HEALING PARTNERS: THE INTEGRATION OF A THERAPY ANIMAL
IN FEMINIST FAMILY THERAPY

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HEALING PARTNERS: THE INTEGRATION OF A THERAPY ANIMAL
IN FEMINIST FAMILY THERAPY

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ABSTRACT

This qualitative Delphi study explored the impact that a therapy animal may have when integrated into a therapy setting with couples and families. Specifically, this study’s goal was to understand how the inclusion of a therapy animal impacts the feminist family therapist’s ability to develop a strong therapeutic alliance, empower clients and address power. A thorough review of feminist family therapy literature, animal assisted therapy literature and a synthesis of these two fields have been provided. Nine expert panelists provided insight based on theory and experience to address the research question: How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically (a) therapeutic alliance; (b) empowerment; (c) power? Results indicated that the inclusion of a therapy animal does enhance the therapist’s ability to address these three principles. A discussion of the findings, limitations of the study, implications for therapists and direction for further research are addressed.
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CHAPTER I

INTRODUCTION TO INTEGRATION OF ANIMAL IN FEMINIST FAMILY THERAPY

It’s kinda like easier to open up to people…to let them in more…you just get this connection…it feels good and like I said, you can talk to it and we don’t know if it understands you or not but I just feel like he is understanding you and just letting you open yourself up and to other people (Lange, Cox, Bernert & Jenkins, 2007, p. 26).

This statement was made by Abby, an adolescent girl in an anger management group. Abby was not referring to a parent, a counselor, a friend, or a human. In fact, she was referring to Tucker, a four year-old golden retriever who also participated in the anger management group (Lange, Cox, Bernert & Jenkins, 2007). Abby is not alone in her beneficial experience with animals. Research indicates that animals have positive impacts in all aspects of human life, physically (Heimlich, 2001), socially (Kortschal & Ortbaur, 2003) and mentally (Chandler et al., 2010). Pets are considered a crucial part of the family (Walsh, 2009). People donate large sums of money and time to help protect animals (American Society for the Prevention of Cruelty to Animals, 2014). The loss of a pet is met with the same passionate grief as the loss of a human family member (Walsh, 2009). The intense connection between people and their pets has not been completely overlooked by the field of mental health, but is just beginning to become an accepted therapy modality.
In the United States of America, the American Humane Association (AHA, 2014) estimated that 62% (72.9 million) of households own a pet (bird, cat, dog, horse, fish, reptile, small animal). An estimated 43.5-54.1 million U.S. households report owning a dog (AHA, 2014). For decades, Americans have expounded on the benefits of having a pet in the home. People report that their dog is their "best friend." People confide in and open their hearts up to these "best friends" with little fear of being emotionally hurt (Walsh, 2009). Due to these effects, researchers have been attempting to understand, harness and utilize these "magical" powers (Heimlich, 2001; Nimer & Lundahl, 2007; Parshal, 2003). When dogs were integrated into hospitals, nursing homes, libraries, etc. it was evident that these animals brought happiness, instilled a sense of calm and connected with patrons (Parshal, 2003). Once this connection was noticed, researchers attempted to qualify what exactly the animal did to create such a positive response. From a counseling perspective, animal assisted therapy was developed to utilize animals in a therapeutic manner to help clients achieve goals (The Delta Society, 1996). Though presently in its infancy, Animal Assisted Therapy (AAT) has bolstered many individual counseling models. The Delta Society (1996) developed the following definition of AAT.

AAT involves a health or human service professional who uses an animal as part of his/her job. Specific goals for each client have been identified by the professional and progress is measured and recorded. AAT is a goal-directed intervention in which an animal meets specific criteria is an integral part of the treatment process. AAT is delivered and/or directed by a health or human service provider working within the scope of his/her profession. AAT is designed to promote improvements in human physical, social, emotional, and or cognitive functioning. AAT is provided in a variety of settings and may be group or individual in nature. The process is documented and evaluated. (p. 19)
The literature supports animal integration in person-centered, behavioral, gestalt, existential, solution-focused, and reality therapy (Chandler, Portie-Bethke, Minton, Fernango & O’Call, 2010). A thorough search of the literature revealed that no research directly addresses animal integration in systemic therapies. However, there is nominal evidence regarding the integration of animals from a feminist family therapy perspective (Meinersmann, Bradberry & Robers, 2008). Similar to AAT, feminist family therapy is not a comprehensive model (Vatcher & Bogo, 2001). However, it does provide principles to guide the feminist family therapist (Vatcher & Bogo, 2001).

The purpose of this chapter is to provide an overview of feminist family therapy, specifically the six guiding tenets supported by the literature. Also, an introduction to AAT with evidence supporting the integration of animals in mental health counseling is provided. Utilizing current research, the author attends to how animals can enhance the feminist family therapy tenets. The chapter concludes with a summary of the proposed research relating to the inclusion of a therapy animal's impact on the therapist’s ability to deliver key feminist family therapy principles, specifically therapeutic alliance, empowerment and power.

**Conceptual Framework**

Feminist family therapy key principles are identified. Further, animal assisted therapy interventions and outcomes are provided. Lastly, a synthesis of applicable feminist family therapy tenets and animal assisted therapy outcomes are discussed.

**Feminist Family Therapy**

Feminist family therapy aspires to help both women and men to change themselves and their societies by working together. Feminist family therapy does not
offer one pure and comprehensive model of family therapy like structural family therapy or Bowen Family Systems (Seligman & Reichenberg, 2010). A feminist family therapist attends to power and gender to each counseling session. For example, a therapist practicing from a Bowenian Family System perspective incorporates a feminist perspective by focusing on key feminist tenets (therapeutic alliance, gender, egalitarian relationship, empowerment, affirmation of women and power). Feminist family therapists agree on the motivation and concern for justice and equalizing power in relationships (Goodrich, 1991). However, they may disagree on how to address power inadequacies or how these power inadequacies manifest in an individual and/or system. The central focus of a feminist family therapist is the relationship between gender and power in intimate relationships (Goodrich, 1991).

Goodrich (1991) emphasized how the very practice of traditional family therapy maintains and perpetuates the unequal power distribution in relationships. In an attempt to remain neutral, a core principle of many individual and systemic theories, the therapist is supporting the entrenched power differential. The therapist's unwillingness to make his/her perspective known gives the impression that he/she is in agreement with the current power arrangements (Leslie & Clossick, 1992). Feminist family therapy allows the therapist to avoid a neutral stance by the therapist expressing his/her relevant values in an appropriate and timely manner. In addition, Goodrich (1991) asserted that traditional family therapy ignores the relationship between sociopolitical contexts and family functioning. Lack of attention to family function in relation to historical, social, economic and political contexts perpetuates dysfunction and prevents second-order change (Goodrich, 1991).
As previously noted, feminist family therapy is not a comprehensive model (Vatcher & Bogo, 2001). Feminist family therapists attend to six guiding feminist principles throughout the process of treatment. Introduced by Vatcher & Bogo (2001), the six guiding tenets of feminist family therapy are: (a) non-hierarchical therapeutic alliance; (b) address gender; (c) create and maintain an egalitarian relationship; (d) empowerment; (e) affirmation of women; (f) power. These tenets are briefly addressed (Vatcher & Bogo, 2001).

**Therapeutic Alliance.** First, Vatcher & Bogo (2001) reported the therapist-client relationship in feminist family therapy is non-hierarchical. There is a mutual sharing of information about the therapeutic process, personal values and seminal experiences. The therapist is not viewed as the expert, but as a supporter and provider of resource (Vatcher & Bogo, 2001). The feminist family therapist models a respectful, empathetic, empowering and collaborative experience for each client. Goodrich, Rampage, Ellman & Halstead (1988) purported that the feminist family therapist should disclose information about him/herself in therapy as this models human behavior and eliminates gender stereotypes.

In accordance with Dermer, Hemesath & Russell (1998), the feminist family therapist acknowledges that therapy is a political process. The therapist should preserve his/her own beliefs while appreciating other positions (Dermer, Hemesath & Russell, 1998). However, the feminist family therapist is not neutral. Ault-Riche (1986) asserted that there is no neutrality in feminist therapy. The therapist may telegraph beliefs by what he/she chooses to focus on during treatment (Ault-Riche, 1986). The therapist’s failure to express his/her beliefs may unintentionally reinforce the status quo (Ault-Riche,
1986). The feminist family therapist believes that the therapeutic relationship is the work of therapy, rather than the background of therapy (Seligman & Reichenberg, 2010).

**Gender.** The second guiding tenet according to Vatcher & Bogo (2001) emphasized that gender should be discussed as it relates to the presenting problem. The feminist family therapist gains insight and direction for therapy by understanding how clients conceptualize the impact of gender as it applies to their current issues. The discussion may take different forms, but it must not be avoided (Vatcher & Bogo, 2001). Hare-Mustin (1978) asserted that feminist therapy goes beyond "nonsexist or humanistic" therapy. It required that the therapist examine and seek to change conditions in society that contribute to the maintenance of gender-prescribed behavior. Having conversations with clients related to gender-prescribed behaviors can aid in balancing power in the couple/family relationship and serve as a launching point for addressing societal change (Hare-Mustin, 1978).

**Egalitarian Relationship.** The third tenet of feminist family therapy, as discussed by Vatcher & Bogo (2001), asserted that the feminist family therapist aims to develop an egalitarian couple relationship. From the feminist family therapy perspective, the therapist believes that this balanced relationship is healthier and more fulfilling for all parties (Vatcher & Bogo, 2001). Further, the therapist strives for an egalitarian therapist/client relationship (Seligman & Reichenberg, 2010). Piercy, Sprenkle & Wetchler (1996) stated that every effort should be made by the feminist family therapist to equalize power by redistributing power. The therapist may decrease his/her expertise and encourage the client’s expertise of his/her own life and well-being. This type of
egalitarian relationship allows both the feminist family therapist and the clients to grow and learn together (Seligman & Reichenberg, 2010).

**Empowerment.** The fourth central tenet of feminist family therapy is empowerment, a belief that helps couples/families to make changes in the relationship (Vatcher & Bogo, 2001). Validation, empowerment and demystification allow clients to feel as though they have options and can take control of their experience (Goodrich, Rampage, Ellman & Halstead, 1988). Empowerment can be achieved through insight and the development of concrete skills. Skill development includes: decision-making, reframing, assertiveness, social skills, and contributing to clients’ control over their environment (Hunter & Kelso, 1985). Seligman & Reichenberg (2010) agreed that psycho-education and assertiveness training can help empower women and improve their self-esteem. Feminist family therapy supports a broad sociopolitical view that offers options, freedoms and a sense of community for the clients. The focus on language and narrative construction can strengthen and expand possibilities (Seligman & Reichenberg, 2010). Piercy, Sprenkle & Wetchler (1996) emphasized the importance of empowering the woman, not only in the therapy session, but to assert autonomy in the outside world, as well. Research has indicated that feminist therapy is effective in improving self-esteem, empowerment and resilience (Seligman & Reichenberg, 2010).

**Affirmation of women.** The fifth guiding tenet of feminist family therapy is the affirmation of women and women's ways of relating. The therapist avoids pathologizing women and instead challenges traditional gender roles (Vatcher & Bogo, 2001). Leslie & Cossick (1992) discussed how family therapists have been criticized for developing masculine models of mental health and neglecting the experience of women. Piercy,
Sprenkle & Wetchler (1996) emphasized the skill of redefining deficits as both strength and health. Furthermore, the feminist family therapist maintains a stance that deviance may be an adaptive reaction to current conditions (Piercy, Sprenkle & Wetchler, 1996).

**Power.** Power is the sixth tenet. Vatcher & Bogo (2001) recommended that power in the relationship be identified, defined, challenged, and realigned. Power inequities should be made visible in the therapy setting and the feminist family therapist should not assume that each individual has equal power in the relationship (Leslie & Clossick, 1992). Per Piercy, Sprenkle & Wetchler (1996), the feminist family therapist should assess distribution of power related to child care, economic power, money, spending, sex, household duties, and freedom to pursue own interests. Further, Piercy, Sprenkle & Wetchler (1996) asserted that power-over (domination, coercion and control) should be addressed. The therapist should then explore the rationale for such choices in the relationship. In this way, power can be realigned and equality can be discovered (Piercy, Sprenkle & Wetchler, 1996).

**Summary.** Feminist family therapy aims to address the relationship between gender and power in relationships while aspiring to help clients change themselves and the world around them. To help clients meet their stated goals and to maintain fidelity to the model, the feminist family therapist adheres to six guiding feminist tenets. The six tenets are: (a) non-hierarchical therapeutic alliance; (b) address gender; (c) create and maintain an egalitarian relationship; (d) empowerment of each client; (e) affirmation of women; (f) address power. These tenets inform treatment and guide therapy goals for clients and the feminist family therapist.
Animal Assisted Therapy

Animals have been enhancing human life for hundreds of years (Walsh, 2009). As told by Walsh (2009), animals have been attracting attention in the mental health field as far back as Freud and his dog, Jofi. Levinson and Levinson’s dog, Jingles, are also noted by Walsh (2009). On the systemic theory side, Jay Haley discussed the interesting impact that animals had on the family system (Walsh, 2009). Once the positive physiological effects of interacting with an animal were documented, the mental health field began researching the potential impact of animal integration on the outcome of treatment (Parshal, 2003).

AAT has captivated mental health professionals. Today, there is a growing body of research supporting its effectiveness (Fine, 2010). Of the research available, there is a strong correlation between the use of AAT and beneficial effects for children (Kortschal & Ortbaur, 2003), adolescents (Trotter, Chandler, Goodwin-Bond & Casey, 2008), severe psychopathology (Parshal, 2003), elderly (Kawamura, Niiyama, Niiyama, 2007), families (Walsh, 2009), and those in rehabilitation settings (Parshal, 2003). While there is admittedly a limited amount of research supporting AAT, there is even less regarding the use of animals in a family therapy setting (Walsh, 2009).

It is important to differentiate between AAT, animal assisted activities and animal assisted interventions. Kruger & Serpell (2006) indicated that animal assisted intervention (AAI) is any intervention delivered by a health/human service professional with the assistance of an animal. As reported by Pet Partners (2014), animal assisted activities (AAA) are more informal animal interactions than AAT or AAI. AAA is a casual “meet and greet” with any amount or type of population. Additionally, the activity
content is spontaneous and not strategically determined. The Delta Society (1996) coined the term AAT, utilizing this profound bond to facilitate growth and health in clients. The Delta Society (1996) developed the following definition of AAT.

AAT involves a health or human service professional who uses an animal as part of his/her job. Specific goals for each client have been identified by the professional and progress is measured and recorded. AAT is a goal-directed intervention in which an animal meets specific criteria and is an integral part of the treatment process. AAT is delivered and/or directed by a health or human service provider working within the scope of his/her profession. AAT is designed to promote improvements in human physical, social, emotional, and or cognitive functioning. AAT is provided in a variety of settings and may be group or individual in nature. The process is documented and evaluated (p. 19).

AAT is an emerging field in mental health counseling. Of the research available there is evidence that the inclusion of a therapy animal has a positive impact on a multitude of presenting concerns (Fine, 2010).

**AAT in mental health counseling.** Parish-Plass (2013) asserted that AAT is based in the belief that most pathology and symptom development is derived from problematic or traumatic relationships in the past. Thus, in order for change to occur, the client must experience and develop healthy and supportive relationships in the here-and-now. In her estimation, all therapy is based on the therapeutic relationship between clients and therapist (Parish-Plass, 2013). Integrating an animal into the therapeutic setting adds another relationship for the clients to experience. This relationship with the animal is a safe relationship that the client can experience, as reported by clients who participated in AAT (Meinersmann, Bradberry & Roberts, 2008).

Research conducted by Parshall (2003) supports that animals have a physiological "de-arousal" effect on humans and provides stress-buffering. This de-arousal effect may be due to systolic blood pressure and chemical plasma levels related to stress were affected positively when people interacted with a dog (Odendaal, 2000). Barker &
Dawson (1992) posited that pet owners had lower blood pressure and triglyceride levels than did non-pet owners. Furthermore, Heimlich (2001) added that pets are effective in reducing blood pressure and promoting survival in patients with coronary artery illness. Wells (2009) asserted that simply stroking a dog significantly reduces blood pressure in both the person and the animal. These physiological effects that animals provide can be utilized to improve client functioning.

Outcome studies indicated that integration of an animal has positive emotional, cognitive and behavioral effect on diverse populations (Barker & Dawson, 1992; Kogan, Granger, Fitchett, Helmer, & Young, 1999; Reichert, 1994). A study conducted by Kogan, Granger, Fitchett, Helmer, & Young (1999) of emotionally disturbed boys concluded that the boys became more confident, indicated a greater ability to pay attention in class, displayed less hyperactivity, showed an increase in social skills, and exhibited less oppositional behavior than they had before the sessions. Walsh and Mertin (1994) studied women in an Australian prison engaging in therapy with the aid of a dog. The inclusion of a dog in their rehabilitation yielded a decrease in depression and an increase in self-esteem. Reichert (1994) had sexually abused girls tell Buster, the therapy dog, their trauma narrative. Buster helped to reduce anxiety and create a safe environment. With regard to elderly patients in a nursing home, Heimlich (2001) noted that AAT produced measurable benefits by fostering socialization, increasing responsiveness, facilitating mental alertness, and enhancing an outward focus on the environment. Anecdotally, even the staff reported feeling happier and calmer with the dogs present. These outcomes indicate the positive impact a therapy animal has on the psychological and behavioral functioning of clients.
As discussed previously, research has identified many linear, individual counseling theories that the inclusion of an animal would complement and enhance. Chandler et al. (2010) signified specific animal interventions correlated with linear therapeutic models. Animals may enhance person-centered counseling by facilitating a client's experience of unconditional positive regard and a safe therapeutic environment.

In behavioral counseling, interaction with an animal is consistent with the use of positive reinforcement, teaching new skills, and providing opportunity for behavioral rehearsal. Furthermore, the authors stated that exploring the animal's history with relation to inferiority and misperception of self-worth may bolster Adlerian counseling theory. Additionally, petting and physical interaction with the animal may help the client process bodily sensations and internal states as found in Gestalt counseling (Chandler et al., 2010). In reality counseling, an animal may aid the client in examination of consequences of actions, thoughts and feelings. Chandler et al. also stressed that application of these skills may be done with more confidence after "practicing" with the animal. Similarly, animals have been identified as effective counterparts or "co-therapists" in many individually based counseling theories.

In contrast with linear counseling theories, there is a paucity of research related to AAT in systemic therapy. Walsh (2009) concluded that the inclusion of pets can be a valued member of the healing team. Stories about pets can reveal information about how the family system is organized, couple relationships, communication, problem solving processes, and coping strategies (Walsh, 2009). Further, animals enhance daily life and promote greater interaction and communication within the system. Walsh believed that pets help teach children and families important and abstract life lessons such as death,
injury, responsibility and boundaries. As Parish-Plass (2013) indicated that utilizing animals as a component of the system can greatly enhance relational therapy.

**Feminist Family Therapy and Animal Assisted Therapy**

As previously discussed, animals contribute greatly to the therapeutic process. Research supports animals' effectiveness in reducing anxiety and depressive symptoms, increasing self-esteem and creating a safe environment for clients. The research regarding the integration of animals in linear therapy theories is in its infancy, but literature discussing the use of animals in systemic therapy theory is extremely limited. Feminist family therapy provides a great backdrop for animals to support and facilitate health. After an exhaustive search of the existing AAT literature, this researcher will focus on 3 of the 6 tenets of feminist family therapy which may be impacted by the inclusion of a therapy animal during the therapy session. Specifically, the researcher will address the feminist tenets of the therapeutic alliance, empowerment and power. As dictated by the literature, examples of these tenets were identified throughout, whereas the other three tenets (gender, egalitarian relationship and affirmation of women) were not as prevalent or apparent in the AAT literature.

**Therapeutic Alliance.** According to the first tenet of feminist family therapy, the therapeutic relationship is a vital component of successful treatment (Vatcher & Bogo, 2001). Developing rapport, increasing trust, facilitating feelings of safety, projecting acceptance and a non-judgmental stance, maintaining client attendance, etc. are all components valued by feminist family therapists (Avis, 1991; Hare-Mustin, 1984; Vatcher & Bogo, 2001). These components can be enhanced through the use of a therapy animal (Chandler, et al., 2010).
Animals have an innate ability to join with people (Fine, 2010). Chandler, et al. (2010) asserted that an animal can build rapport by enhancing feelings of safety, facilitating trust and building the experience of unconditional acceptance. A therapy animal provides a continuous non-judgmental relationship (Reichert, 1998). Fine (2010) posited that therapy with an animal present may be less threatening and that the client will be more likely to be open and engaged.

A less threatening space exists due to the animal’s innate value-less stance, a stance that a human cannot maintain (Frisen, 2009). The animal provides support that is not possible through human-to-human interaction and intervention (Frisen, 2009). Humans perceive animals as non-judgmental, thus making the animal a desirable addition to therapy (Mallon, 1994). As noted by feminist family therapy literature, the therapist will continuously project his/her beliefs by what he/she chooses to focus on and by the feedback given (Hare-Mustin, 1984). Thus, all human interaction is value laden. Klontz, Bivens, Leinart & Klontz (2007) identified that horses provide unbiased and accurate feedback to clients. This unbiased and value-free feedback allows the client the opportunity to develop congruence between emotions and behaviors, and feel supported throughout the counseling process.

As evidenced by the research, animals have an intrinsic ability to support, enhance and foster growth of the valued components required to develop a strong therapeutic alliance (Barker & Dawson, 1998; Frisen, 2009; Meinersmann, Bradberry & Roberts, 2008). Feminist family therapists stress the importance of this aspect of the therapeutic process (Hare-Mustin, 1984). Employing a therapy animal enhances the
feminist family therapist’s ability to join effectively and maintain a strong therapeutic alliance with each client (Frisen, 2009).

**Empowerment.** Empowerment is a vital component of feminist family therapy (Vatcher & Bogo, 2001). Goodrich, Rampage, Ellman & Halstead (1988) discussed the importance of assisting clients to identify options, make decisions, develop self-efficacy, increase self-esteem and bolster self-worth. All of these components lead to feelings of empowerment individually and within the couple/family system. Additionally, empowerment can be achieved through insight and developing concrete skills (Hunter and Kelso, 1985). Empowerment of the client can take many forms, but for the feminist family therapist it is crucial in each counseling session.

Research indicates that utilizing animals has an empowerment effect on clients (Parshall, 2003). Parshall reported that employing an animal in a therapeutic environment increased self-esteem and self-expression. Klontz, Bivens, Leinart & Klontz (2007) concluded that equine therapy resulted in increased independence and autonomy. Similarly, Meinersmann, Bradberry & Roberts' (2008) discovered that equine therapy resulted in increased self-esteem, self-efficacy, feelings of empowerment, as well as decreased anxiety and depression.

A core tenet of feminist family therapy is empowerment (Goodrich, Rampage, Ellman & Halstead, 1988). It is the responsibility of the therapist to help the client discover options and make changes in his/her relationships. Further, increasing self-esteem, self-worth and self-efficacy contribute to building feelings of empowerment (Goodrich, Rampage, Ellman & Halstead, 1988; McWhirter, 1991). The AAT literature supports the use of animals in developing feelings of empowerment in individuals,
Power. Power is an integral tenet of feminist family therapy, as noted by Vatcher & Bogo (2001). All feminist family therapists should attend to power differentials and dispersions in their client systems (Vatcher & Bogo, 2001). Power can be identified in many aspects of daily living. However clients tend to minimize conversations regarding power (Leslie & Clossick, 1992; Vatcher & Bogo, 2001). Uncovering power patterns and insisting on conversations of power is vital to the feminist family therapy model.

Animals can aid the feminist family therapist in uncovering power differentials and power patterns within the relationship. Walsh (2009) identified that owning an animal or working with an animal in treatment forces couples and families to act out power differentials regarding rules, roles, authority and boundaries. Such interactions and observations provide the feminist family therapist a plethora of opportunities to identify and demystify power in the couple/family system. Further, clients may find power in interacting with the animal, thus supporting the therapeutic attention to power and the impact of power (Meinersmann, Bradberry & Roberts, 2008; Parshall, 2003).

Overview of Proposed Research

The proposed research goals and research questions are presented. Operational definitions of key terminology are provided and may be used as a reference point throughout.

Research Goals

The goal of this research is to explore the effectiveness of utilizing a therapy animal in a therapeutic setting with couples and/or families. Furthermore, this research
attempts to support the integration of a therapy animal in a systemic theoretical model. More specifically, the researcher hoped to identify how a therapy animal may assist and enhance the feminist family therapist’s ability to join, intervene and enact change throughout the therapeutic process. As there is minimal literature regarding the use of animals in a systemic setting, the researcher aimed to address this gap by surveying experts in the marriage and family therapy field who utilize an animal in practice. Exploring expert opinion was the first step in evaluating the value of animal integration in systemic theory for the therapist and client system. Experts from the field provide feedback related to their area of expertise. Once the responses were complied and explored, the researcher provides a clearer explanation of the potential effectiveness an animal assisted systemic theory could offer clinicians. In order to achieve this goal, a qualitative study was employed.

