

Practitioner Perspectives on Animal-Assisted Counseling

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The field of animal-assisted counseling (AAC) is burgeoning. However, there is a paucity of research on the perspectives of mental health practitioners regarding its practice and the experience and training needed to effectively utilize AAC with clients. The purpose of this study was to explore how practitioners perceive AAC and its role in clinical settings. Perceptions of 300 mental health practitioners were assessed using a researcher-developed survey instrument. Findings indicated that a majority of practitioners (91.7%) view AAC as a legitimate counseling modality. Practitioners identified client age ranges and the top five clinical issues that would benefit from AAC. While only 12.0% of respondents had received training in AAC, 57.0% of respondents reported interest in receiving AAC training. Respondents identified types of AAC education, training, and supervision that would be sufficient for clinicians to utilize AAC. The findings from this study contribute to the emerging literature on AAC.

INTRODUCTION

The field of animal-assisted interventions is expanding as clients and service providers in various fields gain an increased awareness of animals as sources of support. Literature has explored different types of animal-assisted modalities, client populations, and settings, and the effectiveness of various animal-assisted interventions (Kamioka et al., 2014; Nimer & Lundahl, 2007; O'Haire, 2013; Reed, Ferrer, & Villegas, 2012). While there are numerous studies about animal-assisted interventions, the evidence base of animal-assisted counseling (AAC), and specifically practitioner perspectives on AAC, is still developing. The purpose of this article is to explore mental health practitioner perceptions of AAC in order to gain a more thorough understanding about this field and provide guidance for future standards in AAC.

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WHAT IS ANIMAL-ASSISTED COUNSELING?

There are a variety of animal-assisted modalities, including animal-assisted activities, animal-assisted therapy (AAT), and AAC. The International Association of Human–Animal Interaction Organizations (2014) defined animal-assisted activity as an “informal interaction and visitation conducted by the human–animal team for motivational, educational, and recreational purposes” (p. 5) and defined AAT as a “goal-oriented, planned, and structured therapeutic intervention directed and/or delivered by health, education, and human service professionals” (p. 5). AAT includes services provided by a myriad of professionals, such as physicians, nurses, occupational therapists, and physical therapists. AAC differs from AAT in that AAC specifically involves mental health practitioners in a clinical setting. Chandler (2012) defines AAT in counseling as “the incorporation of pets as therapeutic agents into the counseling process” (p. 3). Thus, AAC characterizes a specialization within the field of AAT that is facilitated by mental health practitioners, such as counselors, clinical social workers, and psychologists. Stewart, Chang, Parker, and Grubbs (2016) identified competencies for using AAT in counseling. These competencies include formal training in AAC, in-depth animal knowledge, knowledge of existing ethical requirements, mastery of basic counseling skills, intentionality, a specialized skill set, animal advocacy, professional development, and professional values. The competencies were endorsed by the American Counseling Association in an effort to provide best practices for mental health professionals who work with animals in counseling.

AAC can work with almost any theoretical counseling modality, but most importantly, it is a practice that strengthens the core conditions between the counselor and the client. Pichot (2012) indicated that the core conditions of unconditional positive regard, genuineness, and empathy are heightened when an animal is present in the room. Most animals suited for acting as counseling partners innately hold the core conditions, because an animal has the ability to “just be” (Pichot, 2012, p. 7). Boswell, Nelson, Nordberg, McAleavey, and Castonguay (2010) asserted that therapeutic rapport and the counselor–client alliance are the biggest predictors of success in studies of counseling outcomes. The rapport built between the client and the animal may increase client motivation to attend therapy and allow clients to experience genuine acceptance by a living being (Chandler, 2012). These factors help the client to build a more trusting alliance with the counselor (Chandler, 2012; Levinson, 1969). Further, the client can experience comfort with the animal, entertainment from the animal, and the healing benefits of physical touch with the animal, allowing the client to work through pain and difficult issues (Chandler, 2012). When considering that the client in AAC may have an opportunity for an experience of relational healing with an animal, various presenting problems in counseling may be better suited for AAC than others. A goal of the present study was to assess practitioners’ opinions about which presenting problems may be better suited for AAC.

