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Katharine Wenocur

Thomas Jefferson University, katharine.wenocur@jefferson.edu

Rise VanFleet

International Institute for Animal Assisted Play Therapy®, rise@risevanfleet.com

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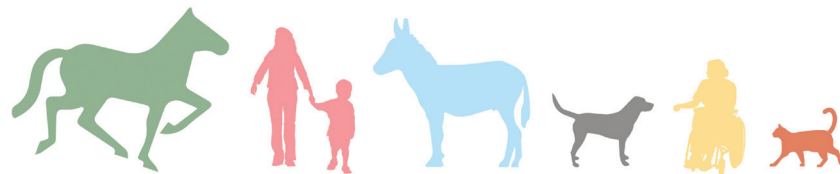
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Animal Assisted Play Therapy® for Childhood Animal Abuse Following Exposure to Family Violence: A Case Example

Katharine Wenocur,¹ Rise VanFleet²

Keywords: Animal Assisted Play Therapy®, animal abuse, case study, trauma

Abstract Intentional harm to nonhuman animals in childhood often correlates with histories of witnessing, experiencing, or perpetrating violence. Without appropriate intervention, children and adolescents who abuse animals following exposure to family violence risk long-term behavioral health challenges. While some treatment models have been specifically designed to reduce the risk of future violence among children displaying this behavior, interventions involving nonhuman animals represent a novel approach and show promise in addressing behavioral challenges associated with this behavior. Framed through the lens of a clinical case study, this article presents the potential benefits of implementing Animal Assisted Play Therapy® to treat symptoms of trauma and attachment challenges when harm to animals has occurred.

Child-serving professionals have long recognized an increased risk for life-course behavioral health challenges among children who intentionally cause harm to nonhuman animals (Arluke, 2012; Duncan et al., 2005; Faver & Strand, 2013). Furthermore, correlational research has identified that, among samples of adults who have committed violent crimes, histories of childhood animal abuse are more likely to be present than in the general population (Holeyoda & Newman, 2016; Monsalve et al., 2017). Additional research suggests that violent victimization is a risk factor for causing harm to animals (Knight et al., 2014; Walters, 2019). Collectively, these findings

suggest that the pathways between childhood animal abuse, experiences of violence, and behavioral health challenges are complex and multidirectional. Therefore, it is crucial for clinicians working with children demonstrating this behavior to approach case conceptualization and treatment with an understanding of the associated sequelae.

This article presents Animal Assisted Play Therapy® (AAPT) as a promising intervention for children who harm animals as a post-traumatic response; it achieves this aim in three phases. First, the authors briefly review the literature relevant to case conceptualization and treatment of children who harm

(1) Thomas Jefferson University, (2) International Institute for Animal Assisted Play Therapy®

animals. Next, the authors present a case illustration of Izzy,¹ a child who received AAPT with a certified clinician after killing several small animals. Finally, the authors discuss the clinical implications of Izzy's case and make recommendations for further research.

Several terms are used in the literature, sometimes interchangeably, to describe the phenomenon of humans intentionally harming nonhuman animals. For clarity, the present article applies the terms consistently and with the following definitions. *Animal abuse* describes actions taken to cause intentional harm to a companion or wild animal; the term does not apply to behaviors that meet survival needs or are otherwise culturally sanctioned such as hunting or fishing (Knight et al., 2014; Loring et al., 2007; Monsalve et al., 2017; Newberry, 2017). *Animal cruelty* is a criminal justice term and is typically used to describe behaviors, like those meeting criteria for *animal abuse*, that have been examined by the criminal justice system in the form of an indictment or prosecution (Holoyoda & Newman, 2016; Longobardi & Badenes-Ribera, 2019). This article also uses several terms, such as *choking* or *hitting*, that describe abusive actions with more precision.

Literature Review

Research on animal abuse and animal cruelty has focused on identifying possible risk factors for and sequelae of this behavior, and possible interventions for animals and humans associated with this behavior. Correlational relationships between violence against humans and violence against animals are a common theme across these studies.

Possible Risk Factors

Several studies have identified early life exposure to violence as a risk factor for animal abuse. More specifically, research has indicated that childhood animal abuse may be correlated with experiencing or perpetrating bullying, or witnessing or being the victim of family violence.

Correlate of Bullying/Victimization

In a sample of adolescent boys in residential psychiatric treatment, those with a diagnosis of conduct disorder and a history of animal abuse were more likely to have been involved in bullying as a victim or perpetrator, as compared to same-aged peers diagnosed with conduct disorder but without the history of animal abuse (Duncan et al., 2005). Similarly, studies have shown that bullying is often a correlate of childhood animal abuse (Longobardi & Badenes-Ribera, 2019). Also, the combined experiences of bullying and perpetrating animal abuse increase the likelihood of violence in adulthood, as compared to either risk factor alone (Walters, 2019).

