Animal-Assisted or *Animal-Informed*? Bringing Client Animals into Clinical Interventions

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Pause + reflect:

1. Bring to mind an animal who has been important in your life
2. Close your eyes to recollect a full sensory experience of that animal
3. Hone in on the essence of that relationship (qualities, needs fulfilled)
4. How did that relationship help you to understand yourself?

Today's objectives

1. To differentiate between animal-assisted and animal-informed interventions (Moga, 2019) and the benefits/challenges of each.
2. To identify opportunities for client animals (past, present, and future) to enhance clinical processes and inter-agency services.
3. To explore the integration of client animals in implicit, explicit, and instrumental activities – both within and between sessions.

Human-animal relationships are ubiquitous
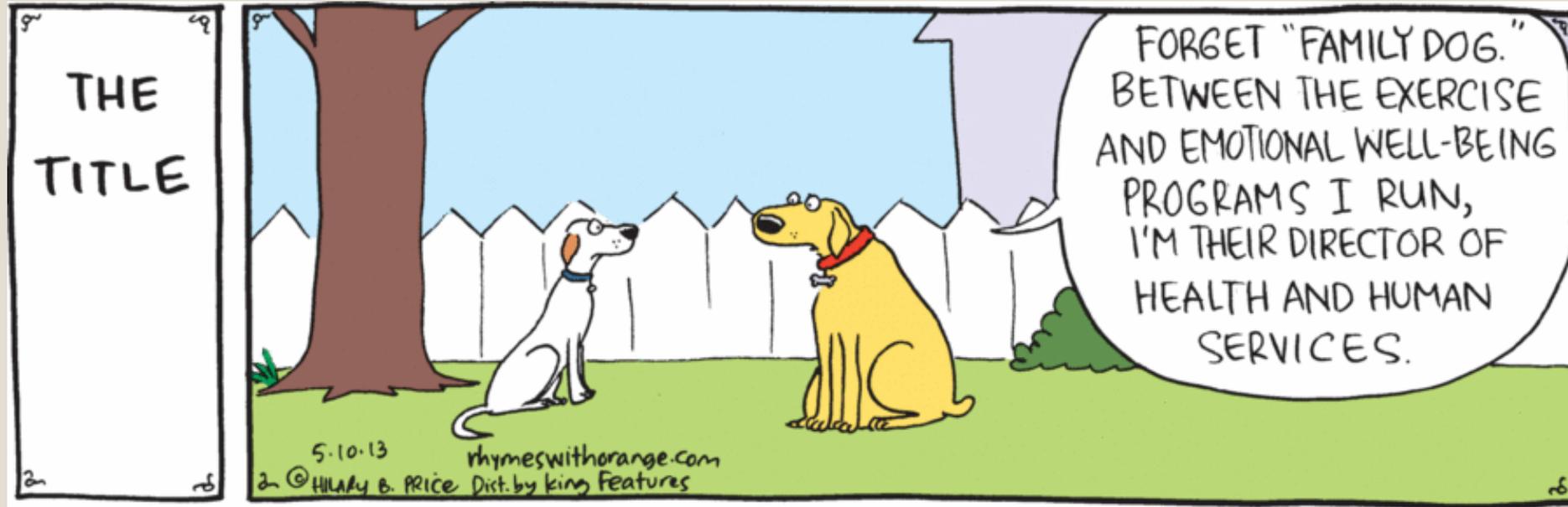
...and yet they are [still] largely ignored in practice

- Mental health practice is **anthropocentric:** Only 1/3 of practicing social workers ask about pets during assessment process, and ¼ involve animals in intervention (Risley-Curtiss, 2010)
- Primary HARs are often **overlooked**: Most AAIs employ animals belonging to someone other than the client (MacNamara & Moga, 2019)
- Many AAIs default to common species/breeds instead of allowing clients' cultural/personal needs to inform animal selection
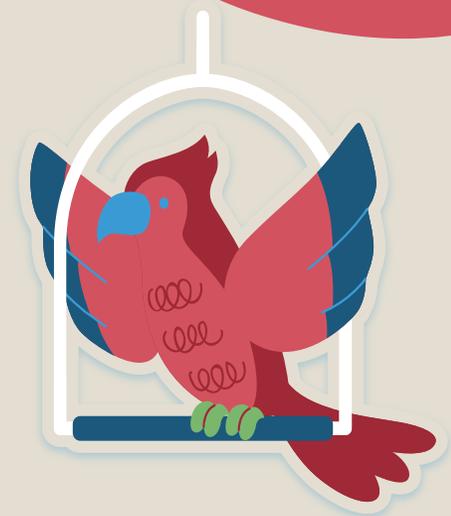
The roots of an "animal informed" approach

