

Four-legged Therapist: My Dog is My Co-therapist

by

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Abstract

Canines as co-therapists in a clinical psychotherapy setting offered comfort, helped to develop rapport, served as a transitional treatment objects, and promoted emotional, psychological, physical and spiritual healing for children, adolescents, adults and elders.. Cases cited indicated the interventions using canines as co-therapists in treatment and the methods used to train the canines. Recent research documented the physiological changes and therapeutic benefits from, “petting a puppy”; however, research was limited on the mental health benefits. One canine signaled and alerted the therapist by differentiating between the disorders of depression or anxiety. The therapist also volunteered in times of crisis and disaster with her canines and delineated how they served as comfort and support to individuals affected by crisis and disaster.

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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 Duke, age nine and Romeo, age five, Cavalier King Charles Spaniels. They work as my co-therapists that I identified 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. Cavalier, King Charles Spaniel is one of the older breeds dating back to 1660, with big warm eyes and unlike some breeds is not threatened by direct eye contact with a loving, cheerful and comforting personality. 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 soul of those seeking help with mental and emotional disorders as they are affectionate, good with people all ages, versatile and inquisitive.

I came to rely on Duke and Romeo as my co-therapist once I learned to read and appreciate their body language. I share two examples that propelled me into accepting the reality of using them as my co-therapist. I was treating a 52 year-old woman for acute anxiety disorder. We worked for several months helping her to learn new coping mechanism. 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

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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 noting 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 this session. 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 that were confronting feelings of depression. I then asked my client if she was feeling sad. Where upon 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 a 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 relationship and behavior 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 their hip on our couch; and for anxiety he was by their 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, Ruggas, 2006)

Romeo worked his miracles with a couple I was treating. After four months of treatment we seemed 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 *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 he had never cried in front of his mate. His wall of defense was broken by a non-threatening and engaging dog. Romeo was given his name because he did give puppy kisses. Duke does not kiss. Duke began his work in my psychotherapy practice eight and a half years ago and Romeo, his nephew joined the practice four years later, to assist Duke with his extensive caseload. Romeo is especially fond of children.

Once in a while during treatment I felt like I was the dog's co-therapist. The mother of a ten year old girl that was in therapy called the office explaining that she felt there was a serious issue that needed immediate attention. She explained that her daughter said she 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

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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 Hispanic girl as I stepped out to get a glass of water. I left the door open and told the girl 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.

Each of my dogs, similar to people, has his own unique personality. Again I needed to be mindful of the uniqueness and messages the dogs signaled and altered me to regarding my client's 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 dog's body language since that is the way they communicate with their pack. (Rugaas, 2006)

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

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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 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 conducted by a Delta Society Evaluator for Animal Assisted Therapy and I was hooked on the concept.

Duke, my Cavalier, King Charles, Spaniel was then 4 months old when we began to train as a *Seeing Heart Dog*. 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 confident than I was; I wanted to be sure that the client was not allergic, nor afraid of dogs. I developed a checklist for informed consent signed by the client and/or their parent. My clients were advised that I used AAT during the phone contact when their first appointment was scheduled.

The difference in my client's comfort and safety coming to therapy 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

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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 the 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."

(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,

etc.,’ 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.”

The following is a case example where Duke helped provide the rapport and connection for a reluctant, depressed teenager.

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, slight-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.

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“I can’t believe it,” said Nancy, her eyes began to tear up; “Anthony hasn’t smiled like this in months.”

Over 47 years ago Boris Levinson, Ph.D. presented the first paper on pet therapy, at the American Psychological Association convention. Levinson’s *Pet-Orientated Child Psychotherapy* (1969) was the first book written on the use of a dog in psychotherapy treatment. History dating to the 9th century documents AAT in Belgium. In 1792 the York Retreat in England had the mentally ill clients care for animals as part of their therapeutic treatment. The first time animal facilitated therapy was recorded in the United States was in 1919, when St. Elizabeth Hospital, Washington, D.C. began using dogs with their treatment for mental health clients.

