

THE CASE FOR USING ANIMAL ASSISTED PLAY THERAPY

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Abstract

Child development research has clearly established the importance of animals in children's lives. Neurobiology has shown that the production of oxytocin in humans is stimulated by interactions with animals, creating the potential for greater relaxation and increased empathy and engagement. The biological and psychosocial benefits of family companion animals have been well documented. Driven by current multidisciplinary theory and research, this article explores the similarities, compatibility, and integration of the fields of Play Therapy and Animal Assisted Therapy for children, adolescents and families. The rationale, basic principles, goal areas, and methods of Animal Assisted Play Therapy are presented, with information about existing research and resources.

Key words Animal assisted play therapy, canine therapy, equine therapy

Essential Features of Play Therapy

One of the advantages of play therapy is that it does not require language or verbalisation from children. Because it capitalises on children's natural inclination to play, children are motivated to express themselves, communicate and resolve problems more readily than through more cognitive or 'talk-oriented' methods designed for adults. The child-focused features of effective play therapy, nondirective and directive alike, suggest that play therapy is often the most developmentally-appropriate intervention to alleviate or eliminate many types of child problems (VanFleet, Sywulak, & Sniscak, 2010). At its core, play therapy brings positive change through the special relationship of

attunement, safety, reciprocity and acceptance that play therapists create with children. A meta-analysis of 93 research studies conducted in the United States and that controlled for many common errors and biases in meta-analytic research has clearly demonstrated the efficacy of play therapy when conducted properly (Bratton, Ray, Rhine, & Jones, 2005).

Regardless of the play therapy method used, a hallmark of the approach is the development of a child-focused relationship in which the therapist enters the child's world, considers thoughts, feelings, perceptions and ideas of importance to the child, and through the relationship that ensues, provides an emotionally secure environment in which children can overcome problems, master

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fearful or anxious feelings, and move forward in a psychosocially healthy direction (VanFleet, Sywulak, & Sniscak, 2010). It seems a logical outgrowth of this type of therapeutic relationship that what interests the child should interest the therapist.

The Importance of Animals* to Children

Most parents purchase stuffed toy animals and animal figurines for their children. Similarly, it would be a rare play therapy room that contained no animal toys or images, which often are used to provide safe metaphors for the expression of feelings through items of common child interest. These practices show adult awareness of children's interest in nonhuman animals. One might ask, however, about the extent of children's interest in animals and what roles animals play in children's lives and development.

Fortunately, substantive developmental research has provided some answers to these questions. Developmental psychology research has shown clearly and repeatedly that animals are very important to most children. Children are interested in them, talk about them, approach them readily, and even dream about them (Jalongo, 2004; Jalongo, Astorino, & Bomboy, 2004; Melson, 2001; Melson & Fine, 2006). Jalongo (2004), who has studied the involvement of animals in school classrooms and other settings around the world, has commented, "Companion animals should matter to educators, if for no other reason than that they matter so much to children." Melson's (2001) book, *Why the Wild Things Are*, is an authoritative and fascinating compilation of studies of children and animals. Few would argue, either from the research findings or practical experience, with the assertion that animals play a central role in children's development.

Recent research has identified one of the primary biological foundations of the human-animal bond. In her groundbreaking book, *Made for Each Other: The Biology of the Human-Animal Bond*, Olmert (2009) reveals the role of the

neurohormone oxytocin as perhaps the most important influence on our relationships with dogs, horses, cats, and many other animals. (Olmert also served as an advisor to the excellent January 2010 BBC Two Horizon programme, *The Secret Life of the Dog*, about ways dogs have evolved specifically to engage more fully in relationships with humans.) A series of well-controlled scientific studies have shown that oxytocin, which is well known for its role in mother-infant attachment, is also responsible for the ability of many animals (including humans) to read emotions, to seek physical contact and companionship, and to experience relaxation when in each other's presence (see Olmert, 2009). For example, when people pet their companion dogs, their oxytocin levels rise significantly, as do those of the dogs! It would seem that children's fascination with animals is developmentally profound *and* biologically based.

Benefits of Family Companion Animals for Children

One thinks first of dogs and cats when considering family companion animals, and they comprise a majority of pets in the United States and the United Kingdom. Depending on their living circumstances, children are exposed at home, on the farm, or in nature to many other animals, including rabbits, guinea pigs, birds, reptiles, horses, cows and a host of other farm animals. In wooded areas, they see deer, squirrels, and foxes. Even very young children usually show immediate interest in the animals they encounter. Anecdotal reports and stories of the benefits of companion animals abound (for example, Herriot, 1986). Studies of families with pets conducted in veterinary colleges and human-animal studies programmes have consistently yielded benefits for human adults and children (Beck & Katcher, 1996; Chandler, 2005; Esteves & Stokes, 2008; Podberscek, Paul, & Serpell, 2000). Frequently cited benefits of family companion animals for children include the following: increased calmness and self-regulation, lowered blood pressure, improved care-giving

*For simplicity the term 'animals' in this article refers to nonhuman animals. The terms 'pets' and 'companion animals' are used interchangeably

behaviours, development of empathy, increased responsibility, improved sense of security, increased initiation of positive behaviours and social lubricant effects, in which shy or reserved children are more likely to engage with other people in the presence of a pet.

