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**THE BENEFITS OF ANIMAL ASSISTED THERAPY: A CLOSER LOOK AT
THE HEALING RELATIONSHIP BETWEEN ANIMALS AND HUMANS**

**A thesis submitted to
Regis College
The Honors Program
in partial fulfillment of the requirements
for Graduation with Honors**

by

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May 2014

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS	iv
I. PERSONAL STATEMENT	1
II. INTRODUCTION.....	6
III. METHODS OF ANIMAL ASSISTED THERAPY	15
IV. ANIMAL ASSISTED THERAPY AND ADOLESCENTS	22
V. ANIMAL ASSISTED THERAPY WITH CHILDRED WHO HAVE EXPERIENCED SEXUAL ABUSE.....	34
VI. ANIMAL ASSISTED THERAPY AND MOUNT ST. VINCENT HOME	42
VII. CONCLUSION	48
BIBLIOGRAPHY	53

Acknowledgements

My interest in this project was a result of my time at Mount Saint Vincent Home in Denver. I would like to thank the staff at Mount Saint Vincent Home for all of their hard work and their dedication to the children and families who enter their doors. I would like to acknowledge my advisor, Martin Garnar, for his continual support and guidance through this process. Also, thank you to my readers Dr. Amanda Miller and Dr. J Thomas Howe for their advice and assistance. I would like to thank Dr. Thomas Bowie for all of the time he gives to the Honors Program. Finally, a special thanks to Connie Gates for everything she does to keep us honors students sane, fed, and happy. Without my friends, mentors, and family supporting me through this process, I would not have come this far.

Personal Statement

When I first walked into my freshmen honors seminar, *Idea of the University*, I could not have prepared myself for the transformation that the next four years would hold for me. I constantly heard the Jesuit values such as *men and women for and with others* and *cura personalis* ringing in my ears. I found myself critically reflecting on my contribution to society and how my future would bring about positive change not just for myself, but for others as well.

I served as a Resident Assistant my sophomore year for a freshmen hall and helped residents who struggled with the transition to college and searching for their identity. I sat through heated discussions about what the term *justice* truly means with my honors cohort and how the path of St. Ignatius of Loyola related to my own life. I listened to the stories of war veterans and how their experience serving in the military has shaped their lives. I participated in student government. I led retreats. I wrote papers on my own path to finding meaning in my life. I traveled to different cities in the United States and different countries around the world. I failed. I succeeded. I found joy. I experienced pain.

But most importantly through all of these experiences I began to see my own path in life; a path that has been greatly influenced by my Jesuit education. I found an appreciation for stories. I began to see stories and connection as a way of healing. I

prioritized the things that mattered in my life and I began to see how everything fit together.

All of these experiences led me to my focus for this thesis. I spent the summer after my junior year living in the Romero House, an intentional living community where I spent two months with five other students from Regis. We followed the pillars of the house inspired by the life and work of Archbishop Oscar Romero: intentional community, service to others, commitment to social justice, an exploration of faith, and living a simple lifestyle. Each of us volunteered daily at a service site. I spent my time at Mount Saint Vincent Home just up the street.

Mount Saint Vincent is a home for abused and neglected children. There is a residential treatment facility, as well as a therapeutic school for the residential children, for those who have experienced similar situations and are in the foster care system, and those who are simply in need of an alternative approach to education. I worked in the therapeutic preschool classroom from eight in the morning until three in the afternoon. I experienced many things that I never thought I would in my lifetime, such as a five year old boy cussing me out and kicking me simply because he did not want to do his math worksheets. Or another time when a six year old boy became so violent during class that he was hospitalized that day. Working with these children has *ruined me for life*. It has opened my eyes to the hurt and the pain that children go through when they are brought up in an environment that does not give them enough love or respect. It has made me more compassionate and patient than I ever thought I would become in my life. It has sparked this desire to continue to dedicate my life to serving this population of forgotten

children here in the United States. As I continue to work with these children each week, I learn more about myself and how I can use my own experiences to help those around me. We all have something to give of ourselves. The challenge is uncovering that gift within.

Animal Assisted Therapy (AAT) has become a passion of mine because of my work at Mount Saint Vincent and my other experiences at Regis. It is a topic that I did not know much about, but it was simply something that combined all of my passions into one: animals, children, and hearing people's stories. Through the journey of writing this thesis I have learned a great deal more about this topic, and my passion for pursuing a career in counseling has only deepened. I am grateful for the opportunity I had to write this thesis, it has challenged me in many ways to grow and I am grateful for my overall experience in the honors program at a Jesuit university for shaping me into the woman of God I am today.

Introduction

I have spent the past few months researching Animal Assisted Therapy (AAT) and more specifically the use of AAT when working with adolescents. I strongly believe that there are many benefits to incorporating this practice into traditional therapy sessions, especially when working with adolescents who have experienced trauma.

The thesis opens with a brief background on what AAT is as well as some of its key components. It then goes on to explain some of the methods of implementing this practice: individual vs. group therapy, different settings, etc. The focus then narrows to specific cases of AAT with adolescents and proved to be successful. Because there have been many studies of AAT and children who have experienced sexual trauma, I dedicated a chapter to this population. Because these cases are so distressing for adolescents, they highlight the benefits of AAT that are specific to cases of trauma.

To me, the passion for pursuing this thesis came directly from my experience with the children at Mount Saint Vincent Home here in Denver. This was a clear case of an organization working with children who have experienced varying degrees of trauma. The therapists expressed many benefits of incorporating AAT into their program. I felt that providing an example of an organization who successfully implemented the material that I highlighted in this thesis would provide a compelling case for showing that this project is more than just research and statistics that I have compiled. Instead, it is an example of this therapy practice in action that has proven to be effective and beneficial.

History of the Role of Animals in Society

The relationship between animals and humans constantly changes. Throughout history, animals have had many roles. They have been known as a source of healing power, vital to human survival, wild and untamable, and valued and highly revered by societies. These shifting attitudes most likely were due to the fact that different societies used animals for different reasons. Whether religious and spiritual communities used animals for sacrifices or more vulnerable rural communities feared animals because of their ability to interfere with their everyday routines, there was a wide variety of opinions and roles that animals played in society.

It was not until the seventeenth century that animals were allowed into the home and the domestication process began for uses other than agriculture. Up until this point the idea of wild animals and the wilderness appeared threatening to the survival of humans and there were no feelings of sympathy or attachment displayed. Animals were simply a means to an end. However, when families began migrating into urban areas and away from the rural life, this perception began to shift and the human animal relationship began to change. Families no longer had to rely on the animal for all of their needs- food, income, tools, etc. Instead animals could be seen as part of the family and more than just a tool for survival (Serpell).

This shift allowed there to be more valued outcomes for animal human relationships that did not simply involve the direct consumption of both the animal and their goods. One of the benefits of this newfound relationship was closely related to the development of children. Families thought that if children cared for animals it would not

only teach them to be nurturing, but it would also allow for them to develop a more wide range of feelings that associated with this nurturing concept. Serpell writes about this process when he says, “the notion that nurturing relationships with animals could serve a socialization function, especially for children, also surfaced about this time. Writing in 1699, John Locke advocated giving children ‘dogs, squirrels, birds or any such things’ to look after as means of encouraging them to develop tender feelings and a sense of responsibility for others” (Serpell 12). Not only did this allow for the development of nurturing feelings, but it also became a focal point in children’s literature. Writers expressed compassion and concern for animals which allowed for children’s exposure to the idea of kindness. This was especially important with male children. Parents believed that male children lacked these nurturing qualities that were more common among female children. During this time period, along with the introduction of animals into in the home, the introduction of animals into the medical field also began. Birds and small animals were seen in psychiatric wards and prisons

Today it is believed that animals can physically relax us by attracting and holding our attention as well as providing stress reducing or stress-buffering social support. This newfound information directly plays a role in the integration process of animals into the mental health setting. As the benefits of animals to human health is explored, new ways of incorporating animals into the therapy process continue to be tested and explored throughout the world (Serpell 13).