PERSPECTIVES ON ANIMAL-ASSISTED INTERVENTIONS

Several studies have explored perspectives on animal-assisted interventions from various client and service provider populations. Client perspectives that were examined include female inmates, at-risk youth, and substance abuse inpatients (Burgon, 2011; Coetzee, Beukes, & Lynch, 2013; Jaspersen, 2010). All of these studies presented positive findings of client experiences with AAT in various settings, such as increased self-confidence, self-awareness, and attachment. Other studies have investigated practitioner or staff perceptions of AAT. These include rehabilitation professionals, farmers, and medical staff members (Berget, Ekeberg, & Braastad, 2008; Bibbo, 2013; Silcox, Castillo, & Reed, 2014). Likewise, these studies produced generally positive findings, with practitioners and staff showing acceptance of AAT as a beneficial approach for clients.

While the field of AAT has a body of research on client and service provider perspectives, the evidence base for mental health practitioner perceptions of AAC is still growing. Some studies have offered insights into clinical practitioner perspectives. Berget, Grepperud, Aasland, and Braastad (2013) reported that the majority of clinicians surveyed thought that animal-assisted interventions should be used to aid in rapport building and healing in psychiatric treatment. Similarly, Berget, Ekeberg, and Braastad (2008) found that psychiatric therapists and farmers reported that AAT has the potential to benefit the therapy process to a large extent. Black, Chur-Hansen, and Winefield (2011) investigated psychologists' attitudes toward animal-assisted interventions. These researchers reported three key themes: Practitioners were aware that animal-assisted interventions are used with many different ages in a variety of settings; many practitioners were interested in providing animal-assisted interventions, but training opportunities were inadequate; and studies of animal-assisted interventions' effectiveness were lacking. These findings suggested that there is a need for more training and efficacy studies in the field of AAC.

Stewart, Chang, and Rice (2013) interviewed mental health practitioners to explore theoretical beliefs about animal-assisted interventions. The findings from this study indicated that practitioners believed AAC providers should possess unique skills and competencies, have a strong working relationship with the therapy animal, protect the welfare of the animal, interpret the animal's responses, and be able to work with the animal to be present with the client (Stewart et al., 2013). Nearly all of the practitioners in the study agreed that having a therapy animal in the room enhanced the counseling relationship and heightened the counselor's levels of empathy, congruence, and unconditional positive regard for the client (Stewart et al., 2013). It is unknown, however, if this is a sentiment shared by many practitioners across experience and education levels.

PURPOSE OF THE STUDY

As the field of AAC continues to develop, practitioner perspectives about AAC have evolved. These changing perceptions may include increased knowledge and awareness of clinical issues, client age ranges, and AAC interventions. Previous studies have largely focused on the benefits of AAC and interventions employed by counselors who work with animals in treatment. Expanding interest in AAC has created the need to understand how practitioners perceive the legitimacy, training, supervision, and practice of AAC and to establish standards for this field. As a response to these needs, the authors surveyed mental health practitioners to explore their perspectives on AAC in an effort to provide guidance for future standards related to the clinical practice of AAC.

METHOD

Participants

The participants in this study were mental health practitioners. Participants were recruited through listservs used by mental health practitioners, such as CESNET, COUNSGRADS, Diversegrad-L, International Counseling Network, PSYCH-COUNS, AERA, ACA Listserv, Mental Health Networker, and SWKRESEARCH, as well as online social media groups or sites, such as Facebook groups used by mental health practitioners. While a total of 343 practitioners began the survey, an average of 300 participants completed most questions. Participants reported their age in the following age groups: 18 to 24 (5.7%), 25 to 34 (40.5%), 35 to 44 (27.3%), 45 to 54 (17.1%), 55 to 64 (7.8%), and 65 to 74 (1.6%), with the majority of participants in the 25 to 44 range. Sex was reported as female (89.2%), male (10.5%), and other (0.3%). Participants reported their ethnicity as American Indian or Alaska Native (0.6%), Asian (5.1%), Black or African American (5.1%), Hispanic (7.2%), White/non-Hispanic (79.6%), and other (2.4%). Participants' professional education, licensure, and experience are reported in Table 1. The most common demographic and professional factors for participants were female sex, White/non-Hispanic ethnicity, an age range of 25 and 44, a master's-level degree in counseling or psychology, and a professional license.