Animal-Assisted Therapy

Growing alongside the field of play therapy at a similar pace has been the field of Animal Assisted Therapy. While several formal definitions exist, they are not used consistently in the literature or in popular practice. In general, nonhuman animals (dogs, cats, rabbits, miniature horses, for example) have visited elderly people in nursing facilities, hospitalised children, and school classes, often for quiet companionship and touch (petting or stroking) as well as simple activities (for example, Burch, 2003; Rivera, 2001, 2004). Specially trained dogs have helped improve children's motivation and ability to read through Reading to Rover and similar programmes (Jalongo, 2004). Such programmes are often called Animal Assisted Activities or Animal Assisted Interventions. Typically, the term Animal Assisted Therapy (AAT) refers to the work of a specially-trained human-animal team in which the human is a credentialed therapist, such as an occupational therapist, physiotherapist, or mental health therapist, and the nonhuman animal has met specific criteria for participation. The AAT team intervenes in specialised ways to further the attainment of therapeutic goals. Dogs and horses are the nonhuman species engaged most often in AAT work. There are a number of excellent resources on AAT (Chandler, 2005; Fine, 2006; Levinson & Mallon, 1997; O'Connor, 2005; VanFleet, 2008a).

Mental health practitioners use AAT to address a wide range of child and family problems, including developmental, social, emotional, and behavioural concerns. Interventions with horses, dogs and other nonhuman animals have been used with child/family difficulties such as selective mutism, learning disabilities and attention deficit disorder, oppositional behaviours, depression, shyness and social isolation, abuse, anger

management, bereavement, domestic violence, bullying, post-disaster and trauma reactions, anxiety, and attachment problems. AAT has been applied in various ways in foster care and residential programmes (for example, www.cbryouthconnect.org, www.greenchimneys.org, and www.playfulpooch.org), as well as in juvenile detention and youth correctional facilities (Bondarenko, 2007; Chandler, 2005; Loar & Colman, 2004).

Zimmerman and Russell-Martin (2008) have noted that AAT with young children makes sense because children and nonhuman animals have much in common: (1) they are dependent upon, or at least mindful of, adult human beings, (2) they exist mostly in the present moment and give honest feedback, (3) their primary form of communication is nonverbal and concrete, and (4) they know how to play naturally and to give freely. These factors, combined with children's great interest in animals, suggest that AAT is a potentially useful tool in the mental health practitioner's repertoire.

There are a number of controlled studies that have demonstrated the efficacy of AAT (Bowers & MacDonald, 2001; Trotter, Chandler, Goodwin-Bond, & Casey, 2008). Research studies at the Priory Clinic (www.priorygroup.com) have demonstrated the effectiveness of Equine-Assisted Psychotherapy (EAP) in combination with their 12-Step Programme for clients with addictions. A meta-analysis of 49 controlled AAT studies showed favourable results, especially with dogs and for children with autistic spectrum disorders (Nimer & Lundahl, 2007). Much more research is needed, however. Enthusiastic reports and case studies abound, but more controlled research and programme evaluations are needed to further establish the value of this promising approach.

As studies of the human-animal bond, people-pet interactions, and children's relationships with nonhuman animals continue to suggest physical, social, and mental health benefits, and as clinical interest and acceptance is on the rise, new methods of responsibly involving nonhuman animals in the practice of mental health therapies are expanding.

Zimmerman and Russell-Martin (2008)

noted the features of AAT that are similar to those of play therapy. Like play therapy, AAT is conducted in a setting that is inviting to children. Both methods help children communicate with others, express feelings, modify behaviours, develop problem solving skills, and learn new ways to relate to others. Play therapy, like AAT, builds on the natural ways that children learn about themselves and their relationships to the world around them. Both approaches can assist children in developing respect for self and others, body awareness, self-esteem, and better recognition and assurance of their own abilities. VanFleet (2008a) has noted the similar trajectories of the fields of AAT and play therapy as well as their developmentally-sensitive approaches for psychotherapeutic work with children, adolescents and families. The developmental, theoretical and clinical similarities have resulted in growing numbers of play therapists incorporating therapy animals in their work. VanFleet (2007) conducted a survey of 83 play therapists in the United States who involved animals with children. Respondents were universally enthusiastic about their clinical results and identified their beliefs that animals could facilitate the accomplishment of a number of therapeutic goals. Full results of this survey are available at http://play-therapy.com/playfulpooch/pets_study.html.

