

ANIMAL COMPANION IN SOCIAL WORK PRACTICE

by

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Abstract

Today, human-animal relationships include animals in various therapeutic settings, except in the field of Social Work. From the thematic review of several articles, this paper aims to take a closer look the exclusion of animals in social work, especially given the therapeutic values that have been documented in various forms of intervention. Findings on how other-than-human (OTH) animals can be utilized in various social work practice settings will be reviewed, as well as common barriers and limitations. As OTH animals have not been included in the Canadian Association of Social Work (CASW) Code of Ethics, this literature review will also discuss the importance of developing an ethical framework and Code of Ethics that guide OTH animal therapists and protect their clients.

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List of Acronyms

AAI - Animal Assisted Intervention

AAT - Animal Assisted Therapy

AOP - Anti-Oppressive Practice

ASD - Autism Spectrum Disorders

CASW - Canadian Association of Social Workers

CBT - Cognitive Behavioural Therapy

ESRD - End-Stage Renal Disease

HAR - Human Animal Relationship

OTH - Other Than Human

PTSD - Posttraumatic Stress Disorder

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The Inclusion of Animal Companion and Human Relationships in Social Work Practice

Since the 20th century, the dynamics of the Human and Animal Relationship (HAR) have changed dramatically (Reilly, 2018). Today, animals such as dogs or cats are considered a companion or a member of family systems (Walsh, 2009). People who have pets value the “companionship, pleasure, and affection” (Walsh, 2009, p. 482) they receive from their pets. Likewise, a pet’s eagerness to receive attention, be held, and be cared for creates an attachment that is also crucial for humans (Walsh, 2009). In a national survey done in the United States, 57% of participants asked who they would choose if they could only take one companion with them to a deserted island chose to bring their pets (Walsh, 2009). This survey is one indication of the importance animals play in the lives of many American families, and is also congruent with the result of a cross-cultural study done in the US and French Canada which found that many pet owners even treat their pets like their own children or as a core member in their family (Packman et al., 2014).

Unfortunately, even with the recognition that a special bond and attachment exists between animal companions and humans, pets’ status in social work practice, as Fook (2014) stated, was “marginal, or at best uncertain” (p. 21) in both “academic and professional terms” (p. 21). Although there has been more academic literature about animals in social work in recent years than decades back, such literature is mostly limited to topics that are considered “laudable and necessary” (Fook, 2014, p. 22) such as mental health, domestic abuse, or child protection, rather than focus on the role pets play for people, clients or not, in their normalized and ordinary day to day life. This focus may be due to the assumption that, in social work, “unless [the]

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research is focused directly on problem-solving or program development that it is somehow not ‘applied’ enough (and therefore not really social work)” (Fook, 2014, p. 22).

In this paper, the author will conduct a topical literature review to gain insight into the following questions: (1) How has the human-animal relationship evolved? (2) What are the roles pets play today in human life on the individual level and within family systems? (3) Why have the Human-Animal Relationship/Human-Animal Bonds (HAB) not been popularly adopted in Canadian social work? (4) How can the HAR/HAB be integrated into different areas of social work practice and therapeutic settings? (5) What are the barriers, controversies and ethical considerations when including animals in social work practice?

Methodology

This paper consists of an extensive search of literature using the following search engines and databases: Google Scholar, CINAHL Complete, OVID, ISI Web of Science, ResearchGate, EBSCOhost, JSTOR, Science Direct, VISTAS Online, and the UFV Library Catalogue. Key search terms used include “animals in social work,” “human-animal relationships,” “pet therapy,” “social work practice,” “human-animal bond,” “animal-assisted therapy,” “animal-assisted intervention,” “social work assessment,” and “ethical consideration.” Key search terms were used either alone or in combination during the search process.

In the initial stages of collecting literature, the author attempted to focus on literature published in Canada. However, due to the limitation of resources specifically related to the theme discussions, the search was expanded to include other Western English-speaking countries, such as the United States, the United Kingdom, New Zealand, and Australia in order to broaden the understanding of this topic. Hence, it is important to note that some of the findings may not be applicable to the Canadian setting due to the social, cultural, political, and

policy differences. In addition, although the chronological scope for this literature review is 2003 to 2019, the review is heavily focused on recent research to ensure the relevancy and validity of the content.

Sources were screened during the search process to eliminate content that was too general or irrelevant to the themes of this literature review. After the preliminary search was done, the author examined the appropriateness of the selected articles by reading the title and abstract. If the title and abstract sounded promising, the author then skimmed through the subtitles or section titles and then moved on to the entire paper to identify whether the article contained relevant material. The multi-stage selection process was repeated several times in order to collect sufficient resources for this topic.

A significant part of this thematic review focuses on the analysis of peer-reviewed or scholarly articles from the *American Journal of Orthopsychiatry*, *Anthrozoös*, *Applied Developmental Science*, *Behavioural Processes*, *BMC Public Health*, *British Journal of Social Work*, *Clinical Social Work Journal*, *Complementary Health Practice Review*, *Counterpoints*, *Deportate*, *Esuli*, *Profughe*, *Early Childhood Education Journal*, *Family Process*, *Journal of American Culture*, *Journal of Animal Ethics*, *Journal of Geriatric Psychiatry and Neurology*, *Journal of Mental Health Counseling*, *Journal of Personality and Social Psychology*, *Journal of Religion & Spirituality in Social Work: Social Thought*, *Omega: Journal of Death and Dying*, *PLoS One*, *Professional Psychology: Research and Practice*, *Social Work*, and *VISTAS Online*. Two edited volumes were also included in the literature review: *The Bible and Posthumanism* (2014) by Jennifer L. Koosed, a professor of Religious Studies at Albright College; *Animals in Social Work* (2014) by social worker, Thomas Ryan, and co-authors Fred H. Besthorn, Jan Fook, Cassandra Hanrahan, Christine H. Kim, Emma K. Newton, Atsuko Matsuoka, John Sorenson,

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Eileen Bona, Gail Courtnage, Shanna L. Burke, Dorothea Iannuzzi, Lynn Loar, Maureen MacNamara, Jeannine Moga, Nina Papazian, Komalsingh Rambaree, Adrienne Elizabeth Thomas and Deborah Walsh. Gaps in the research that have strong links with the theme have also been identified.

Findings

The Revolution of the Human-Animal Relationship

The bond between humans and animals has not always been so strong that animals were treated as part of the family. Since ancient times, animals were kept for “practical reasons” and viewed as “things, tools, machines or commodities” to serve human purposes (Ryan, 2014, p. ix). This anthropocentric view creates a hierarchical distinction between humans and animals, which puts humans in a superior position and views animals as inferior or as property in the ecological system (Peggs, 2017). In the words of Weitzenfeld and Joy (2018), anthropocentrism is “a belief system...an ideology, [that] functions to maintain the centrality and priority of human existence through marginalizing and subordinating nonhuman perspectives, interests, and beings” (p. 4).

Besides viewing animals as merely “tools,” another school of thought in the history of Western philosophy includes the notion that all humanity is “reasonable, intelligent, communicative” and animals lack “lack *logos*, the ability to respond, even the ability to die” (Koosed, 2014, p. 4). Philosophers and thinkers including Aristotle, the Stoics, Saint Augustine, Saint Thomas Aquinas, Descartes, and Kant all seem to appeal to this dualism that create the division between “human” and “animals” (Steiner, 2005; Hanrahan, 2011). For instance, Aristotle denied that animals have the capacity to reason, articulate speech, and possess mental experience as human beings do. His “denial of belief in animals” further influenced the Stoics to

complete the path of anthropocentrism by denying “duties of justice toward animals” (Steiner, 2005, p. 92).