Materials

The Practitioner Perspectives of Animal-Assisted Counseling Survey utilized a researcher-developed survey that was created and collected through Survey Monkey. The survey consisted of a demographic section and three content-area sections with a total of 18 questions or prompts. Some questions were multiple choice, in which participants could select from several options, and some were open-ended questions, in which participants could respond in whatever way they chose. The Demographic and Professional Experience section had questions related to the practitioners' demographics, education, and professional experience. This information was covered in the Participants section.

Table 1 Participants' Professional Education, Licensure, and Experience (*N* = 320)

Variables	<i>N</i>	%
Highest degree		
Some college, no degree	1	0.3
Bachelor's degree	41	12.8
Master's degree	236	73.8
Doctoral degree	38	11.9
Other	4	0.1
Field of study for highest degree		
Counseling or counselor education	167	52.2
Psychology, counseling psychology, or school psychology	61	19.0
Social work	48	15.0
Marriage and family therapy	22	6.9
Other	22	6.9
Current licensure status		
Master's-level student or intern	54	16.9
Postgraduate intern	62	19.4
Licensed professional	128	39.9
Board-approved clinical supervisor	43	13.4
Not applicable	20	6.3
Other	13	4.1

The Experience With Animals section consisted of five questions:

- Did you have a pet or pets growing up (ages 0 to 18)?
- What type of animals were your pets when you were growing up?
- Do you currently have a pet or pets?
- What type of animals are currently your pets?
- What is the total number of pets you've had in your lifetime?

The Using AAC With Clients section had five questions or prompts:

- What age level of clients do you think would benefit from AAC?
- Choose the top five counseling-related issues that you think would benefit by using AAC.
- How knowledgeable are you regarding AAC?
- How likely are you to utilize AAC?
- Do you view AAC as a legitimate counseling modality?

The AAC Training section was composed of eight questions:

- Would you be interested in being trained in AAC?

- What type of animals would you be interested in working with as part of AAC?
- What type of AAC education do you think would be sufficient for a practitioner in order to provide AAC?
- What type of skills training do you think would be sufficient for a practitioner in order to provide AAC to clients?
- What type of skills training do you think would be sufficient for a therapy animal in order to work with clients?
- What type of supervision do you think would be sufficient for a therapy animal team (i.e., practitioner and therapy animal) in order to provide AAC to clients?
- Have you ever completed additional training beyond your degree to work towards an area of specialization (e.g., Registered Play Therapist, Registered Art Therapist, Gottman Institute Certification, etc.)? If yes, describe the type of training and how the training benefited your career.
- Personal anecdote (optional): Briefly share an experience that makes you think that AAC could be beneficial or challenging in a clinical setting.

Participants had the option to skip some questions. The numbers of respondents for each question are reported in the Results section. For open-ended questions, participants could choose to put “N/A” if they did not have a response.

Procedure

The Practitioner Perspectives on AAC study protocol was approved by a university institutional review board in December 2015. The survey was conducted between March and June 2016. After the survey was closed on Survey Monkey, the data were downloaded into a password-protected Excel file and uploaded to SPSS. All raw data will be stored on Survey Monkey’s secure online storage and in a password-protected data file on a password-protected computer in a locked office for 5 years. Responses were analyzed using descriptive statistics.

