Animal Assisted Therapy:

Therapeutic Interventions in Working with Children Who Have a Diagnosis of Selective Mutism and Autism Spectrum Disorder.

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We cannot solve our problems with the same thinking we used when we created them."

Albert Einstein

There are many parts to psychotherapy that, despite huge leaps forward in neuroscience and evidenced-based practices, remain mysteries. How exactly does therapy help? What makes a good therapist? In the same light, there is much within the relationship between human beings and animals that is difficult to qualify. In some ways subtle and in some ways undeniably obvious, the mere presence of a friendly animal can have a profound effect on treatment.

Animal Assisted Therapy (AAT) is a goal directed intervention facilitated by a health care provider (social worker, occupational therapist, physical therapist and/or speech pathologist) in which an animal is an integral part of the therapeutic process. AAT is designed to promote improvements in physical, social, emotional, and/or cognitive abilities. For children with special needs, the ability to interact with a dog, cat or any other animal can have a very positive impact on their quality of life. This interaction may enhance recovery of an illness, change behaviors, promote social interactions, improve communication, create a sense responsibility and improve ability to participate in therapeutic treatments. For adults, interactions with animals can help to decrease feelings of loneliness and reduce general anxiety among other benefits.

For the purposes of this paper, I will be making use of my own experiences in working with Layla, a four-year-old Black Labrador who is certified to work as a therapy dog via the organization Therapy Dogs International (TDI). To become certified, Layla was required to pass several behavioral challenges within a rigorous test. The requirements varied from adherence to simple commands to not startling when a wheelchair was tipped over. I will also discuss ATT in general, how it can be helpful, and some potential pitfalls to avoid when using an animal in treatment.

There are many different types of animals that are used in AAT. The most common animals are dogs, cats, and horses. AAT is certainly not limited to these species however. Different animals work in many different places. Correctional facilities, Hospitals, Nursing homes, Psychiatric institutions, and rehabilitation centers all make use of some kind of AAT. In St. Louis, a man named Jim Eggers, uses an assistance parrot, Sadie, to help control his psychotic tendencies. Sadie will calm him by saying: "It's O.K., Jim. Calm down, Jim. You're all right, Jim. I'm here, Jim." She somehow senses when he is getting agitated before he even knows it's happening. (Skloot, 2008) There is even a program in Key Largo, Florida where children with Autism swim with dolphins. This program, however, is the subject of some controversy. (Marino, 2007) There have been some questions as to the efficacy of this kind of therapy. The kind of therapy that is provided can vary greatly depending on the animal that is involved, the clinician, the client, and the location. Generally speaking, though, AAT can be regarded as an extra "tool" in the repertoire of a clinician practicing many different kids of therapy.

Ways AAT can be helpful

A 2007 Meta-analysis found that animal-assisted therapy is associated with a moderate effect in improving outcomes in Autism Spectrum symptoms, medical difficulties, behavioral problems, and emotional well-being. (Nimer and Lundahl, 2007)

Perhaps one of the most easily observable ways in which AAT can be helpful is the reduction of anxiety. For children or adults who have an anxiety disorder, one of the most difficult things for them to endure is a situation when the focus is going to be almost entirely on them. Unfortunately, the therapeutic setting can be very anxiety provoking. For anyone who has ever "sat on the couch" one can certainly attest to the nervousness which ensues. For someone with severe anxiety and/or interpersonal difficulties, the effect can be paralyzing. The idea that people will simply come in, sit down, and begin to work on their problems has been the exception rather than the rule in my experience. As we will see later in some clinical vignettes, for children who have

Selective Mutism, which is an anxiety-based disorder, the impact of a non-threatening, non-demanding animal can work wonders. When you look at the structure of a typical therapy session of a client being put on a couch, asked questions and looked at through a rigorous clinical lens, it is no wonder that so many people with anxiety have trouble staying in treatment. By shifting the focus from the client, AAT allows for a significant reduction in anxiety, and potentially allow clients to stay in treatment longer. This reduction is even more pronounced within the initial clinical interview. Parents coming to talk about the problems that their child is having in a psycho-educational session are also relaxed by being able to pet a dog and potentially begin to talk about something that is far less anxiety provoking than their child's difficulties.

Animals can also teach others about things such as empathy and appropriate interpersonal skills. Unless you are working with someone with antisocial personality disorder, the chance that they will respond to how the animal might be feeling is quite high. In a group setting, the presence of an animal has been shown to increase social interactions among members. The second clinical vignette will further examine how working with a dog has impacted a child with an Autism Spectrum diagnosis. Children on the Autism spectrum have difficulty with understanding feelings in others as well as social cues and interpersonal nuances.