According to Merriam (2009), the goal of qualitative research is to understand how individuals interpret and create meaning out of personal experience and societal interaction. Stone Fish & Busby (2005) reported that the Delphi method should be utilized to gain knowledge, advance the field, identify future direction of research and predict trends in the profession. As limited literature exists related to an animal assisted systemic therapy theory, the researcher’s goal is similar to the goals of the Delphi method as described by Stone Fish and Busby. Thus, the researcher utilized the Delphi method (see operational definitions) to attain stated research goals. For this research, the Delphi study was comprised of nine marriage and family therapists who utilize a therapy animal. These experts provided their insight related to the effectiveness of integrating a therapy animal in feminist family therapy.
Research Question

The research question being posed is: How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically (a) therapeutic alliance; (b) empowerment; (c) power? The researcher's purpose is to gain knowledge of these key principles and how an animal may enhance the feminist family therapist's ability to apply these principles effectively. Additionally, the researcher seeks to enhance the field of animal assisted systemic therapy. The literature supports the use of animals in conjunction with individual theories. However, the researcher believes that animal integration in systemic therapy may be a new trend in the profession and demands additional research. The Delphi method was utilized to better define, clarify and potentially integrate the fields of feminist family therapy and AAT. The researcher provides criteria in Chapter 3 that each expert must meet in order to be a part of the study. This research aims to impact marriage and family therapy (MFT) and AAT. The outcomes may enhance and refine each field while providing clinicians with a better understanding and structure when utilizing a therapy animal in a systemic therapeutic setting. A secondary result may be an effective and successful treatment outcome for each client who participates in feminist family therapy with a therapy animal.

Operational Definitions

Animal Assisted Therapy (AAT): Defined as:

AAT involves a health or human service professional who uses an animal as part of his/her job. Specific goals for each client have been identified by the professional and progress is measured and recorded. AAT is a goal-directed intervention in which an animal meets specific criteria and is an integral part of the treatment process. AAT is delivered and/or directed by a health or human service provider working within the scope of his/her profession. AAT is designed
to promote improvements in human physical, social, emotional, and or cognitive functioning. AAT is provided in a variety of settings and may be group or individual in nature. The process is documented and evaluated. (The Delta Society, 1996, p. 19)

**Attachment:** The relationship that serves as an origin for future relationships or bonds with others (Committee, 2000).

**Biophilia Hypothesis:** Human inclination to be in sync with other living organisms (Fine, 2010).

**Collaboration:** Horizontal therapeutic stance, encouraging a non-expert stance as a clinician and the client being the expert of his/her life. Therapy is co-constructed and ideas are developed through mutual sharing of thoughts and emotions (Piercey, Sprengle & Wetchler, 1996).

**Delphi Method:** A qualitative method used to forecast based on a panel of experts in a specific field. This method consists of several rounds of questioning, checking and feedback. The panel of experts is individually asked a set of questions. Experts respond anonymously. The responses are coded. Themes based on the responses are developed. The themes are shared with the panelists. The experts are allowed to adjust their answers in subsequent rounds. Due to the multiple rounds and member checking, the Delphi Method seeks to reach a comprehensive response through consensus (Dalkey, 1972).

**Empowerment:** Defined as, the process by which people, organizations, or groups who are powerless (a) become aware of the power dynamic at work in their life context, (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) exercise this control without infringing upon the rights of others, and (d) support the empowerment of others in their community. (McWhirter, 1991, p. 224)

**Feminism:** Defined as:

(1) a doctrine recognizing asymmetric power in gender relations and espousing equal social, political, and economic rights for women with men; (2) an organized social movement for attaining those rights; (3) an analysis of the forces that
maintain women's subordination and assertion of women's ideas, voice, experience, and construction of knowledge; and (4) a commitment to broad social change in order to achieve equal power between men and women. (Piercy, Sprenkle & Wetchler, 1996, p. 233)

_Feminist Therapy_: A treatment model focused on challenging assumptions regarding sex roles within all systems: family, society and culture (Ault-Riche, 1986).

_First Order Change_: Individual parameters change in a continuous manner but the structure of the system does not alter. (Simon, Stierlin & Wynne, 1985).

_Gender_: A human cultural status of feminine or masculine, differing from biological status (Piercy, Sprenkle & Wetchler, 1996).

_Power_: Defined as "the capacity to gain whatever resources are necessary to remove oneself from a condition of oppression, to guarantee one's ability to perform, and to affect not only one's own circumstances, but also more general circumstances outside one's intimate surroundings" (Goodrich, 1991 p. 10).

_Second Order Change_: The system changes qualitatively and in a discontinuous manner. Also referred to as the change of change (Simon, Stierlin & Wynne, 1985).

**Summary**

This chapter offers a foundation of research related to the fields of feminist family therapy and AAT. Additionally, the chapter provides support for the integration of these two fields. There is some research supporting the use of therapy animals in linear models. However, there is minimal literature regarding the use of a therapy animal in systemic models. Research on AAT alludes to the potential congruence with feminist family therapy tenets. The researcher explores feminist family therapy tenets, AAT and areas where integration may be smooth and supported by existing research outcomes.
In an attempt to further each field, this is an exploratory study to gain understanding regarding the effectiveness of utilizing animals in a therapeutic setting with couples and families. Exploring the potential effectiveness of integrating a therapy animal in a systemic theoretical model is the researcher’s goal. More specifically, the researcher sought to identify how a therapy animal may assist and enhance the feminist family therapist's ability to join, intervene and enact change throughout the therapeutic process. To reach stated goals, the Delphi method was utilized to gain knowledge, advance the field, identify future direction of research and predict trends in the profession. This research aims to impact marriage and family therapy and AAT. Furthermore, the outcomes may enhance and refine each field while providing clinicians more understanding and structure when utilizing a therapy animal in a systemic therapeutic setting.
CHAPTER II
LITERATURE REVIEW

This chapter provides a thorough presentation of relevant literature pertaining to feminist family therapy and animal assisted therapy. Feminist family therapy is explored based on six key tenets, therapeutic alliance, gender, egalitarian relationship, empowerment, affirmation of women and power. Next, salient literature and outcomes of animal assisted therapy are discussed based on animal inclusion in specific populations. This chapter concludes with a synthesis of these two fields. Literature indicating a potential connection between feminist family therapy and animal assisted therapy are provided.

Feminist Family Therapy

Feminist therapy emerged nearly 50 years ago to address the emerging needs of women who were suffering from a variety of psychological issues. Evans, Kincade, Marbley & Seem (2005) reported that feminist therapy grew out of the feminist movement which was greatly intertwined with the sociopolitical atmosphere of the times. Out of the civil rights movement of the 1960’s, feminist-informed counseling was created as a grassroots effort by many women. Originally, women would meet in a non-hierarchal and leaderless group to express thoughts, feelings and reactions to their experiences as women. Unlike most counseling theories, there is no founder of feminist therapy (Evans, Kincade, Marbley & Seem, 2005). The growth of feminist therapy has
been a collaborative movement, but one without an identified leader. In the last 20 years, feminist therapy has evolved dramatically. Feminist therapists have raised awareness in the mental health profession as well as adapted significantly in the area of conceptualization, diagnosis and treatment of clients (Evans, Kincade, Marbley & Seem, 2005). Feminist therapists have brought much awareness to gender and power issues within traditional family therapy theories. Feminist family therapy evolved out of family therapists adopting the feminist tenets and applying them to systemic theory.

Early feminist family therapy literature critiqued the sexist and value laden theory of family therapy. As noted by Vatcher and Bogo (2001), early feminist literature was polarized, and conceptualized women as powerless victims and men as controlling and all powerful. More recently, Goldner (1992) stated that feminist work has evolved and is far less polarized, political and categorical. Ault-Riche (1986) defined feminist therapy as a "treatment modality in which stereotyped sex roles, as well as sexist assumptions about family structure, society and culture are challenged" (p. 3). The term feminism holds an expanse of assumptions and perspectives. Avis (1987) identified three types of feminism. The first type of feminism is liberal feminism where the focus was on helping women overcome limits and constraints of their socialized patterns. Next, cultural feminism believes that oppression stems from society’s devaluation of women’s strengths (Avis, 1987). Lastly, Avis described radical feminism as focused on the oppression of women that is embedded in patriarchy and seeking to change society through activism. Luepnitz (1988) stated that feminist thinkers fall in one of two schools of thought. Luepnitz reported that cultural-school feminists focus on the differences between sexes whereas, sex-role feminists focus on sameness of the sexes. Consequently, all feminist
perspectives appreciate the social and cultural contexts of being a woman and view women as competent (Avis, 1987). A comprehensive literature review revealed a gap in the literature. Feminist therapy literature was abundant in the founding years (1970-1990), but the prominence of feminist literature decreased from about 1990-2000. However, feminist therapy and feminist family therapy literature has been more prevalent in the last 15 years. Thus, the author will be referencing seminal articles as well as more recent literature.

As reported by Vatcher & Bogo (2001), a growing body of feminist research indicates that following traditional gender roles is damaging to males and females. Traditional males report higher levels of anxiety and depression as they feel restricted in their emotional output (Vatcher & Bogo, 2001). Traditional females identified increased symptoms of anxiety, depression, decreased self-esteem and reduced life satisfaction. The feminist family therapist attempts to achieve second-order change (see operational definitions, Chapter 1), rather than first-order change (see operational definitions, Chapter 1) of resolving conflict (Vatcher & Bogo, 2001). A shift in power dynamics, ideology and structure of the relationship is the ultimate goal. When couples present for counseling, the feminist family therapist acknowledge that all therapy is value laden (Hare-Mustin, 1984). The therapist aims to address the power differentials in the relationship as not to perpetuate entrenched traditional gender beliefs. Seligman & Reichenberg (2010) stressed that this approach strives to help males and females change themselves and their societies by working together to create cultural change. Further, Hare-Mustin (1984) discussed the importance of examining gender as it is related to the marital, familial, historical, social, political and economic contexts. As the feminist
family therapist aims to create individual and systemic change, he/she adheres to the six tenets of feminist family therapy.

Six Tenets of Feminist Family Therapy

As noted by Leslie & Clossick (1992), the feminist perspective has focused on critiques of existing models. Feminist thinkers offer alterations in conceptualization of current models and interventions in a more gender-sensitive manner. Feminist family therapy has been influenced by humanistic, phenomenological, cognitive therapy and existentialism (Leslie & Clossick, 1992). Seligman & Reichenberg (2010) stated that feminist therapy rests on the belief that internal and external worlds, subjective and objective, are interconnected and included in treatment. However, a pure model of feminist family therapy has not been developed (Seligman & Reichenberg, 2010). As there is no comprehensive model, six theoretical principles have been identified to guide practitioners. As presented by Vatcher & Bogo (2001), the tenets are: (a) therapeutic alliance; (b) gender; (c) egalitarian relationship; (d) empowerment; (e) affirmation of women; (f) power.

Therapeutic alliance. First, Vatcher & Bogo (2001) reported that from the feminist family therapy perspective, the therapeutic alliance is non-hierarchical. There is a mutual sharing of information about the therapeutic process, values and experiences. The therapist is not viewed as the expert, but as a supporter and provider of resources. Goodrich, Rampage, Ellman & Halstead (1988) impressed that using self in therapy is vital to model human behavior and eliminate gender stereotypes. As noted earlier, according to Hare-Mustin (1978), all therapy is value laden. Therapist values will impact
the therapeutic process. Thus the therapists' relevant values should be made clear to the clients (Leslie & Clossick, 1992). This allows the clients an opportunity to discuss, agree, and/or disagree based on their own value system. Further, Leslie & Clossick believe that to not challenge an oppressive system is to support it. Keeping therapist values private is supporting the oppressive system and is not supportive of a non-hierarchical relationship. Dermer, Hemesath & Russell (1998) added that therapist values should be monitored and any self-of-therapist issues addressed appropriately as to maintain ethical standards and mitigate any counter transference issues.

In accordance with Dermer, Hemesath & Russell (1998), the feminist therapist acknowledges that therapy is political process. The therapist should preserve his/her own beliefs while appreciating other positions. However, a feminist therapist is not neutral. Ault-Riche (1986) asserted that there is no neutrality in feminist therapy. The therapist may telegraph beliefs by what he/she chooses to focus on during treatment. The failure to express one's beliefs may unintentionally reinforce the status quo. Caplan (1985) stated, "You cannot act out of your age, gender, sibling position, experience, belief system or wisdom, or lack of it. Your only choice is to do this consciously or unconsciously" (p. 11). Further, Dermer, Hemesath & Russell stressed that clients may interpret neutrality as agreement with their views.

Similarly, Siegenthaler & Boss (1998) agreed that maintaining neutrality supports the dysfunctional system. Siegenthaler & Boss responded to a published case study of neutrality from a feminist perspective. The case study pertained to a couple that presented to counseling due to intimacy issues. The husband chose to attend therapy to help his wife understand and overcome her intimacy issues, while the wife reported
feeling guilty, shameful and confused by the husband’s requests. Siegenthaler & Boss criticized the initial authors for maintaining a stance of neutrality and failing to address the underlying belief that women are, and should remain, disadvantaged and less powerful in the relationship. This maintenance of neutrality is detrimental to the functioning of the couple and family system. Siegenthaler & Boss stated that from a feminist perspective, it is our ethical responsibility to acknowledge that neutrality is impossible; there is no “normal” family. Therapy should be demystified and the man and woman should be held responsible for their relationship. Thus, the feminist family therapist upholds the ethical responsibility so as to promote growth in the therapeutic alliance.

In order to promote growth in the therapeutic alliance, the feminist family therapist should be non-neutral. However, the therapist must express his/her own values in a professional, nonreactive manner that supports a balance between connectedness and differentiation (Siegenthaler & Boss, 1998). To maintain this relationship, the therapist must use appropriate self-disclosure, take an I position and model desired behavior (Ault-Riche, 1986). Seligman & Reichenberg (2010) impressed that the therapeutic alliance is the work of therapy rather than a backdrop for therapy. The feminist family therapist encourages the clients to develop insight and take responsibility for relational change. Therefore the therapist must model similar behaviors to enhance the therapeutic alliance (Seigenthaler & Boss, 1998).

**Gender.** Second, Vatcher & Bogo (2001) stated that gender should be discussed as it relates to the presenting problem. The discussion may take different forms, but it must not be avoided. Piercy, Sprenkle & Wetchler (1996) defined gender as "a person's
learned or cultural status as feminine or masculine, as distinct from his or her biological status as female or male" (p. 233). Feminists emphasize gender as a basic category or social organization of discrimination (Flax, 1990). Gender role is further described by Avis (1991) as the learned or culturally attributed behaviors associated with being masculine or feminine. Hare-Mustin (1978) asserted that feminist therapy goes beyond "nonsexist or humanistic" therapy. It requires that the therapist examine and seek to change conditions in society that contribute to the maintenance of gender-prescribed behavior. Having conversations with clients related to gender-prescribed behaviors can aid in balancing power in the relationship and can be a launching point to address societal change (Hare-Mustin, 1978).

**Egalitarian relationship.** With regard to the third tenet discussed by Vatcher & Bogo (2001), the therapist aims to develop an egalitarian couple relationship. The therapist believes that this balanced relationship is healthier and more fulfilling for all parties. This type of egalitarian relationship allows both the therapist and the clients to grow and learn together (Seligman & Reichenberg, 2010). Furthermore, Leslie & Cossick (1992) emphasized that the therapist must acknowledge that upon entering counseling, clients have differing levels of power, resources and investment in the relationship. These differences may impact therapeutic interventions chosen by the therapist. In order to maintain a balanced relationship, the feminist family therapist must attend to the potential outcome of an intervention for each individual. Hare-Mustin (1978) asserted that families become the "arena for conflict" where inequality sanctioned by larger society is reenacted. Further, she stated that the subservient person or sub-system in a family will emphasize relatedness, compassion and justice. While the more
powerful will emphasize rationality, law and discipline. Acknowledging these differences allows the feminist family therapist to address the power differential and help balance the relationship.

**Empowerment.** Fourth, a central goal of therapy is empowerment.

Empowerment is defined as helping couples to make changes in the relationship (Vatcher & Bogo, 2001). Validation, empowerment and demystification allow clients to feel as though they have options and can take control of their experience (Goodrich, Rampage, Ellman & Halstead, 1988). McWhirter (1991) examined many definitions of empowerment from the individual to societal level. From a feminist perspective, McWhirter explained that empowerment is a transformative power, the ability and capacity to gain control over one's life and support others in gaining control of their lives. This transformative power is contrary to power-over, dominance, control and coercion. Thus, the purpose of transformative power is to empower oneself and others. Essential to the empowerment process is the recognition of not only the individual's personal power, but the political, economic and social influences on women (McWhirter, 1991). For the purpose of this research, McWhirter (1991) defined empowerment as,

> The process by which people, organizations, or groups who are powerless (a) become aware of the power dynamic at work in their life context, (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) exercise this control without infringing upon the rights of others, and (d) support the empowerment of others in their community. (p. 224)

Empowerment can be achieved through developing insight and learning concrete skills. Hunter and Kelso (1985) proposed that skill development includes decision-making, reframing, assertiveness, social skills, and contributing to clients’ control over their environment. Similarly, Seligman & Reichenberg (2010) agreed that psycho-education and assertiveness training can help empower women and improve self-esteem.
Piercey, Sprenkle & Wetchler (1996) proposed several concepts including: defining the woman as the expert of herself, challenging internalized beliefs, encouraging women's agency, voice, and visibility and rebalancing power to empower men and women. Miller (1976) referred to a part of empowerment as self-determination and the importance of utilizing power to put such determination into action. Self-determination may be defined as, "feeling effective and free along with feeling intense connections with other people" (Miller, 1976, p. 119). As noted by Seligman & Reichenberg, research indicates that feminist therapy is effective in improving self-esteem, empowerment and resilience.

As discussed previously, the research supports how vital of a component empowerment is to feminist family therapy (Miller, 1976; Seligman & Reichenberg, 2010). However, there is minimal research discussing the actual process of empowerment during the therapy session. Radar & Albino-Gilbert (2005) conducted a study of feminist therapists and clients regarding the therapist’s use of feminist tenets consistently. One goal of the study was to understand if “one’s identification as a feminist therapist would be related to one’s use of feminist therapy behaviors, particularly those behaviors aimed at empowering the client” (Radar & Albino-Gilbert, 2005, p. 428).

To address this question, Radar & Albino-Gilbert (2005) created a study consisting of a mixed-methods approach of 42 therapists and 34 clients. The authors reported that those therapists who identified as feminist therapists did demonstrate feminist behaviors specifically related to maintaining an egalitarian relationship, focusing on power-sharing and working collaboratively with the client. Further, support of the feminist process of empowering clients was reported by both the therapist and client.
Radar & Albino-Gilbert attested that the process of empowerment has largely been overlooked in mainstream literature. Future investigation is needed to better understand the process of empowerment by the feminist family therapist.

**Affirmation of women.** The fifth tenet of feminist family therapy pertains to the affirmation of women and women's ways of relating. The therapist should avoid pathologizing women and challenging traditional gender roles (Vatcher & Bogo, 2001). Leslie & Cossick (1992) discussed how family therapists have been criticized for developing masculine models of mental health and neglecting the experience of women. This lack of attention causes the family therapist to be less sensitive to the needs of a woman and potentially pathologize the woman (Leslie & Cossick, 1992). The act of pathologizing women can be derived from mothers being responsible for family function and thus, family dysfunction (Leslie & Cossick, 1992). Mothers tend to be blamed for the current status of their family situations. Goodrich, Rampage, Ellman & Halstead (1988) added that the therapist can further the "mother blaming" by asking the father to "step up and help." In an attempt to balance the system, the therapist may inadvertently blame the mother by asking the father to fix her mistakes. Special attention should be made by the feminist family therapist to avoid these pitfalls. Piercy, Sprenkle & Wetchler (1996) emphasized the skill of redefining symptoms as strengths to aid in re-examination of gender beliefs. For example, depression may be redefined as an adaptive way for the inner body to message that something is wrong. It is vital for the feminist family therapist to attend to the special needs of a woman.

**Power.** The sixth tenet of feminist family therapy is power. Vatcher & Bogo (2001) stressed that power in the relationship should be identified, defined, challenged,
and realigned. Piercy, Sprenkle & Wetchler (1996) asserted that there are a wide variety of definitions and distinctions about kinds of power, including the distinction between "power-over" (coercion, control, dominance) and "power-to" (the ability to act, to name, to influence, to have choice). Further, Goodrich (1992) offered that power is the "capacity to fain whatever resources are necessary to remove oneself from a condition of oppression to guarantee one's ability to perform, and to affect not only one's own circumstances, but also more general circumstances outside one's intimate surroundings" (p. 10). Power inequities should be addressed in the therapy setting and the feminist family therapist should not assume that each individual has equal power in the relationship (Leslie & Clossick, 1992).

To test the perceived power in relationships, Bentley, Galliher & Ferguson (2007) conducted a study related to relational power in adolescent relationships. Relational power was defined as “ability to influence a relationship partner to achieve one’s own goals” (Bentley, Galliher & Ferguson, 2007, p. 484). The authors hypothesized that incidences of power reported by the couple would be associated with relationship satisfaction and perpetration of relationship aggression. Aggressive behavior was conceptualized in two different patterns. It was conceptualized as a strategy to maintain or establish control or as a reactive response to dissatisfaction with interpersonal power. The study was comprised of 92 heterosexual dating couples between 14 and 18 years of age. Bentley, Galliher & Ferguson (2007) collected data pertaining to demographics, status discrepancy, humiliation, decision making, conflict in relationship and romantic experiences, and yielding. Data was collected through video-taped observation, questionnaires and interviews.
The Bentley, Galliher & Ferguson (2007) study concluded that instances of relationship power accounted for a large portion of the variance in perpetration of dating aggression. Additionally, each partner’s perception of relationship power accounted for aggression perpetration. Experiencing humiliation, disparaging and dismissive acts from the partner were the strongest predictors of aggression. This study clearly demonstrates the necessity for the feminist family therapist to attend to power in the relationship. Exploring how power impacts the relationship and realigning the power differentials are both key component for a feminist family therapist (Avis, 1991).

**Summary**

Feminist family therapy emphasizes the client’s potential to make decisions and enrich his/her life in rewarding ways. Integrating mind, body and spirit into the treatment plan allows for effective therapy (Miller, 1976). Additionally, feminist family therapy provides space for multicultural and global perspectives. Seligman & Reichenberg (2010) posited that limitations are mostly derived from a lack of cohesive theory. This in turn creates freedom for each individual therapist to inject his/her life perspectives. This freedom generates a gap in the ability to research the effectiveness of the approach. Due to the lack of a cohesive theory, feminist family therapists adhere to six guiding tenets. Specifically, the feminist family therapist attends to the therapeutic alliance, the impact of gender on the system, maintenance of an egalitarian relationship, the empowerment of the client, the affirmation of women and the process and realignment of power. Feminist family therapy has been shown to be practical, global and effective in treating individuals, couples and families.
Animal Assisted Therapy

The use of animals in the medical and health related professions has been widely documented (Chandler, 2005). The research has demonstrated that animals provide beneficial effects to those suffering from a multitude of issues (Kawamura, Niiyama, Niiyama, 2007; Kortschal & Ortbaur, 2003; Parshal, 2003; Trotter, Chandler, Goodwin-Bond & Casey, 2008; Walsh, 2009). The mental health profession has been slower in recognizing the benefits of utilizing animals in a therapeutic setting. Contrary to this trend, AAT has recently begun to captivate mental health professionals. However, there is minimal research supporting its effectiveness (Fine, 2010). Of the research available, there is a strong correlation between the use of AAT and its beneficial effects for children (Kortschal & Ortbaur, 2003), adolescents (Trotter, Chandler, Goodwin-Bond & Casey, 2008), severe psychopathology (Parshal, 2003), elderly (Kawamura, Niiyama, Niiyama, 2007), families (Walsh, 2009), and those in rehabilitation settings (Parshal, 2003). While there is admittedly a limited amount of research supporting AAT, there is even less regarding the use of animals in a family therapy setting. Animal Assisted Family Therapy is not yet an identified field or subset of AAT. The history of animals in a therapeutic setting, physical, behavioral, social, emotional, and marriage and family therapy outcome research, ethical issues regarding AAT, and areas for future research will be addressed.

History of Animal Assisted Therapy

Although it was considered unconventional to have an animal in the therapy room, Sigmund Freud was the first to do so. Freud’s dogs were often in his office (Walsh, 2009). As reported by Walsh (2009), Freud and his Chinese chow, Jofi, would
engage in psychotherapy together. Freud would often end sessions early if Jofi became restless and would speak through the actions of Jofi. If Jofi jumped on the client, Freud would exclaim, “You see, Jofi is so excited that you’ve been able to discover the source of your anxiety!” (Walsh, 2009, p. 293).

