



## Animal-Assisted Therapy in Counseling Competencies

Developed in collaboration with the Animal-Assisted Therapy in Mental Health Interest Network of the American Counseling Association

Based on the findings of a qualitative investigation of the knowledge, skills, and attitudes required of competent animal-assisted therapy practitioners

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## Overview

*Animal-assisted therapy* (AAT) is defined as a goal-directed intervention, delivered by an appropriately credentialed health or human service professional, in which an animal is incorporated as an integral part of the clinical health care treatment process and utilized during counseling sessions (Pet Partners, n.d.). *Animal-assisted therapy in counseling* (AATC) is defined as the incorporation of specially trained and evaluated animals as therapeutic agents into the counseling process, whereby professional counselors use the human–animal bond as part of the treatment process (Chandler, 2012). AATC shares certain commonalities with AAT, such as the inclusion of a specially trained and evaluated therapy animal, an appropriately credentialed health or human services provider, and clearly defined goals for treatment; however, the application and delivery of AAT interventions vary greatly depending on the professional identity of the health or human service provider involved (e.g., physical therapist, nurse, physician, mental health professional). Thus, AATC represents an evolving subspecialty within the field of AAT, which is unique to mental health professionals, such as professional counselors, counseling psychologists, and clinical social workers (Stewart, Chang, & Rice, 2013).

When implemented with the appropriate education and training, AATC has the potential to affect the therapeutic experience of a diverse range of clients across a wide variety of settings in a highly positive manner (Chandler, 2012; Chandler, Portrie-Bethke, Barrio Minton, Fernando, & O’Callaghan, 2010; Fine, 2015). A number of benefits to the therapeutic process are associated with AATC, including facilitating and enhancing the therapeutic alliance (Chandler, 2012; Fine, 2015; Wesley, Minatrea, & Watson, 2009), decreasing the need for language in therapy (Fine, 2015), increasing client disclosure (Reichert, 1998), and providing pivotal therapeutic experiences for survivors of trauma (Reichert, 1998; Yorke, Adams, & Coady, 2008). AATC is growing in use and popularity, and the empirical support for its efficacy is steadily increasing (Stewart, Chang, & Jaynes, 2013). The intervention’s broad and flexible applicability and positive impact on the therapeutic process make it an attractive and valuable treatment option for many professional counselors. Thus, the popularity and prevalence of this approach in the profession of counseling are likely to continue growing. If professional counselors are to provide this intervention ethically and effectively, specialized knowledge and training are necessary.

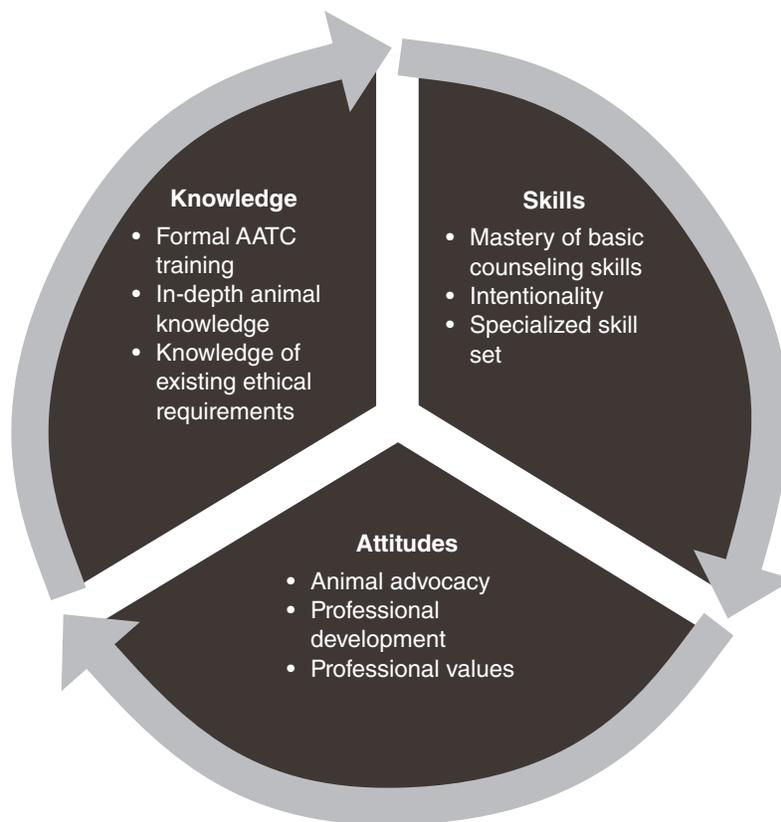
## Background and Current Issues

In addition to demonstrating professional competencies in areas essential to general counseling, ethical professional counselors demonstrate competency in specialty areas (Myers, 1992). With regard to specialty areas, the ACA Code of Ethics (American Counseling Association [ACA], 2014) clearly states, “Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm” (Standard C.2.b.). AATC is an evolving field of specialized skills and competencies that allows professional counselors to incorporate specially trained animals into the counseling process. Together, the mental health professional and the therapy animal influence the therapeutic process in ways that are beyond the scope of traditional counselor–client helping relationships. However, there is currently no definition of counseling-specific competencies to guide practitioners in this specialty area.