Aside from these two examples, AAT has also been shown to be helpful in the following ways:

<u>Mental</u>
Increase attention skills (i.e., paying attention, staying on task)
Develop leisure/recreation skills
Increase self-esteem
Reduce loneliness

<u>Educational</u>
Increase vocabulary
Aid in long- or short-term memory
Improve knowledge of concepts, such as size, color, etc.

<u>Motivational</u>

Improve willingness to be involved in a group activity
Improve interactions with others
Improve willingness to be involved in long term treatment

Layla seems to do best with the children that come for treatment, the connection between them seeming to be almost immediate and effortless. Perhaps the most significant affect of Layla's presence can be seen with those children who either cannot speak or have limited verbal skills. The need for language becomes secondary once Layla presents herself as completely non-judgmental, and filled with unconditional love and positive regard. These abilities can take psychotherapists years of training to even attempt to emulate, and even so, it still feels as though even the best two-legged therapist falls a little short. As we will see in a clinical case example, working with children who have diagnoses of selective mutism and autism spectrum disorders, the presence of Layla gives an added dimension to treatment that is as unique and unpredictable as the treatment relationship itself can be.

Layla has shown that she can completely alter the tone of a session. Across several different disciplines, the effect can be seen. A challenging and difficult physical therapy session becomes a game by throwing a ball or going for a walk. An anxious child in occupational therapy is given something to focus on other than just the situation at hand. A child in speech therapy can have new motivation to work on uttering the words, "Come Layla!" But perhaps above all of this is the relationship, the ineffable joy of communication with another being.

Decades of research indicate that psychotherapy is an interpersonal process in which a main curative component is the nature of the therapeutic relationship. The work of the late Carl Rogers and Humanistic or Person-centered therapies attest to this importance. (Rogers, 1951) Who is better at initiating any kind of relationship than a friendly dog? A simple walk down the street with any kind of dog easily demonstrates this. A study released in the journal *Psychosomatic Medicine* in 2002 found that compared with human support, the presence of pets was associated with lower perceived and actual responses to stress. According to the author, Dr. Karen Allen, "the findings demonstrate that pets can buffer reactivity to acute stress as well as diminish perceptions of stress." (Allen, 2002) Clinicians can no doubt imagine what a great tool this is to have at your disposure.

However, there are some pitfalls to watch out for in working with animals. The easiest one perhaps being simply remembering that you are working with an animal. Consider clients who are more demanding on you and the ones who can be very demanding for your dog. If we are to involve dogs in the complex and emotionally demanding work of psychotherapy, it makes sense that we respect their emotional needs as well. Be aware of "dog burnout." Most animals love being able to have a job. But they also need time where they can "just be a dog" as well. It is recommended that treats are not brought with you to session. The reason for this is that even the most well trained animal will become distracted and will begin to think that the purpose of going to work is to get treats, rather than the work itself. If you work with children, there will likely be ones who will push the limits of what is going to be acceptable with your pet. This can lead to some conflicting feelings of counter-transference, but it can also be a focal point for limit setting and encouragement of empathy. Make sure that your dog (or whatever animal you bring into treatment) is cleared by a veterinarian to be free of parasites, diseases, etc. Good grooming practices are also essential. In addition to having the animal look presentable, make sure that your animal is not bringing in any potentially hazardous things such as ticks or fleas. Finally, it makes sense to develop an information sheet about AAT and have parents or clients sign off indicating that they understand what is taking place and that they do not suffer from any allergies to animal hair or dander. It is required by Therapy Dogs International that a dog have yearly screenings by a veterinarian in order to participate in AAT.

Case Study #1 Selective Mutism. Charlie:

As a member of the only multi-disciplinary evaluation and treatment team for Selective Mutism in New England, I have seen close to thirty children at the time of this writing with the disorder. Selective Mutism (SM), is defined as a disorder of childhood characterized by an inability to speak in certain settings (e.g. at school, in public places) despite speaking in other settings (e.g. at home with family). SM is associated with anxiety and may be an extreme form of social phobia. Although it is sometimes thought that children who do not speak may have undergone some kind of trauma, Selective Mutism has been shown to be an anxiety-based disorder. Traumatic mutism is understood as a

separate disorder. The prevalence of SM is perhaps much more than one might expect. A recent study estimated that one 1 in every 143 children are being diagnosed with SM (Bergman et al, 2002). Usually the difference in speaking is noticed when children are attending kindergarten or first grade as this is typically their first significant social experience outside of the house. There are often co-morbid (or co-existing) disorders that are commonly seen with SM such as social anxiety disorders or sensory integration disorders. Thus, when providing treatment for SM, a multidisciplinary approach is often very effective. Meaning that the child receives, speech therapy and occupational therapy in addition to psychotherapy. Anti-anxiety medication in combination with therapies has also been shown to help achieve the desired results more quickly.

