

MY DOG IS MY CO-THERAPIST

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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 objects. 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.

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