

Assessing Attitudes Towards Animal Assisted Therapy among Students and Faculty in American Psychological Association Accredited Programs

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Research on animal-assisted therapy (AAT) is rapidly growing. However, there is little research on the attitudes and knowledge held by helping professionals regarding its practice, benefits, and limitations. The authors aim to understand how students and faculty members in the clinical and counseling psychology programs of the American Psychological Association (APA) perceive AAT and its role in psychological settings. Participants (n=267) were recruited from APA accredited clinical and counseling psychology programs to complete an online survey. Results revealed a majority of participants (41.2%) know very little about AAT, yet most (79.4%) view it as a legitimate adjunct to treatment. Further, 39% of participants reported being somewhat likely to very likely to practice AAT if properly trained. Additionally, participants reported viewing AAT as beneficial in expediting rapport and aiding in client retention. Participants reported that barriers to the practice of AAT include stigma from the psychological community, lack of empirical research, and training accessibility. The survey results suggest that access to training and empirical research may aid in the acceptance and growth of AAT.

Keywords: animal assisted therapy, human animal interaction

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The field of human-animal interaction (HAI) has proliferated within numerous professional settings as the study of its benefits increases. The context for HAI work occurs in many disciplines, including counseling psychology, sociology, nursing, occupational therapy, and veterinary sciences among others. HAI is an all-encompassing term that incorporates animal assisted therapy (AAT), animal assisted activities (AAA), animal-assisted interventions (AAI), as well as living with companion animals, and different forms of therapy and/or activities including canine, equine, feline, and aquatic. In general, HAI refers to interactions between humans and animals including the relationship benefits and effects of the human-animal bond (Odendaal, 2000). In the past 30 years the field has grown to

include a range of different assessments regarding the human animal bond such as the Animal Attitude Scale (Herzog, Harold, Betchart, & Pittman, 1991), the Pet Attachment Scale (Albert & Bulcroft, 1988), and the Human-Animal Bond Scale (Schneider, Lyons, Tetrick, & Accortt, 2010). These scales demonstrate the assortment of interests regarding humans and animals and the move towards a scientific foundation to assess its benefits. The wide range of practices incorporated under HAI have actually contributed to some of the confusion in establishing a common language of practice and having a common set of outcomes for treatment. In the literature, terms such as pet-human interaction, animal-assisted activities, animal-assisted therapy, and others are used interchangeably, creating

a lack of clarity in the field (Nimer & Lundahl, 2007). Consequently, practitioners often struggle to gauge the legitimacy of AAT due to a lack of continuity regarding terminology and common practice.

Congruent with the lack of information regarding common practice in the field is the struggle to define a universal definition for AAT. For some, the term AAT immediately brings to mind work with dogs; however, other animals are included quite frequently, and the increase in equine assisted therapies and activities is certainly noteworthy. It is not surprising that clinicians and helping professionals are often confused by what is meant by AAT, what special training, if any, is required for it, and what the interventions actually look like. Several organizations have attempted to define what is meant by AAT. One of the most well-known is Pet Partners (previously known as the Delta Society) which differentiates between animal assisted therapy and animal assisted activities. The Professional Association for Therapeutic Horsemanship (PATH) International and the Equine Assisted Growth and Learning Association (EAGALA) have both worked to define the role of horses in therapeutic contexts, and have established guidelines and requirements for the role of the mental health practitioner in equine assisted activities and therapies. However, many clinicians are not aware of these organizations and rely more heavily on mental health bodies, such as APA, for information. In response to this, the Section on Human Animal Interactions: Research and Practice was formed under Division 17 of APA a few years ago, but as a new field is still unknown by many clinicians.

Purpose

The purpose of this study was to assess the knowledge and attitudes of students and faculty in graduate programs accredited by

the American Psychological Association (APA) regarding AAT. The considerable increase in the literature on the benefits of AAT suggests that it has the potential to become a widely practiced evidenced based intervention, but the lack of clarity provides challenges to both clinicians and researchers. A brief overview of the use of AAT will be provided to acquaint the reader with the field.

Animal Assisted Therapy Current Practice

As noted above, animal assisted therapy can be used in many different settings by a variety of practitioners. For the purpose of this paper, we are focusing predominantly on animal assisted therapy, as defined by Pet Partners on their website:

“AAT stands for **Animal Assisted Therapy**, which is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession.” (Pet Partners, 2013, AAA/T Overview section, para. 1).

