

Chapter 7

Including Animals in Play Therapy with Young Children and Families

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When Manny Met Kirrie

Manny was 5 years old when he was referred to therapy. His life had been filled with turmoil, neglect, and abuse, culminating in his placement with a foster family at the age of four. His behavior had grown increasingly challenging, with unpredictable temper tantrums, destruction of household items, and general oppositional behavior with his foster parents. He had difficulty regulating his emotions or calming himself when he was upset. He had enjoyed playing with the family dog until he was caught pulling her ears and tail, and his foster parents restricted his contact with the dog, fearing that Manny might hurt the dog or the dog would defend herself by nipping or biting the boy. While play therapy coupled with behavior management and family play therapy sessions had eased the tension at home, Manny still seemed unsettled and unable to form a trusting relationship with his foster parents, Marie and Jim. His therapist, recognizing that Manny had difficulty trusting any human adult, suggested adding Animal Assisted Play Therapy (AAPT) to his treatment plan, and his foster parents and the agency that served as his guardian agreed.

After I (coauthor VanFleet) held a brief session with a stuffed toy dog to show Manny the safe and respectful way to meet a dog, he was ready to meet my

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play therapy dog, Kirrie, a very playful Border Collie/Hound cross adopted from rescue. Following the method we had just practiced with the toy dog, Manny stood still and let Kirrie approach him, and with my prompting, he gave Kirrie some small dog treats from his open palm. He was grinning and immediately began talking more than anyone had heard him before: “Kirrie really likes me! Her tail is wagging like crazy! She really likes those stinky treats! Whoaaaa! She is cool! Can we go outside?” Thus started a relationship unparalleled in Manny’s short and troubled life.

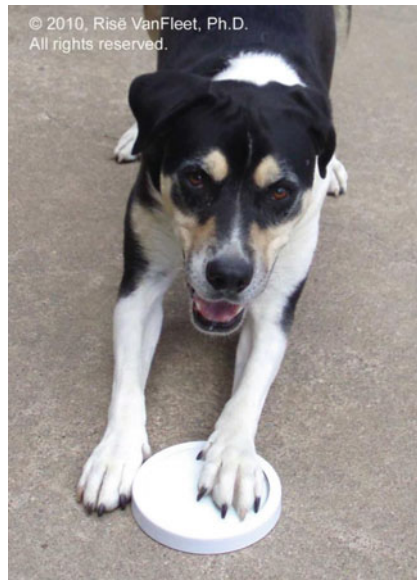
In the sessions that followed, Manny learned some of Kirrie’s cues, both verbal and nonverbal, to ask her to perform basic obedience (sit, down, stay, come) and some tricks (play dead, spin around, speak, sit up, get in your bed, and “kiss me” where Kirrie gently touched Manny’s palm with her nose). He smiled throughout the sessions, talked constantly about Kirrie and what they were doing together, and happily offered to give Kirrie treats. Manny was eager to be with Kirrie, albeit a little too eager at times. He had a tendency to forget that he should not squeeze her neck, but he readily responded to my prompts to rub her chest rather than hug her (a child behavior that dogs frequently dislike and that is responsible for many facial bites in children). Marie and Jim reported that as they drove home after the sessions, Manny excitedly told them what he had done with Kirrie.

As Manny became more comfortable with the AAPT process, he began imaginary play incorporating the dog. I responded to his plans and emotions: “You want Kirrie to be a police dog. There are some bad guys out there who need to be put in jail, and Kirrie is going to help you get them! . . . Wow! Kirrie, did you see him putting the cuffs on that bad guy? He’s going to make sure that everyone is safe and those bad guys can’t hurt anyone ever again!” I also helped Kirrie play the role that he wanted her to play, helping my canine therapy partner to pick up the “bad guys” (a pair of large soft dolls) in her mouth and carry them to the jail (a box across the room). Manny was delighted that his police dog could help remove the bad guys by dropping them in the box that served as the prison.

This play continued in subsequent sessions, and eventually the bad guys broke out of jail, representing a threat once again. Manny took one of the dolls and swung its arm as if to hit Kirrie with it. At that point, I set a limit, “Manny, one of the things you may not do is hit Kirrie, but you can do just about anything else.” Manny looked at me in surprise and said, “But I wasn’t hitting Kirrie – it was the bad guy!” To this, I responded, “You want the bad guy to hit Kirrie, but it doesn’t matter who is doing it, Kirrie cannot be hit by either you or the bad guy. You can do just about anything else.” Manny backed off a bit uncertainly, but he never tried to hit Kirrie again.

