REFLECTIONS

NARRATIVES of PROFESSIONAL HELPING

Animal - Human Relationships, Part 2: Comforting, Healing, Transforming

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Volume 15 **Winter 2009** **Number 1**

Special Issue
Animal-Human Relationships: Comforting, Healing, and Transforming, Part Two
Guest Editor: Marilyn K. Potts

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Introduction to Special Issue - Animal-Human Relationships: Comforting, Healing, and Transforming, Part Two

Marilyn K. Potts, Ph.D., California State University, Long Beach

Marilyn Potts.
Photo by Phil Tan.

As noted in our first special issue, the response to our call for articles on animal-human relationships was so overwhelming that are devoting two special issues to this topic. The second contains equally compelling narratives about the importance of animals in human lives. At last, we feature several cats. My own don't enjoy traveling and thus would not make good therapists, not to mention disaster relief workers. We have another rabbit story, two more about horses, and many about heroic dogs. A squirrel makes his debut as well.

I'm sad to say that a few of the animals featured here are no longer with us. At least two of the animals mentioned in my own acknowledgment have died. Perhaps a future special issue should focus on bereavement after such a loss.

As before, we are allowing the authors to decide whether "pet" is a politically correct word, whether to use "it" rather than "he/she" when referring to nonhuman animals, and so on.

The first article in this issue includes three healing stories featuring Cheeni (a squirrel), Tomo (a child), and Kush (a dog). Brinda Jegatheesan describes how, as a child in India, she rescued and then bonded with many sacred squirrels. I hope that Cheeni will return to Brinda in another life, as promised by her grandmother.

Next, Alexa Smith-Osborne and Alison Selby describe a horseback riding program for residents of a Veterans Administration domiciliary. A former rodeo rider regains some of his power by advising other riders. A wheelchair-bound man savors the chance to be the boss on an open trail. Another man gazes into his horse's eyes as he prepares to mount, although he exhibits marked eye gaze avoidance with people.

Horseback riding for children is featured next. Joanne Tortorici Luna writes about her work with Move a Child Higher (MACH1). A child with cerebral palsy who is blind and nonverbal makes "happy sounds" on the mornings she comes to ride. A child with severe cerebral palsy gains balance, motor control, and strength. The horses in this program are also vividly described. Wrigley, for example, who has bucked off more than one trainer, always stops when he senses that a child is in danger of slipping off.

The story of Clementine (a rabbit) follows. Clementine worked for several years in a south Texas elementary school. Catherine Faver and Kimberly Bradley describe how Clementine helped many children "find a voice" because she was consistently nonjudgmental as they read pre-selected books to her. In this particular school, her lack of language and cultural biases were especially valued. "Clementine responded to the reading of a book in Spanish or in English with equal enthusiasm." She will be missed.

We return to older adults in our next three articles. Marilyn Mather describes how she and her mother dealt with the challenges of fighting cancer at an advanced age, coupled with the difficulties of maintaining a pet as abilities decline. Decisions about living arrangements had to take into account the presence of Champ. Home health aides had to be willing to tend to his needs as well as those of their human client. This article illustrates how senior living facilities and home health care policies seldom address the needs of nonhuman members of the household. "Mom sacrificed her own social needs in order to have the companionship of a three-legged dog. We talked about a move to assisted living, but Champ could not stay with her."

The following article presents a contrast. Joan Behrick Digges illustrates what might happen when infirm individuals *cannot* continue to maintain a home for their animal companions. Her role as a medical social worker included "an immediate rescue drive to the dog pound" to save the life of Belle, whose human companion was not expected to recover. She faced a significant ethical dilemma when a person with Alzheimer's was unable to sign the consent form needed to save the life of her dog. Leaving animals to die on their own or be euthanized is "the plight faced by many hospitalized patients once they become incapacitated." At least one policy implication of these examples is clear. "We should expand the concept of the advance directive to include plans for surviving companion animals."

Next, Carolyn Schaffer provides several beautiful examples of how cats and dogs can enrich the lives of nursing home residents. Along with a few dogs, we have two cats as our heroes in these stories. A withdrawn man who had not spoken since his admission said "pretty kitty" in the presence of Heckyl. A gruff man who had consistently ignored the visiting dogs finally opened up in the presence of Ashes. As a faculty member of the School of Veterinary Medicine at Tuskegee University, Caroline has been instrumental in promoting the importance of the animal-human bond. A glance at her author's blurb will show that her actions are consistent with her words.

We then turn to a different type of institution, the psychiatric hospital. Beth Prullage's dog Maisy had many duties in one such facility. Like Clementine, she listened to young people read. Those of all ages would confide in Maisy, "often with more clarity and truth than had been expressed to any staff member." She would be summoned an as-needed basis to soothe those who were particularly upset. Many would request Maisy's presence in the room if they were expecting to have a conversation with their therapist about abuse, violence, and/or other traumatic experiences.

As a psychotherapist in an outpatient setting, Lois Abrams employs Duke and Romeo as her co-therapists. Duke is an expert diagnostician. When he sits next to people on the couch or on their laps, they are probably depressed; when he sits by their feet on the floor, they are probably anxious. Both Duke and Romeo perform their therapeutic duties by facilitating rapport, being consistently accepting and nonjudgmental, and enabling both children and adults to open up with greater ease. These little Cavalier Spaniels also provide a calming effect on survivors and first responders during wildfires, floods, school shootings, train crashes, and hurricanes.

Next, Laurel Rabschutz writes about the importance of assistance dogs in the lives of disabled individuals. Based on 15 qualitative interviews, she found compelling evidence of the animal-human bond in this context. All but one individual expected the assistance dog merely to meet functional needs, such as opening doors and retrieving objects. However, emotional and social needs were met as well. "It's the closest relationship I've ever had." "He means as much to me as my closest family." "He really is my buddy."

This article is followed by a first-person narrative about a specific assistance dog. Co-authored by Amy Garrity, Carla Garrity (Amy's mother), and Phillip Tedeschi (of the Institute for Human-Animal Connection, Graduate School of Social Work, University of Denver), we learn how Indy contributed to major changes in Amy's life. His loyal companionship helped her deal with previously threatening public situations. "Indy has opened

many doors for me. He has been my inspiration to make another attempt at college." Carla expands on this transformation and describes how Phillip became Amy's professional advisor. Finally, Phillip uses Amy's story to support the importance of Animal-Assisted Social Work (AASW).

"Dancing with Grace" by Nan Palmer illustrates how one becomes a member of a Pet Partner team. Their dance involved a few stumbles before Nan learned to follow Gracie's lead. Gracie was reserved, very sensitive to touch, and protective of her personal space. These are not good traits for one who must manage "exuberant clumsy petting, restraining hugs, and crowded petting by several people." With further training, Nan's ability to transcend multi-species boundaries, and her remembrance of the social work mantra "start where the client is," Nan and Gracie finally succeeded. They passed the Delta Society's evaluation tests and danced their way into a variety of medical and psychiatric treatment facilities. Jean Palmer (Nan's mother) ends this narrative with her reflections on all that she and Gracie have in common.

A vivid narrative on Animal-Assisted Crisis Response work comes next. Louise Graham communicated with me at least twice from an airplane as she traveled with Ellie-Mae and/or Smart Alec to yet another deployment, including our California wildfires. Several deployments are highlighted in this article, including fires, floods, and tornadoes, but perhaps the most compelling is the story of Northern Illinois University, the site of a campus shooting incident. Ellie-Mae was especially welcomed there since the school's mascot is a Siberian Husky like her. "They expressed their feelings and thoughts as they stroked and hugged little Ellie-Mae." The many vignettes in this article show how dogs can serve as valuable tools in crisis intervention work.

We end our full-length articles with one by Tracie Laliberte-Bailey. As a professional educator and consultant in the area of the human-canine bond, Tracie describes her views on problematic behaviors in dogs. Various disciplines have various names for Tracie's approach - cybernetics, systems theory, the biopsychosocial approach, person-in-environment fit, etc. Regardless of the label, our helping professional readers will appreciate Tracie's description of how the family dog is a member of a system, in this case a pack. As all family therapists know, the involvement of the whole family is a key factor in treatment success. The human members of the pack must learn "dogspeak" before family communication patterns can improve. "My goal is to…highlight how both their and their dog's behaviors can mutually and simultaneously shape the dynamic of the family unit." Tracie's use of "reframing the problem" will also sound familiar to many readers. If human pack members learn that a problematic behavior (e.g., jumping up on you whenever you come home) is actually a complement (i.e., dogs typically sniff other pack members' faces as a sign of welcome), then the behavior will not be viewed as deviant and effective problem-solving can proceed. In other words, if you stoop to the dog's level when greeting each other, you're less likely to be knocked down. Even seasoned helping professionals might heed this advice.

I received no accusations of anthropomorphism after including two articles written by dogs themselves in our previous special issue. Similarly, this one concludes with a narrative by Beamer (a Maine Coon cat) and Molly Gaffney (a rescue dog). Beamer's story was told to Marjorie A. Smith and Molly's story was told to Lee Gaffney. Beamer relates how he teaches conflict resolution skills to children through his body language. He is particularly gratified when he is called upon to soothe weeping children. Molly relates how she precipitated the awakening of a young girl who had been in a coma for 10 days. "I just stayed there as still as I could. I knew it was an important time. I waited to see what I was supposed to do next. I was told to move around the bed. The little girl was told where I was. She responded by reaching for me every time. Her mother got very, very excited." Lee Gaffney relates how Molly worked as a therapy dog for over 13 years, living up to the Visiting Pet Program motto of "bringing love and leaving smiles" everywhere she went.

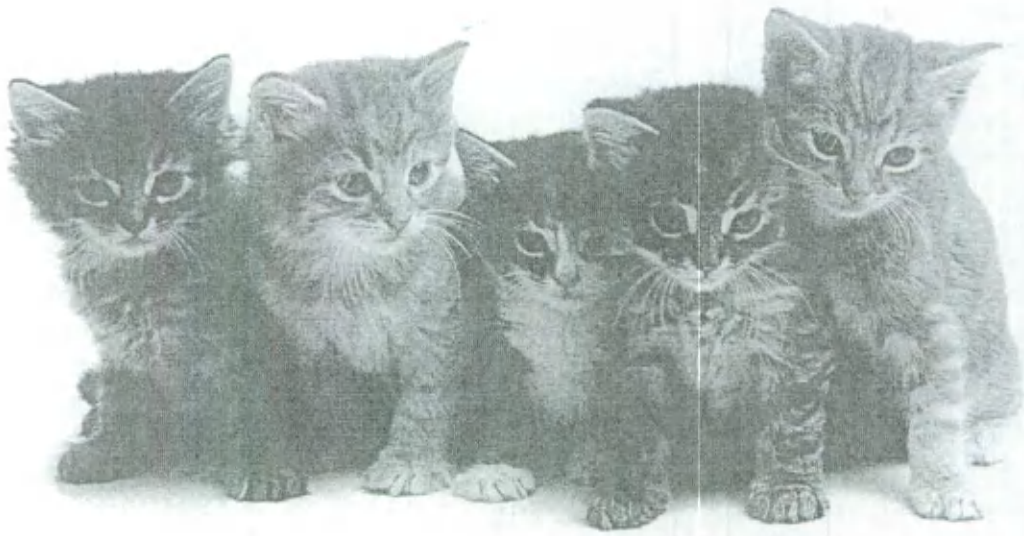
If only human animals could do the same.

Acknowledgement: These special issues are dedicated to all of the animals described by the authors and to Bobby, Goldie, Diana, Susan, Jerry, Tippy, Skipper, Buttons, Penelope, Clara, Marley, Amelia, Ezekiel, Johnny Cougar, Janice Joplin, Buster, Sparkle, Sushi, Kiko, Snookie, Pookie, Rosie, Sweet Pea, Missy, ChiChi, Ishi, Jack, Crackers, Bull, Bulldozer, Maurice, Oliver, Fluffy, Bear, Cosmo, and Inyo.

I thank our Editor-in Chief, Jillian Jimenez, for her strong positive reaction to our first special issue and for her continued support. As before, Wendi McLendon provided excellent assistance throughout the entire publication process. I appreciate the insightful comments of our anonymous reviewers. I also appreciate the new friends I've made along the way via email and/or in person. All authors were extremely responsive to my requests for content clarification, blurbs, photos, photo credits, and so on.

Comments concerning this special issue can be sent to mpotts@csulb.edu .

Correction: The photograph of Flopsy on page 11 in the Fall 2008 issue should be credited to Kimberly Crawford.



The Give and Take in the Human-Animal Bond: Three Tales of Spirit Healing

Brinda Jegatheesan, Ph.D., University of Washington

In this narrative, the author describes the healing that occurs in the human-animal bond through three stories. Each story is connected to the author's life, both personal and professional. These are stories of friendship and healing brought about by unconditional love and companionship between people and animals. Above all, these are stories of hope, courage, and the promise of a better tomorrow. Note: Names have been changed to maintain confidentiality.

Introduction

Recent years have seen an increase in attention to the human-animal bond and recognition of its importance in human development. However, this was not the case a few years ago. I remember how, as a doctoral student in special education, I had a hard time convincing the professor of a graduate course that the topic for my final paper—"Human-animal bond and animal-assisted therapy for young children with special needs"—was an important one. That was in 2001. Not too long ago! I remember leaving the professor's office in tears because my topic was perceived as unimportant in terms of its contribution to the field. It was also not considered a scholarly topic. Fortunately, with the support of my advisor, I was able to conduct research in this area as part of my doctoral program. My study addressed the quality of life (socio-emotional and spiritual) of university students with disabilities and their service dogs and examined the students' relationships with their dogs. My advisor requested Dr. Allan Beck, a prolific scholar in the field of human-animal bond from Purdue University in Indiana, to chair my research committee. This was the beginning of my professional work in this field.

My aim in writing this narrative is to describe the healing power in the amazing bond between humans and animals through three short stories. The first story is about the special bond I shared with a companion animal, a rescue squirrel named Cheeni. I was a sixth grader in India then. The second story is about the bond between Tomo, a third grade student, and my companion dog named Kush. I was an elementary school teacher in Singapore during this time. And I end with the story of the healing of Kush (my companion dog mentioned above) through his relationship with people, some who were strangers and others who in time became his friends.

These are stories of friendship and healing between people and animals. These are stories of hope, courage, and the promise of a better tomorrow.

Who Am I?

I am a Singaporean Indian. I was raised and educated in both India and Singapore. Animals had a large presence in my life when I was growing up in India. After the completion of my undergraduate degree, I returned to Singapore and lived with my husband and our two Golden Retrievers named Kush and Babe. Kush (meaning happy in Sanskrit) was a fun-loving dog and loved being around people. Babe (a British White) was affectionate and warm and preferred to be with just my husband and me. I worked as an English language teacher and taught young monolingual Japanese children with and without disabilities. I came to the U.S. in 1998 with my husband and our two dogs to pursue my graduate studies.

Tale One: Cheeni and I, Chennai, India

Mango trees lined the high walls of my grandmother's home in Chennai, India. Squirrels were in abundance and chased each other all day long—a common sight in India. My grandmother often told me the story of why squirrels in India had three stripes down their back and why they were considered sacred. It was Indian mythology and I carried this story close to my heart. She would say:

> *"Squirrels may be small but they are courageous and faithful. They helped build the Rameshwaram Bridge to save Queen Sita who was kidnapped by the demon king Ravanna and taken to his secret island. They could not carry big rocks to build the bridge but they wanted to help Lord Rama to get his Queen back and so they did what they could given their size. They carried pebbles back and forth. So Lord Rama blessed them by drawing three lines on their back. That is how they got their stripes. They should never be harmed."*

My maternal grandparents were born in Rameshwaram, which is at the southernmost tip of India. So my grandmother would tell me this story with great elaboration and pride each time I rescued a baby squirrel and nurtured him/her to good health. I remember disliking the crows because they would peck at the squirrels' nests and the young ones would often fall to the ground. If they were lucky they would survive the fall. Pinkish brown with only wrinkled skin instead of fur on their bodies, they would lie on the lawn helpless and gasping: a heartbreaking sight. My grandmother and I would prepare a home for them made of a shoe box, using layers of newspaper and cotton to make the soft bedding, with tiny twigs and dry leaves spread around to create a surrounding similar to that of a nest. My grandmother taught me how to feed them: "Roll this cotton ball to be long. Now dip one end of it into this lukewarm milk and let it touch their lips. They will suck on it like they would suck on their mother's nipples."

Months later we would set them free on the mango trees. Then healthy and chubby, they were free to go. Some would come back for a few weeks looking confused. And then they would disappear. I would miss their little feet running on my shoulder, arms, and neck. I would miss caressing them. "You have saved one more of Lord Rama's helpers," my grandmother would say. "Be happy for them."

Then I was a sixth grader at Church Park, a school in Chennai. I had a particularly hard time during that year. I had a classmate named Nellie who used to rally other classmates against me for no reason, and I often wondered what I did wrong for her to dislike me. I knew that she was a weak student and did not study hard. Nellie often copied my homework against my will. She used to tear pages from my notebook and splash ink on my assignments. She enjoyed watching me get into trouble and would snigger when the nuns kept me back in class during breaks to write compositions. That year, on my birthday, I brought a bag of candies to distribute to my classmates, a customary practice in most schools in India. I walked row by row and placed a couple of candies on each classmate's desk. I placed the candies on Nellie's desk and she swiped them off her desk onto the floor with a ruler. She had a mean and sullen look on her face. I said nothing and walked on to the next classmate. I was embarrassed. I was shocked. I was sad. I did not dare tell anyone at home about my troubles at school.

Other things were also happening at the same time that I was being teased and bullied in school. I was under a lot of pressure to do well in my exams since another classmate and I were competing to be ranked first in class. And if this were not enough of a hardship, I had to prepare for my piano exams. I had a strict 76-year-old piano master named Mr. Menezies who came to my home every Wednesday to help prepare me for the Trinity College of London music exams. Passing the exams with flying colors was important to my mother, so I could not escape my music

lessons. Mr. Menezies was harsh. If I did not get the scales right, he would snap his little ruler on my knuckles. I prayed each Tuesday night, "Please God. Please make Mr. Menezies sick or miss the bus tomorrow."

Cheeni was one of my recovering cheeky baby squirrels. I loved each one of them, but Cheeni was my favorite rescue. He was very expressive and had a unique way of communicating with me. He also enjoyed being held and caressed. I used to cup my palm and Cheeni would snuggle in it and fall asleep. I always felt light and calm when I held him and watched him fall asleep, making gurgling sounds in the comfort of my palm. My greatest feelings of elation were when I fed Cheeni. With his bony paws, he would hold the cotton dipped in the lukewarm, sweet milk and suck on it. He liked his milk a little sweet so I used to add some sugar to it. That was how he got the name Cheeni (meaning sugar in Tamil).

Cheeni became my closest friend and my confidant. On cool summer evenings I would sit on the floor under the Neem tree and hold him in my hands. I would tell him about Nellie and the horrible things she did to me. I talked with him about my stresses of exams and facing Mr. Menezies when I had not mastered a particular scale. Talking to him made me feel better. Thoughts of Nellie, Mr. Menezies, and my little childhood troubles would eventually fade away. I was always excited to come home from school to spend time with Cheeni. He was getting stronger by the day and I knew that it would soon be time to let him go.

Mid-summer that year my mother's sister was visiting from Kajang, Malaysia. One day, the day my grandmother and my mother were out of town and could not feed Cheeni, she promised to feed him while I was at school. I reminded my aunt of how to feed him before running off to the waiting rickshaw that had come to take me to school.

I could not find Cheeni when I returned home from school. My aunt was sitting in the courtyard with my uncle and a cousin. "Where is Cheeni?" I asked anxiously. My aunt replied with a laugh, "Come and say hello first. Where are your manners? "Cheeni?" I asked again.

Cheeni was dead. My aunt said that she probably did not feed him the right way and too much milk went into his mouth and he choked to death. "Did you not make the cotton into a thin string like thing?" I asked. "It was a ball of cotton and when he opened his mouth, I squeezed the milk into his mouth," she replied.

I cried. Tears ran down my cheeks and into my mouth. I was not sure if I should sit or stand. There was a lump in my throat and I could feel it rising. I remember my aunt saying with little care, amused by this emotional outburst for a squirrel, "Don't cry silly girl. It's only a squirrel and there are many out there. Now stop crying and I'll buy you a goat. They are more fun."

I buried Cheeni under the Neem tree, holding him in my palms and saying goodbye, goodbye to a little friend who healed my spirit when I was down. I lit several incense sticks and placed them on top of the mound of earth. "Please forgive me. Goodbye my sweet little friend."

My grandmother used to hold me close to her heavy bosom and console me each time I thought of Cheeni and cried. "It's okay, don't cry," she used to say. "He is in heaven. Not too far away. Maybe he will come back to you again in his next life."

Tale Two: Tomo and Kush, Singapore, 1997

It was a hot and humid morning. The children in my third-grade English language class had just returned from a field walk. There was a knock on my classroom door. A Japanese homeroom teacher and a chubby boy with soft, gentle eyes stood outside my door. "*Jega sensei* (Teacher Jega)," said Mr. Kinoshita. "*Kare wa Tomo desu. 'A' class kara. Kore kara 'C' class ne.* (This is Tomo from the 'A' class. From now he will be in the 'C' class.)" Then he turned to the little boy and said in an encouraging voice, "Mo, Jega sensei was anato no atarashii sensei desu. Gambatte ne! (Teacher Jega is your new teacher. Good luck okay.)" I looked at Tomo and smiled. I was puzzled. What a lovely child, I thought to myself.

Tomo was a nine-year-old biracial student. His mother was local Chinese and his father

was Japanese. Tomo was first placed in the upper level English language class. Students at this level (in classes A1-A3) were mostly bilingual and proficient in English. Tomo was trilingual. He was proficient in Mandarin, Japanese, and English. But Tomo did not perform well in the "A" class. His teacher reported that he seldom spoke, cried a lot, and preferred to be alone. He was unhappy when asked to be a part of a group for class activities. Tomo also did poorly in his class assignments. As his grades worsened, his teacher suspected that he might have learning difficulties and, without conducting an extensive investigation of his poor performance in class or of his behavior, she decided to demote Tomo to a lower level English language class ("C" class). Tomo was sent to me because I was one of the two teachers in the lower level class who included children with disabilities.

Tomo remained quiet and said little for the next few weeks in my class. He sat by himself during the short break and read his *mangas* (comics). When I noticed that other children did not include him in their groups, I learned that biracial Japanese children were generally considered impure by their peers. It seemed to me that Tomo's biracial status had made him an instant outcast among his Japanese peers. When I noticed that Tomo was frequently bullied, I corrected students who called him *hambun* (half-half) to his face. I often overheard boys talk to one another saying, "*Nihonjin janai yo, Hambun ne* (He is not Japanese. He is half-half)." The boys in the class isolated him and each time I placed him in small groups, the children looked at each other in shock and dismay. They grumbled beneath their breath, "*Yada! Nande?* (Oh no, why us?)"

I remember thinking about my sixth-grade days, particularly the teasing and the bullying and how my class teacher did nothing during these times. I remembered those embarrassing and painful moments. Memories of Cheeni, my conversations with him, and how he comforted my spirit flashed through my mind. Somehow that was the only fond memory I had of being a sixth grader. It was not surprising to me that for years I refused to revisit those Church Park school days for fear that it would take me back to those unpleasant events. In 1997, as a third-grade teacher watching Tomo and witnessing his troubles, I came face to face with those bottled-up memories.

I decided to make some changes in my class. I moved Tomo's table to the front of the class and near my desk so that I could look out for him. I also frequently asked Tomo to help me during instruction in hope of raising his spirit and making him feel important. He would comply happily but said little. He continued to show little interest in his work or being in school. He remained shy and nervous. He would smile at times, but there was always a tinge of sadness in his smile. And it pained me to see him that way.

Several months later during a PTA meeting, I talked with Tomo's mother, expressing my concern about him and wondering why she did not place him in a local multicultural Singaporean school. She informed me that his father wanted him to learn Japanese in the event the family had to return to Japan. I told her that I was concerned about Tomo's emotional state. She informed me that he spoke at home although not too much and added that he code-switched in three languages and that she was not sure what bothered him in school. She knew that her son was quiet in school and had no friends. He was not invited to birthday parties and other play groups. Mrs. Kawauchi was at a loss about what to do to help her son, but stressed that she was quite concerned about his academic performance. She hoped that I could help him with his reading and writing skills after school hours. Unable to remain at school after regular teaching hours to provide Tomo with extra help, I volunteered my time for two afternoons a week at my home. This child needed help and I wanted to try to understand him. It was arranged that Tomo would come to my home after his soccer training.

Afternoons with Jega Sensei (Teacher Jega)

The first month Tomo and I spent quiet afternoons at my home. I would teach him in English and Japanese. Tomo completed whatever tasks I gave him with minimal communication. He uttered approximately five

phrases such as no, yes, *o mizu* (water), *inu* (dog), *okasan kita* (mom's come), and *ima nanji* (what time is it now). His eyes would light up when I placed his favorite Malay cookies, *Kueh Belandah* (Love Letters), in front of him. I noticed that he was wary of Kush, our two year-old Golden Retriever, and appeared nervous whenever Kush came near him. Each time Tomo would arrive, he would wait for me to hold Kush and then scurry inside to sit on the dining chair with his legs off the floor. Kush would sense his discomfort and would eventually settle on his favorite sofa after the initial excitement of seeing Tomo.

One day, Tomo's mom dropped him off at my home, forgetting that we had cancelled lessons for that afternoon. I had a dental appointment and was away from home. It was a day off for my husband and he was alone at home when Tomo rang the gate bell. Having met Tomo and his mother, my husband knew that the child was having some problems, that he barely spoke, and that he was nervous around Kush. My husband later told me that he was at a loss regarding how to keep the child occupied until either his mother or I returned.

Coming home from my dental appointment, I was surprised to find Tomo. I was even more surprised to see him sitting on a mat in the patio and reaching out to Kush with a treat in his hand. I heard him telling Kush to "sit." I pretended not to be surprised, said "hello" to Tomo, and spent the next 15 minutes hanging around in the living room in a casual manner. I watched Tomo touch Kush and giggle "*momo chan* (common name for pets in Japanese; reference to cuteness in Chinese)." "Do you like him, Tomo?" I asked, to which he nodded. "Do you want more cookies to give Kush?" I pressed on. "I have many here," he replied, showing me his palm. I was surprised to hear the confidence in Tomo's reply and his ability to communicate his thoughts without hesitation. I looked toward my husband and asked in Malay, "*Apa ini*? (What is this?)" He winked at me and nodded toward Kush saying, "*Suda kawan* (Become friends)." Indeed a friendship had been formed. And a period of healing had begun.

When his mom picked him up later that afternoon, Tomo was reluctant to leave. "*Momo chan*," he said, pointing to Kush. "*Kawaii ne* (cute, isn't he)," his mother replied. Tomo finally left to go home. A happier than usual child! Later that evening my husband recalled what happened that afternoon:

Ren: *I did not know what to do with Tomo. He was distressed that you were not here. I tried my best to get him to tell me his mom's hand phone number so that I could call her to pick him up...I ran out of ideas on how to entertain him so I gave him something to munch on. He was very quiet and sat drinking the soya milk and munching Love Letters. Kush sniffed and sniffed and went straight to Tomo and sat in front of him. Tomo quickly drew his legs towards his chest and pushed himself further into the sofa. He held his drink high and looked at me. I told him not to be afraid, that Kush was very gentle and would not hurt him. Kush became impatient and wanted the cookies so he placed his paw on Tomo's thigh and looked with imploring eyes. I coaxed Tomo to hand Kush a piece of the Love Letter and not to be afraid. One piece led to another and another and soon Tomo was petting Kush with the tips of his fingers, making sure to keep a clear distance...I decided to watch the news and let the two of them work it out. I was surprised that Tomo could speak because when he ran out of the Love Letters, he asked me calmly, "Can I have some more?"*

Brinda: *Just like that?*

Ren: *Just like that. Without faltering!*

In the months that passed, Kush and Tomo became good friends. Tomo enjoyed his afternoon lessons with me and clearly Kush was the reason behind his enthusiasm. In class he would come earlier than usual and make small conversations with me about Kush. I found that Tomo was quite talkative and he spoke Japanese and English fluently.

Afternoons with a Puppy Named Kush

Tomo and Kush became "*tanoshii tomodachi* (happy friends)" as Tomo called them. A typical scene the afternoons he visited me was one of excitement and urgency. I would hear the sounds of running feet and the gate bell would soon ring several times (in the past Tomo would ring the gate bell once and wait politely). Once I opened the gate, he would run past me, throw his bag on the patio, and look for Kush. Kush would be excited to see him and the two would play in the garden. Tomo would talk to Kush without a care: "*osuwari* (sit)," "*sensei, mite, Nihongo wakaru!* (Teacher, look, he understands Japanese!)" The scene would be one of a child running in circles with a golden dog jumping at him.

I soon had to make a deal with Tomo—a bit of work and a bit of play. But first it was time to study. Tomo was willing and eager to do more tasks if he could get additional time with Kush. In fact, he was eager to do complex tasks. One day, as Tomo and Kush were playing, I asked Tomo if he liked being in school. I was not expecting a reply so I was surprised when Tomo shook his head in negation. He did not say anything the first time.

I found that Tomo was relaxed when he played with Kush. I noticed that he talked cheerfully and a lot during their playtime. In the weeks that followed, I probed Tomo for some answers regarding his sadness in school. In bits and pieces he told me about his experiences with his classmates. Tiny problems, or so they may seem for grownups, but they were big troubles for this little child. A list of not-so-nice happenings in school.

Tomo's classmates teased him because his mother was not Japanese. He was also teased for speaking in Mandarin to his mother. Tomo, as a result, did not like his mother visiting the school. He did not like his mother speaking to him in English. He was teased because his mother had a Singaporean accent. He was embarrassed that his mother code-switched and used Mandarin instead of conversing in English or Japanese. His classmates did not want to play with him. He was looked at strangely when he was the only one without an *obento* (Japanese meal) on some days and had Chinese food instead. His classmates teased him about his chopsticks that looked different from theirs. Of such nature were Tomo's troubles.

