

PSYCHOLOGISTS' USE OF DOGS IN PSYCHOTHERAPY:
A THERAPEUTIC EXPLORATION

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PSYCHOLOGISTS' USE OF DOGS IN PSYCHOTHERAPY:
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ABSTRACT

PSYCHOLOGISTS' USE OF DOGS IN PSYCHOTHERAPY:

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The current fund of literature documents the many benefits of using dogs as adjunct healing agents for both physical and psychological ailments. Despite the ever-growing body of research about dogs as adjunct interventions, there is a meager amount of information available about clinician's experience of bringing their dogs to work with them. This dissertation is an in-depth exploration of six psychologists licensed in the state of Washington who brought their dogs with them to work. Each participant's interview was analyzed using Interpretative Phenomenological Analysis. From their interviews, nine primary themes were identified: Reason for the Acquisition of Dog, Nature of Dog, The Human-Dog Relationship, Interventions, Value of Dog in Therapy, Impact on Dogs, When a Dog is Not Available, Downside of Having a Dog in the Room, and Grief and Loss When Dog is No Longer Available. Responses included differences from existing literature including the multiple rolls the dogs play during the work day, how dogs are affected by attending therapy, specific ways dogs are utilized as therapeutic interventions, and some challenges of bringing a dog to the office daily. This dissertation is available in open access at AURA, <http://aura.antioch.edu/> and Ohio Link ETD Center, <https://etd.ohiolink.edu/etd>.

Keywords: Therapy Dog, AAT Interventions, Impact on Dogs in AAT

Dedication

This dissertation is dedicated to my family. It is only with your unwavering patience, support, and belief in me that I was able to complete this work. Thank you for your constant love and encouragement; they mean the world to me, especially when I doubted myself. I hope I have done you proud.

This work is also dedicated to the beloved dogs in my life. They gave me the inspiration for my topic and supplied constant companionship and many moments of comfort and laughter during the rough spots. I am eternally grateful.

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INTRODUCTION

Little is known about psychologists' perspective and experiences of animal-assisted therapy despite the increasing popularity of use. This dissertation provides an in-depth exploration of why and how psychologists who use dogs as a part of therapy perceive the use of a dog in psychotherapy. The current body of literature devoted to the incorporation of animals in mental health settings is scant, and slowly growing. Much of the research available indicated possible benefits associated with animal-assisted therapy for a variety of psychological ailments and that interventions with animals must be purposeful and paired with skillful mental health treatment (Fine, 2005). What is missing in the literature is information on what therapists, and more specifically psychologists, do and experience while working with a dog in the therapy session. This absence highlights the need for an in-depth look into this little understood dynamic.

Through interpretative phenomenological analysis, this dissertation looks at licensed psychologists' experiences of bringing a dog into psychotherapy. Participants had the opportunity to offer their unique perspectives on their motivation for using their animals, what their dogs did during sessions, and the relationships between dogs, therapists, and clients.

This study begins with a review of literature relevant to dogs working with mental health clinicians during treatment. Provided first is a general background of the domestication of dogs and how the animals transitioned to household companions. Understanding the complicated nature of the relationship between humans and dogs is important for conducting this study; therefore, attachment and human-animal bond are discussed. Historically, dogs provided healing benefits to ailing populations as early as the 9th century (Bustad & Hines, 1984). More recently, healers identified the ways dogs benefitted people with both physical and mental health ailments,

necessitating inclusion of the research documenting available information given the relevance to this study. Specific animal-assisted interventions are also discussed. Given that the documentation of animals working alongside humans in healing, terminology is sometimes confused and misused, clarification is provided.

Unfortunately, it is the reality that dogs typically live shorter lives than humans, creating the need for information about grief and loss. None of the literature discussed the impact the loss had on a healing professional; therefore, information about the grief and loss of companion animals included in its place.

It is critical to discuss ethical considerations for animals who participate in interventions with those who struggle with mental illness. Hence, also included in the literature review is information on animal welfare, the impact of animal-assisted therapy on the animals, and animal advocacy.

This study was conceptualized on the foundation of the information provided in the literature review. Study specifics, including its significance, an introduction to Interpretative Phenomenological Analysis, study procedures, results, and a discussion of how the findings related to the already available research. Research limitations and recommendations for future research are identified.

REVIEW OF LITERATURE

Domestication of Dogs

*“And then, we go into partnership
with this group of wolves.*

They altered our relationship with the world.”

~ Greger Larson, archaeologist and geneticist (as cited in Yong, 2016)

The relationship between humans and dogs has existed for tens of thousands of years based on pictorial and documented evidence. Wendt (1996) reported deoxyribonucleic acid (DNA) testing indicates the connection between man and dog goes back no less than 80,000 years, while other researchers (e.g., Corrieris, 2008; Vila et al., 1997) suggested interactions with dogs likely began over 135,000 years ago. According to genetic research by Case (2008), Vila, Savolainen, and Nakdibado (1997), and Okumura, Ishiguro, Nakano, Matsui, and Sahara (1996), wolves (*Canis lupus*) are modern day dogs' (*Canine familiaris*) closest relative, sharing more than 99.8% of mitochondrial deoxyribonucleic acid (mDNA). Through domestication, defined by Price (1984) as the genetic and environment adaption of dogs to humans and captivity, canines and humans have a unique relationship, in which dogs “have established a niche for themselves in human society” (Nagasawa, Mogi, & Kikusui, 2009).

Although the exact timing is unknown, scientific conclusions indicate that domestication first occurred in Eastern Asia between 14,000 and 17,000 years ago (Spady & Ostrander, 2007). Early hypotheses suggested dogs may have been domesticated at different times and in multiple different locations around the globe; however, more recent research points to a specific global area and time period of domestication. To better understand the origins of modern dogs, researchers Leonard and Fisher (2005) collected and examined DNA from dogs found during archaeological digs in both North and South America. While the dogs from the Americas shared

genetics with each other, they were not linked to the wolves native to either North or South America. Their findings support early suppositions that domestication occurred in Europe or Asia, and that modern-day dogs are descendants of “Old World” gray wolves (Case, 2014, p. 3246). According to Walsh (2009), dogs were socialized and domesticated through a process of cooperation and coevolution based on the mutual need for food, shelter, and protection. In addition to the companionship they provided, these early dogs worked as equal partners in hunting and fishing. Beginning approximately 9,000 years ago on the banks of the Nile River in Egypt, dogs enjoyed to its highest position of dignity in recorded history (Wendt, 1996). During this time, canines began providing assistance in the development of agriculture, helping farmers with herding livestock (Walsh, 2009) and easing heavy physical burdens such as pulling carts (Wendt, 1996). During their side-by-side work, and despite their subordinate nature, dogs became progressively more valued as companions to humans. As time passed, the relationship between man and dog became “voluntary and mutually beneficial” to both species (Wendt, 1996, p. 96) and thus began the dynamic of dog solely for companionship as a pet.

How dogs were domesticated begged questions about the process and the differences between the domesticated dog and its wolf ancestors. In his review of the domestication of dogs, Case (2008) discussed the Domestication Theory to explain how dogs evolved from the standoffish wolf to man’s best friend. This theory posited that humans likely took the opportunity to interact with wolves when the animals came close to them to eat discarded food. The wolves were then deliberately to act as companion and they selectively bred them to assist in hunting and gathering, which produced genetic changes as the process continued. Furthermore, as the wolves became more comfortable around humans, they no longer needed to hunt in packs,

which altered their “wild” ways of “socialization, feeding, and reproductive practices” (Case, 2008, p. 3248). Over time, the alterations in their behaviors caused wolves to become tame and more interactive with humans.

Udell, Dorey, and Wynne (2010) presented another theory, the Two-Stage Hypothesis, to explain dogs’ domestication. They argued that two conditions were necessary for domestication. First, genetic changes occurred based on deliberate interactions between humans and canines, as well as breeding practices. Second, interactions between humans and canines had to occur during a specific developmental timeframe for the animal. In other words, genetics *and* timing of interactions were both critical for domestication.

Research on the domestication of canines included how animals’ traits and the process of domestication affected dogs’ sensitivity to human cues and communication. Udell, Dorey, and Wynne (2010) suggested this sensitivity to humans is a result of dogs’ ability to receive a reinforcement following behavioral alterations, which contributed to successful domestication (Udell & Wynne, 2008). In their 2010 article, Udell, Dorey, and Wynne (2010) suggested four areas that are relevant to dogs’ awareness and response to human communication: theory of mind, word learning, social learning and imitation, and following points. They offered a brief overview of research in each of these areas.

Keeping in mind the controversy about theory of mind (not covered in this paper), Brauer, Call, and Tomasello (2004) investigated whether dogs changed their behavior based on human attention. Outcomes showed that after being forbidden to eat food, the dogs readily ate it if their owners turned their backs but did not eat when their owners watched on them. A study of dogs’ ability to learn new words by Kaminiski, Call, and Fisher (2004) was reviewed. During the

investigation, the border collie retrieved over 200 different objects by voice command. Furthermore, he picked out items that's names were unknown to him when they were placed with several known items. An overview of Pongracz et al. (2001) found that dogs learned from nonverbal human communication. Dogs located a desired object (i.e., food or toy) when researchers first demonstrated the path to the item but struggled to find the location of the item when they were simply shown the object's location without a demonstration of how to get to it. According to Udell, Dorey, and Wynne (2010) "pointing is one of the first tests of sensitivity to human cues conducted with individuals in a species or population (p. 330). They identified a number of studies (e.g., Mikló et al., 1998; Soproni et al., 2001) that found dogs responded to multiple methods of pointing. Hare, Brown, Williamson, and Tomasello (2002) pointed out that although these skills seemed basic, primates were unable to demonstrate them, highlighting the unique characteristics that made domestication possible for dogs and their sensitivity to communication with humans.

The Evolution and Nature of Dogs as Pets

"Dogs are not our whole lives, but they make our lives whole."

~ Roger Caras, photographer and writer

Dogs were reportedly held in high esteem and regarded as pets as far back as ancient Roman, Egyptian, and Greek times (Serpell, 1996). The practice of keeping dogs as pets in Europe and North American became widespread and respectable during the mid- to late eighteenth century (Tague, 2008). Whereas most domesticated animals at that time were valued for the practical service and economic resources they provided, pet ownership was, and still is, based solely on the relationship itself. During the early modern period, as living and working spaces were separated, most livestock were moved to barns and away from intimate human

contact. This shift made it possible for some animals to be singled out as favored as a result of sharing the home with humans. According to Hoffer (2011) this “demarcation of space” created changes in both the animal kingdom and within human hierarchies; domesticated animals received greater levels of human concern and became new members of the family (p. 109).

Today, dogs are not only valued for the companionship they provide but may be more important as objects of affection (Clutton-Brock, 1995). The role dogs play in companionship and pleasure to humans has led to the current rate of over 69,926,000 pet dogs in United States households (American Veterinary Medical Association, 2015) at the cost to their owners of over \$100 billion (American Pet Products Manufacturers Association, 2007). Dogs undoubtedly found a special position in human society; of all domesticated animals, they are the closest and most integrated pet into American households and society (Nagasawa, Mogi, & Kikusui, 2009).

Attachment

Current understanding of the attachment relationship between parent and child is based on the work of Bowlby (1969, 1973, and 1980) and Ainsworth (1978). According to Bowlby (1969), attachment is a “lasting psychological connectedness” (p. 194) between parent and offspring that begins the moment of birth and is compelled by an infant’s need for food, protection, and security. If the infant senses a threat of danger or disruption in the attachment, the child will engage in attachment behaviors (e.g., eye contact, smiling, cooing) in attempts to contact the caregiver (i.e., proximity seeking) (Ainsworth, 1989; Bowlby, 1980). Sable (1995) indicated that in some cases it is the *proximity* to an attachment figure that mitigates anxiety and brings comfort to the infant if the caregiver is unable to provide anything else. At other times, it is the *feeling* of being secure and accepted by another who is experienced as an attachment figure

that helps regulate distressing psychobiological states (Ogden, Minton, & Pain, 2006).

Attachment to a caregiver is supported and strengthened when the caregiver is attuned to the infant and meets her needs. When the child feels the sense of security, she is able to explore her world using the caregiver as a secure base to which she can return (Bowlby, 1969).

The need for a secure attachment and the feelings of safety that comes with it persists throughout the lifetime (Sanford, 2006). Ainsworth (1991) developed four criteria that define attachment relationships regardless of age and person identified as an attachment figure: the attachment figure is viewed as a secure base from which the person can move away and explore; the person feels safe to return to the secure base during times of emotional stress; positive emotions when the person is in proximity to the secure base; and negative emotions are experienced when the person is separated from the secure based.

The behaviors that drive proximity seeking are situation specific, whereas an attachment bond is a relatively constant construct and is not dependent of situational factors (Ainsworth, Blehar, Waters, & Wall, 1978). Marris (1982) noted that once attachment is organized, it is constant, exclusive, and not easily relinquished. As the child grows and becomes comfortable in new situations and with more people, new attachments are typically formed; however, the caregiver is still an essential attachment figure through this developmental period (Beck & Madresh, 2008). The attachment bond created in a secure attachment with one's caregiver is generalizable to others, which helps explain how a securely attached child may be soothed by trusted others, such as a teacher when upset at school (Sable, 1995). Development into adulthood alters the attachment needs of a child: the specific caregiver becomes a less essential need while another developmentally appropriate figure becomes the primary attachment figure (Hazan &

Zeifman, 1999). Hazan and Shaver (1987) originally suggested that the attachment bond may extend to romantic relationships among adults, and Trinke and Bartholomew (1997) broadened the concept of adult attachment relationships to peers and siblings. Pet attachment is a construct that has developed based on the increasing emergence of pets in people's lives (Archer, 1997).

Attachment Measures

In order to assess the attachment between a child and her mother, Ainsworth and Wittig (1969) devised the Strange Situation Test (SST). The SST is a structured laboratory observation used to assess and measure the quality of attachment and exploratory behaviors in young children in a stressful situation. It was created as a short-cut method because observing attachment in natural settings would be time consuming and likely need to occur across multiple situations (Ainsworth & Bell, 1970). Bretherton (1982) summarized the observation:

The Strange Situation is a 20-minute miniature drama with eight episodes. Mother and infant are introduced to a laboratory playroom, where they are later joined by an unfamiliar woman. While the stranger plays with the baby, the mother leaves briefly and then returns. A second separation ensues during which the baby is completely alone. Finally, the stranger and then the mother return. (p. 775)

Children fell into one of three attachment styles during the early SST trials: secure, insecure-avoidant, and insecure-resistant/ambivalent (Ainsworth et al., 1978). Main and Solomon (1986) subsequently identified another insecure attachment style because approximately 15% of children did not fall into the three categories in following trials. As a result, another classification of insecure attachment was identified: disorganized/disoriented (Main & Solomon, 1986).

Pets as Attachment Figures

“The greatest fear dogs know is the fear that you will not come back when you go out the door without them.”
 ~ Stanley Coren, professor and neuropsychological researcher

Although the term “attachment” is applied to relationships between humans and their pets, it is done so loosely; however, Fraley and Shaver (2000) explained that the needs met by attachments do not spring only from true attachments. These needs are also met by secondary relationships in adulthood. Sable (1995) proposed animals may have the ability to provide human beings, children and adults alike, with an emotional bond of attachment that promotes a sense of well-being and security (Sharkin & Knox, 2003) as identified in Ainsworth’s abovementioned four criteria for attachment. Furthermore, Sable (1995) suggested that pets are unique in their ability to fill various attachment roles; they may act as a stand-in where there is a lack of human attachment figure and may offer additional social opportunities that provide similar benefits as those formed in human companionship such as comfort. Seeking closeness to an attachment figure is one of the most frequently observed attachment behaviors. Sable (2000) described dogs in particular to be superb in their ability to fill the role of responsive attachment because of their responsiveness, desire to hold proximity, and ability to be attuned to their owners. Edenburg (1995) studied the strength of people’s attachment to their pets and discovered that pet owners acquired their pets for the purpose of companionship and the presence of the animals brought about a sense of security for the human.

The increasing emergence of pets in people’s lives, and the anecdotal accounts of the importance of these companions pushed researchers to better understand the attachment between humans and their pets (e.g., Field, Orsini, Gavish, & Packman; Nagasawa, Mogi, & Kikusui,

2009; Sable, 1995). The significance of the human pet connection should not be undervalued. Pets are so beloved, they are often characterized as family members (American Animal Hospital Association, 1999; Carmack, 1985; Katcher, Goodman, & Goodman, 1993). In many cases, attachments to pets coincide with other healthy human relationships. Gunter (1999) noted that in times where human relationships are lacking, the companionship provided by a pet can replace the psychological fulfillment created by those partnerships such as comfort in times of emotional distress.