Hospitals typically use AAT to boost the morale of patients by bringing in a trained animal to interact with patients. Retirement homes follow a similar model of incorporating animals by bringing in trained dogs or cats. Reading Rovers is a reading program used in elementary schools and libraries, where dogs are brought in to accompany the students as they learn (Jalongo, 2005) to boost students’ interest, confidence, and general reading abilities. Similar practices can be found in rehabilitation centers, halfway houses, group homes, hospices, and disaster relief in which animals are included to lower anxiety and

promote positive mental health (Friesen, 2010; O’Callaghan & Chandler, 2011; Velde, Cipriani, & Fisher, 2005; Wesley, Minatrea, & Watson, 2009). In all of these environments, AAT is implemented by counselors, social workers, nurses, staff members, or volunteers.

AAT in Mental Health

Boris Levinson was the first to document the therapeutic effects of bringing his dog to counseling sessions. Based on his experiences, he wrote *Pet-Oriented Child Psychotherapy*, and many consider him to be the father of animal assisted interventions (DeMello, 2012). Although there are accounts of animal companionship being encouraged in mental health settings during the 18th century, these were largely undocumented uses by independent practitioners (Serpell, 2000). Absent a cohesive history, AAT’s past is marked by a disjointed foundation.

AAT can be utilized as an adjunct to therapy with children, adolescents, adults, and geriatrics, hospitalized patients, and nursing home populations. In counseling settings, AAT involves including an animal in a therapy session and can widely range from petting a dog to doing various activities including a dog or other type of animal.

A patient engaging in AAT for the first time may be unsure what to expect. Many professionals in the field recommend a screening process to protect both the clients and the animals (Chandler, 2005; Fine, 2010). This process can be as simple as a brief questionnaire before engaging in therapy to a background check with references. Screening form templates are available to be used within practice (Chandler, 2005). If AAT is deemed appropriate for the client following the initial interview process, the practitioner should explain the process including the risks,

benefits, and expectations. It is recommended practice to obtain signed client consent before engaging in practice.

The various ways an animal can be incorporated into therapy depends on the expertise and preferences of each individual practitioner. O’Callaghan and Chandler (2011) conducted an exploratory analysis that uncovered 18 different techniques of AAT employed by practitioners ranging from reflection on the client-animal relationship to sharing information on the animal’s history. In addition to basic interventions, animals can be incorporated into any theoretical model depending on the creativity of the counselor (Bruneau & Johnson, 2011).

Professional Views of AAT

AAT is currently used in a variety of settings yet its practice and knowledge are relatively limited in the field of psychology. There have been studies assessing the attitudes of professionals regarding the use and legitimacy of AAT. The most recent study was conducted by Black, Chur-Hansen, and Winefield (2011), in which they interviewed Australian psychologists to assess their knowledge and attitudes of AAT. An analysis of the interviews regarding participants’ knowledge about AAT indicated awareness that AAT is used across the lifespan of clients in many different health settings, that training is inadequate, and that there is a lack of efficacy studies. The participants’ knowledge of AAT suggested that, regardless of whether they actually used AAT or not, they thought it enhanced the therapeutic relationship and that it was effective but that there were also barriers in implementing it.

Moody, Maps, and O’Rourke (2002) surveyed a pediatric medical staff in Australia and found that introducing an animal into their facility decreased their initial concerns about such a practice. Prior to

introducing the program, the staff had high expectations for the benefits of working with an animal. After implementing the program, the expectations were once again endorsed, and the work environment was perceived to improve (Moody, Maps, & O'Rourke, 2002). Overall, the authors found that AAT was perceived as legitimate and effective in the pediatric facility.

Similarly, Velde, Cipriani, and Fisher, (2005) examined occupational therapists' views of AAT. The authors found mental and physical benefits of working with the animals as well as creating a "nurturing and home-like environment" as a result of AAT. Overall, the qualitative findings suggest that occupational therapists were accepting of AAT and viewed it as a legitimate practice. In summary, the literature reveals that AAT is a growing field that is viewed as potentially beneficial, but there still remains skepticism about it.

Benefits of AAT

Animal-assisted therapy has many potential benefits. Animals can serve as a catalyst toward healthy effects in therapy and can help engage clients in the therapeutic process (Wesley, Minatrea, & Watson, 2009). Positive effects have been noted in short term interactions as well as long term interactions or relationships (Dimitrijević, 2009). In some cases, animals act as a social support, and help clients feel cared for, loved, and esteemed (Berget & Braastad, 2008).