Animal Assisted Play Therapy Philosophy and Goal Areas

One of the most promising developments in child mental health intervention is the emerging field of Animal Assisted Play Therapy (AAPT). AAPT represents a synthesis of two intervention approaches that focus on the child's developmental point of view: play therapy and AAT. AAPT has been developing during the past decade and preliminary studies are promising (VanFleet, 2008a; Thompson, 2009).

VanFleet (2008a) has emphasised the involvement of dogs in play therapy and describes Animal Assisted Play Therapy as "the involvement of animals in the context of play therapy, in which appropriately trained therapists and animals engage

with children and families primarily through systematic play interventions, with the goal of improving children's developmental and psychosocial health as well as the animal's well-being. Play and playfulness are essential ingredients of the interactions and the relationship." (p. 19). Faa-Thompson has focused on the involvement of horses in conjunction with play therapy, has established the 'Turn About Pegasus' (TAP) programme that is comprised of group and individual Equine Assisted Psychotherapy (EAP) for at-risk children and adolescents, and is in the midst of a year-long research study on the efficacy of the TAP program. VanFleet and Faa-Thompson are both credentialed play therapists in the United States and the United Kingdom respectively, who continue to define and study AAPT, as well as to offer trainings for professionals interested in using AAPT for clinical work or research purposes. A handful of other play therapists have published their work combining AAT and play therapy, including Thompson (2009) in the United States, and Parish-Plass (2008) in Israel. Weiss (2009) has written about the combination of Equine Assisted Therapy and Theraplay. To date, there are approximately 75 professionals trained specifically in AAPT worldwide, with most in the US and the UK. As this pool of individuals grows, methods are refined through qualitative analysis and programme evaluation, and AAPT credentialing processes are developed (VanFleet, 2010), more rigorous research will become possible.

AAPT is used primarily as an adjunct to other therapeutic modalities such as play therapy, Filial Therapy, family therapy, parent education, and cognitive-behavioural therapy, for example. The sections that follow describe guiding principles and goal areas that can be addressed by this approach, some of the methods used, preliminary research findings, case examples, and available resources. Before more controlled research can be conducted on AAPT, it is important that more practitioners become aware of the approach, obtain training in its application, and cooperate with efficacy studies on several levels. Because a background in play therapy is essential for conducting AAPT, this article aims to share basic

premises and methods about this emerging intervention with the play therapy community so that the field may develop hand-in-hand with responsible practice and research.

Philosophy and Guiding Principles of AAPT

Through the years, ethical questions have been raised about the involvement of animals in therapy work. Can the training and involvement of nonhuman animals be exploitive? As in most human endeavours that involve nonhuman animals, the answer is yes. The authors have seen therapy animals who appear to be exhausted and uninterested during therapy sessions, suggesting that their owners or handlers have focused on the human clients' needs much more than the therapy animals' needs. Furthermore, encounters with exhausted animals seem to have little therapeutic value and are likely to be counter-therapeutic. Requiring animals to work until they are exhausted does not represent the humane treatment of animal companions nor does it establish a good model for children. The philosophy of AAPT represents an attempt to rule out such practices that do not serve the best interests of clients and therapy animals alike. Several guiding principles follow.

To the fullest extent possible, AAPT encourages equal and reciprocal respect for the humans and the animals involved. Human needs are not considered more important than animal needs.

AAPT activities should be safe and enjoyable for all involved. If they are unsafe to any party, they are stopped and a different therapeutic activity is substituted. Furthermore, the child or the therapy animal can 'opt out' of any intervention used. For example, if a dog is tired or bored and lies down, this is permitted, and the therapist facilitates the therapeutic process in a manner that the child and the therapist respect the dog's choice.

AAPT aims to accept the child and the animal for who they are. Therapy animals should not be expected to become so docile or controlled that their individual interests and characteristics are denied. While training for good behaviour and tolerance of children, toys, and movement are

important, this is not carried to an extreme. For example, a high-energy dog would not be expected to participate in nondirective play therapy for long periods of time. The dog's need for action is taken into account so that that particular dog might be involved more frequently in directive play therapy or group interventions.

In AAPT, the focus is not on control, but on relationship. Just as the therapy animal learns how to behave during the sessions, children learn how to behave respectfully and humanely with the animal. The AAPT process helps children build healthy relationships with the therapy animal. This is most easily accomplished by the emphasis on fun, playful activities that are motivating and enjoyable for all involved. A good play therapist employing AAPT is able to use many types of interactions and moments to work toward therapeutic outcomes.

Like play therapy, the process in AAPT is of much greater importance than completing any task. Sometimes children or groups of children take several sessions to complete a given task. As in play therapy, the mantra is always 'trust the process.'

AAPT is grounded in solid child-developmental, child-clinical, and humane animal-handling principles. Only positive, relationship-building interactions that are compatible with current best practices on all these dimensions are used.

Goal Areas of AAPT

There are five major goal areas that can readily be addressed through the use of AAPT, often simultaneously (VanFleet, 2008b, 2009). These are described below.

