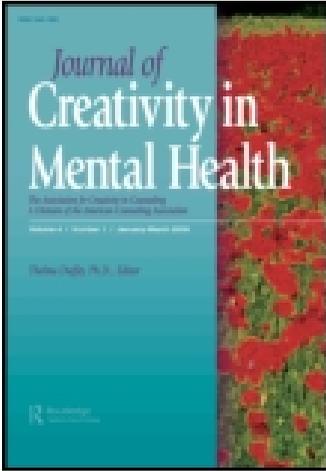


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Emergent Theory and Model of Practice in Animal-Assisted Therapy in Counseling

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Animal-assisted therapy (AAT) is widely applicable across a variety of mental health settings, but little is known about the theoretical underpinnings of mental health providers who employ this technique. This qualitative study explored providers' philosophical framework and approach to AAT in counseling. Four categories emerged: (a) possessing unique skills and competencies, (b) utilizing a highly developed relationship with a therapy animal, (c) impacting the therapeutic process, and (d) enhancing the scope of traditional counselor–client relationships. Finally, implications for practice and research are discussed.

KEYWORDS *animal-assisted therapy, qualitative research, relationships, creativity in counseling*

EMERGENT THEORY AMONG PRACTITIONERS OF ANIMAL-ASSISTED THERAPY IN COUNSELING

Animal-assisted therapy (AAT) in counseling is defined as the incorporation of pets as therapeutic agents into the counseling process; thus, professional counselors utilize the human–animal bond in goal-directed interventions as part of the treatment process (Chandler, 2012). Professional counselors can integrate AAT into sessions in a variety of ways, and it may be appropriate across a variety of settings (Chandler, 2012). A Pet Partners “At a Glance” handout (2012) states that AAT is “delivered or directed by a professional health or human service provider who demonstrates skill and expertise regarding the clinical applications of human–animal interactions” (para. 2). Although training and evaluation standards are often similar for therapy pet

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and handler teams in other therapeutic settings (e.g., therapy pet team visits in hospitals, schools, or older-adult care centers), AAT in counseling (AAT-C) involves an intentional intervention, implemented by a mental health professional who is part of the client's treatment process. When implemented with the appropriate education and training, AAT-C has the potential to positively impact the therapeutic outcome of a diverse range of clients across a variety of settings (Chandler, 2012; Fine, 2006). In this qualitative study, we used a grounded theory approach to focus on the experiences and philosophical frameworks of experienced counseling professionals who utilize AAT-C interventions in their clinical work with counseling clients. The purpose of this study is to raise awareness about AAT-C as a therapeutic intervention and to explore the theoretical underpinnings of AAT-C in the counseling process.

ANIMAL-ASSISTED THERAPY: CONCEPTUAL SUPPORT

Chandler (2012) and Fine (2006) contributed to the conceptual AAT literature base through defining AAT-C and establishing a standard for practitioner and animal training and evaluation. Through their work, they raised awareness about the intervention, provided formal training and education about AAT-C, shared their own observations as professional counselors who employ the technique, and provided a thorough discussion of practical considerations related to AAT-C. Reichert (1998) added to the literature base of AAT by describing the unique positive impact that AAT-C can have on the therapeutic alliance. Further, Fine (2006) suggested that incorporating AAT-C components into psychotherapy could help the counselor build positive therapeutic alliances more quickly. This supports Chandler's (2012) assertion that the relationship between the therapy pet and the client facilitates the rapport between the client and the counselor. Considering that the quality of the therapeutic alliance is the strongest predictor of treatment success (Barber, Connolly, Crits-Christoph, Gladis, & Siqueland, 2009) regardless of the specific intervention used, the inclusion of AAT may contribute to positive outcomes in counseling.

Reichert (1998) further asserted that the therapy animal's warm, non-judgmental nature might facilitate client disclosure during counseling sessions. Additionally, Reichert observed that a therapy animal can often serve as a transitional object for the client and can allow the client to convey feelings through the animal, thus bridging the gap between client and counselor and easing the process of trust building. George (1988) observed that the need for language in therapy decreases when a therapy animal is introduced in counseling, as clients might find it easier to express themselves through physical interaction with the animal—potentially providing an avenue for the counselor and client to communicate about painful or emotionally charged

topics. Another benefit of AAT-C is to ease the emotional burden placed on the professional counselor. The therapy animal can physically express sympathy and comfort to the client without compromising the professional counselor's personal boundaries (Fine, 2006). Overall, the conceptual literature on AAT interventions suggests that they can positively impact the client's experiences in therapy by facilitating the rapport-building process, creating opportunities for physical expression of emotions, and enhancing therapeutic conditions. Although their clinical literature about the practical application of the topic is comprehensive, these authors leave a significant gap in the empirical exploration of AAT-C.