RESULTS

The results from the Practitioner Perspectives of AAC questionnaire produced responses in three sections: Experience With Animals, Using AAC With Clients, and AAC Training. The Experience With Animals section focused on participant experiences with animals and pets, both currently and while growing up, including the types of animals. The responses to the Experience With Animals section are presented in Table 2. The Using AAC With Clients section is centered around practitioner perspectives using AAC in clinical settings. The

Table 2 Responses on Experience With Animals

Question/prompt	N	%
Did you have a pet or pets growing up? (N = 319)		
Yes	306	95.9
No	13	4.1
What type of animals were your pets when you were growing up? (N = 306)		
Dogs	264	86.3
Cats	184	60.1
Horses	26	8.5
Donkeys	2	0.7
Small animals (e.g., rabbits, guinea pigs, hedgehogs, turtles, hermit crabs)	164	53.6
Farm animals (e.g., cows, sheep, goats, pigs, chickens)	18	5.9
Birds	76	24.8
Fish	160	52.3
Dolphins or other marine animals	1	0.3
Other (e.g., iguana, snake)	4	1.3
Do you currently have a pet or pets? (N = 319)		
Yes	256	80.3
No	63	19.8
What type of animals are currently your pets? (N = 256)		
Dogs	207	80.9
Cats	112	43.8
Horses	14	5.5
Donkeys	1	0.4
Small animals (e.g., rabbits, guinea pigs, hedgehogs, turtles, hermit crabs)	32	12.5
Farm animals (e.g., cows, sheep, goats, pigs, chickens)	12	4.7
Birds	6	2.3
Fish	28	10.9
Dolphins or other marine animals	0	0
Other (e.g., frogs, ferrets, snakes)	5	2.0
What is the total number of pets you've had in your lifetime? (N = 310)		
Average number of pets	13	N/A

responses to the Using AAC With Clients section are presented in Table 3. The AAC Training section consists of questions about training and supervision in AAC. The AAC Training responses are presented in Table 4.

DISCUSSION

Practitioner responses to the Practitioner Perspectives of AAC survey provided a rich description of the views of practitioners regarding AAC. The researchers collected responses in three content areas: Experience With Animals, Using AAC With Clients, and AAC Training. Findings for the three sections are discussed below.

Table 3 Responses on Using Animal-Assisted Counseling (AAC) With Clients

Question/prompt	N	%
What age level of clients do you think would benefit from AAC? (N = 313)		
Infants (0–1)	69	22.0
Toddlers (2–3)	172	55.0
Young children (4–5)	263	84.0
School age (6–11)	291	93.0
Adolescents (12–18)	297	94.9
Young adults (19–40)	286	91.4
Adults (41–65)	280	89.5
Seniors (66+)	286	91.4
No age level would benefit from AAC	3	1.0
All ages	7	2.2
Other	2	0.6
Choose the top five counseling-related issues that you think would benefit by using AAC. (N = 313)		
Anxiety	248	79.2
Depression	206	65.8
Trauma	204	65.2
Grief and loss	199	63.6
Abuse	163	52.1
How knowledgeable are you regarding AAC? (N = 313)		
Not at all knowledgeable	56	17.9
Slightly knowledgeable	151	48.2
Somewhat knowledgeable	75	24.0
Very knowledgeable	31	9.9
How likely are you to utilize AAC? (N = 313)		
Not at all likely	53	16.9
Slightly likely	94	30.1
Somewhat likely	74	23.6
Very likely	92	29.4
Do you view AAC as a legitimate counseling modality? (N = 313)		
Yes	287	91.7
No	1	0.3
Not sure	25	8.0

Experience With Animals

The Experience With Animals section comprised responses related to participant experiences with animals now and when they were growing up, including types of animals. A large majority of respondents had a pet growing up (95.9%) and had a pet as of the date of the survey (80.3%). These percentages are higher than the 68.0% of households in the United States that own a pet (American Pet Products Association, 2017). The top five pets that participants reported currently owning included dogs, cats, small animals, fish, and horses. The average number of pets that participants had had in their lifetime