Using imaginary play, Manny continued to play out themes related to his maltreatment history. Kirrie was his police dog who helped him as he took care of various threats. Interestingly, Manny eventually played scenarios where the bad guys threatened Kirrie with taunts and showing their weapons (but never attempting to strike her), and Manny cast himself in the role of Kirrie’s protector. At the end of one such segment of imaginary play, Manny kissed Kirrie on the head and said, “You’re the best dog ever. I’ll never let those bad guys hurt you. Here, have some treats....”

At times, Manny's AAPT sessions involved more therapist-directed interventions with the dog. I worked with Manny as we taught Kirrie several new tricks, such as turning on a light and jumping in a box and lying down to "hide." Manny was very pleased with nurturance activities, such as pouring water for Kirrie to drink and brushing her with a soft brush. Manny asked if we could teach Kirrie to step up on a little platform, and we worked on that until she had mastered it. Manny was very proud of these accomplishments. After every few sessions, we invited his foster parents and regular therapist to come into the room to see what he had learned to do with Kirrie. His parents told me that he was much more appropriate with their dog at home and that his oppositional behaviors had diminished considerably.



Manny taught Kirrie to turn a light on and off, useful for working with children who are afraid of the dark

Play Therapy

For children with psychosocial difficulties, play therapy is often the treatment of choice, partly because it does not require language, verbal communication, or cognitive processing of their problems or situations through "talk therapy." Play therapy capitalizes on children's natural inclination to play out their perceptions of their world, often expressing their feelings, motivations, struggles, wishes, and possible problem solutions through the symbolism and metaphors of play. Play offers greater emotional safety within which children can express and experiment with life situations and dilemmas without risk of failure or repercussions. Because of this, play therapy is often the developmentally most appropriate treatment for

young children experiencing social, emotional, or behavioral problems (VanFleet, Sywulak, & Sniscak, 2010). Play therapy can take many forms which fall into three major categories: (a) nondirective or child-centered play therapy (CCPT), (b) directive or cognitive-behavioral play therapy, and (c) family play therapy.

CCPT is based on Rogerian psychology, as defined initially by Virginia Axline (Axline, 1947, 1969; VanFleet et al., 2010), and permits the child to determine the toys, activities, and themes of the play (within safe boundaries). The therapist follows the child's lead, working to provide safety and acceptance so the child feels free to express his or her true self. In CCPT, the therapist provides children with the opportunity to resolve many of their own problems. Directive play therapy takes many different forms, with the essential feature being that the therapist suggests either the toys or the activities of the session, based upon their assessment of the child's needs and goals. Family play therapy also takes many forms, including Filial Therapy in which therapists teach and supervise parents as they conduct special CCPT play sessions with their own children, as well as more directive interventions in which the therapist suggests specific activities for the family to engage in together. In play therapy, the essential feature is that play is used as the primary "language" or method of interacting during the sessions (Drewes, Bratton, & Schaefer, 2011; Kaduson & Schaefer, 2006; Schaefer, 2011; VanFleet, 2005).

The efficacy of play therapy has been clearly established (Bratton, Ray, Rhine, & Jones, 2005; Reddy, Files-Hall, & Schaefer, 2005). In any form of play therapy, it is critical for the therapist to establish 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 fearful or anxious feelings, and move forward in a psychologically healthy direction" (VanFleet & Faa-Thompson, 2010, pp. 4–5).

Animal Assisted Therapy

The field of Animal Assisted Therapy (AAT) has been growing rapidly in recent years. AAT refers to the work of appropriately trained human-animal teams in which the human is a credentialed therapist and the nonhuman animal has met specified criteria for this type of work. Typically, the human-animal teams work together conducting actual therapy, such as occupational therapy, physical therapy, or psychotherapy (AAT), or they engage in visitation or educational programs at schools, hospitals, and nursing homes (called animal-assisted activities, AAA; Delta Society, 2004). AAA does not require that the human is a credentialed therapist, and activities are very beneficial to the recipients but not considered actual therapy. In popular usage, the terms AAT and AAA have been used interchangeably, a situation that has led to considerable confusion surrounding these distinctions.