The pathways between bullying and childhood animal abuse are not well understood, though two studies shed light on possible contributing factors. In a qualitative study of adolescent boys who have witnessed friends' violent actions against animals, most participants reported that while they felt uncomfortable with their peers' actions, they did not intervene or report those actions to an adult (Arluke, 2012). The results of this study suggest that social pressure among peers may inhibit one's ability to demonstrate empathy toward an animal. Further research on this topic is needed, as the evidence does not suggest that this effect may be generalizable to situations in which the peer is not present. Another study indicated that, based on retrospective reports, an estimated half of school shooters have a history of harming animals (Arluke & Madfis, 2014). The authors of the study point out that school shooters frequently have histories of being bullied, which could suggest a relationship between bullying and harming animals. However, more research is needed to elucidate a possible relationship between animal abuse, bullying, and risk for future violence.

Sequelae of Family Violence

Childhood animal abuse has a similarly complex relationship with experiences of child abuse and intimate partner violence. Numerous studies have shown that animals are more likely to be harmed in households where intimate partner violence occurs (Faver & Strand, 2013). Children who have

witnessed intimate partner violence are more likely to have witnessed animal abuse than same-aged peers who have not witnessed intimate partner violence (McDonald et al., 2015). Likewise, adult perpetrators of intimate partner violence are more likely than the general population, based on retrospective, self-report surveys, to have harmed animals (Ascione et al., 2007). Moreover, the National Youth Survey Family Study identified parental violence toward animals as a leading risk factor for a child's participation in violent relationships as an adult (Knight et al., 2014).

More research is required to understand the pathways between childhood exposure to family violence, witnessing or participation in animal abuse, and later risk of violence. Not all children who witness violence harm animals; one study sought to explore possible mediating variables that increased risk of animal abuse among children exposed to domestic violence (McDonald et al., 2017). The authors of the study recruited children ($N = 291$) from a large intimate partner violence agency and developed a mediational path model that identified callousness, ($\beta = 0.14$), measured by a caregiver report survey and defined as a lack of empathy or remorse, as a leading risk factor for abuse of animals. This aligns with the inclusion of callous-unemotional traits as part of the diagnostic criteria for conduct disorder, which is characterized by a persistent pattern of rule breaking and a demonstrated lack of remorse for these behaviors (American Psychiatric Association [APA], 2013).

Predictive of Violence

Since the 1960s, there has been discussion in the literature of a possible relationship between childhood animal abuse or cruelty and perpetration of violence toward humans as an adult. Anthropologist Margaret Mead (1964) famously stated that “the worst thing that could happen to a child is for them to harm an animal and get away with it” (p. 21). This statement aligns with Mead's contemporary J. M. MacDonald's (1963) theory that the triad of animal cruelty, fire setting, and bedwetting were collectively

predictive of violent sociopathy. MacDonald's triad has been largely refuted as a unidirectional predictor of violence; research on animal abuse as sentinel to violence has continued, but with an increased focus on rigorous research methods and exploration of possible mediating and confounding variables (Patterson-Kane & Piper, 2009).

Recent studies acknowledge a complex and multidirectional pathway from harming an animal to harming a human. Alleyne and Parfitt (2018) identified that among a sample of violent offenders, those that committed acts of animal cruelty were distinct in their lack of empathy toward animals, as compared to offenders who had not committed acts of animal cruelty. Other studies have sought to identify specific manifestations of animal cruelty or abuse that increase the likelihood of violence against humans. Anecdotal evidence suggests that bestiality, defined as sexual contact with a nonhuman animal, in childhood heightens one's risk of interpersonal violence as an adult, as compared to children who engage in nonsexualized animal abuse (Holoyoda & Newman, 2016). A retrospective study of inmates in a medium-security prison ($N = 257$) identified recurrent animal abuse, defined as multiple incidents of animal abuse over several years, as the most common predictor of adult interpersonal violence (Trentham et al., 2018).

Gender

It has been noted by several authors that there has been a larger focus on male populations in studies of animal abuse as a possible predictor of violence (Duncan et al., 2005; Hawkins et al., 2017). This is relevant to the present case study, which focuses on a preadolescent girl who killed several small animals. Two articles lend insight into the possible risk for later violence. One study found that among a group of undergraduate women ($N = 500$), animal abuse was a predictor of later violence at similar rates as their male counterparts (Sanders & Henry, 2015). Another study identified that females who abused animals during childhood were less likely than their male counterparts to have reoccurring incidents of abuse (Felthouse & Calhoun, 2018).

