and meaning to their experiences. Another therapist states that,

*Horses are able to give honest feedback responses, they have no agenda, they are more in tune to what is going on with people, and so they do respond to that. This is where you can build metaphors out of that.*

Because of this, use of dogs in therapy does not provide therapists with as many opportunities to provide clients with the opportunity to use metaphors.

### **Description of AAT**

All therapists described the use of animal assisted therapies in slightly different ways, but all of them had the common theme of the use of “metaphors” in therapy, but how they get the client there differs. The therapists used the term “metaphors” in reference to the way clients interpret the work with animals. Therapists sum up that with the use of AAT they can see a child relate to an animals reaction. They in turn help the client to interpret the animal’s reactions or responses and create a meaning for it. The meaning can be contributed to their own lives or attitudes. For example, one therapist talks about working with a child with aggression, the child may treat the animal with kindness during the session but has a very aggressive presentation outside of therapy. The therapist will then help him interpret that kindness towards animals and how they can

use that towards people outside of the session. One therapist says this *is created by using language that is free from judgment and interpretation by the facilitators. This strips the question down to the very basics so that the child can make their own interpretations about the session.*

All the therapists agree that they make plans for a session, but that they may not happen depending on where the client is at that day. The client could find meaning in petting the animals or practicing completion of their daily tasks by putting on their lead rope. The first sessions can start out with the client getting the lead rope and the halter on the horse and bringing it into the arena. One therapist states that, *it sometimes takes people many sessions to become comfortable with this, during that time I try to make no interpretations for them.*

Therapists define this process a bit different by saying, it is how they *connect those ah-ha moments that has the power. It is not with us. It is not what happens here. It is not our interpretation; it is all given back to them.*

Three of the therapist touched on this type of therapy being experiential therapy. One therapist discusses this as,

*The learning is internalized on a different level, and people remember it and they are able to practice their learning outside of here more easily because it is not just a didactic learning process. That reinforces what they are here to figure out and work on here in therapy and increases the ability to bring that outside the therapy room and into their lives.*

They therapists all agreed that the best way to get the most powerful sense of the therapy was for one to experience it themselves.



## Diagnosis

Therapists interviewed did not give a specific diagnosis that they thought AAT benefitted most. To the therapists, they view this type of therapy as an over arching therapy that a client can benefit from regardless of their diagnosis. For the purpose of this research, the researcher asked the therapists to focus on the benefits of AAT with children with attachment disorders. All therapists were able to agree that they worked with clients diagnosed with attachment disorders. Respondents if there were any other diagnosis they believed benefitted from the use of animals in therapy. Respondents were quick to state that they believe any diagnosis can benefit in some way from the use of AAT.

Because therapists believe that any client could benefit from this therapy, they find challenges in client participation. The biggest challenge therapists are faced with is finding resources that know about the services and refer their clients. Therapists said that the use of AAT is often a complimentary service used in conjunction to other therapy services. Because AAT is a unique therapy, many services are unaware of the benefits, and if clients insurance will cover it. Therapists are hopeful that it will only increase in popularity because it is beneficial to all. One therapist says,

*We have not seen anyone that this hasn't worked for. We find that there are tremendous benefits, and I think that it is also a strength that it can go across whatever diagnosis there is. It is just such an effective broad based model to work with.*

The respondents felt that, the use of AAT with different diagnosis is so versatile because it can be modified to use with any diagnosis. According to one therapist,

*We tweak how we do services depending on the population and diagnosis.*

*Animal assisted therapy is based around metaphors that evolve. If a person is not at the same cognitive and developmental level to be able to process the metaphors in the same way or who struggles processing we may have to shift a little bit how we facilitate the process piece.*

For therapists in this research, they are able to modify AAT to use with any diagnosis and any age that is willing to work with animals.