Assessing Attachment in Dogs

Several researchers used the SST to understand attachment between animals and humans. More recently dog attachment has been studied due to the number of dogs as pets.

Topál, Mióklosi, Csányi, and Dóka (1998) used the SST to investigate whether the relationship between dogs and their owners were like the attachment relationships between a child and attachment figure. 51 dogs and their owners were recruited for the study. The canines represented 20 pure (n=44) and mixed breed (n=7) dogs. Each dyad engaged in the 8 steps of the original Strange Situation (Ainsworth et al., 1978). Each dyad's interactions were video recorded, analyzed, and sorted into 8 behavior categories. Results identified that the dogs' behaviors mimicked children's behaviors during the different SST conditions. More specifically, the dogs appeared more playful in their owners' presence over the stranger's presence. Furthermore, similar attachment behaviors were noted between dogs and their owners as those between children and their attachment figure/caregivers.

Gácsi, Topál, Miklosi, Dóka, and Csányi (2001) replicated the previous study using shelter dogs instead of owner-dog dyads in order to understand dogs' ability to form new

attachment bonds. Unlike in the previous study, the dogs in this experiment were acquainted with the human attachment figure for only a brief time before the test condition. The 60 dogs used lived in one of two shelters where they had minimal contact with humans daily (i.e., one time per day during feeding and yard cleaning). 40 dogs each engaged in 3 to 10-minute interactions with a human who acted as the attachment figure during the experiment. The other 20 dogs were not handled and acted as controls. Unfamiliar humans were used with the control dogs. Handled and control dogs all participated in the original Strange Situation conditions (as described in Ainsworth et al., 1978). This study showed that adult dogs demonstrated secure attachment behaviors rather quickly after only cursory human interactions.

The Human-Dog Bond

“The bond with a dog is as lasting as the ties of this Earth can ever be.”

~ Konrad Lorenz, Austrian zoologist

Freud remarked on the unique relationship between humans and dogs (Beck & Katcher, 1996) in a letter he wrote:

It really explains why one can love an animal life Topsy (or Jo-fi) with such an extraordinary intensity: affection without ambivalence, the simplicity of a life free from the almost unbearable conflicts of civilization, the beauty of existence, complete in itself. And yet, despite all divergence in the organic development, that feeling of intimate affinity of an undisputed solidarity. Often, when stroking Jo-fi, I have caught myself humming a melody which, unmusical as I am, I can't help recognizing as the aria from Don Giovanni: “A bond of friendship unites us both.” (p. 127)

Following the domestication of dogs, there have been cooperative relationships between humans and canines; for instances, dogs were specifically bred to work in the capacities of

hunting, guarding, and herding (Coppinger & Schneider, 1995). Over time, these relationships have expanded into more direct human-contact responsibilities, including working as service dogs, drug-sniffing dogs, alert dogs, companion animals, and therapy dogs. The frequent interactions have increased the psychological aspects of the human-dog bond (Nagasawa, Mogi, & Kikusui, 2009).

Bustad (1983) described the bond between humans and animal as like the love and friendship shared between humans. Within the literature, there is not agreement on the definition of human-animal bond, but some of its aspects were identified. Tannenbaum (1995) noted the relationship must be persistent, voluntary, and mutual. Further, a sense of trust must be present in both parties (Russow, 2002). The American Veterinary Medical Association's Committee on the Human-Animal Bond suggested the bond is a, "mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviors that are essential to the health and well-being of both. This includes, but is not limited to, emotional, psychological, and physical interactions of people, other animals, and the environment" (JAVMA, 2007).

The bond humans feel with their pets allows for a sense of belonging, emotional regulation, and social reciprocity. For some people, pets fill a role like that of child substitute, which may be psychologically comforting (Brown, 2004). For those who are isolated from others either physically or emotionally, a pet may provide hope and purpose (Fine, 2006; Fine & Eisen, 2008), and desire and ability to connect with others through increased self-esteem (Brown, 2004). Nieburg and Fischer (1982) aptly describe the love and acceptance provided by pets: "So often, human affection must be gained with a great deal of effort and sacrifice, but pets give us a readily available, seemingly endless supply of love and ask virtually nothing in return" (pp. 3–4).

Human tendency is to reach out to others for social support, especially during times of difficulty (Bryant, 2008). The more recent trend is for humans to turn to their pets for this support because of their constant presence and non-judgmental nature (McNicholas & Collins, 1995). This closeness to their pets often results in anthropomorphic tendencies. This dynamic occurs when human roles and attributes (e.g., emotions, motivations, qualities) are projected on the animals (Selby & Rhoades, 1981). Milthen (1996) suggested anthropomorphism propelled domestication and made room for animals to enter into human spaces in the first place. Arguments both for and against anthropomorphism are found within the literature. Some criticism of anthropomorphic tendencies has been made citing the loss of human bonds in favor of animal bonds (e.g., Sanders, 1995). However, McNicholas and Collins (1995) argued that the ease with which humans bond and interact with animals and their reliance on them provides numerous physical and mental health benefits and out way negative aspects.

Grief and Loss

*“Sometimes losing a pet is more painful
than losing a human because in the case of the pet,
you were not pretending to love it.” ~ Amy Sedaris, actress*

Feelings of grief and loss are a normal response to the death of a loved one. Early on in the arena of mental health, Freud (1917) addressed the human response following loss of a love object in his classic paper *Mourning and Melancholia*. He distinguished between mourning and melancholia; the former was a common reaction to death, while the latter was a pathological process that took place in the unconscious mind because a person could not fully comprehend the loss. Through his theory on grief, Freud proposed the idea that individuals detached their energy from the person who died and shifted it to another person (Freud, 1917).

In a critical shift from Freud's theory about grief and loss, Bowlby and Parkes (1970) proposed a stage theory of grief from an attachment perspective. From their observations of separated children and parents, they identified that grief and loss was a normal adaptive reaction. They broke the grief process into four distinct stages: shock and numbness, yearning and searching, despair and disorganization, and re-organization and recovery.

Kubler-Ross and Kessler (2005) identified five stages of grief associated after losing an important person: denial, anger, bargaining, depression, and acceptance. While these stages were originally meant to describe the grieving process of terminally ill patients (Kubler-Ross, 1969), they were later applied to the grief process people went through following the death of a person significant in one's life (Kubler-Ross & Kessler, 2005). These stages are not set in stone; people do not typically move through them in a lock-step fashion. Furthermore, some individuals do not experience all five stages.

In their 1999 paper, Stroebe and Schut discussed a process to deal with loss (i.e., The Dual Process Model of Grief and Loss), which was not based on defined stages of grief. Instead, they suggested that individuals oscillated between loss-oriented coping and restitution-oriented coping as they grieved. Utilizing this framework of working through grief allowed individuals to both hold onto their attachments of their lost loved one, as well as let go of the bonds in a healthy manner (Stroebe and Schut, 1999). By moving through this Oscillation Model (Stroebe & Schut, 1999), the authors suggested that a person could more fully manage and move through their grief and loss.

The Loss of a Companion Animal

A review of the literature revealed that the loss of an animal companion is felt as

intensely as the loss of a beloved human (e.g., Carmack, 1985; Gerwolls & Labott, 1994). Based on the strong bond between humans and their animal companions, it is not surprising that “the emotional attachment with many humans develop for their pets...frequently transcends the emotional attachment when they form with humans” (DeGroot, 1984, p. 283). Several researchers (e.g., Carmack, 1985; Field et al., 2009; Sife, 2005) suggested that the grief felt by humans after the loss of a companion animal is indeed similar to the grief that follows the loss of another human.

In her qualitative study, Carmack (1985) found that the pet-owner participants experienced grief reactions to the loss of their pet that were common reactions following the death of a human loved one. More specifically, she found that the pet owners experienced: anger, difficulties with sleep, reduction or increase in appetite, trouble concentrating, and avoiding reminders of their loved animal. Gerwolls and Labott (1994) studied the adjustment process of people who lost a companion animal. All 49 adult participants answered questions on the Grief Experiences Inventory at weeks 2, 4, 8, and 24 following the death of their pets. The questionnaires included topics about grief, mood, physical symptoms, and the acquisition of new pet(s) following the loss of a pet. Participant were also divided into two groups: a confiding group and a control group. At each check-in point, the confiding group wrote essays about their grief experience and the control group wrote essays about unrelated topics. Findings showed that participants experienced grief reactions for their pets was like grief reactions that are experienced to the loss of a human. Little impact was noted between those who wrote about their thoughts, feelings, and details of their pets’ deaths and those who wrote about unrelated events. The results suggested that those participants who had stronger attachments to their animal

companions struggled more with adjusting to their loss. Furthermore, the deeper the attachment to the pet, the less likely the participant was to acquire a new animal in the six months following.

The feelings of grief following the death of a pet was so prevalent that The Association of Pet Loss and Bereavement (2018) was formed. This organization offered many services to support folks through their grief. In addition to onsite support groups, many resources were found available online. For instance, the APLB offered counselor pet bereavement training and certification, chat rooms, memorial products, chaplain services, and hotline, among many other resources.

Historical Perspectives on the Benefits of the Animal as Healer

*“A small pet is often an excellent companion
for the sick, for long chronic cases especially.”*
~ Florence Nightingale, founder of modern nursing

Animals used in conjunction with psychotherapy is an old practice despite its minimal recognition within the psychological community. During the 9th century, dogs were utilized as part of the “therapie naturelle” in providing care to people in Gheel, Belgium (Bustad & Hines, 1984, p. 7). The application of the socializing influence of animal companionship occurred in the treatment of the mentally ill at the close of the eighteenth century. The first documented experiment of animals utilized in a healing capacity is reported to have taken place at The York Retreat in England, founded by progressive Quaker William Tuke (Serpell, 2010). In contrast to the restraints and other cruel therapies conducted in institutions during that period, patients were encouraged to care for the small animals that roamed freely in the courtyard (Pichot, 2012). The caring and nurturance of the animals were meant to foster positive attitudes, self-control, and feelings of compassion towards others.

Sigmund Freud's biographies revealed his beloved dog, Jo-fi, frequently accompanied him for companionship and comfort to psychotherapy sessions (Fine, 2010). However, he recognized that patients, especially children and adolescents, more frequently disclosed difficult material when the dog was present (Fine, 2010). The practice of utilizing animals as a part of treatment protocol became more commonplace during the early to mid-nineteenth century in Europe (Serpell, 2006). For instance, The Bethel Institute in Germany used dogs in the treatment of patients with epilepsy, and in Vienna, Austria, dogs were trained to aid the blind (Wendt, 1996). By the early 1900s, dogs were used in the United States to treat mentally ill patients engaged at St. Elizabeth Hospital in Washington, DC. The concept of animals as therapeutic agents gained strength during the 1940s at Pawling Air Force Convalescent Hospital where injured and ill veterans were encouraged to work with animals at the facility's farm. The positive outcomes of the interactions between the soldiers and animals facilitated a structured program involving dogs as therapeutic agents (Netting, Wilson, & New, 1987).

As psychotropic drugs took the forefront of treatment methods after World War II, animal-assisted interventions decreased in popularity. Psychologist Boris Levinson (1962) reignited the conversation regarding the use of a dog as an "accessory" in therapy after the accidental discovery of a "breakthrough" with a young client who had previously been uncommunicative and unresponsive to treatment (p. 60). Levinson, with his numerous well-designed research projects, articles, and books recommending the use of animals in therapy, helped once again legitimize animal facilitated interventions.

The growing discussions regarding the healing capacities of the bond between humans and animals prompted the establishment of organizations (e.g., Delta Society) that crafted

standards and guidelines to bring recognition and greater acceptance of the use of animals as interventions in healthcare (Walsh, 2009). Further, university veterinary programs across the United States focused on the bond between humans and animals (Hines, 2003). Based on these standards and education, scientific attention has been directed at various ways the human-animal relationship can affect physical and psychological well-being.

Physical Benefits

A plethora of empirical research exists supporting the physical benefits humans receive from companion animals. Direct contact with dogs appears to have both short-term and long-term health advantages for humans. Research revealed that various aspects of human health are affected by interactions with dogs, including general health (e.g., Heady, 1999; Serpell, 1991), survival rates after heart difficulties (e.g., Friedmann, Katcher, Lynch, & Thomas, 1980; Friedman & Thomas, 1995), and physiological measures during exposure to stress (e.g., Friedmann, Katcher, Thomas, Lynch, & Messent, 1983; Nagengast, Baun, Megel, & Leibowitz, 1997).

General health. In a crucial British study Serpell (1991) showed that the relationship between dog and cat ownership and general health serves as a catalyst for engaging in more healthful behaviors. In this study, 71 people who had not possessed a dog or cat in the past year acquired one at a rescue center or were given one. These participants all were involved in the day-to-day care of their animals. A comparison group consisted of 26 non-pet owners. At the start of the study, within one to two days of introducing the new pet into their home, participants completed questionnaires that included: basic personal demographic information, as well as, 1) a checklist of health concerns experienced in the month prior, 2) the frequency and duration of

walks the previous two weeks, and 3) a 30-item General Health Questionnaire (GHQ-30) to understand psychological states relates to ill-health. Questionnaires were also given to participants at one-month, six-months, and ten-months after bringing the pets home. Of note, the GHQ-30 was not included in the one-month follow-up. The longitudinal results strongly indicated a correlational relationship; acquiring a dog or cat produced a subsequent improvement in health and psychological well-being. Dog owners reported a large reduction in minor health problems during the first month of the study, and this persisted to the six- and ten-month periods after acquiring the pet. Further, dog ownership drastically increased the number and duration of recreational walks after the first month of pet ownership. The control group showed no improvement on these measures.

Heady (1999) authored a large study (n=1011) that found positive effects of pet ownership. Information for the study was gathered through The Australian People and Pet Survey, including a health questionnaire. Interviews were conducted by telephone by a highly regarded social research company in Australia. The participants were randomly selected 16-year-old or older individuals from across the nation. 60 percent of the sample were pet owners and 40 percent did not own pets. Questions asked focused on how pets impact the community. For example, topics included noise, safety, and pollution. Measures of health were also queried (e.g., medications, number of doctor visits per year, exercise). Results suggested that only dog and cat owners benefitted from health advantages. Most gender-age group members owning a pet visited the doctor less frequently and used significantly less medication than non-owners, with women appearing to benefit the most from having a companion pet. Dog owners, in particular, also appeared to benefit from improved networks, and, therefore, reduced loneliness.

These results seem to indicate that dogs as companion animals can “substitute for deficiencies in the human network of the non-partnered” (p. 239). A further benefit of dog ownership is the greater amount of participation in exercise.

Heart disease. The potential link between pet ownership and coping with heart disease was investigated as early as 1980. Friedmann, Katcher, Lynch, and Thomas (1980) examined if and how owning a pet impacted survival following the onset of heart disease. More specifically, they looked at the impacts that social support and isolation might have on individuals with a myocardial infarction (MI), angina pectoris (AP), congestive heart failure and premature ventricular contractions. The researchers interviewed 92 adults, ages 37 to 79, over a 19-month period. Participants were initially interviewed while in a coronary care unit. An inventory of social data used to assess socioeconomic status, social network, geographic mobility, pet ownership, and living situation, as well as an adjective checklist for psychological mood served as the initial interview. Medical data was pulled from participants’ hospital charts. At the one-year mark, the living participants (n=78) were contacted. During the year-long period between interviews, 28 percent of the non-pet owners perished, and 6 percent of the pet owners died. A multivariate analysis was conducted of original interview data, physiological data during time in the hospital, and death rate. Results showed that more women than men survived the first year following hospitalization; however, this difference was statistically significant only for individuals who had an MI. Pet ownership and survival rates was similar for both males and females. One-year survival rates were significantly related to social and employment variable. Overall, this study suggested that owning a pet may have added to the survival rates of the sample in the year following hospitalization for heart disease. However, the physical activity

required for caring for dogs was likely not a protective factor since owners of other types of pets also experienced the positive benefits from pet ownership. The findings were based solely on ownership of a pet; neither human companionship nor the level of social isolation predicted survival, nor did they interact with pet ownership.