The first documentation of utilizing an animal as a goal oriented intervention in a mental health setting occurred in the 1960’s, when a child psychologist, Boris Levinson took his dog, Jingles, to the office (Parshall, 2003). While in the waiting room, Jingles greeted a boy and his mother. Levinson did not intend to use Jingles therapeutically until he observed Jingles and the boy interacting. With Jingles present the boy’s speech and behavior dramatically improved causing Levinson to consider the benefits of including an animal in the therapeutic setting (Parshall, 2003).

The first animal utilized in a family therapy session was published in Haley’s (1976) book, Problem-Solving Therapy (Parshall, 2003). The story was told of a boy who was so afraid of dogs that he could not leave his house. Haley employed a dog to help the boy overcome his fears and realign the family structure. The animal impacted the structure and function of the family.

Today, more than 63% of households, and over 75% with children, currently have at least one pet (APPMA, National Pet Owners Survey 2007-2008). Ninety-five percent of pet owners consider their pet a friend and 87% consider them family members (Walsh, 2009). Walsh (2009) concluded that most respondents gave their pet holiday presents, sang or danced for their pet, prepared special meals, and took time off work to care for a sick pet. In addition to everyday households, pets, specifically dogs, are a staple in the

**Definition of Animal Assisted Therapy**

Americans have close bonds with their pets. Pets, or companion animals, play an important role in the development and maintenance of the healthy, happy, “American dream” (Delta Society, 1996). It is important to differentiate between animal assisted therapy and animal assisted activities or animal assisted interventions. Kruger & Serpell (2006) indicated that animal assisted intervention (AAI) is any intervention delivered by a health/human service professional with the assistance of an animal. As reported by Pet Partners (petpartners.org, retrieved 2014), animal assisted activities (AAA) are a more informal animal interaction than AAT or AAI. AAA is a casual “meet and greet” with any amount or type of population. Additionally, the activity content is spontaneous and not strategically determined (Pet Partners, 2014). For example, utilizing a therapy animal in nursing homes or Hospice settings is an animal assisted activity. The Delta Society (1996) coined the term Animal Assisted Therapy harnessing this profound bond to facilitate growth and health in clients. The Delta Society developed the definition of AAT as follows.

AAT involves a health or human service professional who uses an animal as part of his/her job. Specific goals for each client have been identified by the professional and progress is measured and recorded. AAT is a goal-directed intervention in which an animal meets specific criteria and is an integral part of the treatment process. AAT is delivered and/or directed by a health or human service provider working within the scope of his/her profession. AAT is designed to promote improvements in human physical, social, emotional, and or cognitive functioning. AAT is provided in a variety of settings and may be group or individual in nature. The process is documented and evaluated. (p. 19)
The Delta Society (1996) emphasized that the human-animal bond markedly improves quality of life. This belief guided The Delta Society to develop a concrete definition of AAT to unify and provide structure for practitioners. This definition has been embraced and adopted by clinicians across the United States of America. It is important to identify the differences between AAT, AAA and AAI as each are used to positively impact the lives of others. For the purpose of this research, the researcher will focus primarily on AAT.

**Outcome Research: Meta-analysis of AAT**

Nimer & Lundahl (2007) conducted a study intended to provide a quantitative review and meta analysis of the AAT literature. The authors attempted to determine the effectiveness of AAT. Nimer & Lundahl discovered many qualitative studies that uphold the effectiveness of AAT treating autism spectrum symptoms, medical conditions, compromised mental functioning, emotional difficulties, undesirable behaviors, and physical problems. However, Nimer & Lundahl asserted that no known meta-analysis on AAT had been published in a peer-reviewed source. Three objectives guided this study: (a) assess the average effect of AAT; (b) investigate the stability of this average effect; (c) evaluate whether variability in the implementation of AAT and/or participants influenced outcomes.

Three strategies were used to derive outcomes. First, computer searches of 11 databases were conducted. Second, hand searches were conducted on three journals that often published AAT related studies. Lastly, the authors searched through all the reference sections of articles for additional studies. The authors found 250 abstracts. After collecting data, the studies were coded for effect size and moderator variables.
Dependent variables were grouped into four outcomes: autism spectrum disorders, medical symptoms, well-being indicators, and behavioral actions. The independent variables were coded into seven groups: participant age, participants’ presenting problem, use of control or comparison group, type of animal used, length of treatment, and how treatment was delivered.

The results from the Nimer & Lundahl (2007) meta-analysis supported that animals can help in the healing process. Positive, moderately strong findings were observed across medical, well-being and behavioral outcomes. Autism spectrum symptoms were also reduced. Further, findings indicated that AAT was as effective as or more effective than other interventions. Coupled together, results suggested that AAT is a "robust" intervention worth of further use and investigation. When studies with control and without were compared, there was no significant difference. This indicates that studies without controls are legitimate and can be useful in the future.

This meta-analysis showed that young children benefited across all outcome variables. However, other age groups were less consistent to the degree they benefited from AAT. Interestingly, non-disabled persons benefited more from AAT then those with disabilities. The authors noted that dogs were most utilized and have a far greater chance of being effective compared with other animals. Nimer & Lundahl clearly state, “the answer to the questions about ‘if’ AAT is effective is 'yes'” (p. 235).

Nimer & Lundahl (2007) concluded that AAT is an impactful treatment option in mental health counseling. The authors suggested that further research is needed to determine why the use of animals is effective. Coupled with a theoretical modality, AAT serves as an effective adjunct and intervention with successful treatment outcomes.
Outcome Research: Physical

Walsh (2009) discussed a longitudinal study over 20 years in Germany (N=9723) and Australia (N=1246). The results indicated that people who have continuously owned a pet are the healthiest group. Those who no longer owned a pet or never had one are the least healthy. The relationship remained significant after controlling for gender, age, marital status, income, and other variables associated with health. These results indicate that the presence of an animal has a benefit for physical health.

Cardiac outcomes. In a 1980 Barker and Dawson’s study of 92 cardiac outpatients, it was found that those patients who were pet owners lived longer than those who did not have a pet. More recently, a 1992 study discussed by Barker and Dawson asserted that pet owners had lower blood pressure and triglyceride levels than did non-pet owners. Odendaal (2000) found that when people interacted with their dogs, their systolic blood pressure and chemical plasma levels related to stress were affected positively. Parshaal (2003) articulated that animals have a “de-arousing effect” and provide people with stress-reducing or stress-buffering social support.

Similar to Parshall, Heimlich (2001) expounded upon the positive effect of AAT in relation to cardiac health. The author stated that measuring physical effects of AAT is much easier than its mental health effect. Further, Heimlich added that pets are effective in reducing blood pressure and promoting survival in coronary artery illness. Walsh (2009) supplemented the above studies, stating that the presence of a pet was found to be more effective than that of a spouse or friend in ameliorating the cardiovascular effects of stress (Walsh, 2009). Similarly, Wells (2009) asserted that simply stroking a dog significantly reduces blood pressure in both the person and the animal.
Cardiac response to human-dog interaction. Vormbock & Grossberg (1988) conducted a groundbreaking study attempting to clarify why human-animal interaction has been linked to lowered blood pressure (BP) and heart rate (HR) in humans, also known as the "pet effect". The authors were attempting to identify whether the pet effect is linked to cognition, classical conditioning or tactile contact with an animal. From a cognitive perspective, Vormbrock & Grossberg (1988) reported that talking to a dog may be less cognitively threatening than talking to a human; therefore, the participant’s BP will be lower. Classical conditioning may be responsible for the pet effect. People who have a history of pleasant, enjoyable and relaxing interactions with dogs may involuntarily respond to the dog in a more relaxed physiological state. The last possible explanation related to tactile contact. The dog may affect a human's physiological responses through sense of touch.

To test their hypotheses, Vormbrock & Grossberg (1988) utilized 30 male and 30 female undergraduate students with normative BP levels. Subjects were placed into 2 groups: dog lovers and dog neutral. Both groups were comprised of 15 male and 15 female subjects. At the time of the experiment, the subjects each were introduced to the dog, then fitted with an occluding blood pressure cuff while filling out the history questionnaire. The order of the conditions was randomized in a general balanced Latin square, each lasting 6 minutes. The six conditions were as follows: (a) Tactile. Subjects were instructed to touch, hold, and pet the dog without any verbal communication; (b) Verbal. Subjects were instructed to talk to the dog without any tactile connection; (c) Verbal-tactile. Subjects were instructed to talk to the dog and touch or hold the dog; (d) Interview with dog present. The interviewer would engage the subjects in light
conversation while the dog was in the room; (e) Interview with dog absent. The interviewer engaged the subject in light conversation with no dog in the room; (f) Rest. Subjects were asked to sit and relax in silence with no dog in the room. In each condition, the experimenter was present in the room.

Confirming previous findings, this study indicated that interaction with a dog is less physiologically arousing than talking to another person. Further, the results specified that tactile contact is a major component in the pet effect and lowering BP. Additionally, the study revealed that when subjects spoke to the dog they had lower BP than when speaking to the interviewer. With regard to the classical conditioning theory, both dog lovers and dog neutrals had similar BP in the conditions. If classical conditioning were a major component of the pet effect, one would assume that the dog lovers would have lower BP than the dog neutrals. In conclusion, this study indicated that touch may be the primary influence on a person's BP levels.

It is evident that interaction with an animal has a positive effect related to cardiac health. Specifically, pet owners had lower blood pressure and triglyceride levels than non-pet owners. Research indicates that sharing space and interacting with an animal can lower blood pressure. These outcomes can be applied to the integration of a therapy animal in a therapeutic session. Having an animal available to help reduce the client’s BP impact his/her physical condition related to attending and participating in counseling. Acknowledging the physical benefits that touching, interacting and speaking to an animal provide for humans is vital for any therapist who plans on integrating animals into his/her practice.
Outcome Research: Behavioral

Kotroschal & Ortbaur (2003) conducted a study to measure the behavioral effect of the presence of a dog in a classroom. The working hypothesis predicted that the dog would act as a social lubricant or social catalyst by encouraging socially withdrawn children more to be open and communicative. The findings indicated that all children were attracted to the dog. Further, the dog’s presence resulted in social integration of the group by reducing behavioral extremes. There was an increase in communication between children and between child and teacher. Additionally, overt activity, social withdrawal, and aggressive interactions decreased and group activity increased. The children assumed responsibility for the dog by being considerate and acknowledging its needs. In addition to being considerate of the dog, the children were more considerate of the teacher and followed instructions regarding the dog. It seemed that the teacher’s authority increased in the presence of the dog, specifically toward male students. Interestingly, the dog did not distract the children from being attentive toward the teacher; instead it increased their attentiveness toward the teacher. Longitudinally, the teacher continued to bring her dog to class occasionally and the results of the study lasted. Thus, indicating that dogs are positive causal agents in child development.

This study concluded that the inclusion of an animal in a school setting impacts the behaviors of the children. Extreme behaviors were reduced and the children became more social with one another. The behavioral outcomes of this study are impactful on the field of AAT. Utilizing an animal to address behavioral issues in children could be applied in a variety of settings such as schools, hospitals, sports and in the therapeutic setting as well. Family therapists encounter families struggling with children’s
behavioral issues often; the research confirmed that a therapy animal would be helpful in addressing these concerns.

**Outcomes Research: Social-Emotional**

Most of the research conducted in the field of AAT is in the area of social and emotional outcomes. Chandler et al. (2010) indicated that AAT is effective with a variety of mental health diagnoses, including depression and anxiety. Special populations have reported successful outcomes as well, specifically psychiatric rehabilitation, inmate rehabilitation, substance dependence treatment, abuse survivors, veterans and the elderly.

**Psychiatric rehabilitation.** A study conducted by Marr et al. (2000) aimed to better understand the effects of AAT on adult psychiatric inpatients prone to substance abuse. Each of the participants had a duel-diagnosis including substance use and/or abuse. The authors created a controlled research design utilizing an established behavior rating scale. The study hypothesized that the AAT group would indicate a greater increase in observed appropriate social behaviors than the control group. The participants of the Marr et al. (2000) study included 69 inpatient participants at a large state psychiatric facility. The psychiatric facility conducted two identical skill building groups for patients. The group therapy goal was to develop and maintain coping skills to address current substance use/abuse issues and the co-occurring mental health diagnosis. The most common diagnoses were depression, anxiety and schizophrenia concurrent with a substance abuse/dependence diagnosis. The content was identical for each group. The experimental AAT group had animals (dogs, rabbits, ferrets and guinea pigs) visit the class each day. The participants voluntarily held, observed and/or played with the
animals during the group session. A baseline score was gathered from each participant using the Social Behavior Scale (SBS, Perelle and Granville, 1993). The instrument was utilized at the end of every session and the cumulative score was submitted each week.

Results of the Marr et al. (2000) study indicated that the AAT participants interacted more with other patients and showed more signs of pleasure than the control group. Further, there was significant improvement in socialization, helpfulness and cooperativeness in the AAT group. Weeks 1 through 3 there was not a statically significant difference between the groups. However, in week four the AAT participants were significantly more active, responsive to surroundings and social with others. Additionally, the patients in the AAT group were more likely to interact with other patients and more likely to be smiling and/or indicating pleasure.

In summary, the members were permitted to observe, hold, interact, or play with animals during group therapy sessions. Results indicated that patients with whom AAT was being employed were found to “socialize more with other patients and were seen to be smiling and clearly demonstrating pleasure in their activities” (Marr et al, 2000, p. 45). The authors concluded that the addition of animals to therapy is beneficial.

**Depression.** A meta-analysis of the literature conducted by Souter & Miller (2007) reported that dog-assisted AAT was effective for treating depression. The authors indicated that five empirical studies concluded that AAT had a positive effect of depression symptoms. Further, the five AAT studies proved to be statistically significant and large enough to be of practical significance. This meta-analysis also called for more comprehensive and solid research in the area of AAT.
**Emotionally disturbed (ED) boys.** Parshall (2003) discussed social and emotional outcome of AAT when utilized with diverse populations. Through 11-14 group therapy sessions the ED boys discussed their week while handling a dog. The remainder of the sessions was dedicated to training the dog. The boys demonstrated more confidence, greater ability to pay attention in class, less hyperactivity, an increase in social skills, and less oppositional behavior than they had before the sessions.

**Inmate rehabilitation.** “Puppies Behind Bars” (www.puppiesbehindbars.com) is a program in prisons incorporating animals into rehabilitation efforts. Prison inmates also benefit from AAT. Walsh and Mertin (1994) studied 8 women in an Australian prison. These women participated in an animal training program to train dogs for older and disabled people. The participants showed a decrease in depressive symptoms and an increase in self-esteem after working with the dogs. Other inmates reported that the participants appeared calmer and happier than prior to working with the dogs.

**Substance dependence.** Wesley, Minatrea & Watson, 2009 developed a study to understand how AAT impacts the therapeutic alliance utilizing the Helping Alliance Questionnaire (HAQ-II, Luborsky et al., 1996). The authors hypothesized that clients in the group AAT sessions would have higher ratings on the HAQ-II than those in the control group.

The study took place at a residential treatment facility. Each participant had a diagnosis of substance dependence and was enrolled in residential treatment. Participants (n=231) were assigned randomly to 14 group sessions for each of the control and experimental groups. After each group session was complete, the participants were required to fill out the HAQ-II. The theoretical orientation of the group was based on
choice theory (Glasser, 1998). The therapy dog was utilized as a psycho-educational tool, was able to be taught "tricks" and moved about freely from participant to participant available for physical touch. Additionally, a therapy dog provided a non-judgmental stance and evinced predictable behavior patterns.

Results of the Wesley, Minatrea & Watson (2009) study indicated a significant difference between the AAT group and the control group related to therapeutic alliance. The AAT group reported a more positive opinion of the therapeutic alliance. A significant difference was found between mean HAQ-II rating for males, females, court ordered clients, pet owners, poly-substance dependent clients, cannabis dependent clients and clients seeking treatment for methamphetamine dependence.

The authors concluded that the therapeutic alliance is “enhanced with the addition of a therapy dog in a group setting with adult clients in a residential drug abuse treatment setting" (Wesley, Minatrea & Watson, 2009, p. 145). The enhanced therapeutic alliance had an impactful effect on the outcome of counseling. Thus, AAT may result in higher treatment outcomes, reduced psychological stress and increased recovery success.

**Sexual abuse survivors.** Reichert (1994) treated sexually abused girls, ages 9-13 with the assistance of Baxter, her therapy dog. Reichert asked each girl to talk to Buster about her past. She reported that the girls projected their feelings onto Buster instead of using I statements. This storytelling technique prompted each girl to tell her own story. Utilizing Buster as an intermediary helped the girls resulted in a positive treatment outcome for each girl.

**Adult female survivors of abuse.** A qualitative study conducted by Meinersmann, Bradberry & Roberts (2008) aimed to explore the impact of equine-
facilitated psychotherapy (EFP) on abuse survivors. The research question asked by the authors was how the experience of participating in EFT impacted each woman’s recovery from abuse? The authors were interested in meeting face-to-face with adult female survivors who had engaged in EFP as a part of their recovery process.

Three researchers, also therapists and proficient in EFP, recruited women from across the United States of America. The research criteria required each participant to be age 18 years or older, to have experienced abuse (emotional, verbal, physical or sexual) at some point in her life and to have participated in an EFP program that maintained fidelity to the Equine Facilitated Mental Health Association's (EFMHA) guidelines. Once contact was made, the lead researcher met with each of the participants and asked each woman to tell as much of her story of abuse as she felt comfortable sharing. Six of the seven women shared their stories.

After the interviews were complete, the audio recordings were transcribed. The transcribed stories were analyzed for themes and patterns by each of the researchers. The stories were analyzed multiple times and the participants provided feedback of the interpretations. After the analysis, a list of themes and patterns was developed.

Of the seven participants in this Meinersmann, Bradberry & Roberts (2008) study, only five completed the process. All five participants were Caucasian, ages 29-43, and each reported that abuse started when they were children. None of the women were currently in an abusive relationship. Three participants reported having ridden or being around horses in their youth. Four major patterns were revealed as the women described their experience with EFP. The patterns were named after the participants own words:
(a) I can have power; (b) Doing it hands on; (c) Horses as co-therapists; (d) Turned my life around.

**I can have power.** EFP helped each woman feel more powerful. Each reported that she did not need to feel powerless anymore. Having control and confidence was a common theme. Further, the women identified that working with the horse made them understand the importance of setting, respecting and maintaining boundaries. Additionally, having clear communication with the horse increased each woman’s feelings of power.

**Doing it hands on.** The physical, kinesthetic and visual aspects of EFP were impactful on the women. Breathing with the horse and touching the horse helped each woman stay in their bodies, while in talk therapy it was easier for each to leave her body. Further, the experience of petting, touching and grooming the horse had a physiological impact by creating a physical feeling of calm and relaxation.

**Horses as co-therapist.** As survivors of abuse, the participants had difficulty trusting people. The horse provided a safe and trustworthy "co-therapist." Themes relating to mirroring, sensitivity, herd animal, unconditional love, stays with you, spirit guides and safety emerged from their stories about EFP. One woman reported feeling safe and non-judged by the horse. Having the horse present allowed the women to open up and feel accepted as well.

**Turning My Life Around.** In this pattern, the women each mentioned how EFP was more impactful and less time intensive than traditional talk therapy. Interacting with the horse gave each woman a sense of daily purpose. One woman mentioned that EFP
was far more intimate than talk therapy due to the safety the horse provided. Each woman stated that EFP was impactful and helped her turn her life around.

The patterns identified by the female survivors imply the effectiveness of EFP in improving self-esteem, self-efficacy and self-awareness. Additionally, EFP helped the women move from feelings of powerless to empowerment. The Meinersmann, Bradberry & Roberts (2008) study indicates that EFP reduces symptoms of anxiety and depression. The outcome of this study offers therapists a deeper understanding of an individual’s experience with a therapy animal. The experiences of these participants should be acknowledged by any therapist utilizing a therapy animal in treatment.

**Elderly.** AAT is often utilized in nursing homes and hospitals to help the elderly. Heimlich (2001) stated that animals serve as an attention getting stimulus and object of conversation. AAT produced measurable benefits by fostering socialization, increasing responsiveness, facilitating mental alertness, and enhancing an outward focus on the environment. In addition to the elderly, the animals in nursing homes have a positive impact on the attitudes of the staff.

Additionally, a Japanese study by Kawamura, Niiyama, and Niiyama (2007) of inpatient elderly clients indicated that residents expressed pleasure and joy and behaved actively during visits with pets. Over 12 weeks, dementia residents improved in the areas of anxiety, concentration, and conversation. After the first 4 weeks, all residents improved in the areas of motivation, wakefulness, and sleeping condition. Emotional comfort was a significant effect of AAT.

With regard to patients suffering from dementia, Matuszek (2010) reported on a study conducted by Greer, Pustay, Zaun & Coppens (2001). The goal of the Greer,
Putsay, Zaun & Coppens (2001) was to determine if a live cat would produce more communicative efforts in Alzheimer’s patients than a toy cat. The results indicated that after three 10-minute sessions with the live cat, total words per minute were increased, word initiatives and meaningful information units. Additionally, the patients touched the live cat more than the toy cat. These studies indicate the positive impact of a therapy animal in treating the elderly.

**War veterans.** There are millions of veterans in the United States of America. These men and women served in World War II, Korea, Vietnam, The Gulf War, Iraq, Afghanistan, and other military engagements. Matuszek (2010) reported that many of these veterans, particularly those who saw combat, suffer from psychological and physical ailments due to their service in the armed forces. The benefits of AAT are becoming apparent in veteran rehabilitation. Equine facilitated psychotherapy is effective in addressing symptoms of anxiety and depression. Further, interaction with the horse has been found to increase responsiveness, responsibility and social interaction (Matuszek, 2010). Recently, The American Veterinary Medical Association (2000) reported that the Department of Defense has provided funding to further research on the effects of AAT with veterans of Iraq and Afghanistan.

**Biophilia Hypothesis.** Fine (2010) discussed the Biophilia hypothesis. This theory states that "humans possess a genetically based propensity to attend to, and be attracted by, other living organisms" (Fine, 2010, Chapter 3, Section 3, Paragraph 2). Human survival is based on their attention to and knowledge of environmental cues. Based on this theory, the pairing of humans and animals paired in a therapeutic context is
appropriate. Interestingly, this innate attraction to animals may explain the calming effect that animal interaction has on humans (Chandler, 2005).

**Summary.** The volume of research related to AAT is mostly focused on social-emotional outcomes. With regard to mental health diagnoses, research indicates that the use of a therapy animal is effective in reducing depressive and anxiety symptoms. Studies with inpatients and outpatients both report effective results with the inclusion of a therapy animal. In addition to diagnoses, research supports the use of animals with a variety of ages and populations. AAT has been proven effective with substance abuse treatment, emotionally disturbed boys, inmate rehabilitation, abuse survivors, the elderly and veterans. The one key area that is not discussed in the literature is outcomes related to AAT and treatment of couples and families.

Most couples and families present to counseling with similar concerns and diagnoses as individual clients. Each of the individuals that are included as a special population affiliate is a member of a system. The research supports the use of animals with many different diagnoses and concerns. To further the field, research must be conducted with couples and families to determine the effectiveness of AAT in couples and families.

**Outcome Research: Marriage and Family Therapy**

As noted earlier, most owners consider pets to be family members. Walsh (2009) emphasized that as family members, pets hold a unique place within the family. Often pets are the glue that keeps a family together. They enhance daily life and promote greater interaction and communication. Pets help teach children important and abstract life lessons, such as death, injury, responsibility, and boundaries. Parents should utilize
their pet as a tool to teach children these lessons. Similar to parents using a pet as a tool to help children, a Marriage and Family Therapist (MFT) should use interventions incorporating animals to help facilitate growth within a family. For example, a MFT may assign a family a task to complete utilizing the animal. In completing this task, many familial patterns and structures may appear. The MFT can apply this information in the assessment and working stages of treatment. For the termination stage of treatment, the MFT may assign the same task and reinforce the positive changes that the family has made over the course of treatment.

Beck and Madresh (2008) researched attachment theory in relationships with pets, utilizing Bowlby’s Attachment Theory for their study. Bowlby believed that attachment motivation is visible from birth and is central to the development of the individual. (Beck & Madresh, 2008). The authors concluded that pets provide comfort, companionship and can be a substitute for human attachments. This is especially true for the elderly. Measuring the concept of attachment is difficult and has not been applied to pet ownership. For this study, the definition of attachment has been altered to include pets.

The results and patterns found in the Beck & Madresh (2008) study suggested that the structure of relationships with pets is similar to that of relationships with humans. The study returned three general conclusions, (a) scales developed for exploring human relationships produce meaningful results when applied to relationships with pets; (b) there is only weak association of relationship styles from partners to pets, indicating that relationships with pets and partners are based on different working models; (c) pet owners experience more security in relationships with pets than with their romantic
partners. The study indicated an intense human-animal bond that should be investigated and capitalized upon for therapeutic use.