The History of Animal Assisted Therapy

The first documented case of AAT was in England in 1792. William Tuke used farm animals in his asylum, York Retreat, as part of his treatment process for his clients. Tuke felt that the use of rabbits, chickens, and other traditional farm animals would help enhance the humanity of his emotionally ill patients. During this time, Tuke frequently used sedative medication as a means to control his patients. However, he found that the use of farm animals lessened his needs for medication and restraints (Urichuk).

AAT was introduced to practice in the United States in the twentieth century when Franklin Lane (Secretary of the Interior) suggested using dogs with psychiatric patients at St. Elizabeth's Hospital. The United States Military also introduced pet therapy into the recovery process for veterans in 1942. However, neither of these programs recorded data or conducted formal research studies of the benefits of AAT in these two cases.

Boris Levison, a child psychologist, was the first trained clinician to formally introduce as well as document the use of animals in therapy and how it had an effect on the duration of the recovery process. He found that many children had a positive reaction to the presence of a companion animal, especially the children who struggled with communicating and tended to withdrawal from situations (Serpell 12).

Equine assisted physical therapy, the pioneer of all animal-related therapeutic approaches today, was formally introduced as a method of treatment in the 1960s. In Denver, Colorado in 1969, The North American Riding for the Handicapped Association was established and by 2003 they had over 700 centers across the United States and

Canada associated with them. Once the program gained more support and stability, they began to incorporate the mental health intervention process as well (Chandler).

AAT continued to grow more support throughout the years. Dairy farms were converted into residential treatment centers for children, therapy dogs were introduced into hospital settings, and research was expanded to nursing homes where they began seeing results with these various patients (Chandler).

Elaine Smith founded Therapy Dogs International in 1976. She was a nurse practitioner who moved to New Jersey from England and wanted to introduce therapy animals into her practice because she had been successful with her German Shepherd and Shetland Sheepdog back in her native country. Today, Therapy Dogs International is the largest and oldest therapy dog organization in the United States (Therapy Dogs International).

In the 1990s and early 2000s, there was several experimental research articles published in health care journals showing the benefits of AAT in a variety of different settings ranging from home health care, to hospice, to psychiatric settings. Research continues today in both the mental health field as well as physical therapy settings. Even though there is an increase in research regarding the benefits, many studies have yet to be replicated. Because of this, there is a lack of knowledge and validity to the claim that AAT is proven to show positive effects (Chandler).

Overall, AAT has become more widely accepted by different professionals with time. Significant strides have been made in communities such as the nursing profession and the mental health setting. While not a lot of documentation or research with

conclusive evidence has been done, many believe that positive effects do exist and continue the use of AAT in their own practices. However, with most practices in the health field there are both benefits and drawbacks. These benefits and drawbacks relate to the use of AAT in counseling and are discussed below (Chandler).

Key Components of Animal Assisted Therapy

There are many techniques and approaches used in the mental health field to help enhance the therapy experience for clients. AAT is one of these approaches. AAT is a goal- directed intervention in which the therapists set goals for the client as well as define what meeting that goal would entail. Using an animal that meets specific criteria is an integral part of the treatment process using the goal-directed intervention approach. AAT is directed and/ or delivered by a health or human service professional with specialized expertise, and within the scope of practice of his/ her profession (“Animal-Assisted Therapy (AAT)”). However, AAT does not constitute therapy on its own. It must be incorporated into an already existing practice- either with a group or individual.

This incorporation into an already existing practice is where AAT differs from Animal Assisted Activity (AAA). While AAA also involves both animals and their handlers, it is not restricted to therapy sessions and does not require a credentialed therapist to be present. While AAA may involve therapeutic activities, it can also simply be a social visit with the therapy animal or an educational session related to the animal or the care of the animal (Fine).

AAT promotes positive human-animal interaction and it also integrates the talents and traits of the therapy animal into a therapeutic setting to facilitate the recovery of a

patient seeking physical or mental health services (Chandler). The animals and their handlers must go through a screening process, meet specific criteria, and be trained. While the animal is working, it wears a special identifying article to show that it is a working professional.

This is a brief overview of what AAT consists of in the counseling field. It is an additional technique used in therapy sessions to help enhance the experience for clients; however it does not constitute as therapy on its own. While it is still considered a new frontier in its fields, there are many apparent benefits of incorporating it into the therapy process.

Benefits and Drawbacks of Animal Assisted Therapy in Counseling

While there may appear to be many positive effects of the use of animals in the counseling field, it is also important to address the drawbacks. This can help assess whether or not in a particular case the use of AAT is actually beneficial to the client. It is also important to consider not only the benefits and drawbacks for the client, but also for the animal and therapist team because they are directly involved in each case. Once the benefits and drawbacks are assessed, the therapist can better decide if an AAT intervention would be useful in their work with a particular client.

Benefits of Animal Assisted Therapy

The benefits of AAT are not specific to just the clients. While this is the primary focus of most practices, there are also benefits for both the therapist and the therapy animal. Because all three of these are seen as a team, the benefits and drawbacks are discussed for each (Chandler).

For the client, the presence of an animal generally makes it easier to trust the therapist. This is particularly important when working with children who were abused. It is common for them to fear adults or have a hesitation to trust them, but when an animal is present and appears to be calm, the children generally feel safe and are more able to trust. Petting the animal also helps to create a soothing and calming effect for the client. The repetitive motion helps to relax them (Mallon).

On a more technical level, the therapy animal can help to facilitate skill development. Whether that is building confidence through taking care of them or helping a withdrawn or uncommunicative client develop speech skills, the presence of a therapy animal can be directly incorporated into the goals the therapist and client hope to achieve during their time together (Mallon).

The animal used for AAT also experiences benefits from this practice. The first and perhaps the most valuable for the animal is the stimulation activity. The animal learns to be more social and interact with different clients. The animal is also not home alone all day by themselves or bored waiting for someone to come home and provide a stimulating activity (Fine).

The therapist gets to spend more time with her pet. If the therapist is proud of the skills or uniqueness of his or her pet, he or she is excited to share this gift with his or her clients or those that he or she interacts with throughout the day. It also creates a warm and friendly work atmosphere for the therapist. Therapists frequently get better results with their clients because of this therapeutic intervention. And because of these better

results and word of mouth among clients, the therapist will get more clients because people prefer to go to therapists who incorporate AAT into their practice (Chandler).

It is obvious that AAT does not only benefit one party involved. While the focus is on the client, there are often positive benefits that naturally come for both the therapist and the animal. These benefits help to show that AAT can be useful for various reasons.

Drawbacks of Animal Assisted Therapy

One of the most obvious drawbacks of AAT would involve an injury to the client. Whether the client excites the therapy animal and the animal reacts defensively or whether the client simply provokes the animal by intentionally harming it, both the client and the animal are at times in danger during these sessions. While this might not be a prominent threat, or even something that arises in any of the therapy sessions with a client, it is a common practice for therapists to think proactively about the safety of both the animal and the client during AAT sessions (Lefkowitz).