Table 4 Responses on Animal-Assisted Counseling (AAC) Training

Question/prompt	N	%
Would you be interested in being trained in AAC? (N = 284)		
Yes	162	57.0
No	22	7.7
Not sure	66	23.2
Already received training in AAC	34	11.9
What type of animals would you be interested in working with as part of AAC? (N = 284)		
Dogs	255	89.8
Cats	100	35.2
Horses	115	40.5
Donkeys	34	11.9
Small animals (e.g., rabbits, guinea pigs, hedgehogs, turtles, hermit crabs)	82	28.9
Farm animals (e.g., cows, sheep, goats)	42	14.8
Birds	22	7.7
Fish	25	8.8
Dolphins or other marine animals	39	13.7
None	16	5.6
What type of AAC education do you think would be sufficient for a practitioner in order to provide AAC? (N = 284)		
No education is needed	2	0.7
Self-education (i.e., reading books or articles on your own)	43	15.1
One-day workshop	70	24.7
Online class or classes	100	35.2
Four-day intensive training	213	75.0
University course or courses	169	59.5
Other	38	13.4
What type of skills training do you think would be sufficient for a practitioner in order to provide AAC to clients? (N = 284)		
No AAC skills training is needed for practitioners	5	1.8
Basic behavior skills evaluation (e.g., Canine Good Citizen)	136	47.9
Advanced skills practice and evaluation for clinical setting	201	70.8
Therapy animal team registration or certification (e.g., Pet Partners, Eagala)	222	78.2
Role-play with therapy animal and mock clients in a clinical setting	185	65.1
Practicum with therapy animal and real clients in a clinical setting	165	58.1
Other	16	5.6
What type of skills training do you think would be sufficient for a therapy animal in order to work with clients? (N = 284)		
No AAC skills training is needed for therapy animals	5	1.8
Basic behavior skills evaluation (e.g., Canine Good Citizen)	179	63.0
Advanced skills practice and evaluation for clinical setting	185	65.1
Therapy animal team registration or certification (e.g., Pet Partners, Eagala)	223	78.5
Role play with practitioner and mock clients in a clinical setting	177	62.3
Practicum with practitioner and real clients in a clinical setting	138	48.6
Other	14	4.9
What type of supervision do you think would be sufficient for a therapy animal team (i.e., practitioner and therapy animal) in order to provide AAC to clients? (N = 284)		
No supervision is needed for a therapy animal team	10	3.5
Online supervision with a non-AAC-trained clinical supervisor	10	3.5
Online supervision with an AAC-trained clinical supervisor	113	39.8
Face-to-face supervision with a non-AAC-trained clinical supervisor	34	12.0
Face-to-face supervision with an AAC-trained clinical supervisor	217	76.4
Supervised practicum in a clinical setting with a non-AAC-trained clinical supervisor	41	14.4
Supervised practicum in a clinical setting with an AAC-trained clinical supervisor	154	54.2
Other	14	4.9
Have you ever completed additional training beyond your degree to work towards an area of specialization? (N = 280)		
Yes	125	44.6
No	155	55.4

was 13, with a range of 0 to 100. It is clear that most of the respondents who completed the survey had experience with pet ownership.

Using Animal-Assisted Counseling With Clients

The Using AAC With Clients section focused on practitioner perspectives on using AAC with clients in clinical settings. When practitioners were asked what age level of clients would benefit from AAC, 84.0% or more respondents included clients ages 4 to 66 and above. Fewer respondents chose infants and toddlers as an age level of clients that would benefit from AAC. This is possibly due to the developmental level of this population (e.g., ability to pet and interact with a therapy animal) and the unpredictability of children in this age group (e.g., the possibility that a therapy animal may be handled in a way that would cause the animal stress). The age group chosen most often by participants as benefiting from AAC was adolescents. This finding may be due to the interactive nature of counseling adolescents, such as the use of activity therapy, and this population's increased need for physical movement (Ashby, Kottman, & DeGraaf, 2008).

Participants chose anxiety, depression, trauma, grief and loss, and abuse as the top five counseling-related issues that would be a good fit for using AAC. Previous research has shown positive outcomes for using AAT or AAC to address these presenting issues (Black et al., 2011; Friesen, 2010). The five least chosen issues were infidelity, premarital counseling, schizophrenia, sex addiction, and career counseling. These findings may indicate that issues related to couples counseling, mental illness, sexual issues, and vocational issues may be better served through talk therapy, family therapy, psychotropic medication, or other modalities.