Self-Efficacy. AAPT aims to develop children's capabilities, including their ability to protect themselves and keep themselves safe. They also develop competencies in animal welfare and handling, with the expectation that these in turn build self-confidence. For example, all children learn how to meet the animals, how to approach or touch them to avoid bites, kicks, or scratches, and how to handle them properly, such as how to train a dog using positive methods or how to touch the

horse to avoid alarming it. Even though therapy animals usually present very little risk to children, AAPT promotes child behaviours and competencies that will work with other animals they might encounter, including those that pose potential dangers. For example, even though a therapy dog accepts children's arms encircling its neck, most dogs do not like this. To avoid possible facial bites from an unfamiliar dog or a friend's pet dog, children learn to avoid this way of touching dogs and to scratch their chests only after they've received permission from the owner.

Attachment/Relationship. Through their interactions with the animals in AAPT, children can learn healthier relationship behaviours and patterns. They can also experience the animal's caring for them. This is especially valuable for children with maltreatment histories and disrupted human attachments. Often, they learn to trust the therapy animals before they can trust humans. When a therapy dog searches for a child in a simple hide-and-seek game and greets the child with licks and low relaxed tail wags, the child can feel valued in a way not experienced fully before. Gonski (1985) found that the simple presence of a dog helped children in foster care quickly drop their hostility and resistant defences and engage more readily and eagerly with others.

Because the qualities of healthy human-animal relationships are much the same as healthy human-human relationships, AAPT can help children learn to relate to another, learn about the give-and-take of relationships, and consider and adjust to the animal's needs and desires. Practitioners of AAPT have reported that social lubricant effects seem to occur in the therapy setting as well: children and adolescents warm up to the therapist and the therapy process more readily because of the animal's involvement. One 16-year-old foster girl wrote retrospectively in her journal and gave permission for the following comment to be shared with other therapists:

"I wasn't ready to trust one more adult who would let me down like all the others. But when I met Kirrie (dog), I thought that this might be different. Any

therapist who would share her own dog with me might be different. It was easier for me to talk with her (therapist) and trust her because of this. Plus, it helped me feel better when Kirrie licked my tears away."

Empathy. AAPT has the potential to develop children's ability to recognise others' feelings, act upon that knowledge appropriately, and offer care-giving behaviours. Therapists can help children learn about animals' emotions and communication signals and provide opportunities for children to take kind and humane actions based upon that increased awareness. This often happens spontaneously, such as when one boy noticed a small spot of blood on a dog's lip during a ball game and brought it to his therapist's attention, or when a girl realised that her angry shouting was causing a horse to turn away from her and immediately began speaking in a quieter, gentler tone of voice. Sometimes this can be facilitated by the therapist who encourages children to feed or water the animals, teaches about animal communication signals, prompts children to focus on the animals' feelings and reactions, or shows children how to touch, groom, or massage the animal, such as with Tellington Touch (www.lindatellingtonjones.com). There is some evidence that when children develop more humane attitudes toward animals, they can be generalised to humans (Ascione, 1992; Ascione & Weber, 1996).

Self-regulation. AAPT can be applied to help children develop greater self-regulation, both of emotions and behaviours. Children learn to remain calm with therapy animals and to have patience. When animals do not behave in ways the children desire, they must sometimes adjust their expectations and plans, and at other times, learn to persevere. If teaching new behaviours to a therapy dog is part of the child's treatment plan, for example, it is a process that cannot be hurried. The child learns to reinforce the dog for small gains toward a larger goal, a skill that might serve the child well in the future when applied to him- or herself. As children learn to communicate, often nonverbally, with animals during AAPT, they begin to understand the animals better and how their own

behaviours are affecting their relationships, positively and negatively. Therapists can also help children develop better control of their arousal levels and agitated feelings through a series of activities with the therapy animals. For example, children greatly enjoy playing rope-tug with dogs (using a long rope for safety), and as the play intensifies children can choose to 'let the dog win' by releasing the rope or asking the dog to "Drop it", a behaviour previously taught to the dog. If a horse walks away because a child is angrily stamping her foot, a suggested activity might be for the child to help the horse feel safe enough to approach her again (often accomplished with calmer attitudes and behaviours).

Problem-resolution. The resolution of many specific problems can be facilitated through the use of AAPT. Children have been helped with anger and aggression, anxiety, frustration tolerance, hyperactivity, depression, trauma reactions, feelings of isolation and many others. A foster boy who stole money from his mother's purse refused to talk about it directly with adults, most likely because he had been cajoled and threatened to 'admit it' by his parents and grandparents. When asked to give advice to a therapy dog who had stolen some food from the counter, he readily suggested ways of planning ahead, respecting others, distracting oneself from the desired but forbidden item by focusing on a different activity, or asking for the item first. A kindergarten girl learned about making friends by dictating and illustrating a short book to help shy dogs. Some of the challenges of complex trauma and attachment problems have been addressed with clinical success through AAPT as well (Parish-Plass, 2008; VanFleet, 2008a).