Since 1969 only three books delineated the body of work affiliated with animal assisted therapy in the psychotherapy clinical practice: *The Handbook on Animal-Assisted Therapy, 2nd Edition* (Fine, 2006); *Animal Assisted Therapy in Counseling* (Chandler, 2005); and *Animal Assisted Brief Therapy a Solution-Focused Approach* (Pichot & Coulter, 2007). Published articles cite the effectiveness of animal assisted therapy in clinical psychological settings. (Corson, S.A., Corson, E.O., & Gwynne, (1975; Corson, S.A. & Corson e.O., 1980; Kruger, Trachtenberg & Trachtenberg, 2004; Bienert & Ettrich, 2006; and LaFrance, Garcia, & Labreche, 2006) Clinicians wrote regarding the development of a niche private psychotherapy practice market with dogs (Enitn, 2002; and Pitta & Kirk, 2001). The larger body of research regarding the human animal bond focused on the use of pets to benefit physical wellness. (Beck & Katcher, 1996; Siegel, 2005; Johnson & Meadows, 2004,; and Delta Society 2002).

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The therapeutic benefits, psychological, physical and spiritual of *petting a dog* have been scientifically documented as noted (Siegel, 2004; Johnson) however the advantage and practice of using animals as co-therapists in clinical psychotherapy practice has yet to be adequately, scientifically documented. Terminologies regarding Animal Assisted Therapy delineated by Delta Society, 2004), Pet Therapy term used by Therapy Dogs International, 2007; or Animal Enhanced Program (Butler, 2006) have a similar basis of interpretation and acceptance in the general volunteer world of animal and handler.

Animal-Assisted Therapy (AAT): 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, and within the scope of practice of his/her profession. Key features include: specified goals and objectives for each individual; and measured progress. (Delta Society, 2004)

For the most part Animal Assisted Therapy, Pet Therapy, Pet Enhanced Program has a trained handler who may or may not be a professional mental health practitioner. They are first and foremost volunteers. In the majority of AAT teams handlers are primarily females who are not trained as therapists and belong to organizations such as Delta Society, Therapy Dogs Internationals, PAWS (Pets Are Wonderful Support). These organizations evaluate the teams and once they pass provide liability insurance when conducting the volunteer visits.

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Animal Assisted Intervention, Animal Facilitated Therapy or Animal as Co-therapist in a clinical psychotherapeutic setting lack clear definition and scientific documentation. When a psychotherapist uses a trained animal in their clinical practice setting and that animal assists the therapist with the client treatment either by a direct related intervention or by signaling and alerting the therapist to a specific mental disorder, or creating a safe and unconditionally accepting environment I define these behaviors as animal assisted intervention or animal co-therapist. Boris Levinson (1969) used Jingles his dog as an intervention with a child presenting selective mutism. Aubrey Fine (2008) had Hart, his therapy dog help a young girl battle depression and isolation. She opened up to her mother using Hart as the bridge for their communication. Freud's dog Jofi a Chow Chow frequently remained in his office during his psychoanalytic sessions with clients. Freud believed the dog comforted his clients. (2007). I want to clarify that many domesticated animals have been used in the various animal assisted therapy programs such as dogs, cats, birds, rabbits, horses, and rats. My doctoral student at Pepperdine University used African Tortoises with hospitalized catatonic psychiatric clients (Tribulato, 2004).

While I acknowledge that many breeds of animals have therapeutic benefit for my clinical purposes I prefer to use canines. I believe dogs are an easier breed for humans to learn their language. The bond between the dog and the therapist is essential for successful treatment. Fredrickson (Butler, 2004) reminded the therapist that all the training and screening in the world could not prepare a dog for the emotions and intimacy encountered in crucial psychotherapeutic situations. Working with a dog in

psychotherapy is not about just training for obedience rather it must focus on building and maintaining an integral relationship with another species. One must understand the Biophilia world that Wilson (2004) unveiled. McConnell (2002) refined our human challenge as understanding “the other end of the leash.” The dog and the therapist need to have a positive bond between one another. The dog must like people and demonstrate that attraction to others besides the therapist. I do not believe there is a particular breed that is better suited for psychotherapy work. The key is in the dog’s attitude toward people and their potential for training. Beginning as a puppy usually creates a stronger base and bond between the dog and the handler. In many instances the dog takes on the personality of the handler. Older dogs and rescue dogs certainly can be trained and often have innate skills that lend themselves to psychotherapy work.

I recommend a basic and intermediate obedience course. I prefer the positive reinforcement training, known as *clicker training*. The therapist will want their dog to know how to *heel on leash, sit, stay, down, come, go to your place, leave it*, and a greeting such as *go say hello*. The therapist and their canine co-therapist need to remain consistent with training throughout the years. Passing the American Kennel Club’s Canine Good Citizen is advised. I consider my dogs *always in training*, just as therapists are mandated to have continuing education.