While not common, another drawback that can occur with clients who become attached easily is that they then have to deal with grief and loss issues when their time in therapy ends. Because of the amount of time and the personal connection that is made due to the nature of the work, very strong bonds are repeatedly developed between the therapy animal and clients. This can cause more harm to clients than if they simply approached therapy with no animal intervention (Lefkowitz).

If clients have a negative experience or image in their past with animals the presence of an animal can cause them to be more afraid or shut down during therapy. This might also affect the trust between the therapist and clients before sessions or the

ability to build trust has even begun. Clients could also be allergic to the animal and therefore it would not be a therapeutic intervention for them and could have greater health risks (Lefkowitz).

There are also drawbacks for the animal who is involved in AAT. If the animal is more of the fragile nature, such as a bird or a rabbit, there is a greater risk of injury even if it is not intended by the client. The animal could also suffer from stress or overwork if they are continually exposed to a stressful atmosphere (Lefkowitz).

The wellbeing of the client and the animal should be considered before beginning therapy sessions involving AAT. However, if the right precautions are taken, most of these drawbacks can be avoided and the benefits would outweigh the drawbacks of using AAT as a therapeutic intervention.

Conclusion

This brief introduction is to better help the reader understand the role that animals have played in society, a background of what AAT is, as well as the progress that AAT has made in the medical field throughout the years. It is not an all-inclusive introduction; it is simply meant to provide a foundation for the rest of this thesis and explain some of the terms that may appear or be referred to throughout the rest of this text.

In the following sections, the reader will be exposed to examples of AAT in practice, the way that AAT is used when working with children, as well as the specific benefits of using AAT when working with children who have been sexually abused. It will then close with a specific example of an organization that has successfully

introduced the AAT practice into their therapy approach when working with children who have experienced trauma and seen significant benefits for their clients.

A great deal of research has been done on the benefits of AAT with adolescents and more specifically children who have suffered from sexual abuse. Because my time at Mount Saint Vincent Home greatly influenced me in writing on this topic, I chose to focus on both adolescents as well as adolescents who suffered from sexual abuse because this is their prominent population. Through this research, I hope to show the overall benefits of using AAT when working with adolescents who have experienced trauma. In particular, my hope is that through my research I can clearly show the positive work that Mount Saint Vincent Home is doing with helping their children on the path to healing.

It is important to keep in mind that AAT may not be the right approach with all clients, but in cases where the client is open to the use of AAT and it is facilitated correctly it can provide positive benefits that may not be able to come from any other approach.

Chapter One

Methods of Animal Assisted Therapy

From nursing homes to hospitals, many therapists and institutions adopted the practice of bringing in therapy animals to provide support and comfort to the population they are working with. The following chapter outlines different ways to implement AAT into practice as well as discussing the benefits for particular populations.

Models of Implementation

AAT is most traditionally seen incorporated into individual therapy. However, within this context there are two ways to implement the practice. The therapist can bring in an outside handler and their animal to the session. This allows the therapist to incorporate AAT into their practice without having to own or train their own animal. The handler and the animal go through special training and screening as well as discuss the component of confidentiality. The drawback to this approach is that if the client is traumatized, it may be more difficult for the client to not only trust to the therapist, but also become adjusted and comfortable in the presence of another individual, the handler. The other option that therapists have is to bring in their own therapy animal. This allows for the therapist to build the initial relationship with the client while not having to worry about the transition of bringing the handler in and allowing the handler to leave before the session is through (Chandler).

The incorporation of AAT into group therapy provides therapists with a valuable tool in their sessions. They can use the therapy animal as a way to begin conversation, tell stories and alleviate any tension in patients who are showing signs of anxiety or fear. The use of trained animals and handlers is also valuable so that the therapist can focus on the dynamics of the group as well as the progress of the healing process. Group therapy sessions that incorporate AAT have commonly shown that patients are more attentive, open, and alert when the dogs were present. Therapy animals in group settings also help to foster warmth, acceptance, security and empathy (Dietz).

Another form of AAT involves more skill building and interaction as opposed to both the individual and group models that tend to rely more on the presence of the dog for calming and trust factors.

Types of Animals

Equine-Assisted Psychotherapy (EAP) is an approach where therapists incorporate horses as an integral part of the healing process. It is typically used in conjunction with a variety of other approaches such as group therapy and with a wide variety of clients. It is an experimental approach to therapy. Clients are able to learn about themselves through their interactions with the animal. Horses are seen as an appropriate fit for this role because of their size, power, and ability to be sensitive to humans (Masini).

When used as an individual therapy approach, therapists are able to present an activity with the horse (such as grooming) and then facilitate a conversation about the experience either during the activity or afterward. When working with clients who are

less verbal, the presence of an animal can create an atmosphere of security especially when discussing uncomfortable topics. Group sessions are structured the same where the clients are asked to participate in an activity for a certain period of time and then everyone is invited back to a group discussion afterward (Masini).

There are many benefits to this type of AAT. Some are more obvious than others, but they include the sense of wellbeing from being in nature, feelings of acceptance from the community and connection to suppressed feelings. EAP has also been very useful when other forms of therapy have been inaccessible or unsuccessful (Masini).

It has also been observed that unresponsive or nonverbal adolescents became more alert and involved with their peers and with the staff once the relationship with their horse began to develop. The animal-child relationship helped the adolescents feel more confident in these relationships. Similarly, the youth often reported that they felt safer and more secure when they were around the horse as opposed to the fear they may have felt simply being around adults or figures of authority (Masini).

EAP has also been used successfully with clients who suffer from alcohol and drug abuse. The staff set goals with these clients and the program helped the clients connect and embrace the feelings that were raised. It created a safe environment where they could practice appropriate coping and problem-solving skills and a better and clearer understanding of how actions affect themselves and others (Masini).

The use of farm animals (livestock) is also an effective use of therapy. These animals respond to human arousal, which Kruger suggests may allow adolescents to mimic the parental emotional response. Through the domestication process, farm animals

are especially attuned to changes in human emotions, especially the humans that care for them. This also addressed the myth that animals give unconditional love. One important element of AAT with farm animals is that their response is dependent on the nonverbal communication from the individual caring for them. The animals respond to the care and attention that the human gives to them which at times may be a negative response if the human gave negative attention or neglected to care for the animal properly (Kruger 22).

Much like EAP, working with farm animals allows for reflection and conversation. The clinicians can help the clients make sense of signals given by the animals (like head shaking and pawing from a horse). The clinicians also help the clients explore the reasons for the animals' behavior, which works on problem solving skills and being aware of how their actions affect others. They are able to better understand and respond to reactions and behaviors different from their own (Kruger 22).

Along with responding and processing to the behaviors of the animals, the domestication process also teaches clients how to care for the animals and see the process as a developmental journey. The process requires clients to become more aware of their own emotions in order to show love and affection to the animals. This requires intimacy and cooperation between them. This can be a long process and there are moments of misunderstanding. However, these moments become learning opportunities and the clinician is able to process through the experiences with clients in order to help them grow (Kruger 22).

Settings

There are many benefits to implementing AAT into the hospital setting. It can help reduce patients' loneliness, improve communication, reduce the need for certain medications, decrease stress and anxiety, improve vital signs and motivate patients. In critical care settings, for example, nurses wean patients from the ventilation system. This creates high stress and anxiety in critical care patients, but petting an animal during this activity can help reduce the stress of the process. Overall, the use of AAT in the hospital setting lifts the spirits of both the patients and families and the staff who care for them (Connor).