System Responses

Since the 1800s, multiple professional disciplines have sought to establish appropriate responses to and understanding of incidences of humans harming animals, particularly when children were the perpetrators of such acts. Initial attempts focused on the punishment of individuals who engaged in acts of animal cruelty and the sheltering or protection of animals that had been victimized (Favre & Tsang, 1993). In subsequent decades, professionals from a broad range of fields have responded to animal abuse in a treatment-oriented, rather than in a punitive manner.

Public Health

While no overarching protocols for working with animal abuse exist, correlational public health research can inform the way individual practitioners respond. In a pediatric nursing journal, Ascione (2001) recommended that families be screened for intimate partner violence if a child in that family has engaged in animal abuse. This recommendation was based on the body of literature, previously discussed, that has identified a correlation between animal abuse and intimate partner violence. Similarly, a more recent article described the important role that veterinarians can play in referring families to services for domestic violence if an apparently abused animal is seen in their practice (Monsalve et al., 2017). The authors of that article recommended that veterinarians acquaint themselves with domestic violence service providers in their area and refer to these services if abuse is suspected.

Mental Health

Assessment tools and therapeutic interventions for mental health clinicians exist and continue to be evaluated in the literature. The Physical and Emotional Tormenting Scale (PET) guides clinicians to ask children to report the presence and frequency of certain abusive behaviors, such as not allowing animals to sleep or hitting animals with sticks (Baldry, 2004). According to the measure, the more behaviors that a child has engaged in, the higher their risk is

of hurting humans. Another measure, the Boat Inventory on Animal-Related Experiences (BIARE), calls upon individuals to self-report all experiences, positive and negative, with nonhuman animals and the frequency of those experiences (Boat, 2001). This allows for disclosure of any abusive actions within the context of an in-depth discussion of animal relationships, the logic being that this may facilitate open conversation around issues of animal abuse. BIARE has been used to assess for presence of animal cruelty in several research studies (Casey et al., 2017; Yakamazi, 2010). Further research is needed on both measures to establish reliability and validity, but they both have the potential to serve as tools for clinicians seeking to understand a client's history with animals.

Loar and Colman (2004) authored a manual on implementing animal-assisted therapy with groups of children who are exposed to violence for the purpose of developing empathy. The authors of the manual acknowledge the risk of animal abuse that exists among the target population and make recommendations for creating a safe environment for these children within the context of the intervention. These include facilitating role-play of safe handling of animals, demonstrating openness to hearing children's stories of neglect and abuse, and making referrals to ongoing therapy. Loar and Colman (2004) also note the potential for restorative justice, or making amends, to occur through these programs, particularly in incidences where a participating child has aggressed against an animal. The authors' main example of restorative justice is preparing to work in a shelter after completing an animal-assisted therapy program.

The AniCare Model

In recent years, a comprehensive model of working with individuals who abuse animals, AniCare, has emerged; the model has a specialized program geared toward youth called AniCare Child (Shapiro et al., 2013). The model was developed in response to several state laws setting requirements for mandatory mental health treatment for animal cruelty offenders (Shapiro, 2010). AniCare Child draws from cognitive behavioral therapy and principles

of trauma-informed care and encourages clinicians to take an active therapeutic stance when working with individuals who abuse animals. The main goals of AniCare Child are to build empathy for animals while learning to self-manage harmful behaviors (Shapiro et al., 2013). The model does not explicitly include an animal-assisted therapy component, but the manual identifies potential benefits of concurrent involvement in this form of treatment, particularly as it relates to building empathy. More research is needed to elucidate the specific benefits of AniCare Child, but it is generally considered to be the gold standard for treating this behavior.

Trauma-Informed Responses

Contemporary practices in mental health care have an increasing focus on trauma-informed care, defined as holding an understanding of the impact of trauma in mind when engaging in client work (Butler et al., 2011). One of the seminal studies in trauma-informed care introduced the notion of adverse childhood experiences (ACEs), such as abuse and parental violence, as being highly correlated with chronic physical and behavioral health issues in adulthood (Whitfield, 1998). Subsequent studies have conceptualized a diagnosis of developmental trauma disorder, which is distinct from PTSD in that repeated traumatic events must occur during childhood (Ford et al., 2013; van der Kolk, 2005). While still under consideration and field testing, developmental trauma disorder provides insight into possible behavioral sequelae of this type of traumatic exposure. This is relevant to the current case study, as Izzy's earliest years were spent in a home marked by chronic violence and trauma.