In addition, live therapy animals can assist the treatment of animal-specific problems, such as loss of a family companion animal, overcoming the trauma of an animal bite or other injury, resolving fears of dogs, and eliminating animal cruelty behaviours. In these cases, too, AAPT is one piece of the treatment plan that often includes other forms of play therapy, Filial Therapy, or other family therapy interventions, but it is an important one.

Methods of Animal Assisted Play Therapy

Considering the philosophy and goal areas described above, therapists using AAPT employ a variety of actual methods. Because AAPT practitioners are usually play therapists, they draw upon that background, training and experience to enhance the use of AAPT. Some of the key approaches and methods used with dogs and horses are included here.

Canines in Play Therapy

VanFleet (2008a) has described the involvement of dogs in nondirective and directive play therapy in detail. A few methods are described here to provide readers with a general idea of how AAPT can work with dogs.

To participate in nondirective play therapy, a dog must have the temperament and training to lie in the corner of the room quietly when the child chooses to play with other items and to participate in various activities or roles chosen by the child when asked. The therapist provides minimal cueing to help the dog follow the child's lead or establishes limits if the child engages in potentially harmful behaviours. For example, a 14-year-old boy hid behind the puppet theatre, telling the therapist to have the therapy dog find him. When the child whispered, "Okay, now!" to the therapist, she simply said to the dog, "Go find Brian!". The dog, being very child-oriented, moved through the room and found the boy behind the theatre. The boy, who had experienced over 15 foster placements and two failed adoptions, was so delighted with the dog's finding him that he frequently asked for the dog to play with him this way. It seemed clear that he was playing out themes related to his abandonment and experiencing the novel feeling of being 'wanted' enough that the dog would search for him. In another example, a 6 year-old boy with little self-regulation tried twice to strike the therapy dog when she failed to do what he wanted. The therapist set a limit, "You may not hit or swing at Kirrie, but you can do just about anything else here." The dog's involvement was ended through a

three-step limit-setting procedure during the boy's second AAPT session because he could not control his desire to hit her. The boy showed much greater restraint and more patience during his third and subsequent AAPT sessions. He was motivated to control his own behaviour in ways he had not been heretofore. Eventually, he developed a kind and enjoyable relationship with the dog.

Not all dogs have the temperament for nondirective play therapy work. Some canines are very active or energetic and enjoy working, for example. It seems disingenuous to expect them to be something other than what they are, even if training might eventually help them become more docile. In these cases, the dogs might be involved in the more directive play therapy approaches that can be beneficial for children as well. In such cases, nondirective play therapy or Filial Therapy play sessions might occur during the first half of an hour-long session, with the more directive interventions and AAPT provided during the last half. If two therapists are involved, one might provide Filial Therapy feedback to the parents while the AAPT therapist works with the child and dog.

In more directive forms of AAPT, the therapist continues to focus solidly on the child's needs and provides as little direction as is needed. (In this article, directive play therapy refers to play-based interventions that the therapist suggests or sets up to accomplish specific therapeutic goals.) As in most forms of play therapy, the human AAPT therapist uses observations much more than questions to allow children to develop understandings of themselves and their relationships with the animal. For example, the therapist might comment, "When you pointed that sword at Corky, she turned her head away from you and then walked away." The child might become more aware of his/her behaviour and its impact on the dog. Of course, if needed, the therapist sets a limit to maintain the safety of all involved. For some children, it might be necessary to draw their attention more fully to the animal by a well-placed, "How do you think Corky is feeling about that sword?". This would occur only during directive play interventions, as questions are leading and not to be used in this way during nondirective play therapy.

Astute and well-trained AAPT therapists can use moments that occur between child and dog to facilitate the child's discovery of self, and they can also engage dogs in creative ways that use the individual animal's unique characteristics. Two examples of this follow.

Heebie Jeebie (Jeebie for short) was an energetic but well-behaved play therapy dog. Although she did well when interacting with the children, she barked whenever children and the therapist departed the room leaving her behind. The therapist decided to involve a particular child client in training Jeebie to stay quietly in the room by herself. Carrie was 10 years old and struggled with the effects of Attention Deficit Hyperactivity Disorder. She often resorted to troublemaking behaviours when she had to wait for events to happen. Jeebie's training took place in a playroom and a private adjoining hallway. Keeping the tone playful and game-like (which was important for both child and dog), the therapist showed Carrie how to ask Jeebie to Sit-Stay while they left the room. Armed with treats, Carrie and the therapist left, closed the door, and waited outside the door for just 3 seconds of quiet dog behaviour before re-entering the room and giving the treats to Jeebie. They then repeated the 'game', waiting 5 seconds, which they playfully counted off together with hand gestures outside the door. This process became part of each of the subsequent four sessions. By the end, Jeebie was able to wait quietly for 8 minutes. Also by the end, Carrie was able to wait quietly for 8 minutes. The playful atmosphere was important for maintaining Carrie's interest. When Carrie demonstrated this activity for her parents during her fifth AAPT session, she proudly told them that she thought she could wait better too, if she had something fun to do. The parents were able to follow through on this idea with her and they soon reported that they were having many fewer problems waiting and that they planned to share this way of structuring wait-times with Carrie's teacher.