Saint Augustine, a Christian philosopher, who was influenced by the Stoic principle, made a statement that “earthly beings exist for the sake of human beings” (Steiner, 2005, p. 118). Furthermore, Origen, an early Christian scholar, also argued that “[among] created beings, only humans are rational” (Steiner, 2005, p. 120). And Saint Thomas Aquinas, one of the most influential medieval thinkers, who followed Aristotle’s views unequivocally, further elaborated on Aristotle and Origen’s arguments by stating that animals have a lack of reasoning capacity and are without intellect (Steiner, 2005; Lawrence, 2004). Furthermore, Aquinas argued that animals’ judgment came from natural instincts rather than deliberation (Steiner, 2005). Such a distinction places them at the level of nonrational, lower beings. Based on these arguments from these influential thinkers, all nonrational beings, such as non-human animals, have been created to serve humans as they see fit. Their views and beliefs support why humans have been “using” dogs to herd flocks and oxen to till fields in animal husbandry since antiquity to serve humans and to satisfy humans’ needs (Steiner, 2005)

In addition to Western philosophy, anthropocentric and speciesist views have also predominated the Christian tradition (Hanrahan, 2011). For example, “So God created humankind in his image” (Genesis 1:27 English Standard Version), and granted them (Adam and Eve) dominance over all creatures on earth (Koosed, 2014; Hanrahan, 2011):

God blessed them and said to them, “Be fruitful and increase in number; fill the earth and subdue it. Rule over the fish in the sea and the birds in the sky and over every living creature that moves on the ground. (Genesis 1:28 English Standard Version)

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Not only do humans in Christian tradition have dominance over all the creatures on earth, God also clothes Adam and Eve with animals' skins, "And the LORD God made garments of skins for the man and for his wife, and clothed them" (Genesis 3:21 English Standard Version) and gives animals as food for humanity:

The fear and dread of you will fall on all the beasts of the earth, and on all the birds in the sky, on every creature that moves along the ground, and on all the fish in the sea; they are given into your hands. Everything that lives and moves about will be food for you. (Genesis 9:2 English Standard Version)

A shift from the anthropocentric view started in the late 18th century, as the healing aspect of utilizing animals started receiving some attention. In 1867, therapy dogs were first used to help patients with epilepsy in Germany (Morrison, 2007). After World War II, a Yorkshire Terrier, also known as the "first therapy dog" (Matsuoka & Sorenson, 2014, p. 65) was used to comfort wounded soldiers and hospitalized veterans by the US Air Force in the 1940s and 1950s. Freud also referred to his Chow, Jofi, as his companion through his own cancer treatment and included her in therapy sessions with his clients for the calming effect she had (Matsuoka & Sorenson, 2014).

Today, animal companions play a vital role in the family system, and research has shown that owning pets can bring an array of "psychological, social, and health-related benefits" for many people (Sable, 2013, p. 97). For children, pets are great companions, especially for those who are the only child in the family (Walsh, 2009). In addition to providing companionship, pets also provide educational and socialization benefits (Jones, Rice, & Cotton, 2019). For instance, children with pets are found to be more empathic and compassionate, and these children also seem to have a stronger sense of responsibility due to the care needs of the pets (Walsh, 2009).

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Furthermore, there may be times when pets help prepare children for different life experiences, such as the birth of a sibling, illness, or death of a family member (Walsh, 2009). The reciprocal relationship where humans provide care to their pets and pets provide companionship to their humans helps highlight the value of animal-human relationships.

The Inclusion of Animals in Social Work Settings

Several findings suggest that animals can be utilized in various ways in the practice of social work (MacNamara and Moga, 2014). This section will provide examples of how other-than-human (OTH) animals can be included in various settings and different phases of the therapeutic process such as intake, assessment, and intervention, with or without the physical presence of the animals. For instance, the Cat/Dog Owner Relationship Scale (C/DORS-2016) included in this review (see the Appendix) demonstrates how practitioners can utilize assessment tools to collect information on topics such as emotional closeness between pet owners and their pets and the pet-owner interaction (Howell et al., 2017).

Legge (2016) noted how OTH animals provided interaction with the human in a non-judgmental way. Animal companions do not possess the ability to “[undermine] oppressive social discourses and constructions” (p. 1933). They do not know or care whether a person is rich or poor, employed or not, and so on and so forth. Therefore, allowing animal companions’ presence in the process of intake or including animals in the conversation not only reduces clients’ anxiety and the stigma of using social services (Legge, 2016; MacNamara & Moga, 2014), but also helps to speed up the rapport-building process. This is especially important since the nature of social work involvement has often been associated with stressful social contexts (Jones et al., 2019; Risley-Curtiss, Rogge, & Kawam, 2013).

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In addition to rapport building, asking questions about family pets can help foster a collaborative relationship with clients (Loar, 2014). In many cases, when there is an animal present or when clients are allowed to bring their pets to the intervention, clients' level of engagement and openness to participate in further sessions increases (Jones et al., 2019; Legge, 2016; MacNamara & Moga, 2014). As a result, practitioners may develop an accurate assessment of how to support their clients and move toward "engagement, meaning-making, motivation to change and skill development" (MacNamara & Moga, 2014, p. 150).

An example of the benefits of including pets in therapeutic settings can be seen in work with street-involved youth. A cross-sectional study done in Ontario for youth between 16-24 years of age demonstrated how pet ownership helped mitigate the risks associated with youth, and reduced loneliness and depression among this cohort (Lem, Coe, Haley, Stone, & O'Grady, 2016). This study found that drug and alcohol use was reduced among these youth because they took on more responsibilities to help care for their pets. Indeed, most of these pet owners put their "pets before self" (Lem et al., 2016). In addition, as per Lem and colleagues (2016), although "the causes of depression in individuals and populations are complex" (p. 133), this study provides the evidence that "pet ownership may play a protective role against depression for street-involved youth" (p. 133). This may be due to the unconditional, non-judgmental support they receive from their animal companions, as well as an increased number of opportunities for social interactions with pedestrians and people passing by when taking their pets out for walks. These are physical and psychosocial benefits that youth would typically have difficulty attaining without a pet (Lem et al., 2016).

However, regardless of the many benefits that pet ownership brings to these youth, having pets also impairs the youths' ability to access services such as shelter, social services,

employment opportunities, and housing (Lem et al., 2016). Such circumstances prevent service providers from having the opportunity to reach out to this population.

This points to the need for service providers and social work practitioners to understand the many positive impacts pets can have in the lives of youth. Moreover, social workers must be mindful that it is critical to understand the crucial roles these pets play in their owners' lives. Often, the bond between pets and pet owners is what motivates these youth to improve their own quality of life and may indeed create a critical opportunity for further support and intervention (Lem et al., 2016).

The Inclusion of HAR in Assessment Process Helps Identify Potential Risks and Protective Factors

Understanding the dynamics of individuals who interact with pets can play an important role in the assessment in child protective service work. As animal torture and abuse are often associated with behavioural or mental health issues (Loar, 2014), these dynamics often offer information on whether there is animal abuse, child maltreatment, intimate partner violence, or elder abuse within the family. As Loar (2014) stated, "[a] question about an animal's safety and welfare is more likely to elicit an unguarded and candid answer than a question about child abuse, elder abuse or domestic violence" (p. 140).

To include pets (or assisted animals) in the assessment process with individuals or family, Walsh (2009) suggested that clinicians initiate the process by letting their clients know how these animals can be valuable members of their healing team due to the roles they play in their lives. Clients may initially be surprised by a suggestion, but with their permission to proceed, including animals may help the social worker or therapist collect a rich description of the human-animal relational pattern from the client. The stories and descriptions gathered from the clients may even

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reveal crucial information about “how the family system is organized, couple relationships, communication and problem-solving processes, and coping strategies with stressful situations” (Walsh, 2009, p. 492). This is an especially practical information-gathering strategy since pets are often treated as a member of the family and may sometimes be caught up in complex relationship dynamics. As Walsh (2009) stated, “[companion] animals are highly attuned to the family emotional climate and are very sensitive to highly charged affective states of members” (p. 484). Thus, any behavioural signs that the pet displays may offer clues about the functioning of family members and systems.