Several years later, Friedman and Thomas (1995) investigated the relationship between the social support of pets and survival rate after suffering an acute myocardial infarction. The 369 participants in this study were all enrolled in one of the Cardiac Arrhythmia Suppression Trials (CAST) across the United States and Canada between 1987 and 1997.; however, this study was independent from CAST. The participants were randomly chosen from all CAST patients. Subjects completed a number of rating scales regarding: social adjustment, social support, anxiety, depression, anger, activity level, and pet ownership. Medical history was obtained from their CAST medical files. Mortality rates were also gathered from CAST. Of the 369 participants, 30 percent owned pets, lower than the reported 41 percent pet ownership of retired couples (Rowan, 1992). Multiple analyses were conducted to understand the relationship between the many variables. The relationship between the one-year survival rate and pet ownership was examined through chi-square analyses. Physiologic, demographic, psychosocial, and pet ownership were analyzed through logistic regression to determine each variable's contribution. Similar steps were taken to understand the impact that owning a dog only, cat only, or a combination of animals had a the one-year survival rates. Stepwise hierarchal logistic regression investigated social support, physiological variables, and owning a cat to determine their impact on mortality. Two-way multivariate analysis of variance looked at the relationship between physiologic status, dog ownership, and survival. Finally, the psychosocial and

physiological condition between dog and cat owners was investigated through multivariate analysis of variance. The researchers found the social support resulting from dog ownership, but not cat ownership, made a significant contribution to the survival of participants, regardless of the physiologic severity of illness, in the year post heart attack. It appeared that dog ownership reduced the incidence of cardiovascular disease because it influences psychosocial factors.

Stress reduction. Keeping company with companion animal may offer short-term health benefits, helping to lower autonomic responses to conditions of moderate stress. Friedmann, Katcher, Thomas, Lynch, and Messent (1983) studied the effect of a friendly dog on children's blood pressure and heart rate while relaxed and under stress. They recruited neighborhood children (n=38) aged 9 to 16 to participate in their study. Each child's blood pressure (systolic, diastolic, and arterial mean) and heart rate were measured and recorded every minute for 10-minutes. A 2-minute break rest period was given. Following the break, the children read from a poetry book (stressful condition) while blood pressure and heart rate were again measured. The researchers analyzed the effect of the dog's presence during the experiment by way of a four-way analysis of variance. Being with a dog resulted in lower blood pressure for the child both while they were resting and while engaged in a stressful activity. The effect of the presence of the dog was greater when the dog was present initially than when introduced in the second half of the experiment. The authors postulated that the children likely saw the situation including examiners and the environment, "less threatening and more friendly" (p. 464) the dog's presence, which in turn lowered blood pressure and heart rate.

Nagengast, Megel, and Leibowitz (1997) used a simulated physical examination to elicit and compare information regarding children's physiological responses and level of stress to the

exam by a mock health care professional, both with and without a companion dog present. More specifically, the researcher looked at systolic blood pressure, diastolic blood pressure, heart rate, peripheral skin temperature, and behavioral distress. To replicate a typical medical checkup/procedure/setting, the researchers utilized an exam room typical medical apparatus at a large university medical center. The research “examiners” wore lab coats to give the impression of a medical provider. They recruited 23 preschool children, ages three through six, via convenience sampling from the university medical center. Chronic medical conditions, fear, and allergies to dog excluded children from participation. The children underwent two “examinations,” one with a dog in the room and the other without the dog. During the experimental protocol, the child sat next to a beagle on the exam table. The dog was absent during the control protocol. Each child had a 20-minute break between the first and second examination. The dog was present for the first exam in 10 of the cases and in the room for the second exam in the other 13 cases. In addition to blood pressure and heart measurements through medical equipment, the children were video recorded through a two-way mirror. The video was used to complete the Observation Scale of Behavioral Distress (OSBD).

A multivariate analysis of variance was utilized to examine the relationship between the time and presence or absence of the dog. Blood pressure, heart rate and skin temperature between the experimental examination and the control examination were compared using T-tests. The OSBD data from both groups were analyzed by one-way ANOVA. The researchers found the children appreciated a significant reduction in the mean arterial blood pressure, systolic blood pressure, a decrease in heart rate, and a decrease in observable behavioral distress when accompanied by a dog in their examinations; however, no differences were found in diastolic

blood pressure and peripheral skin temperature. Overall, these findings suggest utilizing a dog may help calm children by way of distress reduction when they are in an uncomfortable or scary medical situation.

Psychological Benefits

A review of research pointed to pets and companion animals as contributors to the psychological well-being of humans in addition to the physiological benefits they provide. Loneliness and social isolation (Goldmeier, 1986; Wood, Giles-Corti, Bulsara, & Bosch, 2007) depression (Antonioli & Reveley, 2005), anxiety (Wilson, 1991), and trauma (Hamama, et al. 2011; Lefkowitz, Pahana, Prout, Debiak, Bleiberg, 2005) have all been shown to improve with interventions involving animals.

Loneliness and social isolation. Old age may bring about a reduction in social activities due to insufficient members in an individual's network, as well as difficulties maintaining contact with others. Not surprisingly, studies tend to show a negative association between older age and loneliness (Jylhä 2004). Goldmeier (1986) investigated the relationship between older women, loneliness, and companion pets. Participants were solicited from graduate student internships sites. (The student/interns were also a part of one of two larger research projects and were specifically trained to interview senior citizens.) Volunteers were 144 white women under age 75 who fit in one of four categories: lived alone with a pet, lived alone with no pet, live with at least one other person and a pet, or lived with at least one other person but no pet. Information was gathered by way of interview and the Philadelphia Geriatric Center Morale Scale (PGCMS). Chi-square or Fisher's Exact test were used to analyze the differences between the participants who had a pet (either living alone or with others) and those who did not have a pet (either living

alone or with others). The only significant demographic information among the women was religion. The Jewish women tended to live alone without a pet, although the reason for the difference was not identifiable. Results also showed that those who lived on their own with a companion animal had higher morale than women living alone pet-free and women living with others either with or without a pet. Also, women who lived with others and had a companion animal had the highest life satisfaction among the groups.

Other research supports the benefits of pet ownership to alleviate loneliness and isolation through immersion in the community. Wood, Giles-Corti, Bulsara, and Bosch (2007) studied the effects of dogs as a facilitator for social interactions and inclusion within one's community. The participants (n=339) from this Australian study were already engaged in a larger study about community. Qualifying criteria included having lived in their suburban community for at least one year and were at least 18 years old. "Life stages" included "(a) young singles, (b) working with dependent children, (c) not working with dependent children, and (d) retired." Qualitative information was collected during the larger study's community focus groups. Quantitative data for this study was gathered from a random cross-sectional selection from the suburban study. Questions included topics about finances, community involvement, mental health, and pets. Data from the original interviews was transcribed and then coded with software. Themes were identified and were analyzed by t-tests and Chi-square. Logistic and ordinal regression provided gave information about pets as a predictor variable. Demographic information went through multivariate analysis. Although all pets were of interest and analyzed, dogs specifically were analyzed separately. Triangulation compared the qualitative and quantitative data. Dogs emerged as an "antidote to loneliness" for individuals and because they engaged with others in their

neighborhoods (p. 51). Engagement was frequently informal, from conversing while out walking or using the dog park, to more formal regularly scheduled meet-ups with other dog owners. A feeling of belonging to a community was also reported more frequently among dog owners. Finally, dog owners communicated feelings of safety when both walking their own dogs or when seeing others walking their dogs on the street.

Depression. Depression is a mental health disorder, which can be significantly impactful and has disabling effects and affects approximately 15.7 million adults in the U.S. alone (National Institute of Mental Health [NIMH], 2014). To understand the effect animals may have on humans with depression, Antonioli and Reveley (2005) conducted a randomized, controlled trial with adults diagnosed with a “mild to moderate” depressive disorder, without psychotic features, as defined by the ICD-10 (p.1231). The adult subjects abstained from medication and therapy for the month prior to, and the two weeks during, participation. At an institute for marine sciences in Honduras, the experimental group (n=15) played, swam, and took care of dolphins, while the control group (n=15) snorkeled in a barrier reef. The pre- and post-Beck Depression Inventory and Hamilton Rating Scale for Depression indicated decreased depressive symptoms for both groups; however, the experimental group enjoyed a significantly quicker and greater reduction of symptoms. Three months or more after the study, nine of the ten participants in the animal intervention group reported lasting improvement and no longer required treatment.

Anxiety. Anecdotal stories of the calming effect of pets on humans have been around for ages. Studies over the past three decades have confirmed these stories. Non-aggressive pet interaction, whether passive or active, has been found to lower anxiety levels (Friedmann, Katcher, Eaton, & Berger, 1984; Katcher, Segal, & Beck 1984). To better understand animals’

influence on state and trait anxiety, Wilson (1991) explored the influence of dogs on college students ($n=92$; pet owners=69%; non-owners=31%) from an urban university in the southwestern region of the United States. Participants were self-selected. They participated in three test conditions (i.e., read aloud, read quietly, and interacted with a friendly dog). Between three test sessions, ten minutes apart, participants' blood pressure was taken, and they completed the Spiegelberger Self-Evaluation Questionnaire to determine association with anxiety responses at the end of each session. State questions were answered first, followed by trait questions. At the conclusion of testing, each subject filled out a Pet Attitude Inventory for the researchers to gather a profile of pet ownership characteristics and attitudes. Multivariate analysis of variance analyzed each volunteer's baseline and test conditions and physical/psychological status (blood pressure, heart rate, and anxiety). A reduction in state anxiety was noted, however trait anxiety levels remained constant throughout the treatment. Of note, the baseline differences in trait anxiety showed pet owners may have a greater overall benefit of anxiety reduction than non-owner.

Trauma. Scant literature is available about the use of dogs as intervention for adults who have experienced traumatic events. Most of the research around treatment for Posttraumatic Stress Disorder (PTSD) covered equine-assisted interventions.

Altschuler (1999) described a possible treatment model incorporating pets into treatment with patients who were resistant to treatment of PTSD; however, neither specific details of the model nor studies using the model were found in a literature review. Lefkowitz, Pahana, Prout, Debiak, and Bleiberg (2005) expanded on Altschuler's model and developed Animal-Assisted Prolonged Exposure (AAPE). This model incorporated a dog into Prolonged Exposure Therapy as defined by Foa and Rothbaum (1998) for treatment resistant survivors of sexual assault, which

resulted in PTSD. The idea of utilizing a dog in conjunction with Prolonged Exposure Therapy is not “to minimize the anxiety associated with the trauma, but the dog can participate in interventions aimed at decreasing the survivor’s hesitation to engage in the process and facilitate habituation” (p. 291).

Their intervention method proposed that the therapist’s dog would be used during psychotherapy, while the patient’s dog or one that belonged to a friend or family member, would be used for treatment homework. Patients had to be willing to work with the animals and have no factors that would exclude them from participation (e.g., allergies, fear). The course of treatment was 10 weeks, unless more sessions were needed. The authors developed this model to encourage sexual assault survivors to fully participate in Prolonged Exposure treatment, which can be anxiety provoking due to in vivo exposures. They argued that AAT increases the likelihood of treatment compliance based on research by Beck, Seraydarian, and Hunter (1986), who found higher compliance rates and more participation from patients in group therapy when animals were present. They also suggested clients respond better to AAT than other treatments based on a study by Corson, Corson, Gwynne, and Arnold (1977). That study highlighted better responsiveness to treatment when an animal was present than therapy alone. Their model was also built on two assumptions put forth by Fine (2004): (1) animals are interested in engaging with humans and (2) animals are not judgmental of social skills and therefore, are they are not as necessary as they are when interacting with other humans. At this time, no studies using the Lefkowitz et al. (2005) model were found in the available literature.

Hamama, et al. (2011) investigated the practical application of AAT for trauma. They conducted a dual-design (i.e., cross-sectional and longitudinal) study on the effectiveness of

AAT for adolescent females who experienced physical and/or sexual abuse. 18 girls total volunteered - 9 received intervention and 9 were in the control group. All participants provided demographic information. They also completed questions about trauma, stress and depression at both the beginning of the study and upon completion. Both groups of girls met for 3 hours, one time per week for 12 weeks. The intervention group included trust-building activities with the canines, dog training, and the animal's presence during talk sessions. The control group interventions consisted of social games, reflection, feeling card activities, and talk sessions. T-tests revealed that girls in the intervention group had more trauma exposure, more symptoms of PTSD, lower levels of well-being, and more and higher levels of depressive symptoms as compared to the control group. Wilcoxon signed-rank tests showed a quicker reduction of PTSD and depressive symptoms over time for the girls in the intervention group. The results of this study suggested that utilization of AAT for treatment of adolescent girls with trauma exposure may be an effective treatment.

Animal-Assisted Interventions

“When you feel lousy, puppy therapy is indicated.”
~ Sara Paretsky, author

Animals, especially dogs, are more frequently than ever before being used for therapeutic purposes across a broad range of medical and mental health conditions (Muñoz Lasa, Ferriero, Brigatti, Valero, & Franchignoni, 2011). These complementary interventions are typically used side by side with more traditional treatments for physical and mental health issues; they are not used in place of traditional interventions. Friedmann (2009) noted the increasing popularity and usefulness of animals as intervention when he wrote it is “one of many forms of complementary therapies used to improve quality and even the quality of life” (p. 9). Therapeutic interventions

can include a wide variety of animals including dogs, cats, horses, mice, rabbits, and snakes.

However, dogs are most commonly chosen as therapy animals due to their temperament and trainability (Chandler, 2012; Sockalingam et al., 2008). Therapy animals typically belong to the humans providing services and enjoy the many perks of living as a pet (Ensminger, 2010).

Animal-assisted interventions may take place in a multitude of settings; some of the commonly frequented sites include hospitals, inpatient treatment facilities, nursing homes, hospice, homeless shelters, schools, prisons/juvenile detention centers, equine facilities, and mental health offices.

Animal-assisted therapy was found to be versatile, and interventions were compatible and used across multiple theoretical modalities. Although not limited to the following theories, several were identified: person-centered, cognitive-behavioral, behavioral, Adlerian, existential, reality, psychoanalytic, gestalt, and solution-focused (Chandler et al., 2010). In her 2008 literature review on animal-assisted therapy, O'Callaghan explored animal-assisted intervention used by a variety of mental health practitioners. Information was collected from 31 mental health providers through email and paper surveys. Of note, not all animals used were dogs; the participants reported a variety of animals used in animal-assisted interventions. The animals included dogs, cats, horses, a guinea pig, and miniature donkey. Based on information in available literature, the author compiled a list of 18 specific intervention techniques and 10 intentions most frequently utilized with animal-assisted techniques. The 18 techniques identified were:

- (1) Therapist reflected or commented on client's relationship with animal

- (2) Therapist encouraged client to interact with animal by touching or petting the animal
- (3) Therapist encouraged client to play with animal during session
- (4) Therapist encouraged client to tell animal about distress or concerns
- (5) Therapist and client engage with animal outside of traditional therapeutic environment (e.g., walking the animal outside)
- (6) Therapist interacted with animal by having animal perform tricks or follow commands
- (7) Therapist encouraged client to perform tricks with the animal
- (8) Therapist encouraged client to perform commands with animal
- (9) Therapist commented or reflected on spontaneous client-animal interactions
- (10) Information about animal's specifics and lineage was shared with client
- (11) Other history related to therapy animal was shared with client
- (12) Animal stories and metaphors with animal themes were shared with client by therapist
- (13) Therapist encouraged client to create stories involving the animal
- (14) Therapist used the client-therapy animal relationship, such as: If this dog were your best friend, what would he know about you that no one else would know?"
And/or "Tell the animal how you feel, and I will just listen."
- (15) Therapist encouraged client to recreate/reenact experience where animal played a specific role
- (16) Animal was present without any directive interventions

- (17) Therapist created specific structured activities for client with animal
- (18) Animal engaged with client in spontaneous moments that facilitate therapeutic discussion. (pp. 48-51)

From this list, the participants reported they consistently used seven of the techniques in their practices. The identified technique from the list above were numbers (1), (2), (10), (11), (12), (16), and (18). Only one technique was never used by the participants as a therapeutic intervention with their clients: encouraged clients to recreate/reenact an experience where the animal played a specific role (number 15).

O'Callaghan (2008) also asked her study participants to reveal their intentions or purpose for using the animal-assisted techniques. Ten therapeutic intentions were identified for participants to rate:

- (1) Rapport building with the therapist
- (2) Facilitation of insight
- (3) Social skills enhancement
- (4) Relationship skills enhancement
- (5) Self-confidence enhancement
- (6) Modeling specific behaviors
- (7) Encouragement to share feelings
- (8) Behavioral reward
- (9) Enhancing trust in the therapeutic relationship
- (10) Facilitating feelings of safety in the therapeutic environment (p. 54)

The findings showed that rapport building was the most frequent purpose for using specific animal-assisted techniques, while behavioral reward was the least utilized intention.

O'Callaghan and Chandler (2011) replicated O'Callaghan's earlier study with similar results. Coincidentally, 31 mental health professionals also participated in this study and answered either email or paper surveys about the animal-assisted interventions they used and the intent for using the intervention(s). The intervention and intention list were exactly as described in the earlier study. Results revealed that like in O'Callaghan's study, interventions (1), (2), (10), (11), (12), (16), and (18) were common techniques used. Additionally, (9) was reportedly frequently utilized. Again, rapport-building was the most identified purpose for using the chosen interventions.

