

This is an Accepted Manuscript of an article published by Taylor & Francis Group in Contemporary Justice Review on November 3, 2015, available online: <http://www.tandfonline.com/10.1080/10282580.2015.1093686>.

Helping at-risk youth overcome trauma and substance abuse through animal-assisted therapy

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(Received 31 March 2014; accepted 20 September 2014)

Animal-assisted therapy is a goal-oriented adjunct to traditional therapy programs. This type of therapy has benefitted many populations, including children, adolescents, and adults, in their recovery from a wide variety of physical and psychological traumas. Examples include patients who are undergoing rehabilitation related to major surgery, serious illness, or debilitating injury and patients who are receiving treatment to overcome substance abuse, physical abuse, and behavioral problems. The purpose of this article is to show how animal-assisted therapy has been used with at-risk youths who participate in a treatment program for a variety of traumatic experiences, including abuse and neglect, as well as criminality and substance abuse. In the therapy program, the youths work through a structured, goal-oriented curriculum with certified therapy dogs and volunteer handlers. Together they complete progressively advanced tasks in which the youths transfer skills learned about dog handling to understanding and modifying their own behavior. The overall aim is to help the youths develop positive life skills and facilitate positive social interactions to help break the cycle of crime, violence, or substance abuse.

Introduction

Animal-assisted therapy (AAT) refers to a particular type of animal-assisted intervention that leverages the human–animal bond to target a variety of outcomes in the domain of psychological, cognitive, physical, social, and emotional functioning, or well-being, among people. As defined by the International Association of Human-Animal Interaction Organizations (IAHAIO):

AAT is a goal oriented, planned, and structured therapeutic intervention directed and/ or delivered by health, education and human service professionals. Intervention progress is measured and included in professional documentation. AAT is delivered and/or directed by a formally trained (with active licensure, degree or equivalent) professional with expertise within the scope of the professionals' practice. AAT focuses on enhancing physical, cognitive, behavioral and/or socio-emotional functioning of the particular human client (International Association of Human-Animal Interaction Organizations, 2014).

While AAT shares some characteristics with a family of interventions known as animal-assisted activities (AAA), there are key differences between the two concepts. IAHAIO defines AAA as “informal interactions/visitations often conducted on a volunteer basis by the human-animal team for motivational, educational and recreational purposes. There are no treatment goals for the interactions. AAAs are generally facilitated by individuals who do not have a health, education or human service degree. Human-animal teams have received at least introductory training, preparation and assessment to participate in informal visitations.” Examples of AAA include animal-assisted crisis response that focuses on providing comfort and support for trauma, crisis and disaster survivors, and visiting companion animals for ‘meet and greet’ activities with residents in nursing homes (International Association for Human-Animal Interaction Organizations, 2014). The informal nature of these types of activities contrasts them with the goal-oriented nature of AAT, in which the therapy program is

customized around the needs of individual patients or the needs associated with a particular treatment or condition.

AAT, which is often an adjunct component of a treatment program, targets specific, stated goals for each participant and/or session. These goals may also be specific to a particular patient population, such as the case of group therapy in which the participants have a common condition. A related characteristic that distinguishes AAT from AAA is the direct involvement of a clinician or other professional provider in the area of health and/or human services. The particular training or expertise of this professional may vary depending on the targeted treatment area (e.g., physical rehabilitation, psychosocial function, etc.).

The use of AAT is widespread in terms of both treatment contexts and populations. It is often a component of physical rehabilitation programs for patients who are recovering from a wide range of physical traumas such as major surgery, serious illness, and debilitating injuries. It is also often a component of counseling programs and other psychosocial interventions for patients who are undergoing treatment for an array of issues, including substance abuse, physical abuse, and behavioral problems. For some individuals served by the AAT program described in the article, AAT has strengthened the success of traditional therapies. The purpose of this article is to show how a model of AAT with certified therapy dogs and volunteer handlers has been used with youths who are in treatment programs for a variety of traumatic experiences, as well as criminality and substance abuse.