In counseling, animals can help enhance the therapeutic alliance (Wesley, Minatrea, & Watson, 2009). Clients may have an easier time forming a trusting relationship with an animal than with the counselor (Chandler, 2005). Clients who have a history of difficulty forming relationships with people may find animals to be a non-threatening alternative. Animals may be a tool in which

to engage clients, a source of anxiety reduction, and a way to decrease client resistance (Wesley, Minatrea, & Watson, 2009).

Animals may also serve as an alternative to therapeutic touch between a client and a counselor without breaking ethical boundaries (Wesley, Minatrea, & Watson, 2009). Not all mental health practitioners or clients are comfortable with touch; however, it can play an important part in the therapeutic process and most people who avoid human touch more readily accept, and even enjoy, the touch of an animal. In regards to working with children, therapy animals offer social and emotional support different than that of a human counselor (Friesen, 2010).

Risks of AAT

While AAT can be beneficial, there are inherent risks involved for both animal and client. Risks include allergies, accidental injury to person or animal, and ethics regarding animal welfare. In a study on AAT practitioners and dogs' emotional and cortisol secretion responses, both parties experienced spikes in each measure (Haubenhofner & Kirchengast, 2007). Handlers experienced higher concentrations of cortisol before each session with increasing levels throughout, while dogs' cortisol increased with the number of sessions per week, indicating higher levels of stress.

Fine (2010) writes how the loss of a therapy animal can negatively impact clients by complicating treatment as it could potentially introduce grief and loss to therapy. In addition to grief and loss, mental health practitioners must prepare clients for termination with the therapy animal as well as the therapist. Finally, the AAT practitioner has an ethical duty to ensure the animal is not being abused or exploited and is responsible

for watching the animal for signs of stress and fatigue (Chandler, 2005).

Criticisms of AAT Research

The body of AAT research currently consists of a compilation of outcome studies, in which samples are generally small and results are mostly anecdotal. The anecdotal research consists mainly of personal experiences grounded on a minimal scientific foundation. Herzog (2011) suggests that AAT as an intervention needs to meet the same rigorous standards that new drug treatments must meet. Difficulties often arise when randomized studies or use of a control group are not possible. Although there are a few existing experimental studies that use sound experimental design, there is still a lack of continuity between studies, which prevents the field from creating the strong foundation needed to become a widely used evidence based practice. While the physical benefits of an animal's presence have been fairly well researched, the psychological benefits still have not (Giaquinto & Valentini, 2009). More randomized and controlled studies are necessary to further the information available on psychological benefits.

As the foundation of research regarding AAT continues to expand, professional attitudes about the field have evolved. With the growth of interest and awareness of the need for experimental studies, the authors speculate that attitudes regarding the legitimacy of AAT within APA membership may have also evolved. These changes may include an increased awareness of potential risks and benefits, different interventions with animals, as well as an increase in questions about working with an animal in mental health practice. Recent interest in the knowledge and practice of AAT has created a need to assess how APA members currently view this practice. Understanding how the

field views AAT will also assist researchers with a direction for further studies. As a response to these concerns, the authors surveyed APA members in order to determine the current view of AAT, with the hope that this will provide further direction needed to legitimize this practice.

Methods

Instrumentation

The authors created an online survey, which included 24 questions pertaining to opinions regarding AAT. A survey method was used in order to gather a larger amount of descriptive data to understand the current views of students and faculty in APA accredited programs. The authors compiled a list of questions directed at gathering this information. A preliminary pilot study was sent to peers in order to gather feedback on the survey. Questions included basic demographic information, including student or faculty status, ethnicity, age, and gender. The final survey consisted of 24 questions composed of 13 multiple choice, 6 Likert-type, and 5 free response questions regarding attitudes and beliefs towards AAT. Questions focused on knowledge and personal practice of AAT, perceived effectiveness with different populations and ages, likeliness to use AAT, the participants' view of its legitimacy, and benefits and obstacles AAT professionals may encounter. The final page of the survey provided participants with further resources regarding AAT in case participants were interested in future practice. The survey was exempt by the university institutional review board, due to the population and nature of the study. A consent form was included in the survey explaining the purpose of the study.