**Pets as systemic members.** In the article, Walsh (2009) introduced the notion of animal interventions in family therapy. The author stated that pets are highly attuned to the family emotional climate. Walsh reported that seminal family therapy figure, Murray Bowen, noted that the family emotional system may include non-relatives and pets. Pets often reflect feelings of family members. Pet behavior seemed directly related to the behavioral trends in the family. In addition, Walsh asserted that a majority of families believed that pets understood them when they spoke. Many pet owners confide in their pets and believe that the animal is sensitive to their moods (Walsh, 2009).

**Role of pets in family therapy.** Walsh (2009) stressed that pets can be valuable members of the healing team. They can be resources in understanding and resolving problems, fostering well being, and strengthening resilience in dealing with life changes. Walsh believes that pets should be included in family genograms. Asking questions about the bond with pets is vital when completing the genogram. Stories about pets can reveal information about the family system including couple relationships, communication, problem solving processes, and coping strategies. Walsh pointed out that the inclusion of an animal enhances the therapeutic setting and facilitates change through interactions with clients. The presence of a friendly animal can have a calming effect on any population (Walsh, 2009).

In sum, the research related to AAT with couples and families is minimal. Researchers postulate and discuss the potential benefits of including an animal in systemic counseling; however, there is no research that has explicitly explored its
effectiveness. Pets are an important part of a family system. Discussion of the means by which pets are integrated and responsibilities are assigned can provide the therapist with a wealth of knowledge regarding the systemic processes of the couple/family system. Further research needs to be conducted regarding the integration of a therapy animal into the treatment of couples and families.

**Ethical Issues Associated with Animal Assisted Therapy**

As with any therapy, it is important for the therapist to practice within scope of his/her knowledge. The same applies for AAT (The Delta Society, 1996). The Delta Society listed a few ethical considerations for therapists. A therapist must be sure that the animal is safe, trained, and well-behaved. Additionally, the animal must be relaxed during all human contact. The animal should be up to date with all immunizations. Additionally, the therapist must monitor the animal's well-being. Some animals may become stressed, tired, burnt-out and develop health issues due to constant human interaction. The therapist should be aware of the animal and not over-work it. Zamir (2006) declared that AAT is immoral and cruel. He lists 6 reasons that AAT is immoral with the main theme being that it is an exploitative relationship. The human receives benefit while the animal must perform at the whim of the human. However, the Delta Society concluded that with careful consideration and knowledge, the therapist can utilize animals in an ethical manner.

Currently, the American Counseling Association (ACA), American Association for Marriage and Family Therapy (AAMFT), American Medical Association (AMA) and other professional associations do not have any ethical codes regarding the use of a therapy animal. The AAMFT Code, 3.7 states, “While developing new skills in specialty
areas, marriage and family therapists take steps to ensure the competence of their work and to protect clients from possible harm. Marriage and family therapists practice in specialty areas new to them only after appropriate education, training or supervised experience” (AAMFT, 2012, Code of Ethics). This code can be applied to the specialized area of integrating animals into the systemic therapy process.

In order to adhere to the above stated ethical code regarding the development of appropriate education and experience, Pet Partners (2012) provides a step-by-step process for initializing an AAT program. Pet Partners is an organization dedicated to the safe and ethical implementation of AAA and AAT programs. Each animal and handler must attend trainings and complete an evaluation by a Pet Partners professional. Once the training and evaluation have been completed, the animal and handler will both be certified to engage in AAT. Pet Partners also provides additional training, education and a supportive community to animals and handlers (Pet Partners, 2012).

**Future Research**

Western thinking is starting to value the human-animal bond more than in the past. The belief that “An animal is just an animal” is no longer as prevalent as in the past (Walsh, 2009). Therapists, researchers, and families are acknowledging the benefit of human-animal interaction (Pet Partners, 2012). Future research needs to be completed in every aspect. Applying AAT to different populations, different diagnoses, different ages, different geographical locations, etc. must be conducted to develop more data of its effectiveness. Additionally, more quantitative research must be conducted to further validate AAT to other professions. Specific intervention using animals needs to be
documented along with quantitative studies of effectiveness. Currently, there is very little research that discusses specific interventions related to marriage and family therapy.

**Summary**

Animals have been being utilized in the therapeutic setting since Sigmund Freud brought his dog to the office. However, the goal directed approach of AAT is a relatively new aspect of therapy. AAT is utilized as an approach to enhance each client’s experience and the overall therapy outcome. Research supports its effectiveness. AAT effectively aids in the treatment of many physical and behavioral issues, including cardiac problems, motor function, and child classroom behavior. Additionally, there is significant research supporting AAT with diverse populations. AAT proves effective in the treatment of many social and mental health issues including depression, anxiety, dual-diagnoses, and abuse issues. Ethical issues have not been addressed by any professional counseling organizations. However, there are guidelines in place for certifying animal/handler teams. Lastly, there is limited research regarding animals and family therapy. With more time, qualitative and quantitative data, and dedicated researchers, the potential therapeutic value of animals in treating individuals, groups, and families will be evident.

**Feminist Family Therapy and Animal Assisted Therapy**

AAT enhances many aspects of the therapeutic process. The inclusion of an animal in therapy sessions has been found to reduce anxiety, improve the therapeutic relationship, increase client feelings of agency, etc. (Beck & Madresh, 2008; Chandler, 2005; Fine, 2010; Parshall, 2003; Walsh, 2009). Current literature provides support for 3 of the 6 tenets of feminist family therapy that may be impacted by the inclusion of a
therapy animal during therapy sessions. Specifically, the author will address the feminist tenets of (a) therapeutic alliance; (b) empowerment; (c) power.

**Therapeutic Alliance and Animals**

From a feminist family therapy perspective, the therapeutic relationship is non-hierarchical and encourages the therapist and client to work together to achieve success (Vatcher & Bogo, 2001). Further, Vatcher & Bogo asserted that feminist family therapist accentuates the power and importance of joining and developing a strong therapeutic alliance with each client. A non-judgmental and accepting stance is vital in the development of a strong therapeutic alliance (Hare-Mustin, 1984).

Animals have an innate ability to join with clients. Frisen (2009) postulated that in therapeutic settings children were more open and desiring of social connection when a therapy dog was present. She added that the animal demonstrated acceptance of each client. Frisen observed that the power balance shifted to a non-hierarchical stance when a therapy dog was incorporated. This was due to the fact that the dog was perceived as neutral and "highly-likable." Similarly, in their work with psychiatric patients, Barker & Dawson (1998) concluded that the therapy dog provided a non-threatening diversion from anxiety provoking situations, thus allowing the client to engage more fully in treatment. An animal can build rapport by enhancing feelings of safety, facilitating trust and building the experience of unconditional acceptance (Chandler, et al., 2010). Along similar lines, Reichert (1998) found that a therapy animal provides a continuous non-judgmental relationship. Fine (2010) stated that therapy with an animal present may be less threatening and reported that the client will be more likely to be open and engaged. Further, a therapist is viewed as more endearing and warm with an animal present. Fine
continued on to state that the presence of an animal served as a social lubricant and allowed the client a sense of comfort. The addition of an animal aided in enhancing the development of rapport between client and therapist. A study conducted with substance abuse clients had similar results; the inclusion of a therapy dog enhanced the therapeutic alliance in a group setting (Wesley, Minatrea & Watson, 2009). The research clearly indicates a connection between animal interaction and the client’s perception of comfort and unconditional acceptance by both the animal and therapist.

Along with providing an open and non-judgmental stance, the feminist family therapist generally believes that therapy is a political and value-laden experience (Hare-Mustin, 1984). The therapist cannot escape projecting his/her values onto the client to a degree. This projection will likely impact the therapeutic relationship. In accordance with Hare-Mustin, the feminist family therapist must make his/her values known in order to maintain a non-hierarchical stance and enhance the therapeutic alliance.

In contrast with humans, animals provide a value-free stance that humans cannot (Frisen, 2009). An assumption of AAT is that the animal provides unique support that is not possible through human interaction and intervention (Frisen, 2009). Humans perceive animals as non-judgmental, thus making the animal a desirable addition to therapy (Mallon, 1994). As noted by feminist family therapy literature, the therapist will continuously project his/her beliefs by what he/she chooses to focus on and the feedback he/she provides (Hare-Mustin, 1984). Klontz, Bivens, Leinart & Klontz (2007) stated that horses provide unbiased and accurate feedback to clients. This unbiased and value-free feedback allows the client the opportunity to develop congruence between emotions and behaviors.
Similarly, Meinersmann, Bradberry & Roberts' (2008) conducted a study related to equine facilitated psychotherapy for sexually abused women. This study identified themes associated with the animals' value-free and open stance. One woman reported that the animal is like a mirror that does not judge or place value on your past or present. The horse was viewed as a co-therapist that presented unconditional love and acceptance. Moreover, another woman stated, "you are able to really be yourself, and it's one of the few places- maybe the only" (p. 42). Yet another woman commented that she learned how to speak clearly and communicate effectively through interactions with the horse. This allowed her to communicate freely and clearly with the therapist and enhanced the therapeutic relationship.

The maintenance of the therapeutic alliance is an integral part of feminist family therapy. Keeping the client engaged and committed to attending therapy is vital to successful outcomes (Vatcher & Bogo, 2001). In accordance with the Biophilia hypothesis, and in conjunction with learning theory addressed by Fine (2010), a pleasurable activity will be self-reinforcing. Interaction with animals is calming and enjoyable. Consequently, clients are more likely to attend therapy with a therapy animal due to the fact that it is a pleasurable activity. A study by Wesley, Minatrea & Watson (2009) supported this theory. This study concluded that substance abuse patients attended therapy more consistently when a therapy dog was part of treatment. Barker & Dawson (1998) reported similar results with psychiatric patients attending treatment when caged finches were in the room. Further, the research conducted by Meinersmann, Bradberry & Roberts (2008) indicated that one woman’s predominant motivation for returning to treatment was interaction with the horses.
Under the first tenet of feminist family therapy, the therapeutic relationship is a vital component of successful treatment. Developing rapport, increasing trust, facilitating feelings of safety, projecting acceptance and a non-judgmental stance, maintaining client attendance, etc. are all components valued by the feminist family therapist (Avis, 1991; Hare-Mustin, 1984; Vatcher & Bogo, 2001). As evidenced by the research, animals have an innate ability to support, enhance and foster growth of these valued components (Barker & Dawson, 1998; Bradberry & Roberts, 2008; Frisen, 2009; Meinersmann).

**Empowerment and Animals**

Empowerment is an intrinsic component of feminist family therapy (Vatcher & Bogo, 2001). Goodrich, Rampage, Ellman & Halstead (1988) discussed the importance of assisting clients in identifying options and making decisions, developing self-efficacy, increasing self-esteem and identify self-worth. They postulated that each of these components will all lead to feelings of empowerment and individually within the couple/family system. Empowerment is a form of transformative power, the ability and capacity to gain control over one's life and support others in gaining control of their lives (McWhirter, 1991). Further, Hunter and Kelso (1985) noted that empowerment can be achieved through insight and the development of concrete skills.

As per the literature, utilizing animals has an empowering effect on clients (Parshall, 2003). Parshall also reported that emotionally disturbed (ED) boys demonstrated more self-confidence and higher self-esteem after a therapy session with a dog. Similarly, the non-judgmental stance of each animal increased self-esteem and emotional expression in children (Reichert, 1998). Klontz, Bivens, Leinart & Klontz (2007) concluded that equine therapy resulted in more independence and increased each
participant’s ability to be more self-supportive. Meinersmann, Bradberry & Roberts' (2008) conducted a study of equine facilitated psychotherapy (EFP) with survivors of abuse and concluded that the women's attitudes shifted from feelings of powerlessness to a sense of empowerment. The authors stated, "EFP will result in increased self-esteem, self-efficacy, and feelings of empowerment, as well as decreased anxiety and depression" (p. 42). Chandler et al. (2010) spoke of the animal's ability to foster client self-acceptance and self-confidence and lead clients to feelings of empowerment.

Additionally, Friesen (2009) discovered that dogs supported and encouraged social risk taking in children who generally avoid social interaction. Fine (2010) agreed that there is evidence that clients are able to take more social risks by discussing difficult thoughts, feelings, motivations, conflicts and events by projecting them onto the animal. A similar result was identified by Reichert (1998); she noted that sexually abused girls often projected their stories onto her dog during session. One can infer that feelings of empowerment and reduction in anxiety helped the children take these social risks. Fine continued to state that animal assisted interventions are structured around enhancing self-efficacy, performance accomplishment and personal agency. These are all components of empowerment.

Empowerment is a core tenet of feminist family therapy. It is the responsibility of the therapist to help the client discover options and make changes in his/her relationships. Further, increasing self-esteem, self-worth and self-efficacy contribute to building feelings of empowerment (Goodrich, Rampage, Ellman & Halstead, 1988; McWhirter, 1991). Animals can be utilized in a variety of interventions to support empowerment. The outcome research supports the use of animals in the development of feelings of
empowerment in individuals, couples and families (Fine, 2010; Chandler, 2010; Klontz, Bivens, Leinart & Klontz, 2007; Reichert, 1998; Freisen, 2009).

**Power and Animals**

Power within the individual, family and larger social contexts must be identified from a feminist family therapy perspective (Vatcher & Bogo, 2001). Without addressing power, the feminist family therapist would be acting outside fidelity of the model. Goodrich (1992) offered that power is the "capacity to gain whatever resources are necessary to remove oneself from a condition of oppression to guarantee one's ability to perform, and to affect not only one's own circumstances, but also more general circumstances outside one's intimate surroundings" (p. 10). Leslie & Clossick (1992) concluded that power inequities should be addressed throughout treatment. Power may have different meanings to different clients, and the therapist must understand how each client defines power and how power consequently impacts their relationships.

Animals can aid the feminist family therapist in uncovering power differentials and power patterns within the relationship. For example, a grief counselor identified that women seek tactile comfort by holding or stroking the dog while men played more aggressively and used the dog as a diversion (Parshall, 2003). This observation could open a dialogue for the feminist family therapist regarding these differences in gender and power. Similarly, Walsh (2009) identified that owning an animal or working with an animal in treatment forces couples and families to act out power differentials regarding rules, roles, authority and boundaries. She reported that conflict may emerge regarding the care of the animal, rules for the animal, discipline of the animal and responsibility assignments. Such interactions and observations provide the feminist family therapist a
plethora of opportunities to identify and demystify power in the couple/family system. Walsh also suggested using animal role play to reveal gender, power, cultural and larger social impact on the client system.

The equine facilitated psychotherapy (EFP) study with sexual abuse survivors conducted by Meinersmann, Bradberry & Roberts (2008) identified four patterns from the women's experiences. The first pattern was named "I can have power." The women reported that they no longer felt powerless. There was the notion that having control and developing power was like regaining strength. Further, several of the women reported that breathing with and touching the horse helped them stay in their bodies. Staying in their bodies was a powerful shift for women who had experienced out of body experiences in the past due to trauma. EFP helped facilitate conversations about power that conventional talk therapy could not. Using the horse as a catalyst for these conversations about power allowed the therapist to tap into an important aspect of recovery.

Power is an integral tenet of feminist family therapy. All feminist family therapists must attend to power differentials and dispersions in their client systems. Power can be identified in many aspects of daily living. However, clients tend to minimize conversations regarding power (Leslie & Clossick, 1992; Vatcher & Bogo, 2001). Animals can shed light on power patterns in the client’s relationship by identifying roles, rules, boundaries and responsibilities within the client system (Walsh, 2009). Further, clients may find power in interactions with the animal. This assists in the therapeutic attention to power and the impact of power (Meinersmann, Bradberry & Roberts, 2008; Parshall, 2003).
Summary

Evidence supports the use of therapy animals in linear and individual therapy models, however there is minimal literature regarding the use of a therapy animal in systemic, marriage and family therapy models. Research on animal assisted therapy alludes to the potential congruence with feminist family therapy tenets. Three tenets where a smooth integration may occur are: (a) therapeutic alliance; (b) empowerment; (c) power. Animals have an innate ability to join with humans and provide a value-free stance. The feminist family therapist emphasizes the importance of developing a strong rapport with each client. Additionally, empowering the client is an intrinsic goal of the feminist family therapist. Research indicates that animals provide clients with feelings of increased self esteem, self worth and confidence in ways a therapist cannot. Finally, the feminist family therapist believes in identifying and realigning power differentials individually and within the system. Evidence supports the idea that animals help clients feel more powerful. In addition to feeling more powerful, animals allow clients to act out rules and responsibilities and in doing so, give the therapist insight into the delineation of power within the system. Existing research indicates that these three principles of feminist family therapy may support a seamless integration of a therapy animal into theory and practice.

Summary of Literature Review

It is evident that the inclusion of a therapy animal can greatly enhance the therapeutic output of the feminist family therapist. As noted by the literature, feminist family therapy is not a comprehensive theoretical model. Since there is not a complete theoretical structure to follow, feminist family therapy is grounded in six tenets. These
tenets are: (a) non-hierarchical therapeutic alliance; (b) the therapist will attend to gender and gender differences; (c) empowerment of each client and client system; (d) recognize the impact being a woman has in relationships and in society; (e) the therapist believes that an egalitarian couple, family and therapeutic relationship is the best possible alignment; (f) power is identified, discussed and realigned within the system. These six tenets help guide the feminist family therapist throughout the course of treatment.

According to the literature, AAT is a growing field in mental health counseling. Similar to feminist family therapy, AAT does not follow one comprehensive model. Many interventions have been identified. Additionally, research outcomes support the use of animals. This research bears out the effectiveness of the use of animals for a variety of populations including, adults, children, elderly, trauma victims, substance abuse patients, psychiatric patients and in the classroom setting. AAT has also been found effective in reducing anxiety symptoms, depressive symptoms, conduct/behavioral issues and dissociative symptoms. Moreover, AAT has proved effective in increasing self-esteem, self-efficacy, attachment with others, confidence, behavioral output, etc. The literature supports the integration of animals in several linear theoretical models including person-centered, behavioral, Adlerian, psychoanalytic, Gestalt, experiential, reality and solution-focused counseling. However the research does not address the integration of animals into systemic theory.

The integration of animals compliments the tenets of feminist family therapy. As previously discussed, this chapter focused on 3 of the 6 tenets of feminist family therapy and discusses how animals can enhance the feminist family therapist’s ability to adhere to the model, gain rich insight and successfully treat clients. The three tenets focused on by
the researcher are: (a) therapeutic alliance; (b) empowerment; (c) power. Each of these tenets can be enhanced through the integration of a therapy animal in treatment. Research indicates that animals help develop rapport, reduce client anxiety, act as a social lubricant, make the therapist appear warmer and more approachable and help build feelings of trust and safety. All of these aspects are vital to the therapeutic alliance. Moreover, outcomes indicate that interaction with animals increase self-esteem, self-efficacy, task completion, and lend to the feeling of empowerment. In addition, power can be explored through conversations regarding roles, rules, boundaries and responsibilities related to the animal. The research and literature revealed that animals can be integrated seamlessly and provide a great compliment to feminist family therapy.
CHAPTER III
RESEARCH METHODS

This chapter focuses on the purpose of this research as well as the methods utilized to conduct the study. First, the research goals and research question are addressed. Next, methods of data collection are defined. After data collection, the researcher presents methods of data analysis. Lastly, an exploration of trustworthiness and rigor are discussed in detail.

**Research Goals**

The goal of this research is to explore the effectiveness of utilizing a therapy animal in a therapeutic setting with couples and families. This research attempts to support the positive impact of integrating a therapy animal in a systemic theoretical model. More specifically, the researcher seeks to identify how a therapy animal may assist and enhance the feminist family therapist's ability to join, intervene and enact change throughout the therapeutic process. There is minimal literature regarding the use of animals in a systemic setting. The researcher aimed to address this gap by surveying experts in the marriage and family therapy field who utilize an animal in their therapeutic practice. Obtaining expert opinion is the first step in evaluating whether or not the integration of animals in systemic theory would provide a benefit for the therapist and client systems. Experts from the field provided feedback related to their area of expertise. Once the responses have compiled and explored, the results provide a clearer
explanation of the potential effectiveness an animal assisted systemic theory could provide clinicians. As the researcher surveyed experts in the field, a qualitative Delphi study is employed.

According to Merriam (2009), the goal of qualitative research is to understand how individuals interpret and create meaning out of personal experience and societal interaction. Stone Fish & Busby (2005) reported that the Delphi method should be utilized to gain knowledge, advance the field, identify future direction of research and predict trends in the profession. Sprenkle & Piercy (2005) stated, “The characteristics of a Delphi make it particularly well suited for bridging the gap between research and practice” (p. 251). After an exhaustive search, the research could find no literature relating to an animal assisted systemic therapy theory. Thus, the researcher's goal is similar to the goals of the Delphi method as described by Stone Fish and Busby.

**Research Question**

The research question posed is: How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically: (a) therapeutic alliance; (b) empowerment; (c) power? The researcher's purpose was to gain knowledge of these key principles and understand how an animal may enhance the therapist's ability to apply these principles effectively. The literature supports the use of animals in individual theories (Chandler, et al., 2010), however this researcher believes that animal integration in systemic therapy may be a new trend in the profession and demands further research. The Delphi method was utilized to better define, clarify and potentially integrate the fields of feminist family therapy and animal assisted therapy. Detailed below, the researcher provided criteria that each expert must
meet in order to participant in this study. This research aimed to impact marriage and family therapy and animal assisted therapy. Furthermore, the outcomes may enhance and refine each field while providing clinicians with more understanding and structure when utilizing a therapy animal in a systemic therapeutic setting. Effective and successful treatment for each client in feminist family therapy with a therapy animal would be an exciting and impactful outcome for the professional field.

**Methods of Data Collection**

To address the above stated research question; the Delphi method was utilized. Dalkey (1972) reported that the Delphi method emphasizes anonymity of the expert panelists. This anonymity eliminates the influence of dominant individuals, reduces irrelevant or biasing communication and diminishes pressure for group conformity (Dalkey, 1972). It also allows panel members to respond during their free time, eliminates face-to-face pressure and aids in opinion formation.

The Delphi method was originally developed in 1944 to address a technology forecasting question. Fowles (1978) reported that the military was interested in understanding what technology would be needed in the future. For this type of research to be considered scientific a philosophical base for forecasting had to be developed. The problem that was encountered related to the integrating the testimony of many experts and developing one encapsulating statement (Fowles, 1978). Thus, the Delphi method was created to recognize human judgment as legitimate and useful in forecasting. Since 1944, Delphi method has been utilized in a variety of research studies from assessing long-range trends in technology to public health issues (Fowles, 1978). The participants
of the Delphi method are experts in a given field and referred to as panelists (Dalkey, 1972).

Today, the Delphi method is an iterative process usually requires two to four rounds of questioning (Board of Regents University of Wisconsin, 2002). Once the responses become uniform, consistent and no new data is being reported, the researcher can conclude the questioning. Sprenkle & Piercy (2005) asserted that in most cases, three rounds prove to be sufficient. For this research, three rounds were employed to fully explore the topic until redundancy was reached. In the first round, a semi-structured interview was conducted. In the next rounds, themes were provided and feedback regarding those themes was elicited from the panelists. Panelists were afforded the opportunity to clarify previous responses.

Based on the needs of this study, the Delphi method is an appropriate choice. However, it is not without limitations. The Delphi method only focuses on the expert’s perspective. The client perspective of the effectiveness of integrating an animal in feminist family therapy was not be explored. Additionally, the experts may provide a biased stance. All of the panelists utilize a therapy animal in practice, thus they must believe in the effectiveness. Focusing on only one perspective is limiting and biased. Further, a Delphi study is time consuming for panelists. Multiple rounds can span several months due to several factors. The time line of the study is variable due to how quickly the panelists respond to the provided themes, some may respond immediately while other may take weeks to respond. The time consuming nature of the Delphi study may cause panelists to lose interest and/or drop out of the study. Limitations of the study are further discussed in Chapter V.
Sampling

In order to gain a rich understanding of the potential effects, nine panelists were utilized based on expected reasonable coverage given the purpose of this study. The Board of Regents University of Wisconsin (2002) advised that nine to eleven panelists are adequate for a focused Delphi utilizing a homogenous sample. As the researcher has strict guidelines as to who is considered an “expert” and meets the standards of a Delphi study, purposeful or criterion-based sampling was employed. To obtain more potential panelists, a snowball sampling will be used. Requests were made via email, listservs (American Counseling Association, Ohio Counseling Association, American Association of Marriage and Family Therapists) and social media (Facebook). As panelists were collected and screened, each was asked if they have any colleagues who would meet the criteria and be interested in participating. This fulfilled the snowball aspect of sampling.

Criteria for participation. Delphi panelists are chosen for their expertise and knowledge of subject matter. The criteria for inclusion in this study was (adapted from “expertise” requirements, Skulmoski, Hartman & Krahn, 2007): (a) hold a license marriage and family therapy and/or trained in a marriage and family therapy specific training program; (b) utilize an animal(s) in therapeutic practice to some extent; (c) actively practice systemic theory with couples and families for at least 2 years post graduation; (d) possess capacity and willingness to participate; (e) have sufficient time to participate; (f) communicate effectively in English. By meeting these criteria, the participants provide the credibility called for by a Delphi study.

