

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

**Authors**

Leslie A. Stewart  
Catherine Y. Chang  
Lindy K. Parker  
Natalie Grubbs

**Major Contributors**

Amy Johnson  
Laura Bruneau

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### Animal Assisted Therapy in Counseling Competencies

Animal Assisted Therapy (AAT) is defined as 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 healthcare treatment process and utilized during the counseling sessions, delivered by appropriately credentialed professional (Pet Partners, 2014). Animal assisted therapy in counseling (AAT-C) 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). AAT-C 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, AAT-C 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, AAT-C has the potential to impact the therapeutic experience of a diverse range of clients across a wide variety of settings in a highly positive manner (Chandler, 2010, 2012; Fine, 2004). A number of benefits to the therapeutic process are associated with AAT-C, including facilitating and enhancing the therapeutic alliance (Chandler, 2012; Fine, 2006; Wesley, Mintrea, & Watson, 2009), decreasing the need for language in therapy (Fine, 2006), increasing client disclosure (Reichert, 1998), and providing pivotal therapeutic experiences for survivors of trauma (Reichert, 1998; Yorke, Adams

& Coady, 2008). AAT-C 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 is 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 regards to specialty areas, the American Counseling Association (ACA) code of ethics 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" (C.2.b.; ACA, 2005). AAT-C 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, the authors recruited experts in the area of AAT-C (N=20) to participate in a Grounded Theory investigation of the knowledge, skills, and attitudes required of competent AAT-C providers. 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 identified by the authors. Based on the themes and subthemes that emerged from the data, the authors constructed a theoretical framework which represents competencies in AAT-C.

Using this theoretical framework, the authors proposed a total of nine important competency areas for professional counselors utilizing AAT-C. They are divided into three domains in accordance with the competency framework that includes Knowledge, Skills, and Attitudes (Myers & Sweeny, 1990). Professional counselors practicing AAT-C are advised to be familiar with all areas of that the counselors employ in their practice of AAT-C. 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 AAT-C.

This Competency is intended to apply only to counselors who incorporate their own animals into the counseling sessions and therapy. This Competency is not intended to apply: (1) when a counselor has a pet whom the client is permitted to casually interact with at the office; (2) when a counselor suggests that a client consider adopting an animal/pet for companionship; or, (3) when a counselor authorizes or prescribes a service animal to her client, which should be covered under the existing ACA practice standards.

Figure 1  
Animal Assisted Therapy in Counseling Competencies

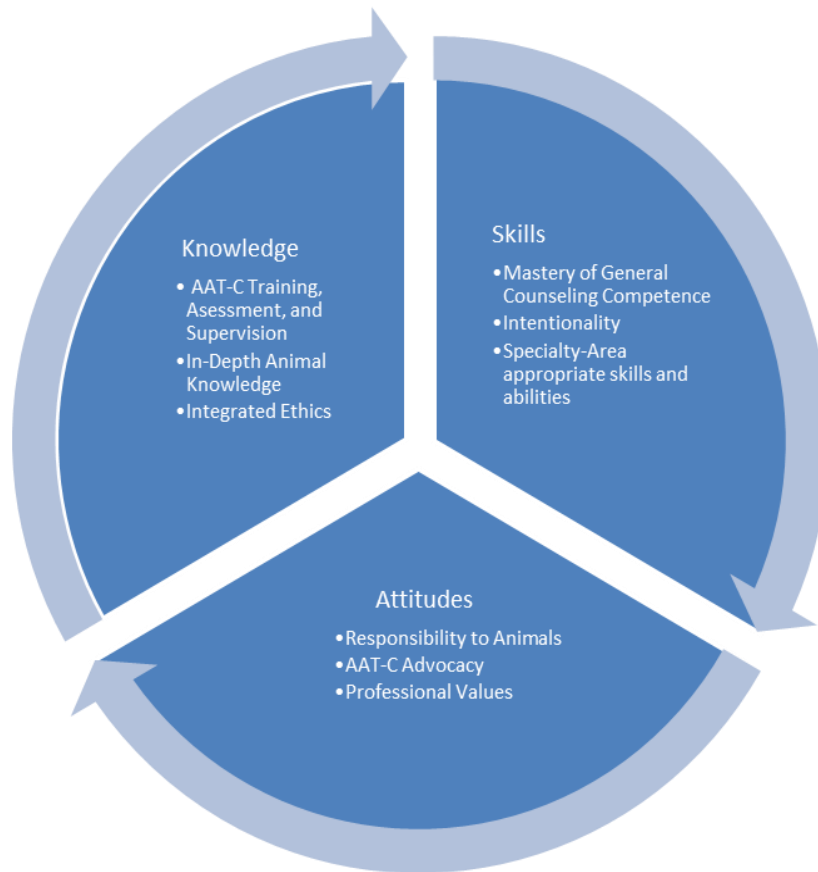


Figure 1: *Competencies in animal assisted therapy in counseling: a qualitative investigation of the knowledge, skills, and attitudes required of competent animal assisted therapy practitioners*  
Retrieved from: [http://scholarworks.gsu.edu/cps\\_diss/100](http://scholarworks.gsu.edu/cps_diss/100).