Participants

The researchers chose to survey students and faculty as they guide the future direction of training in psychology. The survey had a response rate of 339 participants who identified as current students or faculty within APA programs. Participants' age ranged from 18-60+ with a majority falling between 26-30 (41.9%). The majority of responders identified as Non-Hispanic White (83.5%), followed by Asian or Asian American (5.6%), Biracial (4.5%), Hispanic or Latino (3.8%), Black or African American (2.3%), and Hawaiian or Other Pacific Islander (0.4%). Participants were mostly students (90.6%) with a smaller number of faculty members (9.4%). Participants were mostly female (82%) followed by male (17.6%), and other (0.4%). Of the participants 47.57% were currently practicing at the time of the survey.

Data Collection

Potential participants were identified through APA's website identifying APA accredited programs. To gain a representative sample of APA the authors accessed APA's list of accredited Clinical and Counseling Psychology programs. The authors researched each program to determine the appropriate department chair, training director, or faculty member to contact. The survey link was emailed to 277 APA accredited Clinical and Counseling Psychology programs to the designated contact. The link was sent out with an email describing the purpose of the study as well as its IRB exempt status. Upon the program contact's discretion, the survey was either forwarded to students and faculty or ignored.

Results

The authors collected a total of 339 responses through the survey. A number of participants left the survey incomplete after repetitive questions regarding the effectiveness of AAT with different diagnoses. As a result of missing data, the researchers used the process of list wise deletion and eliminated any incomplete survey responses (Graham, 2009). After eliminating incomplete surveys, the total remaining were 267. The data were analyzed through the survey website and IBM's Statistical Package for the Social Sciences (SPSS), using descriptive and inferential statistics. A series of independent sample t tests were conducted to explore the mean differences between male and female responses and between faculty and student responses regarding knowledge of AAT, likeliness to use AAT, and legitimacy of AAT. Qualitative data were analyzed through consensual qualitative analysis, with themes coded by consensus from the authors.

Knowledge

In asking participants how knowledgeable they were regarding AAT they responded as follows: Not at all (25.47%), Very Little (41.2%), Slightly (20.22%), Somewhat (11.61%), and Very (1.5%). Data were gathered from samples of 47 males and 219 females, with a male sample mean of 2.38 (SD= .99) and a female sample mean of 2.196 (SD=1.01). The independent t test indicated that the difference in knowledge between males and females was not statistically significant ($t=1.16$, $df=264$, $p=.25$).

Data were gathered from samples of 242 students and 25 faculty members, with a student sample mean of 2.21 (SD= 1.01) and a faculty sample mean of 2.36 (SD=.99). The independent t test indicated that the

difference in knowledge of AAT between students and faculty members was not statistically significant ($t= -.71, df=265, p=.48$).

Likely to Use

Assuming proper training, participants were asked how likely they would be to utilize AAT. Participants responded as follows: Not at all likely (16.1%), Somewhat unlikely (26.22%), Moderately likely (18.73%), Somewhat Likely (20.6%), and Very Likely (18.35%). Data were gathered from samples of 47 males and 219 females, with a male sample mean of 2.64 (SD= 1.37) and a female sample mean of 3.07 (SD=1.35). The independent t test indicated that views of legitimacy between males and females were statistically different ($t= -1.98, df=264, p<.05$), with more females reporting the likelihood of practicing AAT.

Data were gathered from samples of 242 students 25 faculty members, with a student sample mean of 3.06 (SD= 1.33) and a faculty member sample mean of 2.32 (SD=1.55). The independent t test indicated that likeliness to practice AAT between faculty and students was statistically significant ($t= 2.61, df=265, p>.01$). Students

were more likely to practice AAT than faculty members.

Legitimacy

Regarding legitimacy, 79.4% of participants viewed AAT as a legitimate form of therapy, whereas 20.6% did not. Data were gathered from samples of 47 males and 219 females, with a male sample mean of 2.64 (SD= 1.37 and a female sample mean of 3.07 (SD=1.35). The independent t test indicated that the views of legitimacy between males and females were not statistically significant ($t= -1.95, df=68.47, p=.06$).

Data were gathered from samples of 25 faculty members and 242 students, with a student sample mean of 1.18 (SD= .39) and a faculty sample mean of 1.44 (SD=.51). The independent t test indicated that view of legitimacy between student and faculty were statistically different ($t= -2.48, df=26.96, p=.02$). Students were more likely than faculty members to view AAT as a legitimate form of practice.