With regard to animal abuse, one publication called for a more nuanced understanding of the behavior through extending the correlational research beyond intimate partner violence to be inclusive of all items on the ACEs questionnaire including parental incarceration, community violence, and neglect (Bright et al., 2018). This bears significance for multiple professional disciplines. From a public health perspective, the presence of childhood animal

abuse might prompt screening for the broader range of ACEs, rather than only intimate partner violence, increasing a family's likelihood of accessing appropriate services. From a clinical mental health perspective, this suggests that the behavioral health sequelae of ACEs including increased stressors and lack of access to coping mechanisms may increase one's risk of harming animals (Nurius et al., 2016). This is consistent with a conceptual formulation of poor emotional regulation being a mediating variable between exposure to trauma and abuse of animals (Parfitt & Alleyne, 2018).

Animal Assisted Play Therapy®

The current case study illustrates the use of AAPT, an intentional integration of play therapy, animal-assisted therapy, ethology, and animal welfare in a treatment-oriented and goal-directed manner (VanFleet, 2008; VanFleet & Faa-Thompson, 2017). AAPT draws its theoretical basis from several sources, including foundational models of play therapy such as child-centered play therapy (CCPT) (VanFleet et al., 2010). AAPT introduces a relationship with a properly trained and qualified animal, in this case a dog, into the course of play therapy treatment, and it can be integrated into any model of play therapy (VanFleet, 2008; VanFleet & Faa-Thompson, 2017). Play is made possible by subcortical structures in the brain that are common among vertebrates and helps members of most species to learn about their environments through low stress and enjoyable interactions (Panksepp, 2010). Because humans and nonhuman animals share a playful impulse, humans can form playful relationships with nonhuman animals, including those involved in AAPT (VanFleet, 2008; VanFleet & Faa-Thompson, 2017). Practitioners certified in AAPT complete a rigorous process that involves demonstrating competencies in play therapy, animal-assisted therapy, animal body language, and force-free training. Therapists pursue certification, and each nonhuman animal involved can receive formal approval alongside their handler (International Institute for Animal Assisted Play Therapy®, 2022).

The basis for a healing relationship between humans and nonhuman animals has been long written about inside and outside of scientific communities (Fine, 2019). In fact, Jalongo (2015) compared the quality of relationships that children share with companion dogs to the kind of closeness and dependability that children may share in their relationships with primary caregivers. So much of the traumatic exposure that individuals may endure occurs within the context of a relationship (Butler et al., 2011; Ford et al., 2013). Thus, the need for a reparative relationship within the context of therapy can take on great significance. In AAPT, clinicians help facilitate interactions between clients and nonhuman animals in a manner that encourages clients to develop trust and safety within the therapeutic relationship. The therapist can then help clients apply this process of developing trust to their human relationships when warranted (VanFleet, 2008; VanFleet & Faa-Thompson, 2017). This focus on healthy human–animal relationships is further enhanced by AAPT’s emphasis on positive reinforcement-based animal training practices and the use of empathy to help clients see the animals’ perspectives, both of which contribute to reciprocal relationships with animals (American Veterinary Society of Animal Behavior, 2008).

AAPT and CCPT

Involvement of an animal in treatment is a core component of AAPT; however, the modality is designed to be integrated into existing theoretical models of play therapy (VanFleet, 2008; VanFleet & Faa-Thompson, 2017). The present case describes a clinical process guided by principles of CCPT originally developed by Axline (1947) and as interpreted into practice by Guerney (2001). The case illustration follows a process-oriented progression of CCPT guided by skills of structuring, empathic listening, support of child-centered imaginary play, and limit setting (VanFleet et al., 2010). The counseling process is described in the context of a four-stage process of themes that often emerge in a child’s play in CCPT (Guerney, 2001; VanFleet et al., 2010). The efficacy of CCPT for treating post-traumatic stress in childhood has been documented; a meta-analysis of seven

studies demonstrated that children who received between 10 and 36 sessions of CCPT reported decreased overall symptoms of PTSD post-treatment, as compared to pretreatment (Humble et al., 2019). In a randomized controlled trial of CCPT for children who have been exposed to multiple potentially traumatic events, children who received 10–16 sessions showed decreased behavioral problems and increased social-emotional competencies (Ray et al., 2021). While as a modality CCPT is primarily nondirective in support of child-centered, imaginary play, some directive activities were integrated into the course of treatment, primarily for the purpose of orienting Izzy to the therapy dogs involved in the therapy process.

Case Illustration

Client Background

Izzy was an 11-year-old girl who presented for play therapy treatment following multiple incidents of harming and killing small animals that were in her family’s care. Prior to these incidents, Izzy had been engaged in home-based services to address significant anxiety and school-based behavioral issues, including school refusal. Izzy’s home-based provider terminated her services after learning that Izzy had killed animals; the provider agency determined that this behavior indicated that Izzy required a higher level of care than they could provide. Izzy’s mother, Eileen, was unable to identify an inpatient or intensive outpatient provider that had availability and reported to the author that at least one program indicated that Izzy’s animal abuse history precluded her from receiving their services. This resulted in a gap in treatment of about six months.