The child was going through a lot. On his own! He had kept all of these problems to himself, and they gnawed at his heart, but I was glad that he was finally able to talk. Kush seemed to have had that calming effect on him and helped him talk about his troubles without it being too hard on him emotionally. Tomo was smiling a lot more as time went by and the tinge of sadness in his smile had begun to fade. Sometimes I heard hearty laughs. I knew that he was "healing" with the help of a friend, a friend none other than Kush.

Kush Comes to Class

One morning I decided to bring Kush to my class. He looked handsome wearing his bright yellow and orange scarf with purple paw prints. A few children in my class shrieked in delight when they saw him with me. "*Kawaii, kawaii* (cute, cute)," they screamed and clapped their hands. Others stood a little distance away looking in awe. They were a little unsure because Kush was big. "*Kowaii ne! Oki ne!* (Scary, isn't he! Big, isn't he!)," they would say. Students continued to trickle into class and found themselves amidst some excitement. Tiny voices called out, "Kush chan, Kush chan. Kite! (Kush darling, Kush darling. Come!)" Kush was very excited and responded to his name by wagging his tail. When the bell rang and it was time for class to begin, I saw Tomo walking hurriedly ahead of some boys. He looked shocked to see Kush in class.

Tomo came up to Kush and to the surprise of his classmates, he went down on his knees and hugged Kush saying, "*Kush chan. Genki?* (Kush darling. How are you?)" Kush burrowed his head into Tomo's belly and stayed still, his tail wagging while Tomo caressed him. The children looked on in disbelief at the way the two were together. Kush the oki na inu (big dog) responded in the most spectacular and special way by snuggling into the softness of Tomo's belly. The two made the class news.

At the start of class, I asked Tomo if he would like to introduce Kush to his classmates. He agreed and did so shyly but with pride. I encouraged the rest of the students to ask Tomo questions about Kush. I told them that Kush loved being with Tomo and that the two were *tanoshi tomodachis* (happy friends). Tomo, who by then knew Kush fairly well, answered most of his classmates' questions. Kush hung around near him and responded to Tomo's gentle strokes by licking his face and doing his happy dance, a dance that he always did when he was happy and excited. My husband and I called it the "Stevie Wonder" dance.

A nod to the left and a nod to the right.
Right paw - step and off. Left paw - step and off.
Turn around and two mighty WOOF WOOFS!

(And repeat)

The children burst into a loud laugh and clapped in delight. "*Sugoii ne Kush! Sugoii Tomo!* (Fantastic Kush! Fantastic Tomo!)"

Tale Three: The Healing of Kush, Seattle, Washington, 2008

Kush is now 13 and lives in Seattle with us. He is in good health and continues to enjoy his daily walks. On some days he is slower than others since he has developed arthritis. His vision has also gotten poorer. He still does his Stevie Wonder dance whenever he gets excited. He still trots when he is happy.

In November 2007, we lost Babe, our other beloved Golden Retriever. She passed away a couple of days after a major surgery to remove a large tumor in her spine. Babe was Kush's companion of 11 years and he was saddened by her passing. In the weeks that followed Babe's death, Kush became anxious and lethargic. He would continually sniff at Babe's favorite spots at home where she used to lie and chew her bones or fall asleep. Kush would stand still near these spots and look lost. He was also restless at night and paced often, looking around. I suspected that he was searching for Babe. I also noticed that Kush was not excited about going on his daily walks and often seemed eager to return home. The extra love and attention at home helped. On some days he seemed better. Still, he was not completely his usual happy-go-lucky self.

A month later a casual interaction between an elderly woman and Kush seemed to rejuvenate his spirit more than usual. On our daily walks, morning and evening, we used to pass the neighborhood pharmacy, a medium-sized and a rather unattractive looking store. The elderly lady who was walking toward the entrance with the help of a stroller saw Kush. She came toward him and petted him. Her aged, crooked fingers scratched the back of Kush's ear gently. Kush wagged his tail and licked the back of her hands a couple of times. As the lady walked through the doors of the pharmacy, Kush continued to look on with his ears pricked up. He seemed eager to follow her, so I let him lead the way and fell into step beside him. Together we walked through the aisles of the pharmacy. Several shoppers petted him while others paused and complimented him. The staff gave him a treat or two. That day Kush trotted cheerfully back home, taking long rhythmic strides.

From that day onwards for the next three months, Kush would stop at the pharmacy on our way back from his daily walks. He would turn toward the entrance, enter the store, and look around gleefully before beginning his walk through the aisles. He would sniff around since he could not see very well, walk up to shoppers, and catch them by surprise. He seemed to be particularly fond of the elderly shoppers. "Oh, hello there, puppy" were

frequent comments. A caress or two, a lot of kind words, a couple of treats, and out of the store to finish our walk and head back home again. It became a ritual. I observed how the voices of people talking to Kush and their gentle caresses soothed his spirit and healed him. He became visibly cheerful. Sometimes he did his Stevie Wonder dance in the store. "My, my, you are quite the tap dancer!" one shopper remarked.

Then the heavy Seattle rains came. There were fewer shoppers during this time and I became worried. I feared that Kush would regress in terms of his mental health. I began to think of an alternate plan to continue his healing process. I began to wonder if there might be a special place for my very special senior dog to make friends with seniors like him.

Kush began to visit Red Cedar House, a retirement residence, in March. He spends an informal hour of fun and laughter with the residents in the activity room. Hugs, caresses, and belly rubs galore. Kush gets ecstatic and often does his Stevie Wonder dance for them. I notice smiles on the faces of those who seem lonely and sad. Kush brings a lot of happiness to the residents in that one hour. And they continue to heal him and rejuvenate his spirit each week. The residents are thankful to me for volunteering my time to bring Kush to the residence. I am grateful to them for helping Kush get on his feet and be the happy dog he used to be. It is now nearly nine months since Babe passed away. Kush is visibly better. His healing process has had a ripple effect on the entire family.

Kush continues to be excited about going to Red Cedar House. He cannot contain himself from the moment he gets out of my car. He is so excited to enter the retirement home each week that I have to use the handicap knob to open the main door of the building. And then he merrily trots in. To meet his good old friends!

Final Reflections

The unconditional relationship, free from judgment, criticism, and negative feelings, was the basis of human-animal bonding in all three stories. In Tomo's and my case, such a bonding gave rise to an honest and open relationship with the animals in our lives and enabled us to share our most intimate emotions with them. The animals were good listeners and made us feel better. The ability to be oneself without having to worry about pleasing someone, simply to do the things one likes or just cry and be sad, formed a completely wholesome foundation for our relationships with them. For example, I found that Tomo spoke the most about his negative experiences at school when he was hugging or caressing Kush. Many children form powerful attachments to animals and find that their relationships with them can help to release pent up feelings (Jegatheesan & Meadan, 2006; Meadan & Jegatheesan, in press). Cheeni and Kush each acted as a surrogate for a human friend. Kush was the "significant other" in times of Tomo's need, providing him with comfort and making him feel important and "worthy of dedication" in a world that seemed to isolate him.

The animals acknowledged our feelings through their own unique ways to help us feel loved and important. Whenever Tomo hugged Kush and gently caressed him, Kush would do his Stevie Wonder dance in excitement and then tuck his head into the softness of Tomo's belly. Tomo would almost immediately smile. It was as though Kush sensed that Tomo needed comforting at that time. Cheeni, my rescue squirrel, would flick his tail in a circular motion and rustle up his bed when he saw me. It was his way of showing his affection. Cheeni and Kush, through their use of verbal cues, body language, and physical contact, comforted our spirits and helped change our mindsets toward a more positive and rewarding end. Beck and Katcher (1996) explain how "touch" is part of communication and is used to "qualify the emotional meaning" (p. 79) of what was being said or intended.

Finally, I think about Kush and all that's happened to him in the past seven months and how people can impact the emotional lives of animals and heal them psychologically. I have seen such a healing—the emotional healing of Kush—by strangers and friends alike. I come from a culture that teaches us of the laws of Karma, the effects of all of one's actions that create and impact past, present, and future

experiences in this world and the after. Recently, I have been spending a lot of time in our garden enjoying the glorious Seattle summers. Kush enjoys lying in the sun with his head on my lap. On and off, he nudges me with his paw to continue massaging his ears. I look into the eyes of this amazing soul and think about his life and the people in it. I am glad that he is back to being his old self, once again doing the Stevie Wonder dance. He looks happy, relaxed, and content—he has received his *Karma-Phala* (fruit of all Karma).

Epilogue

Tomo returned to Japan after completing grade six. The last time I heard from him was in 2000. He sent me a postcard from Osaka and addressed it to Kush and *Jega Sensei*. At that time I was nearing completion of my master's degree in Hawaii. I sent him a photograph of Kush and Babe taken at the Kapiolani Park in Honolulu. I have not heard from him since.

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Acknowledgement: This article is dedicated to Kush, Babe, and Cheeni.

Brinda Jegatheesan is an Assistant Professor in Educational Psychology at the University of Washington. She is currently working on a funded research study on the relationship between children from three different religious backgrounds (Islam, Judaism, and Christianity) and their pets. Kush continues to visit the neighborhood pharmacy during his daily walks in Seattle. He now has a shaggy companion, a Wheaton Terrier mix rescue named Krithi, who keeps him feeling young with her playfulness. Comments concerning this article can be sent to brinda@u.washington.edu.

Kush. Photograph by Brinda Jegatheesan.

Reflections on a Therapeutic Horseback Riding Experience for a Group of Aging Veterans

Alexa Smith-Osborne, Ph.D., and Alison Selby, MSSW candidate, University of Texas at Arlington

This narrative describes the experience of four veterans. Three of them thought that they would never be able to ride again and the fourth had never ridden before. Indeed, he had wondered when the time would come that he could ever get out of his wheelchair again, unassisted. However, on the horse he found that he could be in charge of his movement and that of the horse—and be part of a team.

It is a hot, dusty day—typical of summer in the Sun Belt—off a farm road in the country. Four men in their 70's and 80's wait with varying degrees of patience under the shade trees of the therapeutic horseback riding facility while their horses are brought from the stable to the outdoor riding arena. Their service to their country and their current home, a VA domiciliary facility, is what they have in common and what has brought them here today for the culminating trail ride of their brief, therapeutic riding experience this summer.

They know their horses well by now and watch with anticipation as each is brought to the mounting area. Each man, one by one, mounts his horse, assisted by volunteers, under the watchful eye and guidance of the therapeutic horseback riding instructor. It is a calm, deliberate process, prompting mild complaints by the last veteran waiting that they have forgotten him. He comments to a helper that he wishes the riding sessions could continue, but he knows that this is the last one. His physical therapist reminds him that the riding facility will be bringing one of the horses out to the home a few times this summer for some unmounted activities with all the residents. He says that he hopes they bring *his* horse and then falls silent. We sense that he is accustomed to loss and well-rehearsed in ways of making peace with it.

Each man has substantial physical and cognitive challenges, but each mounts his horse with surprising grace and agility and speaks encouragement and instruction to his horse and to his companions. One, a rodeo rider in his youth, calls out unsolicited instructions to the veteran beside him to greet his horse, to establish that connection, before mounting. "You sweet talk the horse, you sweet talk her," he explains. His companion, also an experienced rider from his youth growing up on a farm, does not reply but reaches down to pat his horse's neck. The third man, preparing to mount, spends some time talking softly to his horse and gazing into its eyes (although he exhibits marked gaze avoidance with people), while the fourth, spying his horse, calls it by name and grumbles that it's about time for his turn. His physical therapist helps him to stand and walk, with her support, to the mounting area.

After a circuit of the riding track and practice giving commands to their horses, the riders and their entourage start out for the riding trail through open country, each man giving the command to his horse. There is an atmosphere of adventure, which the men seem to savor as they look ahead, down the trail, and interact with their side-walkers, leaders, and horses. The riders' intellectual and physical focus on directing their mounts is palpable, as is their awareness of their horses' responsiveness to their human communications. One man describes this communication as etiquette: you can't be rude to the horse. Another says that he understands his horse now, especially since he has taken the opportunity to have repeated experiences feeding and grooming as well as riding it, so that the horse has gotten to know and understand him, too. The other veterans

experience the communication as teamwork, offering them an opportunity for leadership that they can rarely experience at this stage of their lives, when so much of their lives and routines are determined by their caregivers. One man has been more and more wheelchair-bound and constantly monitored since having several seizure-related falls and particularly savors this chance to be "the boss" on an open trail. He may still be surrounded by helpers but, when mounted on a horse, he is positioned above them, not below them as in a wheelchair. He has a clear view of the trail, and he has the reins in his hand and his feet in the stirrups, constantly communicating physically with the horse even when there is silence between them. He had never ridden before and expressed surprise that he and his horse had gotten along so well together throughout this experience.

Three of the veterans complete the round trip, maintaining good riding posture the entire way, while the fourth rides the trail out successfully and does the return trip by car when he tires. The fourth rider notes that he made it to the point where they usually turn around on the trail ride anyway; he was able to complete the most significant part of the experience, the part that was saying "hello," rather than "good-bye, it's over."

Upon returning to the riding facility, the process of dismounting begins. Each rider dismounts carefully in an individual style, depending on his size and strength—coached by the instructor, assisted by helpers as needed, but independent—while his horse stands like a rock, dependable and still part of the team. The fourth rider leaves the car and watches while his horse is led into the stable, while the veteran diagnosed with severe mental illness leads his own horse into the stable and competently grooms it himself, returning to the group only after he personally completes the care of the horse and says his farewells to it.

Then there is a gathering and celebration time for the humans. The veterans express appreciation for the relationships they have developed with their helpers in this experience. The veteran who typically exhibits gaze avoidance and has been diagnosed with mental illness makes a special effort to greet his regular side-walker, makes eye contact with her, and thanks her for her participation.

As a group and individually, the veterans review their riding experience. The wheelchair-bound veteran, who had never been riding before, has been surprised by the benefits of riding as exercise and by how much stronger he is now. He is enthusiastic in recommending it as exercise for other veterans, young and old. He also opines that it would be good for heedless adolescents, to help them burn off some of their energy and drive for risk-taking in a pro-social way. He also appreciates riding as novelty, a way to get out of the home and do something exciting and fun, even better than the usual sponsored trips to restaurants and stores. It sounds like his life "After the Fall," (as he refers to the fall he suffered after his last major seizure, leading to a changed life equivalent to that of the first humans after being cast out of the Garden of Eden), has been pretty boring since he has been more limited and supervised.

The veteran with a farming background and the veteran who is a former bronco buster both laud the riding experience as an opportunity to exercise and become more active. Yet, neither intends to use the home's exercise facility now to maintain their new, higher level of fitness. Riding on an exercise bike would not recapture one of their earlier life's enjoyable pursuits and connections with the horse—although the farmer says that riding on a motorcycle was a close second (it's the RUSH, baby!). The veteran with the farming background mentions that he is glad the wheelchair-bound veteran was able to complete at least part of the trail ride and that he has been "looking out for him" ever since he suffered the seizures and repeated falls. All three suffer from persistent post-traumatic stress symptoms, which lead them to be wary of their anger, insomnia, and flashbacks (persisting even in dementia) and to self-isolate at times for the protection of others. These symptoms seemed to improve during the riding experience and the helper suggests that perhaps visualization of riding can be added to their coping repertoire. They visibly relax as they focus on that visualization.

The veteran dealing with mental illness does intend to keep up with his previous exercise regimen of weight lifting and exercise bicycling at the home's fitness facility; what he will miss is the sense of purpose in riding and the straightforward communication and connection with the horse. All veterans express a sense of ongoing theistic connectedness, such that the increased exposure to nature during the riding experience represented another spiritual practice, as well. They value all these aspects of the experience, seem to absorb it as a blessing, and go on to accept each moment of their lives and opportunities as they come.

We began this innovative intervention with great excitement at the opportunity to use therapeutic horseback riding (THR) with a new population and to assess its impact, but with due diligence and concern for risk management of frail, elderly riders with complex health conditions. We were aware that these conditions included service-connected disabilities and psychiatric conditions, such as post-traumatic stress disorder and severe and persistent mental illness. We were also interested in (and prepared for) attitudes toward riding as an outdoor adventure experience, which might characterize this group of combat veterans, and hypothesized that elements of military values/training might influence their participation in positive ways (Dole et al., 2007; Larsen, Highfill-McRoy, & Booth-Kewley, 2008).

THR has been used with children and adults with physical disabilities and with older adults who were recovering from strokes (All, Loving, & Crane, 1999; Benda, McGibbon, & Grant, 2003; Bertoti, 1988; Biery & Kauffman, 1989; Cherng, Liao, Leung, & Hwang, 2004; Engsburg & Shurtleff, 2008; Fox, Lawlor, & Luttges, 1984; Griffith, 1992; Haskin, Bream, & Erdman, 1982; Hedrickson, 1971; Hinkley, 1999; R. Kinsel, personal communication, September 5, 2007; MacKay-Lyons, Conway, & Roberts, 1988; Mason, 1989; Potter, 1994). Physical benefits associated with THR with these civilian populations include improvements in gross motor function, muscle symmetry, balance, and sensory integration. Findings of a 1995 review of the literature on THR, not specified by population, suggested that THR may also have cognitive and psychosocial benefits in the areas of self-confidence, self-esteem, and self-concept; interest in learning; attention span; listening skills; spatial awareness; and verbal skills (Mackinnon, Noh, Laliberte, Lariviere, & Allan, 1995). One study of adults with severe and persistent mental illness who participated in THR found similar psychosocial benefits (Bizub, Joy, & Davidson, 2003).

We came to this last session anticipating the participants' mixed feelings of satisfaction at their achievement, enjoyment of their improvements in health, and regret for the ending of the experience. These ambivalent feelings at termination had been reported with great poignancy in Bizub, Joy, and Davidson's 2003 study of THR for adults with mental illness, cited above. As participant observers, we sensed that the men's powerful investment in this final session gave it a tone of significant, solemn ritual and heightened spirituality.

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Alexa Smith-Osborne, Ph.D., is an Assistant Professor of Social Work, University of Texas at Arlington. Dr. Smith-Osborne has over 30 years of experience in clinical practice, college teaching, and research with military families, veterans, children, adolescents, and young adults with disabilities and conditions which affect health, mental health, and cognition. She has referred many complex cases for adjunct interventions such as therapeutic horseback riding as part of a comprehensive intervention plan. Her research interests include investigation of the psychosocial benefits of equine-assisted activities.

Alison Selby is an MSSW candidate at the School of Social Work, University of Texas at Arlington. She is an NARHA-certified advanced therapeutic instructor and has taught riders with physical, emotional, and cognitive

disabilities. Her current thesis research and future interests are in social work practice using equine-facilitated therapies with at-risk youth and youth served in the child welfare system. In addition to her graduate studies, she continues to be active on the competitive cross-country carriage driving circuit in North Texas. Comments concerning this article can be sent to alexaso@uta.edu.

Horses for Heroes Program participants. Used with permission.

The Horse, My Healer and Guide

Joanne Tortorici Luna, Ph.D., California State University, Long Beach

Therapeutic horseback riding and equine-partnered mental health practices are becoming increasingly well-known in the fields of education and psychology as experiential modalities for promoting physical and emotional health. This narrative presents reflections on the author's experience of becoming involved in equine-partnered work and provides resources for further information. Note: Names have been changed to preserve confidentiality.

The morning light had not yet seeped under our tent but my small son Martín and I were already getting into our jeans and sweatshirts. I was pulling on my boots and putting his sneakers on him. We headed down to the Santa Ynez Valley pasture with a sense of excitement that did not abate, despite the many times we had done this.

We were going to the herd, to see the magnificent animals before the truck came with their hay and the sun got hot, and the horses would be rotated out for their work on the trails of the ranch.

We loved to watch their changing formations as they romped, nipped, and bucked, then settled near each other, heads together, saying who knows what. Equine curiosity would draw some, nickering, close to us. Their velvety muzzles caressed our hands as they sniffed, and we breathed their sweet hay breath in the cold morning air.

"Horse crazy." That's what my son calls me. And he reminds me that he's responsible for the fever because of our horse camping trips. It's true. But now I can scarcely remember what my life was like before horses became so important. It almost equals the amnesia I experience when trying to recall my life before him.

Horse fever can strike at any time of life. Little girls and women seem especially susceptible and books have been written trying to figure out the connection. Some posit that the horse, an especially intuitive animal, connects with the female of our species on that level. A survivor, an ancient prey animal, the horse is a genius for scoping out a situation, sometimes from miles away. Running from danger is usually preferred to a battle, unless it's an in-fight for a position in the herd.

The horse also has a seemingly uncanny capacity to perceive and reflect a person's internal state, kind of like living biofeedback. A horse will tell you if you are being patronizing, pushy, wimpy, or mean. If you are smiling on the outside and crying on the inside, you can count on the horse to let you know about it.

I came back to our urban routine from the first camping trip to that ranch with a burning desire to get horses into my daily life. I don't like being a tourist, so I searched for a way to be with horses at work.

I scoured the Internet for "horses" and "therapy" and discovered that there was a flourishing field called therapeutic horseback riding. I also found educators and psychotherapists who work with horses specifically in the mental health realm. I looked for a professional organization and found the North American Riding for the Handicapped Association (NARHA) and its specialty division, Equine Facilitated Mental Health Association (EFMHA). The closest NARHA program was Move a Child Higher (MACH1) in Pasadena. I called and showed up to volunteer.

There I met Joy Rittenhouse, the Executive Director and Head Instructor, and Cric Dupuis, the Program Director, both gifted and extraordinary horsewomen. They showed me the ropes and soon I was side-walking

along the children on horseback, leading the horses, grooming them, and even teaching the horses some things. I learned in short order that, in fact, they were teaching me far more than I them.

How is being with horses therapeutic? The movement of the horses mimics the human walk. Even children who can't walk on their own reap the benefits from the horse's gait, with resulting increases in strength, coordination, confidence, and grace. They also gain from the emotional qualities of relating to and bonding with these large, powerful, and beautiful animals. They can learn to adjust their levels of arousal, and their interactions with the horse, to get the desired responses. When it's really happening, it looks like a dance, with a natural and mutual ebb and flow. And there are ways that the horse-human bond heals us that we don't even have words for yet.

Let me tell you about our herd. Wrigley is a wily and talented blond-maned Haflinger (with plenty of stallion in him), who doesn't like it when people try to "cowboy" him. He has puffed up and bucked off more than one "trainer" who wanted to show him who's boss. But when Wrigley has a kid on his back, he is exquisitely sensitive to his or her needs. If he feels that a child is unbalanced on the bareback pad, or is slipping to one side, he will stop, even before the leader and side-walkers realize the danger. That's just Wrig. Sometimes volunteers will complain about him, saying that he is "stubborn." I say, listen to him. He's usually right on.

Heidi is a sturdy and stocky Norwegian Fjord mare, a mother several times over. She is as steady as the sun. She communicates total acceptance and gracefully accepts the work she is asked to do. I give Heidi extra grooming when I am especially in need of her TLC. Somehow she knows when I need a hug, and at those times she will turn her head around and press me to her side. One thousand pounds of pure love, no questions asked.

One time I was at a training workshop and we were asked to take on the persona of one of our horses. I took on Heidi's calm gaze. When we were instructed to pair up with another person and sit in silence, making contact only with our "horse" eyes, my partner suddenly burst into tears. It was all right. I have burst into tears several times under Heidi's nonjudgmental look. I always felt better for it.

Dillon is new to our herd. He was a police horse for 13 years and is now retired. Dillon is a big, beautiful chestnut-red horse and is famous for his gentle nature. He can be led around and ridden by very small children. Horses typically startle at unexpected or unusual stimuli. Dillon is quite reactive, even for a horse, but he is also self-controlled. When he startles, he "startles in place" and doesn't run, buck, rear up, or strike out. I have an exaggerated startle reflex, probably from living and working as a psychologist for so many years in war zones or maybe just from living in Brooklyn! When Dillon and I were first getting to know one another, his startle would trigger my startle, and then mine his, and so on. We must have looked pretty funny jumping around like that. At that time I was becoming familiar with stress-management techniques called the HeartMath Solution (Childre & Martin, 1999). As I got to know Dillon and realized that he wouldn't run me down, I was also learning to become more attuned to my inner state and to use breath, thought, emotion, and imagery to bring my heart and autonomic nervous system into increased coherence. This all came together and resulted in Dillon and me being calmer together.

Our other horses are Will-O, Danny, Dr. Dotz, and Mercy Lavender, a donkey who follows Cric around like a dog.

The children who come to the program have various needs. We see usually see changes in small increments although there are also sometimes dramatic changes.

One of our first participants is Tasha who has been coming to MACH1 for ten years. He has severe cerebral palsy. At first he had little or no upper trunk support or strength. With a lesson plan designed by his physical therapist and MACH1 staff, he has gradually gained balance and strength in his upper body and has begun to focus on fine motor control with his hands and arms. He now rides with minimum assistance weekly.

Another child, Darren, who has autism, was afraid of the horses when he first came

to MACH1 seven years ago. He spent the first six weeks pushing the manure cart. He gradually worked his way up to closer contact with the horses and now rides independently. We have seen big changes in his self-esteem, confidence, and courage.

Allison has cerebral palsy and is blind and non-verbal. When she first arrived she was apprehensive and didn't want to wear a helmet. Over time she grew to love riding. She makes "ha-ha" sounds to signal the pony to go and moves her body forward to direct more movement. Her mother says that she makes happy sounds the mornings she comes to ride. Now sometimes when she rides, she sings along with me in her own way. She gives great renditions of "Old MacDonald" and "The Wheels on the Bus."

For some of the children, the changes are in the quantity of movement, strength, and range of motion. For others, the major changes are in the quality of their lives. They may have increased enjoyment, confidence, poise, and grace, and they may change or push the boundaries of their limitations. For children who use a wheelchair, the powerful horse becomes their legs and takes them wherever they request. The therapy horse is also a warm, living, and even affectionate partner who is sensitive to their balance and energy.

People often tell me that I'm generous to volunteer my time at MACH1. But the truth is, I get more than I give. It is wonderful to see the kids grow, develop, and improve through their time with the horses.

And lucky me, I get to spend time with my equine buddies who every day teach me what it means to be more authentic, more focused, stronger, more playful, more supportive, and congruent. Becoming more like a horse, I have become a better human.

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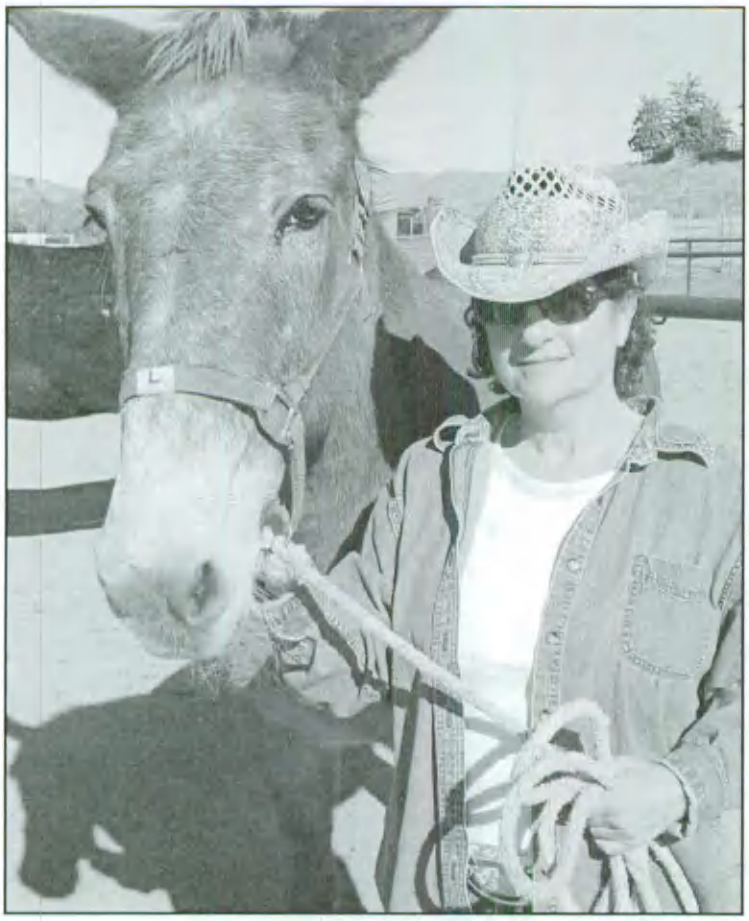
Joanne Tortorici Luna, Ph.D., is Associate Professor in the Department of Advanced Studies in Education and Counseling and faculty member in the Emergency Services Administration M.S. degree program, College of Health and Human Services, California State University, Long Beach (CSULB). She also is a staff member at the therapeutic horseback riding program Move a Child Higher (MACH1). Dr. Tortorici Luna is also a mentor for first-generation college students in CSULB's Partners for Success program. Comments concerning this article can be sent to jtortori@csulb.edu .

Move a Child Higher (MACH1) can be contacted at:

1430 Topeka Street
Pasadena, CA 91104
626/798-1222
http://www.moveachildhigher.org



Joanne with Lolly. Photograph by Jonnie Greslie-Stroud.

Finding a Voice: Animals Helping Children

Catherine A. Faver, Ph.D., University of Texas-Pan American, and
Kimberly K. Bradley, B.S., McAllen Independent School District

Animal-assisted interventions are used to help children improve their language and literacy skills in a south Texas elementary school whose student population is predominantly Latino. As animals motivate children to improve their communication and reading skills, the children have an opportunity to practice respect and gentleness in their interactions with them. Note: Children's names were changed to maintain confidentiality.

Esteban, a five-year-old boy diagnosed with autism, is seated at a small table next to educator Kimberly Bradley at Sam Houston Elementary School in McAllen, Texas. On the table is Clementine, a three year-old black rabbit, with her "handler," Catherine Faver, seated nearby. With Kimberly's help Esteban is repeating sentences from a book of pictures and phrases constructed for this session using special computer software. "I pet the rabbit," Esteban says, prompted by Kimberly. Between sentences Esteban leans toward Clementine, bringing his face close to her whiskers, gazing at her face intently, and smiling broadly with apparent delight. "Who's that?" asks Kimberly. "Rabbit," says Esteban. "What's the rabbit's name?" asks Kimberly. "Clem," answers Esteban. During the language exercises, Esteban shifts in his chair but remains focused on Clementine, who commands his full attention!