Solicitation of participants. Panels were gathered from across the United States. Once the expert panelists had been vetted, the researcher contacted each panelist
via e-mail requesting his/her participation. The purpose, procedure and application of results were provided in the initial contact. After the panelists agreed, the first round of interviewing was recorded via video conferencing or phone call. The second and third rounds were conducted via email. The researcher was located in Canton, Ohio.

**Incentives for participation.** The researcher provided a minimal incentive option for each panelist. Options consist of either a $10 Amazon.com gift card that he/she can receive via email at the conclusion of the study or a donation of $15 will be made in his/her name to Pet Partners, a 501(c)(3) nonprofit organization. Pet Partners is a leader in promoting and demonstrating that positive human–animal interactions improve the physical, emotional and psychological lives of those served (Pet Partners, 2012).

**Description of Sample.** This Delphi study consisted of nine expert panelists. All of the panelists were female. The age of the panelists fell within two groupings: 30-35 years old and 55-60 years old. Eight of the panelists identified as white/Caucasian and one panelist identified as Hispanic/Latino. With regard to highest degree attained, six panelists held a Master’s degree and three held a PhD in the counseling/marriage and family field. Six of the panelists utilize a therapy dog exclusively. Two panelists utilize horses exclusively. One panelist integrates many animals (dogs, cats, horses, goats, rats and rabbits) into treatment. Each panelist identified that they use their therapy animal in most sessions as dictated by the specific client and treatment goals.

The researcher encountered some unexpected issues with the participant selection process. As described in criteria for participation, criterion A, hold a license marriage and family therapy and/or trained in a marriage and family therapy specific training
program, seemed straightforward when developing this study. However, the researcher was not versed in the licensing practices of each state. Several potential participants from California could not be included due to different protocols than Ohio. These differences were not accounted for during the development of the study. Additionally, several potential participants withdrew before the study started due to the timing of the study. The data collection period was between the Thanksgiving and the New Year’s holiday which caused concern for some potential participants as they would not have the appropriate amount of time to dedicate to the research.

The study initiated with nine panelists, yet concluded with eight panelists. One panelist withdrew after the interview round. This panelist withdrew due to personal issues. As noted in the informed consent, the panelists’ interview response was transcribed, coded and included in the themes. This panelist did not comment on round two or three of the research.
Table 1: Demographic Summary of Participants

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Highest Degree</th>
<th>State &amp; License</th>
<th>Years with tx</th>
<th>Animal/s Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penny</td>
<td>Female</td>
<td>MA</td>
<td>CA MFTI</td>
<td>2</td>
<td>Dog</td>
</tr>
<tr>
<td>Mary</td>
<td>Female</td>
<td>MA</td>
<td>CA MFTI</td>
<td>2</td>
<td>Dog</td>
</tr>
<tr>
<td>Josie</td>
<td>Female</td>
<td>MA</td>
<td>CA&amp;AK LMFT</td>
<td>1</td>
<td>Dog</td>
</tr>
<tr>
<td>Summer</td>
<td>Female</td>
<td>MA</td>
<td>OH PC</td>
<td>1.5</td>
<td>Dog</td>
</tr>
<tr>
<td>Lucy</td>
<td>Female</td>
<td>MA</td>
<td>MN LMFT</td>
<td>4</td>
<td>Dog</td>
</tr>
<tr>
<td>Kate</td>
<td>Female</td>
<td>PhD</td>
<td>FL LMFT</td>
<td>5</td>
<td>Horse</td>
</tr>
<tr>
<td>Carol</td>
<td>Female</td>
<td>MA</td>
<td>FL LMFT</td>
<td>14</td>
<td>Dog Horse</td>
</tr>
<tr>
<td>Gina</td>
<td>Female</td>
<td>PhD</td>
<td>CO LMFT</td>
<td>20</td>
<td>Dog Horse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Goat Mouse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Cat Rabbit</td>
</tr>
<tr>
<td>Christine</td>
<td>Female</td>
<td>PhD</td>
<td>OH IMFT</td>
<td>3</td>
<td>Dog</td>
</tr>
</tbody>
</table>
Interviewing

Interviewing is the key component to the success of the Delphi study. Each interview was via phone call. Merriman (2009) emphasized that an interview is used when the researcher cannot observe behavior, feelings or how people interpret the world. For the purpose of this study, semi-structured interviews were utilized for all rounds. The researcher posed open-ended questions that allow for flexibility. As the panel members respond, the researcher asked follow-up questions that have not been detailed in an interview protocol. This semi-structured format allows for each panelist to provide in-depth thoughts and process information as the interview develops (Merriman, 2009). Additionally, this format enabled the researcher to address any follow-up or clarify any unclear responses.

In the first round of this Delphi study, the researcher posed six open-ended questions (See Appendix B). The interview questions were developed based on the theoretical framework of feminist family therapy and AAT. As AAT is not a manual based theory, therefore the application of AAT may vary from therapist to therapist. In attempt to account for these variables, three of the interview questions related specifically to the therapist’s integration of the animal into the therapeutic setting. These questions provide a deeper understanding of the panelists use and application of a therapy animal in a therapeutic session. The remaining three open-ended questions addressed the research questions of this study based on the feminist family therapy theoretical framework.

During the interview process, the panel members provided their knowledge, expertise and opinions related to the topic area. Probes and clarifiers were utilized to gain more data. The following rounds had more of a structure, as the researcher provided
the panel members with common themes that were developed in the previous rounds. The panelists were then able to agree, disagree and revise their previous statements based on new information from the researcher and other panelists. Once saturation had been reached and the panelists were no longer providing new information, the researcher concluded the interviewing/data collection process.

**Audio Taping and Transcription**

In order to have the best database for analysis, the researcher audio recorded all phone call interview sessions. Any follow-up conducted via email was kept in its entirety. Each interview was personally transcribed by the researcher to minimize outside transcriber error and to retain familiarity with the data. The researcher employed speak-to-text dictation software to transcribe the interviews. The dictation software was not without error. The dictation software was utilized for the first pass. The researcher then reviewed each of the transcriptions for errors and corrected based on the audio recording to ensure accuracy of the data.

**Procedure**

This Delphi study began by soliciting participants from listservs, email, social media and active members in the field. This solicitation was conducted via email. The email provided clear ramifications of this study and informed consent documentation. Once participants agreed to participate, been vetted and met the criteria for participation they became a panelist for this study. A demographics questionnaire (See Appendix A) was emailed to each panelist prior to the interviewing process.

The first phase consisted of a semi-structured interview conducted by the researcher (See Appendix B). These were completed via phone contact as to allow the
researcher to ask follow-up and probing questions. Follow-up questioning is important to export rich data from each panelist (Merriman, 2009). Once the phone interview had been concluded, the researcher transcribed the data. The researcher emailed the transcription to the panelist for their approval that the information is accurate. Once the panelists approve the transcription, the process of constant comparison analysis (coding) began, as detailed previously. Once coding of each interview transcription had been completed, the first phase concluded.

The second phase began with the researcher emailing each panelist with the developed codes. Some direct quotes were utilized in reference to specific interview questions. The panelists were asked to review the data and provide any new thoughts, revise any original statements, and/or expound upon the new data. The second round was conducted via email as a way to provide the panelists the opportunity to complete this task at their own pace. Additionally, providing codes via email is a more organized way to present data rather than over the phone and faster than mailing a letter. The panelists were asked to email the researcher with their responses. Once the responses had been collected, the researcher coded the data and began to explore areas of saturation.

The third phase was similar to the second phase. The researcher emailed each panelist the revised coded data and asked for any new thoughts and/or revisions. The panelists emailed their responses back to the researcher who proceeded to code any new data. At this level, saturation of the data for specific questions had been reached. No new data was being provided by the panelists, thus the Delphi study was concluded. The researcher emailed each panelist thanking them for his/her participation, provided the incentive and asked if he/she would like a copy of the study outcome.
Method of Analysis

The researcher familiarized herself with the data through the direct phone interviews, personal transcription of the interviews and review of the transcripts. Pope, Ziebland & Mays (2000) emphasized that familiarization is an important aspect of qualitative data analysis. In order to identify key ideas or recurrent themes the researcher must be familiar with the data.

Constant Comparison Analysis

As noted earlier, the researcher transcribed each interview verbatim. The researcher analyzed the data by a constant comparison method, also known as coding, developed by Glaser and Strauss in 1967 (Leech & Onwuegbuzie, 2007). Constant comparison analysis was originally developed to analyze data over a series of rounds, similar to the Delphi method. Member checking is utilized by taking the developed codes from the first round and asking the participants if themes, arguments or assertions developed from the codes were accurate. Further, Leech & Onwuegbuzie (2007) explained that the use of member checking helps to bolster the descriptive validity of the study.

Coding was utilized to analyze the data gathered from this Delphi study. Based on the researcher’s initial research question and hypothesized responses, the researcher developed a set of priori codes in a code book (See Appendix C). Taylor & Bogdan (1998) offered that 10-40 priori codes would be appropriate but not overwhelming to the researcher. Along with the priori codes, the researcher developed emergent codes as derived from reading and analyzing the data (See Appendix D). Taylor & Bogdan further discussed the importance of refining the coding scheme. Thus, the researcher added,
collapsed, expanded and revised coding categories as needed. Once each transcript had been coded and indexed, the researcher charted data related to identified themes. These themes were assigned into categories based on interview questions. Pope, Ziebland & Mays (2000) reported that rearranging the data according to the thematic framework is important for synthesis of data. Minimal problems arose during the data collection and analysis period. One panelist stated, “The brief bulleted phrases seem short, limited, incomplete, selective, and not fully descriptive.” The remaining seven panelists reported that the codes were comprehensive and answered the specific question that each code was linked. The very nature of coding has the intrinsic problem of creating a brief snapshot of one concept delivered by many panelists in various ways. To the panelist, this can feel inconclusive and not comprehensive due to a simplified version of a complicated and abstract concept. Overall, the data collection and analysis provided strong themes related to the purpose of this research.

The researcher also kept a log of reactions and ideas that emerge throughout the process. Taylor & Bogdan (1998) noted that these ideas are vital to effective analysis. The note-taking process may aid the researcher in developing new interpretations and connections with other data.

Pope, Ziebland & Mays (2000) cautioned that the researcher coding his/her own data may be biased, as the researcher may interpret the data to fit his/her own conclusions. To avoid compromising the trustworthiness of the study, the researcher employed two peers (doctoral candidates in counseling program) to code and analyze data. Pope, Ziebland & Mays offered that “the use of more than one analyst can improve the consistency of reliability of the analyses” (2000, p. 115).
Rigor and Trustworthiness

Rigor, as defined by Padgett (1998), refers to the credibility or authenticity of a study. Quantitative rigor is determined by validity and reliability measures, while qualitative rigor is determined by trustworthiness. Padgett further explained that a trustworthy study fairly and ethically represents the experience of the participants. Threats to trustworthiness are reactivity and responder/researcher biases.

To increase the trustworthiness of this study, the researcher, as noted above, employed member-checking and multiple raters. These two techniques potentially reduce any responder/researcher biases. Any decisions regarding coding by the multiple raters were notated and a rationale provided in the audit trail.

Audit Trail

Skulmoski, Hartman & Krahn (2007) reported that rigor is also improved when the researcher leaves an audit trail. Therefore, an audit trail of all key theoretical, methodological and analytical decisions made by the researcher was notated. Rogers & Cowles (1993) added that audit trails greatly improve the trustworthiness of research. In order to contribute to a successful Delphi study, the researcher utilized a journal to capture information pertinent to the audit trail. As discussed by Schwandt & Halpern (1988), trustworthiness can be further bolstered by having an expert review the research journal and audit trail. For this Delphi study, Dr. Karin Jordan, Ph.D. reviewed the journal and audit trail.

Lincoln & Guba (1985) asserted that a comprehensive audit trail should consist of raw materials, data reduction and analysis procedures, data reconstruction and synthesis procedures, process notes, and personal intentions. For this Delphi study, the audit trail
consisted of the raw data collected by the researcher. This includes transcribed interviews, email responses from each panelists, all documents and codes developed. Data reduction and analysis procedures, such as condensed notes and coding rationale will be provided. Additionally, data reconstruction and synthesis procedures including structure of categories (themes, definitions, and relationships), findings, conclusions and a final report including connections to existing literatures and an integration of concepts was documented. Process notes that consist of methodological notes (procedures, designs, strategies, rationales) and trustworthiness notes (relating to credibility and dependability) were incorporated. The journal also includes any materials relating to intentions and dispositions such as inquiry proposal, personal notes (reflexive notes and motivations) and expectations (predictions and intentions). Lincoln & Guba emphasize the importance of having a clear description of the research path as to bolster trustworthiness of the study.

Summary

The literature on animal assisted therapy with couples and families is minimal, while literature on the use of a therapy animal from a systemic theory perspective is lacking. This research aimed to explore the potential of integrating a therapy animal into a systemic theory, specifically feminist family therapy. The research question asked was: how does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically: (a) therapeutic alliance; (b) empowerment; (c) power? The researcher's purpose was to gain knowledge of these key principles and understand how an animal may enhance the therapist's ability to apply these principles effectively. To address this question, the researcher utilized a qualitative
framework, specifically the Delphi method to survey experts in the field of marriage and family therapy who utilize a therapy animal in their practice.

Adhering to the Delphi method structure, three rounds of semi-structured interviewing were conducted with each of the panelists. The researcher coded each round of responses to develop themes and categories. These themes were introduced to the panelists for revision, expansion and/or agreement. Once the data reached saturation and no new data was being derived, the questioning rounds ceased. The data was synthesized, interpreted and results will be reported. To maintain the quality of this quantitative study, the researcher employed several tactics to maintain the trustworthiness of the study. Overall, the researcher hoped to explore how the integration of an animal in feminist family therapy may impact the therapeutic setting and outcome of treatment.
CHAPTER IV
RESULTS

The goal of this research was to explore the effectiveness of utilizing a therapy animal in a therapeutic setting with couples and families. This research aimed to identify the impact of integrating a therapy animal in a systemic theoretical model, specifically feminist family therapy. A qualitative Delphi study was conducted to explore this potential. Expert panelists provided insight related to the application and focus of feminist family therapy principles with the use of a therapy animal. The results are an integral component of this research as it the first step in creating a systemic animal assisted therapy theory. Further, the results act as a springboard for refinement and future research. This chapter provides a review and results of the qualitative study. The design, participants, methodology, analysis as it was conducted and concluded is discussed. Additionally, presentation of data and results of the analysis are provided.

The research question being posed was: How does the inclusion of a therapy animal impact the therapist’s focus and application of key principles of feminist family therapy, specifically: (a) therapeutic alliance; (b) empowerment; (c) power? The researcher's purpose was to gain knowledge of these key principles and understand how an animal may enhance the therapist's ability to apply these principles effectively. The literature supports the use of animals in individual theories (Chandler, et al., 2010),
however this researcher asserts that animal integration in systemic therapy may be effective, and possibly a new trend in the profession that demands further research.

The Researcher

The researcher believes strongly in the power of the human-animal connection. As supported in the literature (Chandler, et al. 2010; Fine, 2010; Parshall, 2003), there is an intrinsic, positive and powerful connection that humans and animals share. This connection has been explored and harnessed in many ways for centuries. But only recently has this connection been utilized in the mental health field. Research indicates increased physiological and psychological well being through human-animal interaction. However, from a systemic perspective this has yet to been fully explored. The researcher believes in the power that a systemic theoretical treatment orientation has on the mental health of individuals and families. In clinical practice, the researcher employs a postmodern theoretical orientation. The feminist family therapy perspective enhances the postmodern perspective of the researcher. Further, this researcher has always been passionate about animals and humbled by the magnetic relationship between humans and animals. Thus, the connection between systemic theory and animals seems like a natural and effective route to provide successful treatment for client systems. This researcher hopes to impact the fields of marriage and family therapy and animal assisted therapy while helping individuals and families achieve their treatment goals.

The researcher played an integral role in the collection of data. As noted, this study was conducted utilizing a qualitative Delphi method. For this research, three rounds were utilized to fully explore the topic. In the first round, a semi-structured interview was conducted. In the next two rounds, themes were provided and feedback
regarding those themes was elicited from the panelists. Panelists were encouraged to clarify, add, question, etc. previous responses. A semi-structured interview allows for flexibility and opportunity for the researcher to probe, ask clarifying questions, and provide information to each panelist in a non-uniform manner. Some panelists encountered more interaction from the researcher and others less, depending on the flow of each interview. This openness and lack of strict structure permitted the researcher to impact the data in ways that are not uniform or measurable. Additionally, the researcher may have impacted the research during the coding process due to personal bias and connection with data. Similar to the semi-structured interview, the researcher’s impact during coding is not measurable. In attempt to mitigate this issue, two other raters coded the data to bolster the reliability of the outcome. The strong belief in the positive effects of the human-animal connection held by the researcher may impact the data, the responses of the panelists and the themes identified.

**Description of Sample**

This Delphi study consisted of nine expert panelists; refer to Table A in Chapter III for detailed demographic information. Each of the panelists was interviewed utilizing a semi-structured interview protocol (See Appendix B). As noted earlier, one panelist had to withdraw after the initial interview due to a personal situation.

**Participant 1: Lucy**

Lucy is a 58 year old, Caucasian female. She lives in Minnesota and holds a master’s degree. She practices as a Licensed Marriage and Family Therapist. Lucy has been utilizing systemic theory in practice for five years. After the first year of practice, Lucy integrated her dog, Buster, into her therapy sessions with couples, families and
individuals. Buster is a Jack Russell Terrier who attends every session with Lucy. Buster’s engagement in the therapeutic process starts to dwindle after 3-4 face-to-face sessions. Lucy is careful not to schedule more than four sessions if Buster is going to be presents. She emphasized the importance of knowing the cues of your animals and if the animal disengages to respect that behavior.

Buster is presently oriented in session with clients. This present orientation allows clients to feel more comfortable and less rushed to jump into the therapeutic process. This comfort translates to the therapists as well. Lucy reported that Buster is an integral part in joining with her client systems. Lucy has found that Buster is very beneficial with clients suffering from heightened anxiety. Many clients wish they could be like Buster, which allows Lucy to empower her clients to identify ways in which they too can be calm, present and carefree. In addition to anxiety disorders, Lucy has found Buster’s presence to be effective with children, adolescents, adults, couples, families, abuse survivors and other trauma issues.

**Participant 2: Summer**

Summer is a 30 year old Caucasian female. Summer lives in Ohio and holds a master’s degree in Marriage and Family Therapy. Currently, she is practicing as a Professional Counselor. Summer has been utilizing systemic theory for four years. In those four years, she has integrated her dog, Lucky, for one and a half years. Lucky is a two year old labradoodle. He attends sessions per client request. Summer reported that some clients found it calming to pet Lucky while other clients opened up more when engaging with Lucky. As Lucky was a six-month old puppy when he started taking part in session, occasionally he would become too much of a distraction or be overly
raambunctious. Summer utilized Lucky when working with children, adolescents and adults. Additionally, she found that Lucky was effective with clients suffering from attention deficit hyperactive disorder, schizophrenia and bipolar disorder. Per Summer’s report, Lucky empowered clients by assisting in goal achievement.

**Participant 3: Kate**

Kate is a 58 year old Caucasian female. Kate holds a Ph.D. and is a Licensed Marriage and Family Therapist in the state of Florida. Kate has been utilizing systemic theory for 25 years. In addition to practice, Kate has taught master and doctoral students in a Commission of Accreditation of Marriage and Family Therapy Education (COAMFTE) accredited program for 25 years. Currently, she is a director at an equine assisted family therapy program. Kate uses horses as her co-therapists. She works with all age groups. Her equine assisted therapy program focuses on couples, families and substance abuse recovery. Kate explained in addition to regular session, equine involvement is utilized in collaboration with intensive weekend therapeutic workshops. For example, couples attend intensive therapy sessions without an animal for several hours and as an experiential therapy component the couples participate in equine assisted therapy. This collaboration enhances insight and skill development and reports successful treatment outcomes.

With regard to the experiential component, Kate emphasized that the horse acts as a metaphor for many clients. Thus, the way clients interact with the horse is similar to how they interact with other people. The horse gives instant and honest feedback to the client. This promotes insight, growth and behavior change.
Participant 4: Josie

Josie is a 30 year old Caucasian female. Josie is a Licensed Marriage and Family Therapist in California and Alaska. She holds a master’s degree and is currently practicing in California. Josie has been utilizing systemic theory for four years and integrated her therapy dog, Millie, a Rottweiler, in session one year ago. When questioned about the perception of Rottweiler’s being an aggressive breed, Josie responded that her breed actually is the reason many clients contact her. She lives in an area where the Rottweiler breed is common and adored. Josie reported that potential clients see the picture of Millie on the website and call for that reason. This instant connection that clients form with the animal creates space for joining. Josie emphasized that she effectively joins with clients quicker when Millie was present than without Millie. She postulates that this may be due to her breed, presence, connection with humans, or a combination of all three.

Millie attends every session and focus is directed based on the client’s goals. Josie uses Millie with a variety of populations but has found her most effective with trauma survivors who exhibit acting out behaviors within their current relationships. A key to Josie’s success with trauma survivors is Millie’s ability to empower clients through skill mastery, feedback and insight.

After the interview was complete, the researcher transcribed the interview. Weeks later, Josie contacted the researcher stating that she had to withdraw due to personal issues. As noted in the informed consent, the researcher utilized her transcript and codes for round two and three. Josie did not participate in rounds two and three.
Participant 5: Gina

Gina is a 54 year old Caucasian female. Gina is a Licensed Marriage and Family Therapist in Colorado. She holds a PhD. Gina has been utilizing systemic theory for 25 years and integrating animals into systemic theory for 20 years. Currently, Gina owns an animal assisted therapy ranch in Colorado. She sees a variety of clients with a variety of diagnoses and presenting concerns. With regard to animals, Gina utilizes dogs, cats, goats, horses, rabbits and mice. Depending on the client’s treatment goals, the client may interact with a variety of animals during session. Dahlia and Duncan are the two goats who reside on the ranch. They enjoy eating donated Christmas trees as a treat during the snowy winter. Maggie and KC, therapy bunnies, are the newest addition and are getting acclimated to the practice. Gina’s dog, Rupert, works with most of her clients. Rupert enjoys playing tug-o-war with his therapy dog friend, Riley.

With all these animal and options, it is important for Gina to keep clients focused and goal directed. Gina reported that not all clients are right for all animals. She uses client history, diagnosis and current skills to assess which animal may be a good match for a specific client. She has found that the locus of power changes with each animal. When working with large animals, such as the horse, Stormy, the client may perceive the horse as holding the power. Through work with the horse, the client realizes they he/she holds power too. In contrast, a client may perceive that he/she holds power over the mouse, Ethel, but through exposure the mouse has power too. These experiences expose the client to the interplay of power dynamics and may be applied to their own life.
Participant 6: Christine

Christine is a 30 year old Caucasian female. She holds a Ph.D. in Counselor Education and Supervision and specializes in Marriage and Family Therapy. Currently, Christine is working in a private practice as a Licensed Independent Marriage and Family Therapist. She has been practicing for eight years utilizing systemic theory. Her dog, Rio, joined her three years ago. Christine would like to integrate more animals into her practice such as a rabbit, cat and/or ferret. Rio joins Christine in every session and is an active participant during session.

Christine reported that the therapeutic alliance is instantly bolstered by Rio’s presence. Rio aids in the non-hierarchical stance that Christine desires. She reported that clients have dogs and she has dogs, thus clients view Christine as a “real person” not just a therapist or expert. This non-hierarchal stance is vital for a strong therapeutic relationship and for clients to achieve their goals. Rio spends most of his time sitting at the client’s feet allowing them to pet him, placing his head in client’s lap, learning new tricks, or laying in his dog bed. Christine believes that Rio is attuned to client’s emotional needs and acts accordingly.

Participant 7: Carol

Carol is a 57 year old Caucasian female. She is a Licensed Marriage and Family Therapist in Florida. Carol is a master’s level clinical and has utilized systemic theory for ten years. She has been including animals in the counseling setting for 14 years. She primarily incorporates her dog into systemic based sessions, but also offers equine
assisted therapy. Carol views her animals as co-therapists due to their active role in each session.

Carol emphasized the importance of non-verbal communication that occurs between client and animal. She believes this focus on non-verbal actions can empower the client and provide insight. Animals do not speak English so the client must negotiate with the animal in a different way. This small interaction allows the client to change his/her perception, attack a challenge from a different point and achieve mastery through animal compliance. Each of these can be applied to relationships and symptom management.

**Participant 8: Penny**

Penny is a 30 year old Hispanic female. Penny is a Marriage and Family Therapist Intern in California and holds a master’s degree in Marriage and Family Therapy. Penny has been practicing for three years and incorporating her therapy dog, Bella, for two years. Bella joins the session as determined by client comfort and therapy goals. Often she was a source of comfort for many teens and their family members. Penny found that Bella plays a pivotal role in furthering the therapeutic relationship by creating an inviting and warm atmosphere for children, adolescents and their families.