Perceived Effectiveness

Participants were asked to rate the effectiveness of AAT within child,

Table 1. Perceived Effectiveness with Child Populations

<u>Populations</u>	<u>Not At All</u>	<u>Somewhat</u>	<u>Moderately</u>	<u>Very</u>	<u>Extremely</u>
Domestic Violence	3.37%	24.72%	26.97%	32.29%	12.73%
Physical Abuse	3.75%	24.34%	22.85%	34.83%	14.23%
Sexual Abuse	5.99%	25.47%	23.60%	31.09%	13.86%
Emotional Abuse	3.37%	18.35%	22.47%	34.46%	21.35%
War Trauma	4.91%	27.92%	23.77%	30.19%	13.21%
Bereavement	1.87%	16.10%	23.22%	34.46%	24.34%
Systemic Problems	7.20%	28.41%	32.58%	23.48%	8.33%

Table 2. Perceived Effectiveness with Adolescent Populations

<u>Populations</u>	<u>Not At All</u>	<u>Somewhat</u>	<u>Moderately</u>	<u>Very</u>	<u>Extremely</u>
Domestic Violence	4.49%	25.47%	29.59%	28.84%	11.61%
Physical Abuse	4.49%	25.09%	30.34%	28.09%	11.99%
Sexual Abuse	7.49%	27.34%	24.72%	28.09%	12.36%
Emotional Abuse	3.75%	20.60%	23.60%	34.46%	17.60%
War Trauma	7.49%	26.22%	27.34%	28.09%	10.86%
Bereavement	3.37%	18.35%	23.97%	34.08%	20.22%
Systemic Problems	7.49%	30.34%	30.71%	21.72%	9.74%

adolescent, and adult populations with different treatment focuses. Overall APA members perceive the utilization of AAT with child populations to be more effective in comparison to adolescent and adult populations. See **Tables 1-3**.

Qualitative Findings

Survey participants were asked two open-ended questions: 1) what benefits, if any, could animal assisted therapy bring to

the therapeutic alliance? 2) What obstacles do you believe counselors face when practicing animal assisted therapy? Consequently, participants provided the researchers with responses that highlight both the benefits and challenges to the acceptance of AAT in therapeutic settings.

Evidence for Animal-Assisted Therapy

To analyze the open-ended responses provided by the participants, all statements

Table 3. Perceived Effectiveness with Adult Populations

<u>Populations</u>	<u>Not At All</u>	<u>Somewhat</u>	<u>Moderately</u>	<u>Very</u>	<u>Extremely</u>
Domestic Violence	6.37%	31.84%	28.84%	24.34%	8.61%
Physical Abuse	6.37%	31.09%	27.34%	25.84%	9.36%
Sexual Abuse	10.11%	29.96%	24.34%	25.84%	9.74%
Emotional Abuse	4.49%	25.84%	22.85%	31.09%	15.73%
War Trauma	7.49%	30.34%	25.09%	26.59%	10.49%
Bereavement	4.49%	23.22%	21.35%	31.46%	19.48%
Systemic Problems	9.36%	36.33%	28.46%	19.48%	6.37%

were coded through consensual qualitative analysis (Hill, 2012) in similar groups, which were then member checked to ensure consensus. Two themes surfaced regarding evidence in favor of AAT: improving the therapeutic process and positive changes for the client.

Improving the therapeutic process.

Participants reported that AAT benefitted the therapeutic process by developing and improving rapport, initiating trust, encouraging communication, and creating a safe space between the therapist and client. Participants reported that animals can encourage and foster hope in clients reluctant to trust others. One respondent stated:

It could assist in the establishment of trust; if a client sees his therapist treating an animal well, he may be more likely to trust her.

Many respondents reported that seeing the therapist treating the animal kindly can improve the client's perceptions of the therapeutic process. One participant shared her process:

I have been in therapy before and the office of the therapist I saw had a dog. When we were first beginning, the dog gave us a conversation starter and on particularly bad days, the dog tended to brighten my day.

Animals were reported to encourage communication between the client and counselor. For example, the animal can be used to facilitate conversations about difficult topics. Respondents suggested that using the animal's history could encourage clients to talk about difficult topics. One respondent offered her personal experience:

For the abused kids we provided equine therapy for, it helped them bond to another living creature in

a way they couldn't to another human. We would also at times get abused animals and the kids would know the animal was abused. It helped us be able to engage in a dialogue about abuse.

Participants also reported that animals offer the presence of a non-judgmental third party. Many therapists experience client resistance based on fear of being judged or rejected. The animal's inability to verbally communicate makes them a resource for those who fear that their thoughts or experiences are strange or abnormal.

Positive changes in the client.

