



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 with her registered therapy dogs in times of community crisis and disaster, describing how they served to comfort and support individuals affected by major group crisis events.

"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) and both are Cavalier King Charles Spaniels. They work as my co-therapists and serve as what I call *Seeing Heart Dogs*. These special *kings of soul* shine brightly helping others through times of 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 to 1660, in the period of the English Restoration. They have big warm eyes and, unlike some breeds, they are not threatened by direct eye contact with a loving, cheerful and comforting personality. "Lady" in *Lady and the Tramp* was based on this regal breed. These small comfort dogs are affectionate, versatile, inquisitive, and good with people of all ages. Restoring the soul of people seeking help with mental and emotional disorders comes naturally to them.

I came to rely on Duke and Romeo as my co-therapists 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-therapists. I was treating a 52-year-old woman for acute anxiety disorder. We worked for several months helping her to learn new coping mechanisms. 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 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. 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 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. 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; Rugaas, 2005).

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 and 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 the couple's 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. The 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 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 bathtub. 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 their own unique personality. I had to be mindful of the unique messages the dogs used to alert me to my client's mental health. Dogs are "scent machines" and are capable of detecting an individual's emotional state long before I can (McConnell, 2002). I also needed to learn to read my dog's body language since that is the way they communicate with their pack (Rugaas, 2005).

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. I was also planning to retire from university teaching. I attended a workshop in Santa Monica conducted by a Delta Society Evaluator for Animal Assisted Therapy teams and I was hooked on the concept.

Duke, my first Cavalier King Charles Spaniel, was four months old when we began his training 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 confidant than I was, I wanted to be sure that the client was neither 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 clients' 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 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” (Caucasian male, 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-of-build 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, as 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 a handful of books have delineated the body of work affiliated with Animal Assisted Therapy in the clinical practice of psychotherapy including: *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 AAT in clinical psychology settings (Corson, Corson, & Gwynne, 1975; Kruger, Trachtenberg & Serpell, 2004; Prothmann, Bienart & Ettrich, 2006; and LaFrance, Garcia, & Labreche, 2007). Clinicians have written about the development of a niche private psychotherapy practice market with dogs (Entin, 2001; Pitta & Kirk, 2001; Pitta, Kirk, Entin, Olson, & Hart, 2001). The larger body of research regarding the human animal bond has focused on the use of pets to benefit physical wellness in humans (Beck & Katcher, 1996; Siegel, 2005; Johnson & Meadows, 2004).

The therapeutic benefits -- psychological, physical and spiritual -- of petting a dog have been scientifically documented (Siegel, 2005; Johnson & Meadows, 2004). However, the efficacy of using animals as co-therapists in clinical psychotherapy practice has yet to be adequately documented scientifically. Terms such as Animal-Assisted Therapy, delineated by the Delta Society (Tucker, 2004), Pet Therapy, the term used by Therapy Dogs International, and Animal Enhanced Program (Butler, 2004) all have similar meanings and acceptance in the world of volunteer animal and handler teams. According to the Delta Society definition,

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.

For the most part Animal-Assisted Therapy, by whatever name, has a trained handler who may or may not be a professional mental health practitioner. They are first and foremost volunteers and the majority are female handlers who are not trained psychotherapists, but who belong to an organization such as the Delta Society, Therapy Dogs International, or Pets Are Wonderful Support (PAWS). These organizations evaluate volunteer animal/handler teams and, once they pass, provide liability insurance when conducting volunteer visits.

Terms such as Animal Assisted Intervention, Animal Facilitated Therapy or Animal Co-Therapist lack clear definition in a clinical psychotherapy setting. When a psychotherapist uses a trained animal in their clinical practice setting and that animal assists the therapist with client treatment either by a direct 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 his dog Jingles in his treatment of a child presenting with selective mutism. Aubrey Fine had his therapy dog Hart help a young girl battle depression and isolation (2008). 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. I want to clarify that many domesticated animals have been used in various AAT programs such as dogs, cats, birds, rabbits, horses, and rats. My doctoral student at Pepperdine University did AAT using 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 that canine language makes dogs easier for

humans to understand as therapy animals. The bond between the dog and the therapist is essential for successful treatment. Fredrickson reminded the therapist that all the training and screening in the world cannot prepare a dog for the emotions and intimacy encountered in crucial psychotherapeutic situations (Butler, 2004). 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 (1984) 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 with each other. The dog must like people and demonstrate that attraction to others besides the therapist. I do not believe there is a particular breed of dog 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 foundation 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 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 approach 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 Test is advised. I consider my dogs *always in training*, just as therapists are mandated to engage in continuing education.

The next process I consider essential. I recommend the therapist and their animal co-therapist be trained in Animal Assisted Therapy, Pet Therapy, Pet Enhanced Programs, or other such visitation programs. There are several national organizations that offer this kind of training, such as the Delta Society, Therapy Dogs International, and PAWS. Many local and regional organizations offer such training as well. I also suggest that the therapist volunteer with one or more of these organizations. I took training from the Delta Society and became an evaluator and instructor. The additional knowledge this provided was valuable information as I continued to work with Duke and Romeo as my co-therapists. The training and visits are helpful in desensitizing the dogs to other people --- children, adolescents, adults and seniors. Animal Assisted Therapy programs help desensitize the therapist and the dog to different stressful and unusual situations. I believe the therapist becomes more mindful of their animal and continues to grow in their understanding of the animal's "language."