**ANIMAL ASSISTED THERAPY IN COUNSELING (AAT-C) COMPETENCIES****A. Knowledge**

1. *Formal Training*. Providers of AAT-C are expected to acquire AAT-C specific training, assessment, and supervision which includes:
  - a. Successful completion of formal evaluative coursework, 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 therapy animal
    - ii. Evaluation of AAT-C knowledge, including:
      1. AAT-C Professional Identity
      2. History of AAT-C
      3. Literature and evidence-based practice of AAT-C
  - b. Knowledge of AAT-C specific counseling techniques & principles, including implications for specific presenting concerns and client populations
  - c. Understanding relevant aspects of the human-animal bond, which includes:
    - i. Physiological & 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 is recommended, including:
    - i. Gaining applied experience under the supervision of an appropriately qualified AAT-C provider to supplement didactic knowledge
    - ii. Feedback and assessment of AAT-C skills by supervisor
2. *Animal Knowledge*. Providers of AAT-C are knowledgeable about their therapy animal on an individual, breed, and species level, which includes:
  - a. Adequate, species-specific ethological knowledge about the selected therapy animal(s)
    - i. Physiology, behavior & history
    - ii. Care & husbandry
    - iii. Understanding 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
    - i. Positive, non-coercive training methods
    - ii. Ensuring 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 animal's socialization, desensitization and comfort
  - c. Establish & maintain a strong working relationship with the therapy animal(s)
    - 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. *Satisfy Existing ACA Ethical Requirements.* Providers of AAT-C demonstrate integrated ethics. Thus, competent providers of AAT-C are aware of AAT-C specific ethical considerations and are able to incorporate AAT-C practice within the ACA Code of Ethics, with actions that include:
- a. Ability to recognize and discuss the ethical implications of AAT-C, including:
    - i. Assessing the suitability and amenability of each client to this type of counseling
    - ii. Informing clients of purpose of AAT-C
    - iii. Discussing and addressing potential safety issues
    - iv. Maintaining respect for the animal(s), the client(s), and the therapeutic process
    - v. Awareness 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. Understanding the social and cultural factors relevant to AAT-C and multicultural implications of AAT-C, 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 AAT-C
    - ii. Knowledge of legal issues associated with AAT-C
    - iii. Inclusion of appropriate documentation procedures
    - iv. Confirm personal and professional insurance coverage for AAT-C

## **B. Skills**

1. *Mastery of Basic Counseling Skills.* Competent providers of AAT-C demonstrate competency in general counseling skills prior to integrating AAT-C interventions.



- AAT-C is practiced only within the boundaries of a provider's professional scope of practice.
- a. Counselors are expected to effectively integrate AAT-C into provider's their personal model of counseling.
  - b. Demonstrating counseling effectiveness without the integration of a therapy animal
    - i. Recognizing that AAT-C is utilized to enhance the therapeutic process rather than as a stand-alone intervention
2. *Intentionality.* Competent providers of AAT-C demonstrate intentional incorporation of AAT-C into the counseling relationship, plan, and process. Providers are able to demonstrate:
- a. Knowledge that AAT-C is a skillful intervention, and that AAT-C 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, which includes:
    - i. Ability to articulate the role of AAT-C within a provider's personal theoretical approach or personal model of counseling
    - ii. Understanding the goals of AAT-C interventions
    - iii. Awareness of the validity of the AAT-C interventions being used
  - c. Skillful selections and assessment of AAT-C intervention strategies
    - i. Select appropriate interventions and strategies for each client, in each session, based on treatment goals
    - ii. Ability to assess the outcome of AAT-C interventions
3. *Specialized Skill Set.* Competent providers of AAT-C recognize that AAT-C is a specialty area with a learned and practiced skill set. Competent AAT-C providers demonstrate specialized skills and abilities that are appropriate to the specialty area of AAT-C, including:
- a. Understanding the experiential nature of AAT-C interventions and demonstrating skill in spontaneous situations
  - b. Ability to attend to/care for the client(s) and therapy animal(s) simultaneously
    - i. Demonstrates effective judgment when assessing the session's impact on the therapy animal(s)
    - ii. Demonstrates effective judgment when assessing the session's impact on the client(s)
    - iii. Demonstrates 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/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. Actively prevent animal burnout and fatigue
  - ii. Proactively plan stress-relief and stress-prevention strategies for the animal(s)
    - 1. Ability to immediately address unexpected animal stress
  - iii. Ability to identify and respond to animal's signals and body language, especially when the animal does not want to interact
  - iv. Ability to provide for the animal's needs, both at the site and in general
    - 1. Access to water, a quiet rest/retreat area, and regular bathroom breaks
    - 2. Attend to 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 towards the animal
  - i. Ability to identify and address personal biases towards the therapy animal(s)
    - 1. Awareness of transference/countertransference considerations related to AAT-C interventions
    - 2. Ability to objectively assess an animal's suitability for AAT-C in general
    - 3. Ability to objectively assess an animal's suitability for each AAT-C session on an individual basis
  - ii. Ability to identify and address personal biases towards AAT-C interventions in general