Respondents reported the animals' presence can reduce stress or anxiety in clients. Faculty and students view the ability to comfort oneself as a way to encourage clients to continue processing trauma, reducing discomfort caused by psychological distress. One respondent stated:

The animal may relax the client, help the client concentrate, and make the client smile and feel joy.

Because of personal boundaries or perceived client discomfort, counselors reluctant to comfort clients with physical touch can bypass this obstacle with the animal's help. Participants reported that clients can develop a strong and mutually beneficial relationship with the animal, helping to demonstrate the value of a healthy relationship. The human-animal relationship was often cited as yielding positive treatment outcomes. A participant stated:

Just like the therapeutic relationship can be used to generalize to relationships outside of the therapy space, success in building an animal

relationship may boost confidence that relationships are indeed possible.

Other benefits reported by study participants include the development of empathy and creating positive affect in clients. Respondents stated the therapy animal could help clients develop healthy coping skills, such as petting or brushing the animal when they feel distress.

Lastly, animals were reported to help increase motivation to attend and participate in treatment. Although the client may only attend therapy to interact with the animal, resistance to treatment can be gradually reduced to help develop the treatment process. A participant stated:

Could benefit the therapeutic alliance of resistant individuals who were willing to come to therapy to see the animal.

Obstacles to the Acceptance of Animal-Assisted Therapy

Participants provided a variety of concerns related to the practice and acceptance of AAT. After analyzing the responses, the following themes were identified: logistical obstacles, stigma and skepticism from the psychological community, and lack of evidence-based research.

Logistical obstacles related to AAT.

Potential obstacles related to the animal, as reported by participants, included allergies, animal welfare, client harm, and financial resources. Participants reported concern of pet allergies and hygiene issues for clients and co-workers. Clients and co-workers may experience an allergic reaction due to the presence of the animal in the workplace, which may increase conflict with coworkers.

Due to these concerns, facilities may prohibit animals. One participant shared:

I have requested to bring my dog to sessions to help youth feel more comfortable and have something to "do" while discussing difficult material but was informed that dogs are not allowed in our clinic, perhaps a rule of the building manager. Hence, bringing an animal to clinic is an obstacle.

Participants questioned where the animal should be placed when clients do not want to engage in AAT due to personal or medical reasons. Participants also reported concerns regarding animal and client safety, such as animals working with an actively psychotic client. The ethics and safety of animals were also of concern. One participant stated:

I personally don't believe that animals should be used in therapy, outside of providing comfort and an ability to connect for individuals dealing with systemic issues or bereavement (which would mimic a natural relationship with an animal outside of therapy). I feel that animals are not ours to utilize for our own purposes. I also don't think there is compelling evidence to use them as such. Other techniques are as useful as or more useful than AAT, in my opinion.

Client welfare was also a concern reported by study participants. Though these animals are trained, the client may be concerned about its unpredictability. In summary, participants reported obstacles related to the animal that could prevent AAT from becoming a legitimate adjunct to treatment.

Participants stated that the experimental and exploratory nature of AAT may cause

difficulties in reimbursement from insurance companies and Medicaid. The perceived difficulties when billing insurance and Medicaid may harm the practice of AAT. A participant stated:

There may be some issues with insurance billing since it isn't a more traditional therapy.

An additional logistical challenge is the minimal training opportunities provided to those interested in AAT. Participants reported not knowing where to find training opportunities in their area, and issues over the amount of time and money required to receive certification were considered deterrents. Graduate students with busy schedules reported that additional trainings required excess time and money. Additionally, the lack of supervision appears to dissuade therapists from practicing AAT. Faculty and students may not feel competent in practicing this adjunct to treatment without adequate supervision and feedback. A participant stated:

Limited research and trainings available. I would love to use AAT if I had any supervisors or knew how to do so.

Stigma/skepticism from the psychological community. Respondents reported that stigma from their colleagues and the psychology community can negatively impact the adoption of this practice. The participants reported fears of being perceived as “fake therapists” or not competent enough to practice alone, and whether their expertise and effectiveness would be questioned due to their use of AAT. One participant recalled her own experience:

I previously worked in an agency where we utilized equine therapy for

the abuse population. It was helpful, but very expensive. The perception of others outside the agency was that we did "pony pictures" and did not take it seriously. Many of the families of the children thought we were just doing riding lessons so they minimized the clinical side of the work and the emotional benefit.

Study participants also reported the lack of literature on AAT will lead to a misunderstanding in terms of treatment implementation and outcome. Indeed, the lack of controlled research trials in the literature can draw skepticism and confusion from the psychological community.