Applications of AAT

As an adjunct therapy, AAT is often an integral component of many treatment contexts. AAT may be part of a treatment regimen in a rehabilitation program to help patients improve their physical functioning and cognitive abilities. For example, both tossing a ball and directing a therapy dog to retrieve it can have a therapeutic benefit. A patient can strengthen the use of a specified arm and improve their range of motion, while also having to recall, sequence, and speak (e.g., “fetch,” “out,” etc.). In psychosocial contexts, AAT is sometimes part of a counseling program in which a licensed counselor or other mental health professional incorporates a therapy animal into a patient’s therapy sessions. These sessions may be delivered one-on-one or in a group setting. In one-on-one sessions, especially in counseling contexts, the animal often provides social mediation (Chandler, 2005; Hanselman, 2001; Kruger & Serpell, 2010). However, the specific role of the therapy animal varies based on the type of conditions being addressed in the patient’s treatment plan. To some extent, the role may also depend on the type of therapy animal. While dogs are the most common animals involved in AAT, AAT is not exclusive to dogs or even certain breeds of dogs (Chandler, 2005). Other animals that are common in AAT are horses and cats, as well as fish and birds. Dolphins and farm animals are also emerging as therapy animals for helping a range of children and adults who are dealing with a variety of cognitive and psychosocial conditions.

The AAT program described hereafter is an example of cognitive behavior(al) therapy. The general aim of cognitive behavioral approaches is to modify a particular behavior or set of behaviors, such as eliminating an undesirable or maladaptive habit or behavioral response or acquiring a new bonadaptive habit or skill (Geist, 2011; Hanselman, 2001; Kruger & Serpell, 2010; Seligman & Reichenberg, 2010). The cognitive component emphasizes the role that a person’s thinking plays in shaping his or her behaviors. Thus, understanding the thoughts and feelings that underlie or coincide with a particular behavior is an important aspect of being able to alter the targeted behavior. Such approaches may also draw from social cognitive theory, which emphasizes observational learning from models such as peers, adults, or other individuals (Kruger & Serpell, 2010).

In AAT, these theoretical foundations often come together when the participant engages in structured interactions with the therapy animal. One of the main premises is that the youths will parlay the knowledge and skills that they gain in learning how to handle and train the therapy dogs to understanding their own behavior and modifying it as needed to have positive interactions with other people (Chandler, 2005; Pichot & Coulter, 2007; Zasloff, Hart, & Weiss, 2003). An example is training

the animal to follow certain commands (or teaching the animal to perform a new trick, especially in the case of dogs). During this interchange, the participant learns valuable lessons related to communication.

Lessons of this nature are applicable across a broad range of patient populations and psychosocial constructs (Chandler, 2005; Pichot & Coulter, 2007). For example, AAT has been beneficial for helping patients of many ages work toward strengthening their expressiveness and self-perceptions by sharing stories of pets that they have had or previous experiences with animals (Chandler, 2005; Hanselman, 2001). Not only can these types of applications help improve the patient's emotional well-being, but there are also benefits from the cognitive stimulation. AAT has also been beneficial for helping children and adolescents with specific outcomes, such as reducing anger and improving coping skills (Chandler, 2005; Hanselman, 2001; Zasloff et al., 2003). Having the opportunity to interact with a therapy animal is often a motivator to engage in what may be a very difficult rehabilitation or counseling regimen. Often, the interactions not only elevate the participant's mood, but also help the participant reduce depression and improve self-esteem. AAT has also been effective in helping children work through traumas such as sexual abuse. Other applications of AAT with children and adolescents target disorders that may be developmental, emotional, or behavioral. As with adults, one of the aims of cognitive behavioral therapy in these contexts is to help the children and adolescents draw parallels between aspects of their lives and the context of the therapy animal working with them.

With vulnerable populations such as youths and adults in detention centers, prisons, or with those undergoing court-mandated interventions, AAT has also been beneficial (Chandler, 2005; Hanselman, 2001). One way is through the modeling of a positive and trusting relationship that exists between the counselor/therapy provider and the therapy animal. Observing this relationship, and ultimately internalizing it, can be especially important given the lack of trust that may be prevalent among the participants due to factors related to their detention. In some AAT programs that serve juvenile or adult detainees, the participants may interact with the therapy animals in counseling sessions.

In other AAT programs, especially geared toward adults, participants learn how to train dogs to be service animals. These types of programs are not limited to adult participants or detainees, but the extent to which the participants have responsibility for training the animals varies depending on factors such as the development level of the participants, the nature of the detention program, and the nature of the criminal offense. While these interventions vary, common goals often include helping the participants develop social skills, strengthening positive interactions with others, and decreasing conflict and negative behaviors. These short- and mid-term goals contribute to the broader goal of reducing the cycle of criminal activity and negative involvement with the criminal justice system.