Clarification of Terminology

The use of animals for therapeutic purposes appears throughout the current body of literature. Typically, therapeutic interventions with animals are referred to as animal-assisted therapy (AAT) or animal-assisted activities (AAA). Occasionally, the terms animal companion, animal-facilitated, pet therapy, pet-facilitated therapy, and animal-assisted therapy in counseling were used to define interventions utilizing animals. It is important to note a clarification of what comprises AAT, and how the recreational use of animals, although possibly therapeutic, should not be categorized as therapy (Fine, 2011). According to the Delta Society (1996), a prominent organization that provides specific training and certification for humans and animals,

Animal-assisted therapy (AAT) is a goal directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with specialized expertise and within

the scope of practice of his/her profession. AAT is designed to promote improvement in human, physical, social, emotional, and/or cognitive functioning. (p. 79)

The Delta Society (1996) additionally indicated,

Animal-assisted activities (AAA) also provide social, motivational, educational, and/or recreational benefits for people during interactions. These activities do not need to be overseen by healthcare professional and do not work towards particular clinical goals. AAA often occurs in meet-and-greet sessions in a variety of settings and can be administered in groups or with individuals (p. 79).

Stewart, Bruaneau, and Elliott (2016) defined animal-assisted therapy in counseling (AAT-C) as “The incorporation of specially trained and evaluated animals as therapeutic agents into the counseling practice” (p. 3) where the relationship between the human and animal is key. Stewart, Chang, and Jaynes (2013) highlighted a key difference between AAT and AAT-C: the health care provider must have “appropriate training and expertise” and the interventions must be “within the scope of practice of the provider’s profession.”

Confusion about the differences between service animals, therapy dogs, and emotional support animals is sometimes present, and it is important to clarify the different services provided by these animals for others. According to Bourland (2009), the department of Justice (DOJ) defined a service animal as:

any guide dog, signal dog, or other animal individually trained to do work or perform tasks for the benefit of an individual with a disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue

work, pulling a wheelchair, or fetching dropped items.” (p.201)

Under Title II and Title III of the Americans with Disabilities Act (2014) the definition of a service animal included “any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability.” Further, except for miniature horses, animals of any other species, despite their level of training, cannot work as service animals according to the ADA. Although both the DOJ and ADA require animals to receive individual training specific to the handler’s need, neither entity specifies the type of training nor does either require certification of the animal (Bourland, 2009).

The Delta Society (1996) defined a therapy dog as a canine that is trained and registered for interacting with humans in any therapeutic setting. Animals used in therapy work typically belongs to and live with a handler who uses the animal with others in a clinical setting in order to enhance or improve individuals’ perceptions of themselves or to improve treatment outcomes. At this time, federal laws do not allow for therapy animals to have rights as service dogs and are not allowed in public areas that have “no pet” policies. The exception to this is within hospitals, schools, or prisons that have approved animal-assisted therapy (AAT) programs.

Emotional support animals, sometimes called comfort or companion animals, may be any species of animal as long as they provide emotional support to the human. These animals are not required to undergo any specific training or perform particular tasks, but instead may be essential to the psychological and/or emotional well-being of an individual simply by their presence. According to Pet Partners (2014), the Fair Housing Act protects emotional support animals so

that individuals to live with their animal (Pet Partners, 2014); however, as with therapy dogs, emotional support animals are not allowed the same status in public as service animals.

Animal-Assisted Therapy in Mental Health

“The best therapist has fur and four legs.” ~ Unknown

AAT is a very flexible. It has been used intentionally with individuals and groups across the lifespan, including children, adolescents, adults, and older adults in a multitude of ways (Pichot, 2012). Animals sometimes participate in an unstructured, non-directive manner. Chandler (2012) proposed therapy animal’s presence in the room may help relieve tension and anxiety about therapy: “This nurturing interaction provides useful information to the client about the positive and trusting relationship between the therapist and the pet and may help the client feel more comfortable with the therapist after observing such kind and gentle behavior” (p. 89). At other times, therapists may find it necessary in the course of treatment to use a more structured method. LeFleur (2015) gave an example in working with veterans with Posttraumatic Stress Disorder of activities that require an individual or group to use specific skills with the aid of a horse. These activities require the client or group to use specific skills such as teamwork, creative problem solving, leadership, and verbal or nonverbal communication. Given the adaptable nature of utilizing animals, AAT shows promise in being actively incorporated into many psychological theoretical orientations to enhance the efficacy of treatment.

Animal-assisted therapy is a complementary therapy in which an animal is deliberately integrated into an already existing theoretical model. Anderson (2008) stated AAT in psychotherapy “is not a modality in and of itself. It is the use of strategies to achieve goals that can help maximize client strength by enhancing traditional therapies” (p. 14). Within the current

fund of literature, very little research (i.e., Lafleur, 2015) was found to have demonstrated AAT to be an effective stand-alone treatment model. Interaction solely with an animal may be enjoyable and comforting, yet it does not address the issues for which clients seek intervention (Aanderson, 2008). Based on this, it was recommended that AAT should be used only as an adjunct to other treatment modalities (Beck & Katcher, 1996). Clinicians should have a solid foundation in theoretical orientations, and then use the animal in a purposeful manner within the treatment model. In order to effectively integrate an animal into therapy, the clinician must assess the client's need, develop a treatment plan that integrates AAT, have specific knowledge of AAT techniques for skillful application, and assess efficacy throughout the course of treatment. Regardless of the underlying theory, the “*increased and enhanced therapeutic opportunity*” gained from utilizing a dog as co-therapist adds to the potential progress that can be made in psychotherapy (Chandler, 2012, p. 133).

While the use of AAT is gaining momentum in research, studies focused on specific canine interventions used within particular theoretical orientations are minimal. To address the dearth of literature, O'Callaghan (2008) attempted to clarify the various animal-assisted interventions licensed mental health professionals incorporated into their therapeutic treatment process, as well as the various therapeutic purposes intended with each technique. An initial meta-analysis identified eighteen AAT techniques and ten reasons for using the technique (i.e., intention). Using the identified techniques and intentions, O'Callaghan then surveyed licensed mental health practitioners to determine the use and intentions of the techniques. Results indicated AAT-practicing clinicians often or always utilized seven of the eighteen techniques. The most common animal-assisted therapy technique incorporated by these participants was “reflecting or

commenting on a client's relationship with a therapy animal" (O'Callaghan, 2008, p. 72). The use of this technique had many therapeutic functions, yet most clinicians highlighted it as a way for them to build rapport with the client, a crucial component of successful therapy (Norcross, 2011). Chandler, Portrie-Bethke, Barrio, Minton, Fernando, and O'Callaghan (2010) built on O'Callaghan's (2008) literature review. They matched the eighteen techniques and ten intentions with person-centered, cognitive-behavioral, behavioral, Adlerian, existential, reality, psychoanalytic, gestalt, and solution-focused theoretical orientations and then gave a brief overview of how each identified technique and intention integrated into the theories. Although, mental health professionals have incorporated animals within their practice for quite some time, the process of animal assisted therapy remains ambiguous, which is reflected in the current fund of literature.

Certification

"Trained or not, he'll always be his own dog to a degree."
~ Carol Lea Benjamin, dog trainer

Several organizations (e.g., Pet Partners) provide stringent training programs for handlers and their animals. Both members of the working pair must meet qualifying criteria to begin the program, and then they participate in hands-on learning until they pass certification. This endorsement is required for the dyad to work in all the aforementioned institutions. Pet Partners (2015) suggested that all individuals and their animal co-therapists participate in a certification program in order to engage in AAA, AAT, or AAT-C; however, it is not a requirement at this time. Within the current fund of literature, there is a void of information regarding certification for mental health practitioners practicing in various office settings (e.g., private practice, community mental health).

Ethical Considerations of Bringing Animals to Psychotherapy

*“If a dog will not come to you
after having looked you in the face,
you should go home and examine your conscience.”*
~ Woodrow Wilson, 28th president of the United States

The value of animals as helpful, healing agents is a burgeoning topic in the literature. Books, articles, and the Internet provide information about the value of human-animal interactions for humans, yet the literature is limited regarding how interactions impact the animals involved (either positively or negatively), especially with regard to animal-assisted interventions and therapy. The bulk of literature that addresses the animals’ success in AAT pertained to what needed to be done for the animals to be acceptable for the work, not the needs of the animals themselves. More specifically, topics addressed discussed the requirements that the animals need adequate grooming, immunizations, acceptable temperaments, and adequate training and compliance (Hatch, 2007). A recent review of a leading national organization offering training and information on animal-assisted therapy, Pet Partners Handler Guide (2017), lacked animal welfare information, suggesting the animal’s needs are not yet equal in the AAT relationship.

Animal Welfare

Animal welfare is not a new concept. The “Brambell Report” from the United Kingdom (Command Paper 2836, 1965) highlighted the need for animals to be able to move around as they desire as a requirement for good welfare. The Farm Animal Welfare Committee (2009) in the UK identified basic freedoms that help ensure animal welfare. They include: (1) freedom from thirst, hunger, and malnutrition, (2) freedom from discomfort, (3) freedom from pain, injury, and disease, (4) freedom from fear and distress, and (5) freedom to express most normal

behavior. Duncan and Fraser (1997) categorized the Five Freedoms into three areas, physical, affective, and nature, which they emphasized as areas that must be addressed and assessed to ensure animal welfare. Broom (1996) summarized the definition of animal welfare as an “animal’s attempt to cope with its environment at a physiological, behavioral, and medical level” (p. 23).

The impact of animal-assisted therapy on animals. It is assumed that mental health therapists who use animals as interventions love and care for their animals and would not intentionally cause them harm. However, animals do not speak the same language as humans, so it is impossible to fully understand their level of comfort or discomfort. Evans and Gray (2012) agreed that the effect of AAT on animals is a fairly new consideration but declared that any prior absence of attention was not intentional or meant to risk the health and well-being of animals. Instead, practioners likely wanted to share the value their animals had with others so they could also benefit.

To better understand the physiological impact of dogs who participated in animal-assisted interventions and therapy, Haubenhofer and Kirchencast (2006) measured the salivary cortisol levels. The 18 dogs assessed worked as therapy dogs with their owners at the Australian organization Tiere als Therapie (Animals as Therapy). Owners completed questionnaires about their dogs and saliva was collected from the animals to determine their stress levels. The first samples were collected at home three times each day over a three-day period when the dogs were not working (control). Next, saliva samples were collected from the dogs at work just prior to and after each therapy session. (Dogs worked between one and eight hours each day.) This occurred over a three-month-period. The final samples were collected similarly to the first

control condition. Following Spearman Correlation Analysis, the dogs' cortisol levels were significantly higher on the days they participated in therapy session than on the days they did not work. Cortisol levels were significantly higher after sessions for dogs who worked in the morning. The reverse was found for the dogs who worked in the afternoon: cortisol levels were higher before sessions. Furthermore, the longer the dogs participated in therapy, the higher their cortisol levels, and the chemical increased the more hours the dogs put in. The authors of this study could not account for the difference in chemical levels and time of day the dogs worked. They also could not determine if the spike in cortisol levels negatively impacted the dogs.

Animal advocacy. Steward, Brueneau, and Elliot (2016) identified certain requirements to protect animals that all professionals utilizing animals in their work should follow. The human must watch for, respond to, and try to prevent their animal from negative consequences of working such as stress, fatigue and burnout. While practioners are likely to be on the basic care and health needs of their animals, it is critical they also immediately address stressful incidences as well as engage the animals in stress prevention and relief (Steward, Brueneau, & Elliot, 2016) In order to accomplish these issues, the animals' strengths and limitations must be continually assessed.

Study Significance

The use of a dog as co-therapist has been well documented as a viable treatment intervention for a wide variety of physiological and psychological disorders (Fine, 2011; Hart, 2010). In spite of the increase of literature about animal use in therapy, prior research lacked specific input from psychologists about their experiences of bringing their dogs into psychotherapy sessions. This qualitative examination of psychologists' perspectives provided

insight about licensed psychologists' experiences with their dogs. The information discovered in this research study fills a gap in the literature and will hopefully be useful to future researchers' exploration of dogs in psychotherapy.

Research Questions

The purpose of this study was to investigate how licensed clinical psychologists in Washington state conceptualized their dog when it was brought with them to work. What was the impetus for the clinician's decision introduce their dog into sessions? How is the dog utilized? What role does the dog play in therapy? Does the clinician use specific interventions involving the dog? How does the psychologist conceptualize the dog at work versus at home? Who benefits from the dog's presence? Is there an impact on the dog?

METHODS

This section provides an overview of Interpretative Phenomenological Analysis (IPA), the methodology used for this study. Procedures for participant recruitment and selection, interviews, and analysis are also described. Data collection, confidentiality, storage, client confidentiality, and destruction of the materials are reviewed. This section also identifies potential risk to the participants. Finally, data analysis procedures are detailed.

Interpretative Phenomenological Analysis

This study utilized a qualitative research design as this method emphasizes the reflections and views of human participants (Butler, 2006) and sought to understand and explain participants' perspectives (Morrow & Smith, 2000). According to Creswell (2013), qualitative research is appropriate for this type of investigation in which the researcher is exploring new areas of inquiry, in order to understand the experiences of specific groups of people. This study specifically utilized Interpretative Phenomenological Analysis (IPA). With its phenomenological, interpretive, and idiographic theoretical foundations, IPA was used to explore in detail how a small sample of participants who share a similar type experience make sense of the phenomenon in question (Smith & Osborn, 2008).

The focus of an IPA study is the meaning experiences, events, and states germane to the participants. This involves a detailed examination of the participants' worlds (in this case, bringing dogs to psychotherapy, from the psychologist's viewpoint); it attempts to explore each person's unique personal experience as opposed to trying to construct an objective account of events (Smith, 2004). From a constructivist perspective, research findings are created and shaped by interactions between the researcher, research questions, interview questions, the research

participants, their interpretation of the interview questions, and the researcher's interpretations of the participant's responses. In other words, findings are not discovered because of an objective analysis of the data. They develop from an interactive process that is socially constructed and enacted throughout the project, which is then interpreted by the researcher as one possible reality that makes meaning of the topic being studied (Appleton & King, 2002; Mertens, 2010).

This study proposed that bringing a dog to work nearly every work day qualifies as a lived experience. Based on that assumption, how the participants experience, conceptualize, approach, treat clients, and engage their dogs is an important aspect of understanding animals in psychotherapy. When mental health clinicians bring their dogs to work, it is important to understand how the dogs are used. Are they there for clients benefit? Do they play a role for the clinician? How do they think about their dogs in relation to clients and themselves? It is this researcher's view that it is important to understand the clinicians' experiences and how they conceptualize their practices with their dogs.

Participant Recruitment and Selection

Recruitment of study participants was consistent with IPA, which requires that individuals have a relatively similar circumstances in relation to the topic studied in the research project (Smith, Flowers, & Larkin, 2009). Furthermore, Smith et al. (2009) described the primary concern of IPA as a detailed account of individual experiences; therefore, quality and not quantity is suggested. The authors recommended four to six participants as an appropriate sample size for IPA studies conducted by clinical psychology doctoral students. This low number allows researchers the opportunity to thoroughly examine similarities and differences between

participant stories. At the same time, the amount of qualitative data gathered is not overwhelming given the many levels of interpretation in IPA research.

Participants were recruited through referral and snowballing techniques, as well as internet search. Emails sent to an animal-assisted therapy professional listserve (see Appendix A) were unfruitful. The initial referral was provided by a dissertation committee member following the unsuccessful attempts at recruitment. The first participant suggested names for other participants. That clinician did not contact the other individuals himself, but instead provided the researcher with their information. Each participant was initially contacted by email. Recruitment of the final participant was conducted from an internet search of local psychologists who advertised a dog at their practice. Since the sample size of IPA is relatively small, individuals for this study were prescreened to insure they were appropriate subjects for this study. Eight screening questions (see Appendix D) were asked to determine whether they met inclusion criteria. All the psychologists who responded qualified for the study and were, therefore, invited to participate.

Participants

Following the recommendation of Smith et al (2009), six individuals participated in interviews for this study. This narrow range of participants falls in line with Pietkiewicz and Smith's (2014) assertion that IPA studies focus on a fairly homogenous sample so the similarities and differences within the defined group could be analyzed. Four of the interviewees were clinical psychologists with Psy.D. degrees, one was a clinical psychologist with a Ph.D. and one was a counseling psychologist with a Ph.D. All were licensed in Washington State, lived in the greater Seattle area, and were over the age of 21. Five of the participants had ties through a local

clinical training site. One was a clinical supervisor for the other four in one clinical setting. Each participant brought at least one dog into psychotherapy sessions presently or in the past with adult clientele. The use of the dog in therapy occurred for at least one year. The volunteers participated in individual interviews, lasting one to two hours, at their convenience. All interviews were conducted in the participants private work offices. Since interviews were held in the psychologist's offices mid-day, five of the six clinicians had their dogs with them at the time of the interviews. The remaining professional worked with multiple dogs throughout her career; however, after the death of her last dog, she had not replaced that dog in service. Gender, race, sexual orientation, religion, or type of practice (e.g. community mental health, private practice) were not considered inclusion/exclusion criteria.