Many different animal species have been involved in AAT/AAA work, including dogs, cats, rabbits, horses, and birds, but the most common are dogs and

horses. Mental health practitioners have used AAT to help with developmental, behavioral, social, and emotional problems in children and adults, including attention deficit disorder, learning disabilities, conduct problems, social isolation, maltreatment, bereavement, trauma, bullying, anxiety, selective mutism, and many other challenges (Chandler, 2012; Fine, 2010; Levinson & Mallon, 1997; Loar & Colman, 2004; Parish-Plass, 2008; Rivera, 2001, 2004; VanFleet, 2008; VanFleet & Colțea, 2012). Dogs have also been involved in Reading to Rover, R.E.A.D., and similar programs to help build children's reading skills and motivation (Jalongo, 2004; Rivera, 2004). In recent years, AAT has been used to help soldiers and others with post-traumatic stress disorder overcome the legacy of trauma (e.g., www.warriorcanineconnection.org).

A growing number of controlled studies have demonstrated the effectiveness of AAT (Bowers & MacDonald, 2001; Trotter, Chandler, Goodwin-Bond, & Casey, 2008), and a meta-analysis of 49 controlled studies showed beneficial outcomes attributable to AAT interventions, especially with dogs and for children with autism spectrum disorders (Nimer & Lundahl, 2007). Although there are numerous articles, chapters, and books of case studies that detail the benefits of AAT, much more controlled and program evaluation research is needed.

Animal Assisted Play Therapy

Animal Assisted Play Therapy (AAPT) is a relative newcomer in the field of AAT. While at least one practitioner began systematically incorporating dogs into her play therapy and expressive therapy work 25 years ago (Marie-José Dhaese, 2012, personal communication), AAPT has gained wider acceptance and recognition as an intervention that sometimes succeeds where other interventions have failed.

AAPT represents a full integration of play therapy with Animal Assisted Therapy. It is defined 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” (VanFleet, 2008, p. 19). To date, dogs and horses have served as the animal therapy partners for most AAPT in the United States and Europe, although some therapists have involved cats, rabbits, and donkeys according to the AAPT principles as well. In short, the therapist brings a dog into the play therapy room and incorporates it systematically into a variety of play therapy modalities. For equine involvement, children are taken to the stables or farm with the horses, and playful therapeutic activities are conducted at that location. AAPT can be conducted with individual children, families, and groups. Several play therapists have published their work in AAPT (Parish-Plass, 2008; Thompson, 2009; VanFleet, 2008; VanFleet & Colțea, 2012; VanFleet & Faa-Thompson, 2010; Weiss, 2009), and over 250 participants had taken specialized training in AAPT worldwide by the

middle of 2013. As more advanced levels of training have been added and an AAPT-specific certification program is rolled out in 2013, more and more therapists using AAPT with children will be available to contribute to more rigorous research.

AAPT is often used in conjunction with other forms of therapy: individual play therapy, cognitive-behavioral therapy, Filial Therapy, family therapy, and group therapy. Practitioners typically are play therapists or family therapists who have learned to work with an animal therapy partner in playful ways to facilitate client progress toward a wide range of possible therapeutic goals.

Early research is promising. In a preliminary study, VanFleet (2007) surveyed 83 play therapists to determine involvement of animals in play therapy sessions and perceived benefits. There was uniform excitement about the approach. Using a pretest-posttest experimental-comparison group design with 164 at-risk children and adolescents, Trotter et al. (2008) showed that 12 weeks of equine-assisted counseling were superior to an empirically supported classroom counseling intervention, with significant improvements in 17 behavioral areas, whereas the comparison program showed statistically significant improvements in five behavioral areas. Thompson (2009) used a repeated measures design with subjects as their own controls to demonstrate that the presence of a therapy dog in nondirective play therapy sessions with anxious children facilitated rapport between child and therapist, improved mood, increased the amount of thematic play, and decreased disruptive behaviors during play therapy sessions.

Principles of AAPT

VanFleet and Faa-Thompson (2010) have articulated the guiding principles for the practice of AAPT. AAPT must be conducted in a manner that ensures both high-quality play therapy practice and full recognition of the animals' needs and welfare. Whenever nonhuman animals are asked to perform tasks under human direction, their welfare needs to be considered. This is critical for the well-being of the animals as well as for the children with whom they work. Therapists working with tired, uninterested, or frightened therapy animals are providing a very poor model of empathy and relationship for children. Principles established to ensure the well-being of all participants in the therapy process follow:

- *Respect.* To the greatest degree possible, AAPT ensures the equal and reciprocal respect of children and animals. The needs of humans and nonhuman animals are considered equally important.
- *Safety.* AAPT activities must be physically and emotionally safe for all involved. The therapist places a limit upon, or stops immediately, any activity that is not safe. The therapist is responsible for maintaining the safety of all participants in the session.