### ***Attachment Disorder***

When using therapy with kids who have experienced attachment disorder, it may take them more time to build a trusting relationship with the therapist. If the child does not feel safe or secure in their therapy setting it may take a little bit longer for that child to feel the benefits of therapy. For therapists when incorporating an animal into therapy, an alliance is built quicker by the use of animals. Research shows that the relationship between an animal and a child can offer a more positive relationship, which in turn allows the child to work through the content related to attachment issues. An animal relationship bond is likely to serve as a catalyst for the therapy process with children (Parish-Plass, 2008). One therapist went on to be quoted saying,

*There are particular clients who don't feel very safe or secure in the world or who don't trust people very easily, say clients who fall on the spectrum of attachment disorders. The gift that the animals bring to that is that those folks can watch how our staff and I interact with the animals then they are more able to trust more easily and more easily get past their fear to be able to really start to work on the issue.*

By having an animal present in the room such as a predator animal, a child with attachment disorder can feel unconditional love that they may not feel loved from others in their lives. By offering a child the attachment option, one therapist stated that this seems to make it easier for the child to open up in therapy. Respondents expressed a positive side to working with children with attachment disorders by saying, *there is an ability to open up and respond to an animal easier than a human*. Therapists were also able to identify a complicated side when working with children with attachment disorders by saying,

*Some interactions can be interpreted by the client as disappointing or as not affirming because the animal's reaction to that can be bigger and can be a projection of self-rejection onto the animal and there can be some aggressive reaction or insensitivity.*

By the therapist acknowledging this behavior in a client with attachment disorder, it helps open up that conversation because of the connection with the animal. Although the behavior is negative, it is still a learning behavior to be utilized. Another therapist finds that when working with children with attachment disorders it is important to incorporate more touch into a session,

*When I am working with kids who have attachment issues, I am going to be much more in the arena with them and more present and we are going to do a lot more touch with the horse and sensory stuff to help them build that trusting relationship.*

When working with children with attachment disorders, professionals agreed that the therapeutic relationship is much more enhanced with the assistance of animals. It is

easier for the child to sometimes talk with the animal and know that the therapist is listening and then having the therapist process that. For other children with attachment disorders the interaction with the animal can simply translate to interactions in their everyday lives.

### **Unique benefits of AAT with Children**

When working with children and animals in therapy, the therapists all agree that safety is the most important factor. Several therapists agreed that when using the “EAGALA” (Equine Assisted Growth and Learning Association) model, they try not to step in during a child session with the animal unless safety is a concern. The therapists stated that they would step in the instance there is concern for the animal’s safety or the child’s safety. During this research, therapists never directly gave examples of having concerns for client’s safety but they did express the concerns of safety within the therapy facility. When any of these safety concerns arise, therapists acknowledged that they step in and create a way to help the client place meaning to the safety concerns. Therapists use this as an opportunity to continue with the therapy by educating the client on safety but not in a direct manner. One therapist gives an example of this by saying;

*We use the unintended piece to increase the awareness of our clients. A lot of times they are unaware of the safety concerns which is why we always have two therapists in the arena so we are able to stop the session and say to the client what do you think just happened here? Some of that is really important stuff to let play out in a really safe way.*

The next most beneficial thing for the children is the animals assisting them in helping to interpret their therapeutic needs. One therapist clarifies this when working with children,

*When working with children who have experienced trauma they have tremendous feelings attached to that. There are not a lot of words in that part of the brain that it has been experienced in. So connection with the animal is all about the emotional experience and then how they attach the meaning. So it is a very nonthreatening way for a child to do deep work that they may not have the words to give to it.*

According to Parish-Plass (2008), the animal's presence adds a sense of normalcy and encourages a natural response and behavior by the child. When a child feels acceptance from an animal, they are more likely to open up in front of them because the animal does not judge or pose a threat. The respondents from this study agree with this statement. One-therapist states,

*When working with the dogs we can teach assertiveness skills, dogs generally want to please but they'll pretty much do whatever they want unless they believe that you are serious. We are able to talk about congruence and body language and tone and message and you know once they can get the dog to sit and come and shake and get the dog to do the things they know how to do they've also learned how to be more congruent to their communication and assertiveness.*

The practitioners were able to articulate the findings by giving insight into their approach to helping the child form the bond with the animal to help the child better

connect and trust the adult. Therefore, the therapist is able to build and work with the alliance between the child and the animal.

### **Themes**

The five themes identified above that were found throughout this research were themes identified during all interviews with practitioners. The questions were developed from these themes. The interviews took on these themes as practitioners who work with animal assisted therapies all had similar views.