The Cognitive Behavior(al) AAT program

This AAT program serves youths who participate in a residential or outpatient treatment program run by a child welfare agency that provides specialized services for at-risk youths and their families. In addition to the youths, one or more health or social service professionals (employed by the agency) attend and assist in facilitating the sessions, as do volunteer therapy dog teams, and two organizational program leaders (one therapist and one dog trainer). For some participating youths, the treatment facility is an alternative to jail or homelessness. Some of the youths are also wards of the state or have otherwise been removed from their homes by state agencies. They are recovering from a variety of physical, psychological, or emotional traumas, including abuse and neglect. For some of the youths, multiple transfers from one temporary home to another have been commonplace. While the specific situations that prompted each youth's entry into the program vary, situations commonly include behavioral issues, substance abuse, and criminal activity. One of the desired outcomes for these youths is to break this type of serial placement and recidivism and promote positive attachments between the youths and their families (Lawrence Hall [LH], n.d.).

The welfare agency's treatment program is specialized to meet the specific needs of the participants and includes therapy, education, counseling, coaching, mentoring, and supportive care. The overall goals

of this program are to help the youths overcome their respective traumas, build positive relationships, learn personal responsibility, and develop positive life skills. Additionally, the program strives to help prepare the older youths for their transition out of the child welfare system to personal and financial independence. The aim is to help the youths develop the life skills that they need for a successful future characterized by positive interpersonal interactions (Lawrence Hall, n.d.).

What the AAT program is designed to accomplish

The AAT program described in the remainder of this article focuses on the youths' self-awareness and interpersonal skills. The mid- and long-range goals of the program are to help the youths develop a stronger sense of responsibility for their actions, strengthen their self-confidence, self-discipline, emotional management, and social skills, and help them build trust. These goals overlap with the goals of the larger treatment programs in several ways. For instance, research has also shown that impulse control plays a role in substance abuse, various types of addiction, various types of pathology, as well as some behavioral problems (Sussman & Ames, 2008). Cognitive-behavioral approaches can be highly effective for addressing these types of issues. Furthermore, one of the potential benefits of self-control, a person's ability to regulate his or her behavior based on social norms and cues, is improved social interaction with other people (Sussman & Ames, 2008; Tangney, Baumeister, & Boone, 2004). By helping the youths improve their self-control, the AAT program supports efforts in helping the youths build positive relationships and develop positive life skills. Similarly, by helping the youths increase their self-confidence, the AAT program further contributes to the youths' development of valuable life skills and positive social interactions.

Also related to fostering positive social interaction, the AAT program targets depression, which is sometimes prevalent among youths who are dealing with substance abuse and a variety of traumatic experiences (Colder, Chassin, Lee, & Villalta, 2010). Other primary short-term outcomes of the AAT program are to increase the youths' impulse control and self-esteem and improve their communication skills. Conceptualizations of impulse control vary, but a common theme is the person's ability to regulate his or her impulsive behaviors (Tangney et al., 2004). Impulse control is inherent in dog handling and training, as greater strides can often be made when the handler tailors his or her style to that of the dog they are working with. The implication is that the youths must learn to set aside some of their preconceived notions and inclinations and alter their own behavior to progress their therapy dog's compliance. Thus, the youths must learn to adapt their teaching style to the therapy dogs' learning processes.

Given the serial placements that some of the youths have experienced, it is likely that some may have a very pessimistic view of themselves as well as little confidence in their abilities. These conditions can manifest themselves as low self-esteem and low self-worth and can ultimately have a negative impact on the person's interactions with others (Rosenberg, 1989). For example, Rosenberg (1989) found that adolescents who have low self-esteem may have difficulty with interpersonal relationships. There may also be a link between low self-esteem and higher levels of depression. In contrast, individuals who have high self-esteem tend to have much more favorable views of themselves and their self-worth, which can further support their positive interactions with other people. Over the course of the eight-week curriculum, the youths gain confidence from their ability to handle and teach the therapy dogs. By the end of the program, they are able to successfully navigate an agility course with their dogs off-leash, which demonstrates their level of proficiency and the verbal control that they have over the dog.

The overarching way in which the AAT program targets these goals is by engaging the youths in structured interactions with the volunteer teams. The AAT program design consists of each youth working on a team with a therapy dog and handler to develop progressively advanced obedience and agility handling skills, canine massage, and trick training. It culminates in a graduation ceremony in which each youth demonstrates his or her proficiency and accomplishments in dog handling and relationship building.