- *Enjoyment.* AAPT sessions must be enjoyable and pleasant for the animal therapy partner as well as the child client. Children or therapy animals have the option of nonparticipation; i.e., they may opt out of any activities they wish. Tired or bored dogs can lie down. Horses can walk away. Children can choose to play without the dog. Child and animal decisions are respected within the boundaries of safety. The therapist facilitates the session to insure its therapeutic value regardless of these choices.
- *Acceptance.* In AAPT, the therapist accepts the child and the animal for who they are. The therapist accepts and works with the child's needs, feelings, and process without pushing them in a different direction or at a faster pace. Similarly, the therapist does not expect the animal to become something he or she is not. For example, AAPT dogs are not expected to become so docile or controlled that their individual personalities and interests are denied. While therapists need to train their dogs for good behavior and socialize them to work with children in a playroom, they do not overtrain them to relinquish their essential canine and individual natures. Individual animals are often more suited to certain forms of play therapy than to other forms, and therapists consider this and act accordingly.
- *Training.* Therapists train their therapy animals without the use of unpleasant corrections, instead using positive reinforcement, play training, and relationship-based methods. Aversive equipment or procedures, such as the use of whips; choke, prong, and shock collars; or physical corrections of the animal, have no place in the training, the therapy sessions, or the lives of these animals. This principle serves the welfare of both child and animal.
- *Relationship.* The AAPT process focuses on relationship, not control. Just as the animals are taught to behave politely and respectfully with children, children learn to treat the animals with tolerance and respect. The therapist helps the children to recognize and respond to the animal's feelings while developing a healthy, mutually trusting relationship with the animal. All interactions with the animal therapy partner follow the same principles for the development of humane, empathic, healthy human relationships. The essential playful nature of interactions during AAPT permits this to happen readily.
- *Process.* AAPT is a process-oriented form of therapy. While sessions might focus on specific tasks or goals, such as teaching something new to the dog or horse or child, the process of getting there is considered of much greater importance than achieving any single outcome. The therapist knows how to facilitate and use the process to help children overcome their difficulties or develop new skills. Unexpected events are woven into the texture of the session so that both child and animal needs are met.
- *Foundations.* AAPT is grounded in well-established theories and practices in terms of child development, child clinical intervention, play therapy, and humane animal treatment. Adherence to these foundations and the other AAPT principles is designed to ensure a positive, relationship-oriented, best-practices approach to each child and each animal involved in the therapeutic process.

AAPT with Young Children

Jalongo (2004) has commented, “Companion animals should matter to educators, if for no other reason than that they matter so much to children” (p. 17). This sentiment applies equally well to child psychotherapists. Developmental studies have clearly demonstrated how children are drawn to animals, watch them, approach them, think about them, enjoy stories about them, and even dream about them (Melson, 2001; Melson & Fine, 2010). Because play and an interest in animals both seem to come so naturally to children and because increasing numbers of studies support the efficacy of both play therapy and AAT, it seems a logical extension to combine both in the treatment of psychosocial difficulties.

Young children and nonhuman animals have much in common: their lives depend, at least in part, on human adults; their communication is primarily nonverbal and concrete; their focus is on the present much more than the past or future; their responses are honest and undisguised; and they play naturally (Zimmerman & Russell-Martin, 2008). Studies of the benefits of family pets have consistently found increased self-regulation, lowered blood pressure, development of empathy, increased responsibility, improved caregiving, greater initiation of positive behaviors, and social lubricant effects, in which children’s social behaviors are facilitated by the presence of a pet (Beck & Katcher, 1996; Chandler, 2012; Esteves & Stokes, 2008; Fine, 2010; Podberscek, Paul, & Serpell, 2000).

Playing with animals, which also includes the ability to use child-animal touch during therapy sessions, seems to engage children almost instantaneously in the process. It is possible that the production of oxytocin (Olmert, 2009) that occurs when humans touch or stroke animals helps children feel more relaxed and comfortable in the therapeutic setting, and the social lubricant effects of the therapy animals seem to strengthen rapport with the human therapist who is sharing the animal therapy partner with them.