A case study was done with children who are frequently hospitalized. It compared the benefits of play therapy versus AAT and if there was a significant difference in the mood of the children between the two practices. Hospitals often offer their long term pediatric patients with programs that are aimed at providing activities that maximize coping skills along with reducing the normal stressors related with illness (Kaminski).

This study was conducted with seventy children. Forty of these children participated in the child- life group which provided play programming for the patients. The other thirty children participated in a pet-facilitated therapy group. This study measured mood provided by the patient, mood provided by the parent, as well as an assessment done while the child was participating in the activity (positive affect, negative affect, anxious fearful affect, neutral affect, touch- physical contact and persistence on task) by videotaping the children during the therapy session (Kaminski).

There was no significant difference in mood between the two groups. Both showed an increase in mood from when they began the activity. However, the children in the pet therapy group did have greater positive affect (such as expression of positive attitude shown by laughter, smiles, etc.) and touch-physical contact relative to the child-life group. Another noticeable difference was that the children who were in the pet-therapy group experienced an anticipatory excitement about the activity and seeing the dogs (Kaminski).

Aging leads to a decrease in the ability to cope with external changes. Institutionalizing the elderly can have serious implications on the well-being of an individual. This process occasionally creates stress and loneliness caused by separating the individual from their home environment. This leads to both psychological and physical consequences. Typically, these institutions look for low-cost, but effective measures to help reduce the stress and apathy that residents experience. The most effective measures involve stimulating social responsiveness and physical activity. The use of visiting animals and AAT has proven to stimulate social responsiveness and physical activity among patients (Berry).

A study was done in a nursing home located in Italy. Two types of dog interventions were done twice a week for five months. Dogs came into physical therapy sessions as well as social settings. There was a clear change in the residents' behavior; they were more willing to participate in the activities involving dogs whereas before they were reluctant. There was also a shift in facial expressions and residents were seen smiling and less still-faced when they were interacting with the dogs as well. The goal of

the study was to provide the residents with a distraction from their physical health and relieve the sense of apathy that prevented many from participating in activities. Overall, the use of AAT was beneficial to the residents (Berry).

Conclusion

This chapter displays the wide variety of implementation methods, diverse population of animals available, and various settings where AAT can take place. Because of the many ways in which these can be combined, it is clear that AAT can be adapted for almost any client in a way that will advance their goals and treatment plan that is beneficial and accommodates both them and the therapist.

Chapter Two

Animal Assisted Therapy and Adolescents

While AAT can be used with a wide variety of age groups, there has been a great deal of research conducted on the benefits of AAT among adolescents. The following chapter outlines the unique animal-child bond and a few traditional populations in which AAT has proven to be particularly successful.

Animal and Child Interaction

AAT is an effective therapeutic approach when working with children because commonly the animal child relationship is already present in their lives. Children feel a connection with animals and feel secure in their presence. According to Melson and Fine, one in three households owns a dog or a cat. Not only are children interacting with animals in the home, but they also encounter them in the classroom and in nature. Teachers feel that using small pets in the classroom helps teach children the importance of responsibility and caring for something other than themselves (Fine). It is also encouraged that children learn about nature and animals while they're developing. Aquariums, zoos, the park, and activities such as putting up bird feeders and bird baths help children understand how valuable animals are in the lives of humans (Fine).

Melson conducted a study on the importance of animals in the development of children. Animals do not just play one role this development process. Scholars have created a list of possible roles animals play: nurturance and caring for others (including

empathy), coping with stress, emotion regulation and positive adjustment (including self-control), reduction of maladaptive outcomes, theory of mind, social support, and physical activity (Fine).

In the following sections, these various roles will be further explored through case studies involving a variety of adolescents and the use of AAT.

Animal Assisted Therapy in the School Setting

There are many benefits to incorporating AAT into the school setting. In an article by Lori Friesen published in the *Early Childhood Education Journal*, she weighs both the benefits as well as the concerns with programs, involving dogs specifically, in the school environment.

Some of the benefits include physiological changes such as lower behavioral, emotional and verbal distress in children during mildly stressful activities and a lower blood pressure and heart rate when children participate in activities such as reading out loud in class (Friesen). When dogs are present in the classroom, children are found to be more responsive, attentive and cooperative with the adults who are working with them. Children enjoy the company of animals because they are accepting and non-judgmental, sometimes a quality that is hard to find in a middle school classroom. The child also gets the opportunity to play the nurturing role with the animal and show them the care and compassion that is modeled to them. (Friesen).

There are, however, many concerns and criticisms with implementing AAT in the classroom. One of the most common is the fear of allergies. When selecting a dog, it is important to keep in mind one that does not shed, is bathed regularly and is up to date

with vaccinations. Washing hands before and after the visit as well as having a designated pillow or blanket for the dog that is also regularly washed will also help minimize the allergy concern (Friesen). Safety for the children is another big concern, especially in a school setting. There would need to be age-appropriate lessons beforehand that could help the children understand positive ways to show empathy that would not injure or startle the dog. Cultural differences would also come into effect when working with a school that has a diverse population. In some cultures, dogs can be seen as unclean and children are discouraged from interacting with them. Obtaining parental approval and consent would be needed before allowing all children to participate in this type of therapy (Friesen).

Perhaps not as often thought about, but also just as important is the safety of the animal. Because a school setting has a higher amount of children in one place, as opposed to a one on one therapy setting, the animal is more likely to be startled or overwhelmed. Addressing age- appropriate ways of showing affection could help lessen some of these feelings for the animal. Water and a kennel or a safe haven for the dog to retreat to is very important with this type of work. The handler should be able to recognize signs of stress from their animal, and provide them with a brief exercise break if they become overwhelmed. The dog should never be left alone with the children or be given treats by the children if not under supervision of the handler. It would be beneficial to both the children and the dog if the handler could attend a few site visits before beginning the program so that they could become familiar with one another (Friesen).

One program that is already in effect is called R.E.A.D.: Reading Education Assistance Dogs. It began in Salt Lake City in 1999 by the Intermountain Therapy Animals. Preliminary findings from this program found that after the students participated for 13 months, their grade levels increased by at least two and some improved as much as four (Jalongo). These types of programs are encouraging for educators because they show a great promise for motivating children to complete various academic activities. Research has shown that the presence of therapy animals and service dogs can also promote the classroom goal of inclusion. According to Jalongo's research, AAT is founded on two principles: children's natural tendency to open up in the presence of animals and the stress-moderating effect of an animal's calm presence. It has also been noted that talking to animals can be therapeutic and over 70% of children all ages tend to confide in animals (Jalongo).

Even though there are notable criticisms to implementing AAT into the school setting, it is becoming very common to at least see the use of animal interactions in the classroom. Whether it is a class pet or an outside program being brought in to help the advancement of reading skills, animals are undoubtedly becoming an integral part of the learning process.

Animal Assisted Therapy and Behavioral Issues

Children with emotional disorders frequently display physical and verbal aggression toward classmates. They have a difficult time listening to authority figures and can refuse to cooperate in activities, damage classroom property, as well as create a distrustful environment for other classmates. It is not uncommon for children with these

types of issues will attend more than one school, being shuffled from one to the other in hopes of more beneficial support and successful interventions. Because teachers see firsthand the way in which behavioral issues can disrupt the child's education, their observations carry the most weight in identifying students with emotional disorders (Kogan).