A family member had initially contacted the author because they had read about AAPT while searching online for mental health services related to animals. The family member reported that, prior to reaching out to the author, Izzy had begun working with a mental health professional whose approach to helping Izzy primarily consisted of speaking with Izzy in an attempt to help her see that her behavior

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with animals had been “wrong.” The family member described this approach as unsuccessful, as Izzy refused to speak during sessions. The professional, in turn, withdrew from the case, citing uncertainty regarding how to proceed due to Izzy’s “resistance” and the professional’s lack of experience and familiarity with childhood animal abuse.

It should be noted that, while the family requested AAPT specifically, no animal is ever included in this modality until full assessments of the client, therapeutic goals, and risk factors are completed. In this case, Izzy was not mistreating animals continuously but doing so only under specific conditions when she was triggered. She also had not harmed animals in the presence of adults. In AAPT, if a situation becomes potentially unsafe for an animal, the therapist has the immediate options to set limits with the child and/or use a trained emergency cue for the dog, such as “*Behind me!*” to quickly move the dog to a safe place such as behind the therapist. Then the therapist can determine the next steps to ensure the safety of all involved. AAPT therapists are also trained to observe both the client and dog carefully using split attention and to be proactive in taking action in potentially risky situations. In this case, the risk of Izzy harming the therapy dog was mitigated by all of these factors. The therapy dog involved was very well trained, and the therapist was highly skilled in reading the body language of clients as well as dogs. The risk of injury to the therapy dog was considered to be extremely low.

Family Structure

Izzy is the youngest of four children—she has an older brother and sister who attend the local public high school, and her oldest sister lives in a college dormitory. Izzy and her siblings live with Eileen, who is a single mother. When Izzy was an infant, Eileen and George, Izzy’s father, divorced. Eileen disclosed that George had been violent toward her and, on at least one occasion, attempted to kill Eileen via strangulation. Following a child services investigation, George no longer had physical or legal custody of his children but was allowed supervised visits. At the time she was engaged in treatment, Izzy

was the only of her siblings who participated in these visits. Eileen surmised that because her three older children had memories of witnessing George’s violent behavior toward their mother, they did not feel comfortable spending time with their father.

Animals were a significant part of Izzy’s family life. Beyond having several family cats, Eileen was active in the local animal rescue community, and the family often fostered small animals such as rodents, birds, and lizards that required specialized veterinary care. Eileen reported that after leaving her marriage with George, caring for animals became an important component of her emotional healing process and that this was something she shared with her children. The birds and lizard that Izzy killed prior to treatment were fostered from a local rescue.

Diagnostic Impressions

Prior to the beginning of treatment, Izzy’s primary diagnoses were generalized anxiety disorder and conduct disorder. In addition to harming animals, Izzy displayed other behaviors consistent with a diagnosis of conduct disorder: refusal to attend school and stealing money from her mother’s purse (APA, 2013). Eileen reported that previous therapists had not discussed the possibility of Izzy’s symptom’s being related to trauma. When the author administered the UCLA Reaction PTSD Index (Steinberg et al., 2013), Izzy identified being separated from her father and her grandmother’s death as adverse events she was able to remember. She disclosed that she knew her mother and father “fought a lot” during their marriage but did not report any of the violence that Eileen had disclosed. Izzy reported several symptoms, including frequent nightmares, hypervigilance, increased startle response, and feelings of anger.

Counseling Process and Outcome

Izzy received play therapy for approximately one year. She initially met with the play therapist, who was also a Certified Animal Assisted Play Therapist™, twice per week; when her more significant symptoms stabilized, she moved to weekly sessions. The author incorporated Eileen into the treatment

process through parent and conjoint sessions at regular intervals. Typically, sessions were split in half—one half of the session followed principles of CCPT and the other half took a more directive approach and involved Winston, an approved play therapy dog. When not actively involved in the session, Winston stayed in a special corner of the office that, consistent with best practices in AAPT, was furnished with a dog bed, Winston's favorite toys, and a water bowl (VanFleet & Faa-Thompson, 2017).

Because AAPT focuses heavily on building reciprocal relationships, it provides a safe “living laboratory” in which children can learn about healthy interactions with other sentient beings, first with the therapy dog and later with people. AAPT therapists facilitate the interactions to ensure the well-being of the dog and the client so that this learning can take place in a comfortable and playful setting. It is a requirement of AAPT that the animals must enjoy their work rather than merely tolerate it. In this case, the author monitored Winston's body language for signs of enjoyment and stress and worked collaboratively with Izzy to ensure safe and enjoyable interactions with Winston.