Three-year-old Camille had lost both of her parents in a car accident and was referred for play therapy several months afterward because her night terrors and disruptive behaviors had not abated. After practicing safe meet-and-greet behaviors on a stuffed toy dog the previous session, Camille smiled broadly when she was introduced to the AAPT dog, Kirrie. Camille clearly wanted to touch the dog and wrap her arms around the dog’s neck. Following the AAPT principles to respect the dog’s point of view (dogs typically do not like their necks encircled), the therapist helped meet Camille’s need for touch by showing her how to scratch Kirrie’s chest and to play the “kiss me” game. Kirrie had previously been taught to touch her nose to a child’s open palm when cued, “kiss me.” Camille was delighted to feel the dog gently touching her hand, and Kirrie demonstrated her appreciation for the treats occasionally given by the child by giving lots of these “kisses” and swinging her tail in low loose wags indicative of relaxation. In a single session, Camille’s timid reluctance to be with the human therapist in her prior two sessions was transformed, and her play therapy sessions both with and without the dog’s presence proceeded smoothly. She worked with the therapist to create a special memory book of her

parents that included photographs of her parents, a special drawing by Camille, a photograph of miniature figures arranged in a sandtray to create family scenes, and some pictures of Camille. When it was finished, Camille “read” and showed the memory book to Kirrie. AAPT helped her trust the therapeutic process so that she could benefit more fully from it.

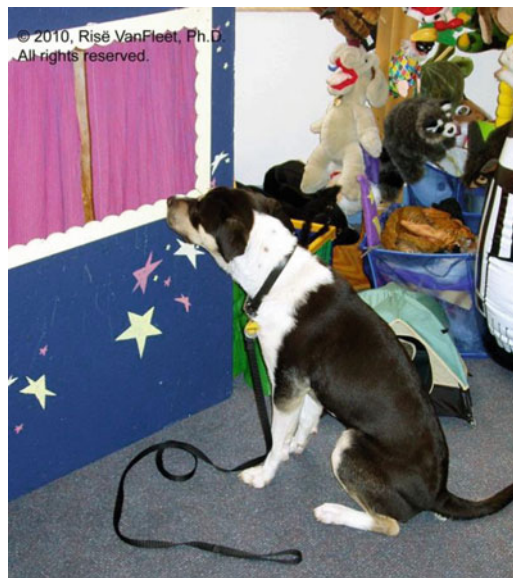
Goals of AAPT with Young Children

AAPT can help meet the needs of children with a wide range of presenting problems, including children with anxiety, attention deficit disorders, depression, histories of abuse and other forms of trauma, grief and loss, attachment disruptions, behavior/conduct problems, autism spectrum disorders, learning difficulties, poor self-regulation, and many others. There are five broad goal areas that AAPT can be used to address: (1) self-efficacy, (2) attachment/relationship, (3) empathy, (4) self-regulation, and (5) problem resolution. Specific methods for attaining goals in these areas are detailed elsewhere (VanFleet, 2008; VanFleet & Colțea, 2012; VanFleet & Faa-Thompson, 2010), and it is a feature of AAPT that interactions often address several of these goal areas at once.

For example, 5-year-old Frankie participated in AAPT after his placement in a foster home subsequent to parental maltreatment. Both child-centered and more cognitive-behavioral AAPT sessions were incorporated into his treatment. During his child-centered (VanFleet et al., 2010) play therapy sessions, Frankie initially played the role of a trauma victim and hid, instructing me (VanFleet) to tell Kirrie “GO SEARCH!! FIND HIM!” in a loud voice. Using child-centered play therapy skills adapted for AAPT, I reflected the action, “Kirrie, you’re looking all over for Frankie. You really want to find him. You just checked the corner – nope, he’s not there. Now you’re looking behind the puppet theater – nope, not there either. You’re still searching; you really, really want to find him. Frankie is missing but you are going to search until you can find him and bring him to safety!” Later, Frankie chose the role of a “search and rescue guy” and Kirrie became his search and rescue (SAR) dog. They searched piles of blocks and throughout the playroom for victims of a variety of traumas. This play seemed to represent a metaphor of Frankie’s own victim status as he played through the trauma and gained mastery, both by being “found” by the dog and by becoming the “search and rescue guy” himself who could help others in need. During the more directive play therapy portions of AAPT, Frankie learned how to use a clicker and treats to teach Kirrie some new tricks. His mouth often dropped open in amazement when Kirrie did as he instructed her. Only positive training methods were used, and when Kirrie did not quite understand what to do, we simply waited or gave her a hint. Frankie, who had low frustration tolerance at the start, stretched his patience as we used shaping to help Kirrie learn. He was proud of his accomplishments and asked to show his foster mother what he had learned at the end of each session. At times, Frankie was intrusive with Kirrie,

placing toys too close to her face, for example. At those times, I drew his attention to Kirrie's reactions: "Frankie, look at Kirrie right now. When you just put your face right next to hers, I noticed that she took a few steps back and now is turning her head the other way. How do you think she is feeling?" Usually, that was enough for Frankie to make the decision to pull his face away. If I thought that danger or stress for the dog was imminent or significant, I simply set a limit, "Frankie, one of the things you may not do is to grab Kirrie's tail, but you can do just about anything else."