A little later Clementine sits on her blanket on a table in the school library with Catherine nearby. They are soon joined by a first-grade girl, Lupita, and the teacher who serves as her reading coach. Lupita reads several preselected books to Clementine, showing her the pictures as she turns each page. When Lupita finishes the books, her reading coach invites her to pet Clementine. "Have you ever petted a rabbit?" the teacher asks. "No," responds Lupita shyly, as she gently strokes Clementine. As Clementine and Catherine leave the school, they encounter several dogs and their handlers who are arriving to take their turn listening to young readers.

How did these scenes come about? This is the story of the people, animals, and programs that are helping children to improve their language and literacy skills in a south Texas border community.

Kimberly's Story

The desire to include animals in her work with children has been a driving force in Kimberly Bradley's career. "This has been my dream, my passion," she says. At Sam Houston Elementary, her dream is being realized more fully than ever before, but there is much more that she aspires to do. Even before she entered college, Kimberly began investigating the many types of animal-assisted interventions that were being used to help children with physical, emotional, or learning disabilities. Later, while pursuing a degree in communication disorders, she volunteered in a hippotherapy program, where children developed new skills, made positive behavioral changes, and increased their confidence through work with horses.

After completing college and moving to south Texas, Kimberly included animals in her work as a special education teacher. One year she arranged for the K-3 special education students in her classroom to participate in a field trip to a friend's barn where they interacted with horses. The whole project, which entailed an extensive period of preparation as well as the trip itself, included individualized learning goals for each child. On another occasion Kimberly witnessed remarkable changes in the demeanor and behavior of a child diagnosed with autism during

his interaction with a rabbit brought to the classroom. In light of this experience, it is not surprising that Kimberly would later be enthusiastic about introducing a "rabbit team" when collaborating with other educators of children with similar diagnoses at Sam Houston Elementary. But that's getting ahead of the story. First we need to hear from the rabbit, Clementine, who volunteered at Houston Elementary.

Clementine's Story

The trauma of my early life is better left untold. Although I was fearful at the time, my life took a turn for the better when a man discovered me in his yard, caught me (I was so scared!), and took me to his neighbors' house. The neighbors were kind but couldn't keep me, so eventually I was loaded into a car and taken to Catherine, whose first impression was that I was "gangly but adorable." I *was* all legs and ears then, but within a few months I was fully grown, sporting a sleek black coat and white markings on my forepaws and left hind foot. In my youthful exuberance I loved to race down Catherine's hallway and jump on the base of her big concert harp, stretching my forepaws up the soundboard as far as I could reach.

In fact, it was surely my charming personality that made Catherine think that we could meet the qualifications to be registered in the Delta Society's Pet Partners Program. As a Pet Partners team (animal and handler), we could volunteer to work alongside human service professionals to "share the physical and emotional benefits of human-animal interactions with people in a variety of settings" (Delta Society, 2000, p. 3; see also www.deltasociety.org). To meet the Pet Partners requirements, I had to pass health, skills, and aptitude screenings and Catherine had to complete volunteer training. The training emphasizes that Catherine's primary responsibility as my "handler" is to protect me and the people we meet. In other words, she must ensure that I do not hurt anyone and that no one hurts me. This means that she watches me closely, prevents anyone from harming me physically, and removes me from the situation if I am becoming stressed. After meeting all the requirements, Catherine and I were registered as a Delta Society Pet Partners team.

The School, the Children, and the Programs

Located less than 10 miles from the U.S.-Mexico border, Sam Houston Elementary serves approximately 600 students in grades PK-5. Almost all (99.5%) of the students are Hispanic, 89.4% are economically disadvantaged, and 66% have limited English proficiency (S. Casas, principal of Sam Houston Elementary, personal communication, June 5, 2008). Given the school's location near the border, it is not surprising that many of the students come from homes that are predominantly Spanish speaking.

Although 82% of the students at Sam Houston are classified as "at risk" of drop out, the school has been rated as "exemplary" by the Texas Education Agency for the past two years based on the students' performance on state-mandated tests. This noteworthy achievement reflects Sam Houston Elementary School's track record of innovation and extraordinary efforts to facilitate achievement among high-risk students.

Two years before she was employed by the McAllen Independent School District, Kimberly met Denise Silcox, the organizer and leader of the local group of animal/handler teams certified by the Delta Society Pet Partners Program. Thus, after being assigned to Sam Houston Elementary, Kimberly began looking for ways to involve the animal/handler teams in the school's programs. In consultation with the principal and teachers, Kimberly identified two programs at Houston Elementary that seemed especially appropriate for animal involvement. During academic year 2007-2008, the animal/handler teams participated in these programs one day each month.

First, the Preschool Program for Children with Disabilities (PPCD) is designed to assist children who have been diagnosed with various physical, emotional, and learning disabilities, including the autistic spectrum. When an animal/handler team visited with a child in this program, a learning activity was used that focused on the animal and allowed

the child to interact with the animal while engaged in the learning activity. The scene described in the opening paragraph of this article, focusing on Esteban and Clementine, illustrates the kind of work that the animal/handler teams have done with children in this program.

Second, animal/handler teams helped with a special reading program called McAllen Early Literacy Intervention. The children involved in this program typically worked in groups each day with a teacher who served as their reading coach. On the day each month that the teams visited, the children met individually with an animal and handler, along with their regular reading coach. Each child read several pre-selected books to the animal and then had time to visit with the animal. The scene described in the second paragraph of this article, focusing on Lupita and Clementine, illustrates the type of work done in this program.

There is precedent for involving animals in both types of programs. Indeed, a growing body of research has addressed the role of animals in helping children with physical disabilities, emotional disorders, learning disabilities, and other special educational needs (e.g., Fine, 2007; Heimlich, 2001; Katcher & Teumer, 2006; Martin & Farnum, 2002; Nathanson, 1998; Redefer & Goodman, 1989). Only a few studies have examined animal-assisted interventions with children with autistic disorder specifically, but the findings seem promising. For example, Redefer and Goodman (1989) found that when a friendly dog was involved in work with autistic children, the children showed more socially appropriate behaviors. Moreover, in a public school program utilizing a farm setting, Katcher and Teumer (2006) found significant decreases in depression, learning problems, and conduct problems among autistic students.

A relatively recent innovation in the field of animal-assisted interventions is the development of special reading programs in which children read to certified dogs or other animals (Jalongo, 2004, 2005). A well-known example is the program called Reading Education Assistance Dogs, or R.E.A.D., which has been implemented by Intermountain Therapy Animals (www.therapyanimals.org). The impetus for such programs is research indicating that children feel less anxious and are more motivated to read in the presence of an animal than when reading to an adult or a peer. With lower anxiety the children are better able to learn and to improve their literacy skills (Jalongo, 2005).

Responses to the Programs

Both the Preschool Program for Children with Disabilities and the McAllen Early Literacy Intervention Program are striving to enhance children's ability to communicate and to facilitate their academic success through improving language and literacy skills. During this first year of the animals' involvement in the two programs, no formal evaluation was conducted to assess the impact of the animals specifically on children's achievement. However, the principal and teachers at Houston Elementary have responded enthusiastically to the visits of the animal teams. They believe that the opportunity to visit with the animals helps to motivate the children not only in their use of communication skills, but also more generally in their academic, behavioral, and social development.

In assessing outcomes of children's interactions with animals, the focus is often on whether positive behavioral changes persist over time and generalize to the children's interactions with humans. This focus is important, but we should not limit our assessments to results that are human-centered and future-oriented. Because animals are living creatures, the connection made between a child and an animal is inherently valuable, regardless of its impact on future human interactions. If we recognize that life is a series of moments, then any moment of joy or satisfaction shared by a child and an animal is inherently worthwhile. This was abundantly clear in observing the connection between Esteban and Clementine described at the beginning of this article. In short, shifting our perspective sheds new light on the idea of "results" or "outcomes" of human-animal interactions.

Conclusions

"Finding a voice" is a metaphor that is typically used to refer to the process of developing and expressing a unique sense of self, thereby making one's own contribution to the world. Communication skills are building blocks in this process because they make it possible for us to connect with others and through relationships we develop and express our identities over time. Animals can help people in the process of finding a voice because they allow us to be fully ourselves in their presence. They attune to our emotional core and stay connected (Lasher, 1996, 1998); thus, in the presence of a friendly animal, we fear neither judgment nor emotional abandonment.

Children from Spanish-speaking homes face special challenges in finding a voice and being heard in U.S. society because the dominant culture discourages the formation and maintenance of a bicultural identity. As an exception to this pattern, Houston Elementary provides a supportive environment for children from predominantly Spanish-speaking homes and the academic success of the student population demonstrates the value of affirming the children's cultural and linguistic heritage. Animals assist in this affirmation process because they are free of language and cultural biases. Clementine responded to the reading of a book in Spanish or in English with equal enthusiasm.

As previously noted, in the implementation of animal-assisted interventions, the welfare of the animals is critical; their physical and emotional well-being must be protected. What is often overlooked, however, is that through animal-assisted interventions, the welfare of animals may actually be enhanced. Through supervised interactions children learn to respect and show kindness toward animals, thus increasing the probability of a better future for all animals. These brief lessons in humane education have potentially far-reaching consequences. Just as animals are helping children at Houston Elementary to find a voice, some of these children may someday use their voices on behalf of animals.

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Acknowledgement: After this article was completed, Clementine became seriously ill. Despite the best efforts of her veterinary team, she died on October 29, 2008. This article is dedicated to the memory of her valiant spirit.

Catherine A. Faver, Ph.D., LMSW, is a professor in the Department of Social Work at the University of Texas-Pan American. Her research focuses on the connections between animal and human welfare, including the link between animal abuse and family violence.

Kimberly K. Bradley, B.S., Sp.Ed. PK-12th, SLP-Asst., is a Speech Language Pathologist-Assistant, a Special Education teacher, and an In-Home Trainer for children diagnosed with autism in the McAllen Independent School District. Kimberly is grateful to the administration and staff of MISD for their support and encouragement in her use of nontraditional learning approaches with all students. She and her Black Labrador rescue dog, "Lady Grace" (a.k.a. "Gracie"), are nationally registered as a Delta Society Pet Partner team. Her 11-year-old son, Stephen, is also a registered Pet Partner, and he and Gracie are one of the youngest teams in the nation. Both teams volunteer at nursing homes, rehabilitation centers, and area schools.

Comments concerning this article can be sent to: cfaver@utpa.edu.

Catherine with Clementine. Photograph by Kimberly Crawford.

CALL FOR NARRATIVES

REFLECTIONS

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The Spring 2010 issue of Reflections will explore how social work and other helping professions have taken seriously the role of work and the workplace in the lives of our clients and communities. We are interested in narratives which address work, the workplace, unemployment, job training and supportive services, workplace rehabilitation, corporate philanthropy, and the role of social workers within trade unions and in organizing human service workers into unions. We seek submissions based upon the author's experience related to work and the workplace as broadly conceived, including narratives about the author's role in building the fields of occupational social work and employee assistance programming.

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You will be contacted within 30 days of receipt of your manuscript. If you have questions or would like to discuss ideas, you may contact Michael A. Dover at (734)645-6261 or via email at mdover@umich.edu.

Staying Together: Quality of Life and Animal Relationships

Marilyn J. Mather, Ph.D., Dowling College, Oakdale, New York

This narrative describes how a three-legged rescue dog and the author's 86-year-old mother moved through the changes that occurred with a diagnosis of late stage ovarian cancer. Told through the eyes of a daughter, this story chronicles the life-changing process of fighting advanced cancer at an older age, coupled with the difficulties of maintaining a pet as abilities decline. Medical transitions, caregiver concerns, insurance challenges, and pet issues are woven into the narrative.

The conversation finally occurred about wanting to get a new dog. "Mom, how about a cat? You grew up with cats and you haven't had one for a long time." But she wanted a dog. Her Border Terrier had died in the fall at age 15 after a long illness. She missed taking him for walks, bringing him with her in the car, and having others lavish attention over him. Spring brought a new longing for four-legged companionship.

Maybe if I didn't bring it up, she would forget all about the dog. That didn't happen, as she persisted in asking for my assistance. I was investigating pet therapy training for my Golden Retriever and discussed my mother's situation with our former obedience trainer. My mother was an 84-year-old woman, still very independent and driving, but with medical needs that continued to mount, who wanted the loving companionship of a dog. "What type of breed do you recommend?" She thought that a smaller breed would be ideal. "This breed has the personality of a Golden Retriever in a 15-pound body. Try looking on their rescue website."

We went on the rescue website, reading the stories and talking about the pluses and minuses of each animal. Many of the dogs were thousands of miles from her home. I thought that maybe now she would be satisfied with having looked at the websites and wouldn't pursue anything further.

"I think I am supposed to have that three-legged dog." She just wasn't giving up on her desire for a dog. Thousands of miles away a dog had been taken from a shelter where he would have been euthanized and was placed in foster care. He wasn't a 15-pound lightweight, but a 30-pound mixed-pedigree. He was estimated to be 10 years of age and had only three legs.

"What do I have to do now?" she asked. I completed the detailed application form with her and hit the send button. I think Mom thought that they would respond right away. We sent follow-up emails indicating continued interest. Finally, someone would be coming for the interview.

I helped her clean up her cottage in a senior community. Indoor cats were allowed in the apartments, but not dogs. She already had an electric fence so I thought that this might really happen. The interview went well and they agreed to place the dog with mom. The rescue agency's network went to work and the following week Champ arrived.

His loving, sweet nature won us all over. His big brown eyes just melted our hearts and all he wanted to do was cuddle and be petted. He and my Golden Retriever got along famously, despite the differences in their ages and his disability. It seemed as if this placement were meant to be.

Crisis

"The doctor told me I had two lumps." Those words changed my life in ways that I never could have imagined. It took about a month before all the testing was completed. The family hung on pins and needles. Then we knew for sure what we all thought would be the case, our 85-year-old mother was diagnosed with stage 4 ovarian cancer.

During this time, except for the testing, doctors' visits, and knowledge of cancer, life continued as usual for my mother. Ovarian cancer has no painful symptoms until the very late stages of the disease. She was still living independently, driving, able to travel, and continued to walk and take care of Champ's needs.

Chemo

My sister came from out-of-state to stay with Mom the week after chemo and Champ would stay with them. My mother's anxiety peaked the night before the procedure and resulted in a hearing aid magically disappearing forever. After taking Champ out for a walk in the morning and arranging for a midday walk, they made their way to the hospital.

The gynecological oncologist had assured my mother that there would be no side effects. I had serious doubts about this statement, but they had indicated that they could manage any issues with medication. Needles are also a source of anxiety, as my mother's small, deep veins and peripheral vascular issues make the "stick" a challenge for even the best nurse. As the toxic substances flowed into her veins, my sister noted changes in Mom's demeanor, particularly issues with memory and fatigue. After the bags drained they were sent home in the afternoon with medication for nausea. They were met by the barking Champ, who let them know that he had missed them and was ready for his dinner.

Changing Life at Home

The chemo brought new physical challenges for my mother and an increasing need for support at home. The oncologist had suggested involving a Cancer Support program and this turned out to be a great blessing.

Those of us who are dog lovers do not understand the fears and anxieties of people who do not like animals. The issue of Champ and the number of people in and out of my mother's home brought this to the forefront. We wanted to keep them both together, but needed to have supplemental support to make staying in the cottage work for my mother. So our in-home support aides had to like dogs. This proved to be challenging for the agency and of great concern to me. Both my mother and Champ needed good care. Champ needed to be walked and fed several times a day and my mother's condition would not allow her to do so all the time. We had to ensure that both of their needs were met.

The Cancer Support agency was able to provide 10 hours per week of assistance in the home. They were able to find people who also provided the necessary walking time for Champ, thus allowing him to continue to live with my mother. Additional aides were provided by the organization where she lived. With both agencies we often had staff ask to visit first to meet Champ prior to taking the placement. Once they saw that he was loving and non-threatening, they agreed to work with my mother.

The changes impacted me in ways that I had not thought about prior to the chemo treatments. Mom needed assistance with grocery shopping, getting her weekly medication organized in her pill box, and paying bills. Taking on complete responsibility for these necessities demanded a great deal of time and added to the stress of the situation. Champ's needs were also my concern. Making sure that he received his food, regular walks, loving care, medication, and vet visits became my responsibility. The aides were very helpful and told me of changes in his behavior as well as my mother's.

Second Chemo

I was the person to take her to the second chemo treatment and stay with her the following week. I moved into my mom's cottage with my own dog and prepared to stay a week to 10 days following her treatment, taking care of her needs and those of Champ. My mother dragged herself into the appointment exhibiting significant fatigue and the test results indicated anemia. They rescheduled her chemo for the following week and gave her two units of blood. The color was back in her cheeks and we went home.

The next day we headed to the emergency room with shortness of breath as the transfusions had impacted her weak heart. Both Champ and my Golden Retriever were left at the cottage and someone from the local aide agency agreed to feed them and let them out later in the day. She was doing better by the end of the day so they sent her home from the hospital.

The following week I took her to the rescheduled chemo appointment, after which the many challenges of chemo appeared. The nausea was controlled as needed by medication. She began to experience neuropathy, with a tingling sensation in her hands, and we added a supplement to her medication to control this symptom. It was hard to see my mother with her head in her hands

feeling so poorly that she couldn't watch TV or read. She wasn't really hungry, although she tried to eat. Her hair had begun to come out in large clumps. This was not the independent woman I had grown up with. But I greatly admired her strength as she didn't complain about her physical symptoms, but you knew that she was feeling awful. Champ was always there at her feet, giving her his love and attention.

I returned home as she regained her strength, leaving the aides in place for support in the morning and evening. Several days later we were back in the emergency room. This time they kept her overnight and I took Champ home with me until she returned home the next day. About a week later her ulcerated leg sores became infected and they kept her for a week in the hospital on IV antibiotics and did her next chemo on an inpatient basis. So my four-legged family and I again took care of Champ's needs. At my house Champ is able to run around in a large fenced-in yard, play with my Golden Retriever, and interact with the cats. I often wonder if this wouldn't be a better place for him to be living full time. He enjoys when my dog visits him at Mom's cottage and he goes for a ride in the car. I wonder if he realizes how important he is for my mother. She wants Champ to be with her and to provide care for him even if it is through the aides.

When Mom first got Champ, I told her that I would take him upon her passing and that she wouldn't have to worry about his care. He has become a member of our family and I am the closest to him. He has accepted my golden retriever and cats as his family too. Obviously, this has to be approved by the rescue agency but I don't anticipate any problems when the day comes.

My mother was a social worker in her professional life and has always had a wonderful way with people. All the aides who have come into her home are impacted by her quiet, yet direct manner. She doesn't complain, but is able to make her needs known. They all come away with something she gives to them personally. The qualities she possesses and Champ's welcoming personality have made it easier to get and retain the aide support necessary to keep Mom in her home.

Focus of Treatment

The oncologist set a plan of doing six chemo treatments and then surgery. The chemo would shrink the tumors and the surgery would remove as much disease as possible. In May, the oncologist was ready to do the surgery, but only after consultation with her cardiologist. When I spoke to the cardiologist, he said that Mom's chances of surviving the surgery were 50/50 and that her prognosis, because of her heart, was less than a year. When she made her decision to not have the surgery, the emotional burden of the possible immediacy of her dying was lifted. I truly do not know what I would have done with such a difficult decision had I been in her position.

Throughout all of the tests, appointments, and decisions, Champ was always with her, an animal to care for and love as best she can. He has been the constant in her life and will want to be petted and loved no matter whether she has hair or not. As she moves about in her cottage, he follows and lies protectively and lovingly at her feet. He seems to sense her declining health and stays near to provide what love he can.

Apartment Discussion

My mother's desire to continue to live with Champ, coupled with the loss of independence that accompanies being unable to drive, decreased her social interactions by isolating her in a cottage away from the main apartment building. The aides and the telephone were her social life, along with the times she was able to go out with me. A move to another living situation in her complex would necessitate her not living with Champ.

Mom did agree to put her name on the list for an apartment and soon she got a notice that one was available. I drove her over to the main building and the marketing staff member discussed the apartment and what would be done to spruce it up for Mom if she chose to move: a new carpet and a fresh coat of paint. We wandered around the two-bedroom unit discussing the relative size of the rooms compared to her cottage.

Champ could not be with her. This little 30-pound dog had captured her heart and she wouldn't let him go. Mom sacrificed her own social needs in order to have the companionship of a three-legged dog. We

talked about a move to assisted living, but again Champ could not stay with her.

Major Changes

Mom's chemo break was over and we headed back to the oncologist. He stated that they would do a maintenance dose of chemo she could take orally at home. Champ continued to stay with Mom with the aides supporting his feeding and walking. He enjoyed everyone's company, always barking a greeting when someone arrived to see Mom. My Golden Retriever and he continued to play and interact when I was visiting.

Several months later she ended up in the hospital for a week on IV antibiotics to clear up an infection of her leg ulcers. The hospital put her on Percocet for the pain and she was finally sleeping, albeit most of the time: not much quality of life.

During this time I had Champ with me. He enjoyed his time in my big yard playing with my dog and did very well away from his home. When she returned home from the hospital, he entered her cottage, barking his greeting and hopping quickly over to her with his tail wagging. The smile on my mother's face supported the decision to keep them together.

Typically, the hospital sent her home with a plan of care, but this time I felt that they significantly overestimated her ability to function at home. I had the aides order a daily meal for her that week and we added 24-hour coverage. Again, any new aides had to be able to provide some support for Champ and we had very good people who worked diligently to make this arrangement work for my mother.

My mother, however, did not think that she needed 24-hour care and was not happy with someone in her home all the time. So we negotiated a two-hour break. The last thing the aide did before leaving at noon was take Champ out and make sure he had fresh water so that my mother wouldn't have to do anything for his care right away. This break seemed to satisfy my mother's needs for some private time and the rest of us felt that she was safe.

24/7 Live-in Care

About six months later while talking to the scheduler, I was told that the onsite agency had decided to offer 24/7 live-in care. I knew that we had to make the switch, but I didn't relish the conversation with my mother. This was yet another change in care providers and it meant having a person in her home all the time. She didn't like the move but when I talked about some of the financial issues of the cost of aides, she agreed to try it.

In my first conversation with the new onsite agency supervisor who would be interviewing Mom, she said that she could not be left alone and we'd have to figure out something else to do for the dog. Hiring an additional aide for 15 minutes to walk the dog meant paying them for an hour. Having to do this several times a day would be cost prohibitive.

Prior to the interview I spoke to the scheduler and asked her to talk with the new supervisor about my mom's situation with Champ. When she came for the interview, I could tell that the conversation had taken place, as she indicated that the aide could leave Mom briefly to walk Champ. The aide came to be interviewed by us and meet Champ. She agreed to take the position.

The 24/7 live-in aide is a wonderful woman whose Jamaican lilt, positive attitude, strong religious framework, and big smile have added to the quality of my mother's life. An additional advantage of having one person, plus the Cancer Support aide, is that they are able to notice changes in Mom's behavior day-to-day. The consistency of care is important for monitoring her medical as well as personal needs.

Champ has continued as a priority in the living situation. Both aides take care of his walks, food, and additional support needs. They provide me with information about how Mom and Champ are doing. He loves them both and they have become quite attached to him.

Life Continues

The story is ongoing and I have no idea how it will end. At the time of this writing, we are into the fall. Mom has outlived her prognosis of last May. She is continuing chemo treatments but has increasing symptoms of "chemo brain," fatigue, and sometimes loss of taste. Champ celebrated his estimated 13th birthday this past spring. (You never are quite

sure of the age of rescued animals.) He shows some signs of slowing down. His hearing is not what it used to be and he sometimes sleeps through my arrival, not barking with his usual zest. If I look at him closely, I notice the cataracts on both eyes. Sometimes he doesn't react to a request until I move to the side where he seems to see a bit better. Every once in a while, he loses his balance and slips on his front leg.

All of us have worked diligently to keep Champ and Mom together until she passes and we will continue to do the best for both of them. Around the corner will be additional twists and turns, but we are presently at a plateau in terms of medical issues and home care.

Champ is very important to my mother and her desire to have him with her has taken precedence over her own need for social interaction. It is, however, very important to respect my mother's wishes and to have Champ provide comfort. This is difficult to do at times within the regulations set for living arrangements for the elderly. A move to an apartment situation may have assisted her in continuing to maintain friends and make new acquaintances; however, the rules against Champ's presence prevented this from happening. Facilities need to recognize and treat each situation individually, creating regulations that allow animals to stay with their owners when it is safe, rather than based on specific housing types.

Those of us who love animals cannot imagine being without these very special members of our family. Yet we do not allow these crucial relationships to continue for the elderly at a time when they may provide the most important gift of all. As part of a pet therapy team with my Golden Retriever, I have heard the responses of residents of a nursing home and an assisted-living facility about the animals of their past, and about those animals they had to leave upon admission. I have seen the love and caring that they have shown my dog and that they must have given to their animals in the past. I will continue to work for Champ and Mom to be together for as long as is possible and positive for both of them.

Epilogue

My mother's spirit lives on in and through us following her passing at the end of September. Her final weekend was spent at her beloved cottage on the lake with Champ and she spent only 24 hours in the hospital. Champ is now living a reenergized life full-time with Cody, my Golden Retriever, and Squirt, my cat. He has a large yard to wander around in and continues to be a love.

Acknowledgement: Many thanks to all of the caregivers who worked with my mother.

Marilyn J. Mather is an Associate Professor and the Chair of Sports Management at Dowling College in Oakdale, New York. She and Cody, her Golden Retriever, are a certified pet therapy team. Comments concerning this article can be sent to: MatherM@Dowling.edu.

Champ. Photograph by Marilyn Mather.

Human-Companion Animal Social Relationships

Joan Behrick Digges, LCSW, California State University, Bakersfield

The importance of relationships to influence the well-being of clients constitutes a core value upon which the ethical foundation of the social work profession is built. This narrative seeks to expand the concept of this core value to include social relationships between humans and companion animals, suggesting that the human-companion animal bond can complement and indeed substitute for human-to-human relationships in certain vulnerable human populations. The human-companion animal relationship may serve a significant survival function on a basic neurobiological level. Integrating knowledge from neuroscience with the social sciences may lead to a new appreciation of the potential for relationships between humans and their companion animals to be mutually beneficial. Note: Patient's names were changed to maintain confidentiality.

Hope (a rescue cat).
Photograph by Kate Mackey.

Introduction

Long before I began teaching graduate students in a newly developed MSW program, I learned to appreciate the diversity and richness of relationships and to recognize that these relationships contribute to the development of the resilience required to overcome overwhelming adversity. Through the following discourse, I hope to encourage both beginning and seasoned social workers to reconsider how we conceptualize relationships between humans and companion animals. I am reminded of Albert Einstein's eloquent call for inclusiveness and compassion:

> *A human being is part of the whole, called by us "Universe," a part limited in time and space. He experiences himself, his thoughts, and feelings as something separated from the rest - a kind of optical delusion of his consciousness. This delusion is a kind of prison for us, restricting us to our personal desires and to affection for a few persons nearest to us. Our task must be to free ourselves from this prison by widening our circle of compassion to embrace all living creatures and the whole of nature in its beauty.*
> (Eves, 1977, p. 60)

"Why Belle, What Took You So Long?"

These were the first words uttered by Ms. Perkins after suffering a massive stroke almost two months previously. Hope that she would ever recover had gradually dwindled. Despite aggressive physical and occupational therapy, she remained mute and unresponsive, seemingly trapped in an impenetrable cell with no key.

I first met Ms. Perkins as she lay in a hospital bed, unconscious and on a ventilator. I was a medical social worker at the time, years before I moved from practice to teaching. I recognized then that the sophisticated medical equipment and excellent medical and nursing care she was receiving were keeping Ms. Perkins alive. It was much later that I would learn that it was her dog who had saved her life, not once but twice.

In exploring her social situation, I learned that Ms. Perkins shared her doublewide trailer home with her beloved Doberman, Belle. Ms. Perkins had been a well-respected nurse and upon retirement she had stayed active by taking routine morning walks with Belle around the mobile home park located close to the hospital where she had worked for over 30 years. Ms. Perkins had no family locally and her closest relative was a younger sister living in Ohio. Like many other seniors in our country; 72-year-old Ms. Perkins suffered from hypertension, arthritis, and heart disease. One

day she collapsed at home from a massive stroke and could not get up to call for help. That night Belle barked continuously, her neighbor would later recall. The neighbor thought that it was unusual for Ms. Perkins to have left Belle out all night since she knew that Belle normally slept indoors on a dog bed next to Ms. Perkins' own bed. The neighbor became even more alarmed the following morning when she did not see Ms. Perkins and Belle on their daily morning walk around the neighborhood. Belle continued to bark in the yard and appeared agitated, eventually convincing the neighbor that something was terribly wrong.

When the neighbor went to check on Ms. Perkins and received no answer at the front door, she called 911. The Fire Department and law enforcement arrived and broke down the door to find Ms. Perkins lying on the floor, barely clinging to life with very low blood pressure and shallow breathing. Ms. Perkins was transported to the hospital via ambulance and Animal Control was called to retrieve Belle.

Ms. Perkins was near death when she arrived at the Emergency Department. With no relatives available and Ms. Perkins unable to communicate her wishes, the decision was made to place her on life support. Once stabilized, she was transferred to the Intensive Care Unit (ICU) where she remained for the next month until she was successfully weaned off the ventilator.