To address this gap, we recruited experts in the area of AATC ( $N = 20$ ) to participate in a grounded theory investigation of the knowledge, skills, and attitudes required of competent AATC providers (Stewart, 2014). The participants of this study represented a wide variety of mental health professional identities, practice settings, client populations, and choice of therapy animal species. All participants were invited to review and provide feedback on the themes and subthemes that we identified. On the basis of the themes and subthemes that emerged from the data, we constructed a theoretical framework that represents competencies in AATC.

Using this theoretical framework, we propose nine important competency areas for professional counselors using AATC. These competency areas are divided into three domains—knowledge, skills, and attitudes—in accordance with the competency framework (see Figure 1; Myers & Sweeney, 1990). Professional counselors practicing AATC are advised to be familiar with all areas in which the counselors are involved in their practice of AATC. These domains, competency areas, and supporting subthemes are represented in this document. This document is intended to address the clear call for such standards of competence by many researchers and experienced practitioners of AATC.

These competencies are intended to apply only to counselors who incorporate their own animals into the counseling sessions and therapy. The competencies are not intended to apply (a) when a counselor has a pet with whom the client is permitted to casually interact at the office; (b) when a counselor suggests that a client consider adopting an animal/pet for companionship; or (c) when a counselor authorizes or prescribes a service animal to her or his client, which should be covered under the existing ACA practice standards.



**FIGURE 1**

**Animal-Assisted Therapy in Counseling (AATC) Competencies Framework**

*Note.* Adapted from *Competencies in Animal Assisted Therapy in Counseling: A Qualitative Investigation of the Knowledge, Skills and Attitudes Required of Competent Animal Assisted Therapy Practitioners* (p. 66), by L. A. Stewart. Retrieved from: [http://scholarworks.gsu.edu/cps\\_diss/100](http://scholarworks.gsu.edu/cps_diss/100). Copyright 2014 by L. A. Stewart. Adapted with permission.

## Animal-Assisted Therapy in Counseling (AATC) Competencies

### A. Knowledge

1. Formal AATC training. Providers of AATC are expected to acquire AATC-specific training, assessment, and supervision, including:
  - a. Successful completion of formal evaluative course work, to include:
    - i. Evaluation of animal knowledge, including:
      1. Knowledge of how animals are incorporated in therapeutic settings
      2. Ability to work effectively as a team with a therapy animal
    - ii. Evaluation of AATC knowledge, including:
      1. AATC professional identity
      2. History of AATC
      3. Literature and evidence-based practice of AATC
  - b. Knowledge of AATC-specific counseling techniques and principles, including implications for specific presenting concerns and client populations
  - c. Understanding of the relevant aspects of the human–animal bond, including:
    - i. Physiological and neurological impact of human–animal interaction
    - ii. Awareness that human–animal interaction can elicit unexpected vulnerability and disclosure in others
    - iii. Impact of the human–animal bond on the therapeutic process, including advantages, limitations, and contraindications
  - d. Participation in supervised professional practice, including:
    - i. Applied experience under the supervision of an appropriately qualified AATC provider to supplement didactic knowledge
    - ii. Feedback and assessment of AATC skills by a supervisor
2. In-depth animal knowledge. Providers of AATC are knowledgeable about their therapy animal on an individual, breed, and species level, including:
  - a. Adequate, species-specific ethological knowledge about the selected therapy animal(s), including:
    - i. Physiology, behavior, and history
    - ii. Care and husbandry
    - iii. Understandings that knowledge about one particular species is not necessarily generalizable to other species
    - iv. Limitations on the utility of using animals and selecting specific animals in client situations
  - b. Knowledge of the importance of animal training techniques, including:
    - i. Ability to apply positive, noncoercive training methods
    - ii. Ability to ensure that the animal is trained for the counseling environments and situations in which it is working
    - iii. Ability to detect and, as necessary, arrange to facilitate the animal’s socialization, desensitization, and comfort