ANIMAL-ASSISTED THERAPY: EMPIRICAL SUPPORT

Although empirical support of AAT-C remains relatively limited when compared with empirical support of other counseling interventions, studies exist in other disciplines (e.g., special education, social work, nursing, and veterinary science) that have examined the human–animal bond. For the purposes of this study, we will focus the empirical review of literature on studies that examine AAT in mental health disciplines. Echoing the conceptual works of Reichert (1998) and Fine (2006), the phenomenological investigation of Yorke, Adams, and Coady (2008) indicated that the unique opportunity for therapeutic touch provided by the therapy animal was a pivotal point in therapy for survivors of trauma. Yorke et al. observed that the development of a relationship with a therapy animal may offer the unique opportunity for acceptance, nurturance, intimacy, safe touch, and physical affection. However, this study was limited by the exclusive inclusion of participants who had extensive equestrian experience prior to experiencing trauma and inclusion of participants undergoing unspecific trauma interventions. Therefore, Yorke et al.'s findings are not necessarily applicable to survivors of trauma who do not have equestrian experience.

In a 2007 study, Klontz, Bivens, Leinhart, and Klontz investigated the effectiveness of equine-assisted experiential therapy in a clinical trial. According to their study, the equine-assisted intervention was both efficacious and stable with short-term residential clients seeking treatment for depression and anxiety. However, Klontz et al. failed to address the degree to which the equine-assisted intervention versus other therapeutic factors influenced the study, which was also limited by a small same size and relatively homogeneous sample of participants. Folse, Minder, Aycocock, and Santana (1994) found that AAT-C resulted in some decrease in the depressive symptoms of college students, but the small sample size of this study (nine participants) caused problems related to statistical analysis of the findings as well as the generalizability of the findings. Further, Folse et al. were unable to determine the therapeutic impact of the therapy dog versus other therapeutic factors present in the participants' AAT-C experience.

Similarly, in a quantitative investigation of adults in a residential substance abuse treatment facility, Wesley, Minatrea, and Watson (2009) found that incorporating AAT improved the client's perception of the quality of the therapeutic alliance when compared with a group of clients who had no therapy animal present in treatment sessions. This finding supports the conceptual discussions of Chandler (2012), Fine (2006), Reichert (1998), and George (1988). However, the Wesley et al. study is limited by its relatively homogeneous residential population, and like Yorke et al. (2008), the authors utilized unspecific treatment interventions. Thus, the specific impact of the therapy animal on outcomes in comparison with other influencing factors cannot be easily determined. In addition to concerns related to homogeneous sample populations and unspecific interventions, other quantitative studies such as the study by Kramer, Friedmann, and Bernstein (2009) are limited by small sample sizes and short durations of treatment. Further, the works of Ewing, MacDonald, Taylor, and Bowers (2007) and Berget, Ekeberg, & Braastad (2008) are limited by the authors' exclusive inclusion of participants with presenting concerns that are defined as clinically severe. Other quantitative studies such as those by Kovacs, Kis, Rozsa, and Rozsa (2004), Hall and Malpus (2000), and Barker and Dawson (1998) revealed that AAT-C had a positive impact on the experiences of clients in residential psychiatric facilities. Thus, little is known about the impact of AAT as an intervention with outpatient clients.

The existing empirical investigations of AAT continue to present problems related to generalizability of the findings as well as problems related to the authors' inability to control for the impact of other influencing variables (e.g., Chandler, 2012; Fine, 2006; Reichert, 1998). Overall, very little is known about the unique phenomenon of AAT-C, especially regarding the experiences of the professional counselors and clients involved. Existing authors (e.g., Chandler, 2012; Fine, 2006; Reichert, 1998; Wesley et al., 2009; Yorke et al., 2008) have found that the intervention can potentially provide a valuable treatment modality, but AAT-C lacks a theoretical framework to guide its application (Kruger & Serpell, 2006).

PURPOSE OF THE STUDY AND RESEARCH QUESTION

The flexibility of integrating AAT-C into a wide variety of therapeutic approaches and its potential to positively impact the therapeutic process make it a valuable treatment option for many professional counselors (Chandler, 2012). This potential makes AAT-C an especially important intervention to investigate. To date, no known study exists that examines and compares the thematic experiences and perceptions of counselors who regularly use AAT-C as a therapeutic intervention. The purpose of this study was to uncover the theoretical underpinnings of professional counselors who

incorporate AAT-C techniques into clinical practice in order to understand its unique impact on the counseling process. To facilitate this exploration, the following research question was considered: Among a group of counseling professionals practicing AAT-C, what theory emerges?

METHOD

Design

According to Merriam (1998), qualitative researchers seek to understand the meaning of experiences by individuals. Thus, a qualitative methodology was the best method of research to address the complexities associated with the research question, "Among a group of counseling professionals practicing AAT-C, what is the theory that emerges?" A qualitative paradigm was particularly relevant to the topic of AAT-C, as there was no generally accepted theory about the process of incorporating AAT-C techniques into the counseling process.

This study followed Guba and Lincoln's (1989) hermeneutic dialectic process, which was a quality control function, intended to establish quality-of-goodness standards. This process involved negotiation and shared power between the research team and participants. The researcher seeks consensus among all parties involved in the research process when possible, which is consistent with Frey's (1994) assertion that qualitative research should be a collaborative and empowering process. If consensus is not possible, differences are clarified. The researchers obtained institutional review board approval prior to engaging in the study.