In two case studies by Lori Kogan, two male participants were selected; both were labeled as emotionally disturbed. Both boys had distinct goals laid out for them, hoping that the use of AAT would allow them to better achieve these goals. These goals were selected by their special education teachers (Kogan). Data were collected from five sources for each participant: the ADD-H Comprehensive Teacher Rating Scale; observations from each session conducted by education professionals; multi-rater coding of videotapes; utilization of Individual Education Plans (IEP); and post intervention interviews with the participants, their families, and the education professionals who took part in each session (Kogan).

Participant A was a twelve year old boy in the sixth grade. At age two he fell two stories from a window, a skull fracture was discovered a year later. At an early age, he was diagnosed with mental retardation, attention deficit disorder, oppositional defiant disorder, depression and explosive tendencies. He had attended four different schools, finally being placed in a moderate needs program and labeled as learning disabled. He was eventually placed in an Emotionally Disturbed (ED) program. He often displayed a negative attitude, noted by his tone and behaviors, which caused him to be isolated from his classmates. His goals focused on appropriate social skills, such as positive voice tone,

appropriate eye contact, and less time fantasizing- in hopes for better concentration in class and while doing homework (Kogan).

Participant B was eleven years old and in the fifth grade. At age three, he experienced a high fever with convulsions that left him in the hospital. As he grew older, his mother noted that he often engaged in “active play” which at times left him injured and she also described him as hyperactive from an early age. He attended five different schools during his elementary school years. His parents divorced when he was in the first grade causing him and his siblings to witness a great deal of fighting, conflict, and financial instability. He often felt unwanted and unwelcome (Kogan). He was placed in a moderate needs programs in the fourth grade because of his low academic performance. His goals for AAT included social skills improvement, age appropriate behaviors, and increased sense of personal control. Another important goal to address his feels of being unwanted was an increase in his perceived sense of power (Kogan).

Each participant had weekly AAT sessions, from January to May, for a total of 11 sessions. The sessions were broken into two parts: rapport-building time and animal training/ presentation time (Kogan). The sessions would start with simple tasks such as petting or grooming the dog. Initial conversation topics were brought up; the handler did not push certain topics if the participants did not want to continue the conversation. After the initial bonding between the children, dog, and handler, the child would work on various commands with the dog. Because the dogs are prescreened and trained, they already knew several commands. The sessions were to focus on teaching the child how to command the dog in a way that it would listen and respond. Through this process, each

participant was able to learn what he needed to do in order to extract the desired response from the dog such as tone, eye contact, patience, memory, and positive reinforcement (Kogan). The participants focused on specific tasks related to a presentation that they would give to their class. They both practiced their presentations out loud during several sessions; the last two sessions, they worked together to perfect their presentations (Kogan).

At the end of the sessions, most goal areas showed a positive growth. Participant A excelled in all areas (except for fantasy self-talk). He was less distracted in class and he was more able to stay focused on a task. His peer relationship improved -- he even stated, "I'm getting along better with my friends" (Kogan). Participant B showed similar progress. He had enormous improvements in the area of learned helplessness. He had a new sense of control both over himself as well as over his environment. He, like participant A, also had an improvement in peer relationships (Kogan).

The participants improved their eye contact, voice expression, and began to voice themselves with more confidence. AAT allowed them to participate and engage in their own therapy. Because of their interactions and repeated success with the animal, they were able to develop a sense of pride and accomplishment that increased their self-esteem and allowed for improvement of their interactions with others, especially their peers (Kogan).

It is clear through these case studies that the use of AAT when working with children who experience behavioral issues can help increase the confidence in these children. When incorporating AAT into a goal oriented approach to therapy, these boys

were able to feel that they had control and could create a positive relationship with the animal. While dogs may not always be the appropriate animal to incorporate when working with behavioral issues, the benefit of the presence of the animal is apparent.

Animal Assisted Therapy and Children with Autism

Autism Spectrum Disorder is a neurodevelopmental childhood condition characterized by variable difficulties in social behavior and communication, restrictive interests, and repetitive activities. There has been a major increase in the number of children diagnosed with this disorder; one child in every 166 is affected. Introducing a dog into the therapy setting has been known to have some positive effects. Interactions with dogs have increased positive social behaviors, decreased self-absorption, and were more aware of their social environments and that the children showed a more playful mood (Silva).

Equine therapy has also been introduced when working with autistic children. In one case study, the Good Hope Equestrian Training Center in Florida brought thirty-four children diagnosed with ASD to their center for twelve weeks of therapy. Each session they practiced activities such as mounting/dismounting, exercises, riding skills, games and horsemanship activities such as grooming (Bass).

At the end of the two weeks, there were many positive outcomes seen by the therapists. Children showed improvement in sensory integration and directed attention- there was a decrease in inattention and distractibility. They also showed an improvement in social motivation and sensory sensitivity. One hypothesis for these results is that the structured intervention captured their attention: they were told to listen to directions,

verbalize commands to their horse, and identify shapes and horse anatomy. All of these activities required them to be fully engaged. Even though there were significant results in most areas, the fine motor/perceptual, social cognition and social awareness categories did not show significant results. The therapeutic activities laid out in the study were directed more towards sensory stimulation instead of emphasizing fine motor and perceptual skills. However, because the study only lasted twelve weeks, it is possible that a longer period of time may have influenced the fine motor skills (Bass).

Animals can help in even the most subtle ways to increase social skills with children who are diagnosed with autism. Whether they are increasing motor skills, becoming more observant of social cues, or simply increasing playfulness, there have been many studies on the benefits of AAT when working with this population.

Animal Assisted Therapy and the Foster Care System

The foster care system has a specific program known as Therapeutic Foster Care that assists children who have experienced a great deal of trauma in their lives. Whether it was physical, sexual, or emotion abuse or they display abandonment issues, it is clear that often time these children find it very difficult to trust others. This program is specifically for children who have severe emotional disturbances, but do not meet the criteria for inpatient hospitalization care. Some struggles that these children face include the inability to form emotional attachment, depression, aggression, inability to respect authority, drugs, conduct disorders, and other self- destructive behaviors (Kesner).

Often times, these children do not respond well to traditional therapeutic approaches such as talk therapy. However, Dr. Samuel Corson found that when working

with this population, AAT was an effective approach. Because of the trauma these children have experienced with other humans, typically they feel more comfortable forming attachments to animals- these attachments can help develop healthy self-esteem, ability to set boundaries, and learn to build trust again (Kesner).

A study was conducted with fourteen foster children between the ages of 5 and 17. These children were placed in the Therapeutic Foster Care program with the criteria that they were stable and free of any dangerous behaviors, did not have a fear of animals, and were cognitively able to process feelings and thoughts. Before the sessions the children completed two tests: the Tennessee Self-Concept Scale and the Piers-Harris 2 Children's Self-Concept test. The children participated in ten therapeutic horseback riding sessions that were in one hour increments. They focused on the basics of horse care, riding etiquette, and perfection of riding skills. The horses were carefully matched with the riders in a way that would help the children overcome any fears while also gaining the confidence they needed that would help them address issues in real life situations (Kesner).

These sessions were set up in order for the child to form a strong relationship and bond with the horse. The horse replicates the participant's energy, which allows the participants to take responsibility for their own behavior. And there was time to talk and share affection with the horses after they were taught how to brush them properly. They were also taught to prepare their horses to be saddled. The following sessions built upon these basics and eventually the children were learning how to maneuver the horse and play some basic games while mounted. They were able to wander out into trail riding and

as the participants got more confident, eventually those who demonstrated good behavior were allowed to lead the trail rides too. The more comfortable the children got with the horses, the more advanced the instructor could make the sessions, guiding the participants through reading the nonverbal communication the horses used such as body movement and facial expressions (Kesner).

