

The Use of Pet Therapy in Counselling

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This paper provides an overview of Pet Therapy in terms of its history, uses in various settings, and guidelines for counselling.

Pet Therapy can be defined as the use of one or more pets to enhance one's physical, psychological and social well-being. Throughout history, the human-animal bond has existed. In 1792, William Tuke and the Society of Friends (a group of Quakers) began what could have been the first Pet Therapy programme (McCulloch, 1983). This group of individuals established the York Retreat in England in response to the inhumane practices of the lunatic asylums common in that day (McCulloch, 1983). Tuke and his associates encouraged the residents to engage in activities which would help them focus outside of themselves in activities such as caring for pets.

Another Pet Therapy programme was introduced in 1982 by Earl Strimple, a veterinarian at The District of Columbia Correctional Facility in Lorton, Virginia (Ruckert, 1987). Strimple's programme was based on PAL (People-Animals-Love) which had been used to improve the quality of life for the elderly. The PAL club at the minimum security prison was composed of forty inmates who met once a week to learn about animal care. Members provided care for small animals such as birds, fish, rabbits, and guinea pigs. In addition to caring for animals, the members put out a newsletter about the club's activities. The programme appeared to increase the inmates' self-esteem and provided the inmates with a chance to express positive feelings without having to fear a rejection (Ruckert, 1987).

Nursing homes have experienced similar benefits from Pet Therapy. Corson and Corson (1980) found that when elderly patients were exposed to pets they became more social and verbal and less lonely and depressed. Corson and Corson (1981) noted that dogs in nursing homes offered love and tactile stimulation to the elderly residents, and they encouraged conversation between patients, diverting them away from their worries.

Pet Therapy has also been used in residential treatment centres for adolescents. Rochberg-Halton (1985) described how caring for cats was an integral part of a residential programme for emotionally disturbed adolescents. The residents worked in a shelter for cats one day a week. They found that when the residents assumed the role of caretakers and took on the identity and responsibility of volunteers in the community, their sense of self-worth improved. Rochberg-Halton (1980) noted that Pet Therapy had some diagnostic uses. For example, the residents often projected their personal struggles into their interactions with cats. And the cats appeared to facilitate socialization among the residents.

Medical Uses

Pet Therapy has proven to be valuable as an adjunct to the treatment of such medical problems as high blood pressure and recovery from a heart attack. Katcher (1981) and Baun, Bergstrom, Langston & Thoma (1983) noted that blood pressure decreased when a person simultaneously talked to and patted a dog. In addition Baun et al (1983) found that blood pressure decreased more when the pet was known to the individual.

Another study reported that the survival rate

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of patients discharged from coronary care units was positively associated with pet ownership, regardless of the severity of the illness (Friedmann, Katcher, Lynch, & Thomas, 1980).

McCulloch (1983) conducted a study of thirty-one patients who were both physically ill and depressed. All of the patients owned a pet and reported that their pets gave them support during their illness. McCulloch (1983) also noted that having a pet appeared to help the patients' self-esteem.

McCulloch concluded that pet companionship facilitated these patients' recovery and that a pet companion could be appropriate for patients recovering from severe illnesses.

Pet Therapy was also found to be beneficial for patients on the acute-care oncology unit at the Richmond Memorial Hospital in South Carolina (Harvey & Butler, 1989). A dog named Mirko (a registered "pet therapist" with The Therapy Dogs International) began visiting the oncology unit in 1989. Harvey and Butler (1989) noted that following Mirko's visits, patients' moods and communication patterns improved. The patients began opening up more with their families and doctors. The morale of the patients improved with Mirko's visits and they exhibited a higher energy level when the dog became a regular visitor (Harvey & Butler, 1989).

Some physicians began prescribing hospital pet visits and pet home visits as part of discharge planning.

Harvey and Butler (1989) suggested that Pet Therapy can help create a purpose in life for patients suffering from an illness. The authors also noted that patients who can maintain patterns of caring appear more likely to keep striving to live (Harvey & Butler, 1989).

Several studies have linked pet ownership to better physical health. Siegel (1990) found that pet ownership (especially dogs) provided a buffer for stressful life events, thereby reducing the need for physician services. Garrity, Stallone, Marx, and Johnson (1989) reported

that pet attachment was associated with better physical health for individuals who had low levels of human support but not for those who had adequate human support.

Counselling Uses

Pet Therapy has been used as an adjunct to counselling, and may be particularly useful with reluctant and resistant clients. Clients are often less threatened by pets than people. One of the animal's primary functions in counselling is to act as a bridge by which counsellors can reach clients who are uncooperative and uncommunicative.

Pet Therapy can also be used with clients who have emotional disorders. It has been found that animals naturally attend to people who are depressed, sad or in need of help (Beck & Katcher, 1983). This is especially true of dogs. A dog's attention will often shift to the person in a group who seems to need support most (Beck & Katcher, 1983).