Interventions are based on four primary factors: (1) the client's needs and goals, (2) the animal's personality and preferences, (3) the therapist's theoretical orientation and methods of working, and (4) the environment or setting in which the therapy occurs. When all of these are incorporated, the playful nature of interactions provides the necessary emotional safety for the hard work of therapy to take place while ensuring that the dog finds the work enjoyable. The animal is included only under these conditions. Prior to involving Winston in sessions, the author arranged for a “meet and greet” with Izzy to provide some guidance around safely interacting with him and assessing for any concerns related to safety for both Winston and Izzy. The author observed that Izzy was gentle, even hesitant, when meeting Winston and looked to the author for guidance on the best way to approach and pet him. The author provided some psychoeducation about Winston's body language, which remained loose and wiggly—indicating interest and enjoyment (Chin, 2020). The

author did not perceive any immediate safety issues and proceeded with AAPT.

Warm-Up Stage

The first phase of CCPT involves adjusting to the playroom and building rapport; some clients may require more limit setting than in later stages (Guerney, 2001; VanFleet et al., 2010). Izzy initially expressed hesitation to begin therapy; Eileen reported that Izzy had grown to trust her in-home therapist and felt betrayed that her disclosure of hurting animals had led to discontinuation of services. Izzy also expressed some mixed emotions about working with the therapy dog. In a conjoint session, she remarked that while she looked forward to spending time with Winston, she did not always trust herself with animals. The behavior of hurting animals frightened Izzy, and she felt that it was something she could not control. Helping Izzy to develop trust in herself around animals became an additional task of the warm-up stage.

AAPT components of the warm-up stage focused on developing Izzy's relationship with Winston and setting expectations for interactions with Winston in play therapy. Using scientifically accurate informational illustrations, the author introduced Izzy to the therapy dog's patterns of communication through body language (Chin, 2020). The author emphasized Winston's signals of enjoyment and stress, and Izzy learned to identify how Winston was responding to activities and interactions she had with him. The special corner that Winston retreated to during the non-AAPT-focused half of each session was also available to him as needed during the AAPT components of the session; Izzy learned to honor Winston's choice to freely leave the action of the session when he needed a break. Moreover, the author taught Izzy Winston's basic verbal and gestural cues for behaviors such as *sit*, *stay*, and *high five*. In their first meeting, Winston readily approached Izzy with loose body language and a wagging tail—indicators of enjoyment and low stress (Chin, 2020). While Izzy was initially hesitant to engage with Winston, she soon began to smile and laugh when the dog approached her.

Within the first few sessions, Izzy discovered the sand tray, which she would continue to use in almost every session. Her initial hesitation to participate in therapy manifested as stiffened posture and restricted expression of affect; her posture relaxed, and she smiled as she first ran her hands through the tray. In this phase of treatment, she showed limited interest in using miniatures, but would sometimes hold certain figures in one hand as she built mounds and dug valleys in the sand with her other hand. In parent sessions, Eileen's immediate concern was Izzy's school refusal behavior. Izzy's anxiety was most significant in the morning, which often inhibited Eileen's efforts to take her to school. The author and Eileen discussed Izzy's response to the sensory and kinesthetic engagement with the sand tray. Eileen and Izzy identified some sensory coping skills, including using a stress ball and fidget toys, that Izzy could use in the mornings to decrease her anxiety such that she was able to enter the school building in the mornings.

Aggressive Stage

In the aggressive phase of CCPT, clients have grown accustomed to the therapy process and may exhibit more intense play, including aggressive play (Guerney, 2001; VanFleet et al., 2010). After several weeks of treatment, Izzy began to show increased confidence as she entered the playroom, and her body language became more relaxed. In the CCPT component of the sessions, Izzy continued to work primarily in the sand tray, often selecting a variety of animal miniatures to arrange in the tray and narrating stories to the author. She often selected the same miniatures for her trays, most notably a coiled green snake whom she named Sebastian. Her play themes—*isolation, good versus evil, revenge, and helplessness*—mirrored the range of emotional experiences that occurred outside of the session, and Sebastian frequently was the center of her stories. She described Sebastian's pain of feeling left out and bullied by the other animals for not having arms and told stories about Sebastian attacking the other animals "before they could hurt him."

Izzy grew comfortable working with Winston and demonstrated an eagerness to continue learning

about how to train him. Winston remained engaged in sessions, continuing to demonstrate signs of enjoyment when Izzy had her sessions. In several sessions, Winston left his special corner during Izzy's sand tray portion of the session and curled up by her feet while she played, suggesting the dog's interest in contact with her. The author taught Izzy some principles of dog training, including sharing some verbal and gestural cues that prompted Winston to complete certain actions. Previously reserved and somewhat hesitant around the dog, Izzy demonstrated excitement to interact with Winston and build on his existing abilities. For example, she created a game called "Pirate Dog." She gesturally cued Winston to speak and, after observing that his bark sounded like "arf," she remarked that Winston sounded like a pirate saying "ARRR!" Izzy started asking questions (example: "what does the pirate dog say?") and cueing Winston to speak, eliciting the bark noise that she described as sounding like a pirate. This game became a favorite activity of Izzy's for several sessions, and she would often match the heightened energy that Winston would exhibit during the activity.