Compensation for participation by way of \$25 Amazon gift card was provided to each volunteer for their participation. Compensation was a token of appreciation and was not contingent on completion of the interview; therefore, each participant received his or her gift card before the interview began. Informed consent for participation was signed by all interviewees and they were offered a copy of the dissertation upon its completion.

Interviews

Interpretative Phenomenological Analysis is typically conducted through semi-structured interviews. Smith and Osborne (2008) pointed to this form of information gathering as appropriate for an IPA study because it allows the researcher and the participant to “engage in a dialogue whereby initial questions can be modified in light of the participants’ responses” (p. 58). Semi-structured interviewing enables the researcher to probe any interesting and important information that comes to light, which may produce richer data. Conducting interviews in a face-

to-face format allows for the dyad to build rapport, which opens up space for participants to speak and be heard. In turn, this may elicit more detailed stories, thoughts, and feelings from participants (Smith, Flowers, & Larkin, 2009). As such, interviews for this study were all conducted in person.

Within IPA, the researcher constructs a set of questions on an interview schedule. Rather than dictate the interview, this schedule is meant to guide the interview (Smith & Osborne, 2008) to garner information about how participants perceive and make sense of their experiences. Smith et al. (2009) recommended between seven and ten questions to fill a one to two-hour interview. A carefully constructed schedule (see Appendix F) was crafted to encourage the participants to speak about the topic with as little prompting from the interviewer as possible. Based on their role of “expert,” the interviews were also constructed in a way that allowed the interviewees to share and reflect on their “expertise” and share information that might not have been considered prior to the interview (Smith et al., 2009)

All participants’ interviews were analyzed for content; no interviews were excluded.

Data Collection

All interviews were audio recorded via two methods to ensure information was not lost due to technical issues. One audio recording was collected on a secured laptop and the other on a secured cell phone. In one case, the laptop recording was not audible, and therefore, the cellphone interview was immediately transferred to the laptop. In the other five cases, the laptop recordings were usable. All cellphone recordings were immediately deleted after confirmation of use or transfer to the laptop. No video recordings were made.

Data Protection

The document containing the participants' names and their assigned aliases are secured in a password-protected laptop belonging to the researcher, who is the only user of the device. The computer is secured at all times; it is either carried with the researcher or stored in a secured desk drawer in a locked room. The signed consent forms, which included the volunteers' names, dates, and signatures were stored in a separate locked filing cabinet in the researcher's home. Paper files remained in the locked file and digital recordings were kept on the secured computer until the dissertation was defended. At no time will the participant's name be connected to the interview data.

After all of the interviews were completed, the audio recording were transcribed in separate Microsoft Office Word documents. These hard copy documents, along with notes made, were kept in individual folders and were identifiable only by the participants' assigned numbers. Signed consent forms were stored separately from the transcripts and notes in a locked filing cabinet. Data from the interviews was available only to this researcher and my dissertation committee.

Participant Confidentiality

Prior to each interview, informed consent was reviewed with the participant and he/she was provided the opportunity to ask questions. Information about confidentiality, including its limits, was given to the participants. Each study participant's name was collected and he or she signed an informed consent (Appendix G). In order to protect the identity of each participant, he or she was assigned a participant number (P1, P2, etc.). This assigned number was used throughout the transcription, data analysis, and final document write-up. For example, if a

participant identified himself/herself or a client during the taped interview, the participants' assigned number was used instead during transcription. For example, the transcript may read, "P1's client." Psychologists' dogs were all given pseudonyms by the researcher in order to diminish the chance the psychologist would be identified by their dog.

The document containing the participant names and their assigned aliases are secured in a password-protected laptop belonging to the researcher, who is the only user of the device. The computer is always secured; it is either carried with the researcher or stored in a secured desk drawer in a locked room in a locked home. The signed consent forms, which included the volunteers' names, dates, and signatures were stored in a separate locked filing cabinet in the researcher's home. Paper files remained in the locked file and digital recordings were kept on the secured computer until the dissertation was defended. At no time will the participant's name be connected to the interview data.

Potential Risks and Ethical Issues

The intent of this study was to ask about psychologists' experiences with using a dog for intervention in psychotherapy. While none of the questions were specifically about negative experiences, it was possible that some recollections were upsetting or emotionally charged for the interviewee (e.g., the death of their dog). Also, since most of the clinicians either trained or supervised at the same facility and worked in a fairly small community, it is possible that they may recognize their colleagues in the final paper.

Each participant was be advised during the informed consent (see Appendix G) that he or she may discontinue the interview at any time. In the unlikely case it was necessary, participants were also provided resources in case an emotional crisis should arise. Furthermore, study

volunteers were allotted as much time as needed to review the informed consent prior to the interview. During that time, they were encouraged to ask questions to ensure complete understanding. This informed consent was signed prior to each interview.

Data Analysis

Data analysis is one of the most crucial components of this type of study. The assumption in IPA is that the researcher/analyst is interested in learning something about the study participant's psychological world (Smith & Osborne, 2008). There are many methods of analysis for IPA research (Smith, Flowers, & Larkin, 2009). Smith & Osborne (2008) emphasized analysis of data is a "personal process," and the analysis is the interpretative work which the investigator does at each of the stages (p. 67). For this study, I followed the guidelines regarding the style of analysis of IPA data set forth in Smith, Flowers, and Larkin (2009), which, is not necessarily linear in nature despite being written in that format.

Transcription of the interviews required multiple reviews of the audio recordings and written transcripts. By viewing and reviewing the material, immersion into the data began. This process was slow and laborious but helped with better understanding the participants experiences. Furthermore, it reduced discounting or over generalizing the participants experiences, which is typical in analytic work (Smith et al., 2009). Spence (2016) eloquently summed up the process of analyzing the data: "The process was akin to immersing oneself within a piece of classical music, allowing the entire orchestra to influence one's interpretation of the music, while also noticing how the individual notes of each instrument dance throughout the piece" (p. 68).

The next step was making initial notes, to better understand each participants language, note general themes, and record my thoughts about the interviews. Based on the hermeneutic nature of IPA, this process demanded that all my responses to the information became new data. Information from each interview was broken down into reactions, comments (i.e., descriptive, linguistic, and conceptual), and deconstructed to help provide an understanding of the meaning behind each participant's words and not an assumption of their meaning. Analyzing the data in this way was detailed and time consuming, but it assisted in delving deeply into the material rather than create a superficial analysis of only the significant themes found within the transcripts. Throughout the process, codes were grouped and regrouped, which led to the final themes.

Following that process, emerging themes, connections, and patterns (Smith et al., 2009) from across the initial noting were compiled. Through the selection of data, the participants' phenomenological experience slowly emerged. As themes were developed and identified as being relevant to the research questions, they were assigned codes that described their content. Throughout the process, codes were grouped and regrouped, which led to the final themes. As I moved through each transcript, I highlighted each theme in a separate color to identify it from the others. Afterwards, the identified themes were separated into their own documents. For example, each participant's revelations about their experience with loss of a dog was moved into a new document. Once separated out, subordinate themes were more clearly identified. After identifying the super-ordinate and subordinate themes each participant's unique experience was highlighted by quotes to show the meaning behind their experience (Smith et al., 2009).

All of the coded material in the separate documents was brought back together and reviewed yet again to note similarities and differences, which led to the disposal of a few themes. Furthermore, this document with all of the incorporated material was reviewed multiple times to explore the material further to understand the participants' experiences and report of them as a whole.

After analysis, study participants were involved with member checking. According to Smith, Flowers, and Larkin (2009), this involved taking the final themes or narratives back to the interviewees in order for the interviewees to verify the accuracy of their responses and interpretation. Each participant was emailed their interview content and the identified themes to complete this step of the analytical process. Four of the participants responded with their agreement or changes. The other two participants did not respond to multiple emails. A subsequent email was sent to these two psychologists that stated their non-response deemed their acceptance following this final email. Neither submitted a response; therefore, their transcripts and themes were used without their final approval. Their information is considered useable given the themes were consistent with those of the other four participants.

RESULTS

Information about this study was first emailed to the YAHOO.com Listserve “AAT Professionals,” but no responses were received. Ultimately, referrals and snowballing techniques led to six volunteers. Each met the inclusion criteria for study participation and agreed to be interviewed for the study. Participants included five females and one male who were between the ages of 30 and 65. All worked in the greater Seattle area and were licensed in Washington state; five were clinical psychologists and one was a counseling psychologist. Five of the six participants worked in private practice settings, while the sixth was part of a group practice. All but one psychologist brought a dog to work with them at the time of the study. The final participant utilized her dog in her practice until his death a few years ago. The relatively small sample size of this study allowed for an in-depth exploration of each participant’s narrative, as well examination of the data across all the narratives.

Participant Descriptions

Numbers were assigned to each participant to protect their identities. Since the interviewees frequently mentioned their dogs’ names during their interviews, pseudonyms were given to each dog, so the owners would not be recognizable by their dogs. A summary of the participants are found in Appendix H.

Participant One

Participant One, a Caucasian female, was a licensed clinical psychologist in private practice. She was in her early 30s. Her identified theoretical orientation was “eclectic.” Her four-year-old rescue dog, Jackson, attended therapy with her beginning at eight weeks old.

Jackson did not receive formal training for his work as a therapy dog but worked with a trainer at age two. He did not have a therapy dog certification.

Participant Two

Participant Two worked as a licensed clinical psychologist in a group practice. He is a Caucasian male in his mid-30s. He classified his treatment orientation as “integrative.” Kirk, his adopted unidentified breed rescue dog, joined Participant Two’s family around age four and began attending therapy sessions the following week. The dyad has worked together for the past two years. Kirk did not have formal therapy dog training and therefore, is not certified as a therapy dog. He worked with a dog trainer to learn basic commands.

Participant Three

Participant Three was an early 30s, Caucasian female, who was licensed as a clinical psychologist. She identified herself as a trauma and feminist-oriented therapist. Her terrier dog, Sukie, joined Participant Three at her private practice and has worked with her for the past five years. Sukie participated in obedience training with her owner, who had prior training knowledge, which she acquired during her work at an animal laboratory focused on animal behavior. Certification as a therapy dog was not attained.

Participant Four

Participant Four was a mid-40s Caucasian female. She was a licensed clinical psychologist working in private practice with her mixed breed dog, Paris. Participant Four identified that her therapeutic treatments were based on a relational orientation and current research-based interventions based on her clients’ needs. Paris began working with Participant

Four at about age three, and she was six-years-old. Paris was not a certified therapy dog, but instead was trained by “natural instinct” by Participant Four.

Participant Five

Participant Five was a licensed clinical psychologist in her mid-60s. She worked in a private practice setting from a feminist orientation. Luke was a terrier breed who was deceased at the time of the interview. He began working with Participant Five at eight-weeks-old and continued until his death at age 13. Luke had the most extensive training of all the dogs in this study; he attended a two-week residential training program at six months old. Because of his breed, Participant Five wanted him to be under “excellent control” while working with clients. Luke was not certified as a therapy dog.

Participant Six

Participant Six identified herself as an early 50s licensed counseling psychologist. She owned a private practice, where her dog Emily joined her for therapy appointments. “Integrative” was her identified theoretical orientation. Emily was a mixed breed dog who began attending sessions at three months old. She was four-years-old at the time of the interview. Emily participated in an intensive training program five days a week for eight weeks. Despite her extensive training, Emily is not a certified therapy dog.

Primary Findings

Nine super-ordinate themes, most with related subordinate themes unfolded following detailed analysis of the six participant’s interviews. They are as follows:

Super-Ordinate and Subordinate Themes

- Reason for the Acquisition of Dog (5/6)
 - Dual Roles (4/6)
 - Special Circumstances (2/6)
 - Prior Clinical Training with a Canine Adjunct (4/6)
- Nature of the Dog (6/6)
 - Temperament (4/6)
 - Instinct to Work with Clients (5/6)
 - Trainability (2/6)
- The Human-Dog Relationship (6/6)
 - Bond (6/6)
 - Dog – Home versus Work (5/6)
- Interventions (6/6)
 - Targeted Interventions (6/6)
 - Provided Therapist Data (5/6)
 - Trust and Feelings of Safety (4/6)
 - Relational Data (3/6)
 - Physical Contact (2/6)
 - Projection (2/6)
 - Grounding (1/6)
- Value of Dog in Therapy (6/6)
 - Perceived Value for the Client (5/6)
 - Perceived Value by Therapist as Therapy Adjunct (4/6)
 - Perceived Value by Therapist for Self-Support (6/6)
- Impact on Dog (5/6)
- When the Dog is Not Available (4/6)
- Downside of Having a Dog in the Room (6/6)
 - Stuck at the Office (2/6)
 - Bathroom Breaks (2/6)
 - Dogs Being Dogs (1/6)
 - Other Clinicians' Clients (1/6)
 - Distraction (1/6)
 - Time and Effort (1/6)
 - Dog's Demands for Attention (1/6)
- Grief and Loss When Dog is No Longer Available (5/6)
 - Therapists' Thoughts on Their Own Feelings of Grief and Loss (5/6)
 - Therapists' Thoughts on Their Clients' Feelings of Grief and Loss (3/6)
 - Processing Grief and Loss During Psychotherapy (2/6)

Participant One (with Jackson) Super-Ordinate and Subordinate Themes

- Reason for the Acquisition of Dog
 - Dual Roles
 - Special Circumstances
- Nature of the Dog
 - Temperament
 - Instinct to Work with Clients
- The Human-Dog Relationship
 - Bond
 - Dog – Home versus Work
- Interventions
 - Targeted Interventions
 - Trust and Feelings of Safety
 - Projection
- Value of Dog in Therapy
 - Perceived Value for the Client
 - Perceived Value by Therapist as Therapy Adjunct
 - Perceived Value by Therapist for Self-Support
- Impact on Dog
- When the Dog is Not Available
- Downside of Having a Dog in the Room
 - Stuck at the Office
 - Dog's Demands for Attention
- Grief and Loss When Dog is No Longer Available
 - Therapists' Thoughts on Their Own Feelings of Grief and Loss
 - Therapists' Thoughts on Their Clients' Feelings of Grief and Loss

Participant Two (with Kirk) Super-Ordinate and Subordinate Themes

- Reason for the Acquisition of Dog
 - Dual Roles
 - Prior Clinical Training with a Canine Adjunct
- Nature of the Dog
 - Temperament
 - Trainability
- The Human-Dog Relationship
 - Bond
 - Dog – Home versus Work
- Interventions
 - Targeted Interventions
 - Provided Therapist Data
 - Trust and Feelings of Safety
 - Physical Contact
- Value of Dog in Therapy
 - Perceived Value for the Client
 - Perceived Value by Therapist as Therapy Adjunct
 - Perceived Value by Therapist for Self-Support
- Impact on Dog
- When the Dog is Not Available
- Downside of Having a Dog in the Room
 - Dog Being Dog
- Grief and Loss When Dog is No Longer Available
 - Therapists' Thoughts on Their Own Feelings of Grief and Loss
 - Therapists' Thoughts on Their Clients' Feelings of Grief and Loss

Participant Three (with Sukie) Super-ordinate and Subordinate Themes

- Reason for the Acquisition of Dog
 - Dual Roles
 - Special Circumstances
 - Prior Clinical Training with a Canine Adjunct
- Nature of the Dog
 - Temperament
 - Instinct to Work with Clients
 - Trainability
- The Human-Dog Relationship
 - Bond
 - Dog – Home versus Work
- Interventions
 - Targeted Interventions
 - Provided Therapist Data
 - Relational Data
 - Projection
 - Grounding
- Value of Dog in Therapy
 - Perceived Value for the Client
 - Perceived Value by Therapist for Self-Support
- Impact on Dog
- When the Dog is Not Available
- Downside of Having a Dog in the Room
 - Stuck at the Office
 - Distraction
- Grief and Loss When Dog is No Longer Available
 - Processing Grief and Loss During Psychotherapy