Therapists should also include pets in the genogram given that pets may function as part of the family and, at times, as a major source of comfort and support when the family is under stress. In addition to including pets in the genogram, questions such as “tell me about your pet,” “how do you deal with annoying behavior,” “how do you discipline your pets,” “how do you managing housebreaking problems,” “who is the main caretaker,” or “who does your pet go to for comfort” may assist social workers to identify potential risks and protective factors (Papazian, 2014).

To conclude, it is certainly appropriate to ask about the family pets when conducting an assessment, especially for practitioners who are practicing an ecological-systems theory and family-centered approach (Risley-Curtiss et al., 2013). However, practitioners should also be mindful and cautious about not making assumptions that problems associated with pets are a definite indication of dysfunction between a couple or within a family (Walsh, 2009). Indeed, sometimes, pets’ behaviours are merely a result of neglect or abuse before the pet was introduced to the family, or simply their temperamental dispositions.

Understanding Human-Animal Attachment in Therapeutic Intervention

Animal-assisted interventions (AAIs) have been used in various therapeutic settings with people of all ages and in various therapeutic settings (Sable, 2013). In psychotherapy and other therapeutic interventions, it is helpful for social workers to assess the pet's role and function within the client's family (MacNamara & Moga, 2014; Sable, 2013). The reason for this is that indications of attachment between clients and their pets can be clinically useful to therapists (Sable, 2013). Specifically, research has shown that the process of examining the feelings and emotions around the bond clients share with their pets may help them notice the attachment experience they have with others, if they are open to including their pets in the conversation (Sable, 2013).

Sable (2013) used an "ethological-evolutionary framework of attachment" (p. 94) to describe the dynamics of attachment between humans and their pet companions. According to Sable (2013), humans are just like animals and are "biologically predisposed to seek out and sustain physical contact and emotional connection" (p. 94). Pet companions may fulfill the human need "to assure the physical proximity and emotional availability of attachment figures in times of need" (p. 94) as they are often available and responsive to their owners (Sable, 2013). This may explain why out of the 81 women who were widowed in Sable's (2013) attachment-study, those who had pets felt "significantly less loneliness" (p. 94). Some of these bereaved spouses stated they received lots of social support when their spouses first passed away; but that support faded away shortly afterwards. After the death of a partner, pets continue to provide comfort and companionship while the bereaved spouses are trying to readjust to a new life without their spouses.

Sable's (2013) study confirmed the importance of understanding the dynamics of attachment between animal companions and their humans. For many widowers in this study, their pets are the only support they have. Needless to say, the significance of these ties is not something any practitioner should ignore.

Animal Assisted Intervention (AAI) and Animal Assisted Therapy (AAT) as Agents to Motivate Behavioural Change and to Treat Mental Health Conditions

MacNamara and Moga (2014) assert that “[a]nimals who are primary sources of social/emotional support, and/or important links to independence and generativity can serve as powerful motivators for behavioral change” (p. 157). Studies have found that people who are concerned about their animals are more likely to take better care of themselves, such as following rehabilitation programs while they are recovering from illnesses, stopping smoking, or reducing their hoarding behaviours (MacNamara & Moga, 2014). For example, in the treatment sessions offered by one of the authors from the book, *Animals in Social Work*, to treat a client with hoarding behaviour due to severe anxiety, the motivation for the client to reduce her hoarding behaviour came from the desire to protect her aging and blind dog whose safety was threatened due to the clutter in the house (MacNamara & Moga, 2014). For example, in the treatment sessions for a client with hoarding behaviour due to severe anxiety, the motivation for the client to reduce her hoarding behaviour came from the desire to protect her aging and blind dog whose safety was threatened due to the clutter in the house (MacNamara & Moga, 2014).

Animal-assisted therapy has also been found useful for Post-Traumatic Stress Disorder (PTSD). Post-Traumatic Stress Disorder (PTSD) is a debilitating mental disorder that affects one's daily functions (Kloep, Hunter, & Kertz, 2017). Common symptoms associated with PTSD may include sleeplessness, disengagement from relationships with others, negative alterations in

cognitions and mood, reckless behaviour, avoidance behaviour, and more (American Psychiatric Association, 2013, as cited in Kloep, et al., 2017). Traditional therapy can have poor treatment outcomes and premature dropout, so animal-assisted therapy (AAT) has sometimes been a complementary method used alongside traditional therapy. As a result, when traditional therapy is coupled with AAT, clients can increase their skills in managing PTSD symptoms and decrease the feeling of social isolation, loneliness, and emotional numbness (Kloep et al., 2017). The emotional and psychological benefits of AAT in treating PTSD are supported by the research of Mueller, Gee, and Bures (2018), which found that “[i]nteracting with a companion animal (particularly a dog) can reduce depression or elevate mood, [and] decrease anxiety...” (p. 2).

The following are some examples of how AAT can be helpful in treating PTSD clients:

First, the therapy dog may detect the owner’s incoming negative emotions from the visual cues they receive from the owners, such as “increasing anger, fear, anxiety, agitation” or based on the visual cue they receive from the owners including “fidgeting [or] clenching fists” (Kloep, et al., 2017, p. 426). These animals can then “cue” their owners to “use therapeutic skills” such as “relaxation or self-soothing techniques” (Kloep, et al., 2017, p. 426).

Second, therapy dogs can sometimes be trained to detect “physical signs of an upcoming flashback” (Kloep, et al., 2017, p. 426). When these animals spot any physical signs, i.e. “a physical tic,” “a body movement or zoning out” (Kloep, et al., 2017, p. 426), they can potentially “interrupt the owner [and remind] the owners to remain in the moment and practice therapeutic skills” (p. 426).

Third, since avoidance in social interaction or avoidance, in general, is a common symptom for PTSD clients, having a “psychiatric service dog” (Kloep et al., 2017, p. 426) can help them create opportunities to re-engage in social interaction. Furthermore, because these

therapy dogs require love, attention, and care from the owners, owners may re-establish leadership responsibility and promote self-efficacy (Kloep et al., 2017). This intervention has similar effects as the Behaviour Activation treatment for treating depression and PTSD. Clients' engagement in goal-directed activities (such as taking the dogs out for a walk, or feeding, petting, and playing with them) leads to feelings of pleasure. This positive reinforcement will continue to motivate them to leave the house and engage in activities (Kloep et al., 2017).

AAI for Patients with End-State Renal Disease

AAI has been proven to be beneficial for patients with End-stage renal disease (ESRD). As ESRD patients often face multiple psychosocial stressors, it is inevitable how their quality of life can be affected which leads to anxiety and depression (Papazian, 2014). These patients face changes such as "shortened life expectancy; changes in social, financial, vocational role and status; impairments associated with sexual intimacy; time and physical demands of treatment" (p. 168). Given that 20-30% of ESRD patients suffer from depression, a practitioner's goal is to enhance the patient's quality of life by closely assessing their psychosocial factors as a high priority (Papazian, 2014). Patients in one study were asked whether their companion animals contribute to their quality of life and four out of five patients responded positively for many reasons. Although some drawbacks of being pet owners were identified, such as worrying about not being able to properly care for the pet when feeling unwell or having to keep physical distance during dialysis treatment, the positive attributions that animals bring to enhance their owners' quality of life cannot be discounted. Some participants shared that their pets helped them to stay connected with others by serving as conversation starters. In clients' day to day lives, pets also helped them to have a more structured routine. The interdependency and

reciprocity of care and affection also gave them more incentive to pay attention to their self-care (Papazian, 2014).