**Participant 9: Mary**

Mary is a 47 year old Caucasian female. She is a Marriage and Family Therapist Intern in California. She has utilized systemic theory for the past three years. Her therapy dog, Joni, started attending sessions two years ago. Mary has a master’s degree in Marriage and Family Therapy. Mary described Joni’s participation as more of a passive participant. Joni engages with the client but is not an active participant in the
therapeutic process. Mary includes Joni based on her judgment of appropriateness with the client. Joni is eager to learn new tricks. Mary emphasized that having clients teach Joni a trick empowers the client and gives them a sense of mastery. In addition, the non-verbal feedback that Joni provides is extra reinforcement of a job well done.

**Presentation of Data**

As discussed earlier, this Delphi study was conducted in three rounds. The first round interview transcripts were coded. Each code was in response to a specific question on the interview protocol. The questions asked to each panelist were: (a) How do you define animal assisted therapy in your practice? (b) How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically therapeutic alliance? (c) How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically empowerment? (d) How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically power? (e) What are the challenges/benefits to incorporating a therapy animal into a system based sessions? (f) How do you determine what client(s) your therapy animal would be appropriate for? Each panelist was provided operational definition for therapeutic alliance, empowerment and power prior to the interview. A semi-structured interview was conducted via phone. Each interview was transcribed by the researcher. The researcher and two doctoral-level marriage and family therapist peers coded the transcription for themes.

Once themes were developed, panelists were provided themes based on the transcribed interviews. After the panelists reviewed the themes, each provided responses,
edits, etc to the themes. Four of 8 panelists (one withdrew due to personal issues) responded to the themes as being complete and comprehensive. The remaining four provided further clarification, edits and insights based on themes from round one via email. The themes based on round two were provided via email to panelists.

After reviewing the round two themes, 5 of 8 panelists stated that the themes were complete. Two of the panelists offered further clarifications and one panelist stated, “There just seems to be too much room for interpretation and so many possible factors implied but not pinpointed in the final list of "emergent codes" that it does not feel like a truly comprehensive overview.” The researcher coded the responses and developed final themes. The final themes and discussion are as follows.

**Definition of Animal Assisted Therapy in Practice**

Each panelist was asked to define animal assisted therapy as it is implemented in their practice. Themes developed by panelists are as follows:

- Goal-directed
- Clinical mental health
- Relationship between client and animal
- Animal assisted therapy vs. Animal assisted psychotherapy – psychotherapy being the foundation of treatment
- Experiential learning to meet goals, change behaviors and develop insight utilizing animals in treatment process
- Client agreement to work with animal

Over the three rounds, the eight panelists came to a consensus relating to the definition of animal assisted therapy in practice. Christine stated, “Utilizing the power of
an animal to aid clients in meeting goals and gaining insight.” Gina agreed, “Goal directed and documented.” Summer added, “An animal can help a client reach a goal.” Kate emphasized AAT is “clinical mental health” rather than a recreational model. Gina similarly stated “a trained clinician working with an animal in mental health.” Mary added, “Focus on mental health issues and diagnoses.”

There was some discussion back and forth between the round relating to the distinction between animal assisted therapy and animal assisted psychotherapy. Three panelists, two Ph.D.’s and one M.A, noted that there is a difference. Gina stated, “we actually call it animal assisted psychotherapy now” and Carol followed with “I like to distinguish between animal assisted therapy and animal assisted psychotherapy.” Christine also noted the new shift towards “animal assisted psychotherapy rather than animal assisted therapy.” In the second round Gina added, “psychotherapy as being the foundation of treatment.” Having an emphasis on psychotherapy treatment is important in the definition.

Several of the panelists referred to the relationship between client and animal in their definitions. Josie stated, “For me it’s about the relationship that forms between the clients and the dog…so a definition would be incorporating that relationship into the healing process.” Summer agreed, “It’s the relationship that can make a client feel calm or safe in the environment.” Kate added how “the interaction with the horse can be a metaphor for their interactions with other people.”

In the second and third rounds, panelists included the experiential learning, changing behaviors and development of insight. Mary stated, “Hands on interaction with an animal leads to insight through feedback and metaphor. Once a client has more
insight, behavior change can occur.” Additionally, it was important for Penny to note, “clients must agree to work with the animal, this should be included in informed consent.”

In sum, AAT is goal directed, mental health treatment utilizing a relationship between client and animal. Psychotherapy is the foundation of the treatment. Animals are utilized in the treatment process create experiential learning to meet goals, change behaviors and develop insight.

**Feminist Family Therapy Tenet: Therapeutic Alliance**

The research question asked to each of the panelists was: How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically therapeutic alliance?

Themes developed by panelists are as follows:

- Animal provides feedback
- Client identifies how behaviors impact others
- Joining, allows therapist to join faster
- Creates safe/warm environment
- Allows for a collaborative / non-hierarchal / value-less relationship
- Reduces anxiety in session
- Clients experience versus talking about
- Reduces pressure on therapist-client dyad by creation of triad (client, therapist, animal)

**Animal provides feedback.** Over the three rounds, the eight expert panelists agreed on nine themes relating to how the integration of therapy dog impacts the feminist family
therapists ability to enhance the therapeutic alliance. Five of the panelists commented on how having a therapy animal can provide feedback to clients that a therapist may not be able to provide. Mary stated, “I find that the feedback an animal provides is vital to the process. The feedback is instant and genuine with no agendas.” Christine too noted, “My dog provides people instant feedback into their behaviors. Their tone of voice, the rate in which they speak, their nonverbal signals, all of these, my dog provides instant feedback.” Carol had a similar sentiment as Mary and Christine, “I tend to focus on how the animal’s reaction might be similar to the reaction other people in your system may have to a behavior, thought or communication.” This therapeutic intervention was common among panelists. Many commented about how the feedback from the animal may be linked to the experience and feedback of people in the client system. Josie discussed how her dog, Millie, is like an intervention tool, “Using Millie to point out interactions, behaviors in the room and then provide feedback…Utilizing Millie as a feedback tool to provide insight into their words, tone and behavior.” Similarly, Gina reported:

The animal gives them instant feedback and they have to modify their behavior in the moment in ways that are more aligned with whom their best self is. The animal then gives them feedback whether it is working or not.”

This trial and error method can be safely explored with an animal due to their non-threatening and non-judgmental stance.

**Client identifies how behaviors impact others.** An animal’s ability to provide unbiased feedback often enhances the clients’ ability to identify how their behaviors may impact others. This theme was reiterated often and by most of the panelists. Penny
stated, “My dog is able to help clients identify how their behaviors impact those around them.” Similar to Penny’s sentiment, Summer offered:

They (clients) could almost monitor their own behavior by looking at Lucky. For example, if Lucky was calm and they were calm that would indicate their behavior. If they were excited he would get excited. So in that sense it taught them to be more aware. The animal is providing feedback to the client that can then be utilized by the therapist to provide insight. Gina, also, uses her animals as an insight tool:

The other animals that we work with are more conditional but I think they see the essence of that person and accept that person for who they are but they won’t necessarily accept the behaviors that the person puts out into the world. For example, if they’re wearing their anxiety or a kid who was always moving and cannot control his body then a lot of our animals are not going to accept that individual. However, it is not the individual they are rejecting it is the behavior that is triggering fear. Utilizing this feedback as a tool can allow an opening for the therapists to explore how behaviors impact others. Additionally, this feedback encourages clients to process concepts related to how their own perceptions may be impacted due to misinterpretations of other people’s behaviors. Lucy agreed, “From a systemic perspective, it (AAT) is great because it helps people understand how their behaviors impact those around them.”

Understanding how individual behaviors impact the system is a vital component of systemic therapy. As reported by the experts, animals have an ability to facilitate this important component, often more successfully than their human-therapist counterpart.

**Joining, allows therapist to join faster.** The therapeutic alliance is born and bolstered from the therapist’s ability to join successfully with each member of the system. Animals integrated into the therapy session facilitate the joining process quickly and effectively with the client system. The seven of the nine expert panelists mentioned joining when asked about how an animal impacts the feminist family therapist’s ability to develop and maintain a therapeutic alliance. Christine commented:
I can get down and sit on the floor with kids and my dog and connect with them on their level allowing us to have a better working relationship faster…My dog helps me to join with clients by evening the playing field; clients can connect with me through our commonality of having a dog. Often clients want to talk about their own experience with animals and this allows them to feel connected to me without even knowing me.

Josie agreed with Christine’s statement, “Having her there helps to join with clients. I do a whole lot of self disclosure, not about myself personally, but about Millie, training and our working together is enough to build a connection and rapport.” Mary added, “I have found that I can join quicker with client by having my dog present.”

Joining with clients is profoundly important to the overall success of any therapeutic treatment. Animals afford therapists the ability to have a commonality with clients, disclose more information to clients and create a welcoming atmosphere for clients to engage.

**Creates safe/warm environment.** Another theme that the experts identified is that the inclusion of a therapy animal creates a safe and warm environment. The six experts noted that this safe environment may impact the therapeutic alliance. “Just having a happy, wagging, carefree pup in the room creates a safer environment for clients” reported Penny. Further, Christine referred to the research stating, “The research supports a physiological de- arousal effect a dog has on humans. So whether the client acknowledges it or not simply petting my dog is reducing their anxiety and increasing their feelings of safety, warmth and connectedness.” In addition, Josie noted the nonthreatening space that her dog, Millie, created, “Millie provides a nonthreatening space to provide feedback. It also helps me to maintain rapport and a balanced alliance. I do not have to confront all the time, sometimes Millie can do it for me.” For Josie, having Millie present helped her to remain connected to the clients even when
confrontation was needed. The nonthreatening space allowed for confrontation by Millie and/or Josie to be accepted and non-detrimental to the therapeutic alliance. Lucy’s sentiments mirrored Josie’s statement, “He (dog) makes it very nonthreatening, safer and makes the alliance more even.” A therapy dog mere presence can impact the environment and strengthen the therapeutic alliance between client system and therapist.

Reduces client anxiety in session. As noted earlier by Christine, research supports that merely petting an animal can reduce anxiety (Chandler et al., 2010). Mary observed a similar relationship, “I notice when petting my dog, the client’s body language changes from tense to more relaxed.” This physical reaction to petting an animal will strengthen the therapeutic alliance. As the client’s anxiety in session is reduced the relationship between therapist and client system is enhanced. Summer reported, “Using Lucky in session helps clients to calm down and normalize me.” Further, Lucy stated, “When I notice someone getting agitated or upset, I can quiet down and my dog takes over.” Lucy allows her dog to enter the system as a way to reduce anxiety and agitation. This allows the client to take ownership of his/her ability to self-soothe instead of the therapist actively calming the client through talk or interaction. In this way, clients get to experience calming down versus simply talking about how to calm down.

Client experiences versus talking about. The difference between AAT and traditional talk therapy can be seen in this theme discussed by some of the expert panelists, client experiences versus talking about. Mary explained this to mean, “Clients get the opportunity to actively do and experience instead of sitting on a couch talking
about what they “should” do.” This experiential component greatly differentiates AAT from traditional talk therapy. Kate explained:

It takes the client being outside in nature…it allows for barriers to come down, they are more spontaneous, we are not just sitting in an office talking about the problem they are actively doing something…We are very focused on the therapist not interpreting for the client…we want the client to develop expertise in what meaning they are taking from the relationship with the horse”

This experiential nature of AAT impacts the therapeutic alliance. Kate summed up her response, “We are not exploring what’s wrong, we are exploring the moment.” This exploration of the moment breaks down barriers and allows the client to be more open and connected. This enhances the here-and-now focus instead of a past or future orientation.

**Collaborative/ non-hierarchal/ value-less stance.** Along with a here-and-now focus, feminist family therapy theory emphasizes the importance of a collaborative and non-hierarchical stance between therapist and client. The expert panelists agreed that the inclusion of a therapy animal helps to create this collaborative relationship. Christine stated:

Working with my pup, we (clients and therapist) can be collaborative and work together because I know just as much as they know about what my dog might do next. So if they try to teach her a trick, I have no idea what she’s going to do and neither does the client. This helps to level the playing field and allows us to work together to reach a goal.

Lucy added, “Using a therapy dog evens the playing field immediately in the therapeutic alliance because there is a common bond…there is a nonhierarchical situation happening with the dog in the room than without.” Carol emphasized that the expert position cannot be totally avoided, “They (clients) come to us as experts. They pay us, thus they put us in the power position.” While this statement is true, Kate challenged it by stating:
The horse de-centralizes the therapist because we’re so much looking at how the client connects with the animal and how they use the animal to help understand meaning in their lives. So it becomes the client as the expert of their own experience. The emphasis on “the client as the expert of his/her own experience” compliments the collaborative stance held by feminist family therapists and attempts to reduce the “power position” inherently held by the therapist. This collaboration further strengthens the therapeutic alliance. In addition, Christine adds that animals can provide a value-less stance, “The animal provides the ability to be nonjudgmental. They always have a nonjudgmental stance. As a human therapist, I always have a judgment. I cannot be neutral even if I tried.” This value-less stance that an animal can offer is extremely valuable and essentially impossible in traditional talk therapy. As noted in Feminist Family Therapy literature, all therapy is value laden as all therapists project their beliefs in session. Animals are value-free. This is a stance that human cannot maintain, making the integration of an animal in feminist family therapy valuable.

**Reduces pressure on therapist-client dyad by creation of triad (client, therapist, animal).** The last theme developed by the expert panelists was not initially included as a theme after the interview round one. During the interview portion when asked about the impact a therapy animal may have on the therapeutic alliance Carol stated

I see it as a triad. There is a relationship between the client and animal, the client and therapist, and therapist and animal. Each of those has its own separate dynamic. Of course, like any other relationship they are always changing. The researcher did not include this “triad” concept as a theme as Carol was the only panelists who mentioned it. However, in round two Carol reiterated this same concept:
In AAT the therapeutic dyad (client + therapist) becomes a triad (client + therapist + animal) thus changing the dynamic with the potential to both alleviate pressure or demands created by a one-on-one dyad and introduce new challenges in the triad. The therapeutic alliance may form more quickly or improve when the focus is re-directed to the third thing in the triad (the animal). After this clarification, the researcher noticed that other panelists had similar concepts but worded them differently. Penny stated, “Having my dog present often takes the pressure off of me and/or the client to perform. We can focus on the dog.” Additionally, Josie commented on how her dog may confront issues which allows her to step back and not compromise the therapeutic alliance.

The researcher was intrigued by this development through the member checking process inherent to the Delphi method. Without following through with member checking, this theme may have been lost due to miscommunication or lack of comprehension. In this case, the Delphi method process was illuminated and the researcher gained a richer understanding of data.

In sum, the research question: how does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically therapeutic alliance was answered by panelists. Nine expert panelists agreed that the inclusion of a therapy animal enhances the therapeutic alliance by providing feedback and allowing the client to identify how his/her behaviors impact others. Additionally, an animal in session allows for the therapist to join faster with the client system by creating a safe environment, developing a collaborative relationship, reducing client anxiety, reducing the pressure of therapist-client dyad, and providing a value-less stance. Lastly, the animal allows the client to experience versus talking about specific constructs or issues. Each of these themes bolsters the therapeutic alliance, a key principle of feminist family therapy.
Feminist Family Therapy Tenet: Empowerment

The research question posed to each of the panelists was: How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically empowerment?

Themes developed by panelists are as follows:

• Metaphor of: control over animal = control over self
• Facilitates insight development through feedback
• When in control of animal (walking, tricks, grooming)
• Increase body awareness
• Identify new ways to create change
• Animal represents outside issue
• Instant results (feeling of empowerment) through interaction/experiential nature

Facilitates insight development through feedback. When asked about how animals may facilitate client’s feelings of empowerment several panelists mentioned that animals drive insight development through their behavioral feedback. Josie stated, “Utilizing Millie as a feedback tool provides that insight into their words, tone and behavior. Millie will have a concerned face or lying in the corner if a client’s tone seems intense. Then I can use that as a tool for the couple to develop insight and thus be empowered.” Josie asserted that this insight provided by the dog’s behavioral feedback is empowering for the individuals of the system. Megan agreed by stating:

When clients are more presently oriented it helps them develop more insight than rehashing something that they think they already know…People are much more apt to follow their own insight and thoughts than the wisdom of somebody else. So for me, Buster helps develop a more “inside-out” focus…From their own insights they are able to see how they can move forward, they can see a different perspective.
This inside-out focus that Lucy refers to is a way to learn by experience rather than being told. Lucy has found that this feedback is an important and empowering component of the therapy session. Feminist family theory asserts that empowerment is created through insight. Animals help develop insight by providing feedback.

**Metaphor of: control over animal = control over self.** Insight can be gained in many ways. One way that six of the nine panelists discussed was through metaphor. Panelists explained that the metaphor of having control over the animal linked having control over self was extremely empowering for clients. Josie noted, “Animals often become used as a tool to represent an outside issue in the client’s life.” All three of the panelists who utilized horses in therapy mentioned this theme. Kate stated:

Their (the clients’) interaction with the horse can be a metaphor for their interactions with other people in their lives. We look at how people interact with the horse to see how they may interact with others around them… because when they’re engaged in a task with the horse that experience becomes metaphoric in their lives. That moment embodies change for the client so they are more able to imagine things like that change into their daily life.

Kate provided an example of this theme in action:

We worked with a woman yesterday was struggling with emotional issues in her personal life and the very simple task of haltering the horse she became overwhelmed with emotion about how the horse responded to her movement. She created so much meaning for herself about her ways of asking for movement and her intentionality and her certainty when she wanted or not. She was able to translate that back to when she felt powerless in her life and her relationship. We processed what it would be like if she felt certain that she was ready to move forward to be intentional about that.

Carol added, “Horses are stronger than humans, so when you equate the metaphor that you are stronger when you can get it (the horse) to do what you want to do.” This metaphor can be impactful and empowering for clients. From the panelist’s responses it seems as though this metaphor is very prevalent in equine assisted therapy. The size of
the horse creates space for this metaphor to be utilized. The panelists asserted that insight facilitated by metaphor is empowering for clients.

**When in control of the animal (walking, tricks, grooming).** In addition to insight, a more action oriented way to empower clients was discussed by the panelists. Specifically, the panelists noted that when the client was placed in control of the animal the client was empowered. Josie reported:

Each client gets a moment of power with her. They have to decide is she going to sit, will she lay down, where we are going to walk her, etc. provides that client a feeling of empowerment. For example, holding the lead of Millie allows that client to feel empowered like they have control over their environment.

Summer noted a similar experience:

I would also have clients walk Lucky with me, it would help if I gave some pointers, then Lucky would do something different. It would teach them to be more aware. They can walk and have control over Lucky and he would listen to their commands.

Having the client take control of the animal and having the animal respond favorably provided a feeling of empowerment for the client. Each member of the system, those perceived as powerful and powerless, would get an opportunity to own their power.

Leading a dog, horse, or goat and that animal following can be an empowering experience for client and client system. Christine stated:

With respect to the development of skills as a means to empowerment, animals are a great tool for this. Having a client teach a trick and having her respond to the client all show that the client has control and can enact change in his/her own environment.

**Increase body awareness.** Many panelists spoke about how animals increase clients’ body awareness. Being able to accurately identify physical cues and responses can be empowering for clients. Gina discussed the latest research related to this:

The animals then give them feedback whether this (behavior change) is working or not. Then the clients get a sense in their body of what it is to be whole, consistent and aligned...There is a lot of research coming out of the physiology of psychology and how the chemistry changes due to psychological growth. So
working with the animal gives them a feeling, a physical feeling of growth and empowerment. Gina touches on how physically feeling growth and empowerment can facilitate change and psychological healing. In traditional talk therapy, touch between therapist and client is not a common occurrence. Christine spoke to this, “The fact that touch can be incorporated safely with animals brings a whole new aspect to therapy. Humans don’t touch, but it’s ok to touch an animal.” Utilizing touch and physical interaction to promote empowerment can be effectively employed by an animal. Where human boundaries may restrain the therapist, an animal can go beyond and create new avenues for therapeutic impact. Kate summed up, “There is an empowering moment that happens allowing the client to experience things within their body as well as their mind.”

**Instant results (feeling of empowerment) through experiential nature.**

Another theme noted by the panelists related to instant results. Meaning, a client performs an action, the animal reacts, and the client receives an instant result to the action. Gina explained:

They (animals) require the individual to act in a powerful way even if that individual does not cognitively understand what he/she is doing. It works in reverse of the traditional therapy process. In traditional therapy the therapist would be talking about what would you do to utilize these skills to achieve a state of empowerment in your life. Whereas, with animals we don’t necessarily talk about it. They are out there with the animals, engaging with the animals and they have to modify their behaviors. Lucy agreed with Gina, “The problem with talk therapy is that it can be such an application rather than having some insight come from inside or through experience.” Additionally, Summer stated, “They could learn a new skill and see immediately that they could do the new skill when interacting with Lucky.” This instant empowering feeling can help clients apply similar actions to their own lives. Rather than talking about
how empowerment might feel, the clients actually feel it and then can recreate it again and again.

**Identify new way to create change.** Only two panelists spoke to this specific theme, however after being immersed in the data it clearly is applicable and permeates the topic of empowerment. Mary stated:

Interaction with an animal is different than with humans, different cues, different body language, and different verbal language. All of these differences force the client to create change in a different way than he/she is used to. For example, communicating with an animal in a different way may translate to insight that humans communicate differently too. The partner may choose to communicate differently with his/her partner based on this interaction and insight. Additionally, Penny discussed that clients “often find new ways to act or be while working with an animal. This new way of being is empowering for clients.” Although many panelists did not speak to this theme directly, there is an indirect connection between all of the empowerment themes that relate to creating new ways to change. Specifically, insight through feedback from the animal may result in new ways to create change in client systems. Most achieved therapy goals result in behavior change, thus an increase in empowerment may create that change.

Nine panelists responded to the research question: How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically empowerment. The animal helps to increase feelings of empowerment by emphasizing themes related to (a.) the metaphor of control over animal equals control over self; (b.) facilitating insight development through feedback; (c.) giving client control over animal (walking, tricks, grooming); (d.) increasing client body awareness; (e.) pushing client to identify new ways to create change; (f.) experiencing instant results though experiential interaction. The themes developed indicate that a
feminist family therapist may benefit from the inclusion of a therapy animal when focusing on and/or applying the principle of empowerment with client systems.

**Feminist Family Therapy Tenet: Power**

The research question asked to each of the panelists was: How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically power?

Themes developed by the panelists are as follows:

- Make power dynamics more visible through experience rather than abstract discussion
- Ownership of own power and power of animal
- Provide feedback of power through observation and discussion related to animal
- Challenge power

**Make power dynamics more visible through experience rather than abstract discussion.** For a feminist family therapist, making power dynamics visible is a vital component. The panelists agreed that having a therapy animal in the therapeutic setting helps to make power dynamics more visible. Christine explained:

> My dog helps to make power dynamics more visible in the therapy setting…Most interaction with the dog is nonverbal, most power interactions are nonverbal, thus connecting these two things allows the therapist see power dynamics play out faster than through traditional talk therapy. For example, the father may be very direct toward his children and mother may be passive, this is going to play out in a simple talk that I might assign the family such as get the tools to groom Rio and groom her. In this example, Christine noted that she may or may not address the power dynamics, depending on the treatment goals. However, having Rio present allows for her to quickly observe and identify how power is applied in the system. Josie shared a similar experience as Christine, “Me seeing and telling them about it (power dynamics) is
not nearly have the impact as if they can have that “ah hah” moment themselves.” Josie has found that clients need to experience the power dynamics and her dog helps that here-and-now experience to happen. Lucy stated, “He helps me show people who are feeling powerless that they do have power and they don’t see it.” For Lucy, her dog helps power become more visible and thus the client is able to take ownership of that power.

**Ownership of own power and power of animal.** As power dynamics become more visible, the panelists indicated that clients are able to take ownership of their own power as well as identify the power that the animal holds. Lucy emphasized, “Humans tend to believe that they have more power than four-legged, but here’s a dog who is exerting his own form of power in the session.” This observation and acknowledgment that power exists in even the smallest entities can be impactful for the client system. Kate added on to Lucy’s statement, “Those are very powerful experiences for them that they have power to influence an animal behavior in a positive way.” Kate has found that clients benefit from successful interactions with an animal who is physically far more powerful than the client. Similarly, Summer expressed, “The client may have power over Lucky, but Lucky also has the option to respond in a positive way in they use their power appropriately.” Summer is expressing how Lucky utilizes his power as a dog by responding or not responding to the request made by the client. These panelists all refer to the common theme that both client and animal hold and maintain power. The animal will choose his/her behavior based on the interaction with the client. Reflecting on how client’s behaviors impact the animal’s behaviors provides feedback to the client and system.
Provide feedback of power through observation and discussion related to animal. As noted earlier, the therapy animal is often utilized as a feedback tool. With relation to power, the panelists identified that observation and discussion related to the animal’s behaviors provides the client with feedback and opens the dialogue related to power. Christine stated, “My dog provides instant feedback to power dynamics that are going on. At times the client will notice other times I point them out.” Similarly, Summer asserted, “I can point out how different family members react and how her responses to the different family members may be based on their behavior and different styles of communicating.” Both Summer and Christine utilize the animal to help identify how power is manifesting in the system. Gina and the researcher held a dialogue related this theme:

Gina: Depending on which animal, the locus of power changes. For example, if they are starting to work with a large horse then they will believe that the horse has all the power. What we do in therapy is help them see that they have power over the horse…With animals like the rabbit, we discourage use of power with the rabbit. So we may focus on clients who abused power in relationships. For example, if a client is bossy and highly controlling we use some of those animals, like rabbits, to control their power for good. Stepping back and creating room for the animal to step forward can be a powerful thing to do.