Only about a third of respondents reported being somewhat or very knowledgeable about AAC, meaning that most participants did not have a working knowledge of the process, training, and standards of AAC. Since this is a developing field, this finding is not surprising. Even with many participants reporting that they had little knowledge about AAC, the majority of participants (83.1%) reported that they were slightly, somewhat, or very likely to use AAC. The majority of respondents (91.7%) reported that they viewed AAC as a legitimate counseling modality, with only one respondent (0.3%) indicating that she/he did not view AAC as a legitimate counseling modality and 8.0% of respondents indicating that they were not sure. Results in this section were strongly supportive of the use of AAC as a legitimate modality with clients from ages 4 to 66 and above for a variety of clinical issues.

Animal-Assisted Counseling Training

While 83.1% of respondents indicated that they were likely to use AAC as a modality, only 57.0% reported that they would be interested in being trained in AAC. Some participants reported that they were not sure, and others (12.0%) reported that they had already received training in AAC, although half of the responses in this section indicated training for volunteer work with therapy ani-

mals, such as the Pet Partners Therapy Animal Program (Pet Partners, 2016), rather than clinical work with therapy animals. The nearly 30% difference between the interest in using AAC and the interest in being trained in AAC may be accounted for by the lack of credentialing and requirements for practitioners to utilize AAC, particularly for dogs and small animals. This deficiency in AAC credentialing is something that should be addressed in future research. This difference may also be accounted for by the 55.4% of respondents who had not completed additional training in an area of specialization. It is possible that practitioners may be interested in using a modality, but choose not to pursue additional training beyond their degree.

The top five types of animals with which participants would be interested in working as part of AAC include dogs, horses, cats, small animals, and farm animals. These responses make sense due to the high percentages of respondents indicating pet ownership for dogs, cats, and small animals. Participants may have chosen horses because there are programs and trainings already available for equine-assisted therapy, such as *Eagala* and *Natural Lifemanship* (Chandler, 2012).

Types of training and supervision were also explored in the survey. The majority of participants chose a 4-day intensive training or a university course or courses as sufficient training for a practitioner to provide AAC, with only two respondents choosing "No education is needed." When asked what types of skills training would be sufficient for a practitioner and a therapy animal to work with clients, about two thirds of participants chose advanced skills practice and evaluation, therapy animal team certification, and role-play with volunteer clients. This finding indicates that respondents believe that advanced skills, a therapy animal certification, and the ability to practice AAC skills with clients are important components of AAC training for both the practitioner and the therapy animal. In regard to supervision of the therapy animal team, the most common responses included online supervision, face-to-face supervision, or a supervised practicum, all with an AAC-trained clinical supervisor. Less than 4% of participants reported that no supervision is needed for a therapy animal team, and less than 15% reported that supervision with a non-AAC-trained supervisor would be sufficient. These findings suggest that respondents believe it is important for practitioners who utilize AAC to receive supervision and for the supervision to be facilitated by an AAC-trained supervisor.

LIMITATIONS

There were a several limitations of this study. One limitation was the diversity of the sample. While the majority of respondents had a master's degree or higher, were in the field of counseling or psychology, and had already obtained a clinical license, there were respondents who had different levels of education, fields of study, and licensure status. It is possible that respondents at a certain education level, in a certain field of study, or with a certain licensure status may have perspectives that are different than respondents with other experience levels. Another limitation was the potential for self-selection based

on interest in AAC. It is possible that counselors may have self-selected to participate in the study because they like animals or are interested in learning more about AAC. Future research in this topic might focus on a certain education level, field of study, or licensure status to further explore perspectives from a specific population or utilize a randomized sample that minimizes the possibility of self-selection.