AAI for Children and Youth with Trauma Histories and Autism Spectrum Disorders (ASDs)

Individuals diagnosed with autism spectrum disorders (ASDs) typically experience difficulties in interpersonal relations, social and communication deficits (both verbal and non-verbal), as well as joint attention, also known as eye-gazing pointing (Burke & Iannuzzi, 2014). Children with an ASD experience difficulties in communication that may cause maladaptive or challenging behaviours (O’Haire, 2017). Therefore, behavioural modification is often one of many approaches that therapists use to help with symptom reductions, which may include the incorporation of an animal as a *motivator* in treatment sessions (O’Haire, 2017). These animal-assisted treatments are being used as a reward system for positive reinforcement. For instance, clients with ASDs can earn points to gain time with a therapy dog. They may be allowed to pet or to play with the dog, or to ask the dog to do a trick. In O’Haire’s (2017) systematic literature review on AAI for autism research from 2012-2015, “changes in social interaction are highlighted as the most promising outcome from AAI for autism” (p. 12).

As with people with ASDs, children and youth with trauma histories also face various challenges in life. One common challenge while working with young clients who have suffered from trauma, abuse, or neglect is that the lack of engagement in therapy sessions often results in unsuccessful therapy outcomes. With the accumulation of unsuccessful therapy sessions, resistance grows, and children and youth become less willing to try counseling (Bona & Courtnage, 2014).

Unlike the children and youth who are brought up in a safe environment, children and youth who have experienced trauma process information from their “feeling areas of the brain” rather than their “thinking part of the brain” which is generally responsible for processing abstract information (Bona & Courtnage, 2014, p. 106). This hypothesis explains why some children may do better academically because they are able to “hear and think” (p. 106) what the teacher says, whereas traumatized children focus their attention on facial expressions, body language, and tones of voice. This may also explain why traditional therapy has not been effective for children and youth who experienced trauma (Bona & Courtnage, 2014). Thus, based on neurodevelopmental theories, getting children and youth with past traumatic experience to remain calm is the key to help them achieve a higher functional level (Bona & Courtnage, 2014). Having an animal’s presence in a therapeutic session may help reduce stress and other trauma-related symptoms (Jones et al., 2019).

Apart from neurodevelopmental and physiological theories, Learning Theory may also play an important role in explaining the benefits of AAI for traumatized children and youth. As Bona and Courtnage (2014) stated, the essence of Learning Theory is that “the more we find something reinforcing, the more we will do it, and the more we do it, the better we become at it” (p. 114). Children and teens who benefit from the calming and relaxing effects of AAI are more likely to return to the therapy sessions as well as to engage in these sessions (Jones et al., 2019). Their participation in the therapy sessions allows therapists and therapy animals to “provide repeated opportunities [for them] to learn and practice empathy, nurturance, healthy social skills, safe relationships, and various other skills” (p. 114) due to the change of neural structures inside the brain (Bona & Courtnage, 2014).

One other theory that has been popularly borrowed to explain the benefits of AAI for traumatized children and youth is the “biophilia hypothesis,” coined by psychoanalyst Erin Fromm in 1971 and later used by biologist Edward Wilson in 1984 (Bona & Courtnege, 2014). The biophilia hypothesis posits that “[humans] are genetically predisposed and neurologically wired to pay attention to animals and plants, due to our dependence on them for survival” (Bona & Courtnege, 2014, p. 115). Since having animals present in therapeutic settings produces “a positive influence on our emotions, cognitions, and behaviors” (Bona & Courtnege, 2014, p. 115), it may be desirable for both clients and therapists to include animals in the therapeutic process.

Different Counseling Approaches and AAI

As AAI is a goal-oriented intervention, it can be integrated into different counseling approaches. In these counseling sessions, animals are treated as a partner in the counseling relationship (Bruneau & Johnson, 2011). In a study done with adjudicated youth, most of whom have diagnosable mental health disorders and PTSD, finding a creative way to counsel is critical as these youth often distrust adults (Bruneau & Johnson, 2011). The use of various counseling approaches, in combination with AAI, may produce positive results in different ways, as illustrated by the following examples.

Psychodynamic approaches and AAI. From the psychodynamic point of view, peoples’ behaviours, emotions, and feelings are believed to be related to experiences in early childhood (Bruneau & Johnson, 2011). Under the umbrella of psychodynamic approaches, psychoanalytic therapy bases its practice on the premise that “people are urged by impulses” and “are often unaware of these conflicts” (Bruneau & Johnson, 2011, p. 3), whereas Adlerian therapy suggests that “people have free choice and are motivated by social urge” (p. 3). Regardless of the contrary

views between the psychoanalytic and Adlerian therapies, counselors using the psychodynamic approach can utilize the Early Recollections intervention to learn about the clients' experiences, and from there, to work with the clients on finding "[a] strategy for living, encourage insight, and focus on reorientation" (Bruneau & Johnson, 2011, p. 3). In order to have a successful therapeutic outcome, trust-building between the counselor and the client is crucial, especially for clients who have experienced "rejection, abandonment, and disappointment" in their lives (Bruneau & Johnson, 2011, p. 3).

Therefore, when integrating AAI with psychodynamic therapy, clients have an opportunity to create bonds and attachment with the animals, which is an integral part of the therapy as it gives them confidence to also bond with other people. Working with the animal therapist also helps clients develop social interests, which is vital in connecting a person with others in the community (Bruneau & Johnson, 2011). In addition to enabling the counsellor to gain a good understanding of the client's history and the dynamics of the family of origin, having the presence of an animal would help the counselor to gather more information about the client's life (Bruneau & Johnson, 2011).

Experiential and relationship-oriented approaches to AAI. Experiential and relationship-oriented approaches, such as person-centered therapy, existential therapy, and Gestalt therapy, rely heavily on the foundation of the counseling relationship (Bruneau & Johnson, 2011). Studies have shown AAI to be a great tool to help with rapport building and increasing client engagement when it is integrated with psychotherapy (Jones et al., 2019). This is particularly true for young people as they have "historically been a difficult population to engage" (Jones et al., 2019, p. 5). Furthermore, as animals are seen as more empathic and

trustworthy due to their non-judgmental qualities, clients are more likely to see counsellors as empathic and feel safe to disclose personal matters with them (Jones et al., 2019).

The unique relationship and interactions between the client, the animal, and the counselor provide an opportunity for the clients to “learn how to be loved” (Bruneau & Johnson, 2011, p. 5). Furthermore, through social interaction, clients will be more likely to learn skills that will help them build and improve relationships outside of the counseling sessions, whether through story sharing or meaning searching.

Gestalt therapy is another intervention that works very well with AAI, due to its “in the moment” focus (Bruneau & Johnson, 2011, p. 6). When clients are able to focus in the present, with the help of the animal therapist, they are more likely to feel safe enough to share their feelings and emotions, which will ultimately help them face the unresolved feelings and unfinished business (Bruneau & Johnson, 2011).

Cognitive-behavioural approaches and AAI. Cognitive-behavioural approaches, very much like AAI, are goal-oriented, purposeful modalities. Goals are determined collaboratively between the therapist and the client, and the client’s progress is continuously evaluated (Bruneau & Johnson, 2011). In cognitive-behavioural therapy (CBT), the counsellor is “viewed as a teacher [who] models specific behaviour” (Bruneau & Johnson, 2011, p. 6). In CBT, the counsellor helps the client to “gain control over faulty thinking patterns” and incorporate “behavioural exercise” to make changes (Bruneau & Johnson, 2011, p. 6).

Combining AAI and CBT can help clients to reconstruct their thinking patterns and increase self-efficacy. The behavioural therapy component can help clients learn new skills in areas such as communication, goal setting, and planning. As well, because interacting with an animal can be fun, rewarding, and can fulfill a client’s need for love and affection, it motivates

the client to engage in, and commit to attending, counseling sessions (Bruneau & Johnson, 2011).

As with CBT and behavioural therapy, AAI also works well in conjunction with reality therapy. In reality therapy, personal responsibility is highly emphasized. Through AAI, clients can learn the importance of responsibility, whether by taking care of an animal or teaching an animal a trick. The clients often feel better about themselves knowing that they can be responsible for helping the animals (Bruneau & Johnson, 2011).