The first theme that presented itself was the use of animals. All the therapists used animals in their therapy process. Part of the requirement for the research was that they were certified as an Animal Assisted Therapist. The common theme was the use of horses along with the use of dogs. The difference between these two that all therapists touched on was the use of a predatory animal or a prey animal. Both types of animals are able to comfort the child during therapy to help them feel more comfortable during the session. The difference is prey animals, such as horses does not find benefit from this, they simply want to please humans without any incentive. Predatory animals such as dogs seek approval but have their own agendas they follow. Therefore, these animals help to create another object that does not judge the client and can assist the therapist in creating a bonding relationship.

The second theme was the therapist's description of AAT. A therapist was asked to describe their use of animals in therapy and all practitioners had something similar in their use of animals. The therapists all let the animal assist in building the relationship with the client. They were able to manipulate the situation without using words so that the client was able to come to their own conclusions through the animal's behaviors. The

addition of animals in the therapy settings allows another way for the client to make interpretations and apply those to their lives.

The third theme found was the diagnosis that therapists find that Animal Assisted Therapies work best with. The therapists also all agreed there is no specific diagnosis that benefits most from the use of Animal Assisted Therapies. Therapists believe that every diagnosis could benefit from the use of Animal Assisted Therapies as long as they can interpret the animals behaviors into their daily struggles. For the client, this gives them the power to come to their own conclusions and they are able to put words to that instead of the therapist telling them what they think may be the problem. The use of the animal creates another way to provide more material for therapy for any diagnosis.

The fourth theme was the unique benefits for children when participating in AAT. The basis of my researcher was off this one question, what do therapists find are the unique benefits of using this type of therapy with children? Therapists were able to articulate that this type of therapy helps a child give meaning to the words they might not have formed yet about their life experiences. If a child is suffering from a traumatic experience their brain has not developed the words to express how they are feeling. By being able to create a relationship between the child and the animal, the child can create play situations and the therapist is able to incorporate the relationship with the animal into their sessions. Many of the therapists agreed that seeing this interaction between children and animals is simply inspiring.

The last theme was the use of AAT with attachment disorders. Again, this theme goes along with what the researcher had found with the previous themes. The use of animals with clients that have attachment disorders helps build another trusting and

corrective attachment relationship for clients. The therapist may not be able to build that instant trust, but the animal in therapy is able to put the child more at ease. The therapist is able to use the animal as a developmental object to help the child build a corrective attachment during their therapy sessions quicker than if it were just the therapist and the client.

The themes identified above, and given the information about how the use of animal assisted therapy has unique benefits for children. The themes above provide valid information for other practitioners or clients who may be looking for an alternative or complementary service to traditional therapy services. Through this research, it is clear that Animal Assisted Therapies may be beneficial for many different populations and diagnosis.



## **Discussion**

### **Researcher's Interpretations of Findings**

The common themes the researcher addressed were use of animals, therapist's description of AAT, diagnosis, unique benefits with children, and AAT with attachment disorders. The information from therapists was consistent throughout and with my previous findings; animal assisted therapy helps engage children in a unique way that is different from traditional therapy. It was valuable to compare this new research to the literature review in terms assessing the comparison. The findings allowed the researcher to compare the views of animal assisted therapists to the findings of previous research.

### **Reference to Literature Review**

All the themes identified in this research were similar to and supported in the themes identified in the literature review. The common themes were relevant to the research and help support the unique benefits of AAT. Some of the very first research completed on the use of animals in therapy was done by Levinson (1962), who accidentally found that the presence of his dog put children more at ease. Levinson's (1962) research showed that the company of animals during an initial assessment would allow the child to open up more to the therapist. The animal allows the child to take the focus off them and place it onto the animal. When a therapist uses the animal in therapy, they can build a quicker understanding and trusting relationship with the child. By using the animal as a bridge, it allows the therapy processes to initiate more quickly than it would in a traditional therapy setting. The interviews conducted in this research show that therapists find the same unique benefits today when including animals into their

therapy. One therapist stated that beautifully by articulating the relationship between the therapist, client, and animal,

*The horses are used as a third member of the treatment team along with a mental health therapist and an equine therapist. This allows communication to flow from the horse about what is happening in an arena and then for the client to connect what is happening in their own lives to the horse.*

The unique benefits therapist talked about in the interviews of this research also correlated with those benefits discussed in the literature review.