- 15+ years in veterinary specialty hospitals: medical case management, end of life + ethics consultation, short-term counseling
- 4 years working with an AAT program (canine/equine): socio-emotional learning and emotional well-being
- Providing *safe engagement*: animal as focus and HAR as initial unit of analysis
- The work was **rarely limited** to the animal: animals represent and hold space for struggles, stories, hope, and healing
- Animal relationships challenge ideas/emotions/patterns, as well as provide flexible (and forgiving) opportunities to change

Additional ponderables

- Foundational research in HAI is based on relationships between people and their **pets**
- Domesticated animals are bred to distinguish between strangers/familiars (Butler, 2004)
- Relationships between animals and primary humans are complex, bidirectional, and dynamic influencers of cognitive + emotional processes (Mueller et al., 2015)
- Animals provide ontological security and connectivity for those living with mental health issues, but are rarely incorporated in care plans (Brooks et al., 2016)
- Familiar HARs provide friction and deactivation opportunities – with insulation/flexibility not afforded to *other humans* (Zilcha-Mano, et al., 2011)
- Animal care is as an occupation under Instrumental ADLs (Winkle, 2022)

Flipping the model

Animal-Assisted

Animal-Informed

Animal-assisted vs. animal-informed (Moga, 2019)

Adjunct Animal

- Animal is handled by volunteer, handler or clinician

- Time-limited

- Access drives clinical decisions

- Effects may be transient and setting dependent

- Skills transfer may not occur without specific coaching/direction

- ⬆ potential for dual relationships

Internal Animal

- Animal is handled by client; potential to improve animal welfare

- Continuous

- Ready access

- HAR stable + mobile, so effects more likely to generalize

- Work can engage multiple systems if clinicians are savvy

- Therapist maintains neutrality

- Lower professional liability?

To begin: Conduct functional analysis of HAR

- *What is the place and consequence of animals in this system?*

- *Can an animal be mobilized to produce change in the system? If so, how?*

Rules & identity

Behavior & skills

Affection, support, & exchange

Locating Animals In the Client System

1. What is the client's history w/animals?
2. Are there focal human-animal relationships in the system? If so…

   - How was the animal chosen & why? Named & why?

   - To what degree is the animal considered in client/family processes?

   - Who bears primary responsibility for the animal?

   - How much time is spent with the animal/s? Doing what?

   - What happens to the animal when the client is in crisis?