Most children with an SM diagnosis seemed to benefit from the presence of Layla in one way or another. However, one recent breakthrough comes to mind as particularly poignant. A boy, we will call him Charlie, comes to our clinic for an evaluation. Charlie is a five-year-old boy who currently lives with his biological parents, an older sister (15) and an older brother (13). He is currently attending public Kindergarten. Charlie's mother reports that Charlie's school informed her that he is mute while he is in attendance at school and that he will not ask for help from his teacher. Charlie's mother notes that Charlie has always been anxious around loud noises and animals. He also has continued to have difficulty in situations where he does not know exactly what to expect. When Charlie is not assured as to what he can expected through prior experience or otherwise, he will typically shut down in new situations. Charlie entered the room with his parents very reserved and hiding behind the leg of his father. He seemed to feel a bit more at ease with his father accompanying his as he explored the room. Charlie was gradually able to engage in some play in the ball pit and on the swings. He seemed to do well with some more "silly" play and was able to laugh and eventually make some gestures. Towards the end of session he was able to whisper into his parents ear and mouth some words to the therapists in the room.

Charlie began to work in psychotherapy around lowering anxiety and developing some coping skills in addition to strategies around interpersonal skills. He also received Speech and OT services before coming to see me for treatment. Charlie had recently been able to use

some sounds and animal noises in his play and both his Speech Language Pathologist and I felt as though a breakthrough was imminent. After 12 sessions, Charlie was able to go through all of the letters of the alphabet with his speech therapist. That same day, Charlie came down to my office and we worked on a trick with Layla. We made use of a tennis ball that I have in my office, and had Layla first "sit" then "wait" while Charlie threw the ball. I then released Layla with an "OK." She charged after the ball and returned it and I told her to "drop." Charlie watched all of my doing this and then pointed to himself. I asked him if he would like to try. He nodded. To this point in treatment, Charlie had not uttered a single word to anyone. He was able to laugh and make sounds, but completely unable to speak. "Si-t" was the first word that Charlie sounded out in a choppy fashion. "Wuh-ait," he continued, "OO-KUH!" he bellowed loudly. Layla again charged after the ball and Charlie screamed with delight. "Duh-Ruh-op," said Charlie upon Layla's return.

Since that session, Charlie has been able to do things that he was never able to before such as play a game of go fish, asking me about specific cards and saying "go fish." When he is feeling as though he does not want to speak (as was the case in our very next session), we are always able to go back to our "Layla trick" and he sounds out the words. Layla had both set the bar for Charlie's being verbal in session and given him a comfortable place to go back to when his anxiety was particularly high. Charlie has also begun to take his success in treatment and carry it over to the outside world. We have "mapped" areas that are more anxiety provoking for him in various drawings and talked about how he could begin to feel comfortable enough in these settings to "use his words." Recently, Charlie has been able to whisper to his teacher at school and has been completely verbal on various play dates with friends.

Case Study #2 Autism Spectrum Disorder, Billy:

Children who have a diagnosis of an Autism Spectrum Disorder (ASD) have a difficult time relating to others. Poor eye contact, lack of social nuances and difficulty with empathy are some of the hallmark traits of the disorder. The efficacy of using AAT in working with children who have this diagnosis has been fairly well documented. (Topel and Lachman, 2008, Pitts, 2005, and Sams et al, 2006) For children who

have such difficulty connecting with people, the connection with animals is often remarkably fast and strong. One likely reason for this is that the relationship with an animal is non-threatening and non-verbal. For children who have been told that they are "acting weird" or "not being appropriate" in their social relations, this can be a great relief. There is no getting it wrong. The animal will not find you strange or unlovable, and even if they did, they won't tell you about it. Once the connection has been made, there exists great potential for working on the relationship.