Kirrie is a play therapy dog who is a Border Collie cross. Typical of that breed, she is intelligent and learns very quickly. When her human companion and play therapist encountered a 7-year-

old, Jason, with fear of the dark, she thought of a way to involve Kirrie. Using an easy targeting technique common in the training of service dogs, the therapist taught Kirrie to push a battery-operated closet light on and off with her foot. During the AAPT session, Jason learned the cues to give Kirrie to perform this task (On Light; Off Light). Then, dressed in a cape and king's hat, Jason became the 'King of the Lights', telling Kirrie to turn the light on and off. The King of the Lights also told the therapist when she could dim the lights in the room more and more. Over the course of several sessions, this AAPT desensitisation procedure allowed Jason to turn the lights off completely in the therapy room while playing the game with Kirrie. Kirrie eventually 'wrote' him a special congratulatory letter in which she thanked him for helping her learn the Light Game and mentioned that he might like to keep one of the lights they had practiced with (she would keep the other one). Jason's mother reported that they stuck the light to his bed headboard so that he had easy control over the light in his room, and he soon was sleeping peacefully. Although Filial Therapy was also used successfully with this family to address other concerns, Jason's mother thought that his work with Kirrie had been the most helpful intervention for helping him sleep at night.

There are countless ways in which canines can be involved in AAPT. Many, but not all, dogs are well-suited to play therapy work because they are active and playful, are social animals who enjoy people and children, are often expressive of their emotions in ways that children can understand, live in the here-and-now, and are incapable of deceit (VanFleet, 2008a). Play therapists who can apply the empathy, attunement, child-centred focus and playfulness they use in their usual play therapy work can create numerous ways to help children by involving a canine co-therapist.

Equines in Play Therapy

During the 1970s, horses began to take the role of co-therapist, and today more and more people are recognising the unique properties that horses bring to the psychotherapy process. As with

canines, new methods are being developed and refined in North America and Europe, and Equine Assisted Therapy has become a viable subgroup of AAT. Therapeutic riding programmes are well-known and valuable, but they typically serve as a separate adjunctive activity to psychotherapy and are somewhat different from AAPT approaches. Most forms of Equine Assisted Psychotherapy (EAP) currently used in conjunction with play therapy focus on ground work, although some therapeutic riding modalities can easily be incorporated.

One approach particularly well-suited for combination with play therapy is the Equine Assisted Growth and Learning Association's (EAGALA) model (www.eagala.org). The EAGALA model was developed by licenced clinical social worker Lynn Thomas and Greg Kersten, starting in the United States in 1999 and in the United Kingdom in 2003. EAGALA has a large worldwide membership and the model emphasises the importance of the qualifications and contributions of the mental health specialist.

Most play therapists are aware of and utilise Sand Tray therapies in their work, understanding the importance of the deep metaphorical learning possible for children and adults alike. Typically, therapists can provide sand trays and miniatures for clients to use as they see fit (nondirective play therapy) or suggest ways for clients to use the sand trays for certain bits of work needed. Equine assisted therapy that uses the EAGALA model is sand tray therapy magnified!

Instead of being outside the sand tray looking in, the clients and therapists are actually *in* the sand-based arena. Just as in traditional play therapy, there is a range of tools the clients can use with the unique difference being that the horses are not considered therapeutic tools, but as equal co-therapists. Upon entering the arena, children usually like the feel of the deep sand and its malleable texture. Horses seem to like it too, for when they enter the arena they often lie down and roll in the sand, kicking their legs up in the air. Children are often quick to imitate this horse-modelled behaviour, and the children's joy of rolling and kicking in deep, firm sand provides a sense of

freedom and thrill, but is also paradoxically relaxing. A similar phenomenon in traditional play therapy work is when children spontaneously remove their shoes and socks in order to stand barefoot in the sand tray. In an arena, the whole body is engaged. When children watch horses rolling with abandon first, they seem to lose their self-consciousness about engaging in this full sensory experience.

Equine Assisted Psychotherapy components include this unique environmental setting, a human-equine team approach toward treatment, and structured experiential problem-solving activities reminiscent of some forms of group play therapy (Ashby, Kottman, & DeGraaf, 2008; VanFleet, 2006). Benefits are immediate and process- or solution-focused rather than problem oriented. As with other animals in AAPT, the involvement of equines in play therapy and other mental health work has a strong sensory component, permitting touch experiences that could not be appropriately offered by a human therapist. Taylor (2001) has suggested that the process of (mild) risk taking in working work tends to produce deeper therapy than working in traditional room-based counselling settings.