Identify Function/Meaning of HAR

1. What does the animal's **presence** *mean* for:

   -Boundaries

   -Stability/longevity of relationships

   -Expectations and rules

   -Enactment, scapegoating, & triangles

   -Routines/ADL

   -Social engagement

   -Personal identity

2. What personal and cultural narratives about animals are in play?
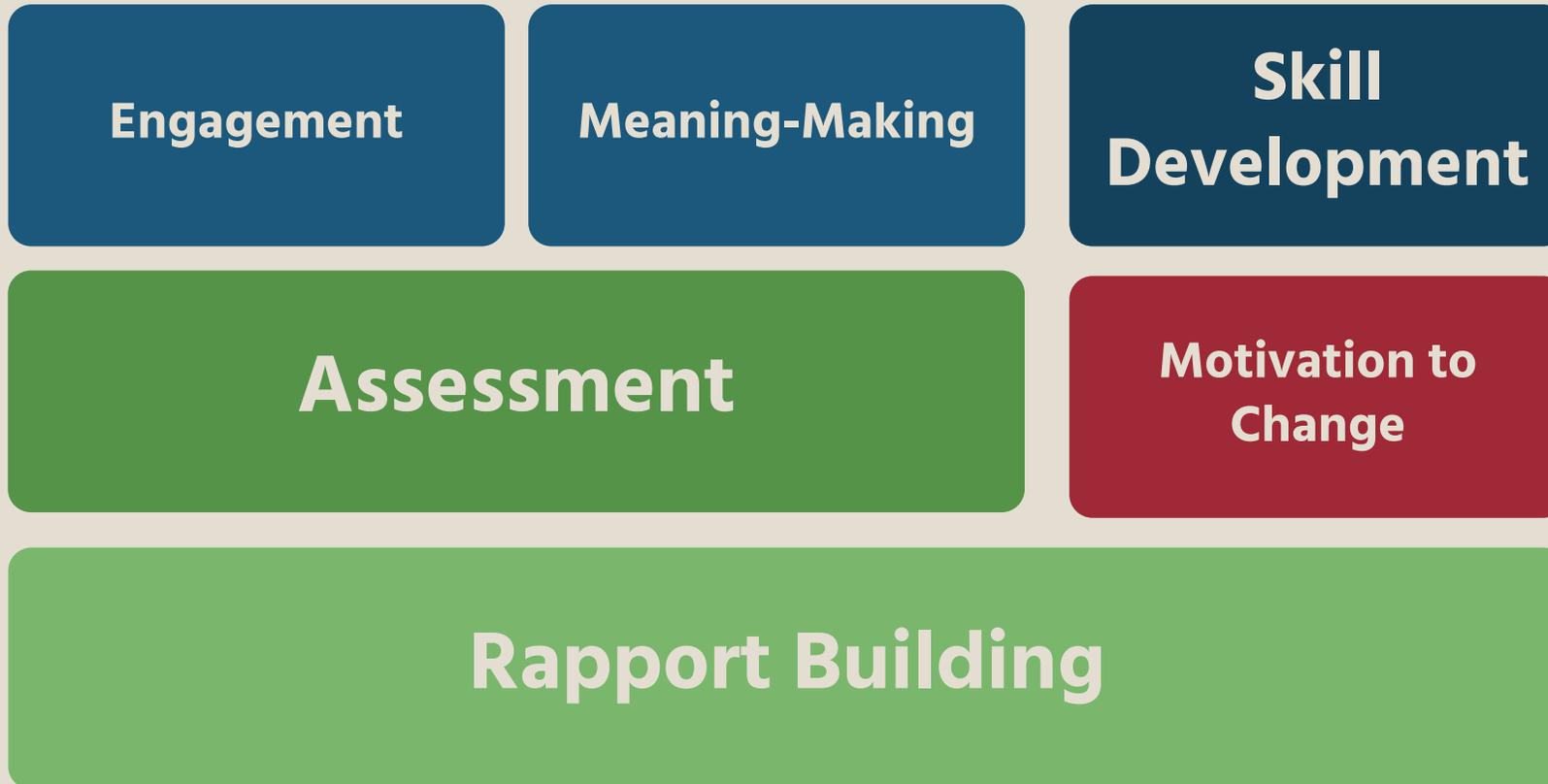
Evaluate opportunities to leverage the HAR

- Is client's HAR consequential to current issue/dilemma/goals?
- What are the strengths and weaknesses in the HAR?
- Does the animal present a risk to the client? Vice versa?
- **What** are we trying to accomplish by leveraging HAR?

  …and **how** will we go about it?

The "what:"
Matrix of Opportunity

| Engagement | Meaning-Making | **Skill Development** |

| **Assessment** | **Motivation to Change** |

| **Rapport Building** |

(MacNamara & Moga, 2014, 2019)