Shortly after Ms. Perkins was hospitalized, her sister from Ohio was notified and came to be with her. During my daily rounds to the ICU, I checked on Ms. Perkins and learned a lot about Ms. Perkins' life through daily chats with her sister. During Ms. Perkins' hospitalization, her sister stayed in Ms. Perkins home, which was within walking distance of the hospital, and visited Ms. Perkins daily. Due to the massive stroke Ms. Perkins had suffered, coupled with the delay in receiving medical treatment, she remained significantly neurologically impaired and was unable to communicate, feed herself, or provide basic self-care. Her prognosis remained poor and she was eventually transferred to a nursing home. With the immediate medical crisis over, Ms. Perkins's sister wondered about Belle, knowing that Ms. Perkins loved her dog as if she were her own child. I called Animal Control and learned that Belle was slated to be put to sleep the very next day. Ms. Perkins' sister had no vehicle in which to transport the dog, and even if she were able to, she worried about what she would do with Belle when she herself returned to her own home in Ohio within the next few weeks. But she recognized that without quick action, her sister's dog would be forever gone and said, "She (Ms. Perkins) would never forgive me."

Hoping to buy more time, I called the Animal Shelter but was told that there would be no reprieve from the PTS (Put To Sleep) deadline of the next day. If Belle were to be saved, it would have to be that very day. While most of my therapeutic interventions in the hospital involved clinical assessments, crisis intervention, and providing emotional support, an immediate rescue drive to the dog pound was unusual. When Ms. Perkins' sister and I arrived at the Animal Shelter, we were led to the small concrete enclosure where Belle had languished for over a month. It was heart rending to see this once confident and secure creature crawl out of her enclosure, head lowered, trembling, and cowering from her traumatic and lengthy separation from Ms. Perkins. Perhaps she shared the hopelessness of Ms. Perkins' situation and sensed the PTS sentence looming ahead.

Once Ms. Perkins' sister got Belle settled back at home, Belle resumed her normal routine of daily walks and sleeping in her own dog bed. Ms. Perkins' sister arranged for a neighbor to adopt Belle and made her own arrangements to fly back home to Ohio the following week. Many hours had been spent addressing Ms. Perkins' sister's anticipatory grief and I was resigned that we had done all that we could. Meanwhile, Ms. Perkins had been transferred to a nursing home and was making no progress neurologically. She spent most of her days staring blankly ahead from her bed or wheelchair. Her sister worried that there would be no visitors to check on her after she returned to Ohio. Ms. Perkins' sister considered the possibility of having Ms. Perkins transferred to a nursing home in Ohio if this

could be arranged. Although I encouraged her to explore this option in recognition of the importance of family involvement, silently I doubted that Ms. Perkins could tolerate such a distant transfer.

Although Ms. Perkins was no longer a patient in the hospital where I worked, I had continued to stay in contact with her sister by telephone to provide ongoing emotional support. The week prior to her planned departure, I suggested to Ms. Perkins' sister that she bring Belle to the nursing home to visit Ms. Perkins. After notifying the nursing home staff, I transported Belle and Ms. Perkins' sister to the nursing home. As Belle, now restored to her confident and self-assured self, rounded the corner into Ms. Perkins' room, I witnessed her gently approach Ms. Perkins' bed and raise both her front paws onto the side of the bed so that her face was on the same level as Ms. Perkins'. As Ms. Perkins made eye contact with Belle, we heard her clearly say to her faithful dog, "Why Belle, what took you so long?" Ms. Perkins then slid her arm lovingly over Belle and began to pet her head. Gone was her vacant stare, as if a key had just opened the cell that had kept her captive. Belle had seemed to accomplish what no medical or therapeutic approach had. From that point on Ms. Perkins was able to participate in her rehabilitation and she continued to make improvements daily.

Ms. Perkins' progress continued to the point that she and Belle were eventually able to move to Ohio and live with Ms. Perkins' sister and her family. Two years later I received a letter from Ms. Perkins' sister notifying me that Ms. Perkins had died. Ms. Perkins' sister wrote about how special the past two years with her sister had been and the important role Belle continued to play in both of their lives. Belle remained living with Ms. Perkins' sister and enclosed with the letter was a picture of Belle dressed in a sweater and cap to ward off the cold Ohio winter.

Personal Reflections

Years later, I came across research on how our understanding of brain structure and functioning has changed over time. We used to conceptualize the brain as having no capacity to regenerate after childhood. Now we understand the brain to be much more adaptive, so when portions of the brain are damaged, the brain can often reorganize its neural circuitry and compensate for the lost functioning (Klein & Jones, 2008; Kolb & Whishaw, 1998; Pallanti, 2008; Robertson & Murre, 1999). This concept, known as neural plasticity, could explain Ms. Perkins' seemingly spontaneous response to her dog. Perhaps the neural circuits which were originally formed during the establishment of emotional bonds with Belle and associated with feelings of love, affirmation, and compassion were reactivated by a stimulus which triggered a memory of those experiences. This could account for why the act of reuniting Ms. Perkins with Belle had such remarkable results. We might also speculate that neural pathways associated with such negative experiences as exclusion, maltreatment, and criticism might be reactivated by certain stimuli and produce detrimental effects, such as in PTSD (Rogers, 2003).

Now that it is well-established that human experiences, particularly involving trauma, affect both the functioning and structure of the brain, the social work profession finds itself at the frontier of identifying social applications that promote healthy brain development and rehabilitation of the damaged brain. This has important implications across the life span, including newborns at risk for abuse and neglect; school-aged children exposed to violence; adults engaging in high risk behaviors; and elders living with emotional, social, psychological, and physical challenges (Alliance for Aging Research, 2002; Herbert & Greene, 2001; Magee, 2005). Promoting healthy human-companion animal bonds may prove to be a resiliency factor for individuals at high risk for adverse outcomes across the lifespan. Social workers can take the lead in implementing primary prevention strategies to identify and apply novel intervention approaches with these vulnerable groups. Over my years in practice, I have met many other clients and their families who have reinforced my appreciation for the significance of the human-companion animal relationship.

You Make Sure They Take Good Care of Her for Me

Ms. Moore's dementia had progressed to the point that she was having increasing difficulty living at home without help. She had been widowed years earlier and lived alone with a dog she had rescued in her neighborhood. When Ms. Moore fell and broke her hip, she was hospitalized. Meanwhile, Ms. Moore's dog was placed in an Animal Shelter. Since Ms. Moore had no relatives, her neighbor and life-long friend assumed the responsibility for getting Ms. Moore signed into the nursing home after her discharge from the hospital. Once it was determined that Ms. Moore would not be returning home and no relative came to claim her dog, the dog was to be euthanized.

This is the plight faced by many hospitalized patients once they become incapacitated due to illness or injuries, as they frequently do not have the family or the resources to help them care for their animal companions. A quick phone call to a local animal rescue group revealed that they would be willing to accept Ms. Moore's dog into their "no kill" animal sanctuary, if it could be arranged with the Animal Shelter.

What initially seemed like a fairly simple solution soon took on what appeared to be insurmountable proportions. The Animal Shelter agreed to release Ms. Moore's dog to the sanctuary only with Ms. Moore's signed consent. In lieu of Ms. Moore's signature, they would accept the written consent of a relative. Since Ms. Moore's neighbor was not related, they refused to accept her consent. I decided to pay Ms. Moore a visit at the nursing home to see if I could obtain her written consent. I printed a consent form and brought it with me to give her, but Ms. Moore appeared too confused to understand my explanation of the form in order to be able to grant her informed consent. The nursing home nurse confirmed that Ms. Moore had remained confused with advanced Alzheimer's since her transfer there.

I was now faced with an ethical dilemma. I was convinced that Ms. Moore would want her dog to go to the sanctuary rather than be euthanized, but Ms. Moore appeared cognitively incapable of signing the required consent. Making a desperate attempt to explain the form to Ms. Moore, I placed it in front of her with a pen, hoping that she would be able to pick it up and sign it. When Ms. Moore seemed incapable of picking up the pen, I offered to help hold the pen for her. Ms. Moore continued to smile while speaking indistinguishable gibberish, as if in a world of her own. While holding the pen, her hand slipped and the pen made a long mark on the consent form. No matter how well-intentioned I was, I knew that I could not declare that to be her signature. Then, as I turned to leave, Ms. Moore plainly said, "You make sure they take good care of her for me." I swiftly turned and asked her to repeat what she had said, but Ms. Moore was back to her former indistinguishable speech. Although I believe that I saw tears in her eyes as I left, perhaps they were my own.

I delivered the signed consent to the director of the animal sanctuary, confident that I could attest that this indeed represented Ms. Moore's wishes. I do not know how long Ms. Moore lived in the nursing home after that, but her dog lived at the animal sanctuary for several months until she was adopted by a family with two other dogs. After that, I continued to receive yearly updates from the sanctuary reporting how well the dog was doing. I believe that Ms. Moore's final wish for her dog was realized and I was grateful for the privilege of having been able to advocate on her behalf.

Sophie. Photograph by Kate Mackey.

Personal Reflections

Ms. Moore is one of the more unfortunate sufferers of Alzheimer's disease in that she had no family, other than her dog, to assist her. I believe that her strong attachment to her dog surfaced just in time to allow her to exercise a final act of human dignity-saving the life of her faithful companion. I sadly note that Ms. Moore never saw her dog again and I still wonder what impact seeing her dog might have had on her emotional well-being. Those familiar with dementias are aware that there are occasional periods of clarity, fleeting

moments when the disease seems to give the brain a temporary reprieve. One potentially testable hypothesis could be that those moments are more frequent and of longer duration when emotions connected to our relationships with companion animals are activated.

A recent study of American households reveals that approximately one third of households have at least one dog and/or cat (American Veterinary Medical Association, 2007). Companion animals are increasingly considered a member of the family. Studies also reveal the benefits to health and mental health derived from the human-companion animal bond (Baun, Oetting, & Bergstrom, 1991; Calvert, 1989; Counsell, Abram, & Gilvert, 1997; Edwards & Beck, 2002; Miller & Ingram, 2000; Reichert, 1998; Risley-Curtiss, Holley, & Wolf, 2006; Velde, Cipiriani, & Fisher, 2005). Yet end-of-life care does not routinely formalize inclusion of companion animals in its approach to palliation and comfort. While advance health care directives allow patients to express their wishes regarding their own medical treatment, they do not offer an opportunity for patients to express their desires in relation to their companion animal(s). Consequently, involvement with and planning for companion animals during illness and during the dying process occur infrequently. Our animal shelters are inundated with abandoned pets who once were the principle source of emotional support in a person's life. Social workers are positioned to advocate within their agencies for policies that more explicitly recognize the importance of the human-companion animal bond.

A Last Visit, Survival on the Streets, and Other Tails

Through my years of practice, I have witnessed many other examples of the human-companion animal connection that convince me that the social work profession is only beginning to appreciate its significance. I recall a patient who was admitted to the hospital for elective surgery. His pre-surgery anxiety prompted a call to me to teach him some relaxation exercises prior to his surgery. When I asked what typically helped him relax, the patient told me that petting and playing with his little dog always made him feel better. Arrangements were made with his family to bring his dog to him. Just prior to being wheeled into surgery, I saw the patient playing with his little dog on his lap and smiling. I chuckled to myself that the dog relaxed the patient better than any relaxation exercise I might have taught him. I would later learn that the patient died that day during surgery. I am forever grateful that I did not employ the standard breathing exercises to help him relax because, in the end, I recognized that his final wish to be with his dog was fulfilled.

For those who are homeless, having a companion animal often serves both a social and survival function. Gary, a chronically homeless 45-year-old, confided that he relies on his dog to survive. Not only does his dog alert him when strangers approach, but she also serves as Gary's "taste tester" for food Gary is able to retrieve from dumpsters. Gary reasons that if his dog eats the food, then Gary can be confident that the food is safe for him to eat as well. I am saddened when I read of police sweeps that displace the homeless from encampments, as they invariably result in the confiscation of their companion animals who typically are taken to animal shelters and euthanized because the homeless cannot afford to pay the fines required to get them back. While it is illegal for homeless individuals to camp out on public property, homeless shelters routinely ban pets from entry, precluding those who depend on their companion animals from entering the shelter.

We often seek the support and companionship of others to cope with difficult life circumstances. Elders and those facing health challenges may derive significant health and psychosocial benefits from their companion animals, many of whom they consider to be part of the family. I recall a woman diagnosed with Lou Gehrig's disease (ALS) who received comfort from watching fish swim in an aquarium after she could no longer move or even blink her eyes. I remember my own brother-in-law, diagnosed with terminal brain cancer in his late 40's, who was comforted by his loyal cat until he died.

Social workers are perfectly positioned to play an important role in advocacy on behalf of clients and their companion animals to preserve relational bonds, facilitate empowerment, and promote physical and psychosocial well-being. In an era when social workers face the challenge of increasing demands and diminishing resources, our ability to make a difference in the lives of our clients and their families, including their companion animals, can have a significant impact both personally and professionally.

Final Thoughts

The human-companion animal bond reflects our yearning to form a deep and sustaining social connection with another. It allows us to transcend what divides us and teaches us to value qualities such as loyalty, nurturing, trust, and compassion. Perhaps these pro-social qualities can be hard-wired in our brains and retrieved to help us through periods of adversity. The connection seems to be both resilient and fragile; it deserves to be investigated thoroughly. As social workers we can learn to integrate our appreciation for this bond by exploring this area when we obtain our social histories and formulate our assessments and interventions. We can expand the concept of the advance directive to include plans for surviving companion animals. We can advocate for kennels and pet shelters to be integrated into homeless shelters. We can continue to support research into brain alterations which occur in response to both positive and negative social experiences. In affirming the social work value placed on human relationships, we can expand our emphasis to include companion animals, thereby recognizing that well-being can be established and preserved through social interdependence developed within an expanded circle of compassion.

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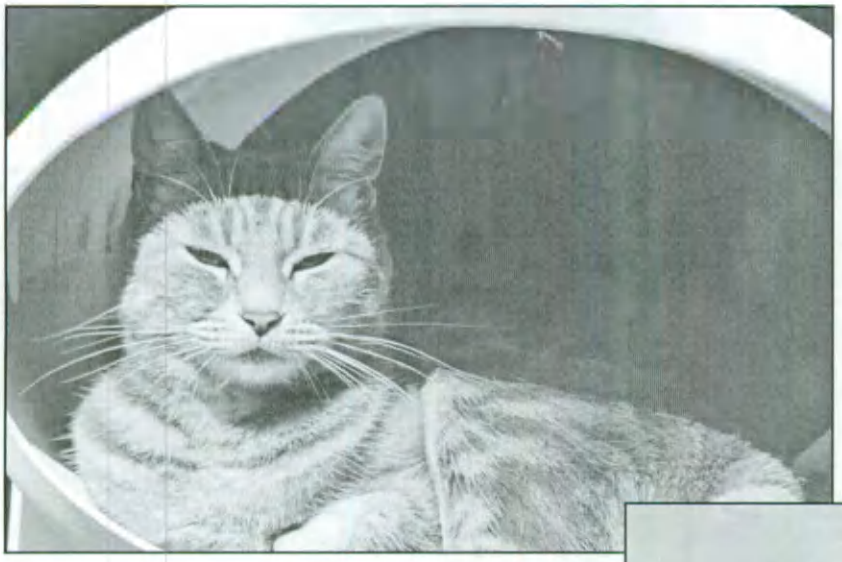
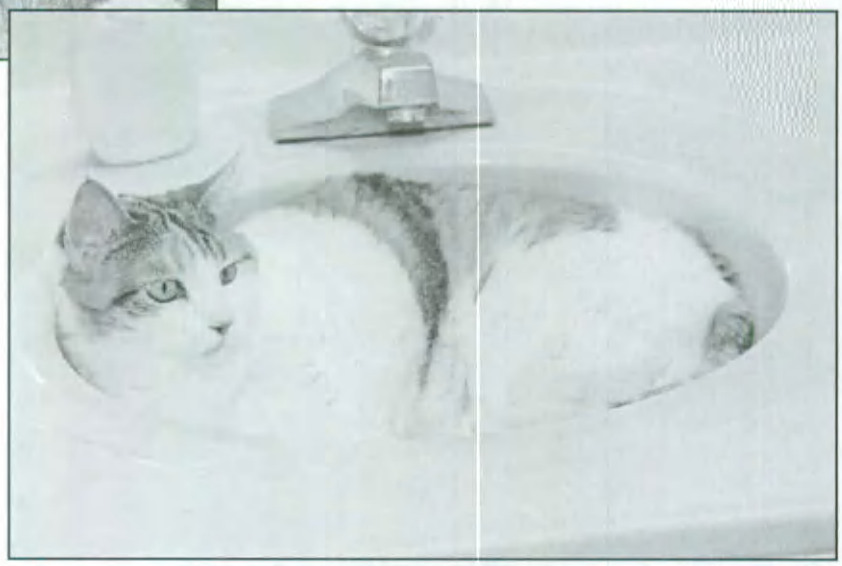
Joan Digges, MSW, LCSW, ACSW, has been a practicing social worker for over 30 years. Prior to joining the faculty at California State University, Bakersfield in 2001, she worked in child welfare and as a medical social worker. Comments concerning this article can be sent to jdigges@csub.edu.



Chrissy (a rescue cat). Photograph by Kate Mackey.



Coco (a rescue cat). Photograph by Kate Mackey.

Animals Connecting People to People: Insights into Animal-Assisted Therapy and Animal-Assisted Activities

Caroline B. Schaffer, DVM, Tuskegee University

In this narrative the author reflects on the interactions she has seen between nursing home residents and the veterinary medical students and their behavior-tested and health-screened pets who have participated in Tuskegee University's PUPS Program that she has supervised for 17 years. She concludes that the magic that drives this labor-intensive and highly emotional program world-wide is not the human-animal bond but the human-animal-human bond.

I never expected to volunteer at a nursing home. True, I had smuggled Lizzie, my little eight-pound Pekingese dog, into a nursing home in 1977 to visit her namesake, Elizabeth Faulkner, on her 100th birthday. It is also true that my decision to be a veterinarian was based in part on my belief that healthy animals provide joy for people of all ages. Nevertheless, going to nursing homes just was not my thing.

Now that I work at Tuskegee University's College of Veterinary Medicine, Nursing, and Allied Health in Tuskegee, Alabama, I am immersed in animal-assisted therapy/animal-assisted activities (AAT/AAA). My goal is to assure that animals and people have safe and satisfying visits with one another regardless of the person's age, mental state, or physical ability. My activities over the past 17 years have included:

1) Helping to design and administer a behavior test to screen animal applicants for AAT/AAA (Schaffer & Phillips, 1993).

2) Advising the Pets Uplifting People's Spirits (PUPS) AAT/AAA program at Tuskegee University's School of Veterinary Medicine.

3) Serving as the AAT/AAA liaison for the Central Alabama Veterans Health Care System in Tuskegee.

4) Overseeing visits to the nursing home by veterinary medical students and their behavior-tested and health-screened pets.

5) Volunteering with my dogs who have passed the behavior-testing and health-screening.

Over the years I have asked myself what got me started. What made me spend so much time and give so much of myself when I didn't know any of the nursing home residents and I wasn't attached to any particular nursing home? The answer, it seems, has to do with what people often call the human-animal bond.

Defining the Bond

The human-animal bond is defined by the American Veterinary Medical Association's Committee on the Human-Animal Bond as:

> *A mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviors that are essential to the health and well-being of both. This includes, but is not limited to, emotional, psychological, and physical interactions of people, other animals, and the environment. The veterinarian's role in the human-animal bond is to maximize the potentials of the relationship between people and other animals.* (Committee on the Human-Animal Bond, 1998, p. 1975)

To be honest, I would never have gone to this particular nursing home in Tuskegee if it were not for my dogs. After some soul searching, my first thought was that I wanted to share my dogs' love with others. With deeper introspection, I realized that I liked

seeing people light up and smile when they saw **MY** dogs. Note the emphasis on the word "my."

I have also asked myself why I help veterinary medical students become AAT/AAA volunteers. Yes, it is fun to see the enthusiasm of the students. I enjoy teaching them how to do a behavior test. But, again, the reality is that I am rewarded when I see pets interacting appropriately at nursing homes. I like knowing that pets taking the PUPS Behavior Test have a chance to say, through their body language, how they feel about the sights, sounds, odors, and activities that they might encounter at the nursing home.

Human-Animal Bond in Action

The interactions between pets and nursing home residents in Tuskegee over the years have been amazing. On our very first visit, we had one of those magical human-animal bond moments. Caroline, a veterinary medical student and president of the Tuskegee University Chapter of the American Association of Feline Practitioners, took Heckyl the cat on that first visit. Heckyl was the only cat among many dogs. Each of us had tried to visit with a gentleman curled up in a wheelchair. His arms were contracted and his eyes were lowered. We didn't know anything about his physical or mental state. He appeared to be in his own world, showing no reaction to any of the dogs. Carolyn approached him with Heckyl. She asked if he wanted to see her cat. She got no response so she and Heckyl moved to the next resident. But out of the corner of her eye, she saw the gentleman watching Heckyl. She returned to his side and was pleased to watch as he quietly mouthed "pretty kitty." For a moment, Carolyn was pleased. She was then startled as she looked up and saw many of the nursing home staff members rushing toward them. She asked what was wrong. "Nothing," she was told. "This is the first time he has spoken since he arrived at the nursing home!" I had heard about moments like this when animals draw people out of their shells, but I couldn't believe that we had one on our very first visit to this nursing home.

A small-framed, 80-something woman gave us a remarkable welcome on our first day at a different nursing home. The veterinary medical students and their dogs of all sizes, shapes, and ages gathered in the nursing home's day room. She immediately shuffled over to Pigweed, my Pekingese. She asked me a few questions about Pigweed and the other pets. Before I knew it the number of residents in the day room had nearly doubled as she ordered her fellow residents to get out of their rooms and come pet each animal. She then escorted us down the hall and into various bedrooms where she introduced us to the bed-ridden residents. It didn't matter that the nursing home's recreation therapist was to be our escort. For that day and the many months until her health failed, she was our hostess. Because of her love of animals, she told me that she wanted all residents to get the full benefit of the human-animal bond.

A thin, soft-spoken gentleman always welcomed our pets with open arms. He was an expert masseur. He would sit down and invite the larger dogs, such as Remington, a golden retriever, to rest their heads in his lap. They leaned closer to him as he massaged their head and ears. Then there was the day when we visited him in his bedroom. He invited four of the dogs, ranging in size from Remington, the Golden Retriever, to Jettabelle, a Pekingese, up on his bed. We spread our towels on top of his bedspread and arranged our dogs around him. He then began massaging. In less than five minutes, all four dogs were asleep. Jettabelle, in normal Pekingese fashion, was even snoring as she slept. I don't know whether he or the dogs benefited more from the human-animal bond that day.

I think I was most frustrated when I visited a gruff man in the smoking day room who had both legs amputated. I was frustrated because, although he was cordial to Jettabelle and Pigweed, he would give them one quick pet and then ask me, "Got a smoke?" Whenever I said, "No," he lost interest in us. But then there was the day when a student brought her cat, Ashes, to the nursing home. It was amazing! She knew nothing about how closed off he had been to all of the dogs who had tried to visit him. She greeted him, visited with

him briefly in the day room, and then headed down the hall. He wheeled himself down the hall and into every bedroom where Ashes went. By the end of the one-hour visit, the student knew where the gentleman was from, how often his family visited him, that he had been a paratrooper, and how he had lost his legs. Before he met Ashes he had the opportunity to visit many different sizes and breed of dogs accompanied by male and female students, but it was a cat who opened him up.

I remember witnessing how unimportant words are when people and animals are bonded. Missy, a Dalmation-mixed breed dog, met a normally subdued nursing home resident who wore a football helmet. He usually walked up and down the hallways, but today he was sitting in a wheelchair. Missy and her owner, who is a clinician in Tuskegee University's Small Animal Hospital, quietly approached the wheelchair. Suddenly, Missy was wiggling with pleasure and the gentleman became extremely animated. He laughed and babbled and laughed some more as the dog nestled close and asked for more hugs. They were in a world of their own, united by a special kind of love.

Therapist-Animal Bond

These and many more interactions have made nursing home visits rewarding for me. Were it not for my dogs, I would not have had these rich experiences. I would have missed the opportunity to know these wonderful people. So, once again, I wonder what made me participate. In truth, I think that I am typical of the people described by Dr. Aaron Katcher, a psychiatrist who has written, lectured, and studied the human-animal bond extensively:

> *Although the term "human-animal bond" is consistently evoked by people who do AAT, the therapy is almost never dependent on a persisting bond between patient and animal; instead, it is dependent on an enduring bond between the therapist and his or her animal. Perhaps the most reliable and well-documented characteristic of AAT as it is currently practiced is the devotion of the volunteer therapists...and their faith in the value of contact with their beloved pet for clients or patients.* (Katcher, 2000, p. 466)

My Idealized Self-Objects

For me, the theory of self-psychology as applied to the human-animal bond also seems to explain my motivation to participate in AAT/AAA with my Pekingese dogs. According to research by Dr. Sue-Ellen Brown, a clinical psychologist in the Center for the Study of Human-Animal Interdependent Relationships at Tuskegee University's College of Veterinary Medicine, Nursing, and Allied Health, animals are considered to be self-objects when they give and maintain cohesion to a person's sense of self. To be a self-object the animal must hold together the individual person's inner psychological experience (Brown, 2007).

Animals are said to be idealizing self-objects when they provide "someone to look up to; identify with; and admire for their strength, calmness, wisdom, or goodness" (Brown, 2007, p. 329). An idealized self-object strengthens or enhances self-esteem and reinvigorates the self. It is often seen as having qualities or abilities that the person lacks. Pigweed, Jettabelle, and Booker T. (my three Pekingese who are qualified as therapy dogs) were outgoing and seemed comfortable when touched and admired by strangers. As for me, I am not a touchie, feelie person. I have to force myself to go to social gatherings because I still view myself as the shy, overweight person I was as a child. If not for the beauty, humor, and self-confidence that I saw in my show dogs, I probably would not have entered or returned to the nursing homes. Because of the positive responses they received, I am now comfortable volunteering at nursing homes and leading an AAT/AAA program.

Conclusion

AAA/AAT has taught me a lot about human-companion animal relationships. The animals who happily participate, the veterinary medical students who volunteer, and the nursing home residents whom we visit are

constantly surprising me with the richness of their interactions. In truth, I have come to realize that the most exciting thing about AAT/AAA may be that animals are connecting people to people. Research shows that animals may optimize the health and well-being of many people (Katcher, 2000) but maybe the true magic of AAT/AAA is not the human-animal bond but the human-animal-human bond.

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Charlotte Brunsman (Caroline's mother) with Pigweed. Photograph by Caroline Schaffer.

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Caroline Brunsman Schaffer, D.V.M., is an Assistant Professor in the Department of Clinical Sciences and founding director of the Center for the Study of Human-Animal Interdependent Relationships in the School of Veterinary Medicine at Tuskegee University, Tuskegee, Alabama. She is adviser to Tuskegee University's Human-Animal Bond/Animal Behavior Club and the Pets Uplifting People's Spirits (PUPS) Animal-Assisted Therapy/Animal-Assisted Activities Program. She was honored with the Leo K. Bustad Companion Animal Veterinarian of the Year Award in 2000 in recognition of her work in AAT/AAA and in HIV/AIDS and safe pet ownership. She earned her Doctor of Veterinary Medicine degree at The Ohio State University in 1971. After 11 years in small animal practice in Columbus, Ohio, and Hinsdale, Illinois, she worked as a research associate at Iowa State University's College of Veterinary Medicine. She moved to Tuskegee in 1987 where she has spent 17 of her last 20 years in human-animal bond and animal behavior activities. Comments concerning this article can be sent to: schaffertusvm@yahoo.com.

Comfort through Crisis: One Dog's Work at a Psychiatric Hospital

Beth Prullage, LICSW, Doctoral Candidate, Simmons College School of Social Work

This narrative tells the story of one dog's work at a psychiatric hospital. Over the course of four years, Maisy touched the lives of many people in crisis. Her calm and steady presence invited patients to talk to her about their experiences, to cuddle, and to connect or reconnect to parts of themselves that flourished outside of an institutional setting.

Preparing for Work

I pulled into the nursing home parking lot on the day of the certification test with some nervousness. In my call with the trainer from the local Society for the Prevention of Cruelty to Animals (SPCA), I had been told to bring my dog, a four-foot leash, and some treats. We were going to have an unpracticed visit to a nursing home so that the trainer could determine whether or not my Labrador Retriever could be certified as a therapy dog. I just hoped that Maisy, my four-year-old dog, would not pick up on my nervousness and would perform well.

Maisy had a history of failing and I felt protective of her. At eight weeks she had not passed the initial tests to be a guide dog for the visually impaired and she was released from the regional breeding and training program into which she had been born. Maisy's reason for failing was that she "lacked confidence," a quality that becomes visible when she is in new and stimulating environments. And so I felt nervous for Maisy as I put on her leash and we approached the nursing home. I was not sure if the next hour of testing would play to her strengths.

In the lobby of the nursing home, the trainer spent time with Maisy, exploring her responsiveness, obedience, and sensitivity. The sensitivity test included an unexpected tail pull and Maisy, although surprised, was non-reactive. The trainer explained that it was important for dogs to react calmly to a range of unexpected situations, physical and environmental. We then visited the residents in their rooms and Maisy practiced negotiating around wheelchairs and engaging with the elders. One highlight for her was catching a group of residents in the kitchen who were just finishing a snack: donuts. She was quite happy to lick all of the sugar off of their fingers, something that the elders responded to enthusiastically. At the end of the test, Maisy was officially certified as a pet visitor through the local SPCA chapter.

Animal-Assisted Therapies

Tedeschi, Fitchett, and Molidor (2005) define Animal-Assisted Therapies (AAT) as "a goal-directed intervention in which an animal that meets specific training and safety criteria is incorporated as an integral part of the clinical healthcare treatment process" (p. 61). Nimer and Lundahl (2007) expand this definition to include the deliberate inclusion of an animal in treatment planning. Another form of utilizing animals is through pet visitation to a range of institutional facilities. This latter practice is called Animal-Assisted Activity (AAA; Johnson, Meadows, Haubner, & Sevedge, 2008). The terms will be used interchangeably in this narrative, as Maisy's role at the psychiatric hospital included both aspects: visitation and treatment.