Pet Loss

With the change of relationship dynamics between pet owners and pets, many pet owners find themselves feeling tremendous loss when their beloved pets pass away. For some, loss of a pet signifies, or is equivalent to, the loss of a family member or companion, and the pain can be unbearable (Sable, 2013). Depending on the closeness of the relationship, many pet owners may experience *complicated grief* if their “feelings of loss are debilitating and [do not] improve even after time passes” (Mayo Clinic, 2017). Assessment tools such as the Cat/Dog Owner Relationship Scale (C/DORS-2016, Howell, et al., 2017; see Appendix) can offer insight into how close the relationship is between the pet and pet owner.

Disenfranchised grief is very commonly experienced by pet owners, as pet owners don’t feel they have the “social right” to openly share their feelings of loss (Fook, 2014, p. 22) or to find support that will make them feel understood or validated about their personal grief (Packman, et al., 2014). The deeply rooted anthropocentric view that animals are unworthy of the sympathy routinely extended to humans trivializes the role of animal companion play in pet owners’ lives and implies that animals are “lesser than human” (Fook, 2014, p. 23). Hence, when working with clients who are grieving the loss of their pets, social workers or therapists –

animal-lovers or not – must recognize symptoms that are commonly experienced by the pet owners. It is also important that stressors which impact the severity and length of the grieving process, stigmas around pet loss and grief, and the availability (or lack of) support system for pet owners are taken into consideration.

Stressors relating to the severity and length of the grieving process may vary due to the level of attachment between the pet and the pet owner; when the attachment is stronger and greater, the level of grief is higher and more enduring (Packman, Bussolari, Katz, Carmack, & Field, 2016). Packman, Carmack, Katz, Carlos, Field and Landers' (2014) online survey indicated that many pet owners considered their pets as their buddies, best friends, partners, babies, children, or even “the only ones they could truly depend on for comfort” (p. 347). And, while pets count on pet owners for many caregiving responsibilities, pet owners also feel “nurtured by their companion animals through their unconditional presence, grounding, and love” (Packman et al., 2014, p. 347). This type of reciprocal relationship between the pet and pet owner is not always possible in human-to-human relationships (Reilly, 2018; Reisbig, Hafen, Siqueira Drake, Girard, & Breunig, 2017).

Packman et al. (2014) pointed out that “[t]he depth of responses to pet loss is often based on the strength and longevity of relationships individuals have had with their pets” (p. 335). Sharkin and Knox (2003) also stated that the age, personality, and the general context surrounding the pet owners is important. People who live alone, have poor social support, or have experienced multiple losses (human or animal), will experience a more intense and lengthier grieving journey. Although the cause of death does not correlate to the intensity of grief (Eckerd, Barnett & Jett-Dias, 2016), the grief can become more complicated when the death is sudden, unexpected, ambiguous, or if euthanasia was performed (Laing and Maylea, 2018).

As for the grief stage and symptoms, many studies have shown that the grieving process for losing a human family member or close companion is very similar, if not the same, as that for losing a pet. Anger, sadness, numbness or disbelief, a feeling of guilt, depression, loneliness, and regret are common reactions during the grieving process (Eckerd, et al., 2016; Packman et al., 2014; Thomas, 2014). There is not a predictable path for the grief stages, and some people may experience all stages at different times, in a different order, or skip some and not others. It is important for a helping professional to remind their clients that grief stages and the whole grieving process are specific to the individual (Cordaro, 2012).

Two common symptoms reported by elderly pet owners are “excessive crying and an inability to concentrate” (Reilly, 2018, pp. 24-25). Physical symptoms such as a loss of appetite and sleep disturbances are quite common (Brown & Symons, 2016). King and Werner’s (2011) study also suggested that “attachment anxiety was positively associated with grief, depression, and anxiety following the death of a companion animal” (p. 134). Pet owners with high levels of attachment anxiety may exhibit symptoms such as continuously yearning and searching for the deceased pet, and as a result, cripple their ability to recover from the loss (King & Werner, 2011).

Grieving pet owners with attachment avoidance, on the other hand, have a tendency to develop more somatic symptoms because they avoid seeking other close relationships (Reilly, 2018, p. 10). Regardless, both attachment avoidance and attachment anxiety negatively impact mourners’ willingness to reach out or receive social support (Walsh, 2009); hence, they may become more socially isolated.

Thus, a strong support system is important for pet owners who have difficulty coping with the death of their animals, including both personal and professional support networks such

as friends, family, community members, and people in the helping professions. Laing and Maylea (2018) suggested that social workers carefully navigate how they can play a role in supporting their clients going through the loss of a pet. Through normalizing clients' grief and acknowledging and validating their grief experiences, social workers can relieve some of the stress experienced by clients, help them feel supported, and allow them to openly work through their pain without worrying about being judged (Sable, 2013). Encouraging clients to develop "continuing bonds" with their deceased pets, through spiritual or religious beliefs, was also found to help clients "transcend pain and turn crisis into opportunity while finding meaning out of the loss" (Packman et al., 2014, p. 352).

Gaps in the Literature

Why Is Animal Therapy Not Widely Integrated into Social Work Practice?

In order to help us understand what contributes to the exclusion of animals in social work practice, more research needs to be done in such areas as "agency environments, computerized case record systems, lack of education and training, and social work's humancentric focus" (Risley-Curtiss et al., 2013, p. 159). In addition, robust "scientific data supporting real AAT effectiveness have been scarce, and the underlying mechanisms of its benefits remain unclear" (Peluso et al., 2018, p. 150). This may be due to the small sample sizes of studies, the "disparity of recruitment criteria, settings, [and] type of [clients]" (p. 150), or lack of availability of control groups. These research challenges were found in Kloep and colleagues' (2017) study on using psychiatric service dogs for PTSD clients, as well as Legge's (2016) study on using the Anti-Oppressive Approach (AOP) in AAI. Therefore, in future research, it is important for the researcher to recruit sufficient participants to strengthen the validity and credibility of research outcomes.

Biophilia and Animal-Assisted Therapy

Burke and Iannuzzi (2014) indicated that theorists have been trying to distinguish why AAI or AAT are successful. One theory that stood out for them was the biophilia hypothesis which as Burke and Iannuzzi (2014) describe, “posits that humans have an innate attraction to, and similarly with, other living organisms” (p. 126). More research needs to be done to prove that there is a specific and direct relational impact between biophilia and AAT or AAI. In addition, research needs to look at not only the positive effects of AAT and AAI, but also focus on cases that did not have a successful outcome (Burke & Iannuzzi, 2014).

Learning Theory and Animal-Assisted Therapy

Learning Theory has also been linked to the successful outcome of AAT and AAI due to anxiety reduced benefit (Burke & Iannuzzi, 2014). Learning Theory relies on the notion that “activities that bring pleasure are self-reinforcing, which then increases the likelihood they will occur, or to be sought out, in the future” (Burke & Iannuzzi, 2014, p. 126). Based on this theoretical assumption, researchers have tried to look at the physiological effects of having animals present in therapy sessions. Measurements such as heart rate, blood pressure, and skin temperature have been studied, along with the presence of phenylethylamine, triglycerides, and cholesterol in plasma. However, the results have been inconsistent (and therefore, inconclusive) due to the various methodologies used. Elsewhere, there has been research in functional magnetic resonance imaging that may help us understand the exact physiological mechanism in the human brain. This research may, in fact, conclusively indicate that there is “decreasing physiological arousal” due to the presence of an animal (Burke & Iannuzzi, 2014, p. 127).

Implications

Why has AAI/AAT Not Been Widely Integrated in Social Work?