Participant Four (with Paris) Super-Ordinate and Subordinate Themes

- Reason for the Acquisition of Dog
 - Dual Roles
 - Special Circumstances
 - Prior Clinical Training with a Canine Adjunct
- Nature of the Dog
 - Temperament
 - Instinct to Work with Clients
- The Human-Dog Relationship
 - Bond
 - Dog – Home versus Work
- Interventions
 - Targeted Interventions
 - Provided Therapist Data
 - Trust and Feelings of Safety
 - Relational Data
- Value of Dog in Therapy
 - Perceived Value for the Client
 - Perceived Value by Therapist as Therapy Adjunct
 - Perceived Value by Therapist for Self-Support
- Impact on Dog
- When the Dog is Not Available
- Downside of Having a Dog in the Room
 - Stuck at the Office
 - Bathroom Breaks
 - Dogs Being Dogs
 - Other Clinicians' Clients
 - Distraction
 - Time and Effort
 - Dog's Demands for Attention
- Grief and Loss When Dog is No Longer Available
 - Therapists' Thoughts on Their Own Feelings of Grief and Loss
 - Therapists' Thoughts on Their Clients' Feelings of Grief and Loss
 - Processing Grief and Loss During Psychotherapy

Participant Five (about Luke) Super-Ordinate and Subordinate Themes

- Reason for the Acquisition of Dog
 - Dual Roles
- Nature of the Dog
 - Temperament
 - Instinct to Work with Clients
 - Trainability
- The Human-Dog Relationship
 - Bond
 - Dog – Home versus Work
- Interventions
 - Targeted Interventions
 - Provided Therapist Data
 - Trust and Feelings of Safety
 - Relational Data
 - Projection
- Value of Dog in Therapy
 - Perceived Value by Therapist as Therapy Adjunct
 - Perceived Value by Therapist for Self-Support
- Impact on Dog
- Downside of Having a Dog in the Room
 - Bathroom Breaks
 - Dog's Demands for Attention
- Grief and Loss When Dog is No Longer Available
 - Therapists' Thoughts on Their Own Feelings of Grief and Loss
 - Therapists' Thoughts on Their Clients' Feelings of Grief and Loss
 - Processing Grief and Loss During Psychotherapy

Participant Six (with Emily) Super-Ordinate and Subordinate Themes

- Reason for the Acquisition of Dog
 - Special Circumstances
- Nature of the Dog
 - Temperament
 - Instinct to Work with Clients
- The Human-Dog Relationship
 - Bond
- Interventions
 - Targeted Interventions
 - Provided Therapist Data
 - Physical Contact
- Value of Dog in Therapy
 - Perceived Value for the Client
 - Perceived Value by Therapist as Therapy Adjunct
 - Perceived Value by Therapist for Self-Support
- Impact on Dog
- When the Dog is Not Available
 - Bathroom Breaks
 - Time and Effort
- Grief and Loss When Dog is No Longer Available
 - Therapists' Thoughts on Their Own Feelings of Grief and Loss
 - Grief and Loss During Psychotherapy

DISCUSSION

To better understand the experience of bringing a dog to psychotherapy, five licensed clinical counseling psychologists and one licensed counseling psychologist participated in this study through in-person, in-depth interviews. All the volunteers worked in the Greater Seattle area. Participants were between the ages of 30 and 65. Dogs accompanied the psychologists to work for a period of at least one year.

Each participant appeared to be fully engaged in the interview process, with responses that were thoughtful and self-disclosing. They provided frank discussions of their actual experiences in bringing dogs to therapy, as well as provided thoughts and suggestions for consideration in the use of a dog in psychotherapy.

As the owner of three dogs, one of which I considered using in my future practice, I found the information gathered from the participants both professionally impactful and personally interesting and inspiring. There were times when we smiled at their endearing experiences with their clients and dogs, and times when we teared up when a dog was lost to illness or age.

I followed the structure I had created for this interview process. Consequently, each interview fulfilled the intent of the defined process and provided a unique insight into each participant's relationship with his/her dog and therapy practice. Each psychologist took the time and effort to thoroughly answer each question and engaged in discussion that brought their ideas and suggestions from their learning experiences and thoughts into our discussions. Each participant discussed their decision for utilizing a dog during therapy session, their dog selection and acquisition process, the process and challenges in introducing the animal into their practice,

and the values achieved for both clients and the psychologists. Each discussed potential and actual downsides that had to be met and if and how they achieved successful outcomes to these challenges. Those who had lost their dogs to death discussed how the loss impacted their clients and themselves. Those who had not yet gone through this loss experience shared their concerns and fears for facing this situation in the future. The overall impression that surrounded all interviews was the value that each animal brought to each therapist's practice. Several defined their dogs as "co-therapists" who responded well to client's need and supported therapists through difficult situations.

In the sections that follow, the super-ordinate themes are laid out, followed by the subordinate themes. Each section contains supporting quotes and comments to address the research questions.

Reason for the Acquisition of Dog

All six of the psychologists interviewed talked about the reason for the acquisition of their dogs and why they introduced their companion into their psychotherapy practices. Three subthemes were identified: Dual Roles, Special Circumstances and Prior Clinical Training with a Canine Adjunct.

Dual Roles

Participant One revealed that her purpose for obtaining a dog was two-fold. Her primary impetus for acquiring Jackson was for him to participate as a therapy dog, yet she also desired a companion animal at home.

So it really was like he's going to be a therapy dog, but also I really wanted a dog in my life, in the home. And I thought it was a cool way to combine it and bring your dog to work. (p. 8)

She revealed that her decision to bring a dog into her home was done deliberately with Jackson's welfare in mind, but was not sure if it would work as she planned:

I got him knowing that I wouldn't get a dog that I couldn't take to work. We live in a condo and I've always felt really bad for dogs that had to do the eight hours plus days at home without seeing people. So I knew that I would want to do that and just hoped it would work out and it did. (p. 4)

Participant Five briefly discussed her decision to purchase a new dog after her previous two dogs, who both acted in the capacity of family companions and therapy dogs, passed away. She reported dual intention (dog as adjunct to her therapeutic work and pet) when she purchased Luke:

... he was joining my family and he was going to be in the office and let's see how it goes. (p. 5)

Participant Three talked about her thoughts before she obtained her current dog, Sukie:

I got her knowing that I wanted to take her to work and then I would still have her at home. I wanted a dog always. This is actually my first dog. So that's been really fun. But I knew that I wanted to get a therapy dog. (p. 8)

Participant Two briefly mentioned his intention when he rescued Kirk:

One of the things we were looking for as we were searching for a dog was that I wanted to bring him in [to work] and so we were looking for that. (p. 3)

Special Circumstances

Two of the interviewees did not initially intend to include their dogs into their practices but happened into animal-assisted therapy due to unusual circumstances with their dogs.

Although Participant Four had prior clinical training with dogs engaged in animal-assisted therapy, the introduction of her dog, Paris, into psychotherapy was not intended as a therapy adjunct. However, the dog seemed to fill an unexpected need in her practice.

I did not initially intend to have a dog doing animal assisted therapy. My other dog had gone through a series of surgeries and required extensive recovery time and Paris was distressed over that, lying next to her cage and sad about it and would want to play and would agitate the other dog. So I started bringing her to work so that my other dog could have healing time. And then during that time I was bringing her I noticed how bonded my clients were getting to her... (p.1-2)

Participant Six did not select her dog Emily to work as a therapy dog, but instead brought the dog to work because of the dog's anxious temperament. She revealed:

When I first brought her home, I didn't know she was a fearful dog. She was trembling a great deal when I went to pick her up at the breeder and I figured, well of course. She's twelve weeks old and I'm brand new and I had never adopted a puppy before. It became clear that there was no way I could leave this dog home alone, so she started by being in her crate with the door open so that she could feel that she could come and go. Clearly, I can't leave this dog home alone for seven hours, so she's just going to be here with us. So it actually wasn't part of the original plan. (p.3)

When asked about their dogs' statuses as certified therapy dogs, most of the clinicians reported that their dogs did not go through that training nor were they certified. Participant Six elaborated on the reason Emily did not participate in a certification program:

She's not an official therapy dog. She's not certified and that's really one of the reasons. Because as a puppy she was fearful and now we just described her as anxious or shy. She's not fearful to the point of trembling over everything, but she could not pass the test for a certified therapy dog, canine good citizen test. (p. 2)

Prior Clinical Training with a Canine Adjunct

Four of the interviewees participated in clinical training at a local clinic under the supervision of Participant Five. The psychologists who trained at the clinic identified their time there as influential in their decision to use a dog as an adjunct to their own practices.

Participant Two highlighted his time under the tutelage of his teacher and supervisor as meaningful to his experience with learning about dogs in psychotherapy and subsequent decision

to obtain his own dog, Kirk, with the purpose of bringing it to psychotherapy once he was licensed as a psychologist. He stated:

Yeh, when I first started grad school, my mentor, Participant Five, had a dog that she brought with her, so that is kind of where it started... And so I got to see Luke with a bunch of anxious grad students... He would make the rounds. He would just come say hi to everybody and it was kind of cool. So I think that's where I got the idea. And then at my internship site, we had quite a number of dogs that would come with various people. (p. 3)

Participant One had a similar introduction to therapy dogs:

A lot of the therapists I trained with at the local clinic where I did internship and post doc had dogs and so there's like this community model of that's just very dog friendly. There's just dogs running all around all over the place, like everybody has one. It really just did seem to lighten the mood. (p. 4)

Participant Three acquired Sukie while engaged in training at the same clinic, which gave her the added benefit of her supervisor/clinic director's help with training a dog as co-therapist.

I was talking with the director who had her own therapy dog and we had several therapy dogs at the clinic. Well, I think that I've found a good therapy dog that's a personality match for me and we sort of talked about, 'you're going to have to get her a crate and bring her to work.' (p. 4)

Summary of the Reason for the Acquisition of the Dog

Each of the participants shared the reason for the purchase or rescue a dog, although the reasons varied. Most of the psychologists brought dogs into their lives with the express intent for companionship both at home and work. Two of the participants did not originally anticipate bringing their dogs to work when they obtained them, but special circumstances caused the dual roles. Interestingly, the connection through a clinical training site between five of the six participants was the impetus for the four who were clinical trainees' utilization of dogs in their own practices; the fifth was a supervisor who already used her dog in therapy. Despite the original intent, it was evident that all were ultimately happy with their choice to bring their dogs

to their offices. As noted in the literature review, the early domestication of dogs focused on developing a relationship with the animals, in part, as work partners. All the interviewee responses clearly paralleled the research (i.e., dogs as work partners) whether or not they originally intended to bring their dogs into therapy.

Ensminger (2010) defined therapy dogs as pets in the home, who received training to work with others in a myriad of settings. Canines who work in institutions (e.g., schools, hospitals, prisons) require certification in order to work as a therapy dogs; however, animals working with mental health practioners do not have the same requirement for official certification.

Nature of the Dog

The participants all discussed that they chose a specific dog if adopted or specific breed of dog for temperament reasons. This was especially true if it was predetermined that the dog would accompany the psychologist to therapy sessions. The participants all described the dogs' instincts when working with client as an importance component of their work together. Trainability was another topic discussed by the participants.

Temperament

Five of the interviewees selected a specific pedigree breed and purchased their dogs from breeders, while one dog was a rescue, again of a specific breed selected by the owner. Four of these five participants clearly identified a friendly and outgoing temperament as a critical determination point in their selection process.

Participant Five discussed her views on the importance of choosing a dog with a temperament suitable for joining therapy sessions:

Dogs evolved to be in relationship to humans. We are their pack. And then there're the temperament issues. Some dogs have calmer temperaments. Some dogs have more anxious temperaments, and I think a dog with a highly anxious one won't be a good therapy dog. So, you've got to temperament test for a dog that's calm and outgoing because you don't want people to feel rejected by the dog and you don't want the dog to be so hyper that they pick up the anxiety and amplify it. And it's not a breed issue because within each breed there are temperamental variations. (p. 15)

Participant Two agreed:

There's a temperament piece to it that is really critical. I don't think that can be trained in. (p. 14)

Participant One described Jackson as having the right disposition for joining her in her work with clients in psychotherapy. She reported he is "a pretty easy dog," and "not a high need animal." (p. 9) during therapy sessions, but she did not believe he had the patience to attend psychological assessment sessions. She noted:

I don't think that [being present during assessments] would really work. Therapy only. I feel really lucky that he is a well-behaved, calm dog. If he wasn't I feel it would just be a mess. (p. 3)

Participant Two adopted Kirk at age four from a rescue and was not immediately convinced the dog would be a good fit. He expressed concern that Kirk:

does lovely with people and not so great with other animals. And so, he has this interesting excitement/fear response when he is around other dogs and we weren't sure if that showed up anywhere else. (p. 2)

Participant Two also noted Kirk "was definitely pretty squirrely for the first couple of weeks and then he sort of settled in." (p. 4). However, there was an adjustment period because some days were still challenging in the morning: "So when he comes bounding out, he's just flailing everywhere and making a bunch of noise, they [clients] are totally fine with that." (p. 3)

Ultimately, though, Kirk had “the right temperament, at least around people, to be here and be present.” (p. 3)

Participant Two identified Kirk as being of the right temperament with people, but “not so much” (p.4) with other dogs. He described an incident at the onset of bringing Kirk to therapy, which put to rest concern on how the dog handled meeting difficult client situations.

He has this interesting excitement-fear response when he is around other dogs and we weren’t sure if that showed up anywhere else. If somebody was dissociating and was all of a sudden was yelling and screaming, would there be that sort of a reaction? I actually got that answer within the first two weeks when a client slammed his fist right next to his head. He just looked up and went back to sleep. So it was like okay that works. (p.4)

Participant Three chose a specific breed (i.e., terrier) because “they are so sweet.” (p. 11). She stated,

I knew that I was looking for a dog when I found Sukie because I was temperament testing her for different things. (p. 11)

Participant Four briefly mentioned her dog Paris’ disposition:

She has a temperamental issue where she just fits well. (p.1).

Participant Five purchased Luke from a trusted breeder from whom she purchased her first two dogs of the same breed. She identified the importance of working with a breeder who assisted in choosing the right dog for her needs:

She bred them for temperament, and I told her that I needed a dog who was incredibly outgoing and friendly. And, you know, she temperament tested puppies and I also got to meet his mom and she was also outgoing and friendly. So I knew what I was getting in terms of I knew the breeder, I knew the temperament I was getting. I wanted a dog that was glad to see people. And he was. He was always glad to see people. (p. 5)

She indicated that finding the right dog paid off because Luke “was a natural. He loved people.” (p.5)

Instinct to Work with Clients

Most of the participants also identified the presence of an intuitive nature of their dogs in meeting individual client needs, citing this as an important personality trait for a valued adjunct to the therapy process. Reading a client's mood, accepting attention when the client wanted to give it, responding to a client's need for comfort, or knowing when to remain distant when needed were all attributed to their dogs. Participant Four described how Paris's instincts with clients played out in a few different ways:

She will literally sit on their lap and stare into their eyes and just watch them. Or if somebody is angry or crying, she comes up and checks on them. And if they don't need her, she goes and lays down. So she's become really attuned to that. (p. 2)

Like Paris knows before somebody's coming up the stairs whether it's somebody else's patient who she sees regularly in the waiting area or mine and will go to the door and cry to see them. And she'll like race out to them and she'll jump in their lap. She is so happy to see them, and I can just see the joy on their faces and her joy. That kind of attunement my other dog doesn't have. (p. 3)

Participant One identified Jackson's ability to read the client's needs:

He's very happy to stay away from you if you don't want to pet him—that's great. Stay on the opposite side of the room, he's happy forever. (p. 7)

Participant Five reflected on Luke's natural instincts for attunement with clients and some instances of how and when he acted on those instincts:

So he'd pick up on stuff. He was really, really attuned because he was a predatory little terrier. (p. 4)

He would greet people where they were energetically. With some people he would just climb up and snuggle. Some people he would just go across the room. Some people he would crate himself for. He really, really matched the energy of people. (p. 5)

He picked up what people wanted and did it. (p. 10):

Participant Three also noticed Sukie was able to follow the clients lead:

She's really mellow and she is really good from taking cues from the space about like whether or not somebody does want to engage. (p. 16)

I did have one client who had DID. Her alters would come out and call him by the name of her childhood dog. And he was fine. It was like 'okay,' in fact he knew that one really well. And she also had a raging adolescent alter and when that one would show up, he would put himself in his crate. (p. 13)

Participant Six described Emily as fearful when she got her and did not comment on temperament as being critical in the selection process. It is important to note this dog was not selected as a therapy dog but was successfully integrated into this role to best manage the puppy's need for care.

When I first brought her home, I didn't know she was a fearful dog. She was trembling a great deal when I went to pick her up at the breeder and I figured, well of course. She's twelve weeks old and I'm brand new and I had never adopted a puppy before. It became clear that there was no way I could leave this dog home alone, so she started by being in her crate with the door open so that she could feel that she could come and go. Clearly, I can't leave this dog home alone for seven hours, so she's just going to be here with us. So it actually wasn't part of the original plan. (p. 3)

Trainability

Trainability was another essential characteristic noted by all interviewed, both from the perspective of integrating their dog into the home setting as well as into therapy sessions. Some mentioned the commonality of need for both environs, while others focused primarily on training needs to successfully integrate the dog as an adjunct to therapy sessions.