Lack of evidence-based practices or controlled research trials. The lack of evidence-based practice and controlled trials was noted as an obstacle for the acceptance of AAT. First and foremost, the obligation to practice by evidence-based approaches was reported as an important consideration. Experienced clinicians may be wary of adopting a new treatment approach without knowing the evidence behind its practice. A lack of empirical research and controlled trials can prevent practitioners from adopting AAT as a treatment modality. One respondent shared her opinion regarding this deficit:

As far as I am aware, there is currently not enough empirical support to suggest the benefits of using this treatment method...If the data is out there, it needs to be more widely disseminated. If it is not, the research simply needs to be done. Specifically, we need to determine whether AAT is comparable to the current gold standard treatment methods, and determine whether it

might augment gold-standard treatment methods.

Participants indicated that the lack of research trials in the field may contribute to the reluctance to accept AAT as a legitimate treatment modality.

Discussion

The aim of this study was to assess the knowledge, attitudes, and perceptions that students and faculty members in psychological training programs hold regarding the practice of AAT. The results indicate that APA members remain cautious about incorporating animals into therapeutic settings. While many view it as an effective and legitimate treatment, they are also hesitant to incorporate AAT themselves.

In regards to practice, participants indicated a general consensus for the effectiveness of AAT. The practice appears to be generally accepted among members of APA, however, skepticism remains which may be due to the aforementioned barriers that emerged in the qualitative analysis including logistic obstacles, lack of evidence base, and stigma from the psychological community. There were no differences between males and females view of legitimacy. However, there was a significant difference between faculty and student's view on the legitimacy of AAT. This may be due to the recent surge of interest and research in the field. Faculty may have less exposure to AAT in academic settings such as conferences and research articles. Due to the infancy of students' academic interests, they may have more generalized approaches to treatment and be willing to explore recent research whereas faculty may have developed their own therapeutic approach in previous practice, and more reluctant to experiment with new interventions. Furthermore, faculty may be more aware of

the lack of research and evidence based support for the legitimacy of AAT creating hesitancy to accept AAT practice as a legitimate adjunct to therapy.

The field of psychology appears to be experiencing a resurgence of interest and research in the field of AAT. Many would argue that AAT has existed in the field of psychology since the time of Boris Levinson and for others AAT remains new and unexplored (DeMello, 2012). Due to the lack of knowledge in the field regarding terminology, history, and use, a barrier may exist creating difficulty for psychologists to increase their knowledge regarding AAT. Faculty and students in APA programs appear to think that they are uninformed regarding their knowledge of AAT, which holds true across student and faculty as well as male and females within these programs. The lack of perceived knowledge may be due to the limited sources and trainings available for AAT. It appears the field of psychology may benefit from the publication and dissemination of information regarding basic practices and evidence available in the field of AAT thus far.

The majority of students who participated viewed AAT as a legitimate adjunct to treatment. Students were also more likely to practice AAT in their therapeutic approach. However, without faculty support and provision of supervision, the field may experience difficulty moving forward as faculty were less likely to view AAT as legitimate as well as less likely to practice. The stigma that continues to exist is a barrier in the future development of AAT. Students who are interested in practicing AAT may be less likely to take action due to perceived long term barriers in the field. In looking at males' versus females' perceptions, it appears females may be more open to the practice of AAT. There is no known research to support this other than a general observation that females tend to have more

“caretaker” roles for animals compared to males, and this may carry over into their interest in including them in therapeutic contexts.

Comparing effectiveness of treatment among children, adolescent, and adult populations, children received consistently higher ratings among the participants. Results suggest members of APA accredited programs view AAT as more effective with younger populations. This could be due to receptiveness to alternative forms of treatment, openness to working with an animal, or lack of awareness of stigma among younger populations. As a result, perhaps AAT practitioners should consider focusing on AAT with younger populations before expanding to incorporate adults. There is probably also a general sense that animals might serve a similar purpose with children as play therapy does in providing alternatives to talk therapy for children who are less verbal in session.

With adult populations, participants rated all presenting problems except emotional abuse and bereavement as “slightly” effective. Respondents indicated stronger support for the effectiveness of AAT in working with adults experiencing emotional trauma. This suggests that adults who are emotionally fragile are more open to a relationship with an animal. Perhaps the genuine nature of animals makes them more approachable for those who are cautious to trust.