The data collected showed positive changes in both behavior as well as emotions. Even the participants described themselves as being happier, experiencing a higher sense of confidence, feeling less of a need to act out, wanting to spend more time around others, accepting themselves for who they are, as well as feeling a greater sense of responsibility. They also described having a deep bond with the horses that they were paired with. The older children were able to better articulate what this relationship felt like. The parents of the children observed many changes throughout the sessions such as better behavior, confidence level, attitude as well as willingness to interact with others. The hope was that after these sessions, the children would be able to take all of the time and energy they put into learning how to care for their horse and then treat themselves with the same amount of care (Kesner).

It has been stated that horseback riding is beneficial to abuse victims because it helps them feel empowered. Many of the children in the Therapeutic Foster Care program have experienced some type of abuse. Building a strong relationship with these animals and then being able to read their nonverbal communication cues allows the participants to not only feel like they have a loving relationship, but also that they are aware of their

surroundings and have the knowledge and skills needed to work with these horses and get the response that they were working towards (Kesner).

Conclusion

This chapter included a wide variety of populations of adolescents who engaged in AAT. Many of these children may not have succeeded with traditional therapy alone. By allowing AAT to be incorporated, children who may not typically respond to therapy are able to find different ways of communicating that may involve the animal or they may simply feel more comfortable by the presence of the animal. Because the child animal relationship is so unique, the advantages of using AAT in combination with therapy will often time produce more results than simply using traditional therapy practices alone.

Chapter Three

Animal Assisted Therapy with Children Who Have Experienced Sexual Abuse

Background of Child Sexual Abuse

Unfortunately, child sexual abuse (CSA) is a lot more common than people may think. According to Dietz, one in three girls and one in seven boys are affected (Dietz). CSA can include many different definitions and categories ranging from single attacks by strangers to long- term relationships with a parent or close relative/ family friend. One difficulty that arises with CSA is that there tends to be very little physical evidence. Therefore, intervention relies on the child's voluntary disclosure. This makes it difficult for many long term cases of CSA to be treated (Duffy).

One of the main reasons for nondisclosure from a child is that the abuse usually begins at an early age and many of these victims are too young to verbalize the information. Another contributing factor that leads to many long term cases of CSA to go unnoticed is that typically the child does not understand that the abuse is wrong or out of the ordinary, especially when the abuser is a trusted family member. Research shows that 53% of children who are victims of CSA by family members never disclose the abuse. One of the frequent reasons that children may not disclose when the abuser is a family member is that they feel partly responsible for the abuse (Duffy).

CSA can cause many long-lasting problems that affect these children far into their adulthood. Some of these include increased risks for suicide attempts and other mental

issues such as depression and posttraumatic stress disorder (PTSD). Almost half of all sexually abused children show symptoms and meet the criteria for PTSD. Some of these symptoms include aggression, increased anxiety, avoidance of people or situations, irrational fears, and other physical symptoms (Dietz).

Once the abuse is disclosed, it is important for these children to begin the healing process. When the CSA perpetrator is not in the family, both the child and the family should take these beginning steps together. Sometimes the caregivers may be in shock, denial, confusion, or emotional numbing. This makes it difficult for them to be there to support the child as well. Therapy is one of these first steps to help everyone begin making steps to recovery (Pifalo).

Challenges of Therapy

One of the initial challenges of working with children who have been sexually abused is that often times family members who had no involvement and no knowledge of the abuse go into shock, as mentioned earlier. The disclosure leaves the family frightened and leads them into territory that they do not even begin to know how to navigate. While this is a stressful time for the family, the children can feel as if they are not being supported because everyone else around them is in shock as well. This lack of support can close the child up and prevent them from sharing some of the trauma that they have experienced (Pifalo).

Aside from the family as a whole, one of the challenges when working with children who have experienced sexual abuse is creating a type of therapy that actually aids in their healing process. Not all therapy is beneficial and at times can be harmful to

the children when therapists misuse certain techniques in their sessions. However, according to thirty years of outcome research on therapeutic services, it has been stated that active treatment for children who experienced CSA does in fact show significant improvements over groups who receive no treatment (Allnock).

Children who experience CSA suffer from a great deal of trauma. It is important for therapists to understand the role that trauma plays in these children's lives. Unresolved traumas creep into their consciousness through dreams, memories, sensations, and behavioral reenactments. These traumatized children do not address their traumatic experiences; instead they block them out of their minds and lives completely. They often create a defense mechanism in order to deal with their trauma. With these mechanisms in place it is impossible to help them confront and work through these issues, let alone to integrate their experience and fears into their reality. Therefore, one of the challenges to addressing this trauma is that the positive message these children receive during therapy must match the negative ideas and images that they have of themselves locked away in their mind (Reichert).

Group therapy is another typical approach to working with children who experienced CSA. However, group therapy also has its own challenges. It has been found that sometimes children who participate in group therapy begin to over identify with the victim role and they may take on emotional concerns of others that do not relate to their own experiences. Some of the other concerns with groups that arise are the lack of identified goals for each child, the lack of consistency in the ways that groups are run, and no clear leadership experienced by the children (Reichert).

Working with children who experienced CSA is challenging. While therapy is clearly beneficial to these children, it is important to understand the needs of the children and what approaches will work best in order to achieve the goals that they are looking for from therapy.

Benefits of Animal Assisted Therapy

There are many approaches to working with children who experienced CSA; however, one of the most effective ways is incorporating AAT into the sessions. There are many benefits of AAT when working with children, as seen throughout chapter two, and children who experienced CSA is perhaps one of the groups that benefit the most.

Elisabeth Reichert worked as a clinical social worker for five years at Project Against Sexual Abuse of Appalachian Children (PASAAC) in Tennessee. PASAAC is a nonprofit social service agency that directly works with children who experienced CSA. Reichert did not intend to incorporate animals into her therapy originally. She just happened to have her dog present at one of her sessions and noticed that one of her rather shy clients began talking to her dog, Buster. From this experience, Reichert began studying the topic of AAT. In this section, two of Reichert's approaches to using AAT will be explained. One is her personal experience of using AAT in her private practice with the integration of storytelling; the other is her experience of incorporating AAT into group therapy sessions (Reichert).

Individual Therapy. According to Reichert, the presence of an animal can help increase the child's sense of self-esteem and also promote the expression of feelings. However, the introduction of an animal in treatment for sexually abused children requires a specific

approach- this approach was discussed earlier in chapter 1. When working with small children, she noticed that they do not tend to answer questions directly from her. But, when she would ask questions to the children through the animal, such as “Buster wants to know how old you are” the children seemed more comfortable with sharing their answers. However, the child may find it easier to express himself or herself through physical interactions instead of verbal communication with the animal. Therefore, the therapist may need to depend more on reading the body language, tone of voice and facial expressions instead of directly interpreting what the child is trying to say through words (Reichert).

Using the animal as the child’s alter ego can help the child to express his or her feelings. For example, if the therapist would like to know about the child’s nightmares instead of asking the child directly about the nightmares, the therapist could ask the child what the dog’s nightmares were about. The child may then project his or her feelings on to the dog and talk about him- or her and the abuse as if the dog were them. If this direct approach of projecting themselves onto the dog is not effective, Reichert explains that the use of storytelling with the animal might also be an effective approach. The therapist would tailor the story to the child’s own experience and then proceed to tell the story replacing the child with the dog as the main character. Then the therapist is able to ask the child about the dog character in the story and begin to open up a conversation this way. At the end of the story and the conversation the therapist can reassure the child that bad things can happen to good dogs like the one in the story and it is not their fault. This reassurance can help the child realize that further discussion and conversation is open

because the dog in the story did nothing wrong. Reichert has found that this approach to AAT in individual sessions when included with storytelling is very effective when working with younger children who experienced CSA (Reichert).