Participants

Fourteen mental health professionals who reported utilizing AAT in clinical work with clients participated in this study. Although the pool of participants contacted varied by age, gender, race, and ethnicity, all participants were Caucasian women aged 36 to 67 years old ($M = 52.7$ years) and represented various regions of the United States. Although 2 male professionals responded, neither was able to successfully schedule a mutually suitable interview date and time with the primary researcher. Among the 14 participants, 4 identified as licensed clinical social workers, 4 identified as doctorate-level counseling professionals, and 6 identified as master's-level professional counselors. Participants' years of clinical experience ranged from 3 to 35 years ($M = 15.5$ years), and years of experience incorporating AAT in clinical practice ranged from 1 to 24 years ($M = 9.8$ years).

Procedure

Purposive sampling (Patton, 2002) was employed in this study. Inclusionary criteria included the following: Participants must be (a) practicing professional counselors, (b) counseling psychologists, or (c) clinical social workers with at least a master's degree working primarily in an outpatient setting. Participants and their therapy animals must have current registration status with a nationally recognized therapy animal organization and must have been incorporating AAT interventions for at least 1 year. This requirement is in place to comply with a standard of professionalization among participants.

Participants were recruited through the Animal-Assisted Therapy in Mental Health interest network of the American Counseling Association (ACA) and the Delta Society and Therapy Dogs International listservs, both national therapy animal registration organizations. Recruitment e-mails were sent to each of these organizations, and interested participants contacted the primary researcher for screening and scheduling of the interviews. The primary researcher interviewed each participant by phone and transcribed all of the interviews.

Data Sources

DEMOGRAPHICS SHEET

Basic demographic information (i.e., race/ethnicity, age) was collected. Additionally, participants were asked about the counseling setting as well as AAT-relevant training and experience.

SEMISTRUCTURED INTERVIEWS

Participants were interviewed using a semistructured interview protocol (see the Appendix). Each interview lasted approximately 1 hr and ranged from 40 min to 70 min.

MEMOING

The primary researcher kept a journal or memo of the interview process and recorded reactions, feelings, and biases. Memoing allowed for ongoing analysis of data, codes, and the process (Charmaz, 2006; Guba & Lincoln, 1989). A record of the memoing was part of the data used in the data analysis.

RESEARCH TEAM

The research team consisted of one counselor education doctoral student (the primary student researcher), one Caucasian female international

counselor education graduate student with counseling experience related to children and adolescents, and one African American male recent graduate of a counselor education doctoral program with experience as a professional school counselor. The primary student researcher is a Caucasian woman with experience incorporating AAT-C practice with adults. Prior to incorporating AAT-C, the primary student researcher facilitated therapeutic human–animal interactions as a certified North American Riding for the Handicapped instructor. The primary researcher is the only research team member with experience related to the incorporation of AAT in any setting. The inclusion of two research team members with no experience applying AAT-C was intentional and was designed to help balance and clarify the primary researcher’s bias and add a fresh perspective to the project.

Data Analysis

The analysis of data followed the grounded theory approach of Guba and Lincoln (1989) and Charmaz (2006). Data analysis occurred through a process of open coding, axial coding, selective coding, memoing, and theory development. The primary researcher transcribed all interviews and gave copies of the transcriptions to each research team member. The researchers coded each transcription independently, convened, and began the hermeneutic dialectic process of negotiation and theory development during this recursive process.

OPEN CODING

In open coding, phenomena or events are identified and categorized through line-by-line investigation of the data (Charmaz, 2006). During this phase, the research team highlighted all terms, ideas, concepts, and stories that seemed subjectively important to the participant’s experience and approach to AAT. The research team then arranged the terms, ideas, concepts, and stories into values and levels along a continuum of categories, subcategories, and variables.

AXIAL CODING

Axial coding begins as the content derived from the open-coding process is arranged into codes. Relationships between the codes were observed and established. A codebook was developed after four interviews to organize the data relationships into specific categories, subcategories, and variables.

SELECTIVE CODING

The selective-coding process initiates the development of theory that involves comparing participant to participant, experiences to experiences,

interviewees with themselves, and categories to categories (Charmaz, 2006; Janesick, 2000). This process involves the research team verifying, defining, and developing the themes, through the hermeneutic dialectic process of negotiation into a theory (Guba & Lincoln, 1989). During this phase, the research team negotiated to create a condensed and finalized codebook that represented all important codes and themes derived from the data.