In general, AAT and AAA have been shown to have a positive impact within a range of settings. A meta-analysis of animal-assisted therapy concluded that "AAT was associated with moderate effect sizes in improving outcomes in four areas: autism spectrum symptoms, medical difficulties, behavioral

problems, and emotional well- being" (Nimer & Lundahl, 2007, p. 225). A meta-analysis focusing specifically on the effects of AAT and AAA on symptoms of depression indicated that AAA and AAT were associated with fewer depressive symptoms (Souter & Miller, 2007). Research has shown that AAT can improve functioning in a range of populations, including elders in nursing homes (Banks & Banks, 2005; Kawamura, Niiyama, & Niiyama, 2007), chronically mentally ill adults (Kovács, Bulucz, Kis, & Simon, 2006), and children in classrooms and hospitals (Jalongo, Astorino, & Bomboy, 2004; Prothmann, Biener, & Ettrich, 2006). In one study loneliness decreased in a group of long-term care residents who had visited with an animal (Banks & Banks, 2005). A study by Prothmann et al. (2006) indicated that "incorporating a dog could catalyze psychotherapeutic work with children and adolescents" (p. 265). It was with my preliminary sense of the body of growing literature that I asked my supervisor if Maisy could join me in my work as a clinician on an adolescent unit in a psychiatric hospital in 2003.

The Hospital

Once Maisy was certified she was ready to start coming to work with me twice per week. My immediate supervisor and the senior leadership at the hospital were enthusiastic about the prospect of integrating AAT into the existing therapies. While it was planned that I would be Maisy's primary handler, others would also be involved in this capacity, as the work with Maisy would be in addition to my other duties. It was also determined from the outset that Maisy would have significant and scheduled down time each day and that we would follow her cues as to how much and what types of interactions were suitable. I purchased a therapy dog vest, so that her purpose at the hospital would be immediately clear to others, and the Human Resources Department (which was full of enthusiastic dog lovers) made Maisy an official photo I.D. to formalize her volunteer status.

The child and adolescent unit had 24 beds and functioned as two separate units divided by age. While the majority of the patients were there for a relatively short period of time to address a psychiatric crisis, there were a number of young people who would stay for a longer period of time, up to 12 months, while they awaited transfer to a long-term hospital or residential program. We originally thought that Maisy would spend her time exclusively with the young people on the inpatient unit; however, once her visitations became regular, the occupational therapists and social workers from other units requested that Maisy join a therapy group with the adult and geriatric patients. She eventually spent time on both of these units in group settings.

Classroom Time

One of the first and most enthusiastic Maisy handlers was the teacher on the child and adolescent unit. The young people at the hospital spent two hours each day doing academic work in the school wing, and the teacher was eager to have Maisy participate in the school day. The teacher's purposes were two-fold: she was familiar with the literature that demonstrated that AAA had shown promise in motivating children to complete academic activities (Jalongo, Astorino, & Bomboy, 2004) and she was a dog lover. Prior to our arrival, an entire bulletin board in the school was devoted to Maisy. The board featured pictures and questions and answers that the patients had asked me about Maisy's life. The bulletin board remained present over the years that Maisy visited, although the thematic content changed as the young people learned different skills or relevant information about pet therapy (written testimonies and poems about Maisy, information about therapy dogs, reading a dog's body language). This bulletin board helped to orient new patients to Maisy and the nature of her special role on the unit.

While at school Maisy engaged in a number of tasks. She could walk freely around the school wing, and she spent most of her time sprawled out in the library, relaxing and napping. The library was a small carpeted room with bean bag chairs, and the young people would use the space to read or spend quiet time away from the classroom. It was unusual to walk by the library without seeing

the kids in contact with Maisy in some way: reading to her, curled up on the floor around her, lying with their heads or feet on top of her, etc. Young people of all ages would often confide their feelings to Maisy, often with more clarity and candor than had been expressed to any staff member. In addition to her library duties, 1:1 time with Maisy was used to reward individual students for staying on task. Occasionally, Maisy would be called over on a "PRN" basis, to soothe children who were particularly upset. She further participated in other events that occurred during school hours, such as the annual trick-or-treating throughout the hospital (in a home-made costume), a gardening project, etc. On more than one occasion, the students presented Maisy with a certificate of achievement of some kind. These hand-made honors are treasures and are displayed on my refrigerator at home at dog's eye level.

There were staff and young people who were afraid of dogs, and these situations were negotiated carefully. Children who were afraid often consulted with their peers about Maisy prior to meeting her, and Maisy would be kept on a leash or would stay home while these young people were in the milieu, depending on their preference. For some children it was an opportunity to confront their fears. Those who were interested participated in structured interactions with Maisy and were given the opportunity to learn more about dogs, learning such skills as greeting a strange dog and how to read a dog's body language. Pet allergies could also be an issue. When children were allergic, Maisy was restricted to certain areas of the hospital.

Treatment Issues

As time passed the treatment team began to think about ways to expand Maisy's presence on the unit. Her enthusiastic reception at the school led us to think about the other ways that her presence might supplement the individual's treatment. Jalongo et al. (2004) define AAT with young people as being founded on two principles:

> *...children's natural tendency to open up in the presence of animals, and the stress-moderating effect of an animal's calm presence* (p. 10).

The initial ideas for individualized treatment were based in our observations of what was happening at the school. Individual time with Maisy became a potential reward on behavior plans for those young people who were particularly attached to her. Young people could use their points on earned target behaviors to "buy" cuddle time or a walk outside with Maisy. My patients would often request Maisy's presence in the room if they were going to have a "hard" conversation – one where they talked about the abuse they had experienced or the violence they had witnessed. These patients would explain that it was much easier to talk about these things when Maisy was around. They could pet her and when she would lie down near them, they did not feel so alone – in the present moment and even during the moments that they were talking about. One teenager explained to me that it was nice to have Maisy there because "she never judges me and so I can say everything that happened without worrying about that."

In one memorable instance Maisy became a useful object in therapy. A young girl who had experienced notable abuse and neglect struggled mightily on the unit with staff around issues of bathing and self-care. Although she was of school age, she had not regularly brushed her hair or teeth and bathing was something that was terrifying for her due to past times of abuse. This child was slated to be at the hospital for a while, as she was waiting for a bed in a long-term facility, and so the treatment team asked her if she would be willing to look after some of Maisy's grooming needs during her stay. She brushed Maisy regularly, gave her special treats to help her teeth stay clean, and offered invaluable (and respectful) advice about when it was time for Maisy to take a bath. Not surprisingly, as her expertise in Maisy's care grew and was acknowledged, she began to look after her own hair, teeth, and cleanliness independent of prompting.

Other long-term patients were recruited for special roles, such as taking Maisy on a

mid-day walk. For many of the young people who were "stuck" at the hospital for a matter of months, the importance of a relationship with Maisy seemed amplified. These patients were often bored by the repetition of the daily schedule and by the group activities that they had done some months before. To that end, finding any number of ways to individualize their programming became important. When the repetition of the routine had the young people not wanting to get out of bed in the morning, I would bring Maisy by their bedrooms on our arrival to work. These young people were often encouraged to join the milieu through the prodding of a wet nose or Maisy's kisses on their face. The hospital, as with many institutions, discouraged physical contact, and the young people were often starved for physical touch. And so, the touch of a wet tongue or nose and the thwack of a wagging tail went a long way in helping the day start off differently due to the physical connection with another being. It was not uncommon for these patients to ask for a Polaroid photo of themselves and Maisy at the end of their stay. If these young people wrote letters after discharge, they would invariably ask after Maisy. One middle school student asked, "Do you think that Maisy remembers me? I look at the picture of us together and think of her a lot. Do you think that she ever thinks of me?"

Support of Life on the "Outside"

The presence of a dog in the hospital is an unusual sight. As a result I have experienced that folks inside of the hospital are profoundly drawn to having an animal around and that the presence of a dog invites stories of life outside of the hospital. For several months I co-facilitated a group on the older adults' unit at the hospital with the occupational therapist who worked on that floor. Each week I found myself quite moved as remarkable stories about life would surface during this group. On one occasion an elder who had not spoken since his admission some weeks previously touched Maisy's fur and blurted out, "I had a dog named Pepper once!" Maisy's kisses and our questions helped the story of Pepper take shape and all of us were left with a different sense of the man who had sat silently before us several minutes previously. This was not an unusual outcome for the group. Patients who were quite disoriented in the present could relay their historical relationships to various dogs with clarity; there seemed to be something about the tactile experience of the dog's unexpected presence that linked them to connections with other dogs through the years.

Maisy's presence on the adolescent unit produced similar outcomes. I worked for nine months with a young woman who had experienced profound abuse and whose self-injurious behaviors had led to many years of institutionalization, both in the past and the projected future. Yet, her connection to Maisy was something magical. Previously, this patient had difficulty imagining a future for herself, but over the course of her time with us, she began to imagine living in a house in the country with many dogs and cats to keep her company. This dream was based on her sense that animals were reliable and would not intentionally hurt her, as so many people had. She thought that she might work with animals to support herself – to be a veterinarian, or a veterinary technician, or a dog trainer.

She felt that there might be a good market for dog trainers because, although Maisy was "a good dog", she was "a little bit boring and did not know any tricks." I went to the library and found several books and videos on dog training, bought a special stash of treats for this young woman to look after, and encouraged her to teach Maisy what she could. She began a dog training program in earnest, focusing on teaching Maisy a range of tricks that might help to entertain or comfort the other kids in the hospital. This young woman showed tremendous aptitude as a trainer and Maisy, now many years later, can still do many of the tricks that she learned. Prior to the patient moving on to a long-term facility, she gave three dog shows in which Maisy's new tricks were demonstrated: one to staff, one to the children's unit, and one to the adolescent unit. The patient received enthusiastic feedback from each of these performances and staff verbalized particular appreciation for the long-term effects of her efforts. The patient heard about the positive implications that would likely be

expressed by others due to her initiatives, for example, how Maisy's new skills would continue to touch the lives of many other young people in the future. This client had not experienced a tremendous amount of recognition for her positive contributions to others previously and the feedback from the dog shows had a great impact on her. She confided to me that she had mostly heard about the negative impacts of her behaviors on others previously. For example, her impulsive self-harm scared and "triggered" others. This did not sit well with her because she did not want to see others hurt in the ways that she herself had been hurt. And so the idea of leaving a positive legacy at the hospital had great meaning for her. In her final days at our facility, she began to speak with more detail about her hopes for her life and her future. I believe that these details became more available to her after her competency and contributions were validated by staff and peers.

Continued Connection

When I left my job at the hospital to focus on my doctoral studies, many of the young people, and some of the staff, were sorry to see Maisy go. Because the hospital is the only one serving a large geographic region, Maisy's work has touched many people's lives in our area. I have been approached by adolescents, children, and adults in the grocery store or on the street who ask after Maisy. I sometimes have no memory of the person who asks, yet they retain a clear memory of Maisy.

A teenager recently lectured me for not continuing to take Maisy to the hospital. "Just because you don't work there anymore doesn't mean she shouldn't – I think the kids still need *her*!" I had an internal laugh at my own sense of importance – it was clear to me that my former patient had no concern that *I* couldn't be easily replaced – and then I considered her words. Hadn't Maisy stood up a little straighter when I put her "therapy dog" vest on in the morning? I had always been impressed by her enthusiasm in going to work each day. She had pulled me up the hill with her tail wagging each day with an excitement that rarely matched my own. She had touched many people and I had a sense that the work had been something that she enjoyed as well. The former patient was right, and I have started to make arrangements for Maisy and me to resume her volunteer activities. As part of this process, we have started to practice the tricks that were taught by her "dog trainer" many years ago!

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Beth Prullage is a doctoral candidate at Simmons College School of Social Work and an adjunct faculty member at Simmons College School of Social Work and Smith College School for Social Work. Her two dogs contribute a great deal to her own well-being and, on occasion, to the lives of the individuals she works with. Comments concerning this article can be sent to: beth.prullage@simmons.edu.

Maisy. Photograph by Beth Prullage.

My Dog Is My Co-Therapist

Lois Abrams, Ph.D., Los Alamitos Counseling Center, Los Alamitos, California

The author's canines serve as co-therapists in her clinical psychotherapy setting. They offer comfort, help to develop rapport, and serve as transitional treatment objecst. The dogs promote emotional, psychological, physical, and spiritual healing for children, adolescents, adults, and elders. The author and her Cavaliers also volunteer in times of crisis and disaster. In the following narrative she describes how her dogs serve as comfort and support to individuals affected.Note: Names have been changed to maintain confidentiality.

"There is no psychiatrist in the world like a puppy licking your face."

Ben Williams

I treat my psychotherapy clients using eight paws, two tails, two noses, and four ears – my co-therapists are Duke (age nine) and Romeo (age five) Cavalier King Charles Spaniels. They work as my co-therapists whom I identify as "Seeing Heart Dogs." These special *kings of soul* shine brightly, helping others through grief and loss, pain and suffering, fear and anxiety, sadness and depression. The Cavalier King Charles Spaniel is one of the older breeds, dating back as far as 1660. They have big warm eyes and, unlike some breeds, are not threatened by direct eye contact. They have loving, cheerful, and comforting personalities. "Lady" of *Lady and the Tramp* was based on this regal breed. Cavalier beginnings are in the period of the English Restoration. Indeed, these small comfort dogs help to restore the souls of those seeking help with mental and emotional disorders as they are affectionate, good with people all ages, versatile, and inquisitive. Romeo was given his name because he gave puppy kisses. Duke does not kiss. Duke began his work in my psychotherapy practice eight and a half years ago. Romeo, his nephew, joined the practice four years later, to assist Duke with his extensive caseload. Romeo is especially fond of children.

My Dogs Knew the Diagnosis

I came to rely on Duke and Romeo as my co-therapists once I learned to read and appreciate their body language. The following are two examples that propelled me into accepting the reality of using them as my co-therapists. I was treating a 52-year-old woman for acute anxiety disorder. We had worked for several months helping her to learn new coping mechanisms, and whenever she came into my office, Duke would go and sit by her feet – his back to her leg – and present himself for petting. My client usually leaned down and gave him several strokes on his back. Sometimes during the session Duke would lie down at her feet. Periodically, she might lean over and pet him. After several months of this repetition, one session Duke jumped up on the couch next to her and sat with his rear touching her hip. I thought nothing of this at first and my client began to pet him. We continued the therapy and worked on anxiety with some of the usual interventions such as thought stopping and relaxation. After about 15 minutes I began to question why Duke was sitting right next to her. It was definitely out of character for him with this particular woman. I recalled that Duke does sit on the couch next to several of my clients who are confronting feelings of depression. I then asked my client if she were feeling sad, whereupon she began to cry and poured out her heart about something that occurred the past week, leaving her feeling profoundly depressed. Had it not been for Duke, I would have continued working with her anxiety issues and never

addressed the core psychotherapeutic pain of her current depression. Duke was three years old at the time. I was pleased that I was mindful of the message Duke was sending me about my client; and at the same time startled that the three-year-old dog knew more than I did with my doctor's degree.

From that time on I monitored Duke's relationships and behaviors with my clients. He was consistent with the signaling of depression and anxiety issues. His signal for depression was jumping on a person's lap or sitting with his rear next to his or her hip on our couch; for anxiety he was by his or her feet either sitting or lying down, always with his rear and tail nestled against the individual's leg. I learned from reading about animal behavior that this position is one of comfort and calmness in the dog pack (McConnell, 2002; Rugaas, 2006).

Romeo worked his miracles with a couple I was treating. After four months of treatment, we seemed to be at an impasse. I finally told the couple that I felt stuck. There must be something I was missing. Romeo always greeted this couple and he would lick the man's hand. I even kidded that I thought the man washed his hand in steak before the session. A few seconds after I indicated *that I was missing something*, Romeo got up from his place where he had been resting and walked rapidly to this man. Romeo stood by the man's leg and pawed him to be petted. The man leaned over stroked Romeo while tears began to trickle down his cheek. We were all silent for several minutes before the man, still petting Romeo, spoke about his emotional pain and fears regarding their relationship. Up to this session he said that he had never cried in front of his mate. His wall of defense was broken by a non-threatening and engaging dog.

Once in a while during treatment, I felt like I was the dog's co-therapist. The mother of a 10-year-old girl who was in therapy called the office explaining that she felt there was a serious issue that needed immediate attention. She explained that her daughter wanted to go for a special therapy session so she could tell Romeo a secret. Her mother told her daughter that she could tell the secret to their dog. "Oh no," replied the girl, "I will only tell Romeo. He is a therapy dog!" When they arrived for therapy, I braced myself for the possibility of child abuse. The girl took Romeo in her arms on the couch and proceeded to tell him that her father was drinking too much. Fortunately, in this case there was no child abuse.

In another instance I left Duke in the room with an eight-year-old girl as I stepped out to get a glass of water. I left the door open and told the girl that she could tell Duke anything. I saw her lift up Duke's ear and speak right into it, saying that her daddy had done a bad thing to her when she was in the bath tub. Prior to her recognition of Duke as a confidant, she would not share the abuse. Holding Duke in her lap, she continued her story when I stepped back into the room and shared the abuse with me as well. I believe that her trust of Duke was then transferred to me. As she held Duke on her lap, she experienced protection and a safe environment.

Working as a Human-Animal Team

Each of my dogs, similar to people, has his own unique personality. Again, I needed to be mindful of their uniqueness and the messages the dogs signaled and altered me to regarding my clients' mental health. Dogs are "scent machines" and are capable of detecting an individual's emotional state long before I can (McCullen, 2002). I also needed to learn to read my dogs' body language since that is the way they communicate with their pack (Rugaas, 2006). The bond between my dogs and me is essential for us doing successful treatment. All the training we did, and screening to be a pet-partner team, did not prepare Duke and Romeo for all the emotions and intimacy they encounter in our sessions. I create a safe haven for them in my office by having two crates. The crate doors remain open and Duke and Romeo frequently take needed breaks by resting in their crates. Once I thought that Romeo was sound asleep in his crate and snoring. Within seconds he got up and ran over to my client sitting on the couch. I had no idea that my client was under extreme stress and was apparently sweating profusely as he was sharing his experiences in Vietnam. He stopped, bent over, and began to pet

Romeo. Within five minutes Romeo left the man and walked across the room back into his crate. Job well done.

My Introduction to the Concept

I first learned of animal-assisted therapy (AAT) 15 years ago when teaching at the Pepperdine University Graduate School of Education and Psychology. One of my graduate psychology students presented a paper on AAT with a Delta Society certified Pet Partner Rottweiler for her demonstration. The dog behaved better than most children. It was obedient, clean, calm, and liked people. I then began to do my own research on AAT and decided that our next dog would work with me in my psychotherapy practice and together we would participate in community service through a group such as the Delta Society. I was ready for a new dimension in the psychotherapeutic field after working as a marriage and family therapist for over 30 years and planning to retire from university teaching. I attended a workshop in Santa Monica, California, conducted by a Delta Society Evaluator for AAT. I was hooked on the concept. Now my work with AAT was ready to begin. I wanted to learn more. However, since 1969, and the publication of Boris Levinson's *Pet-Orientated Child Psychotherapy*, there were limited resources or scientific studies. Of help to me were research articles that cited the effectiveness of AAT in clinical psychological settings (Corson, Corson, & Gwynne, 1975; Corson, & Corson, 1980).

After I began using AAT in my practice, more research in regard to clinical psychotherapy practice was published. Articles evinced AAT (Kruger, Trachtenberg, & Trachtenberg, 2004; LaFrance, Garcia, & Labreche, 2007). Clinicians wrote regarding the development of a niche private psychotherapy practice market with dogs (Pitta & Kirk, 2001). I discovered that the larger body of research on the human-animal bond focused on the use of pets to benefit physical wellness (Beck & Katcher, 1996; Johnson & Meadows, 2004, Delta Society, 2002; Siegel, 2005;). I found only three books that delineated the body of work affiliated with AAT in psychotherapy clinical practice: *The Handbook on Animal-Assisted Therapy* (Fine, 2006), *Animal-Assisted Therapy in Counseling* (Chandler, 2005), and *Animal-Assisted Brief Therapy: A Solution-Focused Approach* (Pichot & Coulter, 2007).

Duke and Romeo in the Treatment Process

Duke was four months old when we began to train as a Seeing Heart Dog in 1999. He is now nine. We trained with an animal behaviorist and attended workshops on AAT. I took him with me to my offices in Los Alamitos and Irvine, California. My clients signed an informed consent permitting me to have Duke in our sessions. While I recognized that Duke was, no doubt, more of a confidant than I was, I wanted to be sure that the client was not allergic to or afraid of dogs. I developed a checklist for informed consent signed by the client and/or parent. My clients were advised that I used AAT during the phone contact when their first appointment was scheduled.

The difference in my clients' comfort was immediately noticeable. They reported that having Duke in sessions made the office less threatening and homier. Duke provided a trust level and unconditional acceptance for my clients. Here are some comments from my clients:

- A bright and insightful teenager reflected about having Romeo in his session. "He makes me feel welcome," stated the 15-year-old youngster. "When I ask him to shake my hand, or lie down and roll over, I feel like I have control over him. At my age I can't control much." The youngster felt empowered when working with the dog. He spoke freely about himself and his life situation when he sat on the floor and played with Romeo.
- "Petting and touching are calming. You feel special, feel love, and it puts you back in perspective," stated a 36-year-old Asian woman.
- A 51-year-old Caucasian female reflected, "Coming for psychotherapy can be and is painful and scary. Dogs offer comfort, sense a positive to a negative 'in nature' situation."

• "For me, especially when you're petting the dogs, you have an easier time talking for some reason. I don't know why. More natural, more home feeling than office," said a male Caucasian age 58.

• A 48-year-old female from New York in treatment for grief and post-traumatic stress disorder said:

I find the presence of dogs in a therapy session extraordinarily valuable. Dogs are calming and delightful. Research has proven that dogs can and do lower a human's blood pressure and help children. Dogs bring a sense of happiness in a world that is most often complicated and frustrating. Dogs are simple creatures that only want your love and attention – no strings attached. And, simple works. Lois' dogs are certified Delta Society therapy dogs. They are gentle, kind, and loving. They make you smile. We all know that nothing works better, in respect to happiness, than laughter and smiling. In my opinion, when you feel at ease, comfortable, less pressured and calm, you can let your feelings, troubles, dilemmas out better and easier. Not to say that Lois doesn't enable you to do that. She most certainly does. However, the presence of her dogs in the sessions adds to the comfort. They are an added attraction. They greet you at the door, tails wagging. Their eyes say, 'HI! C'mon in! I'm so happy to see you!' If that, in itself, doesn't make you smile, you're dead.

A Case Example

Anthony, age 15, came for his first psychotherapy meeting with his mother Nancy. He sat in the waiting room with his head lowered, eyes cast down, jacket disheveled, and arms folded over his chest. This tall, slightly-built youngster had been referred for treatment of depression. His mother was completing the intake form. I stepped out of my office into the waiting room with dog co-therapist Duke on leash.

"Oh what a cute dog," Nancy said. "Thanks, would Anthony like to give Duke a treat?" I questioned. Anthony nodded his head affirmatively. I handed Anthony three treats. He kept his head down and gave Duke, who was now sitting in front of him, a treat. Then Duke shook hands and Anthony gave him another treat. Anthony began to smile when Duke proceeded to jump in his lap. Anthony then grinned from ear to ear and held his head high. "He's really nice. I'd like a dog like this," Anthony said. "I can't believe it," said Nancy. Her eyes began to tear up. "Anthony hasn't smiled like this in months."

Due to the intensity of emotions in psychotherapy treatment, therapists need to be aware that their dog smells these emotions. In my opinion additional training is needed to help the dog tolerate the perpetual fragrances experienced in a psychotherapy practice. Not only does the client emit pheromones, but so does the therapist. I recall a few times when Duke came and sat by my feet during therapy sessions or Romeo came over and pawed at my leg. Without thought I reached over to pet one of them and finally began to recognize that they were attempting to calm me down. It worked.

Community Work and Crisis Response

To further desensitize Duke and Romeo to intense human emotions, I decided to train with Duke then Romeo for crisis response work.

Since 2000, Duke and I have volunteered with the Delta Society. Romeo also worked as a Delta Society pet partner beginning in 2003. We've visited two shelters for abused teenagers. We also volunteer with one group home for girls ages 5 to 11, an assisted living facility, and a large community hospital. These community visits helped to train Duke and Romeo with different populations of ages, races, and cultures as well as a wide variety of physical disabilities, illnesses, and other challenges. I also learned about keeping Duke and Romeo up-to-date with their vaccinations and the importance of cleanliness and flea control. Volunteering with Duke and Romeo gave me a sense of oneness with my community, while enhancing the journey we shared with AAT.

After September 11, 2001, I wanted to extend my community service using my canines. I wanted to do more in times of severe community distress and trauma.

HOPE Animal-Assisted Crisis Response is a national organization that conducts this

training. To my knowledge there are only a few organizations that do this type of work. The training includes desensitization to noises, smells, intense emotions, and unpredictable reactions and environments. While most therapists do not work in a crisis clinic, many therapeutic interactions are crisis motivated. I have now trained and worked with Duke and Romeo in crisis response since 2002.

In 2004, Duke was awarded the first Orange County California Red Cross Bravo for Bravery Award for the work he did during the 2003 California wildfires. The Orange County Register Newspaper reported on his award.

Furry Friend Indeed

Dustin Williams, 10, lay still and silent on a cot at a makeshift shelter inside the San Bernardino International Airport. He didn't know whether the November wildfires had burned his home, and his tabby cat was missing. The somber mood that cold day was prevalent among the 2,000 people in the air hangar and nobody could comfort Dustin.

Except Duke.

The Cavalier King Charles Spaniel scampered past his handler Lois Abrams, jumped on Dustin's cot, and snuggled up as the boy put his arm around the dog. Abrams, 68, is a volunteer with HOPE, a non-profit organization that offers animal-assisted emotional support in crisis response.

> *"It's he who does the work," Abrams said. "I'm on the other end of the leash, but I really notice that it's Duke who moves toward the people in need."* (Radcliffe & Liszewska, April 24, 2004)

Recently, Romeo and I volunteered with HOPE Animal-Assisted Crisis Response at the candlelight vigil for the fallen firefighter Brent "Lovey" Lovrien in Westchester, California., on April 3, 2008. Hundreds of people quietly milled around the fire station on this cool spring night. Romeo was five years old, the equivalent of 35 human years (the age of Brent Lovrien, as one astute nine-year-old boy noted). Romeo was petted by many firefighters, community people who came out to honor Brent, and children who gave Romeo many belly rubs, his favorite petting activity. We walked the rows where individuals were sitting looking at Brent's picture and his fire fighting equipment. Romeo led the way and stopped by a young woman sitting in the third row from the front. She saw him and asked if he could sit on her lap. She was wearing a black pants suit. Despite my awareness that he might shed on her, even wearing his HOPE vest, she said that she did not mind. She petted him and then buried her head in his back sobbing. Romeo remained steadfast in her lap, never even flinching. She cried and petted him for almost 20 minutes. I stood by mostly watching. Finally, she told her story. She was the roommate of Brent's girlfriend. He had spent a good amount of time at their condominium.

Conclusion

When you think about it, trained psychotherapy dogs working as co-therapists have the ideal demeanor to serve as healers. They offer unconditional acceptance, present a non-judgmental and non-threatening atmosphere, easily establish rapport, and give the client a forum for comfort and safety. We volunteered with HOPE Animal-Assisted Crisis Response during wildfires, floods, school shootings, train crashes, hurricanes, and memorials. I witnessed the profound calming effect our dogs created. It is my contention that in the near future more and more mental health professionals will embrace the use of a canine co-therapist for holistic healing of depression, as well as anxiety and other mental health disorders. Indeed, Seeing Heart Dogs will serve as natural healers.

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Lois Abrams, Ph.D., is a Licensed Marriage and Family Therapist with a private psychotherapy practice in Los Alamitos, California, since 1970. In 1999, she introduced into her practice Duke, her first canine co-therapist. Romeo, his nephew, began assisting Duke in 2003. Lois taught master's and doctorate psychology students at Pepperdine University for 20 years. She is a registered Delta Society Pet Partner and licensed Instructor and Evaluator. During disasters Lois, Duke, and Romeo also volunteer for HOPE Animal-Assisted Crisis Response. Comments concerning this article can be sent to: labramsphd@verizon.net.

Duke and Romeo in therapist's chair. Photograph by Lois Abrams.

Lois with Duke and Romeo. Photograph by Herb Abrams.

The Meaning of Companionship between a Person with a Disability and an Assistance Dog

Laurel Rabschutz, Ph.D., University of Connecticut

Assistance dogs not only ameliorate functional limitations, but also enhance the psychological and social aspects of the lives of persons with disabilities. Insights on the individual meaningfulness of the companionship provided by partnering with an assistance dog are valuable in understanding the disability experience. Note: Humans' and assistance dogs' names were changed to maintain confidentiality.

The social and therapeutic benefits of pet ownership or simply interacting with a companion animal are well-documented in the human-animal bond literature. In contrast, limited documentation exists on the effects of assistance animals on the quality of life for persons with disabilities. It is estimated that over 20,000 assistance dogs (guide, hearing, and service) are currently working with persons with disabilities in the U.S. (Eames & Eames, 2004). These partnerships represent a truly unique model of enablement for persons with disabilities. An understanding of this dimension of the disability experience enables human service workers and health care practitioners to engage more effectively with their clients.

The Effects of Partnering with an Assistance Dog

My interest in the relationship between handlers and assistance dogs evolved as the result of over 20 years of experience of volunteering with my own Newfoundland dogs in a variety of animal-assisted activities. Through informal conversations I found anecdotal evidence that the benefits provided by an assistance dog extended beyond functional support. I decided to investigate this relationship further by conducting an exploratory study consisting of surveys, interviews, and observations designed to assess self-esteem and social connectedness among persons with disabilities. The meaning of companionship with an assistance dog emerged as a finding of this study.

The 15 participants in the study obtained an assistance dog through a placement agency to mitigate physical limitations. Their pre-placement expectations were overwhelmingly related to assistive functioning to perform daily tasks. When I spoke to the participants prior to receiving their assistance dog, all but one of them spoke of their expectations for their assistance dog to perform tasks, including pulling a wheelchair, opening doors, retrieving objects, helping with balance, and alerting them to specific sounds.