- c. Establishment and maintenance of a strong working relationship with the therapy animal(s), to include:
  - i. Knowledge of triggers to stress
  - ii. Ability to educate others about the animal's triggers
  - iii. Ability to recognize and apply effective calming interventions to a stressed therapy animal
- 3. Knowledge of existing ethical requirements. Providers of AATC demonstrate integrated ethics. Thus, competent providers of AATC are aware of AATC-specific ethical considerations and are able to incorporate AATC practice within the ACA Code of Ethics, with actions that include:
  - a. Ability to recognize and discuss the ethical implications of AATC, including:
    - i. Assessing the suitability and amenability of each client to this type of counseling
    - ii. Informing clients of the purpose of AATC
    - iii. Discussing and addressing potential safety issues
    - iv. Maintaining respect for the animal(s), the client(s), and the therapeutic process
    - v. Being aware of the provider's personal biases, including the impact of the provider's emotional bond with the animal and its impact on the therapeutic process
  - b. Ability to understand the social and cultural factors relevant to AATC and multicultural implications of AATC, including:
    - i. Respecting the attitudes of others, particularly those concerned with the animal's presence
    - ii. Understanding that human–animal interaction may hold different meanings across a variety of cultures
  - c. Ability to maximize the potential for safe interactions between clients and animals, including:
    - i. Infection prevention/control and consideration of other zoonotic agents
    - ii. Considerations for allergies, phobias, past history of animal abuse, and past history of animal-related trauma
  - d. Effective risk-management strategies and skills, including:
    - i. Knowledge of liability issues related to AATC
    - ii. Knowledge of legal issues associated with AATC
    - iii. Inclusion of appropriate documentation procedures
    - iv. Confirmation of personal and professional insurance coverage for AATC

## **B. Skills**

- 1. Mastery of basic counseling skills. Competent providers of AATC demonstrate competency in general counseling skills prior to integrating AATC interventions. AATC is practiced only within the boundaries of a provider's professional scope of practice.
  - a. Counselors are expected to effectively integrate AATC into their personal model of counseling.
  - b. Counselors are expected to demonstrate counseling effectiveness without the integration of a therapy animal
  - c. Counselors are expected to recognize that AATC is used to enhance the therapeutic process rather than as a stand-alone intervention

2. Intentionality. Competent providers of AATC demonstrate intentional incorporation of AATC into the counseling relationship, plan, and process. Providers are able to demonstrate:
  - a. Knowledge that AATC is a skillful intervention and that AATC is:
    - i. More than owning/loving animals
    - ii. More than simply including an animal in the counseling setting
  - b. Knowledge and integration of theory-based interventions, including:
    - i. Ability to articulate the role of AATC within a provider's personal theoretical approach or personal model of counseling
    - ii. Understanding of the goals of AATC interventions
    - iii. Awareness of the validity of the AATC interventions being used
  - c. Skillful selections and assessment of AATC intervention strategies, including:
    - i. Selection of appropriate interventions and strategies for each client, in each session, based on treatment goals
    - ii. Ability to assess the outcome of AATC interventions
3. Specialized skill set. Competent providers of AATC recognize that AATC is a specialty area with a learned and practiced skill set. Competent AATC providers demonstrate specialized skills and abilities that are appropriate to the specialty area of AATC, including:
  - a. Ability to understand the experiential nature of AATC interventions and demonstrate skill in spontaneous situations
  - b. Ability to attend to/care for the client(s) and therapy animal(s) simultaneously by demonstrating:
    - i. Effective judgment when assessing the session's impact on the therapy animal(s)
    - ii. Effective judgment when assessing the session's impact on the client(s)
    - iii. Effective judgment when assessing the session's impact on volunteers/assistants/paraprofessionals (if applicable)
  - c. Ability to assess, interpret, and utilize the animal's responses in a therapeutically meaningful way, including:
    - i. Ability to link animal–client interactions to client behaviors, goals, or conceptualization
    - ii. Willingness to allow natural client–animal interactions to occur
    - iii. Ability to link unexpected events or interactions to client goals or presenting concerns
    - iv. Ability to model appropriate, respectful, and empathetic animal care
  - d. Ability to prevent and respond to animal stress, fatigue, and burnout
    - i. Ability to immediately address unexpected animal stress and proactively plan stress-relief and stress-prevention strategies for the animal(s)
    - ii. Ability to identify and respond to the animal's signals and body language, especially when the animal does not want to interact
    - iii. Ability to provide for the animal's needs, both at the site and in general, including:
      1. Attending to the animal's access to water, a quiet rest/retreat area, and regular bathroom breaks
      2. Attending to the animal's overall wellness through appropriate provision of quality nutrition, exercise, grooming, and veterinary care