Verification, Trustworthiness, and Credibility

This study employed member checking, peer debriefing, memoing (journal), and the use of a peer auditor to address the concepts of credibility, conformability, and dependability (Guba & Lincoln, 1989). According to Guba and Lincoln (1989), credibility is achieved when the researcher can show a link between realities constructed by the participants and the realities the researchers reconstruct and attribute to the participants. The hermeneutic process as well as the process of member checking allows the primary researcher to clarify and verify the link between the researchers' realities and the participants' realities. After the research team reached consensus regarding the final codebook, each participant was invited to participate in a member-checking process to verify agreement with the major themes and supporting ideas identified by the research team. No participants had divergent comments related to the codebook. Additionally, the primary researcher maintained a journal to document her reflections and biases throughout the research process. At the end, a peer auditor reviewed all documents related to the study (i.e., codebook, journal, peer debriefing notes) to assure that researcher bias did not unduly influence the emerging themes. Saturation was determined by consensus of the research team and was then confirmed through conducting two additional interviews (Francis et al., 2010). Saturation was reached at Participant 12 and was then confirmed through interviews with Participants 13 and 14.

RESULTS

The research team identified four overarching themes that impacted participants' approach to utilizing AAT-C. These themes included: (a) AAT-C requires a unique set of skills and competencies, (b) AAT-C providers utilize a highly developed working relationship with a therapy animal, (c) AAT-C impacts the therapeutic process, and (d) AAT-C enhances the scope of traditional counselor–client relationships. These themes, which influenced the development of a working model of AAT-C, are represented in Figure 1. The themes and subthemes illustrated by Figure 1 are those that were discussed and agreed upon by at least 85% of participants.

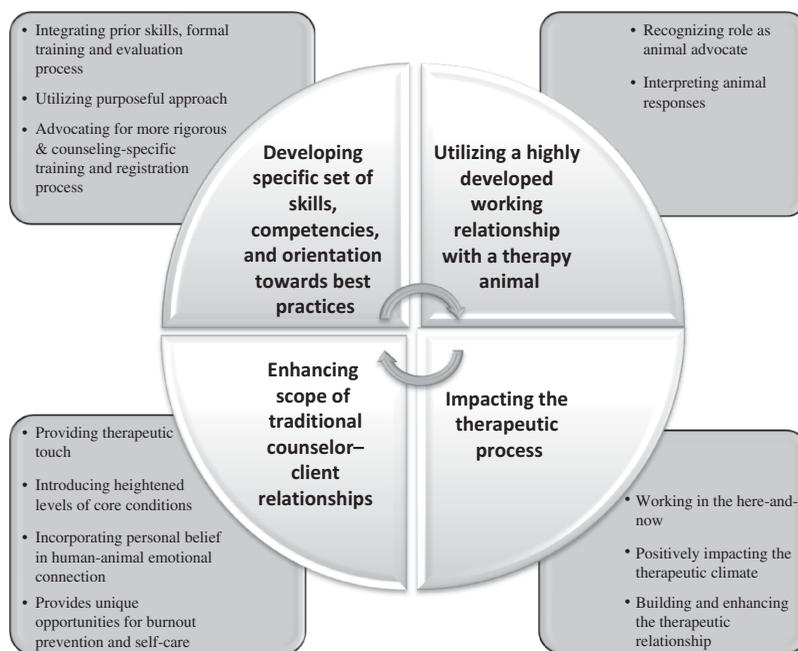


FIGURE 1 Model of animal-assisted therapy in counseling.

Possessing a Unique Set of Skills, Competencies, and Best Practices

All 14 participants stated that AAT-C requires a unique set of skills and competencies based on general counseling competencies. In addition to developing appropriate general counseling skills, all participants gained additional training and competencies related to incorporating AAT into work with clients. The subcategories that supported this major theme included: (a) integrating prior skills, formal training, and evaluation processes ($n = 14$); (b) utilizing a purposeful approach ($n = 12$); and (c) advocating for a more rigorous training and evaluation process that is specific to counseling ($n = 12$).

As one participant described:

I think when I work animal-assisted therapy, I have a skill set that most therapists don't have. I think people that do animal-assisted work have a skill set that other therapists don't have. I'm never going to do psychoanalysis; that is not my skill set. I have skills in interpreting and communicating with animals and guiding what that interaction might look like in helping people to understand.

Another participant shared:

One of my skills is that I can utilize an animal-human connection to help a human, and why not . . . and then if I can utilize that to the person's best interest, that's great, because I can pull something out of that.

Yet another participant disclosed:

If you are an animal lover and you have the patience with that, and you don't use the animal in your practice, you're missing something very special. You're missing an opportunity that is an enhancement to your ability to help, and definitely an enhancement to the client's ability to get help.

Most participants further described utilizing a purposeful approach to AAT-C, which is informed by expertise in the area of mental health services and enriched through the incorporation of this unique skill set. Although participants varied greatly with regards to how AAT-C is incorporated in the counseling process, most participants discussed the inclusion of the therapy animal in sessions as an intentional process that is informed by client goals and treatment plans. As one participant shared:

The definition of animal-assisted therapy is somebody who is trained who has specific goals that they're trying to achieve. They have tools to measure what it is that they're doing to ensure they're meeting those goals, and it's done on a consistent basis . . . You can't just have a dog there and think that's going to be enough. There has to be a reason why the dog is there and you have to be able to recognize when to make a connection, when to let the other person make the connection with whatever is happening in that moment.