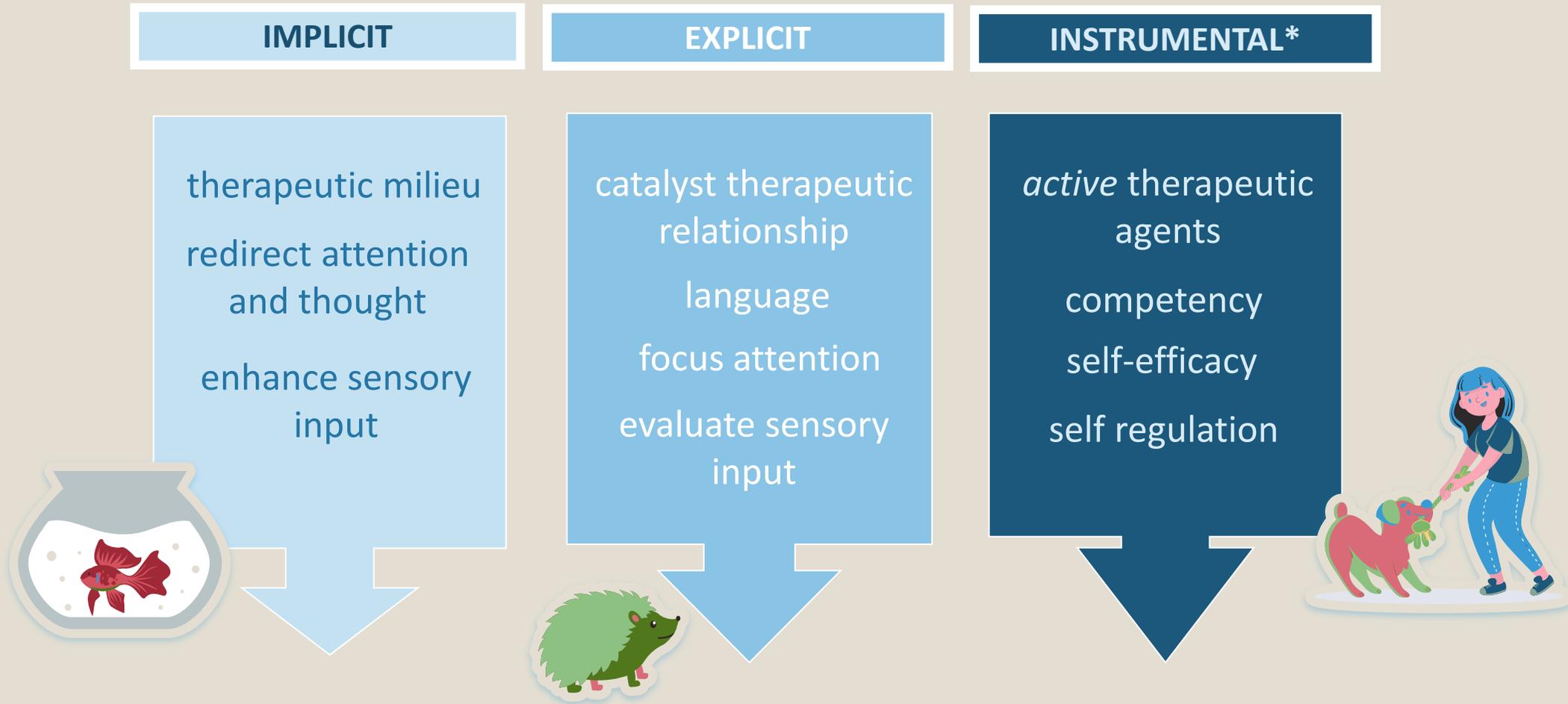# A closer look: Motivation, engagement, meaning + skill-building

Can client's animal:

- Mobilize survival behaviors?

- Enhance treatment adherence?

- Motivate client to build/modify targeted health behaviors?

- Illustrate possibility and/or resilience?

- Help client practice new emotional, cognitive or social skills?

- Build/strengthen connections to social networks?

The "how:" Selecting the application

IMPLICIT	EXPLICIT	INSTRUMENTAL*
therapeutic milieu	catalyst therapeutic relationship	*active* therapeutic agents
redirect attention and thought	language	competency
enhance sensory input	focus attention	self-efficacy
	evaluate sensory input	self regulation

What *activities* produce/amplify these evidence-based benefits?

- **Improving family cohesion and adaptability** during crisis/transition (Allen, 1995; Connell et al., 2007; Cox, 1993; Fritz et al, 1996)
- **Mediating family interactions, buffering conflict, and reinforcing family identity** (Cain, 1983; Cain, 1985; Strand, 2004; Tannen, 2004)
- **Facilitating social contact, reducing isolation, increasing community integration, and increasing social capital** (Allen & Blascovich, 1996; Barker and Wolen, 2008; Garrity & Stallones, 1998; Putnam, 2000; Sable, 1995).
- **Reinforcing purpose** and personal history (Savishinsky, 1985).
- **Providing structure, constancy, and continuity** when routines/relationships are disrupted (Geisler, 2004)
- **Boosting independence, self efficacy and control** (Geisler, 2004)

Case example: "Stephanie"

Married cisgender female
Presented for MDD and PTSD; previous tx engagement inconsistent
Hx childhood sexual abuse
Social network sparse, porous interpersonal boundaries
Nature-based spiritual practice
Interest in environmental/social justice
Family system includes dog

Tx goals:
Improve self-regulation and self-efficacy
Improve interpersonal boundaries
Reduce helplessness and despair

Cautions and considerations:

- Violence/neglect/abuse in the system complicates the picture – proceed with caution and with an eye toward everyone's safety
- **Animal welfare matters** and is indicative of system health
- Make sure **core skills and capacities** are the focus of treatment goals; animal inclusion can be captured in objectives + strategies and between-session homework
- Be careful to avoid psychosocial reliance on a particular HAR – this may increase long-term risk to client's well-being
- Clinician biases, boundaries and skills can be an invisible barrier
- Be aware of speciesism and relationship diversity (cultural competence)

When to opt for/include an adjunct animal (AAT):