I learned about keeping my dogs clean for their therapy work and to 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 a 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 sweating profusely as he shared his experiences in Viet Nam. 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.

Ideally the therapist needs to educate her or himself in regard to animal behavior. Training for Pet Facilitated Therapy includes animal behavior, but additional education from

an animal behaviorist is helpful. Dogs speak mostly through body language. The therapist should learn to read their canine co-therapist's signals. Duke taught me how important this is for sound feedback regarding a client's true emotions when he gave me different signals to differentiate between clients with anxiety versus those with depression.

Due to the intensity of emotions in psychotherapy treatment the therapist needs to be aware that their dog can smell human emotions. In my opinion, additional training is needed to help dogs build up their tolerance for the perpetual fragrances experienced in a psychotherapy practice. The client emits pheromones and 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 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 service using my canines. I volunteered with the Delta Society and visited two shelters for abused teenagers, a group home for girls ages five to eleven, an assisted living facility and a large community hospital. All these community visits helped Duke and Romeo feel comfortable with different populations such as age groups, a variety of races and cultures, and people with a wide variety of physical disabilities, illnesses and mental challenges. I wanted to do more in times of severe community distress.

Hope Animal Assisted Crisis Response (HOPE AACR) is a national organization that conducts training in AAT in times of community crisis and disaster and deploys volunteer

animal/handler teams who have passed their evaluation process. To my knowledge there are only a few organizations who offer this kind of advanced training. The training includes understanding animal behavior, desensitization to noises, smells, intense emotions and unpredictable reactions and environments. While most therapists do not work in a crisis clinic per se, many interactions in psychotherapy 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, on April 3, 2008, Romeo and I volunteered with Hope Animal Assisted Crisis Response at the candlelight vigil for the fallen firefighter Brent “Lovey” Lovrien in Westchester, California. 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 firefighters and community people who came out to honor Brent, and by 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 pantsuit. Despite my awareness that he might shed on her even wearing his HOPE 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, California. The world is indeed small and the work of my canine brought me close to home in a time of grief and mourning.

My dogs and I continue our volunteer work with the Delta Society and HOPE AACR for the educational benefits to Duke and Romeo as they work with me in my psychotherapy practice. At the present time there are no specific programs for training therapists and

their dogs to work together in the psychotherapy context. The future points to the development of more programs incorporating the methods used by Animal Assisted Therapy, Pet Therapy, and Pet Facilitated Crisis Response. The future also points to more educational opportunities for psychotherapists to learn about animal behavior, and the clinical, ethical and legal issues involved in utilizing an animal in psychotherapy practice.

Groundbreaking research indicates that a few minutes of stroking one's pet dog prompts the release of "feel good" hormones in humans, including serotonin, prolactin and oxytocin. Furthermore, petting our dogs has been found to decrease levels of the primary stress hormone cortisol, the adrenal chemical responsible for regulating appetite and cravings for carbohydrates. Research is underway to determine if interacting with a dog can 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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Becoming a certified therapy dog requires a great temperament and the ability to be sociable with strangers. Ivy grew up in a perfect training ground: a house full of children. She easily passed further formalized testing that evaluated her reactions to the stimuli of the hospital environment. Knowing this, it's fitting that her favourite reward for performing all those tricks is a fish treat. A diet rich in omega-3s along with her favourite oatmeal shampoo keep Ivy's black coat shiny, soft and ready to cocoon a hand in need. Ivy is a four-legged antidote to the medical realities many patients face. And while she cannot cure, she can definitely be there when it matters most. This content was produced by The Globe and Mail's advertising department, in consultation with Sunnybrook. The sub for dogs with jobs, both silly and serious. Working doggos of all types are welcome to be shared here in the form of pictures, videos, gifs & news articles. If you are the owner or trainer of a working dog and you've posted your dog to the sub, please message modmail to receive special user flair. RULES. 1: Please be kind! You are welcome to debate the merits of different types of working dogs, but please do so in a respectful way. Threats of violence, personal attacks and being overly rude is not allowed here. More info here. 2: Your post must be a dog with a real job or a silly job. The main purpose of this sub is to see dogs with real jobs such as: police dogs, service dogs, therapy dogs, guide dogs, herding dogs, livestock guardian dogs, search & rescue dogs, hunting dogs, etc. The TV and radio presenter's "four-legged therapist" helped him find a place without judgement from which to heal from the episode that led to his late bipolar diagnosis, writes Hannah Stephenson. His dogs, first Candy, a piebald fox terrier cross, through his childhood, and later Maxwell, who has been part of the Campbell family since 2008, have totally enriched his life, he reflects. "From the minute he came through the door, it was like it was meant to be. I could never have had any other dog. If every therapist sees a therapist who sees a therapist, and so on, it will eventually require infinite therapists which is infinitely more therapists than anyone wants. But there just may be a four-legged solution begging at our feet. We all know that dogs, with their inexhaustible excitement to see us, are a reliable source of comfort. While not as complex and versatile as human practitioners, they're more than happy to let us do most of the talking and they require no costly credentials. It seems only natural to explore the limits of their powers to fill this void. No one said it's going to