The framework of practice used in the EAGALA model provides infinite opportunities for creativity and adaptability to various therapeutic and facilitating styles ("Equine assisted growth," 2010). The literature describes this type of therapy as EAP, Equine Assisted Psychotherapy. It is a specialized form of psychotherapy using horses as the therapeutic tool. This therapy is intended to deal with self-esteem and personal confidence, communication, trust, and boundaries. The clients gain skills through performing general cares for the horses (Shultz, Remick-Barlow & Robbins, 2007). Though this may be good for the therapeutic alliance, according to the therapists, it is not good in the use of metaphors. A large part of using animals in therapy is to create metaphors and have the clients relate the experience to how the animal responds.

The unique benefits for children when using animal assisted therapy were multiple. The therapists were able to articulate several different benefits for children when using this therapy. Similar to the literature review was the choice of children's ability to engage in the process at any point when using horses in therapy. When participating in animal assisted therapies, the child may decide to participate at any point.

The main component is the accompaniment and guidance of the child by the therapist; between the child and his/her own inner process, which leads to reflection, awareness, and insight. The presence of the animal is a tool to the therapist and should be the focus of the child. The therapist works with the child on cognitive, social, behavioral, and emotional issues in order to bring change and healthy emotional development (Parish-Plass, 2008). Therapists articulated this:

*Every client starts out at their own pace; it may take some children a few sessions before they are even comfortable putting the lead rope on a horse but that is where we start. The child may choose to stand and look at the horses for the first session or we have had children who just sit and pet the dogs and then come to us and say, "Okay I am ready to get the horses now." The child is in control of their therapy session and can work at their own pace to address their issues.*

The comparable uniqueness that is found between the literature review and the findings was that therapists meet the clients where they are at which is a basic therapeutic skill in therapy, but they have the assistance of another animal that brings comfort and helps the client feel more at ease.

Another discrepancy between the researcher's findings and the literature review was that the literature failed to define the benefits of predatory animals vs. prey animals. Therapists interviewed described a relational difference in the effect the type animal can have on a client. The use of prey animals may be more beneficial for children with attachment disorders because they want to please the client. Although there were similarities between the literature and the researcher's findings, there were also limitations that presented themselves.

When the therapists referred to the animals they used in therapy they referred to the use of “prey” and “predatory” animals. The term “prey” animals refers to the temperament of horses and the term “predatory” refers to the temperament of dogs. The literature review discusses the reasoning that horses and dogs are used more in therapy but does not address why. Dogs and horses are used most often because they are familiar to many people, they can be trained to behave in reliable patterns, and they are often very skilled at working with clients who have great trouble working with other humans ("Pet therapy," 2012). This research built on what the literature was saying but went deeper into the reasoning why horses and dogs are used more often. This research described the intentional use of predatory and prey animals in therapy.

Much of the literature supports the attachment of a child to an animal as therapeutic. If a child has an insecure attachment and is unable to articulate that to the therapist, the assistance of an animal can help the child give meaning to that and to create a corrective attachment. The research from the literature review shows that attachment behavior systems have certain functions they need from an attachment figure (Mikulincer & Shaver, 2003). Research shows that an ongoing relationship with an animal can replace some of the needs a child gains from a human attachment figure (Zilcha & Mikulincer, 2007). The relationship between an animal and a child can offer a more positive relationship that allows the child to work through the content related to attachment issues. An animal relationship bond is likely to serve as a catalyst for the therapy process with children (Parish-Plass, 2008). The therapists who were interviewed for this research all agreed with this in an aspect of their work, but also added the other side to it, one interviewee said:

*When working with children with attachment disorders on the positive side there is an ability to open up and respond to an animal easier than a human, on the complicated side I would say that I observe more interactions which can be interpreted by the client as disappointing or as not affirming because the animals reaction to that can be bigger and can be a projection of self-rejection onto the animal and there can be some aggressive reaction or insensitivity.*

The researcher found this as a discrepancy between with research findings and the literature review. The literature review was able to address the positive side of using animal assisted therapies with children with attachment disorders but did not address the negative aspects.