Through these various interactions, Frankie was building a relationship with Kirrie based on mutual respect; he was learning new skills that made him feel proud and confident; he was able to exhibit empathic responses to the dog and select appropriate actions; he was learning patience and better emotional and behavioral regulation; and he was gaining mastery over feelings of helplessness imposed by his maltreatment history.



Kirrie waits expectantly for a child's puppet show to begin

Humane Education for Young Children Using AAPT

There are a number of fine programs and policies designed to help children develop humane attitudes and behaviors with nonhuman animals (Ascione, 1992; Ascione & Weber, 1996; Jalongo, 2004; Randour & Davidson, 2008), such as AniCare Child (see www.animalsandsociety.org/pages/anicare-child), and many are included in the current volume. There's also evidence that children who develop humane attitudes

toward animals can transfer them to humans (Ascione & Weber, 1996). While AAPT is designed to address a wide range of child problems, it is particularly suitable for humane education for children who are at risk of animal cruelty as well as for children in general.

Consider the quote below from James Garbarino's (2000) book *Lost Boys* based on decades of study of youth violence:

Because we know that empathy is the enemy of aggression and that depersonalization is its ally, all efforts at moral rehabilitation of violent and troubled boys hinge upon cultivating empathy and fighting against their tendency to depersonalize others. (p. 231)

AAPT provides a unique opportunity to reduce depersonalization while strengthening empathy. This is done directly through relationship-building with the live animal. For children who have not had the benefit of parental empathy and care, AAPT offers a safe, accepting environment in which both the human therapist and nonhuman therapy partner provide empathy to the child. Nonhuman animals involved in AAPT enjoy children and often appear to be sensitive to their feelings. One AAPT dog responds to children who are expressing strong emotions (e.g., crying or pouting) by placing her head on the child's knee. She was never trained to do this. Children typically respond by petting her. This is coupled with the therapist's empathic listening, "You feel really frustrated now. You don't like it that your dad didn't show up for his visit with you. That made you feel sad and angry." Meanwhile, the child is petting the dog and feeling cared for. It seems unreasonable to expect hurt children to feel empathy for others if they've never experienced it themselves. AAPT makes that more possible in very tangible ways.

During AAPT sessions, children are also encouraged to notice the animal's feelings as expressed through body language. The therapist can instruct or prompt them to look at the dog's or horse's ears and stance and tail (It is important for therapists to learn about body language themselves, such as with Byrnes (2008)). By providing opportunities for interaction coupled with limits and safety for all involved, the therapist gently helps the child see the animal as a unique living, feeling being. Through the many playful interactions included in the AAPT experience, the child begins to feel what a healthy relationship is like, including mutual trust and respect, caring, and enjoyment of each other. These are emphasized throughout the process in a lighthearted manner that makes it easy for children to absorb what they are learning. The *experience* of the relationship helps personalize the animal for the child and opens the doors for empathy to emerge.

There is no doubt that therapeutic riding programs have helped countless children through the years. Ground-based programs (e.g., www.eagala.org) provide unique opportunities for relationship-building. Only while standing on the ground next to a horse can children feel his breath on their skin, see the horse look down at them with her soft eye, experience the gentle muzzle of his nose on their body, or lead the horse and feel her walk beside them like a friend. AAPT programs that involve horses as therapy partners also use the horse's size to therapeutic advantage. Children typically do not try to force the horse to do their bidding, and they must

learn alternative ways of relating to the horse to accomplish therapeutic tasks that are presented. To lead a horse through an obstacle course with just a ribbon rather than a rope means that the child must build a relationship, learn about what the horse wants and likes, and to work as a team. One group of children initially tried tugging and pulling the horse through the course, at which the horse balked and simply stood still. After several moments of frustration with the horse, the group began trying different enticements, eventually realizing that if they didn't pull and just let the horse walk behind them, it worked beautifully. At the end during a simple debriefing process, one 8-year-old commented, "They liked us better if we were nice and didn't pull them. Then they wanted to follow us and be with us."

Case Examples of AAPT for Humane Education

To illustrate the use of AAPT for humane education and learning, each of the authors' programs is described briefly below, followed by case examples.