Ryan (2014) observed that promoting the use of animals in social work is often “a conversation terminator and characterized by an implicit ridiculing and absolute dismissal” (Ryan, 2014, p. xvi), mostly due to the personal biases and misconceptions that “animals had nothing to do with social work, and that they could have no other purpose than be means to human ends” (p. xvi). Similarly, Legge (2016) found that AAI is “negatively perceived” as “novelty” and “delegitimized in professional circle” (p. 1935). Such misunderstandings and misconceptions may stem from a lack of awareness of service users and practitioners unfamiliar with AAI (Legge, 2016). As a result, AAI practitioners face challenges with getting referrals because the treatment is not considered an “evidence-based” intervention, and therefore not seen as “credible” by other service providers (Legge, 2016, p. 1935).

In addition to AAI’s lack of creditability among some service providers, MacNamara and Moga (2014) found that “explorations of animals in human systems and social work practice is largely descriptive” (p. 153) and is missing a practical, integrated model. As a result, even if practitioners are interested in incorporating AAI into their work, there is no framework to guide them through the practice.

There are other barriers to animals’ involvement in a social work setting, with clients’ fear being the most common factor (Legge, 2016). Fear comes in many forms, such as fear of risks and dangers, allergies, sanitation concerns, as well as the liability of individual organizations (Legge, 2016; Jalongo, Astorino & Bomboy, 2004). For example, fear of dogs can be a common reaction for people with past negative experience with dogs, including being bitten, chased, or startled by a dog (Jalongo et al., 2004). Similarly, many people may be fearful about

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allergic reactions (skin or respiratory) when they are close to a dog or a cat, and not aware that there are hypoallergenic breeds available (Jalongo et al., 2004). Concern about sanitation when handling or touching animals is also very common; there is fear that an animal may be carrying diseases or infections that are transmittable from animals to human beings, especially in hospital settings (Jalongo et al., 2004). Sanitary sensitivities are especially notable in many countries in the Middle East and Southeast Asia where “dogs are regarded as unclean or as a general nuisance” (Jalongo et al., 2004, p. 13). Therefore, resistance towards or concerns about AAI due to cultural differences must be taken into consideration and addressed in a respectful way (Jalongo et al., 2004).

Different strategic measures can be taken to address the concerns mentioned above. For example, practitioners should explore the fear of a dog or a cat during the first contact with the client if the use of AAI is being considered. In addition, practitioners should assess the degree of fear before determining whether having an animal present in the session is even a possibility. Jalongo and colleagues (2004) suggested a gentle, gradual, and calm approach may be helpful for clients to overcome their fear of dogs, however, the best approach is to “avoid forcing the issue” (p. 13). To address the concern of allergies, Jalongo and colleagues (2004) suggest that animals be “bathed or well-groomed” (p. 13) prior to the therapy session to reduce dander, a principal source of allergic reactions. Environmental adaptation, such as moving to an open space, airy room, or outdoors may also be helpful. Nevertheless, practitioners need to be mindful that the severity of allergic reactions can be very individual, and therefore it is essential for clients to follow their physicians’ recommendations or obtain approval from their physicians prior to beginning treatment (Jalongo et al., 2004). Much like concerns about allergies, sanitary concerns can also be addressed by making sure clients wash their hands before and after contact with the

animal. Practitioners should be cautious about the cleanliness of the space animals and clients share and ensure that animals are receiving regular health check-ups (Jalongo et al., 2004).

Controversies raised over AAI/AAT

Just like many other therapeutic interventions, some people may find AAI/AAT beneficial while others may be skeptical. While Kloep and colleagues' study (2017) on AAT for PTSD supports the efficacy of AAT as an adjunct intervention to decrease PTSD symptoms and depression, some of the tasks that the psychiatric dogs were trained to carry out remain controversial. For example, having psychiatric dogs do "safety checks" before clients enter a room or having them create a secure space by "blocking" clients and other people (Kloep et al., 2017), is believed to only further "perpetuate the individual's exaggerated fears that his or her world remains a dangerous place" (p. 427). On the other hand, evidence-based practice promotes the use of strategies such as *prolonged exposure* to help clients target "avoidance behaviour with exposure practices" (Kloep et al., 2017, p. 427), so clients can gradually learn that trauma-related experience and memories are not dangerous and therefore there is no need for avoidance.

Cultural Diversity Considerations

Although the therapeutic values in AAI and AAT are effective for some clients, these therapies may not be applicable to everyone: one should not forget that people may have different attitudes towards animals, especially as part of a therapeutic intervention or treatment. Sheade and Chandler (2014) assert that "people may differ greatly in the perceptions, beliefs, and attitude towards animals across racial groups, geographical regions, genders, socioeconomic status groups, and level of education" (p. 2). While some people may treat animals like family members or companions, others may see them as a source of food or as workers. Thus, it is important for practitioners to consider the appropriateness of AAI/AAT for culturally diverse

groups, including recognizing individual differences within those groups (Sheade & Chandler, 2014).

Sheade and Chandler (2014) compared the views of animals between Caucasian, Asian, Latino, Middle Eastern, Native American, African American, First Nations, and Indigenous Peoples within North America, finding that that Caucasians were more likely to view animals as companions and family members than people from other ethnic groups. Asian attitudes towards animals and pets also seem to vary from country to country and region to region. While dog therapy has been incorporated in Taiwan to assist children with ASDs and in Japan for people with schizophrenia, Koreans may see dogs as a source of food rather than a therapist in a professional context (Sheade & Chandler, 2014).

People from different religious backgrounds may also view animals quite differently. For example, certain Christian beliefs include the notion that humans hold a higher moral status than animals, and therefore only humans have immortal souls and will ascend to heaven (Lawrence, 2004, p. 76). Moreover, some Islamic followers and some Asian cultures see dogs as unsanitary and would prefer not to interact with animals (Sheade & Chandler, 2014). Clients who hold these attitudes or beliefs towards animals are less likely to accept or to have faith in the therapeutic values animals can provide (Sheade & Chandler, 2014).

Animals are sometimes a symbol of status. For example, purebred dogs in Asia, lapdogs in Europe, and horses worldwide are often owned by wealthy people. In addition, studies have found that people in upper socioeconomic classes are more likely to have companion animals as well as more positive interactions with animals than those in lower socioeconomic classes. These differences may be because people in the lower socioeconomic class have less exposure to animals, fewer opportunities to own an animal due to financial constraints, or fewer positive

interactions with animals, for example, encounters with police K9 dogs that are used “to intimidate or apprehend residents” in low-income neighborhoods (Sheade & Chandler, 2014, p.6).

In sum, despite the therapeutic value that animals may bring to the social work setting, practitioners must remain sensitive and cautious about individual differences in clients’ attitudes and experiences with animals and avoid making any assumptions or judgments that rely on stereotypes. While some people may have wonderful memories and positive interactions with animals, some may have been bitten or otherwise traumatized, regardless of their race or ethnicity.

Education and Training for Social Workers in Human-Animal Bonds is Essential

Despite the many benefits animals can bring to the social work practice, AAT/AAI has not been popularly adopted in the field of social work. Questions during the assessment or intervention process about clients’ pets are rarely included as part of social work practice, and only one-third of social workers ask clients pet-related questions (Kim & Newton, 2014; Risley-Curtiss, 2010). Perhaps this is because social work practice has historically focused on “system thinking and evidence-based practice” (MacNamara & Moga, 2014), and the availability of formal training and academic courses in this area is so limited (Risley-Curtiss et al., 2013).

Most social workers who integrate animals in their practices do so mainly based on their personal experience with animals and can only find support from like-minded social workers (Risley-Curtiss et al., 2013). Some clinicians may be very receptive to including animals in their practice but feel that training is needed to prepare them for such work. Training in “how to incorporate animals into their practice [therapeutically and safely]” (Serpell, Coppinger, Fine & Peralta, 2010, p. 497) and concerns such as how to manage risk and recognize signs of distress

on their animal partners may help clinicians to “maximize treatment outcomes” (Serpell et al., 2010, p. 497).