The overall aim of the curriculum is to acquaint the youths with positive dog handling techniques and help them draw parallels to understand and modify their own behavior. For example, different dogs have different handling needs. Some dogs need a longer time to process commands before complying, while other dogs may anticipate commands and perform them without being cued. Each of these situations requires a different approach. In the former case, the goal would be to speed up the dog's response time, whereas in the latter case, the goal is to decrease the dog's proclivity to anticipate the command before the cue is given. Typically, individuals who are new to dog handling and training are impatient and lack the ability and perspective to tailor their own behavior to complement the dog's needs.

Early in the program, the therapy dogs may look to their handlers for guidance instead of to their youth handler. Over time (i.e., as the curriculum progresses), the youths learn to be patient and perseverant, but also clear, mindful, and deliberate in terms of the communication style that fits their dog. The therapy dogs' compliance with the youths' commands provides a steady stream of positive reinforcement. In addition, the youths teach the dogs a new trick, which enables the youths to take away an accomplishment for which they can take the main credit. The volunteer handler plays a key role in this accomplishment and the team dynamic, but this role is primarily one of facilitation and coaching. His or her direction and feedback are essential to progressing the youth/therapy dog relationship and the youth's skills. While the youth/dog relationship is the priority in the program, developing a positive, respectful relationship with the volunteer handler, from whom the youth takes direction and constructive criticism, is a very important by-product. Their exchange strengthens the youths' communication with adults.

As the AAT program entails group therapy, being able to communicate with others is another important aspect of the program. Developing good communication skills is an important aspect of social skills and is especially important in cognitive behavioral treatment approaches (Sussman & Ames, 2008). The AAT program targets both verbal and nonverbal communication through a series of focused lessons. Some of the lessons focus on the importance of controlling the volume and tone of the youth's voice to communicate more effectively, whereas others look at what the handler's body language is communicating to the therapy dog.

These lessons also provide opportunities to teach the youths about the concept of frustration tolerance. Though highly trained, therapy dogs are companion animals, not service or assistance dogs. Therapy dogs are generally owned by their volunteer handlers, who are responsible for the majority of their care and handling outside the AAT context. For this reason, therapy dogs are finely attuned to the unique nuances of their owner's handling style. The AAT curriculum plans for, and even relies upon, acclimation and orientation of the therapy dog to the youth as its primary handler over time. With each passing week, the youths' skills and abilities improve, and the therapy dogs' tendencies to look to their handlers decrease. However, the learning process does not follow a strict linear curve, which can lead to frustration. A youth's ability to constructively manage that frustration is more likely to maintain the therapy dog's engagement, whereas giving in to frustration is likely to estrange the therapy dog. Thus, based on cumulative experiences with their therapy dogs, the youths learn to anticipate their therapy dogs' reactions. Then, they proactively avoid frustration triggers (theirs and their dogs) by determining whether and/or how to adjust their handling and communication.

The AAT program supports cognitive behavioral therapy using a structured curriculum designed to strengthen the youths' intrapersonal and interpersonal skills. These skills target impulse control, self-esteem, depression, trust, confidence, self-discipline, perseverance, communication skills, and social skills, among others. During the program, the youths work with volunteer therapy dog teams to cultivate skills in dog handling and training. The parallels between successful dog handling and life are vast, and the knowledge and skills gained translate into the youths developing a better understanding of their own behavior and improved ability to modify it as needed.

The volunteer teams include certified therapy dogs and their respective handlers. Like many AAT registries and providers, the organization described in this article uses a standardized process to certify therapy dogs. In order to become a certified therapy dog, each candidate must pass a 14-point test consisting of both temperament and obedience elements (Canine Therapy Corps, 2015). The test simulates the types of situations and conditions the dogs can reasonably expect to encounter during their work, and it is administered on a pass/fail basis. Its certification test is rigorous, and only 15–20% percent of the dogs who attempt the test pass on the first try. AAT requires a strong obedience foundation and a rock-solid temperament, as the therapy dog will be expected to comply with commands from the participant, not just their owner/handler, with whom they have a substantial relationship. Moreover, some settings require the therapy dogs to work side-by-side with multiple therapy dogs, and they must be able to remain focused on their participants and the task at hand.