Group Therapy. Reichert has also worked with AAT in group settings. As mentioned earlier, she has found that the animal helped ease tension and anxiety that the children experienced. With group therapy she found that the children enjoyed having the option of disclosing their abuse into the pet's ear or being able to share with the group. The animal was also available to play with, touch or project their feelings onto (Reichert).

She set up the group therapy into three phases. The first session was a time for the therapist to make a general statement about the purpose of the group. They say something along the lines of "This is a place where children who have been sexually abused come together to find out about what happened and ways to feel better." Certain techniques are used such as each of the children talking about how they feel in that moment. Group rules are developed early on and the children participate in setting those rules. Breathing techniques are taught. They are reassured that feelings are ok and they talk about how to better understand their own feelings. The dog is present throughout the entire session and the children are allowed to pet the dog in order to ease tension, reflect anxiety, or simply for support (Reichert).

The second phase includes therapeutic storytelling. Children are encouraged to tell their sexual abuse stories to either the group or to a puppet that they choose, or they can whisper the story into the dog's ear. Regardless of which method they chose, most children held onto the dog before, during, or after their disclosure. Oftentimes guilt and

shame are felt by the children, so the therapist can tell the children a true story about the dog. Children usually respond to the story and say that whatever issue the dog faced in the story was not the dog's fault and that bad things can happen to good dogs-just like them (Reichert).

The third phase includes the discussion of the power that children possess, including their power to use words to share their thoughts. It is also important for the therapist to understand the child's support system because when the group work is finished it is common for children to experience feelings of past loss and rejection. Some sort of collage project where the girls are able to write positive messages to one another on a collage and then they can take these messages home with them as a certificate of their completion of therapy is carried out (Reichert).

The importance of the therapy animal as support through this whole process is crucial. While these children all have experienced the same type of abuse, it is often easier for them to relate and feel supported by the animal as opposed to one another. By the final phase of the therapy, they have come to realize the importance of one another more clearly than they may have initially experienced. The dog serves as a transition piece as well as a support system until they can see the power that they have within themselves (Reichert).

Conclusion

Unfortunately, CSA is far more common than we would like to admit in our society today. Whether it is a close acquaintance or a distant stranger, the effect of CSA on children is devastating. Approaching therapy and beginning the healing process with

this population is a very sensitive step in the overall procedure. Because of this, it is also one of the populations with the most research and case studies available on the benefits that incorporating AAT into the therapy process can hold.

Chapter Four

Animal Assisted Therapy and Mount Saint Vincent Home

History of Mount Saint Vincent Home

Mount Saint Vincent (MSV) is located in Denver, Colorado, and was founded by the Sisters of Charity of Leavenworth Kansas in 1883. It was originally established as an orphanage. When the establishment of the foster care system became a more suitable approach than orphanages, MSV shifted their focus to being a residential facility for children who exhibited special medical and behavioral needs. The sisters were trained with advanced degrees in social work and began hiring qualified staff that could care for these children with severe emotional and behavioral problems (A Legacy of Care and Hope).

In 2006, MSV lost their Medicaid funding for the residential care program for children with mental health problems. Because of this, children with the most severe mental health problems are referred to the residential program. This program is one step below a psychiatric hospital and often times early-release patients from these psychiatric hospitals will be admitted. Children who may have been admitted to the residential program but have less severe problems are instead enrolled in the day treatment program (A Legacy of Care and Hope).

Today, there is also the Sister Daniel Stefani on-grounds school that is licensed by the North Central Association: Commission on Accreditation and School Improvement.

The children's academics and developmental levels are taken into consideration when providing services for the children (A Legacy of Care and Hope).

Residential Treatment Program

MSV has three residential cottages with room for twenty- four boys and twelve girls, ages five to twelve. Children referred to MSV have experienced physical or sexual abuse, severe neglect, or are diagnosed with a mental illness. There is twenty-four hour staff, each child has their own therapist, and the children attend school on campus. These children are referred by county agencies, juvenile courts, school districts, behavioral health organizations, and concerned family members (Residential Treatment Program).

The children are regularly assessed by a psychiatrist during their time at MSV. If necessary, children are prescribed medications while being closely monitored for effectiveness and necessity. Everything is provided for the children during their stay-from food to clothing. Children are also given their own bicycle that they are allowed to take with them at the end of their stay. There are a wide variety of activities for the children after school and on the weekends such as creative arts therapies, soccer, and swimming (Residential Treatment Program).

Day Treatment Program

Like the residential program, the day treatment program also serves children from age five to twelve. Most of these children come from the Denver metropolitan area.

Individual, family, and group therapy are offered to them, and a therapy plan is laid out in accordance with the children's therapeutic needs (Day Treatment Program).

Children in the day treatment program are provided creative arts therapy as well as recreation and when appropriate specialty therapies. Psychiatric services and consultations are provided. These children are enrolled in the Sister Daniel Stefani on-grounds school and are taught by trained special education teachers alongside the children in the residential program (Day Treatment Program).

The goal of this program is to provide quality therapeutic services for these children who have experienced significant trauma, neglect, and/or mental health issues. MSV works with the children, parents and/ or referral sources to help empower these children and help make them successful in their futures. The goal of the staff at MSV is to help these children work towards emotional health and ease the transition back into the public school setting successfully (Day Treatment Program).

Animal Assisted Therapy at Mount Saint Vincent

As mentioned, the children at MSV receive many types of therapies- one specialty therapy being AAT. This program was inspired by Felicia, a staff member at MSV. Felicia had health issues that led to her having a service dog of her own. She was very passionate about her dog and wanted to start a program for the children of MSV. Her passing two and a half years ago sparked an interest in pursuing AAT even future. Today, the Felicia Fund helps support the program (Pfeiffer).

Jessica Pfeiffer is a licensed clinical social worker and the supervising lead clinician at MSV. After Felicia's passing, Jessica did her practicum and then was

certificated as an animal assisted therapist- she was the only therapist practicing AAT at the time. About a year ago, MSV hired Teresa Egan who is also a licensed clinical social worker. She worked with the University of Denver interns to create the policy and procedures for AAT on site. Both Jessica and Teresa offered insight into the AAT program and how it positively contributes to both the children as well as the staff at MSV (Pfeiffer).

All of the animals go through a screening process and need to be certified in order to be on site at MSV. There are currently two therapy dogs certified through Canine Good Citizen, two certified through Freedom Service Dogs, and two who volunteer through Denver Pet Partners with their handlers. MSV has two AAT groups, an equine and dog group through Freedom Service Dogs (the equine group mainly consists of children who are in foster care or have been adopted). Every child is assessed for their appropriateness for AAT based on what areas of their life they are struggling the most. If a child is struggling with regulation or relationships, AAT is a great intervention. Along with appropriateness, the therapists also assess what type of AAT intervention would be most beneficial for the child (group, individual, small animal, large animal, etc.). If they feel that a child is not safe enough or too impulsive, they will not allow them to participate in AAT until they believe the child is ready, much like the safety precautions mentioned earlier. MSV uses both AAT and AAA. In both activity and therapy, a dog may be present- but not incorporated into the session. AAT is goal oriented and often incorporated when the child is struggling with self-esteem and trauma (Egan).