Similarly, all participants discussed the critical role of appropriate counselor training in providing a safe and efficacious human–animal interaction in counseling sessions; and many ($n = 10$) shared frustration due to the lack of available training resources that are specific to AAT-C. As one participant shared:

I have great concerns that many therapists do not know enough about the animals, and so they aren't even aware of the fact that the animal needs to be paid attention to, too. See, it requires additional training . . . No matter what kind of animal you're working with, the handler has to be in-tune with their animal to look for their stressors or when they've had enough, or what are they communicating.

Another participant described:

The interesting thing about animal-assisted therapy is that it can cover multiple disciplines, so it's good in that capacity, but it's also a little unfortunate because there's nobody governing who—who can do it, so anybody who has a dog can basically call themselves an animal-assisted therapist even though they're not doing therapy.

Overall, participants shared a unified voice that highlights the critical nature of appropriate and specific competencies in AAT interventions.

Utilizing a Highly Developed Working Relationship With a Therapy Animal

All but 1 of the participants described utilizing a highly developed working relationship with the therapy animal. These 13 participants viewed the counselor–therapy animal relationship as integral to AAT in the counseling process. The subcategories that supported this major theme included: (a) recognizing the counselor’s role as an animal advocate ($n = 14$) and (b) interpreting the animal’s responses ($n = 14$). As one participant stated:

The relationship you build with an animal is quite different than one that you would build with a person, but some of the premises are the same. We have to have a mutual understanding; there has to be a mutual level of respect. I have to understand and recognize my dog’s stress signals just like if I was in a therapy session with another adult. I would want to recognize and understand when that person was uncomfortable, or that person wasn’t OK with whatever was happening within the session.

An aspect of this working relationship that all participants recognized is the counselor’s role as animal advocate. Thus, every participant discussed the counselor’s responsibility to protect the animal’s welfare by recognizing and responding to signs of animal stress, working within the animal’s capabilities and limitations, and ensuring appropriate client contact with the animal. One participant shared:

The reason my dog doesn’t bite is because he doesn’t have to protect himself because I do that for him. Animals do have a right to say no to doing this work and it’s our responsibility to understand when they are saying no. I see so many people and I myself am included, where we have pushed our animals past what they are willing to do and past sometimes what they’re capable of doing.

Clearly, the counselor’s role as animal advocate was expressed as a highly important aspect of all 14 participants’ work in AAT.

Another component of the highly developed relationship between counselor and therapy animal, which was shared by all participants, is the counselor’s ability to interpret the animal’s responses. This ability was described by most participants as being informed by the counselor’s unique set of AAT-related skills and competencies, and this ability often served as an additional source of clinical information. As one participant shared:

I can tell a lot of times what's going on with my clients based on how the dog is reacting to them. Sometimes I've learned to just trust my animal. I trust their instincts in kind of knowing what's going on with the person. Like I said, you can kind of tell when they are getting angry cause the dog will pull away, you can tell when they are getting depressed or very emotional because the animal will want to go in and comfort them. I use those kind of clues from the animal a lot to gauge how I will respond to a client.

A third participant discussed, "He will alert me. It is almost like an extra note taker in the room. He is a cotherapist. He's like there to let you know that you are feeling different."

Impacting the Therapeutic Process

Every participant discussed experiences of how AAT positively impacts the therapeutic process. This impact on the therapeutic process stood out as a major rationale for including AAT in counseling work. The subcategories that supported this major theme included: (a) impacting the therapeutic climate ($n = 14$), (b) building and enhancing the therapeutic relationship ($n = 13$), and (c) grounding therapeutic work in the here-and-now ($n = 13$).

One way that participants experienced this was through AAT's positive impact on the therapeutic climate. As one participant described, "It's a living thing and that has an influence on us. It definitely changes the atmosphere. I have had sessions when I didn't bring him that day. It is a different feeling in the room." Further, another participant shared, "It's almost like a relief for some clients to see the animal, and I don't really know how to explain that. It's something you kind of have to see, but it's like you can just feel them relax."

In addition to the therapy animal's positive impact on the climate of therapy, all participants described how AAT enhances and builds the therapeutic relationship between counselor and client. As one participant stated:

Even in the beginning when I didn't really even understand the whole concept of what I was doing or how this was helping, I began to see the relationship start to form and notice that relationship transfer over to me in terms of the relationship that my clients felt. So rapport was built very quickly, and I was able to get rapport quite quickly with clients with the use of an animal, and then I've worked with animals ever since.

This experience was shared by another participant, who described, "They are a social lubricant, it's a conversation starter, it's an icebreaker. It just changes the feel and the tone of the office and I think it changes me as a therapist as well." The idea that working with a therapy animal allowed counselors to build rapport with clients more quickly and easily was also

shared by another participant, who stated, “I often reach part of the elderly population, or I should say, part of their emotional state, that it might take me years to reach. And I have too much respect for their time to play with that.” Further, another participant shared:

You see a whole different side of them (clients) and their guards are down and they look at you because you know how you interact with the dog because you have to be in there going, ‘Oh, puppy I love you.’ So they see that in you so they’re like, ‘OK, well, if she treats the dog like that then maybe she will treat me like that, or, if the dog can trust her then maybe I can trust her too.’