While the dogs who pass the certification test share many skills and abilities, they vary considerably in size, breed, background, and personality. The dogs who have participated in this program since its inception have ranged from a Pomeranian and Cavalier King Charles Spaniel to Labrador Retrievers, and even German Shepherds, Doberman Pinschers, and pit bulls. Some dogs came from breeders, while others are rescue dogs. Like the youths, each dog has physical and personality traits that make them unique, and this variety is an asset. For example, physical traits can account for a substantial part of a youth's initial attraction to a particular therapy dog at the beginning of a program (i.e., prior to establishing a relationship with the therapy dog). However, it is also important to note that there are far more factors to consider when pairing youth and dogs than initial inclinations. For example, pairing an apprehensive youth with a smaller dog may help alleviate the youth's reservations about dogs. Learning to handle a large or powerful dog may build confidence in youths who are lacking in self-esteem. In addition, working with a dog whose breed is a target of breed specific legislation or other negative public perception may lead to lessons in compassion, empathy, perception versus reality, and humane education opportunities in youth who may be apathetic or have a history of violence.

How the program works

The AAT program runs for eight weeks, with one 1.25-hour session per week. Because commitment is one of the tenets of this AAT program, the therapy dog teams who participate in the program must commit to attending all of the sessions. Another reason for this commitment is to help build trust and rapport among the volunteers and the youths. During the initial AAT session, the program leader impresses upon the youths the volunteer teams' commitment and conveys the volunteers' responsibility for communicating any anticipated absence, if one must occur, to the youth as early as possible. Not only does this strategy help give the youths time to process the therapy dog's anticipated absence from the session, but it also reinforces the importance of personal responsibility and accountability. Simultaneously, it conveys a sense of respect for the youths. Moreover, the youths recognize that the teams are volunteers and therefore are not compensated for their time. Anecdotally, the youths' recognition that the volunteer teams participate in the program because they want to participate, rather than because they are paid to participate, aids the formation of trusting relationships among the participants and volunteers.

The youths are asked to make a commitment similar to the volunteer teams. One way in which the youths express this commitment is by signing a participation contract stating that they understand the serious nature of the program and will follow the rules and expectations. The contract also spells out the succession of consequences for breaching the rules of the program. For example, youths are summarily dismissed from the AAT program for any unexcused absence. One of the bases for this contract and its corresponding level of commitment is to help the youths strengthen their sense of responsibility for their actions, which is one of the areas targeted by both the AAT and larger therapy program.

The number of youths who participate in a session is typically around six, which facilitates the management of the sessions and simultaneously keeps the ratio of youths to dogs and handlers low. While a 1:1:1 ratio (youth: therapy dog: volunteer handler) is ideal for AAT programs, occasionally, the ratio is 2:1:1. One reason is logistical, to compensate for attrition rates among volatile populations.

Another reason pertains to the aim of fostering the youths' interpersonal skills. For example, the strategy of pairing the youths fosters cooperation and collaboration, as the entire team fares better if the two youths assist and support one another. Establishment of a cooperative and collaborative rapport between the youth(s), volunteer, and therapy dog is essential to the success of the youth/therapy dog team. Furthermore, because this program model is based on volunteer capital, the 2:1:1 ratio may curb the potential alienation of the volunteers' affection, which could occur if the volunteers repeatedly show up but have no youth to work with.

Across the eight-week program and within each program session, the curriculum is highly structured with specific goals for each session. In Week 1, the focus is on orientation. Following introductions by the volunteer teams and the youths, the youths learn about the structure of the program (including the format, goals, commitment, etc.). One of the main goals for this session is for the youths to gain an understanding of the program and determine whether they want to voluntarily participate in the program. Another goal of the orientation session is for the youths to meet the dogs and for the program leaders to gather information which will guide the subsequent pairing of dogs and volunteer teams. A form of 'doggie speed dating' facilitates this process and gives each youth an opportunity to 'interview' every therapy dog and handler and get to know them. Because connection and relationship are so important in the AAT program, the youths are asked to select two dogs that they would like to work with. Final pairings are then assigned by agency staff and organizational program leadership based on youth/therapy dog personality fit. However, care is also taken, to the extent possible, to pair the youths with one of the dogs of their choosing.