The EAGALA model of equine mental health work is very compatible with play therapy, and it is also practical as the mental health specialist need not own a horse. EAGALA advocates the use of a therapeutic team comprised of a licenced mental health specialist, an equine specialist, and of course, at least one horse. Horses are viewed as part of the team because of their reported ability to respond to humans' internalisation of feelings. The role of the mental health specialist is to oversee treatment, attending to the emotional aspects and verbal and nonverbal responses of the clients toward the horse(s). Counsellors also help construct the metaphor for change. The equine specialist attends more to the behaviours and reactions of the horses involved, sharing observations of the horses' responses to the human clients. Together this team assists clients as they discover more about themselves through the metaphors and the overall process, all the while creating a nonthreatening and nonjudgmental therapeutic atmosphere. Once

again, play therapists' understanding of children as well as their ability to empathise and create emotional safety serve them well as a mental health specialist on an EAGALA team. While play therapists sometimes share their lives with horses, equine specialists almost always do, so having a horse in one's garden or flat is not a requirement for this work. The collaborative nature of EAGALA teams makes many things possible.

AAPT that incorporates horses is experiential in nature. Participants learn about themselves and others by participating in activities with the horses and then processing their thoughts and feelings with the team immediately afterwards, in the here-and-now. Involving horses makes the process dynamic. Horses are large and powerful, and this creates a natural opportunity for some children, adolescents and families to overcome fear and develop confidence. The size and power of the horse are intimidating to many people. Accomplishing a task involving the horse, in spite of those fears, creates confidence and provides for rich metaphors for dealing with other intimidating and challenging situations in life. In many cases, children readily see the parallels of their emotional reactions, behaviours and patterns in AAPT to similar situations in daily life.

Horses are similar to humans in that they are social animals. They have defined roles within their herds. They would rather be with their peers. They have distinct personalities, attitudes and moods. An approach that seems to work with one horse does not necessarily work with another. At times, they seem stubborn and defiant. They like to have fun. As such, horses provide vast opportunities for metaphorical learning and therapeutic growth. The therapist's effective use of metaphors, in discussion and/or activity, is an effective technique when working with even the most challenging individuals or groups. An example of the involvement of horses by a play therapist-equine team follow.

Faa-Thompson (2010) describes her 'Safe Touch' intervention when working with a sexually abused girl who was endangering herself with risky behaviours. Through playful intervention with horses and playing 'games' over a 10 week period, the child developed body awareness by learning

about her own and the other's (horse's) body. The therapist used a sensory model much like play therapy, focusing on the texture, feel, smell and sounds of the horse.

Cattanach (1992) believed that play therapy gives children the space to come to terms as best as possible with the multiple losses incurred when one is sexually abused. She stressed the importance of assisting children to repossess their bodies and find an identity other than one bound up in the past abuse. This applies to teenagers as well, but it is sometimes difficult to engage them in play therapy because they perceive it as too childish. Involving horses to replicate safe touch, trusting relationships and caring overcomes resistance and helps reform an identity not defined by the abuse. In her keynote address at the British Association of Play Therapists conference in June 2010, Eliana Gil mentioned how the work of noted psychiatrist and neuroscience and child trauma expert Bruce Perry uses three key modalities: play therapy, Equine Assisted Therapy, and gentle holding and rocking of the child. It could be argued that the Safe Touch intervention mentioned above and detailed below incorporates all three modalities in one intervention. It is playful and led by the young person; it involves horses; and it provides a gentle rocking motion as the horse walks and the child rides bareback behind the therapist.

Melinda was a 14-year-old girl who was believed to have suffered severe and chronic sexual abuse by many family members of both genders. She had been in a therapeutic unit for 8 years and at the time of therapy was in a foster placement waiting for a place in a residential school. Melinda was referred for life story work and play therapy, but it soon became evident that her risky behaviour with teen males was adversely affecting her peer relationships, leading to further rejection and placing her at risk of further sexual abuse. Because of the urgency of the situation, priority was placed on AAPT involving horses.

The therapist invited Melinda to get to know a few horses in the sand-based arena over a period of time. Melinda wanted to groom them and get acquainted. The therapist laid out a variety of tools, any of which Melinda could use if she wanted to.

As Melinda touched the horses in sensitive places, they reacted by swishing their tails and making 'faces that conveyed "Get off me!". Melinda was able to make the link between these reactions and the horses' unfamiliarity with her and her own unfamiliarity with them.

Over the course of 10 sessions, Melinda progressed to riding a horse bareback behind the therapist. This provided her with an experience of safe closeness with both therapist and horse. As they rode, Melinda envisioned a course and directed the therapist to steer the three of them through it. The activity involved much laughter, fun and frustration, especially when the therapist did not properly follow Melinda's instructions. After the third bareback riding session, Melinda disclosed more about her intra-familial sexual abuse. By the end of the 10 sessions, Melinda's risky behaviour had diminished dramatically, her peer relationships had become more interactive and normal, and she had gained in self-esteem. Through this rich and living AAPT experience, Melinda learned about the importance of trust and relationship in touch, reducing the likelihood that she would blindly succumb to others' unwanted contacts. Her positive changes have been maintained for over 5 years.