Turn About Pegasus (TAP) Program

Coauthor Faa-Thompson's Turn About Pegasus program (TAP) is an equine-assisted learning/therapy program for at-risk children, teens, couples, and families. Located in the Northumberland region of England near the Scottish Borders, it began as a pilot project for at-risk youth. When children, teachers, and families reported significant changes in behavior and attitude, the program was expanded to meet demand. TAP now provides services for a wider range of vulnerable client groups. Play therapy concepts and skills are incorporated into TAP, where children are introduced to a safe, accepting environment within which they can explore their relationships with the horses and each other. Groups usually include a range of ages, and children carry out various tasks and activities involving the horses. There are three and a half equine therapy partners (one is a Shetland pony, which is jokingly referred to as "half a horse"). Two Arabs and a Gypsy Vanner round out the team. The TAP sessions include (a) observations of the horses, (b) playful interactions, activities, and tasks, and (c) caregiving activities such as grooming the horses. Despite some exuberant play and activity in the rest of the session, all sessions end more quietly, often with grooming. This provides a way for the children to connect with the horses, to calm the horses and themselves, and for children to learn to care for someone other than themselves. When you have a half-ton horse in front of you, it's hard to ignore!



A child dresses Charlie up during a therapeutic activity, The World's Most Powerful Horse, designed to strengthen self-esteem

TAP Case Example

Last summer we had a group of young carers between the ages of 7 and 14. Each of these children had been left with adult-like responsibility due to their parents' serious medical illness, drug addiction, death, or neglect. In this particular group, the youngest girl, Nikki, had a father terminally ill with cancer. During the first TAP session, Nikki was overheard describing one of the white horses Buster as "evil" and "horrible." She shooed him away every time he tried to come near her. Eventually, he came up to her from behind when she was distracted by another horse's antics, and he nudged her gently on the face with his nose. Her facial expression was a mixture of surprise, shock, fear, and delight. She turned and hugged him around the neck. I wondered aloud about him sneaking up on her and taking her by surprise like that. She replied, "He just needed a cuddle." At the end of the session, the girl who had been shooing the "evil" Buster away chose to groom him for the last 15 min of the session.

Two weeks later in the next session, Nikki was eager to tell me that she had been unable to stop thinking about Buster and that he had been keeping her safe in her

dreams. Her mother reported that after her first session when she overcame her fear of Buster, Nikki had returned home and climbed on her father's knee and hugged him round the neck. Nikki had been afraid to touch her father as others had told her he was ill and in pain. As a result, there had been no physical contact between them. The young girl continued to develop further self-awareness and empathy throughout her sessions that were then reflected in her relationships with her parents.

TAP-Related Reflections on Humane Education

Often on the referral forms, children are described as “bullies, lacking in empathy, or without self-awareness.” Being around horses in a therapeutically facilitated environment helps alleviate these problems. As horses are prey animals and their whole survival depends on being self-aware and looking out for one another, they help children learn. When children can observe the horses' reactions to them and the impact of their behavior on the horses, they begin to see their human relationships differently. They begin to experience life in the here and now, and they see that if they change their behavior, the horses' behavior changes, too. All the sessions end with grooming and then hugging or kissing the horses goodbye. Children who are self-conscious around people often lose their inhibitions. During grooming, they notice, inquire about, and care for “hurts” on the horses in concerned ways they have heretofore not shown with others. They lead the horses out very carefully, making sure they are “safe” until next time. When asked what taking care of the horses felt like, one child responded, “I feel funny inside when I look after Sailor and make him feel better,” a clear expression of empathy for another living creature. Once they have that “funny feeling inside,” it's a small step to transfer it to other animals and humans. “Catching” empathy from a horse is no small sign of progress!

Playful Pooch Program (PPP)

Coauthor VanFleet's Playful Pooch Program (PPP) was developed specifically as a canine-assisted play therapy program, integrating play therapy and AAT within an independent practice serving a wide range of child/family psychosocial problems with a specialty in trauma and attachment problems. Kirrie has served as the primary play therapy dog for the past 8 years, with occasional assistance by others in our five-dog family. The dogs are trained for play therapy work using positive training methods that are based upon each dog's unique temperament and personality. Children from 3 to 17 years old have participated in the program, with the majority between 3 and 12. While Kirrie has assisted with child-centered play therapy at times, her high energy and strong sociability make her better suited to cognitive-behavioral play therapy or other more active play interventions.