A Call for The Inclusion of Animals as Part of the Anti-Oppressive Practice

One of the core values of Anti-Oppressive Practice (AOP) is to “actively challenge aspects of various forms of oppression” (Young, 2000, as cited in Legge, 2016, p. 1926).

However, *speciesism*, which “refers to the assignment of different inherent moral status based solely on an individual’s species membership” (Caviola, Everett & Faber, 2018, p. 1011), has not been considered a form of oppression as have sexism, classism, and racism (Hanrahan, 2011).

As Fook (2014) stated, “the role of domestic animals has been downplayed in much the same way that the role of women has been downplayed in a patriarchal world” (p. 19).

Ecofeminist thinkers believe that the gender hierarchy of male domination over females and over the environment in the Western World includes nonhuman animals. That is to say, “women, the natural environment [and] nonhuman animals” are all affected by male domination in very similar ways (Kemmerer, 2013, p. 66). By combining sexism and anthropocentrism, ecofeminist scholars also point out parallels between how women and OTH animals are physically exploited and manipulated. For example, women may be objectified as sexual objects, while animals may be objectified as tools for manual labour. In both cases, these women and animals may also endure violence (Matsuoka & Sorenson, 2014). Such exploitation and violent domination further perpetuate the patriarchal and systemic inequality.

Legge (2016) pointed out that “the relationship between AAI and [AOP] has yet to be explored through research” (p. 1926). Therefore, in her exploratory study, she recruited and selected four practitioners who have been using an AOP framework in their AAI work in different therapeutic settings. Through a forty-five to seventy-five minutes of telephone or in

person interview with each practitioner, Legge (2016) concluded that the AAI and AOP approaches are highly compatible due to their theoretical congruence and benefits, each discussed below.

Theoretical congruence. Just like AOP focuses on empowerment of the client and aims to address power and oppression that exist due to structural inequalities (Legge, 2016), AAI's potential in challenging "dominant discourses and problematic social constructions" (Legge, 2016, p. 132) operates in a very much the same way. For instance, the practitioners shared how they advocate for service users who are living in poverty and who are facing personal and institutional oppression. As most veterinarians are opposed to providing free or discounted health care services they provide for animals, they don't believe that people who cannot afford to have a pet should have one. By practicing an AOP approach, the practitioners could help their clients increase their capacity to care for their animals by collaborating with veterinary offices.

In another example, from Legge's 2016 study, one participant noted that the shared experience of oppression between the participant's rescued dog and the nine-year-old client currently in her seventeenth foster home, really helped the girl open up about herself. The similar experience of the dog going through multiple homes also helped her because she was able to relate to how the dog must feel (Legge, 2016).

AAI and AOP are also congruent in the way how power is challenged and shifted in the relationship between the practitioner, the animal, and the client. Therefore, practicing from an AOP perspective, the intervention is mostly directed by the client rather than the therapist taking control and leading the session (Legge, 2016).

Benefits. One benefit found in AAI is the "anti-oppressive interaction" (Legge, 2016, p. 1933), the non-judgmental presence animals provide in the lives of the service users. Animals'

lack of judgment, as one participant stated, “undermines oppressive social discourses and constructions” (Legge, 2016, p. 1933), which helps rapport-building and allows service users have the “freedom to explore gently without judgment” (p. 1934). Such experience is so unique and different from regular social work, as humans are “judgment machines” (Legge, 2016, p. 1934), and even “trained social workers are still capable of judgment” (p. 1934).

In sum, the inclusion of “speciesism” in the AOP framework is not only necessary but also crucial for practitioners working with non-human animals. Only by recognizing that “speciesism” is a form of discrimination that needs to be challenged (Legge, 2016; Rambaree, 2014) can the AOP framework be truly justified to include animals in the field of social work.

Ethical Considerations of OTH Animals and Frameworks

Animal Welfare and Ethical Standards

Despite the growth and benefits to humans of AAI/AAT in recent years, there is a distinct lack of understanding about whether these types of interventions are equally beneficial or even harmful for the animals that provide therapeutic services (Serpell et al., 2010). Indeed, standard practices to incorporate pets for therapeutic purposes have been established without enough empirical and systematic review. Without this data, it is unknown whether mitigation is needed to avoid risks that may lead to animals being improperly cared for, neglected, or harmed (Serpell et al., 2010). Walker and Tumilty (2018) also noted that “[the] lack of an ethical code of conduct for practitioners working with OTH animals can lead to the possibility of harm occurring to service and assistance animals in social service activities” (p. 163). Therefore, the need to develop a framework that protects these OTH animals from possible harm and to explore what might be beneficial for them from the animal’s own viewpoint is paramount (Walker & Tumilty, 2018; Serpell et al., 2010). The ethical responsibility is to be mindful that the process

in “raising, training, and use of therapy and assistance animals” (Serpell et al., 2010, p. 482) will not cause any significant degradation to their welfare and wellbeing. Ignoring this leads to an inevitable conclusion: without taking the animals’ welfare into much consideration, as per Besthorn (2014), “the emergence of animal-assisted practices may simply represent another iteration of human exploitation of animals for our own ends, however nobly therapeutic the language we employ” (p. 10). To avoid this familiar insensitive path of exploitation, it seems reasonable that, at the very least, this lack of peer-reviewed standards for therapeutic practices needs to be remedied. And, if there are risks, steps should be taken to further prevent harm to the animal. Otherwise, this neglect could be yet another instance of how humans are “[utilizing] animals to benefit their survival” (Besthorn, 2014, p. 10).

As the relationship between humans and animals grows stronger and closer, consideration for the welfare of animals has also evolved. The Brambell Report, first published as a guide to animal welfare in the UK in 1965, included the *Five Freedoms for animals*: “to stand up, lie down, turn around, groom themselves, and stretch their limbs” (Serpell et al., 2010, p. 483). Today, the Farm Animal Welfare Council has expanded the *Five Freedoms* to include the following categories:

1. **“Freedom from thirst, hunger and malnutrition:** by ready access to freshwater and a diet to maintain full health and vigor.”
2. **“Freedom from discomfort:** by providing an appropriate environment, such as shelter and a comfortable resting area.”
3. **“Freedom from pain, injury or disease:** by prevention or rapid diagnosis and treatment.”

4. **“Freedom from Fear and Distress:** by ensuring conditions and treatment which avoid mental suffering.”
5. **“Freedom to Express Normal Behavior:** by providing sufficient space, proper facilities, and the company of the animal's own kind.” (Serpell et al., 2010, p. 483; Manteca, Mainau & Temple, 2012).

Based on the *Five Freedoms*, ethical considerations for the welfare of these OTH animals have been further elaborated to include the areas of concern: basic needs, safety, aging and retirement plan, handler's knowledge and experience, and conflicts of interest (Serpell et al., 2010, p. 490).

Basic needs. Having access to adequate food, water, shelter, and health checks is essential to meet animals' physical needs. However, basic needs do not stop at physical needs. Very much like humans, behavioural and social needs are also crucial to animals. Therefore, it is the practitioners' or handlers' responsibilities to provide meaningful stimulus, activities and appropriate rest according to the need of individual animals (Serpell et al., 2010).

Safety. Safety consideration should include physical and environmental aspects as it is highly relevant to the animal's mental wellbeing. As animals who provide therapeutic work to humans often have very little control over their social life and the types of environment or conditions they work in, discomfort and unpleasant experiences can sometimes arise and cause significant distress that impacts their physical and mental wellbeing. Thus, close attention needs to be given to ensure that animals have an opportunity for respite or refuge when they become overwhelmed, anxious, frightened, tired, or distressed when performing their duties (Serpell et al., 2010).