It should be noted that none of the dogs incorporated into therapy sessions were certified as therapy dogs nor did any of the therapists feel this was essential for successful integration of the dog into their practice. It was reported that only one dog had intensive two-week residential training, while another participated in an eight-week, full-day training program. Another of the dogs and clinicians worked with a dog trainer for a short period to deal with fear issues. The

other three dogs were acclimated and trained by the owners. For example, Participant Three elicited her clients to help train Sukie.

I wanted a [specific] terrier because they are so sweet. But they can be really rambunctious if they are not trained out of it, or in my case, trained by environment. So, a lot of clients had asked, and so I told them that you are welcome to help me train her to the things she is learning to do. Things like sitting and jumping. She used to have like little training treats but she's actually much more motivated by petting and nice words which is quite lovely. (p. 11)

Participant Five sought training guidance from an outside source because Luke was:

So smart and like most terriers, he was so willful and so teaching him things like sit and stay was challenging. (p. 3)

Summary of Dog's Nature and Temperament

Temperament was clearly important to most of the clinicians. If a dog was purchased from an independent seller, a specific breed was chosen because it was generally characterized as a calm, easy-going breed. Chandler (2012) made an argument for temperament testing of a dog to determine if it has the characteristics and sociability to work as a therapy dog prior to its purchase. Only two participants mentioned temperament testing their dogs prior to purchase; the others seemed to rely on the overall temperament associated with the breed or their attraction to the specific dog. Not all the dogs were a good fit from the beginning (i.e., Kirk, Emily), but quickly settled into their roles in the therapy room.

Although the literature did not include information about dogs' intuitive nature in their work with clients in a mental health setting, it was a topic identified by most of the participants. By and large, their dogs seemed to instinctually understand clients' needs for comfort or they noticed when clients dissociated or switched personalities in the cases of DID.

Chandler (2012) and Sockalingam et al. (2008), noted dogs are chosen to work in the capacity of a therapy dog based on their temperament and trainability. Beyond that, limited information was found in the literature regarding recommended AAT training and certification programs for mental health handlers and their animals. Furthermore, it is not currently a requirement. Only two of the dogs in this study underwent stringent training outside of the home; the others were all trained by their owners with occasional spot training as needed. Further, none of the dogs incorporated into therapy sessions for those interviewed were certified as therapy dogs nor did any of the therapists feel it was essential for successful integration of their dogs into their practices.

The Human-Dog Relationship

All of the psychologists who were interviewed identified a close, personal relationship with their dogs. They considered the dogs as part of their families and often assigned them a role like those of the humans in the household. Several of the psychologists revealed they consider their dogs their children. Most spoke about the differences and similarities of how they view and treat their dogs at home versus at work.

Bond

Participant One described that her dog Jackson filled the role of a child in her life. She stated:

He is sort of like this constant companion. He is definitely like this human child fixture in our home. You know, he is definitely treated like a little baby so it's really like a relationship for sure. (p. 4)

She described the emotions and worry she feels about Jackson as similar to those that human parents typically have for their human children.

I think that days he's at home I worry about him a lot more. You know I think about it and I feel guilty and I feel sad. But when he's here I know he's fine and like he's got his food, he's got all his toys, his treats, and he's happy as a clam so I don't have to worry much about it. (p. 5)

Participant Four also identified her relationship with her dog as like that of parent and child.

I don't have children. She's my little soul mate, she's my baby. I love her more than I've loved anything in my life. (p. 3)

According to Participant Five, Luke also filled a child-like role in her life in addition to assisting her in her job.

So there was this relationship that would go on. It expanded me as a therapist, but also as a human being because he was my kid. (p. 5)

Participant Five also described behaviors that mimic adult-child interaction to ensure secure attachment in the child:

I really attachment parented him. He was in my lap all the time that he wasn't in his crate. He was never alone. He slept in bed with me. He was in my lap. I took him with me everywhere for the first while. So he had really, the secure attachment. (p. 11)

Participant Two reported that the bond between him and Kirk was not immediate; it took some time and adjustment.

I would say it took a little bit to build the bond. In a lot of ways I felt it was like bringing our son home. We were just a little frazzled and kind of all over the place. So I think as the attachment to home became more clear and he sort of settled down overall, that it was easier to know that this was going to work and that it would be a consistent thing. (p. 15)

Although Participant Six did not described her relationship with Emily as similar to that of a parent and child, she did disclose a strong bond with the dog.

Just my love for her really wells up... So the emotion that most often comes up for me is the strength of my affection for her. (p. 7)

She also revealed:

We have really good nonverbal communication. We're real close to each other. I'd say we're on the same wave length even though she's an introvert and I'm an extrovert."

Participant Three described her relationship with Sukie:

Well, I usually refer to her as my shadow. She pretty much follows me wherever I go and she's really bonded to me and in a very different way than my husband, which is interesting. She definitely engages in a lot more play with him and so with me she's usually with me doing everyday activities whether it's here or at home. And so, I think it's very loving, sweet, very cuddly relationship. And that's what I think about when I think of her. She's so gentle and nurturing that I think that's mostly what our relationship is. (p. 13)

Dog – Home versus Work

Most of the participants talked about the differences between their dog at home versus at work, however, their perceptions varied. Two of the psychologists identified that they conceptualize their dogs differently across the two settings. Participant Three highlighted the specific differences:

Although she is definitely a therapeutic dog here, she is actually very rambunctious at home. And otherwise you basically see her doing this. People refer to her as a living stuffed animal. She's very calm and she's very quiet. And when we get home, she bursts into about an hour of lots of spontaneous play, which she doesn't tend to do at the office. (p. 4)

Participant Three attributed these differences to Sukie's training. She stated,

That's kind of been a part of her training that we are doing. So I do definitely think she has different behaviors that she does one place or another if somebody does want to play with her I actually have to tell her that so she can do that because she won't do that otherwise. (p. 4)

Participant Six also reported that Emily behaves differently at home than she does in the office but gave the impression that it was more about the dog's intuitive nature than specific training that accounted for the differences.

She's more contained here at work. Now when we get home, the first thing she wants to do is play. She wants to play tug. She wants me to throw things for her. She wants to run

out in the backyard and bark to announce that she's back home to defend her territory. Here, she's kind of, I don't really know what she thinks were doing here, but she gets that she needs to sort of sit and that she doesn't have free reign. (p. 5)

She also identified that Emily provided specific value to her and secondarily to clients, during counseling sessions.

Because I know she's meeting my needs, this is for me. Here I think of her somewhat like a co-therapist. She tends to pay attention if somebody's crying real hard. She sometimes makes eye contact with me as if to say, "Is everything okay here?" So the emotion that most often comes up for me is the strength of my affection for her. (p. 5)

On the other hand, three of the interviewees reported they felt there were no differences in how they conceptualized their dogs at home versus at work. Participant Two revealed:

I don't know that there is a significant difference for me. He is my buddy. (p.5)

I haven't really thought about it, which tells me that it is probably pretty similar. I mean that's how I am extrapolating it like I haven't really spent a lot of time thinking about the differences between home and work. I think a lot of it is that there aren't a ton of differences but yeah; I mean he just feels pretty similar to me. (p. 12).

I don't feel there's any difference between the way we interact together here versus there. (p. 12)

After thinking about it for a few moments, Participant Two elaborated on how Kirk is similar in both settings:

It's probably more me focused at home or family focused at home and more focused on clients here, but I think I have the same expectations of them here or there. I have the same problems with him here or there. (p. 12)

I mean, I think that I wish he would mind better in both places. He really doesn't have a distinction between minding better at home or minding better here. There really is not a big distinction for me. (p. 12)

Participant Four identified that she has a similar relationship to Paris both at home and at work, but for business purposes there is a distinction.

I don't have a conceptualization of Paris during work hours and Paris non-work hours. For tax purposes, I'm supposed to. Outside of tax reporting purposes, nothing. (p. 4)

Participant Five briefly identified that she viewed Luke similarly at home and work.

It's like this was a relationship where he functions as my co-therapist and at home he is our family member and the same rules apply. When mama says sit, you can't not sit, you have to sit. So he was really integrated fully into my life. (p. 7)

Summary of the Human-Dog Relationship

The participants all shared they felt a strong bond between them and their dogs, although that bond was not immediate in all cases. All the psychologists spoke tenderly about their dogs and used emotionally-laden language. Their affection for their animals was readily apparent.

Although the dogs sometimes behaved differently at home than they did in the office, all the participants reported feeling the same affection for their animals across settings. Four of the six described the bond they had with their dogs as like that of parent (psychologist) and child (dog). Historically, attachment literature (Bowlby, 1969; Ainsworth, 1978) focused on the children's attachment to their caregivers and not the other way around. Attachment as described by Bowlby (1969) is driven by the child in order that his needs are met. In the case of the participants, they described their feelings and needs in their relationships, not those of their dogs. However, their perspectives of their relationships with their dogs fell in line with Brown's (2004) assertion that dogs often fill a psychological need as a child substitute. Hazen and Zeifman (1999) suggested that attachment relationships change over time; when one reaches adulthood, caregivers are less important and romantic partners and friends fill the attachment role (Hazen & Shaver, 1987; Trinke & Bartholomew, 1997). From that research, Archer (1997) presented the idea that pets also fill attachment roles for adults. Participant data seemed to fall in line with Archer's understanding of human-pet attachment relationships. Even though the dogs reportedly

attended psychotherapy sessions with the express intent of working with clients or due to the dog's need, all the canines seemed to offer some of the basic components of attachment to their human counterparts: responsiveness, proximity, and attunement.

An interesting dynamic was noted. In their interviews, the participants recounted the ways their dogs filled multiple roles; they acted as an adjunct to therapy, fulfilled the role of child, and sometimes comforted the psychologist. The multiple functions are sometimes carried out simultaneously, which suggests a unique, multidimensional job for therapy animals—caregiver, child, therapy intervention. The literature left an impression that dogs' roles were delineated by their environment: pet/companion at home and therapy animal when working with others in the capacity of visiting institutions or participating in mental health treatment. The multiple roles they filled simultaneously seemed to be a new finding.

Interventions

All interviewees provided strong conviction of the value of their dogs' presence to clients and to the therapist during counseling sessions citing numerous examples of the value they added. These interventions fall into the following categories: trust and feelings of safety, provided therapist with data, targeted interventions, projection, physical presence, relational data, and grounding.

Targeted Interventions

All six participants talked about the intentional use of their dogs as tools for specific interventions.

Boundaries. Three of the interviewees used their dogs to assess their clients' ability to set boundaries and two had them practice the skill with the dogs. Participant Four provided an example of what an intervention with Paris entailed:

I use her to assess boundaries with people. Like, there are times when I noticed that somebody appears uncomfortable because she'll, like, be in your face and lick you. There appears to be a pulling away or discomfort with that, and a patient's discomfort with pushing away or checking in with me to see if they're getting permission and so it opens up an opportunity for me to check out, like, "Did she behave in a way that's uncomfortable for you? You can ask me to intervene. You're welcome to intervene and set a boundary." (p. 4)

I also noticed that there are some people who will completely, like, bypass doing therapy for half an hour and just, like, let her lick on them and play with them. And so, it's a way for me to assess, like, do other things in their life fall aside due to not setting boundaries well enough. I found that to be really beneficial with her because she is such a lovey-on-you kind of dog. (p. 4)

Participant Five discussed Luke's preferences as a way to work with her clients on boundaries:

Sometimes I would use Luke in that way, to talk about setting boundaries, and using preferences, and dogs he liked and dogs he didn't like, and that he didn't have to like every dog. (p. 9)

Participant One watched her clients' interactions with Jackson to better understand their actions and their ability to uphold others' boundaries. She explained:

There are definitely clients that don't do attachment especially well and that's sort of like really interesting pieces of information for me to incorporate. It's like, this is what you do in the world that doesn't necessarily work with other people in your life, right? You're not taking in feedback, like the dog's kind of running away and you're like "No I want to pet you." It's, like, how might you be doing that normally because he does the same thing for everyone basically, so it's kind of interesting what clients do with that situation. How might that client be doing with other people in their life, pushing people away, not respecting boundaries, not taking feedback? (p. 5)

Assertiveness and empowerment. Allowing clients to have some control over whether or not Kirk would be present during all or some of their therapy session helped clients practice

assertiveness. Participant Two talked about how he used this and how that worked as a targeted intervention.

I think it's important, like I view it as an informed consent issue and it's important to give the clients a choice and let them know they have within this space as much say as they can have within any space. And so I often, in the moments that it's happened where they've asked to have him crated for a period of time, I actually view it as an empowerment issue, that they are actually asserting what they need. You know, because clients have the choice and I think it is important to have the choice. This isn't about me and this isn't about my wants and desires, it's about us as a team and them asserting themselves. And if that means that Kirk goes in the crate, then he goes in the crate. (p. 13)

Exposure therapy. When clients expressed or demonstrated fear of dogs, Participant Three utilized Sukie as a tool in exposure therapy. She provided a concrete example of her therapeutic interventions both with adults and children:

I have actually used her for exposure therapy for people who have been bitten by dogs or for other really scary things they are sort of trying to get through. Whether it's for an unknown movement, that's one that's happened to some clients where they become phobic to other people's experiences, or the person has a phobia of dog bites, we worked with her in a very sort sort of strategic way. For strategic way, a sort of approach, like, where Sukie has never bitten anyone not even, like, puppy play. I say, "99.9% of the time she is not going to bite you," and I've instructed people how to stick their fingers in her mouth to show them basically, like, okay this is really how it is really safe to be around a dog and what happened when you are bitten by the dog. And so, I kind of go through that. If you move her bed away from the client, she will not engage with them, which is my way of managing that. But, you know I have a series of dolls and dogs that look like her, a terrier, for the kids who have phobias and pictures of what this dog looks like and this is a stuffed animal and start thinking ahead about how you actually approach a dog, which is pretty different if you've never been trained in how to do that. (pp. 2–3)

Social skills training. Participant Six used Emily to help her clients who struggled with social skills, although specific details were not given.

With people who have difficulty reading social cues, whether they meet criteria for Aspergers or not, they might just be someone who needs a little help refining their social skills, I try to look for ways to use Emily to teach them how to read cues, how to adjust your tone for someone who's anxious, how to convey warmth, how to move slowly to hand up your coat. So, it's an empathy exercise and an interpersonal exercise. (p. 6)

Confidentiality. Participant Six also talked briefly about she interjected Emily into discussions about keeping her clients' information confidential:

She does snore in sessions and sometimes she'll do that when somebody is talking about what they think is shameful. So that's a good opportunity for me to say, "No, Emily is totally unphased by what you're sharing right now. Or I'll comment on confidentiality, "Your secret is safe with us." (p. 7)

Dog's natural behaviors. Luke's unintentional accident turned into a powerful intervention. Participant Five described the situation:

In his first year of work, I was seeing somebody whose mother had tried to kill her repeatedly and she came to see me after her mother died. So early on in therapy, and Luke was very content, he did not have accidents, he trained easily, quickly. He got up on the back of the couch and peed down the back of the couch onto her. And I said, "Luke, you needed to tell me you needed to go out. Let's go out." I said to the client, "Let me help you clean up. I'll pay to dry clean the coat." Next session she came in and said, "Your dog is brilliant." And I said, "What you mean?" "He knew that I needed him to do that so I could see what you did when a child misbehaves because you didn't yell at him, you didn't hit him and you didn't blame him. You were really nice and you stayed calm and were nice to everybody." Well I think now it was totally serendipitous. You would think that the dog peed on the back of your couch would be a bad thing, but it turned out to be this huge turning point in therapy and in a great way. A really, really good way. (pp. 8–9)

Buffer. According to Participant Four, Paris's presence in the room allowed her to put some distance between her and her clients, which encouraged the client to continue telling their stories, as well as gain a sense of trust and safety:

I can also focus my attention on her as almost a medium so that I don't have to sit there and focus all my attention on the client. The majority of them have had experiences that when all of the attention is on them and it had been a dangerous experience and so it decreases that level of distrust and fear when all of the attention is on them. So I can focus on Paris, as well, and notice how they are making eye contact with her rather than not making eye contact with me. I notice how the psychological response to their trauma is decreasing through interacting with her rather than what's happening in the interaction with me and then working on transferring what's happening between them and Paris to having that happen between me and them. So, it's like I have another tool to decrease the

amount of inherent distrust and fear of humanity that a patient has in the room, just based on being a complex trauma therapist. (p. 2)

Provided Therapist with Data

Several of the psychologists discussed how their dogs alerted them to changes with their clients that they might otherwise have missed. In some instances, the dogs reacted to clients' movements, but other times they picked up on something that was subtle and unidentifiable by the psychologist.