In my work with a nine-year-old boy with a diagnosis of high functioning Autism, the idea of having empathy for another living thing proved to be of vital importance. The child, whom we will call Billy, was diagnosed as being on the autism spectrum when he was three years old. Mom reported that Billy has seemingly become more aware of the difference between himself and other children. Billy had reportedly begun to make self-deprecating and disparaging remarks and mom was worried about his self-esteem. It was also noticed in one of the social skills groups at this agency that Billy tended to "martyr himself" to the other children in that he would consistently take the blame for things. Mom also reports that as things have gotten more challenging for Billy at school he has tended to fixate on things such as playing with his hands and would have difficulty learning. Billy also reportedly had issues related to personal space and will sometimes engage in mouthing behaviors (putting many things in to his mouth). Many of the children at Billy's school found him to be strange and overbearing in his attempts at relating to them. Some children with ASD are so impaired that there is a question as to how much they actually want to interact with anyone else. They seem to be happy just remaining in their "shells" and engaging in various self-soothing activities. With Billy, however, it seemed clear that he was very anxious to have increased social interactions. He was high functioning enough to know that there was a difference in the way that other children related to each other and his attempts to do so.

Billy's connection to Layla, like his attempts to connect to his peers, was significantly overbearing. Billy would spend whole sessions trying to hug Layla for extended periods and making attempts to lay his head on her. All the while, he would pepper me with questions about her. "Does Layla know she's a dog? Do you think that she likes me? Does she know

that it's me?" Even Layla's tolerance was tested in these sessions. I found myself, too, feeling worn out and wishing that Billy could just tone it down a bit. It occurred to me that these must be the feelings that Billy's peers would have in his attempts to interact with them. I tried to work with Billy around the messages that Layla would send to him. I would point out that she would often go to the other side of the room when he would try to hug her on lay on her. At first Billy remained unconvinced that Layla would not want to be around him. "Can we tell what she is thinking?" he would ask, "how do we know that she is not feeling comfortable?" These questions lead to conversations about non-verbal communications, the subtleties of which completely evaded Billy. I would point out to Billy the ways that we could tell all sorts of things about what Layla was thinking and how she was feeling without her ever having to speak a word. This was a revelation for Billy, and he excitedly told his mother about how he now "talks to Layla without talking."

Despite the breakthrough for Billy around non-verbal communication, this approach also had the unintended side effect of impacting Billy's fragile self-esteem. One session we noticed that Layla went to her bed on the other side of the office after Billy had touched her paw, something that was continually difficult for him not to do. I pointed out to Billy that Layla was telling us that she was not comfortable with him touching a sensitive area and also that maybe she needed some personal space. Billy became dejected and stared at the floor. "Maybe I just shouldn't see her anymore if I can't be a good friend," he said. We talked about how everyone makes mistakes in relationships and that maybe if we apologized and tried our best from then on, Layla would want to be friends. Billy remained largely unconvinced of this at the end of session.

The next week, Billy brought in a list of "dog rules" which his mother reported that he had typed up himself on the computer. Billy had written about personal space, private (or sensitive) areas, putting too much pressure on Layla, and allowing her to come to him rather than smothering her with attention. I told Billy how impressed I was that he had taken the initiative to do this on his own, and we read the list to Layla. Billy was amazed that Layla would come to him for pets and attention without his having to initiate. I myself couldn't help wondering if Layla felt a sense of relief around Billy's new attitude.

Summary:

In the past ten years, I have been fortunate enough to practice psychotherapy in a diverse number of environments. From the housing projects of East Harlem to the rolling hills of New Hampshire, I am amazed at the similarities of the human condition and experience. The response that the vast majority of people have to a friendly dog seems to me to be equally as universal. I think about children who I could literally not ever get into my office before I had Layla. Would they have been able to have been reached when the disliked therapy session suddenly turned into "just playing with a dog?" Could the extremely anxious client suddenly forget why they are coming to an initial evaluation when they see the dog? Even just a relatively small amount of a positive feeling can change the entire tone of the session. I think that I expected that there would be more problems with having Layla accompany me that there ended up being. This does not mean that one cannot be mindful of all of the aforementioned pitfalls of working with animals. The effect that the animal has on clients does not make the clinician immune to it either. Having your dog interact with clients brings about a feeling of a certain familiarity and intimacy that might otherwise be absent from session. We must be wary of our own counter-transference in these matters and maintain appropriate professional boundaries.

When one brings a trained therapy animal into a session, it seems as though a whole new world of therapeutic possibilities are opened up. There are times that I cannot help but marvel at the difference that Layla has made in my work and in the lives of so many. It is almost as if the whole dynamic of the session is changed. People relax, children light up instantly, and the job of the therapist becomes markedly easier. Some of the walls that are seemingly intrinsic to the therapeutic process instantly disappear and we start from a place of acceptance and unconditional love. Perhaps to be better clinicians, we can all study the patience and acceptance of animals. If it is not possible for us to completely emulate them due to our make up as human beings, at least

then we can bring them along as counterparts in the complex and wonderful process of psychotherapy.

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