### **Limitations of Findings**

Before the qualitative interviews were conducted, the researcher believed that the information would show the benefits of animals in therapy. The intent of this research was set up to be an option based research study. The information collected in this research is bias because it comes from practitioners who believe that the use of animals in therapy has a powerful effect on clients. All practitioners interviewed also provided therapy services without the animals. Because previous research has shown that with the assistance of animals in therapy, a child is likely to attach to the animal over the therapist. All therapists interviewed agreed with the attachment, and strongly believe in the benefits of animal assisted therapies because of their training. Therefore, they were less likely to discuss the negative aspects of this therapy even though directly asked.

### **Implications of Current Research Findings for Social Work Research**

### ***Implications for Social Work Practice***

The information provided in the literature review and the research interviews provides significant information about implications. Because the use of animals in therapy is still evolving and is an experiential type of therapy, many professionals and prospective clients have a hard time buying into its benefits. More current and deliberate research is needed to solidify the unique benefits of using animals in therapy when working with children. Social work research can contribute to this task by incorporating studies of large numbers of participants who have participated in Animal Assisted Therapies and traditional therapies. By comparing these two therapy techniques through quantitative data analysis it may be able to provide more defined and unique benefits. Additional, the continuation of social work research can help determine the best therapy practice used to assist in treating children with attachment disorders.

### ***Implications for Social Work Education***

Many social work students who become young professionals do not know about the use of AAT, because it is not a type of therapy usually taught in the classroom. This research shows that it may be beneficial for social work education to provide students with an elective course regarding use of AAT with clients. Because AAT is an experiential type of therapy, not all students may believe that it is the best type of therapy that can be offered to clients. Along with that, every therapist is encouraged to use any methodology that may best benefit his or her client. If therapists are aware of the use of AAT, they can offer this service to their client along with their services to provide the client with the best possible options for treatment. Without the education on this type of

therapy, social work students will not carry this knowledge with them into the professional world. The benefits of incorporating this into social work education as an elective was put in perspective by one of the therapists in this research who has taught a course in AAT.

*The use of AAT is like watching social work values in action. We coach through role-play with the animals where you are the therapist and that is the experience that a lot of students don't get until they are in their professional role. I think that these pieces help mold the professional because they get to practice that.*

*Whether you continue in an animal assisted practice, everything is something you can take with you. We really try to teach the idea of less is more. Less about the therapist and more about the client. So much of the practice things we use can be used with different clients. It gives you a way to interact with clients in any capacity that social workers may find themselves working in.*

Becoming certified in AAT, specifically with the use of the "EAGALA" model is currently a certification that could be obtained through a three-day course. The EAGALA model promotes mental health professionals learning to co-facilitate AAT ("Equine assisted growth," 2010). Schools would need to coordinate with a farm or a horse arena to complete part of this training. From the therapists that were interviewed during this research, many are willing to offer the space to schools in return for the students to be educated in Animal Assisted Therapy. If schools could find the funding to offer this course, many more students would be able to have the opportunity to offer this service in their professional practice and expand their knowledge and therapy techniques with future clients.

### ***Implications for Social Work Policy***

The therapists who participated in this research study all identified the use of space as an implication to the social work profession. For therapists it is expensive to find the space to practice AAT. One therapist even mentioned the insurance liability that most mental health professionals do not have to carry,

*It is somewhat interesting the way it affects liability, its huge. I think I have seven different insurance policies. Just tons of things that if I just had a traditional office practice that I wouldn't worry about.*

One of the most prevalent implications for the social work policy was the limited insurance coverage around AAT. Many of the therapists interviewed had concerns about client's insurance coverage. Therapists discussed how this affects their practice because they cannot officially bill an insurance company for a client using AAT. Few insurance companies will provide coverage for this type of "experimental therapy". One therapist said,

*I have a client who we use the horses with them every third session because their insurance will only cover X amount of these sessions in conjunction with traditional therapy services because the insurance company does not believe that this is a model for treating mental health issues.*

The therapists discussed having to turn away patients who are referred from doctors because many insurance companies will not cover the costs required for AAT. The therapists said this is very disheartening especially because of the benefits they have seen in their therapy practices with clients. If these policies could be altered around insurance coverage, more clients would ultimately benefit from AAT.