If the youths attend Week Two, they are expected to commit fully and completely to the duration of the AAT program. From the second to seventh weeks of the program, the youths participate in activities aligned with specific lessons. The general structure of the weekly sessions in Weeks Two through Seven is as follows:

- Group discussion (review of previous material, new material, and session skills demonstration)
- Session skills (brush-up on previous skills and learn new skills)
- Work on trick
- Participant demonstrations
- "Tell me what you learned" processing component
- Preview of next week's curriculum

The specific discussion topics, skills, and goals of each session are outlined as follows:

WEEK 2: Foundation skills

- Pairing of the youths with their assigned therapy dog
- Signing of the participation contract
- Discussion topics:
 - How dogs learn and what motivates them
 - Communicating with dogs
 - Reinforcing dogs' 'good' behavior
- Session skills:
 - Eye contact
 - Hand targeting/touch
 - Sit
 - Down
 - Trick
- Session goals:
 - Lay the foundation for youth's positive, respectful, and successful relationship with their therapy dog.

- Using basic obedience skills, the youths hone communication skills, handling skills, and techniques and begin solidifying a partnership with their therapy dog.
- Objectives of teaching the therapy dog a trick are to:
 - Demonstrate the learning process
 - Inform the youths on the importance of appreciating each small progressive step that goes into building a finished product
 - Help the youths cope with the nonlinear learning process and problem solving that comes with teaching a new behavior to a different species

WEEK 3: Obedience

- Review of Week 2 discussion
- Discussion topics:
 - Distance obedience
 - Vocal volume and tone
 - Body language
 - Fading reinforcers
- Session skills:
 - Proof Week 2 skills
 - Stay
 - Come
 - Heel/Loose leash walking
 - Trick
- Session goals:
 - Utilize new and existing skills to establish correlation between youth behavior and dog compliance, including how to motivate/encourage and inhibit/discourage therapy dog behavior using the youths' bodies and emotion (e.g., enthusiasm or calm) without the use of physicality or force. (To help the youths learn to manage situations by taking control in a positive way rather than allowing the emotions of others to dictate their own behavior)

WEEK 4: Canine massage

- Discussion topics:
 - Benefits of massage
 - Mindfulness
 - Canine body language
- Session skills:
 - Multiple massage techniques (laying on of hands; effleurage; petrissage; and compression)
- Session goals:
 - Utilize massage techniques to teach mindfulness and relaxation, as well as a deeper understanding of what dogs are saying through canine body language. (To assist the youths in further perfecting other skills with their therapy dogs and sharpen their observational skills within the context of interpersonal communication)

WEEK 5: Agility

- Review of Week 2 and 3 discussion
- Discussion topics:
 - Agility (a fast moving, off-leash sport in which the youth and therapy dog operate as a team to navigate an obstacle course)
- Session skills:
 - Proof Week 2 and 3 skills
 - Agility course consisting of two types of jumps (bar jump and tire jump) and tunnels
 - Trick
- Session goals:
 - Hone nonverbal communication skills (and some verbal skills), as they are paramount in agility training along with a strong bond between the dog and

handler. (Agility incorporates motor planning, processing, and memory, as well as the ability to remain calm under pressure and recover quickly if off course – all while keeping your dog engaged.)

- In agility, there is a general premise that the dog is usually ‘right,’ taking whatever obstacle the handler sends them to, even if the handler’s communication was inadvertent (e.g., something as simple as the angle of one’s shoulders being pointed toward an off-course obstacle). Therefore, agility requires considerable self-awareness and emotional management.

WEEK 6: Proofing

- Review of Week 2, 3, and 5 discussion
- Discussion topics:
 - Proof all skills (obedience, agility, and trick)
 - Graduation preview
 - Transition (to help youth process the program’s impending termination)
- Session skills:
 - Polish and perfect all skills
 - Unstructured time for youth and therapy dogs
- Session goals:
 - Ensure that the dogs are working for the handlers and for reinforcers/ rewards/paychecks, as opposed to simply for reinforcers (which allows the youths to process how far they have progressed since Week 2).
 - Prepare the youths for graduation.
 - Process emotions that accompany graduation and transition to leave the youths with positive sense of transition.

WEEK 7: Graduation preview and transition

- Discussion topics:
 - Graduation structure
- Session skills:
 - Dress rehearsal for graduation (Typically, the youths are permitted to invite guests to graduation, so hosting a dress rehearsal allows youths an opportunity to preview, practice, and prepare prior to having to perform in front of a new audience.)
 - Unstructured time for youth and therapy dogs
- Session goals:
 - Demonstrate proficiency and confidence in all skills (obedience, agility, and trick)
 - Begin a gradual transition to program termination with additional time for youth and therapy dog unstructured time.