This and similar approaches that incorporate horses into play therapy relationships can easily be applied to children and families with attachment difficulties or those struggling with physical boundaries and recognising their own and others' personal space. Faa-Thompson has described her integration of Equine Assisted Therapy and the EAGALA model with play therapy in two forthcoming chapters (in progress).

Indications and Contraindications for AAPT

Because AAPT is in its infancy and so little controlled research has been completed on it, there is little empirical information about the types of problems where it can be usefully applied or when it should not be considered. Clinical experience, however, suggests considerable applicability as an adjunct to play therapy and family therapy for a wide range of presenting problems, including

clinical and developmental difficulties. Because AAPT is a relationship-focused and process-oriented approach, its potential power resides in the socialisation, skill-building and confidence-building experiences it affords children. Furthermore, its flexibility provides play therapists with many avenues to apply their creativity in involving animals to meet children's, adolescents', and families' therapeutic goals. As the field develops and more therapists are properly trained in its principles and methods, more research will become possible to ascertain its most useful applications.

Similarly, the current state of development of AAPT means that one must rely on clinical experience and judgment when ruling out its use. AAPT would not be appropriate for children terrified of the animals involved, unless, of course, the therapist was using a systematic desensitisation programme to overcome those fears. AAPT should be used only by trained play therapists and their animal co-therapists who have received the proper training in AAPT. Therapists must also have basic competencies in animal training, understanding animal communication signals and positive animal handling methods.

Risks and Cautions

The practice of AAPT is not without its difficulties. There are practical and logistical aspects that must be worked out. These include where the animal will stay when not being involved in sessions, how to set up a playroom when dogs are part of the process, how much work to expect from the animals, where and when animals go for elimination and how to obtain consent from parents and/or the organisations involved. Not all animals are suitable for this work, and AAPT training programmes highlight essential selection, training and safety features. There are also risks of injury to children, such as scratches, kicks, or bites and injuries to the animals if children try to strike or kick them, feed them unhealthy food items or write on them with coloured markers. Some children are allergic to animals, and there are diseases that can be passed between humans and dogs. Potential risks and ways to minimise them are detailed in other

resources (Chandler, 2005; VanFleet, 2008a) and during live workshops on AAPT. While there usually are ways to resolve possible problems, therapists must be aware of the risks and plan for them. It is also critical for therapists to supervise children, teens, and animals continuously whenever they are together.

Research and Resources

To date, there is little research conducted specifically on AAPT, although some preliminary studies exist and show promise (Parish-Plass, 2008; Thompson, 2009; Weiss, 2009). Some details about the most relevant and best controlled studies follow.

Trotter, Chandler, Goodwin-Bond, and Casey (2008) compared 12 weeks of Equine Assisted Counselling (EAC) with the empirically-supported, award-winning Kid's Connection classroom counselling intervention, using 164 at-risk children and adolescents. They used a pre-test-post-test experimental-comparison group design. The EAC group demonstrated statistically significant increases in positive behaviours and decreases in negative behaviours on well-established measures. Furthermore, the EAC group made statistically significant improvements in 17 behavioural areas whereas the comparison group programme resulted in statistically significant improvements in 5 behavioural areas. The study represents one of the best designed studies in this field and demonstrated the efficacy of EAC.

Thompson (2009), in a repeated-measures (ABAB) design using subjects as their own controls, found that the presence of a therapy dog in nondirective play therapy sessions with anxious children improved mood, facilitated rapport between therapist and child, increased the occurrence of thematic play, and reduced aggressive and disruptive behaviours in session. VanFleet (2008a) used post-therapy sandtray creations to demonstrate that nearly all children involved in AAPT placed a dog figurine in their final sandtray depicting their perceptions of the important parts of the therapy experience, while children without the AAPT experience did so significantly less often.

These studies offer tantalising suggestions about the potential usefulness of AAPT, but they represent only a beginning. Now that more therapists are using AAPT, there are greater opportunities unfolding for data collection and more rigorous research.

For clinical practice and research to move forward, training is needed. Related training and information for interested play therapists can be found at www.playfulpooch.org, www.eagala.org, www.scas.org.uk, www.taofequus.com, and www.thekennelclub.org.uk/dogtraining (Good Citizen Dog Scheme). The reference list includes useful resources, and the authors of this contribution may be contacted for further lists of resources.

Conclusion

Animal Assisted Play Therapy combines two promising therapeutic approaches for working with children, adolescents and families: play therapy and animal assisted therapy. The living presence of nonhuman animals as therapeutic partners offers children new avenues for reducing defences, expressing their feelings, building healthy relationships, and overcoming problems. The experience can reshape children's views of themselves and empower them while offering them new understandings of their relationships with other animals and ultimately, other humans. The field of AAPT has grown substantially, and it is hoped that further training and use of AAPT will lead to increased process and outcome research. Woof!

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