The next process I consider essential. I recommend the therapist and their co-therapist be trained in *Animal Assisted Therapy, Pet Enhanced Programs, Pet Therapy* or other such visiting programs. There are several national and local organizations that offer this training such as Delta Society, Therapy Dogs International, PAWS, and local and

regional groups. I also suggest that the therapist volunteer with these organizations. I took the training from Delta Society and became an evaluator and instructor. The additional knowledge served as valuable information as I continued to work with Duke and Romeo as my co-therapists. The training and visits are helpful to desensitize the dogs to other People, children, adolescents, adults and seniors. The animal assisted programs help the therapist and the dog desensitize to different stressful and unusual situations. I believe the therapist becomes more mindful of their animal and continues learning to understand the language of the animal. I learned about keeping my dogs clean for their therapy work and provide them with proper flea treatment. I created a safe haven for them in my office by having two crates. The crate doors remain open and Duke and Romeo frequently take needed break by resting in their crates. Once I thought Romeo was sound asleep in his crate and even snoring. Within seconds he got up and ran over to my client sitting on the couch. I had no idea my client was under extreme stress and apparently was sweating profusely as he was sharing his experiences in Viet Nam. He stopped, bent over and began to pet Romeo. Within five minutes Romeo left the man walked across the room back into his crate. Job well done.

Ideally the therapist needs to educate her or himself in regard to animal behavior. While the training for pet facilitated therapy has some animal behavior more education from an animal behaviorist is helpful. Dogs speak mostly through body language. The therapist would be mindful to learn to read their own *co-therapist's signals*. Duke taught me how important this is for sound feedback regarding a client's true emotions when he differentiated between anxiety and depression as previously cited.

Due to the intensity of emotions in psychotherapy treatment the therapist needs to be aware that their dog smells these emotions. In my opinion additional training is needed to help the dogs tolerance for the perpetual fragrances experienced in a psychotherapy practice. Not only does the client emit the pheromones so does the therapist. I recall a few times that 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 they were attempting to calm me down. It worked.

To further desensitize Duke and Romeo to intense human emotions I decided to train with Duke and Romeo for *crisis response work*. After September 11, 2001 I wanted to extend my community services using my canines. I volunteered with Delta Society and visited two shelters for abused teenagers, one group home for girls age five to eleven, an assisted living facility and a large community hospital. All 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, illness and challenges. I wanted to do more in times of severe community distress.

Hope Animal Assisted Crisis Response is a national organization that conduct this training. To my knowledge there are only a few organizations that do this type of work. The training includes understanding of animal behavior, 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 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 nonprofit 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, CA 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 and the age of

Brent Lovrien as one astute nine year old boy noted. Romeo was petted by many individuals, firefighters, community people who came out to honor him 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, asked if he could sit on her lap. She was wearing a black pant suit. Despite my awareness that he might shed on her even wearing his Hope AACR vest she said she did not mind. I told her I had a lint remover she could use when he got down. 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 spent a good amount of time at their condominium. I discovered that she lived about a half mile from my home in Huntington Beach, CA. The world is indeed small and the work of my canine brought me close to home in a time of grief and mourning.

I continue our volunteer work with Delta Society and Hope Animal Assisted Crisis Response for continuing education that will benefit the work Duke and Romeo do in our psychotherapy practice. At the present time there are no specific programs for training psychotherapist and their dogs. The future points to the development of such a program incorporating the methods used by *animal assisted therapy* pet therapy, *pet facilitated therapy*, *pet facilitated crisis response*, *animal behavior* and clinical, ethical and legal practices for psychotherapist use of animals in their psychotherapeutic practices. Groundwork results from a study indicate that a few minutes of stroking our

pet dog prompts a release of a number of "feel good" hormones in humans, including serotonin, prolactin and oxytocin. Furthermore, petting our dogs resulted in decreased levels of the primary stress hormone cortisol, the adrenal chemical responsible for regulating appetite and cravings for carbohydrates. It has been proven that a petting one's own dog increased serotonin levels. Research is underway to determine if a dog could help mediate serotonin levels thereby helping depressed clients. (Johnson & Meadows. 2004)

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. 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 in conjunction with mental health providers.

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