Researcher: Yes, and what you are addressing is the exact definition I have regarding power. It is not a condition of oppression but it is the ability to perform and affect one’s own circumstance.

Gina: Exactly…Sometimes the powerful thing to do is step back.

Gina introduces the concept of perception and how it impacts locus of power. As Gina owns an animal assisted therapy ranch, she has many animals for clients to interact. These options allow for exploration of locus of power and differing feedback from each animal. Kate explores locus of power with relation to domestic violence survivors:

We have worked with domestic violence, women who have experienced abuse of power, it can be very empowering for them to think that where initially they may be intimidated or afraid that they can seek out a find a way to connect with that animal and cooperate with it.
Clients who have had their personal power abused may be able to develop a new sense of personal power by interacting with animals. Receiving positive feedback from an imposing animal may help to challenge current beliefs related to power.

**Challenge power.** The last theme developed by the panelists related to challenging power. Similar to Kate, Josie discussed an example of challenging power related to a couple experiencing domestic violence:

I find it a way to challenge the power inequities without being over confrontational. For example, clients were in a domestic violence relationship and the women in these cases feel like they have no control or power. Millie would tend to sit with the woman and I was able to see how that impacted the husband and his desire for attention and control. Millie was with the woman and I could see the frustration building. So in this sense, Millie challenged the power dynamic. Josie found that Millie was able to make the power dynamics more visible and challenge the current dynamics without being overly direct and potentially impacting the therapeutic alliance. Josie added that she can use Millie’s behavioral cues to ask questions and to challenge power from a more open and client driven stance. Penny added, “Using my dog, I have found that power may be challenged and the clients have to resolve this imbalance.” Challenging current power patterns may be difficult and too confrontational for some clinicians. The panelists agreed that therapy animals allow for power to be challenged in a less directive manner. Further, the feedback from the animal provides for each client to develop his/her own insights related to power dynamics within the relationship.

**Summary.** The panelists were asked, how does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically power? Their responses resulted in themes relating to: the animal challenges power and makes power dynamics more visible due to experiential nature rather than
abstract discussion. The animal aids the client to take ownership of his/her own power and the power of another being. Additionally, the animal provides instant feedback of how clients’ behaviors, communication, tone, etc impacts others by observation and therapeutic dialogue. These themes can enhance the feminist family therapist’s ability to apply principles of power and achieve therapeutic gains.

Challenges to Utilizing a Therapy Animal

The question posed to the expert panelists was: What are the challenges to incorporating a therapy animal into a system based sessions? The themes developed per their responses are as follows:

• Bathroom breaks, interruption of session
• Cannot always control animal
• Overly distracting
• Explaining the purpose and benefit of animal and process
• Shedding
• Environment of session: in-home vs. office vs. at work

When asked about challenges to the inclusion of a therapy animal in a system based session, most of the panelists had a difficult time identifying any specific issues related to a systems based session. Most of the themes discussed related to the challenges of utilizing an animal in any therapeutic setting. In addition, most of the themes are logistical issues rather than theoretical issues.

Distraction of session tended to be an overarching challenge for each panelist. Josie and Penny noted that bathroom breaks are a challenge, “If she has to go to the bathroom in the middle of session that can be disruptive.” Further, Christine discussed
how she cannot fully control her dog all of the time. Josie agreed and shared a story of how her dog likes to chase shadows. Millie may be engaged in session, see a shadow, disengage to chase the shadow and disrupt the flow of the session. Summer discussed how Lucky may be overly distracting from the therapeutic goals, “I work with adults with developmental disabilities, sometimes they become over stimulated, and focusing on Lucky would be so exciting it may be too distracting and may take away from the therapy.” Lucy shared a similar story, “Buster can’t sit around for very long so you have to get up and maybe walk him or take him outside, and that movement can be distracting.” In these moments, the therapist does not have full control over his/her animal, which may be challenging.

Other logistical issues were discussed by the panelists. Mary noted that shedding may create a challenge for clients and therapists. She mitigates this issue by providing lint rollers and offers that therapists should be mindful and remove hair from chairs, couches, etc. Summer introduced a different logistical issue of therapeutic environment as a potential challenge. She stated, “Can be very challenging to incorporate animals in in-home or work-based therapy sessions, unpredictable environment as well as others present.” Utilizing an animal in in-home therapy or other work-based settings may be challenging as there are many more variables to take into consideration. These alternative settings may have other people present or unpredictable environments. Summer offers that the therapist must place his/her animal’s safety and security above therapeutic goals.

The final theme related to educating potential clients about the purpose and benefit of animal assisted therapy. Kate stated, “Biggest challenge is explaining what it
is and have a client understand and think it is credible. There is very limited outcome research so it is not evidence-based model. Helping people understand that it’s a credible clinical approach.” Gina referred to family therapy and agreed with Kate adding, “Mainly due to how the parents perceive the animal as a therapeutic factor. Adults need to understand cognitively for them to feel comfortable with the process. Similar to play therapy, helping parents understand why play or interaction with an animal is important and therapeutic.” Due to the limited research and attention on animal assisted therapy, educating clients about the benefits is a challenge for therapists. More research is needed to emphasize the value of animal-human interaction.

**Therapist Assessment of Client Appropriateness**

The final question asked of the panelists was: How do you determine what client(s) your therapy animal would be appropriate for? Based on the responses from the panelists, the following themes were developed:

- Dependent of population and/or diagnosis
- May not use animal in first assessment session – Assessment related to animal’s potential comfort with client and client’s comfort with animal
- Must be mindful and use caution with clients who demonstrate aggressive / impulse control issues / loud tone or boisterous gestures / history of animal abuse
- Size of animal

When posed with the questions of determining client appropriateness all of the panelists stated that population and diagnosis was an important factor. Penny stated, “depends on population if an animal is appropriate.” Lucy has found that specific diagnoses are more appropriate than others, “My caseload is very much related to
anxiety, depression and adolescents and so those diagnoses lend themselves to having a therapy dog around. I do not see clients with severe mental illness.” Josie added, “Not all families may work with the dog around if they have little ones and are concerned about their safety.” Further, Gina asserted, “Severe allergies may prevent a client from interacting with an animal.” Lastly, Carol noted an interesting aspect that was not mentioned by any other panelist, “A lot has to do with finances…working with horses is more expensive than traditional therapy.” Carol offers traditional therapy, but if the clients have the financial means she may offer equine assisted therapy.

There was some disagreement among panelists regarding if the animal is present in the first assessment session. Four panelists do not introduce their therapy animal and clients on the first session. Josie stated, “I do not bring Millie to the first session because I want to get to know the clients and their presenting problems before I bring Millie into the room.” Christine added, “In the assessment session, my dog is not present… I do have client sign consent for working with her.” In contrast, three panelists do introduce animal and client in the first session. Lucy reported, “I interview people before I accept them as clients and Buster is always with me.” In the second round, Carol emphasized, “I DO use in first session.” Although panelists disagreed as to first session meetings, they all agreed that they do assess for specific issues/characteristics of clients.

Specific issues/characteristics that the panelist assess for relate to impulse control issues, history of animal abuse, loud tone, ability to respect boundaries set by therapist, etc. If a client meets these criteria, the therapist proceeds with caution, or may not include the animal in session. Gina stated:
We assess early on to see if there’s any history of animal abuse issues, any impulsive aggression and we are very careful with the smaller animals. The client must show us that they have enough self-control to work with the smaller animals. Christine added, “If any client is overly aggressive, is not respecting my boundaries, or major impulse control issues, I won’t allow my dog to be in session with them.” Similarly Lucy asserted, “I wouldn’t put Buster around children who have acting out and violent behaviors because I wouldn’t want to let Buster in the position to have to defend himself and for the child.” Josie, too, noted, “I look to see if the person is very loud and boisterous...if they are very loud then they might not fit well because she is trained, however she does have protective instincts.” Also, the size of the animal was important. Gina stated, “The client must show us that they have enough self-control to work with the smaller animals.” Each of the panelists was very firm related to the protection of their animal, the client and themselves. Summer and Christine referred to a “gut feeling” or “therapeutic intuition” about the appropriateness of animal and client pairing. Christine stated, “It’s a gut reaction, I know if this will be a successful match or not. I have to trust my gut sometimes and further assess the situation.” Each of the panelists is seeking a successful therapeutic outcome. Gina concluded with, “We pair client and animal that we think will be successful.”

In summary, animal inclusion depends on population and/or diagnosis. The Therapist may not use animal in first assessment session, thus allowing the therapist to assess the client’s and animal’s comfort levels. Clients who demonstrate aggressive/impulse control issues, history of animal abuse and/or have loud tone or boisterous gestures may not be appropriate. If the therapist chooses to utilize an animal with these clients, he/she must be mindful and use caution. Severe allergies also may
impact if an animal is appropriate in session. Therapists must take into account the safety of clients, animal and self when considering animal integration appropriateness.

**Summary of Results**

The researcher’s goal of this study was to identify how a therapy animal may assist and enhance the feminist family therapist's ability to join, intervene and enact change throughout the therapeutic process. The aim was to address this gap by surveying experts in the marriage and family therapy field who utilize an animal in their therapeutic practice. Nine expert panelists responded to an interview and two follow-up rounds via email. The results reflect the consensus of the panelists based on six questions.

The definition of AAT was agreed upon by the panelists as being a goal directed, mental health treatment utilizing a relationship between client and animal. Psychotherapy is the foundation of the treatment. Animals are utilized in the treatment process create experiential learning to meet goals, change behaviors and develop insight.

Key feminist family therapy principles were explored as to how a therapy animal may impact the focus and application of therapeutic alliance, empowerment and power. The most prevalent theme related to the therapeutic alliance was that a therapy animal allows the therapist to join with the client faster. Panelists indicated that therapy animals enhance the therapist’s ability to increase feelings of empowerment through insight related to unbiased feedback provided by the animal. Lastly, power was able to be explored due to the animal making power dynamics more visible in the therapeutic setting. This visibility allows the therapists to address power as it is being experienced in the moment.
In addition to feminist family therapy principles, panelists were asked about challenges of utilizing an animal in a systemic setting. Most of the challenges were logistical issues and not specific to sessions with couples and families. Bathroom breaks, interruption of session, lack of control over animal, animal may be distracting, shedding, environment of session were common challenges. Additionally, educating the potential client of the benefit of animal assisted therapy was mentioned as a challenge for some panelists.

Along with challenges, the researcher was interested in understanding the assessment process of client appropriateness for animal integrated session. Animal inclusion often depends on population and/or diagnosis. Some therapists may not use an animal in first assessment session. Additionally, therapists must be mindful and use caution with clients who demonstrate aggressive/impulse control issues, history of animal abuse and/or have loud tone or boisterous gestures. The size of the animal, and client allergies, also may impact if the animal is appropriate in session. Further discussion of the results will be provided.
CHAPTER V
DISCUSSION

The goal of this research was to explore the effectiveness of utilizing a therapy animal in a therapeutic setting with couples and/or families. This research attempted to support the integration of a therapy animal in a systemic theoretical model. More specifically, the researcher identified how a therapy animal may assist and enhance the feminist family therapist's ability to join, intervene and enact change throughout the therapeutic process. Obtaining expert opinion was the first step in evaluating the value of animal integration in systemic theory for the therapist and client system. A qualitative Delphi study was conducted to explore this potential. Nine experts from the marriage and family therapy field who utilize a therapy animal were interviewed over three rounds. These experts provided feedback and insights related to their area of expertise. Once the responses were transcribed and coded, themes were drawn from the data. These themes are described in Chapter IV. The themes provided a clearer explanation of the effectiveness an animal assisted systemic theory could offer clinicians.

These findings are summarized and discussed as a whole in this final chapter. Next, a critique of the methodology and limitation of the study are explored. Due to the results of this study, implications for clinicians will be addressed. Lastly, a discussion related to future research is provided.


**Discussion of Overall Findings**

AAT enhances many aspects of the therapeutic process. The inclusion of an animal in therapy sessions has been found to reduce anxiety, improve the therapeutic relationship, increase client feelings of agency, etc. (Walsh, 2009; Parshall, 2003; Beck & Madresh, 2008; Chandler, 2005; Fine, 2010). However, there is minimal research supporting the use of an animal in a systems based setting. After a thorough exploration of the research, it was concluded that feminist family therapy has some connections to the AAT literature (Meinersmann, Bradberry & Roberts, 2008). Current literature provides support for 3 of the 6 tenets of feminist family therapy that may be impacted by the inclusion of a therapy animal during a therapy sessions. Specifically, the author addressed the feminist tenets of (a) therapeutic alliance; (b) empowerment; (c) power.

**Therapeutic alliance**

From a feminist family therapy perspective, the therapeutic relationship is non-hierarchical and encourages the therapist and client to work together to achieve success (Vatcher & Bogo, 2001). Further, Vatcher & Bogo asserted that the feminist family therapist accentuates the importance of joining and developing a strong therapeutic alliance with each client. A non-judgmental and accepting stance is vital in the development of a sturdy therapeutic alliance (Hare-Mustin, 1984).

The panelists identified a non-hierarchal and collaborative stance as a component of integrating a therapy animal into the therapeutic session. Many panelists mentioned that the inclusion of a therapy animal helps to minimize the hierarchy and allow for a more collaborative environment. Further, joining was discussed by the panelists. From
the feminist family therapy perspective, joining is a vital component of a strong therapeutic alliance. Seven expert panelists mentioned that their animal helps the joining process.

The therapeutic technique of joining is a very personal and fluid process. Research agrees that a therapist should present as open, genuine and empathetic (Worden, 2003). Each therapist has a different way of joining based on his/her personality. The inclusion of a therapy animal creates a commonality between client and therapists. Further, the therapist seems more “human” and less “expert.” Therapy animals innately present as open, genuine and empathetic. This translates to clients and allows them to feel engaged. Although joining is an individual process, the inclusion of a therapy animal may help to bolster that process. The therapists, who struggle with joining, may consider incorporating a therapy animal in their practice to aid in joining with clients.

In addition to joining, a strong therapeutic alliance is built through the feminist family therapist holding a non-judgmental stance (Hare-Mustin, 1984). However, Ault-Riche (1986) indicated that non-judgmental does not mean value-free. As humans, all interaction is value laden and therapy is a political process. One panelist emphasized that animals do not have an agenda, bias or opinion. Animals truly are value-free. This value-free addition to therapy can hold a place in the therapy setting that could not exist in traditional talk therapy. While the feminist family therapist desires a non-judgmental stance, it is impossible for a human therapist not to project judgment. However, a therapy animal is non-judgmental.

Feminist family therapy theory states that all interaction in therapy is value laden. However, the non-judgmental stance that is held by an animal holds new significances for
feminist family therapists. The implications that an animal can create and maintain a dynamic that otherwise cannot exist is groundbreaking. Feminist family therapists no longer have to accept that all therapy is value-laden. The relationship between client and animal has no judgment, values or political undertones. Thus, only the relationship between client and therapist holds judgment and projection of values. The integration of a therapy animal allows for the feminist family therapist to expand beyond the current boundaries of feminist family therapy theory. Future research may explore this new value-free relationship to determine its potential effects on the outcome of therapy.

The maintenance of the therapeutic alliance is an integral part of feminist family therapy. Keeping the client engaged and committed to attending therapy is vital to successful outcomes (Vatcher & Bogo, 2001). Client continued engagement results from a safe environment as well as personal/systemic growth. The six experts noted that the inclusion of a therapy animal creates a safe feeling environment. Having an animal in the environment creates a safe and welcoming place that is desirable for clients. Further, themes of feedback and experiencing change opposed to talking about change are important factors for a strong therapeutic alliance. Feminist family therapists note that personal and systemic growth will propel clients into attending regular sessions (Vatcher & Bogo, 2001). With an animal in session, clients are able to experience growth rather than talk about what they “are going” or “should” do. This promotes insight and change, thus maintaining a strong therapeutic alliance.

The client experiencing growth lends itself to an inside-out dynamic in the therapeutic setting. The inside-out construct means the client develops insight, skills, motivation, etc based on his/her own merit. Instead of the therapist pointing out certain
patterns, interactions and cognitive distortions (outside-in), the client creates this change within him/herself. For example, a husband becomes angry, starts to raise his voice, and sits forward in his chair and points aggressively at his wife. The therapy animal may shrink back, walk away, tuck tail, and/or seek safety under a table or with the therapist. At this point, the husband may see the behavior of the animal and wonder why the animal is reacting in that manner. The therapist may reflect that question back to the husband, or ask the wife for her perspective. The husband may be more likely to understand how his actions impact others due to the animal’s feedback rather than the therapist telling the husband that his actions are aggressive. This creates the inside-out experience for the client and system. A therapy animal can contribute this experience to the therapy setting.

In traditional talk therapy, this inside-out experience may not be a prevalent. The implication of an animal providing an inside-out dynamic in session may enhance clinical outcomes. If clients are able to be empowered and take ownership of their actions and reactions, change in the system may occur faster and last longer. More awareness of an inside-out experience needs to be taken by therapists who utilize a therapy animal.

The themes developed by the expert panelists support the feminist family therapist’s emphasis on a collaborative, non-judgmental and engaging therapeutic alliance with each member of the system. The panelists cite examples and offer insight as to how the integration of a therapy animal is effective in enhancing the therapeutic alliance between feminist family therapist and client system. As these findings indicate, animal integrations aids in the development of the therapeutic relationship. Therapists from across theoretical orientations tend to agree that the therapeutic alliance is a vital component of any successful treatment outcome. As this study only explored how an
animal may impact feminist family therapy theory, the results indicate that the 
therapeutic alliance is enhanced with an animal present. Other theories may have similar 
experiences with animal integration. Future research should explore if animal integration 
has a similar outcome with relation to different theoretical orientations.

**Empowerment**

The second principle explored was empowerment. The feminist family therapist 
believes that empowerment can be achieved through insight and the development of 
concrete skills. Skill development includes: decision-making, reframing, assertiveness, 
social skills, and contributing to clients’ control over their environment (Hunter & Kelso, 
1985). The expert panelists in this study indicated that the inclusion of a therapy animal 
increases feelings of empowerment by facilitating insight developed through feedback, 
giving client control over the animal (walking, tricks, grooming), increasing client body 
awareness, encouraging the client to identify new ways to create change, and 
experiencing instant results through experiential interaction. Additionally, the panelists 
emphasized the metaphor of control over an animal equates to control over self/own life. 
These themes identified indicate that the inclusion of a therapy animal may aid in the 
empowerment of clients and client systems.

The panelists often noted that therapy animals provide feedback to the clients 
based on the client’s body language, tone, communication style, behavior, etc. The 
animal has a behavioral response to the client’s output. This response can be harnessed 
and utilized by the therapists to foster insight. An overly excited child may not be aware 
of her jumping, running and fidgeting behaviors, but feedback from the dog that is 
starting to jump or hide provides an opening for the therapist to process these behaviors.
Similar to the inside-out experience, developing insight empowers clients to take responsibility for current behaviors and enact change. Therapists may use this feedback tactic with many different populations and presenting concerns. Each individual would benefit from instant and unbiased feedback based on their behavior or communication style. Feedback from an animal tends to elicit less of a defensive response than if a therapist directly challenges the client. The feminist family therapist stance of curiosity can be accentuated with the inclusion of a therapy animal. The feminist family therapist may ask, “I wonder why Buster decided to go lay under the table? Why do you think he might have done that?” This tentative and curious stance empowers the client to develop his/her own meaning based on the animal’s reaction. Further research should explore the affect a therapy animal may have on empowering clients through insight development.

Feminist family therapists also assert that skill development empowers the client. Based on the panelist responses, interacting with horses tend to be very empowering for clients. Couples and families may be asked to halter and move the horse from point A to point B. Developing the skills to complete a new task and collaborating with other members of a system creates feelings of empowerment and mastery. After the task is completed, the therapist may link completion of this task to the potential of completing any daunting task in life. Clients are able to feel empowered in session and relate that to their life.

Skill development actively occurring in session is something that traditional talk therapy does not always offer. Often in talk therapy, different skills and scenarios may be discussed but rarely does the client develop a skill in session. Therapy animals offer the component that may not be available in traditional talk therapy. Walking a therapy
dog can be an empowering experience for many clients. Assuming a control position, holding the leash, giving verbal cues and the dog complying may be a task aimed at skill development. Depending on the client’s treatment goals, this process may empower clients. For example, a teenage female may have difficulty asserting herself in school. Having this client give direct and definitive verbal cues to the dog may increase her skill set of assertive communication. When the dog complies with her assertion, the client is instantly reinforced and feeling empowered. This skill of assertive communication may only be discussed in a future tense in traditional talk therapy, rather than actively experienced with the animal present. Similar to therapeutic alliance, skill development and empowerment are common goals in other therapy modalities. Therapists, regardless of theoretical orientation, may consider the empowering effect that a therapy animal can have on clients.

**Power**

The feminist family therapy principle of power was investigated. Vatcher & Bogo (2001) recommended that power in the relationship be identified, defined, challenged, and realigned. Panelists were asked how the inclusion of a therapy animal may impact the feminist family therapist’s ability to identify, define, challenge and realign power in the client system. The panelists agreed that the animal challenges power and makes power dynamics more visible due to experiential nature rather than abstract discussion. The animal assists the client to take ownership of his/her own power and understand the power of another being. Additionally, the animal provides instant feedback of how client’s behaviors, communication, tone, etc. impacts others by
observation and therapeutic dialogue. The themes described enhance the feminist family therapist’s focus and application of power throughout the therapeutic relationship.

Feminist family therapists emphasize that for power to be defined, challenged and realigned it must first be visible and observable. Based on the responses of the panelists, therapy animals help to make power more visible in the system. Once power dynamics are more visible the feminist family therapist can then choose the appropriate action to take based on the presenting concerns. Several panelists mentioned how their animal helped them to observe power dynamics, but they usually chose not to address power with the client system. Thus, the panelists did not provide many instances of how a therapy animal may assist the feminist family therapists in defining, challenging and realigning power dynamics.

Though panelists do not specifically address power in their sessions, the construct of power is more readily available for discussion. Interacting with a horse may create an uncomfortable power imbalance for some due to size difference. The therapist may address the construct of power in that moment to assist the client in understanding power and how it may play out in relationships. Further, identifying how each being no matter how big or small holds power. The feminist family therapist may explore how the client holds and wields his/her personal power based off of observation of how the therapy animal utilizes power. The inclusion of a therapy animal helps to make power more visible in the therapeutic environment.

Power dynamics are a constant in daily life on a micro and macro level. Each individual is negotiating power dynamics within one-on-one relationships, work relationships and societal relationships. At any given time, a client is negotiating several
relationships in which power can be identified, challenged and realigned. The findings indicated that similar to the therapeutic alliance and empowerment, a therapy animal has a unique ability to make power more visible than traditional talk therapy. With regard to power dynamics, the animal usually creates room for the topic of power to be addressed. Animal size and feedback can open the door for these conversations. As evidenced by the findings, therapists are not following up on the conversation of power with clients. Further research may be conducted regarding the hesitation of therapists to address power with clients. Research is necessary to better understand the barrier to the discussion of power. Animals provide an opening for therapists, but therapist must choose to follow-up on the topic. From a feminist family therapy perspective, power is a vital component to treatment and animals provide a stage for conversations regarding power to take place.

**Summary of Overall Findings**

Overall, the findings indicated that the inclusion of a therapy animal is beneficial. The therapy animal enhances the feminist family therapist’s ability to develop a strong therapeutic alliance, empower clients and make power dynamics more visible. These findings imply that a therapy animal can lead to successful treatment outcomes. The introduction of another being to the therapeutic system allows for key principles to be addressed more effectively. Feminist family therapists would benefit from including a therapy animal in the therapeutic environment.

From a more global perspective, the inclusion of an animal is an addition to the system. Traditional systemic therapy is the client system (couple and/or family) and one therapist. In order to enact change, the therapist must observe the system and then join the system. Once the therapist has entered the system and enacted change, the therapist
must withdraw from the system and encourage the members to maintain the growth (Worden, 2003). The addition of a therapy animal changes the previously held therapeutic plan. The animal is welcomed into the systemic sooner than the therapist. This presents the therapist with an opportunity to observe how the system accommodates this new member. This observation may provide greater insight and direct therapeutic goals. As the therapist joins the system, his/her connection with the animal may make the joining process easier. Once in the system, therapist and therapy animal may act as co-therapists to enact change. In the final phase, when the therapist exits the system, the animal does not have to exit. This may allow for an easier transition for the client system and maintain the therapeutic relationship. A systemic therapist may benefit from utilizing a therapy animal in practice. Regardless of the systemic model, the animal is an additional systemic member and provides insight and information about the couple and/or family.