During our pre-placement discussions, it was apparent to me that they felt marginalized by society. Isolation and loneliness were common topics, so it surprised me that companionship was mentioned as an expectation of partnering with an assistance dog by only four participants. In fact, three participants expressed concerns about their ability to bond with their future assistance dog. However, during the post-placement interviews conducted six months after partnering, 14 participants eagerly initiated discussions on the meaning and value of the relational aspect of partnering with an assistance dog.

Personal Experiences

I was overwhelmed by the depth of the bond that the handlers reported having with their assistance dogs after being together for six months. Here is a sample of some of the experiences that were relayed to me.

Bob is a 52-year-old married man who owns a financial consulting firm. He became disabled after an automobile accident left him with a spinal cord injury three years ago. Prior to receiving his assistance dog, Bob stated:

My family has been very supportive, but I know they can't understand what I've experienced. A lot of my friends and associates have drifted away. I don't blame them. Everyone's busy and now we don't have a lot in common. I'm the poster boy for "I never thought this could happen to me." Counselors are helpful, but still, I don't know, something is missing.

Bob was partnered with Jacob, a Labrador Retriever, who was donated to the assistance dog placement agency by a breeder and raised by a volunteer family. Bob, who had no prior experience with companion animals, had this to say after being partnered with Jacob for six months:

I love animals, but have never owned a dog before. I'm not sure what I originally expected, some sort of furry robot, I guess, to open doors and pick up dropped items. My doctors explained the benefit of having a dog to help me, but this [our relationship] is so much more than that. I never thought we'd be so close. Sometimes we almost seem to communicate without words. I never expected my assistance dog to give me so much joy and be so much fun. Jacob has become a big part of my life. He is a big help and a great friend.

Ann is a 66-year-old single woman with diabetes who has had both legs amputated above the knee. She is a wheelchair user and has been partnered with a "laptop" assistance dog, Chaz. Chaz is a rat terrier who was acquired from an animal rescue shelter. Prior to meeting her assistance dog, Ann spoke to me about her lack of companionship:

I'm single and I don't have many friends. Sometimes you just need someone to talk to. I miss having someone to share my life.

After spending six months with her assistance dog, Ann said:

We bonded immediately and this, of course, grows stronger every day. Aside from family, Chaz has become my truest companion. It's hard to think of life without Chaz. He has a strong desire to do things for me and he does them out of love and respect. It sounds silly, but it's the closest relationship I've ever had. I truly love him and he me.

Cathy, a 40-year-old married woman with multiple sclerosis, hoped that an assistance dog would enable her to regain her autonomy. When I spoke with her prior to obtaining her assistance dog, Cathy commented:

I have a lot of fear and frustration. I am negative and depressed over the loss of my independence. As my disease progresses, I have lost the ability to do things for myself. I've started using a cane and that helps, but I still worry about my lack of balance. My family is great, but who wants to be a burden to their kids?

Cathy also expressed reservations about her ability to bond with the dog. She was concerned about the two-week training session that was required for her and her assistance dog to become a working team. Cathy was partnered with a Labrador Retriever named Chester. After being with Chester for six months, Cathy related this to me about her bonding experience:

We're still working out some of the bugs, but getting Chester has

been transforming to me. The training was challenging, but well worth it. He gives me freedom. Who could ask for more? I enjoy the independence of not always having to ask for help from anyone. I'm stubborn and don't like to have to ask for help.

Cathy eagerly shared several stories of her relationship with Chester. She was amazed that he exceeded all of her expectations. Again, Cathy spoke of Chester:

Chester is always there when I need him; I'm never alone. There are times when I just want to talk to someone who will listen and not give advice. He depends on me and vice versa. We are a team; together we accomplish things. Much like a child, sometimes he's a pain, but I wouldn't trade him for the universe.

Dave provides us with another representative example of the relationship that develops between a person with disabilities and an assistance dog. Dave is a 73-year-old single man who, as the result of a disabling illness, uses a walker or cane for balance and mobility. He has been partnered with a Golden Retriever named Andy. Dave stated:

At first I was skeptical. Only a year ago I lost [my pet dog] Colby. He was the best dog I ever had, but now Andy has won my heart. He is closer to me than many of my friends. [Andy] means as much to me as my closest family. Andy has a keen sense of humor. Sometimes he thinks I should go to bed sooner than I want to. He runs to find my cane. If I don't take the hint, he leaps on the bed and paws down the blankets. At this point I give up and go to bed. He's like a friend. He really is my buddy.

Understanding the Partnership

There is a vast distinction between an assistance dog and a companion animal. However, I was struck by how often participants in this study referred to their assistance dog in terms of friend, companion, and provider of comfort. In fact, talking about their relationship with the assistance dog was a favorite topic of discussion each time we spoke. It quickly became apparent to me that the relationship between a person with a disability and an assistance dog is complex and extends beyond physical support. Healthcare professionals need an awareness of the complexity of this relationship when considering modalities of care or treatment for their clients or patients with disabilities.

I found interacting with these teams to be a profound experience. I witnessed during this study that partnering with an assistance dog doesn't "cure" anything, but it can provide rehabilitation beyond functional recovery and improve the quality of life for persons with disabilities. Practitioners need to look beyond the framework of the medical model of disability and acknowledge that quality of life encompasses more than health-related normalcy. Being disabled often results in dependence on others and a lack of options. Assistance dogs may be beneficial as a component of independent living for persons with disabilities by providing the means to control and add predictability to their daily lives. All participants in this study experienced a perceived change in self-perception and a change in social relationships as a result of having an assistance dog. After being partnered with an assistance dog, the participants were better able to maximize the positive aspects of their lives and minimize the negative ones. They focused on their abilities rather than their limitations.

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Laurel has been active in animal-assisted therapy for over 20 years and currently serves on the National Pet Partners Committee for the Delta Society. Her research interest is in the human-animal bond, a subject area in which she is a speaker and an instructor. A native of Chicago, Laurel now lives in Connecticut with her husband, Paul Pribula, and three Newfoundlands: Rollo, Ben, & Dooley. She works at the University of Connecticut at the Center for Continuing Studies. Comments concerning this article can be sent to: Laurel.Rabschutz@uconn.edu.

Laurel with Ben at water rescue training. Photograph by Ruby Silver.

Laurel with Rollo at water rescue training. Photograph by Donna Kelliher.

Three Perspectives/One Service Dog: The Human-Animal Bond

Philip Tedeschi, MSSW, Institute for Human-Animal Connection, University of Denver Graduate School of Social Work, Carla Garrity, Ph.D., Neuro-Developmental Center, Denver, Colorado, and Amy Garrity, Student, De Paul University

This narrative focuses on the impact of an assistance dog (Indy) from three perspectives. The first section describes how Indy contributed to major changes in Amy's life. The second section expands on this transformation from the perspective of Amy's mother. The final section uses Amy's experiences to support the importance of Animal-Assisted Social Work.

Amy's Story

I hate to think about my life before Indy came; it's an understatement to say that I was painfully lost. Like many others, I began to experience mental illness during my early teen years and struggled to cope. I'd try "sticking my toe in the water" when it came to school or an activity but immediately drew back when the slightest feeling of being overwhelmed washed over me. Even when it was something pleasant, such as cake decorating, I got cold feet. I was happy to wander around the shop owned by the cake decorating school and marvel at cakes, icing, and decorative cake toppers. However, when it came time to take a class, you could count me out. The same went for multiple failed attempts at community college. I was just one big bundle of nerves that all the medication and therapy in the world couldn't possibly unravel.

I had been reading online about psychiatric service dogs and decided plain and simple that I needed one. And so began the process of getting Indy. A phone call went in to a lovely private trainer and a year later Indy was partnered with me for good. I had no idea the extent to which I had turned my life upside down, but I was about to find out.

As an anxious person in public, I always felt as if the world were staring at me, and not in a good way. Indy instantly changed that. Wherever I went with him, I felt as though the world were smiling at us. His loyal companionship alone was enough to help my depression subside and together we made a fabulous team. Not long after being together, my needs began to change. From a psychiatric standpoint I was stable but increasingly experiencing many medical issues. Indy slowly began responding to my medical issues one by one by one. And one day I realized that I no longer had a psychiatric service dog–I now had a medical alert dog. My joints are fragile and dislocate easily, leaving me with a propensity to fall. Indy protects me in public by circling me so nobody can knock me over. If I do fall he'll run and get help, going back and forth between me and the nearest person. In my home he's now trained to dial 911 if there is an emergency. He also alerts me to curbs, cracks in the sidewalk, or uneven ground so I don't fall and get injured.

Without being aware of it, Indy has opened many doors for me. He has been my inspiration to make another attempt at college.

Amy's Mother's Story

I am a Ph.D. clinical psychologist who learned as much from one small dog as from 30 years of writing, teaching, and practicing. My youngest daughter, Amy, truly succumbed during her adolescent years to the challenges of coping with a neuromuscular disorder, the concomitant pain, and the depression that resulted from not keeping pace with her academics, her peers, or even daily life. Naturally, I sought help from my own field, that of mental health. Years ensued of medication trials, misguided professional help, hospitalizations, psychotherapy, cognitive/behavioral therapy, support groups, alternative treatments, and one (yes, just one) fabulous

psychiatrist. One day this exhausted mother overheard Amy on the phone discussing the availability of a service dog. "Absolutely no," I asserted, "I cannot possibly take care of a dog on top of all the other things I do." Undeterred, Amy continued her conversation and offered payment from money she had saved. Thus began the process of bringing a service dog into her life.

A dog was located, a small, three-month-old Cardigan Corgi that I met when he first traveled through our home town on his way to live for the next year with his trainer. Upon meeting him (he had yet to have a name), I immediately said that he was most unattractive and that I did not want a male dog, to which the trainer responded, "This is not about choosing a pet. This is about Amy and the right dog for her." Having been justly put in my place, I quieted and over the next year drove Amy to her training sessions over four hours away. I watched, fascinated, as the two of them worked together on the tasks agreed upon as the necessary ones for Amy's needs. Then the day arrived when Indy was to come for good. Amy was up, dressed, and eager to head for the airport. I have to admit that I felt some excitement too but it was barely peeking out of layers of foreboding and worry as to what I was now taking on in the way of extra responsibilities.

Thus arrived Indy, who now had a name. I later learned that his name was decided upon because he was born on the Fourth of July and also because he would be bringing my daughter her independence. Being a trained service dog, Indy had tasks he specifically knew how to perform to benefit Amy. These included circling around Amy to keep people from crowding her and thus knocking her over, seeking help in the event of a fall, arousing her in the morning, comforting her during depressive episodes, and using the phone if necessary to call for help. Some of these are psychiatric service dog tasks, a relatively new field, which are explained by Joan Froling in a paper available from the International Association of Assistance Dog Partners (Froling, 2003).

Indy came as a trained psychiatric service dog. He was to help my daughter feel safe going out in the world; less afraid of being pushed, shoved, or taking a fall; less humiliated by the stares of others; and less lonely given his presence by her side. Yes, Indy provided all of these but there is no theory or model to explain the growth of the human spirit that came out of the Amy-Indy relationship, the remarkable human-animal connection. Indy brought so much more than his ability to perform these tasks. He brought hope for a future, a purpose in life, and devotion beyond just our love for Indy but extending to all dogs providing service, therapy, and companionship for humans. I was there as a quiet observer as Amy ventured out in the world with Indy by her side. The sternest of people looked down and smiled, others stopped to ask questions, children shouted out with delight, and babies stopped crying as they pointed and said, "doggie" or "*pero*." Mothers pushing frantic infants and toddlers in their strollers looked at Amy and Indy with thanks and relief. Indy quite frankly brought joy, contagious joy, to everyone around him. Yes, the feelings of others can impact our mood. When someone is happy, you experience more happiness. Indy was an alert, engaging, and pleasing dog. Amy's mood soon matched Indy's. With joy, which had long been missing in her life, came energy and determination. At first it was by connecting with those who made and supplied service dog equipment. Many of them were disabled and she not only heard their personal stories but also met people equally enthusiastic about service dogs and equally or more disabled. She began making cards, brochures, and educational tools; wherever she went when questions were asked, she had information to provide. When stores, restaurants, or businesses denied access, rather than responding angrily, she paused and took the time to explain the role of a service dog and, most of all, the rights of a service dog. Amy read voraciously and soon knew an extraordinary amount about the selection, training, and rights of service dogs.

Feeling better herself, she decided to enroll in college and when asked to declare a major, she said that she would like it to be in the human-animal connection field. "What?" her major advisor said, "That is not a legitimate

field for academic pursuit." Undeterred, she advocated for herself and for Indy as well. She was told that this major would not even be a consideration unless she located a professional advisor teaching in an accredited liberal arts university who could offer her course work in such a field. Amazingly, serendipity played into her life, and the *Alumni Magazine* from The University of Denver arrived in my mailbox a few days later. Inside was a wonderful feature article about a new program at the Graduate School of Social Work in the human-animal connection field headed by Philip Tedeschi. What were the chances, I thought, that the head of a graduate school program would be willing to assume the role of professional advisor for a depressed young adult who was just embarking on a bachelor's degree? Amy was enthused like I had not seen for years, encouraging me to at least reach out and ask. Oh my, I thought, would Philip consider her request to study this field, to convince his college of the worthiness of this endeavor, to mentor and support her? Amy, who had lived in a world of disappointment and rejection, was urging me on. "Mother, you always told me it never hurt to ask, so please try." I wrote to Philip. I knew what the workload entails at a university as I was once a member of a psychology faculty, a member who dreaded, due to being overworked, just one more student asking me to sit on a dissertation committee or read a paper or supervise a field placement. This time I was the one on the opposing side of that feeling of dread. I was the one hoping beyond hope that this faculty member would say "yes." And indeed Philip said "yes." The most wonderful "yes" I had heard following years of mental health professionals saying that my daughter has "treatment-resistant depression" or "there is nothing more to try" or "the pharmaceutical companies are working on new drugs all the time."

Three years have now passed with the most fabulous stewardship, tutelage, mentoring, and support imaginable from Philip. Amy's degree is within reach; she will graduate in a year. But this human-animal connection forged something more precious than a college degree–through it Amy found purpose. Through course work, research, and multiple connections to people in the service-dog field, she developed advocacy presentations and educational programs for school-aged children to learn about the inclusion of children with disabilities. Most of all, Amy's life became meaningful.

All of this unfolded because of a little dog that walked off an airplane one cold winter day accompanied by a skilled trainer. A dog trained to perform specific tasks to relieve depression, to provide comfort, and to assist in the event of a medical crisis created a climate of hope, purpose, and meaning. Where, might I ask, do any of us find that in life? Sometimes in the most unexpected of places– an emotional space that evolved from a human-animal connection that no psychological theory can explain. Yet Philip can explain, as he knew of this special connection and believed enough in its power to bring such a program to a university, assuring that many more would thrive as have Amy and Indy.

Philip's Story

Dogs are the best people. And as it plays out here at the University of Denver's Graduate School of Social Work, we are learning a lot about how to be better people, better listeners, more accepting, and truly non-judgmental based on our exposure to the human-animal bond.

Amy and Indy's story represents the power of the human-animal bond in its most powerful element. For Amy, the steady, uncomplicated, yet reliable relationship with Indy was a critical and missing element that is difficult, if not impossible, to reproduce in human terms. The fact that this relationship is so profound to her is an example of the observable power of the human-animal bond.

The relationship between people and animals holds a unique meaning to the field of social work. These powerful connections have been formalized into the academic program at the University of Denver's Graduate School of Social Work. This is the first program of its kind that allows graduate students to receive training and specialized skills for the inclusion of animals in a social work setting. The popularity and power of this approach has now

resulted in the expansion of the program into the Institute for Human-Animal Connection. The program exposes students to best practice and ethical guidelines for Animal-Assisted Activities (AAA) and Animal-Assisted Therapy (AAT).

The strong emergence of these programs is based primarily on the reliable beneficial effects that animals have on human health, well-being, and motivation. These notable effects can be demonstrated across age, ethnicity, gender, sexual orientation, socio-economic status, and life condition. Images of animals appear in literature of all kinds, art, celebrations, dreams, fables, folklore, language, medicine, music, religion, work, and recreation. Animals themselves can be found in nearly every aspect of life. Also referred to as Pet-Assisted Therapy, Pet Therapy, Animal-Assisted Therapy, Human-Animal Bond, Human-Animal Interaction, and Animal-Assisted Activities, current literature supports a broad range of applications and approaches for motivational, educational, recreational, and therapeutic benefits to enhance quality of life in a variety of social work settings.

Fundamentally, this therapeutic approach brings a specifically selected animal and person together. Depending on the wide range of individual needs of the person and differing therapeutic settings, the type of animals and applications may vary significantly. There are companion animals, service animals, and therapy animals and applications offered through visiting, inpatient residential, and outpatient approaches. Small, medium, and large animals, domesticated and non-domesticated, may participate. Specially trained animals may assist persons with specific limitations and disabilities, such as seizure alert dogs. Animal-Assisted Social Work (AASW) is used effectively with older clients dealing with transition to elder care settings, loneliness, loss, depression, grief concerns, and end-of-life issues and with adults in a variety of situations and settings including homelessness, substance abuse, and corrections. Disabled and isolated adults, such as those dealing with AIDS and other chronic and debilitating medical conditions, have found the inclusion of animals to be highly therapeutic. Animals offer multiple levels of support for their human companions. For example, service animals assist with mobility and other functional needs but also serve as best friends, companions, and a social lubricant within a judgmental world. They are widely used in many differing capacities for child development and socialization, attachment problems, and empathy development and in special and public school settings to improve attendance and participation–even reading, speaking, and writing abilities. AASW has been used effectively with disruptive behavioral issues, Attention Deficit Disorder, substance abuse, eating disorders, trauma and abuse issues, depression, anxiety, relationship problems, and communication needs. Integrating animals into social work can develop and enhance non-verbal communication, assertiveness and confidence, creative thinking and problem solving, leadership, work effectiveness, taking responsibility, risk-taking, teamwork, social skills, confidence, and attitude.

The human-animal bond can be difficult to define, even harder to measure, impossible to place a value on, and yet it occurs in our relationship with our animals in millions of people's homes every day.

Reference

• Froling, J. (2003). Service dog tasks for psychiatric disabilities. International Association of Assistance Dog Partners. Retrieved January 9, 2009 from www.iaadp.org/psd_tasks.html.

Philip Tedeschi, MSSW, LCSW, coordinates the Animal-Assisted Social Work Certificate program at the University of Denver's Graduate School of Social Work where he is an Assistant Clinical Professor. The Institute is the only academically based program in the U.S. for the training of professionals in the clinical application of animals to human health and mental health. In addition, he is a clinical consultant to the American Humane Association.

Carla Garrity, Ph.D., is a child clinical psychologist in private practice at the Neuro-

Developmental Center, an inter-disciplinary practice in Denver, for the assessment and treatment of children. In addition, she develops interventions to prevent bullying and is the co-author of *Bully-Proofing your School* as well as numerous books in the divorce field. Carla is mother to Amy.

Amy Garrity is currently completing her undergraduate studies at DePaul University. She lives with her service dog Indy and together they do educative and advocacy work for organizations supporting the value of service dogs. Comments concerning this article can be sent to ptedesch@du.edu .

Indy. Photograph by Amy Garrity.

Call for Papers

REFLECTIONS SPECIAL EDITION ON ISSUES OF PRIVILEGE

While the topic of oppression and marginalized populations has historically been the focus of multiculturalism in social work education and practice, there has been increasing attention in the last few years from scholars and practitioners on the topic of privilege and its role in maintaining systems of stratification. This attention has primarily focused on white and male privilege, but has broadened more recently to include social class, heterosexual, able-bodied, U.S./American, citizenship, linguistic, size, Christian, educational, and positional privilege. The journal *Reflections* seeks narratives on the impact of privilege on the practice of social work and other helping professions, as well as the education, training, and supervision of practitioners.

We seek narratives from the perspectives of students, educators, practitioners, and clients that address general issues of privilege, or issues related to specific types of privilege. Narratives may address, but need not be limited to, the following questions:

- What has the process been of coming to recognize the impact of your privilege on your personal and professional life?
- How have you come to reconcile the inherent tension between your marginalized and privileged identities?
- What resistances have you encountered in your own process of recognizing privilege? How have you worked through those resistances? Where do you still struggle?
- How has privilege impacted your professional relationships with colleagues, students, clients, therapists, supervisors, and supervisees?
- How has privilege impacted your personal relationships with partners, family members, friends, and social networks?
- How does privilege shape the classroom experiences of educators and students?
- What approaches, techniques, and strategies have you found to be effective in educating others about issues of privilege?
- What does privilege look like in higher education? In private practice? In community practice?

Mail manuscripts by June 30, 2009 to:

N. Eugene Walls, Ph.D., *Reflections* Special Issue Editor
Graduate School of Social Work
University of Denver
2148 S. High St.
Denver, CO 80208

If you have questions or would like to discuss ideas you have for manuscripts, you may contact N. Eugene Walls at (303) 871-4367, or by email at ewalls2@du.edu.

Dancing with Grace: Evolution of a Pet Partner team

Nan Palmer, Ph.D., Washburn University

This is a story of a social worker and her dream of having a therapy dog in service to others. The reader is taken along on the journey as this dream unfolds. Woven into the narrative are practice concepts, the use of animals as therapeutic mediums, and the animal-human bond which transforms partners in the dance. It is story of how animals enrich our lives and spirit while teaching us how to live on our planet and with each other.

Nan with Gracie.
Photograph by Les Coover.

Genesis of a Dream

Destiny unfolds in its own time. From conception to realization it was 17 years before Gracie came into my life in the form of a frightened, Standard Poodle puppy. The dream emerged in 1985 when I was a social worker practicing clinical therapy at the Northeast Kansas Mental Health Center in Leavenworth, Kansas. In order to reach out to more rural families, we opened a branch office in Tonganoxie, a small farming community of 2,000. Our office was situated on top of a hill across from the school. We were restricted to only two rooms and many clients were children in need of more space to move and play. The grassy field outside was frequently our "therapy room." During this time my desire to have a therapeutic dog took form. Most of the children talked about their pets–rabbits, turtles, birds, and cats–and country life. For some children who were placed in foster care or with relatives, there was a grief-like sorrow because of being separated from their cherished pets. These longings were readily evident in their play and art therapy.

The idea of animals as adjuncts to therapy, however, was nourished long before in my own childhood. My father, a professor of life sciences, lived with an abiding reverence for nature. Well remembered were family outings–peering inquisitively into the Pacific Ocean tide pools or gazing up at the redwoods reaching forever into the sky. My mother worked with Mexican and other Latino families in Southern California. She taught me the value of learning a second language as a means of honoring and connecting with diverse populations. Through these experiences I had a sense of something powerful far beyond myself. My love for animals was enriched with our first dog, a rescued soul we named Toby. As a small child I felt such great enchantment with this marvelous English Pointer who so patiently tolerated and responded to our exuberant play. Toby was an interesting family member–a well-trained dog as well as a resourceful rogue who would jump a six-foot fence for a trip to the local butcher shop. Toby's feats were tempered with our compassion while he trembled his way through Fourth of July celebrations. In his presence I learned that living things have their strengths as well as challenges to overcome, a concept I later understood to be an essential part of social work practice.

These childhood memories threaded their way into my clinical work. I identified with this ache I felt for the children and families who not only had been traumatized but were also distressed at the separation from their beloved animal companions. Over the years, as I developed expertise in working with child and adult survivors of trauma, I more fully understood the power of the animal-human bond. Research (Allen, 2001) confirms that people who experience trauma, particularly of an interpersonal nature, may be more likely to form attachments with pets as a secure base. Stein, Allen, Allen, Koontz, and Wiseman (2000) likewise noted this phenomenon in their research.

Nurturing the Dream

Over the years the idea of a "therapeutic" dog never left me. It followed me around like

a shadow, always in the background, always moving with me along my path like some scene from a Fred Astaire movie. I had the opportunity to work on sabbatical at the Menninger Foundation with the CECA (Childhood Experiences of Care and Abuse) team, facilitated by Dr. Helen Stein. After this experience I was even more convinced of the importance of animal therapy as an adjunct to clinical practice. Their research included pet attachment as part of data collection. The work by the CECA team fueled my imagination and hope.

Formative Years

After a dozen years of teaching and serving as department chair, I was eager to return to full-time teaching and finally take action on my dream. Her name would be *Gracie*. I had her name picked out before I found her. Although the first time I saw Gracie was on the computer screen, I knew that she was just for me. It was destiny. I devoted extended time talking to the breeder in California. It was much like doing a social history in practice. Given my awareness of the importance of bonding and attachment as essential to all mammalian life, I was impressed with the philosophy of having the mother naturally wean her puppies and socialize them. My sense was that Gracie was off to a great start. That is, until fate intervened along the way. Tragically, the airline delivering Gracie to me mistakenly flew her to the wrong destination. Her initial six-hour trip turned into a harrowing 24-hour journey.

Some moments are indelible, carved through trauma or exhilaration. Lying flat on the floor by her shipping cage, I called her name, "Gracie." Slowly, cautiously, she ventured out and licked the tears on my face. Gracie was in my arms at last, four months old, all 20 pounds of her. A photo of that moment is telling–a fusion of terror still in her eyes and of relief as she folded into me. I felt the same thing too. In social work practice we speak repeatedly of the core conditions: warmth, genuineness, and empathy. I believed that I had all the core qualities I needed to be a good "mom," trainer, and pet partner. The warmth and genuineness were there, but empathy, the ability to understand her world from her perspective, would take on a different meaning when I adopted Gracie. I had much to learn.

Dance Class 101

Aware that I had to educate myself, I eagerly read and tried to absorb the writings of such experienced trainers as Paul Owens (1999), author of *The Dog Whisperer*, and later, Dr. Patricia McConnel (2002), certified Applied Animal Behaviorist. She illustrated the challenges of communication among different species as she explained how to get your dog to come by acting less like a primate and more like a canine. My approach was similar to what I would do as a practitioner learning about a new client or field of practice, i.e., reading the literature, observing, asking an endless parade of questions, and accomplishing a field practicum in the process. Yet, unlike practice in which is one is trained to take an objective look at the client and situation, I was soon to experience painful lessons from my very personal involvement that make such objectivity difficult to live out. It was a sobering discovery to learn that my vision of being part of a therapy dog team might not have been one my Gracie shared. As I reflect on this, I think about the mantra in social work practice of self-determination in working with clients. Whose plan is it? What have been the client's perspective and vision? In what way might we as practitioners subtly or not so subtly thrust our desires and determination on the client, thinking all the while that we know best? These questions gave me pause.

Gracie's reserved personality, along with her traumatic journey, was a challenge for her and for me. Perry and Szalavitz (2006), for example, studied rats and through brain research discovered that stress-reactive rats had over-activity in the adrenaline and noradrenalin systems. Ultimately, I could not know what effects, if any, were due to her prolonged journey to me. However, I was aware of how people experienced interpersonal trauma and would put this knowledge to use. For example, it did not seem to be Gracie's nature to like being cuddled or touched. She also displayed a pronounced

startle response. Children and adults who have experienced sexual assault or violence may display similar behaviors. I had to be careful not to over-apply my understanding of clinical work to this situation. Gracie loved to be near me, often quietly lying with her elegant legs stretched out and crossed, giving her a very spiritual presence. Wherever I went she was there. At the time I was unaware that I was putting my primate expectations on her rather than fully understanding her particular nature as a dog. For example, Grandin and Johnson (2005) utilized their own personal experiences with autism to further our understanding of animals, observing that "a lot of normal people don't realize that you have to *stroke* animals, not pet them" much like the way a mother's tongue licks them (p. 115).

Not fully educated in the ways of dogs, I did not understand that Gracie was highly tactile and very sensitive to touch. She was also very sensitive to "personal space": that is, as a pack animal her skills in negotiation and deference to others when needed were well-developed. The very skills and attributes, the strengths and gifts she used to survive, were a puzzling challenge to me. I had a second language to learn in the skill and art of communication. In retrospect, I see this situation much like the invisible mantle of *white privilege* about which McIntosch (2002) so powerfully wrote. In essence, I had the privilege of being human and was overlaying my expectation of Gracie according to human primate terms, not her own. In this regard I strayed from the social work practice wisdom that would have guided me so well.

Watching Gracie respond to me in her gentle and elegant manner nourished my confidence as we trained together. After her initial puppy training, I elected to work with experienced dog trainers and Pet Partner teams who were well-versed in the standards of the Delta Society. Delta is an international organization that sets high standards for skills and aptitudes in Pet Partner teams. In meeting these standards and all other requirements, a Pet Partner team is also insured for liability, a benefit few organizations or trainers actually provide for "therapy dogs." The terms AAT (Animal-Assisted Therapy), which is goal directed and is overseen by a healthcare provider (e.g., in individual or group therapy), and AAA (Animal-Assisted Activity), which is non-goal directed (e.g., visiting children and adults in hospitals), more accurately describe Pet Partner activities rather than references to a *therapy dog*. The latter term is used in this narrative since it is a term more conceptually familiar to readers. Service animals are of a different category, trained to assist their owners with daily living activities.

The Gift of "Failure"

My dream to have a therapy dog was compelling, so much so that I pushed us onward. Believing that my Gracie was ready to take the Delta Society (2007) evaluation tests through her consistent obedience of "sit," "stay," and the like, I arranged a practice run with trainers experienced in Delta standards as part of testing our progress in engaging with people unfamiliar to her. When these strangers attempted to handle and pet Gracie, she pulled away showing anxiety and stress. Feeling embarrassed and very much that I had failed, my dreams were shattered in an instant. This discovery was distressing since some of the skills a Pet Partner team must demonstrate include accepting petting; tolerating examination of ears and body; and such aptitudes as managing exuberant clumsy petting, a restraining hug, and crowded petting by several people. I believed that I had failed in my efforts, failed to understand more clearly all that is needed and required for a visiting Pet Partner team. And most agonizing of all, I failed my Gracie. The experience left me with profound doubts and soul-searching questions about myself. Had I imposed my desires on Gracie? Were we not suited as a Pet Partner team? Some animals, as well as people, are not suited for this role. Did I compromise the trust she had in me as her protector and source of nurturing? The parallel to practice was not lost on me. I thought of my developmental years as a clinician and of those of my students. I reflected on our efforts to be good and wise practitioners who would do no harm and be helpful. Weick (1983) keenly observed that practitioners may inadvertently expect clients to respond to good efforts and assume that

they are competent only when the client changes or improves. I felt undone. I grieved the imagined loss of my dream perhaps much like a beginning practitioner may feel a sense of incompetence and failure when a client does not make progress or behaves in some unexpected manner.