PPP Case Example

Elise was 6 years old and had been in her current foster home for a year. She was usually well-behaved, but she had raging temper tantrums at unexpected times at home. She was usually quiet around adults, but she began talking openly during her first session with Kirrie. During the next four sessions, she learned some basic training skills with the dog, and she enjoyed a carefully structured game of tug using a long rope toy as a means of developing her ability to manage her own arousal. She also worked on impulse control – her own and Kirrie’s – by playing ball, first asking Kirrie to sit and stay while she threw the ball, then releasing Kirrie to go get it. Because Kirrie was always eager to get the ball, I was able to facilitate by saying, “Wow, it sure is hard for Kirrie to wait sometimes. She loves to chase that ball, and it’s hard for her to sit still and wait for the right time.” Elise nodded and smiled. Of course, she had to have patience each time before throwing the ball.

One intervention in AAPT is to share stories about the animal that are based on real happenings, although perhaps exaggerated a bit to create a suitable metaphor for the child. After an actual situation at home, I sat down with Elise with Kirrie at my feet. I told the story of how another dog had accidentally jumped on Kirrie and Kirrie had become angry because she was hurt, growling at the other dog and then nearly causing a fight. I asked Elise, “How can we help Kirrie deal with it when she gets so mad she might cause a fight? It’s normal for her to get mad, but I want to help her stay out of trouble, too.” Elise mentioned walking away and counting to 10, undoubtedly things that adults had told her to do. I commented to Kirrie, “I hope you’re paying attention, Kirrie. Elise is giving you some very good suggestions.” I then asked Elise, “Can you think of some things to help Kirrie relax after she gets out of the situation?” Elise thought for a moment and replied, “Tell Kirrie that it will take four days before she feels good again. For me, it’s just three.” This example shows how readily children can relate to animal problems that are similar to their own. Elise continued to use the play sessions with Kirrie to accomplish better self-regulation, and her outbursts diminished as she gained new awareness of her feelings, triggers, and coping strategies that she initially tried out with Kirrie.

Family Involvement and Generalization

Families are involved regularly in the AAPT sessions. The entire family can participate in equine interventions. Children typically want to show their parents what they have learned with the dog, so parents are regularly invited for demonstration sessions. Entire families can participate with the dog as well, often in an effort to get them to work together in new ways. For example, one family with a mother, grandmother, and two young boys wanted to participate together with the dog in order to begin having fun together after a contentious period. I selected two Beagles,

Jagen and Corky, for one session. I gave the family the task of getting the Beagles to howl. After trying a number of things unsuccessfully, the family members began making many different vocalizations. They were laughing and enjoying each other's funny noises. They watched which noises got the dogs' attention, and eventually the family began howling together. As I knew they would, Jagen and Corky chimed in for a group howl. The family was able to build on this collective experience to create more playful, fun times in their lives as a counterbalance to some of the stress they were experiencing.

What children learn in AAPT with a play therapy dog can sometimes be transferred to their relationships with the companion dogs in their homes. Families are invited to bring in their dogs, and the therapist creates therapeutically meaningful activities and interactions with that dog in mind. For example, 4-year-old Joanie had a history of playing too roughly with the family dog. This had led to the dog nipping her and her hitting the dog in retaliation. She learned good self-control and more appropriate behaviors with Kirrie, but when the family brought Barlie in, Joanie began her rough play. We discovered new ways to play with Barlie that were kind, fun, and focused. I discussed supervision of this play with her parents and then provided home tasks. This type of generalization from one dog to another should only be done when the therapist has significant amount of canine expertise.

Finally, it appears that much of the empathy and caring that is released for children during AAPT transfers to human relationships. Parents have reported examples of spontaneous kindness of children with siblings or with the parents themselves. Teachers have consistently commented that children have cooperated more, sullenness at school has disappeared, and the children seem happier in general. These anecdotal reports are common, and the next step is to research them more systematically.

Summary

Animal Assisted Play Therapy fully integrates play therapy with Animal Assisted Therapy to help young children learn humane attitudes, behaviors, and skills as well as to overcome a variety of developmental and mental health difficulties. The presence of the live animal in a playful, safe, and accepting environment helps children form healthy relationships in which they can feel wanted and cared for, build competencies, express caring and empathy, and discover solutions to many problems they are facing while experiencing mutually enjoyable interactions with the animal therapy partner. More information about AAPT is available in VanFleet (2008) and VanFleet and Faa-Thompson (2010). Article reprints are available at www.playfulpooch.org, under "resources."

Competent and ethical practice of AAPT requires substantial training as well as knowledge of animal body language, socialization, behavior, and positive training methods. Partnerships between therapists and animal professionals play a key role in the development of professional practice of AAPT. Deriving from the

AAPT principles discussed here, standards of practice and a specialized AAPT certification program were unveiled in 2013. More information is available at www.playfulpooch.org and www.turnaboutpegasus.co.uk.

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