Similarly, a participant described:

So a lot of times they build the relationship with the animal and then the relationship with me. So the animal makes my job a little bit easier. You know, I’m a really cool person because I have this animal that I nurture and I love and I care about, and these animals go home with me and they’re a part of my family, and kids see that and I think it makes them feel safe, it makes them feel comfortable, and it makes them better able to open up. So for me that’s been a benefit of animal-assisted therapy.

In addition to building and enhancing the therapeutic relationship, participants described that AAT positively impacted the process of therapy by grounding therapeutic work in the here-and-now. As one participant shared, “He’s an experiential part of the process. There is pain in the room and he cares about that. He comes and he tells me. Sometimes the pain that he is telling me about is mine.”

Another participant echoed this by sharing:

There are times when he’s an experiential part of the process. The best example I have of that is if I’m doing deep breathing exercises, guided imagery. I’m working on that breath, breathing in, holding, breathing out. When people do that properly, or even if they do it close enough, the dog’s breathing changes. His breath becomes very deep and very slow and very meditative. You can hear it very easily, so that becomes a way to confirm with the client.

Similarly, another participant shared:

It’s a way of them being able to draw back and be more in the present moment than in the past trauma and smile with the dog, interact with the dog. He’s a really easy way to get them back in the present moment.

Enhancing the Scope of Traditional Counselor–Client Relationships

Thirteen participants discussed that utilizing AAT in work with clients enhanced the scope of traditional counselor–client relationships in ways that

would not be possible without the inclusion of an animal. The subcategories that supported this major theme included: (a) providing opportunities for therapeutic touch ($n = 13$), (b) offering heightened levels of therapeutic core conditions ($n = 14$), (c) incorporating a personally held belief in the power of human–animal connections ($n = 13$), and (d) providing unique opportunities for counselor wellness and burnout prevention ($n = 12$).

Thirteen participants discussed how the unique opportunity to include therapeutic touch in counseling sessions expanded and enhanced the client's experience in therapy beyond the scope of a human counselor's ethical abilities. For example, one participant described:

I think one of the biggest benefits of animal-assisted therapy is touch. As counselors, we can't. We've even got to worry about patting our clients on the back when they walk out of the room. They can roll on the floor and hug the dog, they can get kissed by the dog, and everything is good! I think that's one of the big things that people need is therapeutic touch. So the animal, I think, really brings a lot of that in.

Another participant shared, "This animal comes in who loves to be touched, and loves to respond by being close and offering and accepting warmth, so there's that aspect of it, too."

All 14 participants described that working with AAT interventions offered heightened levels of therapeutic core conditions such as empathy, congruence, and unconditional positive regard, beyond the abilities of human counselors. As one participant stated:

There is that nurturing intent that an animal can fill that role in such a nonthreatening way. Part of the ethics of why we can't touch our clients is because of the differential in power and the tendency or likelihood of retraumatizing our clients in our efforts to make ourselves feel better because we could help somebody. With the animal, there's no reason that there's an ethical restraint there. There's no reason why that animal can't follow its natural instincts to nurture that human being. Here's an 80-lb dog. He's a big dog, but he's not an adult human. There's no power differential. There's no power issue at all.

Another participant shared, "You know, animals have unconditional positive regard. They don't care what you did, what you didn't do, what you look like, who you are, who you're not, or how funny you talk, they are OK with it."

All but one participant discussed incorporating a personally held belief in the power of human–animal connections in therapeutically relevant ways. As one participant shared, "People and dog's interactions don't need much prompting. It always works." Another participant stated, "I think we have

an innate connection with animals, and possibly even a spiritual connection. I think it's there whether we recognize it or not, and by tapping into that connection, I think it kind of opens doors." Further, another participant described:

For some kids, that alone makes them feel like, OK, I can't trust you. You're a part of the establishment. However, that's one place where the dog can walk in. It's unique and it's different, and that's one way the dog can do something that I can't.

Twelve participants described several unique aspects of incorporating AAT that allowed them to incorporate self-care, buffer symptoms of burnout, and promote overall wellness, both in sessions and outside of sessions. As one participant stated:

So creating that environment of safety for the dog also means that I have to take breaks, and if it's just me on my own, I keep working, and I schedule clients back to back. But I will take a break for my dog.

Another participant said, "I'm much more relaxed and my anxiety level is reduced and I think I do my job better in the presence of a therapy dog as well." Further, another participant described:

And it gives me a chance to de-stress and refocus between clients sometimes too. I think that's a benefit that's kind of a selfish benefit, but one that's needed because it ultimately slows down burnout.