A short time later we watched on the sidelines while our canine "play pack" that grew up together went through the Delta evaluation with ease. Admittedly, my ego was wounded and my confidence waned. It was demoralizing at the time, yet the experience later became a cherished gift when I would understand that I had not "failed," we had not "failed"–we were simply not ready. (The Delta Society has since changed *pass/fail* to *not ready* or *not appropriate* on their evaluation form.)

The process of becoming a team is one of education and evolution. At the time I was approaching working with Gracie as two separate entities rather than as partners in a dance. This metaphor serves to illuminate the idea that as in dancing, while one may lead, there is an exquisite trust and agreement between both parties to move as one unit. Social work practice teaches us that the process of moving forward must be mutual. Our transition to balancing both our styles and perspectives was imperceptible as we worked. Fortunately, through the expert observation of my teacher, I learned that Gracie was more *reticent* than *frightened* of touch. She helped me understand that Gracie was being "respectful" of strangers "pawing" on her head and giving them space, much as she would a strange dog. From Gracie's perspective she did not understand accepting what would be considered intrusive behavior had a dog behaved in a similar fashion. Further education enabled me to understand that Gracie was highly sensitive to touch. In keeping with the work of Grandin and Johnson (2005) regarding stroking rather than petting, my trainers introduced me to Tellington Touch (Clothier, 2007), a method of helping animals that are highly sensitive become more comfortable with touching and handling. The process was one of communication and learning to *ground* both Gracie and me. In addition, I used hand signals and behavioral methods through food reward and clicker (sound) training to mark desired behaviors. Gracie learned her job of visitation, including allowing strangers to intrude and pet her irresistible fluffy head and shake her paws in human or primate fashion. Much like social work practice, in the process we developed bridges between our two cultures using her language and mine. We possessed a strong work ethic and transformed from working as two separate entities into a synchronized unit of harmony and trust. On October 2, 2004, we danced our way through the Pet Partner evaluation with great success.

The Dream at Last

During our training I took the time to make field observations shadowing experienced Pet Partner teams, much like students would do with a field instructor in practicum. It was time to move from observation to action, venturing out on our own. In social work we champion the need to be open to the world and perceptions of our clients. The very qualities that Gracie and I had that challenged us became gifts to others. She was especially suited to visiting the frail, elderly, and seriously ill. Her respectful way of giving space to others was essential. The way Gracie would gently place her muzzle on the arm of a resident or staff was endearing to them, frequently acknowledged with an "ahhh" or softly whispered "ohhh, how sweet." One resident decided that Gracie, because of her larger size, should be a male. He offered this suggestion, "He's beautiful and should have a regal name like Napoleon." Far from being offended, I realized that this gentleman was fully invested in our visits. We relished our work and savored our experiences.

Over time we became a familiar sight for many of the clients and staff at a number of facilities. In Animal-Assisted Activity, visits are spontaneous and may last from a few minutes to more than half an hour. The aim is comfort, support, and care. These are times of engagement and exchange in the present. Stroking a pet, reminiscing about departed animal friends, or talking about separation from loved ones, both human and animal, was for

clients a time of experiencing a little relief or putting some part of life in another perspective. The essence of these encounters is most often subtle. To be sure, there are countless instances of an animal lying quietly on someone's bed in the last transition of life and of a comatose or severely depressed person responding. These very dramatic things do happen and serve to fuel our intrigue with the animal-human bond. For the most part, however, we may not know the magnitude of a single brief encounter. For example, we have been visiting at the Cotton O'Neil Cancer Center, an innovative treatment facility that includes art therapy and music therapy as well as visitation with Pet Partner teams from the Prairieland Visiting Animal Association. As part of our routine, we visit with people (those who want to) in the waiting area and in the medical treatment wing where people are undergoing chemotherapy. We visit with the staff as well. In a health care facility where there is a daily struggle for life and death, it is essential for staff to also have support and respite as well. As we make the rounds, many staff look forward to giving Gracie a special treat that was brought just for her. Their generosity and support for us always touches my heart. On one particular visit we encountered an elderly gentleman being wheeled down the hall by a staff member. His physical discomfort was noticeable, yet his eyes took on an instant "sparkle" when he saw Gracie. With his permission we spent some time visiting with him, saying little. Talk was not necessary. The conversation unfolded in its own way. On our return visit, the staff told me that the gentleman had died shortly thereafter, but before his passing he talked repeatedly about Gracie. Animals can guide people to being fully present and for a few moments someone may feel a brief respite from illness, worry, or fatigue. As in social work practice, one never really knows the depth and lingering power of contact. So it is with visiting animals. Through interaction with animals we are brought back to our connections with nature, to the wonder of life and pathos of death that all living things experience. In many respects these encounters mirror our need as practitioners to be fully present with our clients, to be mindful and aware of teaching moments for them and for ourselves.

We approach visiting with the understanding that not all people are enamored with dogs, cats, or other animals and in fact may have been harmed by them. The social work practice skills of reading non-verbal behavior along with verbal communication are critical not only for Gracie and me as a team but for visitors as well. I had numerous instances in serving as a Pet Partner facilitator in a clinical therapy group at a psychiatric facility where a member wanted to be in the room but more comfortably protected behind a chair. Much like Gracie had been in cautiously emerging from her shipping crate, participants would become so moved by her gentleness and responsiveness that they too wanted to reach out to her. As a facilitator of these group therapy encounters, I would teach the members Gracie's sign language and signals so that she would be able to interact with them. When Gracie would sit up, sit down, or back up at a few movements of a group member's hand, it was powerful. People who have been hurt and terrified at the hands of humans frequently do not view themselves as powerful. A key element in the experience of trauma is not having control over events or another person such that assault, pain, and injury occur. Here then was an alternative encounter in which the survivor could experience a sense of self-efficacy, if only for brief moments. Clinical staff shared with me that Gracie's visits would help clients open up or become more engaged with others. The group experience itself helped to forge a common thread of communication among them.

Social work is about creating a *goodness of fit* between natural resources, clients, and practitioner. Pet Partner teams would do well to have this as a guide. We will never be a team that goes into disaster zones or the like, and groups of loud, animated children are still a challenge. That is all right with us. We will keep growing in ways that build on our strengths and are best suited for us. In her quiet way and mine, Gracie and I hope to make a difference by just being present and saying, "We care and you are important."

Finally, lest I get too enchanted with my Pet Partner venture, Gracie brings me to the reality of her ancestry with wolves. Her enthusiastic presentation of a squirrel or other catch of the day serves to remind me that she is on loan, a gift from what I hold to be a Divine Universe. I believe that in allowing herself to be domesticated, I am forever committed to keeping this sacred trust of my animal companion and Pet Partner. It is a privilege and honor I cherish.

Epilogue

Writing this narrative has been a difficult and yet inviting experience. Because so much of our work is in the moment, getting a sense of it all somewhat eludes me. I asked my mother, Jean Palmer, Ph.D., age 90, if she would be comfortable giving me a few impressions based on our frequent visits. This is what she wrote:

> *Gracie and I have a lot in common. We got moved around a lot under scary circumstances at an early age. She was shifted around by plane–literally all over the country. Loud noises, vibrations, strange people, strange voices, strange smells, and strange sights. I was shifted by horse and buggy and primitive cars to different places but with the same kinds of strange sensations. Although we have both had a lot of training/ education during the years, we still have the same lurking anticipation: What comes next? How will we manage? What is going to happen?*
>
> *We meet lots of people. Most have good manners. A few do not. We have learned to tolerate unpleasantness or "jump ship" when it gets to be too much. But now we have families and will go to great lengths to please them. However, we are both loners and enjoy solitude at times. I guess you could call us "mixed bags." We get along just fine because we both need lots of elbow room, and when we have a job, we do it.*

I have contemplated this message many times. I was puzzled and intrigued because her comments were not what I expected. Understanding only came with time and a passage I encountered in the book *Merle's Door.* Kerasote (2007) shares with his readers the work of Barry Lopez recounting the answer of an old Numaiut man who was asked at the end of his life who knew more about the mountains: the old man or the wolf. The old man is said to have replied, "The same. They know the same" (p. 89). Therein lies the quintessential message. Our ancestry is inextricably woven together. It is what I believe to be the oneness of the universe. All other distinctions seem artificial. Many times, making such distinctions puts people, animals, and the environment in a hierarchy and creates disharmony and dissonance. As a Pet Partner team, Gracie and I are honored to be of service. I am, however, mindful that we may someday be the ones in need. It isn't whether we are the practitioner or client, we get caught up in playing out these differences in our minds. Perhaps living well and nurturing our own and next generations and planet depend on our understanding that ultimately we are the same in this universe. It is this essence of nature that my mother so wisely understands, just like the Numaiut man. They have come full circle in the dance. It is our opportunity to join them.

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Jean Palmer, Ph.D., with Gracie. Photograph by Nan Palmer.

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Nan Palmer, Ph.D., ACSW, LMSW, is a Professor of Social Work at Washburn University in Topeka, Kansas. Comments concerning this article can be sent to nan.palmer@washburn.edu.

Dogs Bringing Comfort in the Midst of a National Disaster

Louise B. Graham, Ph.D., Bridgewater State College, Massachusetts

Animal-Assisted Crisis Response work involves a certified animal (dog) and handler (owner). Together they bring a compassionate presence and comfort to those impacted by disaster. The present focus is on canine-assisted crisis intervention with disaster clients. Anecdotes of these interactions are described with particular attention to intervention techniques. The dog serves as an entrée to the establishment of a relationship and a venue for the affected individuals to talk. This rapport building then allows the human part of the team to normalize trauma reactions for adults, children, and first responders.Note: Disaster survivors' names were changed to maintain confidentiality.

Disaster mental health work is not traditional counseling, and when a dog and counselor team up, the equation is another step removed from the expected. The dog becomes the vehicle for the client to connect with the handler and express his/her thoughts and feelings. Smart-Alec and Ellie-Mae are my canine Siberian Huskies who serve as co-therapists in animal-assisted disaster work. Smart-Alec is a two-year-old, 58-pound male who is very talkative. In stark contrast, Ellie-Mae is a delicate, blue-eyed three-year-old female that is usually mistaken for a puppy because she is so petite.

An illustration of the work that these teams do is a search-and-recovery operation Smart-Alec and I were on together. Our role was to support the search-and-recovery teams when they came in from searching the woods for remains and to support the people waiting at the staging center for news regarding the finding of any remains. Searchers coming in from the field would walk over to Smarty, with a smile on their face, and ask to pat him. Momentarily, they had forgotten the sad mission they were on and enjoyed the attention from my furry friend. A family member of the missing young man came over to Smarty, patted him, and told me about her dog. For a brief moment in time, she was relieved of the reality of the situation at hand. We also discussed her bringing her own dog the next day as support for her–and she did.

Working with veterans in my occupation made me aware of the impact that their animals have on them. In some cases, it was the life-saving measure preventing them from suicide for fear of their animal not being taken care of if they died. I have always had dogs and treat them a bit too much like humans. When I had two new pups, I decided to train them to be pet-therapy dogs. After a year of doing the pet therapy, I saw a picture in the newspaper of a crisis dog that had visited a school after a shooting and immediately started the inquiring process for me and my dogs to become certified.

The Delta Society (n.d.) has several definitions for animal-assisted activities. Animal-Assisted Therapy (AAT) is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with specialized expertise who incorporates the animal into the therapeutic treatment plan. Animal-Assisted Activity (AAA) provides opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance the quality of life of recipients. A major difference in AAA is that the animal is not part of the treatment plan. AAA is delivered in a variety of environments by specially trained professionals, paraprofessionals, and/or volunteers in association with animals that meet specific criteria (Howie, 2000).

Animal-Assisted Crisis Response (AACR) provides relief and comfort to those affected by crises and disasters through trained and certified human-canine response teams. Teams work alongside organizations that meet

the mental health needs of survivors, responders, and others affected by crises and disasters (HOPE, 2000). A license in social work or mental health is not a prerequisite for becoming part of an AACR team, although many handlers do have a license and this work is a natural extension of their profession.

There are differences among the various titles and responsibilities of these dogs. Some of the titles are the following: Service Animal, Therapy Dog, and Companion Animal as defined by the Standards of Practice of Animal-Assisted Activities and Therapy (Delta Society; Howie, 2000). The Delta Society has defined these titles in the following manner:

Service animals are legally defined by the 1990 Americans with Disabilities Act and are trained to meet the disability-related needs of their handlers who have disabilities. Federal laws protect the rights of individuals with disabilities to be accompanied by their service animals in public places. Service animals are not considered "pets." However, therapy animals are not legally defined by federal law, but some states have laws defining them. They provide people with contact with animals but are not limited to working with people who have disabilities. They are usually the personal pets of their handlers and work with their handlers to provide services to others. Federal laws have no provisions for people to be accompanied by therapy animals in places of public accommodation that have "no pets" policies. Therapy animals usually are not service animals. A companion animal is not legally defined, but is accepted as another term for "pet" (Howie, 2000, Definition Section, ¶1).

Qualification as an AACR team involves a sequential process. First, the dog must be a year old to sit for the Canine Good Citizenship test. Many dog training centers administer this exam. The next step is for the dog to pass the Therapy Dog certification. The two major certifying organizations are the Delta Society and Therapy Dog International (2006). The team must engage in pet therapy visits for a minimum of six months prior to applying for the AACR course. Ellie-Mae has made over 125 visits to our local nursing home and Smart-Alec over 100. Smart-Alec and Ellie-Mae were certified through an AACR organization based in Oregon. The AACR process involved a four-day course for the team. Additionally, the volunteer should be a volunteer with local emergency response disaster services such as the Red Cross or Salvation Army or county emergency management agency. The FEMA course IS-100 (Introduction to Incident Command Systems) and a basic Critical Incidence Stress Management (CISM) course are required. The organization has a code of ethics that was adapted from the Ethical Standards of Alcoholism and Drug Abuse Treatment. Some other AACR organizations are HOPE animal-assisted crisis response, Northeast Crisis Response Coalition, NCRC (n.d.) and NOAH's Canine Crisis Response Team.

The owner must assess if there is a goodness of fit between his/her dog and the demands of the work. This work is stressful for the dog and the handler alike. Loud noises, changing environments, long hours, disrupted schedules, and sometimes unhealthy conditions are the norm. It is the handler's responsibility to protect the dog. In terms of the conditions for deployment, there must also be a goodness of fit for the handler.

I have been to Katrina, the California fires, the Atlanta tornado, the Parkersburg tornado, the Iowa floods, and Northern Illinois University where the shootings of many students took place on Valentine's Day 2008. Some deployments were with the Red Cross as a mental health worker and some with the AACR group with my dogs. On some of my Red Cross deployments, I was the guide for AACR teams and directly experienced the impact of additional dogs with clients. In disaster work one might ask, "Why bring a dog?" Disaster work is different from traditional counseling, so the traditional stays back in your home office. What is first and foremost is a compassionate presence. On site I introduce myself as Louise, not Dr. Graham. There is no need for them to know that I am a doctor. If they ask about my role, I tell them that I am in mental health. The survivors need to have someone to hear their story, to acknowledge their pain and the extent of their loss, and to display empathy. Silent listening, a hand on their back, or a hug is often what coveys the caring.

In this instance, the mental health worker needs to "just be" at times rather than "do." Josh Billings (n.d.) said, "A dog is the only thing on earth that loves you more than he loves himself" (Quotations Section, ¶70).

Ellie-Mae serves as the welcoming receptionist, inviting the client in for her undivided attention. Smart-Alec looks rather like a polar bear and proclaims his arrival with many guttural sounds as he jogs up to people, tail wagging. When people see Ellie-Mae or Smart-Alec, they quickly feel comfortable to approach and ask to pat my canine welcoming committee, which elicits smiles on their faces. The dog does the initial contact just by its presence and that establishes the relationship. Some of the first questions from clients are "what is the dog's name?" and "why are you here?" The dogs are great ice breakers. Clients observe my caring and attentive interactions with the dogs and deduce that I must be trustworthy if the dogs trust me. They observe the positive relationships we share. Unsolicited, clients usually begin speaking about their own dogs. Thus, the kernel of rapport begins to grow.

College Campus Shooting

Ellie-Mae and I went to Northern Illinois University (NIU) after the shooting deaths of five students. Many students ran up to Ellie and asked to pat her and then immediately began speaking about their own dogs back home. A sense of calm reminiscence came over their faces as they spoke about their dogs. There are many studies that speak to the calming effect of stroking a dog (Friedmann, Thomas, & Eddy, 2000). Ellie-Mae allowed them to regress to a place that was safe, secure, and comfortable. A number of them spoke of the intrusive nature of the media and how the newscasters had thrust the microphones in their faces and demanded that they recount the shootings. One young lady said that students learned to walk in the opposite direction as quickly as possible when they saw the media presence. If contact with them were unavoidable, they dropped their heads, averted their gazes, and rushed by. She said that it was so nice to just pat the dogs and not think or talk about what had happened for a minute.

They expressed their feelings and thoughts as they stroked and hugged little Ellie-Mae. They had some of their needs fulfilled by nurturing and being nurtured by her. This was a momentary escape from the horrible tragedy and uncontrollable environment in which they had found themselves. Speaking about their dogs back home or from their childhood led them to speak of home, parents, and siblings. Most recounted how they returned home the very evening of the shootings. They spoke about their parents taking care of them and how their parents were frightened for their safety. This allowed them to transition into disclosing their own fears and the feeling of being unable to control their campus environment. Ellie-Mae was especially welcomed at NIU because the mascot for NIU is a Siberian Husky. I told the students that when Ellie-Mae heard of the tragedy at their school, she wanted to come, knowing that their mascot was a Siberian.

There were small and large makeshift memorials all over campus for the five students who were shot and killed. All the memorials had stuffed animals with Siberian Huskies prominent. In front of Cole Hall, where the shootings occurred, there were six white wooden silhouettes of Siberian Huskies. They had placed five of the Siberians running in one direction and the sixth, representing the shooter, running in the opposite direction. That sixth Siberian was continually knocked over face down in the snow, only to be picked up later and repositioned by another student. Because Ellie-Mae is a Siberian, she triggered discussion about this practice among the students while they were patting her. Some felt sorrow for the shooter. Others felt anger and wanted no memorial for him. This naturally led to the discussion of Cole Hall being torn down. Again, students were conflicted in their feelings. Some students believed that it should be torn down and a memorial built in its place while others thought this was "giving in" and that they should return to class in Cole Hall. Their emotions ran the gamut as I sat quietly and let them stroke, pat, and hug Ellie-Mae. Her calm presence elicited their innermost

expressions and feelings. It was truly wonderful to work with my good co-therapist.

The faculty in the History Department and at the Latino Center requested that the dogs come for a visit. The teams went into the classrooms at the beginning of class and the dogs went around and visited with the students. The faculty and other people at the Latino Center told us that the visit had made a "huge" difference in the students' demeanors. Faculty commented that it brought a climate of normalcy back into the classroom. Surprisingly, the History faculty requested that we come up to their offices. They all came out of their offices and patted the dogs and then spoke about their own dogs at home. Perhaps we all need to regress in the face of adversity. The moments of regression allowed faculty to verbalize their own uneasiness and stress at having had to come back into the classroom to help their students deal with anxiety, fear, and their "forever changed" university. It was obvious that they had the same feelings and thoughts as their students but had the additional pressure of having to be the supportive, stabilizing, and guiding forces in their students' lives.

The University Counseling Center was the initiator of our visit to campus. We always had one or two dogs on duty in the waiting room of the Counseling Center. Students came in for their session and were surprised to see the dogs. They quickly began asking questions about the dogs, smiled, and seemed more at ease. We were quick to point out that no matter where we were on campus, we were at NIU because the Counseling Center had invited us and arranged for our stay. We knew that the Counseling Center would be dealing with this long after we had returned home. The head of the Counseling Center told us that students often commented that they did not want the counselors in their classes, preferring the dogs instead. The Counseling Center hoped to make therapy dogs a part of their ongoing program and believed that the success of the crisis dogs would be a helpful impetus to seeing this through to fruition.

No matter where we went on campus, we were welcomed with open arms. The staff in the cafeteria greeted us (rather, the dogs) each time we went for meals. They took pictures of the dogs and hugged and patted them just as everyone else had done. Before I arrived at NIU, I had thought of the dogs in relation to the students and had not anticipated the rest of the university community to be as receptive. How wrong I was! Everyone in the college community welcomed the dogs' love and affection and seemed to get in touch with their feeling side through their encounters with them.

The dogs slept in the dorms with us, rode on the university buses, went to the cafeteria with the students, attended a basketball game, and attended the memorial service for the five fallen students. For a brief moment in time, the dogs became part of the NIU community and were open and inviting to all. Ben Williams (n.d.) said, "There is no psychiatrist in the world like a puppy licking your face" (Quotations Section, ¶1).

Fire

Crisis dog teams work in all types of disasters–fires, tornados, floods, and manmade disasters such as 9-11. The crisis dogs are able to provide a valuable service to parents who come to service centers or dining facilities at disaster sites. Clients come to the service center and meet with Red Cross caseworkers and fill out paperwork to see if they are eligible for aid. This process usually takes about an hour. FEMA is often at the same center so that clients can apply for federal aid at the same time as they see Red Cross staff. Paperwork proving residence and personal identification is required. In many instances people have lost paperwork in the disaster, are sleep deprived, and have not eaten properly. Their routines are completely disrupted and they are overwhelmed with the magnitude of their situation. Anger, confusion, numbness, and sadness are normal reactions to the devastation.

One young man, who had lost everything in his apartment during a fire, was not able to produce the required verification paperwork. He became very angry and started yelling at the caseworker: "I have no [expletive] gas money!" Fear and anxiety were clearly written on the face of the caseworker. Smart-

Alec and I approached the young man and just waited for him to acknowledge us. He complained loudly about the system. I winked at the caseworker and asked if the young man and I could take a break outside for a couple of minutes. We went outside and he patted Smart-Alec and complained about the system as Smart-Alec listened attentively. He reported that his license had his prior address on it and he had not changed it to his current residence. His girlfriend had left because the apartment was ruined, he had not been able to get in touch with her for three days, and his cell phone did not work. He used my telephone to attempt to reach his girlfriend, to no avail. My acknowledgment of his feelings of separation from his girlfriend and his sense of dislocation eventually defused his anger and he was able to return to the caseworker and complete his paperwork.

Tornado

Jessica was a client who came into the service center to meet with a FEMA representative after a tornado. While she hugged and patted Smart-Alec, Jessica shared that her Labrador Retriever, Dakota, had died in the tornado. She told me that her mother had chastised her for feeling bad about losing her dog when other people had lost everything they owned and some their lives or loved ones. I told her that Smart-Alec was part of my family and that losing her dog must have felt to her like losing a family member. She explained that she had had Dakota for ten years and that he was like her first child. She then opened up about her experience during the tornado. Stroking Smart-Alec the whole time she told her story, she told me that she had made it through the storm by driving into a corn field, pushing her daughter into a ditch, and lying on top of her to protect her. Jessica went on to speak about other life circumstances and losses she had endured and how she had dealt with them in the past. She questioned her "bad luck" in life. After I made a reflection statement, I took the opportunity to reframe her adversities into her resiliency and strength as a mother and as a person. She left feeling relieved and her parting words were, "Sometimes, you just have to be reminded of your strengths."

The crisis team was also helpful to parents while they filled out paperwork. Children were understandably "out of sorts," their lives disrupted due to the disaster, before coming to the center. Then, they were expected to sit quietly for an hour while their parents sought assistance with necessary forms. It was extremely demanding for them. Smart-Alec and I approached parents with children and requested the children's presence at a nearby table. The children were happy not to have to sit still and to be able to enjoy the dogs. As they patted and hugged Smart-Alec, many of the children mentioned that they had a dog. This segue allowed me to ask if their dogs were now afraid when it rained or during thunder and lightning storms. I used this as an opportunity to normalize these fears, noting that the rain must make their dogs think of the tornado. I also had crayons and paper and told them that they could draw a picture for Smart-Alec of anything they liked. Without any directions the children drew tornados. We then talked about how they protected their dogs in the storm and how that was similar to how their parents had protected them. I made sure to have them lead the discussion in case this was not accurate. When I had a group of children, they initially talked about their dogs or relatives' dogs but then spontaneously spoke of the disaster. They took turns telling their personal details of the storm. I observed group therapy working as intended, with my co-therapist Smart-Alec.

One three-year-old volunteered, "Park got ouchie but the bank is OK." Translation: the park, where she went to play, had sustained much damage and the equipment was broken but the local bank was not damaged. As she held Smart-Alec, a seven-year-old proclaimed, "Makes me cry about the semi." She was referring to a semi tractor-trailer that was on the side of the road, upside down and crushed. It made me wonder if one of her parents or a relative drove a semi and what his/her reaction had been to the truck when he/she saw it. A ten-year-old told me that her dog had been lost in the tornado and that when the crane took down the one standing wall that was left

of her home, her dog rolled out alive. She was able to talk about her fears while holding Smart-Alec.

When the parents finished their paperwork and returned to retrieve their children, the children were relaxed and happy instead of being cranky from sitting still and quiet for an hour. This afforded me the opportunity to ask how their children were coping. One indispensable role for me was to normalize the regressive reactions of young children. Mothers were upset when their young children displayed regressive behaviors such as soiling, thumb sucking, clinging, or being exceptionally cranky. I informed the parents that behavior is the primary mode of communication for young children and this is their way of saying that they want to go back in time before the disaster when everything was safe. Parents were relieved to learn that this was normal and with time their children would likely return to their previous level of functioning.

One mom was very concerned about these behaviors in her three-year-old who had resumed bed wetting. She also volunteered that her six-year-old was "fine as long as he has a plan–he just did what we said." I asked her if he were usually organized and liked structure. She affirmed this and acknowledged, when asked, that he seemed even more concerned with routine and structure now. This interaction, which all started with a dog pat, resulted in my being able to inform her that this was his manner of handling anxiety and these behaviors reduced anxiety for him. I suggested that she give him some extra attention and allow him time to talk about the disaster or to draw and then have him tell her about the drawings.

The dog can be a vehicle for projection. I told some children that the previous night Smart-Alec or Ellie-Mae had a dream. Then, I asked them what they thought the dogs had dreamed. Invariably, the child responded with content related to the disaster. I then asked them what they thought Smart-Alec, if he could talk, would tell us that would help him feel better. Various things were mentioned, such as retrieval of lost toys, a wish to have the local store back (the Quick Stop that was demolished), and "his Mommy" or "his Daddy." Sometimes, I said that Smart-Alec had been scared that morning and I wondered what scared him. This led to conversations about how we often become frightened when it rains or thunders.

Many adults were also unaware of normal reactions to a disaster. Adults patted the dog and commented on the fact that their dog or cat was now frightened when it rained. The frightened dog or cat discussions provided a perfect segue into how humans and animals often act similarly in the face of trauma. I educated them regarding the normal reactions we all have to a disaster. I found that normalizing thoughts and feelings was one of the most helpful services we provided. A visible relaxation and a draining of tension from their faces appeared when they realized that they were not "losing it." They would invariably thank me for sharing this information.

Normalizing thoughts and feelings allowed me to tell them that they would return to their prior level of functioning relatively soon, unless they had experienced previous trauma or significant losses, which would require a longer period of time for healing. This allowed them an opportunity to volunteer more information if they had had such a prior experience. One man, while patting, stroking, and looking at Ellie-Mae, responded to my statement with a sob and proceeded to share that his wife had divorced him two months prior and his aunt and uncle had lost their home. We talked about his going through this experience alone and the pain he felt when he saw families working together in the rubble of the disaster. Past traumas and losses resurface with new trauma. This shared knowledge affirmed that they were not deteriorating.

When clients disclosed significant traumas or losses, I took that opportunity to encourage them to call a mental health professional (their therapist if they had one). The role definitions are different in the two positions. When I function in a Red Cross role, I give clients a referral to a local community mental health organization. When I am with the AACR team, my role is to have the Red Cross mental health person do the referral. When with the Red Cross, our licenses have reciprocity in the disaster state. With the AACR a license is not

a requirement, nor is there reciprocity if one holds a license. The basic communication skills of reflection, paraphrasing, clarifying, summarizing, and silence are all employed in the AACR work.

First Responders

The dogs are not only for the clients impacted by the disaster but for the first responders as well. FEMA personnel, police, National Guard members, firefighters, and others are some of the first responders who come to help when communities are affected. These helpers are impacted by direct exposure to the disaster site and are subjected to vicarious traumatization by helping the survivors. For some it is being involved in the recovery of the deceased. Often, these first responders go out of their way to approach the dogs. They squat down and give them a hug and pat. More often than not, when this would happen, I would be silent as they were allowed to enjoy the moment of peace and distraction from the pain and suffering all around them. One National Guard man buried his face in the fur of the dog's neck and held her for what seemed like an interminable amount of time. He then gave her a quick pat on the head. She responded with a kiss for him. He turned to me and said "thank you" as he returned to the devastation all around him.

The National Guard, police, and security people are thrust into roles of enforcing the regulations and often must present an austere presence to the public. I have yet to find a crisis dog that could not break through that presentation as they wag and kiss their way into responders' hearts. The dogs orchestrate a momentary reprieve from the grave situation. Unconditional, positive regard and silent acceptance are powerful tools that the dogs seem to possess intuitively. An anonymous writer once said that the reason a dog has so many friends is that he "wags his tail instead of his tongue."

Red Cross

Red Cross volunteers fill many different positions in disasters, from feeding and sheltering to driving trucks and providing mental health services. The expectation is for a three-week commitment and at least 12-hour days, with disrupted sleeping and eating schedules the norm. They are in constant contact in a helping mode with the clients affected by the disaster. When the animal crisis teams come to a disaster service center or a feeding facility, they contact the mental health supervisor for collaboration and directions.