During the sessions, the animal is typically used as a tool to help both regulate and relax. According to the therapists, a lot of the children at MSV respond well to talking about the animal instead of themselves. Therapeutic stories are when the animal is the focus of the session which allows the child to make interpretations and not focus on themselves. This interpretation helps the therapist to gain insights into the child's beliefs about themselves and the world. A therapist can also reflect on the animal's body language and response to what the child is doing- the children are able to make the connection of how their energy and behaviors can affect the animal and how they feel (Egan).

Both Jessica and Teresa have found that in their sessions, children are sometimes able to focus more easily in the presence of an animal. Jessica also noted that she is able to build rapport more quickly with the children when she incorporates an animal into the session. For them, it is easy to tell if AAT is not the right fit because they might experience both dysregulation with the child and an anxious animal (Pfeiffer).

Overall, AAT has a positive effect and creates a caring and loving environment for both the staff and the children. The staff love having animals around and often times they will stop by Jessica and Teresa's office when they have their dogs with them just to say hello and pet the dogs for a while. The staff enjoys hanging out and walking the dogs for their own personal self-care as well. The animals are a stress reducer and a welcome break throughout the day for everyone. Unfortunately, the dogs are not allowed to go into the school or in the units because of ethical issues, but they can always be seen walking around the grounds and in the hallways with people throughout the day (Egan).

The children and staff at MSV seem to have a genuine love of animals. AAT helps promote responsibility and caretaking as well as helps foster friendships outside of therapy sessions with the children and staff. The presence of animals is also great for the overall morale and energy of MSV and the great work that they are doing (Egan).

Conclusion

This brief overview of AAT at MSV helps to solidify the previous research in this thesis. MSV is an example of an organization that has implemented AAT in a way that is helping children who have experienced trauma to begin healing and regaining some of the areas of their lives that they struggle with the most.

Both Jessica and Teresa touched on many of the topics previously addressed such as the benefits of using therapeutic storytelling with the animals to help the children lessen the focus on themselves and the positive outcomes of using Equine Therapy when working with children who are in the foster care system or who have been adopted.

The use of AAT does not only benefit the children, but it also helps raise the morale among the hardworking staff who is dedicated to the healing process of these children. It is clear that while MSV may continue to do their great work without AAT, the presence of these animals contribute greatly to the mission of being committed to providing compassionate care and striving to produce positive and life changing results.

Conclusion

The overall objective of this research was to show the benefits of using AAT when working with children who have experienced trauma. This is a particularly vulnerable population and the goal of therapy is to uncover the trauma and talk through it while not re-traumatizing the child at the same time. Therefore, it is important to find an approach to therapy that makes the child feel comfortable and safe enough to open up.

As stated, using animals in the medical field is nothing new. In fact, it has been in practice since 1792. In the first section, research showed that the animal human bond is unique and that animals have the ability to lower blood pressure and heart rate in individuals. While there are both benefits and drawbacks to using AAT, it is clear throughout the previous chapters that the benefits seem to outweigh these few drawbacks mentioned earlier. It is not any wonder then why using animals in therapy would be a strategic advancement, especially when working in the mental health field.

The different models of implementation and a wide variety of animals also show how diverse the practice of AAT can be. This is particularly useful when working in the mental health field because if one technique or approach does not seem to work, then the therapist can try another until something is found that is suitable for both the therapist and the client. Being able to use a wide variety of animals also makes it more convenient and accessible to a wide range of clients because an appropriate animal can be selected for the appropriate setting or the appropriate implementation model. For example, if a

child who has experienced trauma is particularly violent then using a smaller animal such as a guinea pig or rabbit may not be a safe or appropriate choice for the animal.

Therefore, taking the child to an equine assisted therapy facility or out on a farm to work with larger animals may be a better fit for the child. Because the effects of trauma vary so greatly from case to case, AAT is a useful approach to finding the right fit for a treatment plan for each child.

Similar to the animal human bond, the animal child interaction is also very unique on its own. With such a high number of animals found throughout the typical household in the United States and the recent phenomenon of introducing a variety of animals into classrooms across the nation, children are constantly being exposed to animals and developing their own relationships with them. Many of the case studies presented in the *Animal Assisted Therapy and Adolescents* chapter include common situations for the children at Mount Saint Vincent. From behavioral issues, to autism, to children in the foster care system, this research supports the work being done as well as why there is such great progress being done at Mount Saint Vincent. It is clear that animals are becoming a familiar thing to children and intertwining this unique relationship into a therapy approach only seems natural.

All of this research built up to looking at the benefits of using AAT when working with children who have experienced sexual abuse. This is perhaps one of the most traumatizing situations that children can undergo. It is also one of the populations with the most research and case studies published when gathering information on AAT and adolescents. Elisabeth Reichert is one clinical social worker who has done many case

studies with this population and from her work she feels that incorporating animals into therapy has been beneficial in many ways, as the section on *Animal Assisted Therapy with Children Who Have Experienced Sexual Abuse* showed. This is one of the many populations accounted for at Mount Saint Vincent. It is also the population that I have the most passion for pursuing a career with in the future.

Mount Saint Vincent Home is one of many facilities who specialize in working with youth who have experienced trauma. However, it is one with which I have the most experience and have found to be a particularly impressive and successful organization in this field. After speaking with the therapists there, it is clear that seeing the children through the healing process is their main focus and they are open to accomplishing this through many different methods of therapy. From music therapy to equine assisted therapy, their program ensures that children receive the most appropriate form of therapy that is out there. All of the research gathered throughout this thesis is present and in practice at Mount Saint Vincent. The children are able to interact with different animals and open up in ways that they feel comfortable to begin working through their struggles. From seeing children walking dogs down the hallway to busing children to the nearest equine assisted therapy facility, their AAT program is such a powerful and beautiful process to witness and one that is extremely beneficial to the children at Mount Saint Vincent Home.

Personal Reflection & Application

After this research and thesis writing process, I find myself asking the honors program signature questions: *So What? Who Cares?* Maybe some people will finish

reading this and find themselves walking away with the impression that none of this matters and it was a waste of their time. But for me, this project has been about so much more than scrambling to meet deadlines and finding myself in thesis meetings with nothing to show for myself. In fact, it was a pivotal moment in my senior year. When I realized in early November that I was researching and spending time on a topic that my heart was not in and was not significant to my immediate future I had an extreme feeling of doubt and uncertainty about what I was doing. Why was I wasting my time? Why had I let myself go along with this for so long? And what was I going to do about it?

I have learned a lot about myself through these four years at Regis. And perhaps the most significant thing I have learned is that no matter where life takes me, I have a path and a calling: to serve others. Researching this topic and writing a thesis on AAT, to me, is about giving a voice to this vulnerable population of children who have experienced trauma. It is about saying to them, “Yes, you do matter. And I am going to do what it takes to find a way for you to begin healing.” Yes, I love both dogs and children. But this process was really not about me. It was about combining my passions in a way that will be beneficial to others. For me, this topic and this thesis will not end here.

As I pursue a career in counseling I will take everything that I have learned along this road with me. Jesuit Volunteer Corps Northwest is my next step, and I hope to take the insights that I have learned about both myself and working with vulnerable populations along with me. I will continue to learn. I will continue to grow. I hope to someday find myself back at Mount Saint Vincent working with these children and being

the therapist who answers a college student's question about her thesis, because asking these questions of what we can do to help others matters.

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