Another participant shared that this aspect of AAT-C extends to other mental health professionals in the office:

And this is probably one I use more than, more than I'd like to, more than I want to admit—to debrief the staff. When staff have had a strenuous or painful session, a difficult session, they'll come in and get a hug [from the therapy dog].

DISCUSSION

The voices of the 14 participants in this study provide a grounded theory that emerged from counseling professionals practicing AAT-C. On the basis of these findings, AAT-C plays a vital role in the process of counseling. The importance of these findings within the practice of counseling follows.

Description of the Model

Based on the themes and subthemes that emerged from the participants' voices, the authors constructed a model with four main components. Counseling professionals who utilize AAT:

1. develop a specific set of skills and competencies;
2. utilize a highly developed working relationship with a therapy animal;
3. purposefully impact the therapeutic process; and
4. enhance the scope of traditional counselor–client relationships.

Although each of the components is described separately, the model is integrated and cyclical; each component has a reciprocal relationship with the other components. A practitioners' development of specific AAT-relevant skills and competencies directly impacts their relationship with the therapy animal, including the practitioners' ability both to advocate effectively for the animal and interpret the animal's responses in a therapeutically meaningful way. This highly developed relationship is utilized by skilled practitioners to purposefully impact the therapy process, thus enhancing the scope of traditional counselor–client relationships, and vice versa. Although each of the four components is critical to the model, no single component alone fully illustrates the grounded theory that emerged from the data. This model reveals the purposeful and skillful approach that AAT practitioners weave into the counseling relationship and therapeutic process.

Implications for Practice

Based on the model, which emerged from the data, appropriate training and mastery of AAT-relevant skills and competencies is imperative to the practice of AAT-C. This concept is especially relevant to both practitioners and counselor educators, because counselors who wish to utilize an AAT-C approach must develop more than effective counseling skills; they must also develop AAT-related hard skills (such as animal training techniques, understanding of animal behavior/physiology, and animal care skills) and soft skills (such as the clinical application of facilitating human–animal interactions and strategies for integrating AAT into previously acquired general counseling skills). This critical component serves as the foundation of AAT-C. Competent AAT-C practitioners must go beyond facilitating a safe animal interaction—they must be able to facilitate and interpret those interactions in a therapeutically meaningful way. Further, competent AAT-C practitioners must demonstrate an ability to translate or reframe unexpected occurrences into therapeutic interventions or teachable moments. Although counselors wishing to employ AAT-C techniques may seek and obtain appropriate training and supervision, the lack of formal registration procedures specific to counseling can make finding appropriate education resources difficult.

As discussed by the majority of the participants, practitioners of AAT-C must advocate for more rigorous training and registration processes that are specific to the profession of counseling.

Participants unanimously asserted the need for another ethical implication relevant to practicing AAT approaches: the need for animal advocacy. The ACA currently lacks any formal guidelines about the ethical treatment of therapy animals (see ACA, 2005). Although appropriate counselor training may help reduce the risk for therapy animal exploitation, the current lack of counseling-specific ethical codes regarding the treatment of therapy animals highlights another significant area for professional advocacy.

Limitations and Future Research

Although the current study contributes to AAT-C literature by uncovering the theoretical underpinnings of mental health professionals who incorporate AAT-C and by providing a working model of AAT-C, there are limitations to the study. Although the grounded theory approach does not seek to generalize the perceptions of the participants, the study is nonetheless limited by a relatively small and homogeneous sample. Thus, the unique phenomenon of AAT-C may be further explored in future research with a larger and more diverse sample of participants given that the participants in this study mainly worked with dogs in traditional indoor settings.

Researcher bias, as in all qualitative studies, presents another limitation. To verify the link between the researchers' realities and the participants' realities (Lincoln & Guba, 1985), the research team worked to address researcher bias by using the hermeneutic process, member checking of transcripts, peer debriefing, and reflexive journaling. To further validate this link, participants were invited to review and verify the themes identified by the research team.

This study is one step toward addressing the gap in the AAT literature, but more research is needed to better understand this unique approach. Some topics that we hope to explore in future research projects include exploring the clients' perceptions and experiences related to AAT-C and expanding the population of participants to include AAT-C practitioners in other settings such as outdoor centers, farms, or ranches.

REFERENCES

- American Counseling Association. (2005). *ACA code of ethics*. Retrieved from <http://www.counseling.org/Resources/aca-code-of-ethics.pdf>
- Barber, J., Connolly, M., Crits-Christoph, P., Gladis, L., & Siqueland, L. (2009). Alliance predicts patients' outcome beyond in-treatment change in symptoms. *Personality Disorders: Theory, Research, and Treatment*, S(1), 80–89.