Another use of Pet Therapy in counselling is to enhance socialization. A counsellor may have a client who wants to get out of the house more and meet new people. A pet may be the ideal catalyst for developing new friendships and pets can play a role in introducing people. Research conducted in London's Hyde Park showed that people walking dogs had more social contacts, were perceived as friendlier, had longer conversations, and took longer walks than people without dogs walking in the same park (Messent, 1981).

Pets may also be used to help clients practice useful skills. For example, dogs and cats may help clients practice stroking. Pets readily show their enjoyment when being stroked and often stroke back by licking and purring. Transactional Analysis emphasizes the figurative importance of stroking in mental health (Berne, 1961). Once a client has practiced physically stroking a pet, the counsellor can begin to have the client give the pet verbal strokes. Eventually clients could learn to give themselves verbal strokes.

Guidelines for Pet Therapy

Several issues should be considered before starting a Pet Therapy Programme. McCulloch (1983) provided guidelines for using Pet Therapy. These suggestions have been incorporated in the following five stages of Pet Therapy.

Stage One: Determine if Pet Therapy would be appropriate for Clients.

The first step involves assessing whether or not Pet Therapy would be appropriate in terms of the counselling process and the client's goals. For example, a counsellor may decide that Pet Therapy could be useful to overcome a client's reluctance to promote socialization, or to provide alternative treatment for a mental disorder.

Stage Two: Explore with clients if they would be willing to try Pet Therapy.

Pet Therapy should be presented to the client as a possible adjunct to counselling. The counsellor and client can then explore which type of animal would be most appropriate to use in the programme.

Stage Three: Orientate clients to their role in the Pet Therapy Programme.

In order to orientate the client, it will be necessary to select an appropriate animal (or animals) with the client and determine how the animal will be used in therapy. It is important for clients to have a clear understanding of their role in the Pet Therapy programme. This should include information on nature of interaction, care of the animal, and expected outcomes.

Stage Four: Commence the Pet Therapy Programme.

Once the animal has been obtained, and the client is instructed in its use, the Pet Therapy programme can begin.

Stage Five: Monitoring for Progress.

The counsellor and client should monitor the Pet Therapy programme to determine if the goals established are being met. Adjustments may be made to maximize outcomes.

A case example

The following is a case illustration of the use of Pet Therapy as an adjunct to counselling. The client was a 24-year-old woman who was self-referred and seen at a community mental health clinic. During the initial visit, the client appeared withdrawn and depressed. She said she felt lonely and isolated ever since her husband died in a car accident six months earlier. She now lived alone and worked as a secretary for the Public Health Service.

Grief counselling strategies (Kubler-Ross, 1969, 1981) and Cognitive Therapy (Beck, 1976) were used during the first three sessions. A psychiatric evaluation was also obtained to determine if anti-depressant medication would be appropriate. It was decided not to start the client on medication, because the psychiatrist did not believe the patient suffered from a "clinical depression" (i.e. she was not diagnosed as having a mood disorder). The client's depression did not significantly improve after one month of treatment. The counsellor then decided to suggest Pet Therapy as an adjunct to counselling because of the degree of loneliness and isolation reported by the client (Stage One).

Pet Therapy was suggested to the client during the fourth session (Stage Two). The client was initially apprehensive about the idea. She agreed to give it a try, with the hope that it would alleviate some of her loneliness. She said she had a dog for a pet when she was a child and they were good friends. It was recommended that she go to the pound and select a dog she liked that was going to be put to sleep. The client was told she would be saving a life. This seemed to appeal to her, and she said she wanted to go to the pound immediately after the session.

The counsellor and client then discussed what type of dog would be most appropriate, how to care for the dog, and what she could do with the dog (Stage Three). The client decided

to try and find a fun, lively dog like a terrier to help "pep her up". The patient came to the next session with her dog in her arms (Stage Four). She was smiling and much more animated in her movements. She couldn't stop talking about how cute and how much fun her little friend was, and how it always seemed to get in to mischief. It seemed as though the dog was not allowing the client an opportunity to get depressed. The dog was also providing the client with valuable companionship. She wanted to show her dog to all her friends. As she did, her interest in other people and life also appeared to increase (Stage Five).

The client was seen in counselling over a three month period. The counselling approach integrated grief counselling strategies, Cognitive Therapy, and Pet Therapy. At the end of this period, the client reported that she no longer felt depressed. Pet Therapy appeared to play an integral role in this client's recovery.

Summary

This paper provided an overview of Pet Therapy in terms of history and settings in which it can be used, as well as a description of guidelines for its use. Pet Therapy has been shown to have a positive effect on physical and psychological well-being, as well as contributing to the socialization process. Pet Therapy can be particularly useful in counselling to help overcome reluctance and resistance, and to give a client a purpose and a supportive companion. Additional research in this relatively new dimension to the counselling process appears warranted.

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