In Week Eight, the program culminates with a graduation ceremony to which the youths are permitted to invite guests to share their accomplishments. The youths start by introducing themselves and their therapy dogs to the guests and are encouraged to speak about their experience in the program. The youths then demonstrate proficiency in all of the skills that have been covered (obedience, canine massage, and agility), and they debut the trick that their therapy dog learned. At the end of the ceremony, the youths receive certificates of completion and parting gifts, including photographs of them with their therapy dogs to memorialize their time in the program. Graduation ends with a party, complete with food and cake. The overall goal is for the youths to graduate with feelings of accomplishment, as well as improvement in the program outcomes.

Discussion

The specific ways in which the AAT program targets the outcomes is by helping the youths make specific connections between the handling and training of their therapy dogs and their understanding and management of their own behavior. These lessons are the backbone of the AAT curriculum. For example, the second week focuses on the foundational knowledge and skills that the youths need to

help them establish a positive, respectful, and successful relationship with their therapy dog. In the third week of the curriculum, where the focus is on the concept of obedience in dog training, the youths learn how to manage situations by taking control in a positive way rather than allowing the behavior of another to dictate their behavior. Similarly, the goal of the massage lesson is to sharpen the youths' observational skills within the context of interpersonal communication. The therapy dogs will clearly communicate what they enjoy or don't, in spite of their inability to communicate in spoken language, and the youths will learn to understand what the dog is telling them, staying or altering the course based on the dogs' feedback.

In the fifth session, the lessons on agility translate into understanding several aspects of communication. For example, nonverbal communication skills (and some verbal skills) are paramount in agility training, as is a strong dog and handler bond. Agility incorporates motor planning, processing, and memory, as well as the ability to remain calm under pressure and recover quickly if the dog goes off course or the youth forgets where he is going – all while keeping their dog engaged. Furthermore, there is a general premise that the dog is usually 'right' in agility training, taking whatever obstacle the handler sends them to, regardless of whether the handler's communication of that obstacle was intentional or inadvertent (e.g., it can be something as simple as the angle of the person's shoulders that may send the dog to an off-course obstacle). Therefore, agility requires considerable self-awareness and emotional management. Managing human behavior requires parallel levels of self-awareness and emotional management.

The lessons in the sixth session encourage further reflection as the youths transfer the concept of proofing to affirm that the dogs are following their commands by choice and not by bribe. This reflection allows the youths to process how far they have progressed since the second week of the program when they were likely luring their therapy dog through all of the requisite behaviors using a treat, and it also segues into helping the youths prepare for graduation and the subsequent transition from the AAT program.

While the graduation ceremony provides the youths with an opportunity to celebrate their new handling skills, it also marks a transitional stage in the youths developing a greater sense of responsibility and accountability for their actions. This transition reflects the youths' shift from training the dogs to proactively considering and managing their own behaviors in the absence of the volunteer team. The graduation also reflects a milestone in the youths' progression toward the goals of the overall treatment program.

Conclusion

The goals of the AAT program include helping the youths improve their impulse control, self-esteem, and social skills. These goals support the broader aims of improving the youths' intrapersonal awareness and interpersonal skills to foster positive life skills and social interactions (Lawrence Hall, n.d.). They also support the larger scale aims of breaking the cycle of criminal activity that prompted the youths' negative involvement with the criminal justice system.

Efforts to formally document the efficacy of the program for promoting these goals are currently underway. Preliminary results, which are promising, suggest that the program is attaining the short-term outcomes of increasing self-control and self-esteem and decreasing depressive symptoms. However, sample sizes are very small, due in part to the small program size as well as attrition over the span of the program. Related to this issue, it is also important to recognize that the adjunct nature of AAT in relation to a larger treatment program also introduces methodological challenges for examining the outcomes of AAT. These types of issues reflect some of the challenges faced by AAT programs in addition to knowledge bases on the impact of AAT on treatment outcomes (Chandler, 2005; Kazdin, 2010).

Given that AAT is often an adjunct therapy, consideration of the larger therapy program's goals is

paramount. It is incumbent upon the AAT curriculum to complement the agency's program. The curricular model presented in this article is one of nearly an infinite number of ways of accomplishing the goals of reducing the youths' negative involvement with the criminal justice system and promoting positive attachments between youths and their families (Lawrence Hall, n.d.).

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