### **C. Attitudes**

1. *Animal Advocacy*. Competent providers of AAT-C prioritize their responsibility to animals involved in AAT-C and are effective animal advocates.
  - a. Understanding that the animal(s) involved in AAT-C is (are) the provider's responsibility
    - i. Understanding how and why animal welfare/advocacy directly impacts client safety
    - ii. Understanding how and why animal advocacy is essential to the ethical practice of AAT-C

- b. Respecting animal rights, animal welfare, and recognition that animals have a right to choose their level of participation in AAT-C
  - i. Awareness of the potential for animal exploitation, either accidentally or intentionally
- 2. *Professional Development.* Providers of AAT-C continue the development of their AAT-C skills by:
  - a. Active involvement in continuing education and engagement in professional development, including:
    - i. Regular consultation and collaboration with other AAT-C providers
    - ii. Regular consultation and collaboration and consultation with professional animal specialists
  - b. Maintaining familiarity with existing and emerging AAT-C literature, including:
    - i. Familiarity with current AAT-C language/terminology
    - ii. Encouraging and [supporting the continued development of AAT-C literature
- 3. *Professional Values.* Competent providers of AAT-C strive towards AAT-C specific professional values, including:
  - a. Enthusiasm and passion for AAT-C
  - b. Demonstrating flexibility, openness, and creativity
  - c. Demonstrating a calm demeanor during unexpected events/situations
  - d. Demonstrating empathy for humans and animals
  - e. Willing to embrace the experiential nature of AAT-C by being cognitively present and responsive to ever-changing situational factors

#### **D. Legal Compliance**

- 1. Attain and maintain compliance with applicable legal requirements for registration, care, and inoculation of the animals used for AAT-C.

## References

- Chandler, C. K. (2012). *Animal assisted therapy in counseling (2nd ed.)*. New York, NY US: Routledge/Taylor & Francis Group.
- 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, 52*(4), 354-374.
- Charmaz, K. (2006). *Constructing Grounded Theory*. London, Thousand Oaks, CA: Sage.
- Fine, A. H. (2000a). Animals and therapists: Incorporating animals in outpatient psychotherapy. In A. H. Fine (Ed.), *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice*. (pp. 179-211). San Diego, CA US: Academic Press.
- Fine, A. H. (2000b). *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice*. San Diego, CA US: Academic Press.
- Fine, A. H. (2006). 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 (2nd Ed)*. (pp. 167-206). San Diego, CA US: Academic Press.
- Ratts, M., Toporek, R., Lewis, J. (2010). *ACA Advocacy Competencies: A Social Justice Framework for Counselors*. Alexandria, VA: American Counseling Association.
- Ratts, M. J., & Hutchins, A. M. (2009). ACA advocacy competencies: Social justice advocacy at the client/student level. *Journal of Counseling & Development, 87*(3), 269-275. doi: 10.1002/j.1556-6678.2009.tb00106.x.

- Reichert, E. (1998). Individual counseling for sexually abused children: A role for animals and storytelling. *Child & Adolescent Social Work Journal*, 15(3), 177-185. doi: 10.1023/A:1022284418096.
- Shelton, L., Leeman, M., O'Hara, C. (2011). Introduction to Animal Assisted Therapy in Counseling: A Paper Based on a Program Presented at the 2011 American Counseling Association Conference. . from American Counseling Association  
[http://www.counseling.org/docs/vistas/vistas\\_2011\\_article\\_55.pdf](http://www.counseling.org/docs/vistas/vistas_2011_article_55.pdf).
- Stewart, L., Chang, C., Jaynes, A. (2013, May). Creature Comforts. *Counseling Today*, 52-57.
- Stewart, L., Chang, C., Rice, R. (2013). Emergent Theory and Model of Practice in Animal Assisted Therapy in Counseling. *Journal of Creativity in Mental Health* 4:8, 329-348. DOI:10.1080/15401383.2013.844657.
- Stewart, L., Dispenza, F., Parker, L., Cunnien, T., Chang, C. (in press). Effectiveness of an Animal Assisted College Outreach Program on Student Anxiety and Loneliness. *Journal of Creativity in Mental Health*.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Sue, D. W., Arredondo, P., & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. *Journal of Counseling & Development*, 70(4), 477-486. doi: 10.1002/j.1556-6676.1992.tb01642.x.
- Toporek, R. L., Lewis, J. A., & Crethar, H. C. (2009). Promoting systemic change through the ACA advocacy competencies. *Journal of Counseling & Development*, 87(3), 260-268. doi: 10.1002/j.1556-6678.2009.tb00105.x.

Wesley, M. C., Minatrea, N. B., & Watson, J. C. (2009). Animal-assisted therapy in the treatment of substance dependence. *Anthrozoos*, 22(2), 137-148. doi:

10.2752/175303709X434167.

Yorke, J., Adams, C., & Coady, N. (2008). Therapeutic value of equine--Human bonding in recovery from trauma. *Anthrozoos*, 21(1), 17-30. doi: 10.2752/089279308X274038.