### **Conclusion**

Completing this research has been one of the most valuable learning experiences for the researcher. The researcher was allowed to conduct interviews with six different therapists who were very knowledgeable in the use of animals in their therapy setting. Prior to completing this research, the use of animals and conducting therapy were both relevant topics to the researcher in separate aspects of life. The thought of incorporating the two is a concept that seems very appropriate for the therapy world. During this graduate program, no information was shared on this type of alternate therapy with the use of animals. How are new graduate students supposed to advocate for services that may benefit their clients if they are not aware of all the possible options? With all the unique benefits for children that this research validated, many clients could be missing out on a great experience and benefit to their treatment options. The researcher believes that classes and information need to be offered in every graduate education program in the social work field, as AAT can truly benefit the outcome of a client's treatment.

This research was able to provide updated information on the use of the human-animal bond in therapy. By educating social work students on the benefits of AAT and offering courses in obtaining a certificate, many more social workers would be knowledgeable about this type of therapy. If professionals are more knowledgeable, they will be able to advocate for a policy change to ensure that more insurance companies would cover the cost of AAT. These changes would

allow clients the opportunity to be able to be offered resources for what types of therapies that would benefit those most.

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**Appendix A.** Table 1. Evidence-based options for social work practice using EAA with children and adolescents (Smith-Osborne & Selby, 2010)

<b>EAA</b>	<b>Referral criteria</b>	<b>Role of social worker</b>
Recreational riding lessons	Young children (5–8 years old) with mild/moderate social skills deficits, provisional or r/o ADHD, low level special education services, mild sensory integration issues, early stage bullying or anger issues, mild motor coordination delays/deficits (e.g., cannot ride bike independently w/o training wheels by 5 years old)	Early childhood educator (ed)/head start/school social worker (sw) or prevention/child find coordinator or private practitioner or community advocate refers parent
Therapeutic horseback Riding	Children with moderate–severe social skills deficits, ADHD, low-moderate level special education services, receiving occupational therapy services for sensory integration or motor issues, externalizing behavior disorders, motor coordination disorder, cerebral palsy, mixed language/learning disabilities, other motor disabilities	Sw psychotherapist/private practitioner/school social worker refers parent and includes as complementary therapy in IEP/intervention plan; licensed sw refers and provides psychotherapy at riding facility concurrently with NARHA teacher; NARHA certified licensed sw provides THR and psychotherapy conjointly
Hippotherapy	Children with comorbid language/learning disabilities and mild physical impairments, cerebral palsy, receiving occupational and/or physical therapy, severe motor coordination disorder, moderate–severe level special education services	Sw psychotherapist/private practitioner/school sw refers and includes as complementary therapy in IEP/intervention plan; licensed sw refers and provides psychotherapy at riding facility concurrently with NARHA certified OT/PT; NARHA certified, licensed sw provides EAA and psychotherapy with OT/PT consult



<p>Equine- Facilitated Psychotherapy</p>	<p>Younger children with mixed dx, younger clients who have been sexually/physically abused, male youths with moderate– severe special education services, youths with anger issues, youths with mildmoderate externalizing behavior disorders</p>	<p>Sw psychotherapist/private practitioner/ school sw refers and includes as complementary therapy in IEP/ intervention plan; licensed sw refers and provides psychotherapy at riding facility concurrently with complementary licensed EFP provider; licensed</p>
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**Appendix B. Questions used in Interviews.**

Q. What do therapists think is the uniqueness of Animal Assisted Therapy that engages children?

1. Can you tell me a little bit about role as an AAT therapist?
2. What makes animal assisted therapy unique to the therapy world?
3. Can you tell me what kind of mental health diagnosis you work with most? Is there a diagnosis that animal assisted therapies appear to work best with?
  - a. Do you see a lot of children with attachment disorders?
4. Tell me a bit about the AAT therapy setting?
5. How do you incorporate the animal into therapy?
6. How do kids interact with the animals?
7. What makes animal assisted therapy more constructive than a traditional clinical therapy setting?
8. What are some of the challenges you face when using animals in therapy?
9. How does animal therapy impact the social work profession?
10. Do you find many negative aspects involved in your therapy setting?