I was with the Red Cross in Parkersburg, Iowa, after the tornado, in the capacity of a licensed mental health person and not with my dog as an AACR member. As the Red Cross liaison, I went around with the AACR teams and with another AACR group, NOAH. I connected the dog team with workers who appeared to be stressed and needed a break. It gave them a much needed reprieve when they sat for a few minutes, patted the dogs, and talked about their own dogs and about the deployment.

A motto in the Red Cross is flexibility. What happens is not unlike New England weather–if you don't like it, wait a minute. Personal relationships, working and sleeping in close contact with new people, and taking directions from supervisors are all stressful circumstances. So for many volunteers the opportunity to vent into the attentive ear of a dog and the physiologically relaxing act of stroking a dog were helpful. I was able to do a quick educational intervention about control and predictability in stressful situations. One woman told me that her deployment had been wonderful, but she had been much stressed when dealing with her roommate with whom she also had a work assignment. The volunteer felt obligated to act as a caregiver for her medically ill roommate but was subject to her constant rendition of her illness symptoms throughout the entire deployment. This woman was left drained and exhausted from the ordeal. These disclosures were precipitated by the AACR team making the first contact with the volunteer, and then I was able to continue to support her.

AACR and Red Cross

The handlers often came up to the mental health staff and pointed out a particular person whom they had found to be upset and in need of mental health services. The crisis dog teams

mingled with the clients and visited. I connected the teams with clients who I thought would profit from the experience of having a few minutes with an attentive, loving, furry listener. I brought the team over to Harry and Sally, a married couple. Harry told me that he was fine, that they were fortunate they were alive. He joked and said, "I had nothing 50 years ago when we got married and we had just had our 50th wedding anniversary and now 50 years later we have nothing." I sensed that he was not as "fine" as he professed. I introduced the dog team to the couple. Again, Harry proclaimed that everything was fine. He started patting Blue, the crisis dog, as his wife spoke to someone else. I interjected that his losses were just as real and important to him as anyone else's. After he stroked the dog, receiving dog kisses and undivided attention, he talked for an hour about the devastation and how people had helped him. When I saw him the next day, he came right over to me and thanked me for listening and for the company of man's best friend.

Crisis Dogs and Care

Just as clinicians in the caring fields must take care not to burn out from compassion fatigue and to practice self care, the dogs need to have stress-relieving activities also. It is the handler's responsibility to know the dog's stress signals. For instance, Smarty is apt to get even more vocal, while Ellie-Mae will lick her lips when stressed. If Ellie-Mae becomes too stressed, she stops eating and drinking and gets diarrhea. The dogs do not work for long continuous hours. When on an assignment, they work for about five hours and then are given a break, but it depends on the particular dog. What a break consists of depends on the dog's temperament. Siberian Huskies are high energy dogs and love their walks and runs. I will get up early and take them for a three-mile run or walk. They also need some quiet nap time when on an operation. When Ellie-Mae and Smart-Alec are not working, which is the vast majority of their time, they love their daily morning walks or jogs and if possible an afternoon walk. Saturdays often consist of what I call "camp" days. This is just for fun; some dogs do this as training for agility competitions. Ellie-Mae absolutely loves to do the jumps, run through the tunnels, and run over the dog walk. Smart-Alec, on the other hand, enjoys it but is just happy to be out meeting the other dogs and people and getting snacks. The socialization with many different dogs is good for them to ensure that they are friendly when meeting new dogs.

Summary

This work is rewarding and has made me aware of what is important in life. One time, returning from a disaster, I was waiting for the bus at the airport and a lady was complaining because the bus was late. She said, "Isn't this terrible?" I just thought to myself, "No, terrible is losing your home or a loved one in a disaster."

Some common themes emerged from this disaster work. Elizabeth Marshall Thomas said, "No person is too old or ugly or poor or disabled to win the love of a pet–they love us uncritically and without reserve" (qtd. in Pichot & Coulter, 2007, p. 9). No matter if it were a child or adult, many were moved to speak about their own dogs at home when they were with the crisis dogs. This reminiscence served to relax people enough to share their thoughts and feelings surrounding their experience of the disaster. This occurred while patting and hugging the dogs. As Will Rogers (n.d.) said, "If there are no dogs in heaven, then when I die I want to go where they went" (Quotations Section about Dogs, ¶3).

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Louise Graham is an Associate Professor in the Graduate Department of Counselor Education at Bridgewater State College, Massachusetts. She is the Program Director for the Mental Health Program and for the School Adjustment Program. She holds a Harvard Medical School clinical appointment at the Veterans Hospital in Boston. She has been on seven national disaster deployments with the American Red Cross. Comments concerning this article can be sent to: LGRAHAM@bridgew.edu.

Ellie-Mae. Photograph by Louise Graham.

Smart-Alec. Photograph by Louise Graham.

The Dog and Family Therapy

Tracie Laliberte-Bailey, MA, Doctoral Candidate, Salve Regina University, Rhode Island

This narrative discusses the human-canine relationship within the context of the family and explains how the family is one contributing factor in dog behavior. Described are problems associated with the characteristics of anthropomorphism and placing blame solely upon the dog. Strategies for eliminating the symptom include examining the pet within the context of the family and assessing the dynamic as it contributes to creating the symptom. For the pet professional operating from a cybernetics perspective, it may be beneficial to take on the role of "therapist" in order to enlighten and work on the problem with the family unit as a whole.

Underpinnings

The relationship between humans and dogs dates back at least 15,000 years. The dog is unique among domesticated animals in that it was the only species that voluntarily took its place as both partner and friend to humankind. Interestingly, Pugnetti (1980) suggests that dogs share similar social and behavioral structures with humans; this may explain why the bond between the two species developed with such ease and has endured over time. Throughout history, when the dog wasn't assisting people in the hunt, warning of danger, or performing any number of highly specialized jobs, the creature rested contentedly at the sides of its adoring humans. In modern times I believe that the relationship between dogs and people can best be characterized as one that provides mutual companionship. This is further evidenced in the growing body of scientific literature conducted in the area of the human-companion animal bond. In fact, Bulcroft (1990) notes that the vast majority of people consider their pets to be family members, and there may be little disagreement that the modern dog is an interrelated part of the human family or "pack" system in which it resides.

My 30 years of professional experience in the field of dogs has led me along the natural path of becoming an educator on the subject of the human-canine bond. In my roles as a professional lecturer, consultant, writer, and operator of a dog-related website, I have answered many questions from the members of the general public regarding the canine. On a number of occasions, I have been astonished by how little people seem to understand about this creature that dwells so intimately within the human abode and sometimes even shares its master's bed. Over and over again it has been my experience that people tend to believe that a problem with the dog lies solely within the dog rather than looking at the bigger picture. These are the people who mistakenly believe that all dogs that suffer from separation anxiety are neurotic. They may wrongly think that every dog that soils in the house is dirty, or incorrectly assume that all dogs that jump on people when they walk through the door at the end of the day are simply rude. What these members of the human pack fail to realize is what many dog behaviorists believe to be true: the similarities that exist between canine and human social structures may indeed cause the dog to consider itself as much a part of the human pack as the humans consider the dog a part of the family. As such, the dog may be said to be a naturally interconnected part of the system in which each member provides, as Jacobson and Margolin (1979) describe, "...consequences for the other on a continuous basis" (p. 13). In other words, some problems with the dog may very well lie within the family as a system.

The current paradigm, which views the problem as residing incessantly and solely "within the dog," is exactly the sort of mindset that creates a barrier to relieving the symptom. Blaming the dog may create friction between the family members that could lead to one member isolating the symptomatic dog from the family pack by sweeping it off to obedience school. In the worst-case scenario, an incorrigible dog may cause the family to "get

rid of the problem" as evidenced by the fact that "up to 5 million unwanted dogs are killed each year. In 2001, some 50,600 dogs and cats entered New York City's animal welfare system" (Katz, 2003, p. 63). For many of these disposable dogs, the answer to salvation may have simply resided in a therapeutic assessment of their family system.

Another characteristic of the current paradigm is the anthropomorphism, the endowment of human qualities on non-human companion animals, of the canine. Projecting human behavior on dogs and interpreting animal behavior by human definitions are familiar ways by which humans anthropomorphize their pets. Interpreting animal behavior by human definition is quintessentially depicted in the doggy "kiss." Humans frequently understand the wet tongue of their dog across their face as an expression of love and affection. This interpretation may not be entirely correct, however, because most behaviorists believe that licking the face of a human by a dog has one of two meanings. As Coren (2000) explains, either the dog is asking for food, as it would have as a pup by licking the face of its mother so she would regurgitate nourishment, or the dog is expressing submission, as face licking acknowledges that the human is superior and the dog willingly accepts dominance.

Interventions and Strategies

Whenever I am approached about a dog that exhibits undesirable behavior, I do my best to examine the behavior within the context of the family. Frequently, I insist on making a home visit at a convenient time when all members of the family will be present so that I can observe the dog in its relational setting with the other members of its pack. Ultimately, dog behavior can be understood as the complex blending of a number of intrinsic and extrinsic factors, such as genetic predispositions, experiential history, and current circumstances. A popular school of thought among dog behaviorists suggests that a dog's conduct can be mitigated through classic conditioning and may be considered a function of the animal's ability to recognize and respond to patterns. In this model, the human pack may contribute both knowingly and unknowingly to the establishment and maintenance of those patterns. Thus, when a dog engages in undesirable behavior, it may very likely be the reciprocal to incorrect conditioning by other members of the family. Allow me to illustrate this concept by providing an example from my own case experience.

A dog I'll call "Doc" is a year-old, altered male, Soft Coated Wheaton Terrier residing in a one-dog household. The human pack consists of a married couple and their five-year-old daughter. The wife had contacted me with a series of complaints, one of which was that Doc constantly knocked down their daughter. The wife and her husband were afraid that the child might be seriously hurt. The wife was deeply attached to Doc, but her husband considered the dog a nuisance and would have liked to have given him up. A visit to the home for observation revealed that, among a laundry list of other hierarchal-defining activities, Doc habitually ran through doorways "bumping" into the legs of the two adults. I advised the family that the motion of the "shoulder bump" by Doc is one of the methods by which dogs are believed to assert dominance in the pack. By causing other members of the pack to "give way," such as what happened when Doc hurled himself past humans who were about to pass through a doorway, the dog was likely establishing himself as the pack leader. Similarly, Doc may have deliberately "bumped" the couple's toddler, knocking her down by chance, because his instinct might have compelled him to solidify his "alpha" status with every member of the entire pack. By educating the family and working with them using a behavioral approach, I was able to show how their behaviors were contributing to the symptom as well as how to adjust their behaviors to create a change in pattern significant enough to alleviate the symptom. The key to this approach is to involve the entire family. If every member of the family does not agree to participate in the therapy, then the success rate diminishes.

By way of another example, a dog I'll call "Munch" is a nine-year-old recently (within the past six months) adopted Lhasa Apso that

lives as the only dog in a household with a single mother and her two teenage sons. When he was first adopted and when the mother was laid off from work, Munch always went to the bathroom outside and never made a mistake in the house. However, the mother has since returned to work. Subsequently, Munch seems to have "forgotten" his toilet training and is relieving himself on her antique oriental carpet whenever the mood strikes him. An in-home consultation revealed that, unrealized by the teenage boys, the mother is the only member of the family who regularly takes the responsibility of bringing Munch outside to relieve himself. She, however, now works long hours and sometimes does not get home until very late in the evening. On the rare occasions that one of the sons does happen to take Munch outside, the confused dog just stands there and does nothing. To alleviate the symptom in this case, it is vital that each of the family members commit to participating in the process. Munch needs to learn that he is expected to relieve himself when outside, regardless of which pack member brings him there. The pack members must also commit to giving their canine companion regular opportunities at reasonable intervals to relieve himself outside of the abode. Creating a new and consistent pattern in which every member of the family participates is the key to this behavior strategy.

Becvar and Becvar (2003) write, "...understanding how to solve problems requires understanding how problems are created and maintained" (p. 293). Symptom relief is the desired outcome. As someone concerned with the family dog in context, I can relate to their suggestion that "in a very real sense, the therapist might be referred to as an educator rather than a therapist because she seeks to have clients gain the knowledge and the skills to monitor their own behavior" (p. 241).

Because behavior can be very multi-dimensional, before I visit the home, I first ask the family to rule out the possibility of the symptom being the direct result of a physical health issue. A trip to the veterinarian might reveal that a dog may frequently urinate in the house because it has a recurring bladder infection, has a kidney stone, or is incontinent. Upon making the house call, one of the first things I explain to the family unit is the fact that, although it might appear convincingly otherwise, the dog is not a person in a fur suit, but rather a distinct living entity that operates on many different levels than we humans do and needs to be recognized as such. The next things I explain are the various extrinsic and intrinsic qualities of the dog. I describe the human-canine continuum, I outline the various drives that motivate the dog, and I explain methods to synthesize all of this information. Essentially, I give the biped members of the family a crash course in Dogs 101 that will give them some insight into what makes their dog tick. At the beginning of the visit, I also attempt to learn as much about the history of the dog as possible and evaluate the animal for breed-specific traits as well as individual temperament and characteristics.

It must be understood that in the holistic paradigm, a particular behavioral problem may be very complex. The bossy attitude of a particular dog may be the result of not having properly learned about hierarchy in the litter and/or it may be related to a genetic breed-specific trait toward aggression. Poor diet and/or bad past experiences can also be factors that contribute to a particular behavior. Such behavioral tendencies may be triggered by or exacerbated through particular interactions within the family subsystem. Similarly, with the right relational dynamic in place within the family system, such behavioral tendencies might just as easily be avoided altogether or modified for the better.

After interviewing the family and observing the whole group in process, I point out what I recognize to be potential patterns of problematic behaviors that concern the dog. I then translate them, whenever possible, into what has been determined by experts in the field of dog communication to be "dogspeak." My goal is to endow the family with the know-how to understand their relationship with their dog and to highlight how both their and their dog's behavior can mutually and simultaneously shape the dynamic of the family unit. Becvar and Becvar (2003) explain that Jacobson and Margolin assert, "...good

relationships are not problem free, but...their members have viable problem-solving skills" (p. 261).

Alleviating the symptom may begin simply as a matter of what Becvar and Becvar (2003) describe as "reframing" the problem. By explaining to a family that the dog jumping up on them at the front door is believed by behaviorists to be a method of greeting humans that mirrors that which dogs do by sniffing each other's faces, the family may become much more accepting of such behavior. Furthermore, this knowledge enables them to take the initiative to modify their own behavior by getting down to the level of their dog for greetings, which eliminates the problem of jumping up altogether. In other instances the appropriate intervention follows the paradoxical strategy, as in the case of the dog that urinates submissively. If the humans understand that this behavior may alternately be understood as a *compliment*, and that behaviorists agree that dogs think they are responding appropriately by physically acknowledging the human as leader, the human can then *accept* the behavior. Through this process of acceptance, the person then may *not* respond negatively (or at all, for that matter) to the dog. Consequently, the dog assimilates this new information, reciprocates, and the symptom disappears. Essentially, what both the human pack members and the dog need is what Becvar and Becvar (2003) explain as "meaningful noise" or "...new information that will allow them to see things differently and thus behave differently" (p. 300). More often than not, however, the most appropriate intervention merely "emphasizes enhancement of positive behavior rather than reduction of negative behavior" (Becvar & Becvar, 2008, p. 241).

Take, for example, the Maltese that barks incessantly every time the phone rings and continues to bark the entire time a family member holds a receiver to an ear in conversation. I suggest "setting the dog up" by arranging incoming telephone calls at a predetermined time and praising the dog lavishly for being quiet in the seconds before the telephone rings and for every moment of silence when the dog tries to catch its breath. A thought among behaviorists is that the dog instinctively wants to please and will soon stop barking when it becomes understood that silence solicits praise. We humans must bear in mind that, although some dogs seem to do bad things non-stop, to many dogs, like with some children, receiving negative attention is better than receiving no attention at all. In these instances symptom relief may come when the family dishes out a little more positive feedback to humankind's best friend.

It is comforting to think that I may be helping to save a few dogs from the shelter through my educational approach. To be sure, however, the most rewarding part of my work is seeing its impact on the human members of the pack. Not only do they show a great deal of enthusiasm for my work as their dog begins to exhibit more socially desirable behaviors, but quite often they begin to function as a stronger and more efficient system when they learn what they can accomplish as inter-working parts of a holistic paradigm. The husband who once wanted to turn Doc, the Wheaton Terrier, into the local shelter eventually developed a strong enough bond with the dog that he began to take his "buddy" on car rides to do errands. The husband's "ah-ha moment" came when he began to understand the need to communicate with the family dog in a language that they both could understand. The wife, in turn, was happy not to be forced to give up the comfort of her beloved creature, and once she became confident in Doc's gentlemanly behavior around their daughter, she could focus more strongly on other aspects of mothering. Plus, she indicated that she was pleased by her husband's level of commitment and desire to work together through the "dog" problem. When I last visited the family, it was delightful to observe a blissful dog that appeared to be integrated into the context of the family. The giggles that I heard coming from the daughter as she played with Doc were enough to leave paw prints on any heart.

Conclusion

Although the dog has existed and evolved closely within the lives of human beings for more than 15,000 years, there seems to be a

great deal to be understood about the dog within the context of the family. Families, with the help of dog professionals, may be able to make a paradigm shift away from the tendency to place blame solely within the dog and trying to "correct" the dog by removing its behavior from the context in which it occurs. As has been suggested throughout this narrative, a better approach to relieving the "symptom" of the "bad" dog is to assess the canine within its "pack," that is, within its human family. By becoming aware of what drives the dog and the process by which the dog learns appropriate behavior based upon body language and sounds, human members of the family may then foster a greater awareness of their own behavior. All members may come to understand how their behavior generates reciprocal behavior among all other parts of the organization, even the family dog. A systems approach tells us that when there is a change in the pattern, then there is a change in the behavior. This, in turn, leads to a change in the symptom. From a cybernetics perspective, some dog professionals may be called upon to act as "therapists" within the family unit as a whole. This integrative approach may eventually endow all of humanity with the possibility of answering the question that I so often pose to myself: "Are there really any *bad* dogs? Or are there just *unenlightened* owners?"

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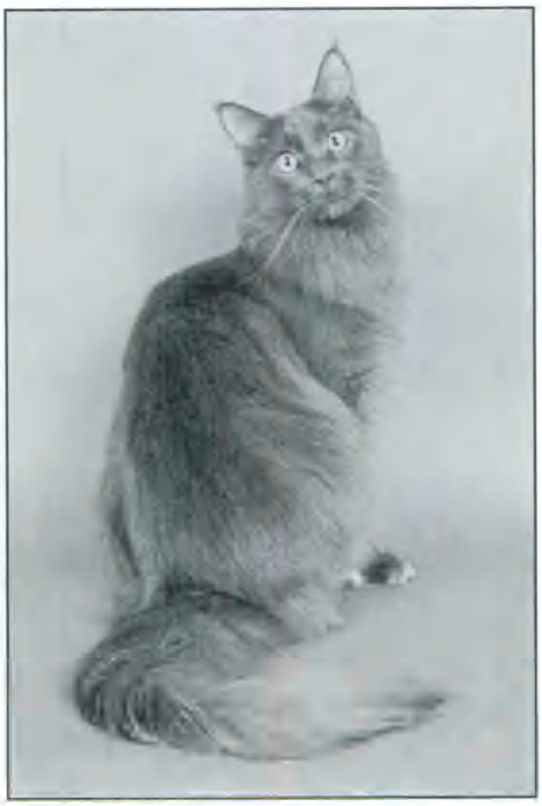
Tracie Laliberte-Bailey is a professional lecturer, educator, and award-winning writer on the subject of dogs. She is currently writing her dissertation on spirituality and the human-canine bond at Salve Regina University in Newport, Rhode Island. Comments concerning this article can be sent to Tracie.Laliberte@salve.edu.

Drew, the author's dog. Photograph by Tracie Laliberte-Bailey.

Beamer's Story

Qitah Blue Moonbeam II (Author) and Marjorie A. Smith (Typist)



Beamer. Photograph by Jim Childs.

Have you ever loved anyone so much that you would follow them to the ends of the earth? Well, I have had that experience. I have followed Margie [Mom] to school, to horse shows, to visit friends and families, and I have just been there with her to start and end each day. You see, I am a Maine Coon cat. And who is Margie? Well, she is one of my special people.

I guess I had better introduce myself. My name is Beamer, Qitah Blue Moonbeam II, to be more specific. I am registered as a solid blue Maine Coon premier.

Mom didn't bring me to school because she was missing Goldie (her classroom goldfish who died), but because her principal, Annetta, had lost three cats within five months. Annetta was feeling sad and wanted to meet the kitten Mom always was ranting and raving about–that would be me. So on the teachers' work day, Mom took me to school with her. I spent most of my day with Annetta as Mom was busy packing up her classroom for the summer. I had a blast. I got to play with her pencils and pens, walk all over her keyboard, and even help her answer the phone. Later, Mom came down to Annetta's office to see how I was doing. Well, I was sprawled out all over Annetta's desk and had made myself quite at home.

Mom came into the office and sat down to discuss the possibility of getting a rabbit for her classroom for the following school year. Meanwhile, the supervisor of special education, Ellen, came in. Ellen thought that I would make a great pet for Mom's classroom. Mom, for once, was speechless–like she hadn't even thought of me in her classroom–geez, what was she thinking? Well, after many phone calls and approvals, I became the designated classroom pet. At the age of five months, I had a job!

For the next year Mom and her colleagues used me to help the urban children they taught to read my body language in order to someday avoid confrontational situations. You see, before I arrived in her life, Mom and her team had documented physical fighting in the playground. The teachers noted that nearly all of the physical fights were started when students did not pay attention to the adversarial body language of other students. Mom was now on a mission. Her first goal was to teach the students to pay attention to my body language—the tension in my muscles, the direction of my ears, the sweep of my whiskers, and so on. Mom and her colleagues wanted the students to be able to play indoor games without conflict and physical confrontation. So I went to work. We had Beamer-time every day. That was when I played with the students. We had three Beamer-times throughout the day–two short times of a few minutes and one longer time during recess of about 30 minutes. My job was

to show through my body language when the students made me feel good and when I felt threatened.

I have to say that I did my job very well. Soon, my students were able to play with me for 30 minutes without any peer conflict. Matter of fact, I hated for the time to come to an end each day, so rather than taking my usual naps, I started interacting with the kids at the collaboration table. The kids knew that if my tail started flopping or if I left the table, they would have to go back to their desks and complete independently whatever work they were supposed to do as a small group. While I kept my kids from getting off task, Mom was then able to have another group working with her on specific reading and math skills. We worked like this for almost two years. Teachers who inherited any of my kids knew where they came from and with whom they had worked because my kids were often the ones who were able to control themselves during indoor peer interactions and teaching games.

Beamer at summer writing class. Photo by Hanover Evening Sun.

The rest of the teachers in the school used me to help calm weeping children. I was also used as an incentive for students who didn't misbehave. Some teachers themselves would come in my classroom for a moment of snuggles. I really enjoyed the visits from the children sent by Ellie, the guidance counselor. Ellie and I had a special relationship. She had cats and obviously they adored her since she knew how to speak my language. When she brought me a child, I knew that child was in need and I would put out the purrs! It always brought a smile and eventually the child would relax with me. Talk about feeling like a king–kids did that to me–well, actually, they still do.

Beamer is a registered CFA solid blue Maine Coon cat. He currently resides with Margie and her husband, Lynn. Although he no longer attends school, he is a certified therapy cat with KPETS (Keystone Pet-Enhanced Therapy Services) and previously with the Delta Society (the guru of pet-enhanced therapy services) delivering Animal-Assisted Therapy to a local rehabilitation center. He does Animal-Assisted Activities with local libraries and senior centers. Beamer is often invited to give presentations on the benefits of his work, especially when it comes to talking about animals in the classroom.

Margie is a special education teacher previously in the Harrisburg School District in Pennsylvania. She currently teaches in the Upper Adams School District. She has written many stories about her animals, but especially about Beamer. Margie lives with five Maine Coon cats, two Rough Collies, one horse, and her husband. Comments concerning this article can be sent to: margiesracking@earthlink.net

Dear Care Cadets: A Letter to You from Molly Gaffney (as Told to Lee Gaffney)

Molly Gaffney in December 1987 on her Adoption Day, a nine-month-old scared puppy. Photograph by Lee Gaffney.

My name is Molly...Molly Gaffney. I am writing to help you understand that your work for the LA/SPCA[1] and the work of the LA/SPCA is really important. You see, I was adopted from the LA/SPCA. Here's my story.

When I was a little puppy, I lived with a young couple who didn't really know a lot about dogs. The man tried to housebreak me by kicking me when I had an accident. It was awful! I was really afraid of him. He made me afraid of most men. The couple cared enough about me to have me spayed, but didn't care enough about me to learn how to help me become a good dog and an important part of their family. After about nine months, the man gave up on me and dropped me off at the LA/SPCA.

When I got there I was really scared. I had never been alone in a small cage. There were so many strange noises and smells and so many other dogs. I had no idea where I was or what was going to happen to me. Then I met my kennel keeper. He was really nice. He would come in every day and feed me, clean my cage, and talk to me. Sometimes, if he had time, he would even play with me a little. I liked that. It was great to have a new friend in this strange place, even a man.

Once in a while on really special days, a volunteer would come to me and take me outside. Wow! Outside! We would play and walk and just talk and be together. I really liked that. But it didn't happen very often, at least not often enough for me. I kept noticing something I didn't understand. Several times a day people would walk past all of the cages and look at all of us. They would stop and talk and point and put their fingers in the cages to touch the other dogs. They never stopped at my cage. I guess I wasn't much to look at. I kept hearing the words "fuzzy" and "muttly" as they passed me by. I was really getting lonesome.

Then one day a lady and a little boy came into the kennel area. I watched them as they walked around to each one of the cages and kept passing them all. Then it was my turn. When they came to my cage, the lady shouted, "She's it! She's the dog I want!" The little boy said, "Yeah, she's really cute!"

Cute? Me? Can you imagine? Naturally, I liked them, too. Well, that was my big day. I was adopted by the lady and the little boy. They brought me to their house to live with their other dogs. It was a nice house with a big yard and a man. EEEEEEK!

At first, I spent a lot of time under the bed being afraid of the man. Fortunately, this man was really nice and worked hard to help me like him. He never gave me any reason not to trust him. Soon I was sleeping on the pillow next to him with my head on his shoulder. I feel really safe with him next to me. This man is pretty special. Now, life is good.

One day the lady said, "Molly, the LA/SPCA took really good care of you when you

needed it most. I think we should find a way to pay them back. I think we should join the Visiting Pet Program and show other people how wonderful a rescued dog can be." She went on to explain that we would go to hospitals and nursing homes to visit people who couldn't have pets. All I had to do was sit next to them and let them pet me. I can handle that, I thought.

Let's see. I get to wear a nifty scarf, take a nice ride in the car, be scratched and petted by people for an hour, and then ride home having spent all of that time with the lady. All I have to do is not poop in the building. I knew I could do that and it sounded like fun!

Well, that was five years ago. The lady and I have been to visit people all over town. I can't wait to go to "work." When I see the lady put on her special t-shirt, I know I'm going for a visit. I run to the closet to get my leash and scarf. It's hard to control my excitement. Sometimes I bark with joy a little too much. I'm really tired after a visit, but it's a good tired. It's a tired that comes from having fun and helping people who are lonesome like I was once.

One day we had a really special visit. We met a little girl who had been in a coma for ten days. The lady explained that she was sleeping really, really hard and I should try to wake her. I could tell that the little girl was very sick because she didn't move or talk and she looked kind of sad. Her mother looked sad too.

The lady put me on the bed right next to the little girl and I tried to wake her like I wake the lady and the man every morning. I licked her face very gently and I snuggled close to her. Suddenly, her closed eyes started to twitch like she was trying to open them. Her mother was very excited. She told the little girl my name and told her to try and reach for me to pet me. To everyone's amazement the little girl picked up her arm and tried to reach for me. I just stayed there as still as I could. I knew it was an important time. I waited to see what I was supposed to do next. I was told to move around the bed. The little girl was told where I was. She responded by reaching for me every time. Her mother got very, very excited.

People have given me a lot of credit for doing something special, but I was just doing my job. Just another day in the life of a Visiting Pet.

Acknowledgment: This is a portion of a piece originally written for the campers of the LA/SPCA Care Cadet Camp, a summer program for 10- to 12-year-olds. Lee Gaffney is former Director of the camp and Past-President of the Visiting Pet Program, a 501C-3 non-profit, all volunteer animal-assisted therapy organization. She has been active with Visiting Pets for more than 18 years and continues to serve on their Board of Directors.

Molly worked as a therapy dog for over 13 years, living up to the Visiting Pet Program motto of "bringing love and leaving smiles" everywhere she went. She was always the consummate professional, the role model for other dogs in the Visiting Pet Program. She set the bar that all strive to meet. The white, fuzzy mutt was truly a once-in-a-lifetime friend. Comments concerning this article can be sent to terriergroup@gmail.com.

(Footnote)

[1] LA/SPCA stands for Louisiana Society for the Prevention of Cruelty to Animals.

Molly enjoying music in nursing home. Photograph by Lee Gaffney.

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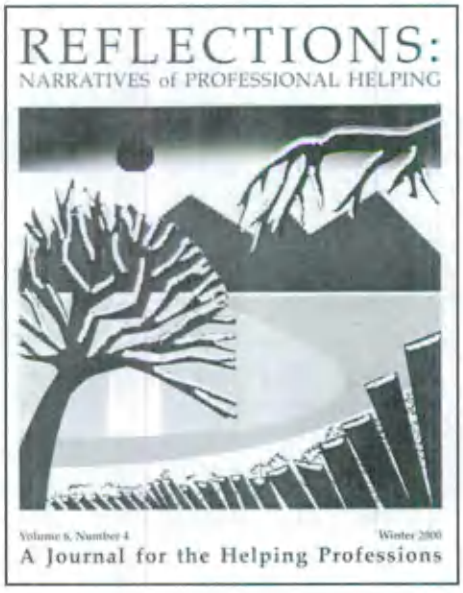

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Department of Social Work - 111194
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