Safety Planning around Animals. Near the end of the aggressive stage, the author received a call from Eileen, who expressed distress regarding a recent conversation with Izzy. In a moment of significant anxiety, Izzy had shared her fear that she might hurt the family cat. She urged Eileen to keep the cat at a family friend's house until she felt less anxious. Eileen was initially alarmed by what she perceived as Izzy's potentially heightened risk of harming animals. She was able to reframe her assessment of the situation to acknowledge the progress that Izzy showed in verbalizing her fear of hurting the family cat and actively participating in collaboratively safety planning with her mother to minimize this risk.

Regressive Stage

The intense play behaviors of the aggressive stage begin to abate as the regressive stage begins and play themes may shift to attachment and nurturing; children may return to earlier stages of play (Guerney, 2001; VanFleet et al., 2010). After several months of

the heightened energy and more intense themes of the aggressive stage, Izzy entered this phase. Around this point in time, Eileen reported that that Izzy's more significant anxiety symptoms had lessened, and she experienced less difficulty in getting to school in the mornings. Eileen and the author agreed to decrease the sessions to weekly.

Izzy continued to work in the sand tray and often selected animal miniatures, including the snake she named Sebastian. In contrast to the narratives of conflict in the previous stage of CCPT, Izzy often told stories about Sebastian finding friends in unlikely places, with themes of love, caretaking, and connection. For example, Izzy often created trays depicting Sebastian befriending animals that a snake might not normally meet, such as a penguin or a seahorse. In her narration of her trays, she described the snake and his friends as meeting one another's needs—comforting one another when they expressed sadness, making one another laugh, and “just being really nice to each other.” Izzy sometimes narrated these trays in the first person, using “I” to refer to Sebastian and “we” to refer to Sebastian and his friends.

With Winston, Izzy continued to focus on training tasks, but showed less interest in training him toward new cues. Instead, she demonstrated curiosity about how the author cared for Winston. She wanted to know how many treats he could have, how often he needed to go for a walk, and what games Winston liked to play. The author introduced Izzy to Winston's grooming brushes, and Izzy would spend large parts of the session sitting on the floor, brushing Winston's fur, and speaking directly to him. In response to this behavior, Winston often sat very close to Izzy, sometimes even resting his chin on Izzy's lap. The author observed that Winston and Izzy demonstrated a high level of comfort with each other. Izzy would tell Winston stories about her day and create sand trays with which to tell him stories about the miniatures she chose, often animal figurines.

Prior to this stage, Izzy was primarily interested in showing her mother Winston's cues during conjoint parts of her sessions—particularly the Pirate Dog game she had developed in the previous

phase. During the regressive phase, Izzy invited her mother into the sand tray when Eileen was present in sessions. Izzy used sand tray miniatures to narrate stories to Eileen, and the author prepared Eileen to listen empathically to Izzy's stories, verbally reflecting her perceptions of Izzy's expressed emotions. In parent consultation calls, Eileen reported that Izzy was slowly becoming more able to speak to her about feelings of sadness and experiences of anxiety that arose and had asked Eileen if she could go to a friend's house after school—something she had not asked to do before.

Mastery Stage

Finally, in the mastery stage of CCPT, the clients' themes may shift toward heroics and problem-solving, and clients may show a significant decrease in problematic behaviors outside of sessions (Guerney, 2001; VanFleet et al., 2010). In the final two months of treatment, Izzy focused less on the sand tray and other play therapy materials that were unrelated to AAPT. Izzy was aware that play therapy was winding down and expressed interest in spending what she described as “quality time” with Winston. Izzy began introducing Winston to some dog puzzles, in which she would hide treats in small compartments that Winston used his paws or nose to find. She offered verbal encouragement to Winston when he was unable to figure out how to solve the puzzle and collaborated with the author to identify new approaches to supporting Winston in solving the task. She guided Winston toward independently solving the puzzle through a combination of demonstrating how the treat compartments opened and putting a small amount of peanut butter (a high-value reinforcement) to draw Winston's attention to the correct compartment. When Winston finally solved the puzzle, Izzy smiled widely and expressed pride in the accomplishment that she and Winston had achieved. Winston often wagged his tail in response to Izzy's praise, indicating enjoyment and engagement (Chin, 2020).