Benefits and Obstacles of AAT

Participants agreed that including an animal in therapy added to the therapeutic alliance. The single most important factor in the success of therapy, strengthening the alliance, is a powerful benefit. Participants alluded that animals aid in creating an environment that fosters trust, introduces a safe subject to begin conversation, breaks

down barriers, and provides common ground among therapist and client. Animals may be particularly helpful in establishing bonds with practitioners who struggle to create rapport.

Current research indicates biological benefits associated with AAT, including decreased blood pressure, release of oxytocin, and a decrease in anxiety (Giaquinto & Valentini, 2009). However, research has only begun to look at the psychological benefits of AAT. Anecdotal evidence along with personal opinion suggests that introducing an animal into therapy has strong benefits for the client.

When asked about obstacles practitioners face in incorporating AAT, training surfaced as a prevalent issue. Specific factors about training included costs, time involved, as well as finding a legitimate trainer or certifying entity. The challenge of training an animal for AAT may be one of the reasons the majority of participants were somewhat unlikely to practice with an animal.

Due to the ambiguity of the current state of AAT, there is no one recommended practice for incorporating the animal into therapy. Many agencies such as Pet Partners or Therapy Dogs International exist with their own manual and guidelines for practice. Existing programs take a generalist approach that incorporate animals in volunteer work rather than specifically for counseling settings.

A concern of participants is the welfare of animals being incorporated into therapy. The potential for the animal to be abused or neglected is a common concern. Participants expressed worry over certain client populations interacting with the animal. As the field of HAI expands, there must be a discussion regarding the line between animal use and exploitation.

Another challenge the field faces is awareness of AAT. In the field of mental

health, working with an animal in practice is often stigmatized. Due to the lack of education and research, controversial views exist within the field. This stigma can be enough to dissuade potential practitioners.

The majority of students who participated viewed AAT as a legitimate adjunct to treatment, however, without faculty support and provision of supervision, the field cannot move forward. The stigma that continues to exist is a barrier in the future development of AAT. Students who are interested in practicing AAT may be less likely to take action due to perceived long term barriers in the field.

A paradox exists between legitimacy and utilization among participants as most considered AAT a legitimate adjunct to treatment, however, they would not utilize the practice themselves. This suggests that while members of APA accredited programs are open to AAT becoming a common practice, there is a need for a unified set of guidelines for practice, training, and empirical research.

Limitations

A limitation of this study was that the survey was created by the authors. There were no measurable psychometric properties demonstrating the reliability or validity of the instrument. We discovered incomplete responses beginning around the 17th question out of 24. The authors attribute the attrition to the repetitive nature of the question which asked about the effectiveness of AAT with different populations for three different age groups. However, the exploratory nature of this study established a positive step in the field. With the gathered responses, a more tailored study can be created to determine specific steps the field can take to make AAT more approachable for practitioners.

Implications for the future direction of AAT

Recently, a new section under Division 17 of APA, entitled Human Animal Interaction: Research and Practice, has been created and is dedicated to professional and scholarly activities that advance the understanding of human-animal interactions as they relate to psychology. In this regard, the authors hope that the research will contribute to a further understanding of AAT as well as a larger body of research in the area. The current exploratory study reveals the gaps and needs in training and research that must be addressed to further the field.

The need for public information regarding common practice of AAT is also in order to increase psychologists' knowledge of common practice and techniques. Specifically, faculty members were less likely to view AAT as legitimate and less likely to practice it. Information directed towards faculty members could promote a top-down dissemination of knowledge. Professional workshops and conferences that include topics on implementing AAT, as well as documenting the research that has been done, would help promote the legitimacy of this work among faculty. In the last few years, several universities have added a course or a specialized certificate option for students interested in AAT. For a complete list of those programs, we recommend viewing the Animals and Society Institute at <http://www.animalsandsociety.org/pages/human-animal-studies>

Future research in this area should examine the attitudes and knowledge that APA professionals have regarding AAT. At this point, the results can only be generalized to student and faculty members of APA in Clinical and Counseling Psychology programs. Surveying the broader field of psychology as well as community counselors

regarding AAT will further clarify where the field stands.

Finally, exploring the international views and practice of AAT may illuminate cultural differences as well as different advancements in the field of AAT. Black, et al (2011) provided information similar to this for Australian psychologists, but they also noted the gap in looking at a broader cultural and ethnic context. Since the majority (83.5%) of responders in this study identified as Non-Hispanic White it is difficult to tease out any cultural trends in the data. The unified approach to understanding AAT and its practice may advance the field of human animal interaction.

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