- e. Ability to objectively assess an animal's suitability, strengths, and limitations despite the provider's potential emotional bond with or personal bias toward the animal
  - i. Ability to identify and address personal biases toward the therapy animal(s), including:
    - 1. Awareness of transference/countertransference considerations related to AATC interventions
    - 2. Objective assessment of an animal's suitability for AATC in general
    - 3. Objective assessment of an animal's suitability for each AATC session on an individual basis
  - ii. Ability to identify and address personal biases toward AATC interventions in general
- f. Ability to attain and maintain compliance with applicable legal requirements for registration, care, and inoculation of the animals used for AATC

### **C. Attitudes**

1. Animal advocacy. Competent providers of AATC prioritize their responsibility to animals involved in AATC and demonstrate that they are effective animal advocates by:
  - a. Understanding that the animal(s) involved in AATC is (are) the provider's responsibility, including:
    - i. Understanding how and why animal welfare and advocacy directly affect client safety
    - ii. Understanding how and why animal welfare and advocacy are essential to the ethical practice of AATC
  - b. Respecting animal rights and animal welfare, including:
    - i. Recognizing that animals have a right to choose their level of participation in AATC
    - ii. Recognizing the potential for animal exploitation, either accidentally or intentionally
2. Professional development. Competent providers of AATC continue the development of their AATC skills by:
  - a. Active involvement in continuing education and engagement in professional development, including:
    - i. Regular consultation and collaboration with other AATC providers
    - ii. Regular consultation and collaboration with professional animal specialists
  - b. Familiarity with existing and emerging AATC literature, including:
    - i. Familiarity with current AATC language/terminology
    - ii. Encouragement and support for the continued development of AATC literature
3. Professional values. Competent providers of AATC strive toward AATC-specific professional values, including:
  - a. Demonstrating enthusiasm and passion for AATC
  - b. Demonstrating flexibility, openness, and creativity
  - c. Demonstrating a calm demeanor during unexpected events/situations
  - d. Demonstrating empathy for humans and animals
  - e. Demonstrating a willingness to embrace the experiential nature of AATC by being cognitively present and responsive to ever-changing situational factors

## References

- American Counseling Association. (2014). *ACA code of ethics*. Alexandria, VA: Author.
- Chandler, C. K. (2012). *Animal assisted therapy in counseling* (2nd ed.). New York, NY: Routledge.
- Chandler, C. K., Portrie-Bethke, T. L., Barrio Minton, C. A., Fernando, D. M., & O'Callaghan, D. M. (2010). Matching animal-assisted therapy techniques and intentions with counseling guiding theories. *Journal of Mental Health Counseling*, 32, 354–374. doi:10.17744/mehc.32.4.u72lt21740103538
- Fine, A. H. (2015). Incorporating animal-assisted therapy into psychotherapy: Guidelines and suggestions for therapists. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (4th ed., pp. 91–101). San Diego, CA: Academic Press.
- Myers, J. E. (1992). Competencies, credentialing, and standards for gerontological counselors: Implications for counselor education. *Counselor Education and Supervision*, 32, 34–42. doi:10.1002/j.1556-6978.1992.tb00172.x
- Myers, J. E., & Sweeney, T. J. (1990). *Gerontological competencies for counselors and human development professionals*. Alexandria, VA: American Association for Counseling and Development.
- Pet Partners. (n.d.). *Terminology*. Retrieved from <https://petpartners.org/learn/terminology/>
- Reichert, E. (1998). Individual counseling for sexually abused children: A role for animals and storytelling. *Child and Adolescent Social Work Journal*, 15, 177–185. doi:10.1023/A:1022284418096
- Stewart, L. A. (2014). *Competencies in animal assisted therapy in counseling: A qualitative investigation of the knowledge, skills and attitudes required of competent animal assisted therapy practitioners* (Doctoral dissertation). Retrieved from <http://scholarworks.gsu.edu/>
- Stewart, L. A., Chang, C. Y., & Jaynes, A. (2013, May). Creature comforts. *Counseling Today*, 52–57.
- Stewart, L. A., Chang, C. Y., & Rice, R. (2013). Emergent theory and model of practice in animal-assisted therapy in counseling. *Journal of Creativity in Mental Health*, 8, 329–348. doi:10.1080/15401383.2013.844657
- Wesley, M. C., Minatrea, N. B., & Watson, J. C. (2009). Animal-assisted therapy in the treatment of substance dependence. *Anthrozoös*, 22, 137–148. doi:10.2752/175303709X434167
- Yorke, J., Adams, C., & Coady, N. (2008). Therapeutic value of equine–human bonding in recovery from trauma. *Anthrozoös*, 21, 17–30. doi:10.2752/089279308X274038