The author met with Izzy and Eileen to discuss plans for Izzy's support system after therapy ended. Izzy made significant progress in several areas: she

had an improved ability to share emotions verbally, reported decreased anxiety and nightmares, and increased participation in school. Notably, Izzy did not hurt animals throughout the entire period of play therapy treatment. Given the complex challenges Izzy and her family faced, Eileen felt strongly that the family should continue to engage with therapy services. Eileen wanted to build on the ways that she and Izzy had begun to discuss feelings more openly during play therapy and found a family therapist to work with Eileen and the children on a weekly basis. Eileen worked with Izzy's teachers to increase in-school supports, including weekly counseling sessions with an external agency that provided in-school counseling. Before Izzy's final session, the author wrote a therapeutic letter from Winston's perspective, highlighting the activities Winston and Izzy had enjoyed and expressing pride in how much Izzy had grown.

Discussion

The course of Izzy's play therapy treatment, particularly the inclusion of AAPT, provides insight into the possible role that animal-assisted therapy could play in treatment for children who have abused animals. The case can inform individual clinicians working with children and adolescents in possible approaches to responding to behaviors of harming animals and suggests broader practice implications for responses to animal abuse in childhood.

Case Conceptualization

Izzy's family history of violence may have predisposed her to harming animals (Faver & Strand, 2013; McDonald et al., 2015). At the time of discharge from play therapy, she had no reported history of violence or aggression against other humans. This casts doubt on the potential predictive role of animal abuse for later violence against humans in Izzy's case. This is further supported by Izzy's openness about the behavior and willingness to plan for the safety of the animals around her. It remains to

be seen whether Izzy would be at risk of hurting humans as an adult. Her ceasing harm to animals during treatment suggests that the process of therapy and concurrent increased ability to manage anxiety and difficult emotions contribute to her control and mastery over this behavior. This is consistent with literature that identified emotional regulation challenges—which Izzy experienced—as a contributing factor to harming animals following exposure to violence (Parfitt & Alleyne, 2018).

Diagnostic Implications

Prior to working with the author, the client's primary diagnosis had been conduct disorder. This is unsurprising given that, among diagnoses available to individuals under 18, the only reference to harming animals in the DSM-V is in the criteria for conduct disorder: "aggression to people and animals" and "has been physically cruel to animals" (APA, 2013). However, based on the author's interactions with and observations of Izzy over the course of a year, she appeared to lack the callous-unemotional traits that the APA (2013) identifies as often accompanying the rule-breaking behaviors of conduct disorder. Although previous clinicians were aware of Izzy's early exposure to violence, Eileen reported that trauma was never discussed as a possible frame for understanding Izzy's behavioral challenges. This may be due to Izzy's very young age when she was primarily exposed to violence. Within the theoretical framework of developmental trauma disorder, Izzy's symptoms might be understood as a behavioral consequence of the cumulative experiences of early life exposure violence on the developing brain (Ford et al., 2013; van der Kolk, 2005). This aligns with Bright and colleagues' (2018) assertion that causing intentional harm to animals might be understood as a post-traumatic response.

Role of Human-Animal Bond

One significant indicator of Izzy's growth in therapy was her request to plan for the family cat's safety when she felt anxiety symptoms arise that she associated with past abuse of animals. Izzy's ability to do this increased as she developed a relationship with

Winston and learned to identify his signs of stress and enjoyment of particular activities. The mutuality of her relationship with Winston likely contributed to her capacity to identify when her current challenges threatened the safety of a family member—her cat. Izzy's growing relationships with Winston and her family cat were mirrored in her exploration of the feelings and experiences of animal figurines in the narratives she told in the sand tray.

In cases of child maltreatment of animals, there are elements of power and control over a being perceived to be weaker, repetition of trauma elements, impulsivity and poor self-regulation, and lack of lived experience with secure attachments. At the right time in therapy, AAPT offers avenues to address many of these factors, at least in part. A living animal helps motivate clients who often are interested in animals despite having harmed one or more. AAPT provides an opportunity to learn and replace unkind or cruel behavior with humane and enjoyable interactions. In this case, Izzy learned to receive and give empathy based on an understanding of Winston's communication and sentience; she developed patterns of asking animals for consent and was able to experience enjoying playing with the animal under controlled circumstances.

AAPT shows promise in supporting the development of empathy among youth who have harmed animals. The model can help clients to see the living animals in front of them as sentient beings with feelings and reactions. AAPT as a living laboratory provides clients with authentic experiences of healthy attachment and relationship. Clients learn how to keep both themselves and the animals safe, which is critical to change. When clients see the genuine and positive reactions of the animals, they usually respond positively. Furthermore, the co-regulation that arises from playful and relaxing interactions with animals can be significant, something that cannot be achieved in another way.

Note

1. Name and identifying information have been altered to preserve confidentiality.

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