1. Safety considerations*, particularly perpetration/control in system
2. Novelty preferred or required for engagement
3. Enmeshment and anxious attachment may benefit from physical/emotional distance and discrete time/treatment boundaries
4. Practice/client system constraints make it difficult to operationalize animal-related strategies without additional [animal] options
5. Client's progress is stalled and external/novel stimulation may provide opportunities for new insight

*AAI should ideally benefit both the client and the animal (Fine et al, 2019)

A note on ESAs and animal-informed interventions

- Considering ESAs as **animal-informed** interventions may help to counteract the legal, ethical, and practical challenges they present.
- If recommending/prescribing an animal for a patient/client, analyze system **capacity** first!
- If recommending/prescribing/providing letter of support, the next logical step is to **integrate the animal in treatment planning, treatment delivery, and resource provision.**

All practitioners can be *animal-informed!*

1. **ASK** about animals at all stages of care/service...
2. **LEARN** about the diversity and impacts of HARs
3. **INTEGRATE** animal issues in treatment planning, delivery, and resource referral
4. **CONNECT** clients to animal-related resources and emergency services
5. **CONSULT** and collaborate with other mental health + AAT + animal care professionals
6. When integrating animals in treatment, ***proceed with caution, document processes, and measure outcomes***

Key references

1. Levinson, B. (1965). Pet psychotherapy: use of household pets in the treatment of behavior disorder in childhood. *Psychological Reports*, 17, 695-698.

2. MacNamara, M., Moga, J., & Pachel, C. (2019). What's love got to do with it? Selecting animals for animal-assisted mental health interventions. In A.H. Fine (Ed.), *Handbook on Animal-Assisted Therapy, 5th Edition (pp.* 351-362). San Diego, CA: Elsevier.

3. Moga, J. (2019). Integrating clients' animals in clinical practice: Insights from an animal-informed therapist. In L. Kogan & C. Blazina (Eds.), *Clinician's Guide to Treating Companion Animal Issues: Addressing Human-Animal Interaction (pp. 253-266)*. London, UK: Academic Press.

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5. Walsh, F. (2009). Human-animal bonds II: the role of pets in family systems and family therapy. *Family Process*, 48(4), 481-499.

Questions?
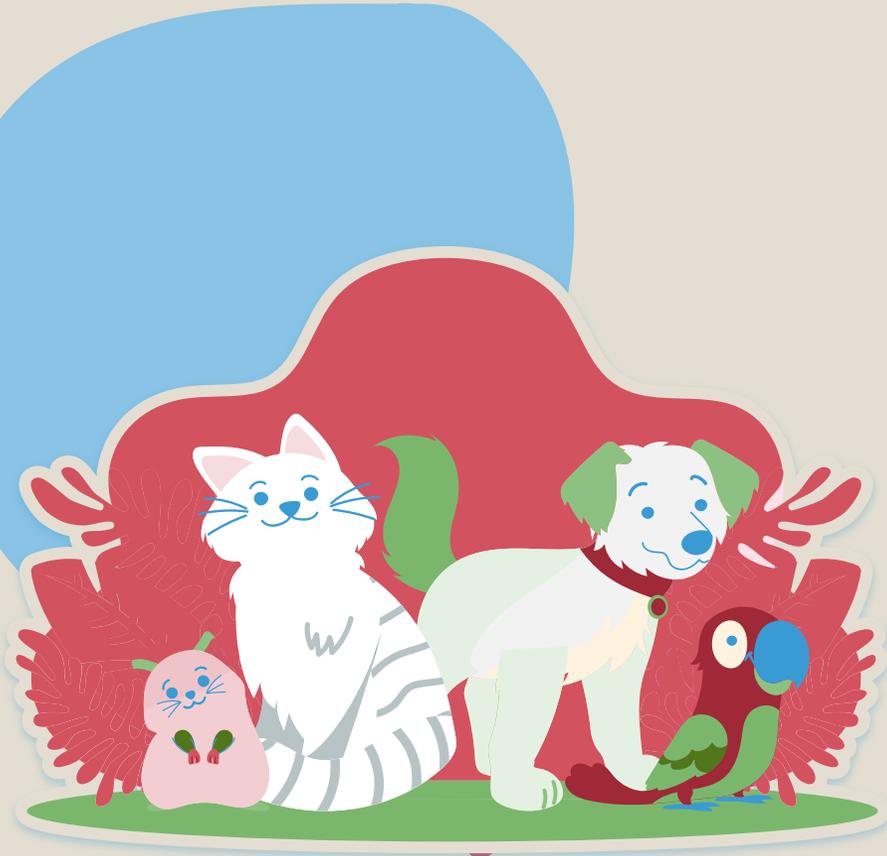
Thank you!

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