Aging and retirement plan. Just like humans, working animals deserve a well-sought-after aging and retirement plan. As physical and cognitive changes occur in aging animals, an adjustment to their work plan must be carefully made, as well as a retirement plan that best fit for individual animals. The handlers, clinicians, and/or therapists must be mindful of the welfare and quality of life of the animals trump the work they are involved in (Serpell et al., 2010; Jones et al., 2019).

Handlers' knowledge and experience. In the social work setting, animal handlers are often the therapists themselves who are using their own pets to provide individual counseling and psychotherapy (Serpell et al., 2010). With that being said, handlers in other therapeutic settings can also include animal trainers, volunteers, or even clients themselves. Regardless of what the handlers' roles are, people who are involved with animal social work should possess the knowledge and experience (Jones et al., 2019) and be aware of the potential risks associated with their work. Examples of poor handling by non-experienced handlers include animals being grabbed or stroked by children (Burrow et al., 2018) and handlers putting animals "on duty" all day, all year long (often seen in residential care settings) without proper individualized care, break or respite (Serpell et al., 2010). In addition, it is very important to be aware of each animal's temperament and breed characteristics so that the handler can establish good guidelines and boundary settings when the animal is involved in a therapeutic setting. The goal is to establish a safe, effective partnership with the animal between all parties involved (Serpell et al., 2010).

Conflicts of interest. The therapist should take extra precautions to avoid a conflict of interest when there are financial incentives. One should ask if the animal is being forced to be in

a paid therapy a session even when it is sick or tired and should not, in fact, be on duty (Serpell et al., 2010).

In consideration of ethical standards and animal welfare, despite the many benefits associated with Animal Assisted Intervention, there are some exceptions when AAI or AAT is not appropriate. For example, when animals appear to be not enjoying the activity (i.e., tail down, physically shaking, trying to hide, etc.), they should not be forced to participate. It is the practitioners' responsibility to ensure that the animal's basic welfare and needs are met (Burke & Iannuzzi, 2014).

CASW Code of Ethics

Currently there are no practice guidelines for social work practitioners who work with therapeutic animals within the Canadian Association of Social Workers (CASW) Code of Ethics. As Wilson (n.d.) suggested, the inclusion of ethical standards for service and therapeutic animals would support the recognition that animals are sentient and have the capacity to experience pleasure and joy, as well as pain and suffering. This is a significant extension of standards from the original Codes of Welfare from the *Five Freedoms*. Indeed, only minimal standards and rules to meet the basic welfare of the animal are considered in the Codes of Welfare. Furthermore, these basic standards are only relevant to "a particular kind of animal" (Walker & Tumilty, 2018, p. 174). Wilson proposes a code of ethics that goes beyond these basic rules and puts the onus on practitioners. He suggests a code that "requires [the practitioners] to [proactively] uphold the values and principles" (CASW, 2005, p. 2) by examining their own "behaviours and act according to the values and principles" (Walker & Tumilty, 2018, p. 174) when working with their therapeutic animals.

Conclusion

Several studies show that the attachment and connection between humans and animals can be as significant, if not more, than human to human interactions (Thomas, 2014). This research affords people with an interest in animals' role in social work to understand how the inclusion of animal companions in human relationships can maximize outcomes in social work interventions during intake, assessment, and intervention. In addition, since social workers also play a significant part in program development and policymaking, it is essential that they are able to "see people in their entire context...understanding [service users'] point of view ... [and take into consideration] how specific and diverse populations and experiences fit with us" (Fook, 2014, p. 22). For instance, social workers ought to push for changes in laws and regulations that allows pets in shelters, rental properties, and retirement communities.

In conclusion, social workers need to recognize that animal companions are a subsystem that belongs to a significant part of our complex family and ecological system, as "[t]he world is not just a human world. The world is not a place of humans and everything else. It is a world of all beings – human and nonhuman in interrelated and reciprocal interaction" (Besthorn, 2014, p. 10). The integration of human-animal relationships into every level of social work practice is not only ethical but also crucial (MacNamara & Moga, 2014), especially when much empirical research has shown that HAB is strong, and the relationship between humans and animals is sometimes comparable to that of a human relationship.

From an AOP standpoint, cultural competency should not exclude OTH animals, as "speciesism" is also a form of oppression, much like racism, classism, ableism, and ageism. Thus, a call to include animals in the social work code of ethics is urgently needed. Social workers who have OTH animal companions as co-therapists should advocate strongly for this

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inclusion, as non-human animals deserve as much as protection and moral consideration as humans do.

The limitation of this literature review is that there are few academic resources pertaining to the use of animals in social work practice within the Canadian context. It is recommended that future research focuses on (1) examining social workers who integrate animals or HAR/HAB into their practice in Canada; and (2) learning about clients' and practitioners' experiences with animal companions or HAR/HAB in their practices. The author believes that more research studies would help strengthen our current knowledge and provide social workers more guidance in their professional practice. This literature review also offers insight into training and support systems needed in preparing social workers interested in including animal companions or integrating HAR/HAB into their practices.

Appendix

Cat/Dog Owner Relationship Scale (C/DORS-2016)

1.	How hard is it to look after your pet?	Very hard ☐	Hard ☐	Neither hard nor easy ☐	Easy ☐	Very easy ☐
2.	My pet gives me a reason to get up in the morning.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
3.	There are major aspects of owning a pet I don't like.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
4.	How often do you kiss your pet?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
5.	I wish my pet and I never had to be apart.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
6.	My pet makes too much mess.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
7.	How often do you play games with your pet?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
8.	It bothers me that my pet stops me doing things I enjoyed before I owned it.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
9.	How often do you spend time enjoying watching your pet?	At least once a day ☐	Once a week ☐	Once a month ☐	A couple of times a year ☐	Never ☐
10.	It is annoying that sometimes I have to change my plans because of my pet.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
11.	My pet costs too much money.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐

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12.	How often do you buy your pet presents?	Once a week ☐	Once a fortnight ☐	Once a month ☐	A couple of times a year ☐	Never ☐
13.	How often do you tell your pet things you don't tell anyone else?	Once a day ☐	Once a week ☐	Once a month ☐	Once a year ☐	Never ☐
14.	How often do you feel that looking after your pet is a chore?	Once a day ☐	Once a week ☐	Once a month ☐	Once a year ☐	Never ☐
15.	How often do you talk to your pet?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
16.	How often do your pet stop you doing things you want to?	Once a day ☐	Once a week ☐	Once a month ☐	Once a year ☐	Never ☐
17.	I would like to have my pet near me all the time.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
18.	If everyone else left me, my pet would still be there for me.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
19.	How often do you feel that having a pet is more trouble than it's worth?	Once a day ☐	Once a week ☐	Once a month ☐	Once a year ☐	Never ☐
20.	My pet helps me get through tough times.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
21.	How often do you cuddle your pet?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
22.	My pet provides me with constant companionship.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
23.	How often do you have your pet with you while relaxing, i.e. watching TV?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
24.	My pet is there whenever I need to be comforted.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐
25.	How traumatic do you think it will be for your when your pet dies?	Very traumatic ☐	Traumatic ☐	Neither traumatic nor untraumatic ☐	Untraumatic ☐	Very untraumatic ☐
26.	How often do you pet your pet?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
27.	How often do you take your pet to visit people?	Once a week ☐	Once a fortnight ☐	Once a month ☐	A couple of times a year ☐	Never ☐
28.	How often do you give your pet food treats?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
29.	How often do you take your pet in the car?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐

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30.	How often do you hug your pet?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
31.	How often do you buy your pet presents?	Once a week ☐	Once a fortnight ☐	Once a month ☐	A couple of times a year ☐	Never ☐
32.	How often do you groom your pet?	At least once a day ☐	Once every few days ☐	Once a week ☐	Once a month ☐	Never ☐
33.	My pet is constantly attentive to me.	Strongly agree ☐	Agree ☐	Neither agree nor disagree ☐	Disagree ☐	Strongly disagree ☐

Sources: Adapted from Howell, et al., (2017)

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