- Barker, S. B., & Dawson, K. S. (1998). The effects of animal-assisted therapy on anxiety ratings of hospitalized psychiatric patients. *Psychiatric Services, 49*, 797–801.
- Berget, B., Ekeberg, Ø., & Braastad, B. O. (2008). Animal-assisted therapy with farm animals for persons with psychiatric disorders: Effects on self-efficacy, coping ability and quality of life, a randomized controlled trial. *Clinical Practice and Epidemiology in Mental Health, 4*, 9. doi:10.1186/1745-0179-4-9 <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2323374/>
- Chandler, C. (2012). *Animal assisted therapy in counseling* (2nd ed.). New York, NY: Taylor & Francis.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. London, England: Sage.
- Ewing, C., MacDonald, P., Taylor, M., & Bowers, M. (2007). Equine-facilitated learning for youths with severe emotional disorders: A quantitative and qualitative study. *Child & Youth Care Forum, 36*, 59–72. doi:10.1007/s10566-006-9031-x
- Fine, A. H. (2006). *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice* (2nd ed.). San Diego, CA: Academic.
- Folse, E. B., Minder, C. C., Aycock, M. J., & Santana, R. T. (1994). Animal-assisted therapy and depression in adult college students. *Anthrozoos, 7*, 188–194.
- Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P., & Grimshaw, J. M. (2010). What is an adequate sample size? Operationalising data saturation for theory-based interview studies. *Psychology & Health, 25*, 1229–1245. doi:10.1080/08870440903194015
- Frey, L. R. (1994). The naturalistic paradigm: Studying small groups in the postmodern era. *Small Group Research, 25*, 551–577. doi:10.1177/1046496494254008
- George, M. (1988). Child therapy and animals: A new way for an old relationship. In C. E. Schaefer (Ed.), *Innovative interventions in child and adolescent therapy* (pp. 400–419). New York, NY: John Wiley & Sons.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. Newbury Park, CA: Sage.
- Hall, P. L., & Malpus, Z. (2000). Pets as therapy: Effects on social interaction in long-stay psychiatry. *British Journal of Nursing, 9*, 2220–2225.
- Janesick, V. J. (2000). The choreography of qualitative research design: Minuets, improvisations, and crystallization. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 379–399). Thousand Oaks, CA: Sage.
- Klontz, B., Bivens, A., Leinhart, D., & Klontz, T. (2007). The effectiveness of equine-assisted experiential therapy: Results of an open clinical trial. *Society and Animals, 15*, 257–267.
- Kovacs, Z., Kis, R., Rozsa, S., & Rozsa, L. (2004). Animal-assisted therapy for middle-aged schizophrenic patients living in a social institution. A pilot study. *Clinical Rehabilitation, 18*, 483–486. doi:10.1191/0269215504cr765oa
- Kramer, S. C., Friedmann, E., & Bernstein, P. L. (2009). Comparison of the effect of human interaction, animal-assisted therapy, and AIBO-assisted therapy on long-term care residents with dementia. *Anthrozoös, 22*, 43–57. doi:10.2752/175303708X390464
- Kruger, K. A., & Serpell, J. A. (2006). Animal-assisted interventions in mental health: Definitions and theoretical foundations. In A. H. Fine (Ed.), *Handbook on*

- animal-assisted therapy: Theoretical foundations and guidelines for practice* (2nd ed., pp. 21–38). San Diego, CA: Academic.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco, CA: Jossey Bass.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pet Partners. (2012). *Animal-assisted activities/therapy 101*. Retrieved from <http://petpartners.org/AAA-Tinformation>
- Reichert, E. (1998). Individual counseling for sexually abused children: A role for animals and storytelling. *Child and Adolescent Social Work Journal*, *15*, 177–185.
- Wesley, M. C., Minatrea, N. B., & Watson, J. C. (2009). Animal-assisted therapy in the treatment of substance dependence. *Anthrozoos*, *22*, 137–146.
- Yorke, J., Adams, C., & Coady, N. (2008). Therapeutic value of equine–human bonding in recovery from trauma. *Anthrozoos*, *21*, 17–30.

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APPENDIX: SEMISTRUCTURED INTERVIEW PROTOCOL

Introduction

The main focus of our interview today is to explore the unique impact of animal-assisted therapy in counseling and to understand your experiences and perceptions as a counseling professional who practices animal-assisted therapy with counseling clients. We consider you the expert in your work so there are no wrong answers to any of our questions. I will also be doing perception checks with you throughout the interview to make sure I understand you accurately. Everything you tell us is strictly confidential. Any questions before we begin?

Interview Questions

The interviewer will periodically ask clarifying questions and engage in perception checks during the interview process. (Given the recursive nature of this methodology, questions may be adapted; however, these probing questions reflect the general nature of the questions that will be asked.)

- Describe your approach to animal-assisted therapy in counseling (AAT-C).
- Describe your training for AAT-C.
- What are your thoughts/opinions about AAT-C?
- What is your philosophy of AAT-C?
- What is the role of the counselor, the animal, and the client in AAT-C?
- What are your goals when incorporating AAT-C?
- How do you assess the effectiveness of AAT-C?

Wrap-Up Questions

- What was this interview process like for you?
- Is there anything you feel that we did not cover or that you would like to add?
- Would you be willing to be contacted in the future for follow-up and clarification questions?

Closing

- Thank you very much for your willingness to share your time and experiences with us. Please feel free to contact us at any time with additional questions, comments, or concerns.