**Critique and Limitation of Study**

This was an exploratory study to determine the impact of including a therapy animal from the feminist family therapy perspective. Several limitations impacted this study. This study consisted of eight participants. The small sample size as well as the solicitation of participants is discussed. Additionally, critique and limitations regarding the use of multiple rounds and semi-structured interview are addressed.

**Sample/ Solicitation of Participants**

The solicitation of participants was a fairly straightforward process. The researcher utilized social media, specifically Facebook to reach a large audience. Solicitation posts were made on Marriage and Family Therapy, Counseling and Animal
Assisted Therapy genre Facebook pages. The researcher received many potential participants who were interested, however many did not fit the criteria posted. In addition to Facebook solicitation, the researcher googled Marriage and Family Therapists and Animal Assisted Therapists. Through internet searches, the researcher emailed people who would potentially fit the criteria. These two manners of solicitation delivered eight participants.

The researcher did encounter an unexpected problem related to licensure from state to state. The inclusion criteria stated: must hold a license in marriage and family therapy. California licensing protocol differs from other states in that “Marriage and Family Therapy Interns” are equivalent to “Licensed Marriage and Family Therapists” in other states. Once this issue had been explored and remedied, the participants were included.

**Limitations.** There were several limitations to the sample and the process of solicitation of participants. As the researcher’s main participant pool was acquired via Facebook, many potential candidates could have been missed. Additionally, the researcher “cold calling” candidates based off of Google searches may have limited the participant selection. Only marriage and family therapists who are on specific Facebook pages and who have web pages were found and included. One participant was included due to snowball sampling; she was referred by an existing panelist. Social media and the internet are great ways of connecting people. However, it still has limitations and is non-inclusive.

Research indicated that for a Delphi study 9-11 panelists was sufficient (Board of Regents, 2002). This study had nine participants for the interview portion and eight
participants complete the study. This sample size was on the low end. More panelists may have yielded different or richer results. Further, the homogeneity of the sample limited the outcome of this study. The entire sample consisted of female panelists. A mixture of male and female panelists may have yielded different results. Further research may include a more heterogeneous sample.

Further, the time commitment and time of year was a limitation for the study. The study was conducted from November 2013-January 2014. This was during the winter holiday months. Several potential candidates denied participation due to the time of year and fear they would not be able to devote the appropriate amount of time to the study. Further, having participants respond three times can be time consuming and may limit their response.

**Multiple Rounds**

The nature of a Delphi study calls for multiple rounds and member checking. The first round consisted of a phone interview. The researcher contacted each panelist and based off of the interview protocol interviewed the panelists. From the responses, codes and themes were developed. The themes were presented to each panelist via email. Each panelist responded to the themes by adding, editing, challenging or agreeing with the themes presented. Again, the responses were coded and themes were created. The panelists were emailed themes and again asked to add, edit, challenge or agree. After three rounds saturation of the data had been reached. No new information was being shared by the panelists. The study was concluded.

**Limitations.** Limitations of the multiple rounds mainly relate to time consumption and panelists burn-out/drop-out. Responding three times over a three month
period can be time consuming. Providing rich and thoughtful responses also is a time consuming endeavor. Some panelists may have stated that the themes were comprehensive and they had nothing more to add due to time pressure and other pressing issues. Additionally, in the initial phase of the study the panelists were eager and excited to participate. By the third round, panelists may have been burnt-out on the topic and persistent nature of the study. Burn-out may have caused panelists not to provide extensive responses. Lastly, one panelist dropped out of the study due to a severe injury. Accidents and drop-outs are unpredictable yet impact the data and outcome of the study.

**Interview Process**

The interview process consisted of a semi-structured interview (See Appendix B). Each panelist was provided operational definitions prior to the interview. The researcher asked five interview questions, follow-up questions and probes to develop rich data. Each interview was 15-20 minutes in length. The interviews were recorded and later transcribed by the researcher.

**Limitations.** The researcher encountered limitations that mainly resulted from the semi-structured nature of the interview. The researcher may have explained more/less, asked more/less questions, educated more/less, etc. to each panelist. These differences may impact the data, but the effects are unable to be measured. Additionally, the researcher may have joined more with one panelist than another, again potentially impacting the data collection process. The semi-structured interview protocol makes it difficult to replicate this study. A different interviewer may have extracted different data. This is an inherent limitation of semi-structured interviewing.
The limitations of this study relate to three major areas: sample, multiple round and interview process. Time commitment and time of year caused some potential candidates to not participate. Those who did participate, other stressors or commitments may have limited their responses. Having multiple rounds may lead to panelist burn-out or drop-out. Rich data may not be provided due to lack of excitement of the study. Lastly, the nature of a semi-structured interview makes this study difficult to replicate. This specific researcher may have obtained more/less data than an alternative researcher. These limitations may have impacted the outcome of this study.

**Implications for Therapists**

As an exploratory study aiming to address a small portion of a large gap in the research, the implications of this study are narrow but impactful. As a global goal, the researcher aims to create an animal assisted systemic theory. Currently, there is no systemic theory that incorporates an animal, a very large gap in the research. In order to achieve her global goal, the researcher had to start at the very bottom rung, identifying which systemic theory may overlap with current linear animal assisted therapy principles. An exploration of the animal assisted therapy literature yielded some connection between animal assisted therapy theory and feminist family therapy theory. The researcher decided to capitalize on this existing connection and test if the inclusion of a therapy animal would impact and apply to feminist family therapy theory. Again, the researcher had to limit her focus, testing only three tenets (therapeutic alliance, empowerment and power) of a broader theoretical orientation. Thus, the findings of this study are limited to a small piece of a much larger puzzle. However, the researcher believes that the results may be generalized to other systemic theories.
The focus on three specific tenets of feminist family therapy theory is limiting. However, one of the tenets, importance of a strong and collaborative therapeutic alliance, is applicable across many systemic theories, specifically post-modern theories. Post modern theories emphasize and rely on a collaborative therapeutic alliance as a vital component of successful treatment outcomes. The findings of this study imply that the inclusion of a therapy animal aids in the development and maintenance of the therapeutic alliance. Therefore, the outcome of this study may apply not only to feminist family therapy, but to other theoretical orientations as well. Clinicians of many theoretical orientations may find that including a therapy animal would enhance their ability to join and develop rapport with their clients.

In addition to developing rapport with the client, this study discovered many benefits of including a therapy animal as a feminist family therapist. The findings clearly indicate that animals help clients to feel more comfortable, reduce anxiety, create an instant connection and are engaging. Further, the feedback provided by the animal can be utilized by the therapist in many ways. The feedback related to how client’s behaviors, communication, tone, facial expression, body language, etc. is extremely valuable. The therapist is able to utilize the animal’s feedback to make these covert processes more overt. This is a valuable tool regardless of theoretical orientation or population. Animals also can be utilized as a metaphor; this empowers the client to make necessary changes in his/her system. Feminist family therapy is not the only theory that emphasizes empowerment or a strength-based approach. Many theoretical orientations aim to empower clients through insight and skill development. This study indicates that animals facilitate growth related to feelings of empowerment.
A final implication can be extracted from this study related to the animals. Prior to the study, the researcher was not clear on animal appropriateness for clients. Through speaking with the panelists, it was apparent that horses have a very different function from dogs, cats, rabbit and mice. Two of the panelists exclusively utilize horses, while the other seven utilized “indoor” animals. Horses are not a source of warmth and comfort like a dog or cat. Horses often are perceived as scary or threatening, as noted by panelists. Their physical size creates an instant difference, most likely to do with perceived power. Horses are often used as a metaphor, “if I can move this horse, I can move the blockage in my life.” Whereas, indoor animals can be utilized as a metaphor they are often a source of joining, engagement and comfort. Therapists should be mindful about the animal that they choose to work with and how they will integrate this animal into a therapeutic environment.

In sum, as this study had limited scope, the results can be generalizable. The findings indicate that the inclusion of a therapy animal enhances the feminist family therapist’s ability to create a strong therapeutic alliance, develop feelings of empowerment and make power dynamics more visible. Feminist family therapy is not the only theoretical orientation to emphasize the importance of the therapeutic alliance and the empowerment of client systems. Thus, the inclusion of a therapy animal may prove to be a successful addition to other orientations. Further, indoor animals seem to have a purpose different from outdoor animals. Therapists should be mindful of their purpose and population when choosing a therapy animal. This was an exploratory study and further research needs to be conducted to fully understand the impact of a therapy animal in systemic therapy.
Directions for Future Research

This study will hopefully be the first of many. However, there is high demand for further research. As discussed earlier, only three tenets of one theoretical orientation were tested in this study. Future research should be based in two main areas: population specific testing and theory specific testing. Both of these areas should be explored from the client perspective and from the therapist perspective. In order to expand the field of animal assisted systemic therapy, a wealth of research needs to be conducted.

Focus on two main areas, population and theory, would help bolster animal assisted systemic therapy. Further research should address population specific issues. Attention should be given to test if therapy animals are more effective with specific populations than others. Further research may focus on assessing if diagnosis impacts the success of a therapy with an animal. Additionally, researchers should identify if number of system members (couples, families, sub-systems) are more effective with the inclusion of a therapy animal. Along with population specific research, theory specific research is important to the betterment of the field. Future research should test if the inclusion of a therapy animal enhances other systemic theories or if the findings of this study are an isolated event.

In conjunction with population and theory specific research, understanding the impact of a therapy animal from the client perspective and from the therapist perspective is vital. This study only focused on the therapist’s opinion of animal assisted systemic therapy. The therapist may naturally be biased. Exploring the client’s perspective of the effectiveness of including a therapy animal is an important component to the overall outcome of animal assisted systemic therapy.
In conclusion, this study is the first step in a long road of necessary research to establish the effectiveness of animal assisted systemic therapy. Additional research needs to be conducted. Population specific research as well as theory specific research should be explored. Additionally, the client’s perspective and therapist’s perspective of the effectiveness of including a therapy animal in systemic therapy must be assessed and evaluated. In order for animal assisted systemic therapy to a credible form of therapy, further research must be conducted.

The Researcher

As noted, the researcher has a passion for animals. She believes deeply in the bond that humans and animals share. A connection to animals has been evident her entire life. Currently, she has three dogs, one of which is in training to become a therapy dog. This passion for animals may be seen as a bias impacting this study. Further, surveying experts who utilize animals may produce biased results. In order to maintain transparency, the researcher kept a journal documenting her journey during this process.

In addition to her love for animals, this researcher identifies as a postmodern therapist. Prior to conducting this research, she would not have identified as a feminist family therapist. However, today she does assume that identity. Connecting these two areas has provided the researcher with new direction and passion for the field. In the future, the researcher plans to continue to research the connection between animal assisted therapy and systemic theory. This current study indicates that there is a potentially powerful connection between these two fields. In addition to creating a comprehensive animal assisted systemic theory, the researcher is a dedicated clinician.
She hopes to utilize a therapy dog in her practice to help clients reach their goals and improve their well-being.

**Summary of Discussion**

This chapter focused on the discussion of the results from this qualitative Delphi study. Eight expert panelists provided thoughtful and rich data related to the use of a therapy animal in a systemic therapeutic setting. The findings indicated that the inclusion of a therapy animal enhances the feminist family therapist’s ability to develop a strong therapeutic alliance, empower clients and identify power dynamics in the system.

This study is not without limitations. Limitations related to sampling, solicitation of participants, multiple rounds and the interview process. The Delphi study is time consuming due to the use of member checking and multiple rounds. The time commitment for panelists may have limited their responses and dedication to the study. Additionally, the semi-structured interview process makes this study difficult to replicate. The researcher had different follow-up questions and conversations with each panelists, thus impacting the data output.

This study was exploratory in nature. However, some of the findings may be generalizable to theoretical orientation other than feminist family therapy. The inclusion of a therapy animal enhanced the therapist’s ability to develop a strong and collaborative therapeutic alliance. Many post modern theories value a similar therapeutic alliance. Analogous implications related to empowerment and power. Feminist family therapy is not the only theoretical orientation to value empowering client and insight into power dynamics of a system. The inclusion of a therapy animal is beneficial for feminist family
therapists and potentially for other therapists who value therapeutic alliance, empowerment and power.

To truly understand the therapeutic impact a therapy animal may have, further research must be conducted with a focus on population specific and theory specific testing. In addition, understanding the therapy animal’s impact from a client and therapist perspective will greatly bolster the field of animal assisted systemic therapy.

For the researcher, this process has ignited a passion for further exploration of the human-animal bond and the implication for systemic therapy. Through this process she has been humbled by the amazing therapeutic power animals innately exude. The researcher plans to continue to research this area and develop a comprehensive animal assisted systemic theory. Therapist and animal are healing partners healing families.
REFERENCES


Chandler, C.K., Portie-Bethke, T.L., Minton, C.A., Fernango, D.M. & O’Call, A.


APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

Gender: ____________

Age: _______________

Ethnicity/ Race: Please specify your ethnicity:

___ White
___ Hispanic or Latino
___ Black or African American
___ Native American or American Indian
___ Asian
___ Pacific Islander
___ Multiracial
___ Would rather not say
___ Other _______________________

Degree: Please specify your highest attained degree:

___ Bachelor’s Level
___ Master’s Level (M.A., M.A.Ed., etc.)
___ Doctoral Level (PhD, PsyD., etc.)

State: Please provide the state that you currently practice in: _______________

License/s: Please provide your current license/s: _______________________

_____________________________________________________________

_____________________________________________________________

Do you currently hold an active license in Marriage and Family Therapy? Yes / No

If no, how many years of training have you received in a Marriage and Family Therapy focused counseling program? ________________________________

How many years of experience utilizing systemic theory in counseling setting?

__________
How many years of experience utilizing therapy animal in a counseling setting?


Type(s) of animal used: Choose all that apply:

___ Dog  ___ Bird  ___ Guinea Pig  ___ Lizard
___ Cat  ___ Cow  ___ Hamster  ___ Dolphin
___ Goat  ___ Rat / Mouse  ___ Alpaca / Llama  ___ Snake
___ Horse  ___ Fish  ___ Insect  ___ Sheep
___ Rabbit  ___ Pig  ___ Ferret  ___ Turtle
___ Other, please specify ____________________________________________

What is the frequency of utilizing a therapy animal in a system based sessions?

___ Every session
___ Every 2-3 sessions
___ Once
___ Per client request
___ Only if it pertains to phobia de-sensitization
___ Other: Please specify: ____________________________________________

In what capacity do you utilize your therapy animal?

___ Mostly as a passive part of the setting
___ Mostly as an active “co-therapist”
___ Depends on the client need/goals
___ Depends on how my animal is feeling/behaving

Please elaborate as needed: ____________________________________________
With what specific population do you find a therapy animal most effective?

___ Children  ___ Veterans
___ Adolescents  ___ Acting-out behaviors
___ Adults  ___ Partner-relational
___ Elderly  ___ Abuse survivors
___ Phobia diagnoses  ___ Trauma issues
___ Other diagnoses  ___ Other, please specify: ________________
APPENDIX B

SEMI-STRUCTURED INTERVIEW PROTOCOL

1. How do you define animal assisted therapy in your practice?

2. How does the inclusion of a therapy animal impact the therapist’s focus and application of key feminist family therapy principles, specifically therapeutic alliance? Empowerment? Power? (See definition below)

3. What are the challenges/benefits to incorporating a therapy animal into a system based sessions?

4. How do you determine what client(s) your therapy animal would be appropriate for?

5. Any further thoughts or comments?

Definitions:

1. Empowerment: Defined as "the process by which people, organizations, or groups who are powerless (a) become aware of the power dynamic at work in their life context, (b) develop the skills and capacity for gaining some reasonable control over their lives, (c) exercise this control without infringing upon the rights of others, and (d) support the empowerment of others in their community" (McWhirter, p. 224, 1991).

   • For the purpose of this research, consider that empowerment can be achieved through insight and the development of concrete skills. Skill development
includes: decision-making, reframing, assertiveness, social skills, and contributing to clients’ control over their environment.

2. **Power:** Defined as "the capacity to gain whatever resources are necessary to remove oneself from a condition of oppression, to guarantee one's ability to perform, and to affect not only one's own circumstances, but also more general circumstances outside one's intimate surroundings" (Goodrich, p. 10, 1991).

   • For the purpose of this research, consider that power in the relationship should be identified, defined, challenged, and realigned. Power inequities should be made visible in the therapy setting and the feminist family therapist should not assume that each individual has equal power in the relationship.

3. **Therapeutic Alliance.** Defined as a non-hierarchical therapist-client relationship marked by a mutual sharing of information about the therapeutic process, personal values and seminal experiences. The therapist is not viewed as the expert, but as a supporter and provider of resource. The feminist family therapist models a respectful, empathetic, empowering and collaborative experience for each client (Vatcher & Bogo, 2001).
APPENDIX C
PRIORI CODES

1. Informal use
2. Trained therapy animal only
3. Reduce anxiety in session
4. Reduce symptoms
5. Comfort
6. Allows for communication
7. Safe/warm environment
8. Joining
9. Levels of disclosure
10. Understand power dynamics
11. Feelings of empowerment
12. Past history with animals
13. Experience and familiarity with animals
14. Fear of animal
15. Client questionnaire
16. Use with all clients
17. Allergies
APPENDIX D

INFORMED CONSENT

The University of Akron

Informed Consent

Title of Study: The Integration of a Therapy Animal in Feminist Family Therapy

Introduction: You are invited to participate in a research project being conducted by Teresa Rogers, a Doctoral Candidate in the School of Counseling, at The University of Akron.

Purpose: This research attempts to explore the positive impact of integrating a therapy animal in a systemic theoretical model. More specifically, the researcher hopes to identify how a therapy animal may assist and enhance the feminist family therapist's ability to join, intervene and enact change throughout the therapeutic process. There is minimal literature regarding the use of animals in a systemic setting. The researcher aims to address this gap by surveying experts in the marriage and family therapy field who utilize an animal in their therapeutic practice. Obtaining expert opinion will be the first step in evaluating whether or not the integration of animals in systemic theory would provide a benefit for the therapist and client systems. The estimated number of participants to be included in this study will be 9-11 professionals.

Procedures: Data will be collected via a demographic information questionnaire, an initial semi-structured interview and follow up contact to revise, clarify and/or expand previously generated data. Interviews will be conducted via phone or video-conferencing. Follow-up contact will be conducted via e-mail to allow participants time to review gathered data and respond. There will be at least two follow-up “rounds” after the initial interview. Each round the participants will be presented with themes derived from data gathered by all of the participants in the previous round. Participants will be expected to edit, expand, clarify, agree, disagree, etc. with the data provided. The rounds will conclude once redundancy has been achieved and/or no new data is provided. Interviews will be transcribed and data via e-mail will be collected.
**Exclusion:** Participants are chosen for their expertise and knowledge of subject matter. The criteria for inclusion in this study is: (a) hold a license in marriage and family therapy and/or trained in a marriage and family therapy specific training program; (b) utilize an animal(s) in therapeutic practice to some extent; (c) actively practice systemic theory with couples and families for at least 2 years post graduation; (d) possess capacity and willingness to participate; (e) have sufficient time to participate; (f) proficient in written and verbal English language.

**Risks and Discomforts:** The possibility of a psychological risk to you, the participant, is minimal as you will only be providing your expert opinion regarding the use of animals in a clinical setting. You will not be asked to share any sensitive information.

**Benefits:** The benefits to you for participating in this study may be a sense of furthering the fields of marriage and family therapy and animal assisted therapy. Your participation will help mental health professionals to better understand the effectiveness of integrating animals in a systemic therapy setting.

**Right to Refuse or Withdraw:** Participation is voluntary and that refusal to participate or withdraw from the study at any time will involve no penalty or loss of benefits to which they are otherwise entitled. If participant chooses to withdraw, data pertaining to that individual will be removed to the level of ability by the researcher.

**Anonymous and Confidential Data Collection:** Any identifying information collected will be kept in a secure location and only the researchers will have access to the data. Participants will not be individually identified in any publication or presentation of the research results. Only aggregate data will be used. Your signed consent form will be kept separate from your data.

**Audio and Video Taping:** Interviews will be audio-taped and transcribed without identifying information. The audio-tape will be kept in a secured file cabinet in the office of the researcher and will be destroyed after 7 years.

**Confidentiality of records:** The audio-taped interviews will be kept in a secured file cabinet in the office of the researcher. The transcribed documents will not include your name; it will include a number assigned to you in order to help maintain confidentiality.

**Who to contact with questions:** If you have any questions about this study, you may call Teresa Rogers 440-823-2732 or Dr. Karin Jordan at 330-972-5515. This project has been reviewed and approved by The University of Akron Institutional Review Board. If you have any questions about your rights as a research participant, you may call the IRB at (330) 972-7666.

**Acceptance & signature:** Entering name below is an indicator that I have read the information provided above and all of my questions have been answered. I voluntarily
agree to participate in this study. Please print and keep a copy of this consent form for future reference

Participant Name:          Date

  o I would like a copy of my interview transcript
  o I would NOT like a copy of my interview transcript
APPENDIX E

IRB APPROVAL
NOTICE OF APPROVAL

September 17, 2014

Teresa Regera
3401 26th Street NW
Canton, Ohio 44708

From: Sharon McWhorter, IRB Administrator

Re: IRB Number 20140905 "The Integration of a Therapy Animal in Feminist Family Therapy"

Thank you for submitting your IRB Application for Review of Research Involving Human Subjects for the referenced project. Your application was approved on September 17, 2014. Your protocol represents minimal risk to subjects and matches the following federal category for exemption:

☐ Exemption 1 - Research conducted in established or commonly accepted educational settings, involving normal educational practices.

☒ Exemption 2 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior.

☐ Exemption 3 - Research involving the use of educational tests, survey procedures, interview procedures, or observation of public behavior not exempt under category 2, but subjects are elected or appointed public officials or candidates for public office.

☐ Exemption 4 - Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens.

☐ Exemption 5 - Research and demonstration projects conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine public programs or benefits.

☐ Exemption 6 - Tests and food quality evaluation and consumer acceptance studies.

Annual continuation applications are not required for exempt projects. If you make changes to the study’s design or procedures that increase the risk to subjects or include activities that do not fall within the approved exemption category, please contact me to discuss whether or not a new application must be submitted. Any such changes or modifications must be reviewed and approved by the IRB prior to implementation.

Please retain this letter for your files. This office will hold your exemption application for a period of three years from the approval date. If you wish to continue this protocol beyond this period, you will need to submit another Exemption Request. If the research is being conducted for a master’s thesis or doctoral dissertation, the student must file a copy of this letter with the thesis or dissertation.

☑ Approved consent form/s enclosed

Cc: Karin Jordan - Advisor
Cc: Valerie Callanan - IRB Chair
Title of Study: The Integration of a Therapy Animal in Feminist Family Therapy

Introduction: You are invited to participate in a research project being conducted by Teresa Rogers, a Doctoral Candidate in the School of Counseling, at The University of Akron.

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Procedures: Data will be collected via a demographic information questionnaire, an initial semi-structured interview and follow up contact to revise, clarify and/or expand previously generated data. Interviews will be conducted via phone or video-conferencing. Follow-up contact will be conducted via e-mail to allow participants time to review gathered data and respond. There will be at least two follow-up “rounds” after the initial interview. Each round the participants will be presented with themes derived from data gathered by all of the participants in the previous round. Participants will be expected to edit, expand, clarify, agree, disagree, etc. with the data provided. The rounds will conclude once redundancy has been achieved and/or no new data is provided. Interviews will be transcribed and data via e-mail will be collected.

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Risks and Discomforts: The possibility of a psychological risk to you, the participant, is minimal as you will only be providing your expert opinion regarding the use of animals in a clinical setting. You will not be asked to share any sensitive information.

Benefits: The benefits to you for participating in this study may be a sense of furthering the fields of marriage and family therapy and animal assisted therapy. Your participation will help mental health professionals to better understand the effectiveness of integrating animals in a systemic therapy setting.

Right to Refuse or Withdraw: Participation is voluntary and that refusal to participate or withdraw from the study at any time will involve no penalty or loss of benefits to which they are
otherwise entitled. If participant chooses to withdraw, data pertaining to that individual will be removed to the level of ability by the researcher.

**Anonymous and Confidential Data Collection:** Any identifying information collected will be kept in a secure location and only the researchers will have access to the data. Participants will not be individually identified in any publication or presentation of the research results. Only aggregate data will be used. Your signed consent form will be kept separate from your data.

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**Acceptance & signature:** Entering name below is an indicator that I have read the information provided above and all of my questions have been answered. I voluntarily agree to participate in this study. Please print and keep a copy of this consent form for future reference.

Participant Name: ___________________________ Date: ____________

- I would like a copy of my interview transcript
- I would NOT like a copy of my interview transcript

[Approval stamp: The University of Akron]