Another limitation was the provision of multiple-choice responses. Participants were given options to choose from for most of the survey prompts. This meant that participants had to choose from a set of responses or choose the “Other” option and provide more information. It is possible that participants might have given a more comprehensive response if participants were asked to give a descriptive response. The researchers chose to use this response format to encourage respondents to provide an actual response (Lavrakas, 2008), rather than a nonresponse, such as “No opinion” or “Not applicable.” When asked to choose five counseling-related issues with which AAC would benefit clients, several respondents noted in the “Other” comments section that they would have chosen all of the areas and that only being able to choose five was restrictive. Future research in practitioner perspectives on AAC might consider qualitative interviews to get a more thorough set of responses from participants.

Another limitation in the study was the amount of AAC information that was covered compared to the limited AAC knowledge reported by participants. For example, the survey asked questions about sufficient AAC training and supervision for both the practitioner and the therapy animal. Given that only 12.0% of participants have received any training in AAC, many participants responded to questions about training and supervision without knowing, and possibly without even having considered before the survey, what types of training and supervision may be involved in order to specialize in AAC. There was no way to measure current knowledge or skills in AAC, because a survey instrument has not yet been created for this. Future AAC researchers might explore the differences in AAC knowledge and skills before and after AAC training and supervision.

IMPLICATIONS

Our findings have an impact on the fields of counseling and AAC. Given the strong interest in AAC and the low percentage of participants who have received training in AAC, the authors recommend a training protocol for AAC. Training for AAC involves more training than just volunteering with an animal in settings such as hospitals and nursing homes. Training in AAC focuses on working in a clinical setting with clients using the human–animal relationship and interventions that involve the animal to promote client growth and wellness. The AAC training protocol includes the following: (1) an Introduction to AAC course or training (human-only), (2) an AAC skills training for the counselor–animal team, (3) an AAC counselor–animal team evaluation, (4) an AAC practicum in which the counselor–animal team demonstrates AAC skills with volunteer (nonclinical) clients, (5) clinical supervision with an AAC-trained

supervisor, and (6) certification with an AAC or therapy animal organization. This model is based on the AAC competencies (Stewart et al., 2016).

In order for mental health counselors to practice AAC, they would need to complete training and supervision in AAC and become a certified AAC team. They would then need to get liability insurance that covers AAC and approval from their agency, school, or landlord. Finally, practitioners would need to develop an informed consent process that explores client allergies, client interest in working with an animal, previous positive and negative experiences with animals, and potential for animal harm, and that outlines the guidelines and rules for working with animals in counseling. These processes for AAC clinical work, risk management, and informed consent should all be covered in the AAC training process.

A variety of research methods, including randomized clinical control trials, single-case experiments, and meta-analyses, need to be conducted to develop a best practice statement to highlight the implementation of methodologies in AAC that have been shown to be the most effective (Stewart et al., 2016). Future research can extend our study by investigating the efficacy of AAC with a focus on practitioner education level, fields of study, licensure status, and prior AAC knowledge or training. Additionally, qualitative interviews could provide a richer description of mental health practitioner perspectives on AAC. Other researchers recommended future AAC studies that would explore various populations and settings, barriers to AAC, and training protocols in conjunction with professional associations and licensure boards (Black et al., 2011; Jalongo, Astorino, & Bomboy, 2004; Stewart et al., 2013). While the development of AAC standards and the expansion of the evidence base for AAC are ongoing, the potential for healing, enhancement of the therapeutic rapport, and clinical effectiveness with a variety of presenting issues make AAC an exciting new frontier in the world of counseling.

CONCLUSION

The purpose of this study was to examine practitioners' perspectives about the overall practice of AAC. Findings indicated that the majority of practitioners surveyed view AAC as a legitimate modality. Results also indicated client age ranges and clinical issues that mental health practitioners believed would most benefit from AAC, and types of AAC education, training, and supervision that would be sufficient for clinicians to utilize AAC. While this study presented practitioner perspectives related to experience with animals, using AAC with clients, and AAC training, the need for the mental health profession to develop standardized experience, practice, training, and supervision procedures is vital to the ethical, sustainable, and high-quality implementation of AAC as a counseling modality.

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