When talking about Kirk's ability to understand shifts in clients' moods or energy, Participant Two identified that he relies on his dog to provide him with information that he otherwise might have missed:

He tells me some stuff that I might not otherwise pick up on. A lot of my clients have been distressed for 30 to 40 years and have gotten really good at hiding that from other people. And sometimes I'm not sure I would pick it up if he wasn't here in the room with me. (p. 3)

But there is something about having him in the room because he has this level of perception that I just don't think humans have. And so I think I rely on him a lot to do his thing. To just be here and be present and if there is something in the room that is going on that I am not paying attention to, then he's probably going to give me some sort of signal if it's important. (p. 6)

An example of Kirk's indication that something shifted in the room:

Sometimes he'll get up and he will go over here and I am not sure I had totally figured it out and I think that it depends on the person that he is that far away. It does not happen very often, but it's usually a clue that something is going on that maybe I am not picking up on. That's what he's communicating to me. (p. 9)

According to Participant Three, Sukie also makes a physical adjustment when she noticed a shift in a client's mood:

Frequently, she'll flop her head out the other side of the bed if she thinks someone's distressed or nervous, that's interesting. And I'll ask, "I just noticed Sukie sort of readjusted herself and got up and turned around. Is that what you're doing now?" (p. 9)

Luke's antics provided Participant Five with the opportunity to ask her clients about their focus and engagement in therapy on a particular day:

And sometimes I would say, "is he trying to distract us because you want to be distracted or because he's up to something on his own?" "Well, actually, I want to be distracted." So more of the time than not, he was enacting. He certainly was, if you take the superego, ego, id model, he did id for a number of people. It was interesting. (p. 12)

Participant Five relied on Luke to help her work with clients diagnosed with Dissociative Identity Disorder (DID). Luke had the ability to quickly pick up on changes in personalities in a way that humans could not, which she used to help her better understand her clients. It appeared that Participant Five quickly picked up on Luke's cues and was able to use them in real time.

I worked with DID. He would pick up subtle switches more quickly than I could. So he taught me to pay attention to things. So he would pick up on something. I would say, "Is there somebody else in the room?" "Yeh, how did you know?" Because Luke knew first. (p. 4)

And whatever it was, he smelled it fast. Of course, they smell things we can't smell. People would have changes in smell of their sweat and he would notice that. And it was funny because there was one person who had DID and she came into the office and Luke started being distractible as hell, rolling on his back and barking and being silly. So, I said, "Whoever's here really doesn't feel like doing therapy today." And she said, "How did you know that?" But he knows it. (p. 4)

Participant Four also found that Paris provided her with valuable information about clients diagnosed with DID:

I know with DID clients, she can sense when they shift personalities quicker than I can. (p. 7)

Although she did not work with dissociative clients, Participant Six was also reported that Emily possessed an awareness client's shifts, which she took seriously.

Well, she's giving information, but I'm going to help you understand and interpret that, but I don't want to get cute about it. I don't want to use Emily for interpretations unless it's relevant to what we're working on. (p. 10)

Trust and Feelings of Safety

As the psychologists spoke about the benefits of bringing their dogs into the therapeutic setting, several revealed that they perceived their dogs' presence in the room assisted in building trust and a sense of safety for the clients.

Participant One highlighted the benefit of Jackson's presence for trust-building during the early stages of the therapeutic relationship:

They understand this dog trusts me. They can trust me. And we don't have to do as much labor work around that initial experience. (p. 3-4)

He provides a lot of the beginning trust building and I think he does a lot to communicate to people just the sort of tone of it. Like, I'm not wearing a lab coat and taking notes about people without telling them what I'm writing. (p. 9)

It really goes a long way with helping people feel as if they can connect with him whereas it's harder to connect with humans who have probably not been so kind to them throughout their lives. Animals can't do anything wrong. So, things like that. And then, my interpretation and a lot of experiences with new clients is that they are pretty uneasy at first and they don't know if they can trust me, but they see Jackson has a difficult time trusting people and they also see that he trusts me. And that goes a long way with bridging that gap and I find I have to work a lot less hard to get new clients, new trauma clients, to feel comfortable with me because Jackson likes you, so that's probably okay. (pp. 1-2)

She also talked about the sense of safety clients attain after they hear Jackson's story and they related to it:

He was a rescue and he kind of has a hard time with new people and it takes him a while to warm up to people. People can usually relate to the idea where they don't like to be touched either. They don't appreciate, like, strangers just coming up and putting a hand on their shoulder or assuming a handshake. They really do need that extra space for safety and Jackson does too. And they can appreciate and relate to that. (p. 2)

Participant Two explained that just by being in the room, Kirk helped clients feel more at ease in the room:

And so, it has just been awesome. And sometimes it is simply his presence. I will notice people as they walk into the room settle and know that he is here. (p. 2)

This dynamic sometimes occurred during the early sessions when clients were likely to be most unsure of what to expect and when they talked about intimate and difficult topics.

Participant Two stated:

I think it's really positive because most of my clients have had really early deep attachment wounds, that it becomes a cornerstone of work that's helping them to attach to me, to us in this case, and that is when therapy can really, really start. Because in the absence of that relationship, we just don't really, we are essentially skills-based work of like, stay presence, and how do you stay present, and how do you stay present in the midst of something really scary which is I am telling you the relationship is very important, that you human beings are dangerous and I happen to be a human being even though I am a therapist and I have a license through the state, unfortunately I work with a surprisingly number of people who have been hurt by a therapist previously. And so, there is a really tough balance to walk of accepting where people are and then pulling further into the relationship to be present. I think Kirk helps with that, and I think that for a lot of my clients who have been hurt by human beings. (pp. 7–8)

Participant Four shared that Paris helped them feel safe in the dog's presence.

I've had clients comment, especially particularly easily distressed clients, like clients who suffer from DID [Dissociative Identity Disorder] or extreme PTSD or complex PTSD, have commented that she is almost a barrier between them and me when they are feeling distressed because they can focus their attention on her and not on me watching them, so there is some sense of safety that they feel from that. (p. 2)

Participant Five summarized her experience about Luke's presence in the room that helped her clients feel safe and trust in her, especially when discussing difficult and deeply personal issues:

So, what he did was create an atmosphere where people felt, for the most part, safer, more relaxed. (p. 4)

He trusted me, so that they could trust me. He conveyed that this was a safe place. That he was just all calm and fine. And the message that gave was you can be here and Participant Five will be ok. That's really what he did for people who came in here for evaluations because you know they didn't know me from Adam and they would come in and they would be talking about the worst things that happened in their life because that

was their lawsuit. People sexually abused by priests, people in horrible workplace harassment cases. And what he would convey is you can talk here. It's okay. It's fine. (p. 6)

Relational Data

A few of the psychologists felt that their clients' relationships with their dogs was a significant factor in their ability to come to therapy and talk about difficult subjects, such as suicide, sexual abuse, and emotions.

Participant Four talked about how she used Paris to help clients recognize that they could emotionally relate to another being and wondered what it is like for them when Paris was present while experiencing emotions:

I'll be able to ask them if they're feeling pretty emotionally escalated when she comes and checks on them, and I can say "what is that like?" Because it's like if they haven't had humans care for them, you have their back emotionally, show up for them emotionally in some way. And Paris is there doing that, and I can check in with them and ask them, "what is it like to have a living creature care about the fact that you are upset right now?" So, I usually try to watch for those, it's like a relational moment. A relational moment happens or a boundary that could represent the relationships outside of the office or what could potentially be relationship interfering behavior that happens during therapy. I don't know. It may be speeds up the process of being able to talk about that in session versus waiting for it to occur interpersonally with me. (p. 4)

According to Participant Three, their relationship with Sukie was sometimes the reason that clients were able to bring themselves to therapy during especially down times:

I've had clients who are experiencing a lot of suicidal ideation and then it's actually the only reason that they'll show up. And they'll say, "I knew that Sukie would make me feel better." That's like the very deep connection they have with her is really soothing to them. And that's not uncommon for me to hear. If someone is in a really bad place it's like, "well I know I have to be in therapy because I should be in therapy, but also I'll get to see her."

Participant Five disclosed that she performed an evaluation for parents whose child was abused while out of their care. Luke was present during the first interview, which she described

as helping the parents talk about the difficult topic. Even though he was not available for the second meeting, the relationship that they developed with Luke during the first interview carried them through the second.

Thinking of one couple who I evaluated both of them because their developmentally disabled kid had been sexually abused in a respite care home. Each of them were survivors themselves. They would not have been able to talk without Luke in the room and when they came back for second evaluations after he died, and by then they knew me, but they said they knew they would not have been able to say what they said if he hadn't been there for them to just sort of calm themselves down and relate. So, he was a really great source of emotional relation. (pp. 3–4)

Physical Contact

A few of the psychologists identified that their dogs' physical contact with clients was in and of itself was a powerful intervention.

Participant Six interpreted Emily's presence next to a client as a show of comfort:

The other day, I had a client who has pretty severe depression and Emily went butt to butt with her. Got up to the couch, looked at me to pick her up onto the couch and then did a little doggy turn around and pushed her bum right into the client's, which meant "I'm here for 50 minutes. I'm not going anywhere." (p. 10)

Kirk reportedly frequently engaged in physical contact with Participant Two's clients. He reported that Kirk:

spends a lot of time on people's feet. That seems to be one of his places. Sometimes it's his whole body, sometimes it's just his head where he'll come over. He gets up on the couch a lot, so he's just curled up next to the person. But again, like, if he was here and sitting over there next to you, and something was going on, half the time he gets up and nudges, so he is right next to the person. Sometimes he puts his head in their lap, you know that sort of stuff. (p. 3)

I would say he spends 80% to 85% of his time in close proximity to whoever is in the room. (p. 5)

I mean, he is a 70—72 pound dog and he will do this funny thing once in a while when someone is really distressed. He will try and crawl into their lap. It is funniest thing

because he just doesn't fit, but he will drape across their lap and just kind of sit there and then they will kind of come back into the room and he gets down. (p. 3)

He provided one instance when he used Kirk's contact with his client when she was dealing with feelings of shame:

That was a predominant part of the work and she was experiencing a shame cycle. And Kirk was sitting over here and kind of looked at her, walked over, wedged himself next to her leg, and dropped onto her legs and feet and then just stared at her. And so it was a really interesting and powerful moment for us that I was able to use. She was also an animal person and I said, "so you know animals, and if you were really disturbed person, how would you explain what just happened. (p. 2)

Projection

Three of the participants identified sometimes clients projected their thoughts and feelings onto the dogs. The psychologists used these opportunities to aid clients in dealing with difficult emotions. Participant One made a brief statement:

I think the intervention is the projection and transference and the trust building that's kind of inherent. (p. 3)

Participant Five elaborated on how she used Luke to assist clients when they expressed concern about the psychologist's upcoming absence:

It's like, "I'll bet he's really upset that you're going away next week," and I'd say, "I don't know that he is because he's always been really attached, but I have a hunch that you're upset that I'm going away next week and you're trying not to be upset because you're trying to be grownup. Could that be the case?" "Oh, yes, but isn't he upset actually?" "No, he's had the same dog sitters since he was a puppy and it's his auntie and he likes to go to her house and it's like going to camp because he always knows I come back. And it's always safe there." So you get to talk about attachment and having other safe people and how you didn't have that and so of course you don't believe that I'm going to come back. And what are we going to do about how you will know that I'm going to come back. (p. 10)

Participant Three revealed that she found it interesting that clients projected their feelings onto Sukie, and used it as a way to talk more about whatever they brought up:

They will say things like “Doesn’t she look sad today?” as she is playfully engaging with the toy with them, she just looks at it all. And it’s sort of like, “oh, if she was sad, what would she be sad about?” (p. 2)

Grounding

According to Participant Three, Sukie was instrumental in helping clients settle into the therapy room and remain present in the moment. She explained her general grounding techniques that included Sukie:

If you are needing comfort, sort of thinking about different grounding techniques we might use, sometimes I’ll have them count the lights in the room. Sometimes I have them count the colors. Sometimes will have them do math problems. Sometimes I will encourage them to reach out and pet her if they are already doing it, especially if they have sort of gone to past flashbacks or they don’t seem entirely present. Sometimes she’ll often get used in that. (p. 3)

Or when people are describing something very intense, she often sort of engages with what I would refer to as trying to help them cope with it, which is really fascinating, which is why I said it reminds me of what I see most is just the grounding. Especially because they’ll just hold on to her sometimes, and you can see them getting just really loving. I have one client in particular who is a first responder and she almost always sits right on her lap. And you can see her petting her, stroking her through the whole thing. (p. 2)

I have clients that have a lot of dissociation, and she’ll actually lick them to bring them back. (p. 2)

She reported that clients who suffered with medical issues or complex trauma were especially by assisted by the dog:

The thing I’ve noticed the most is that it seems to help people ground into the environment. Especially because the people I see have a really extensive complex trauma history as well as a pretty complex medical history. And I really specialize in chronic pain, and so it really seems to help people sort of come into the room and relax and when they are talking about really intense things either Sukie will frequently come up onto their lap or they’ll do exactly what you are doing which is sort of they will extend their arm and I sort of just notice them to being with her. (pp. 1–2)

Sukie was also helpful when clients were creating a trauma narrative, an emotionally-laden recounting of a traumatic event. Participant Three talked about Sukie's role while clients engaged in this intervention:

People are pretty engaged with their mental process and also what's happening with their bodies. And that's part of what I've seen. It's interesting to watch. As soon as I ask them what's happening on the inside, almost always, a hand goes out towards her. And that's one of the ways I notice that she's doing grounding. (pp. 11–12)

Summary of Interventions

The psychologists all shared ways that their dogs participated in therapy sessions as adjuncts to their treatment with clients. The interventions described were wide ranging from the dog's presence in the room to the interactions between dog and client to the dog's behaviors during treatment. All six identified that their dogs were used as specific interventions. Most of the psychologists revealed their dogs provided them with information about clients that they might otherwise not have known or would have been slower to pick up. Dogs helped clients trust the psychologists and find a sense of safety both in the room and in the therapeutic relationship, a crucial component to therapy. With a dog in the room, this trust and safety reportedly happened more quickly than it might otherwise have happened. Sometimes it was the clients' relationships with the dogs that kept them coming back to treatment, as well as talk about difficult and personal subjects. The ability to project feelings and thoughts onto the dogs seemed to aid clients talk about difficult topics according to the psychologists. A few of the participants reported that physical contact between their dogs and clients was a powerful intervention. Although only discussed by one participant, her dog helped her clients remain present when discussing trauma or when they dissociated.

The participants' revelations about the ways they used their dogs in psychotherapy, along with their commentaries about the companion role the dogs filled in their lives, suggested that the animals in this study met the definition of a therapy dog as was consistent with the standard set by the Delta Society (1996). Additionally, the information obtained during the interviews supported the fact that complementary interventions are typically used side by side with more traditional treatments (Pichot, 2012) for physical and mental health issues (Muñoz Lasa et al., 2011); they are not used in place of traditional interventions.

Some of the discussed interventions and the reasoning behind their use supported the lists compiled in O'Callaghan's (2008) analysis of the literature. In alignment with O'Callaghan's and O'Callaghan and Chandler (2011), the participants in this study identified Therapy Animal Present Without Any Directive Interventions (item 16) as most commonly used in their practices. Although the majority of the targeted interventions were classified as non-directive, they nonetheless were effective in assisting the therapists with their treatment. Five other recognized interventions aligned with those already found in the literature. From most to least frequently used: Allows Animal to Engage with Client in Spontaneous Moments That Facilitate Therapeutic Discussion (18), Comments or Reflects on Spontaneous Client-Animal Interactions (9), Encourages Client to Interact with Therapy Animal by Touching or Petting (2), Therapist Reflects/Comments on Client's Relationship with Therapy Animal (1), and Shares Other History Related to Therapy Animal (11). Two commonly used interventions noted in the literature were not mentioned by the participants of this study: Shares Information about Animals' Family History (10) and Shares Animal Stories and Metaphors (12).

All but one of the reasons for selecting specific interventions aligned with those identified in the literature (O'Callaghan, 2008; O'Callaghan & Chandler, 2011). The most commonly reported intention was Enhance Trust within the Therapeutic Environment. The animal as a behavior reward was not mentioned by any of the study participants.

Some interventions with the participants' dogs did not seem to fit into the categories identified by O'Callaghan (2008). Three stand out as commonly used by the psychologists. The most frequently was the dogs' ability to pick up on subtle shifts from the clients that might have otherwise taken the therapist longer to identify or missed altogether. The dogs also reportedly provided comfort to clients during moments of distress. Grounding the client through physical contact when the dog laid next to or on the client was another intervention identified. Although, O'Callaghan identified physical contact as an intervention, it was initiated by the treatment provider, not the dog. It is unclear if this final intervention should be classified as an intervention since it was not directed by the psychologist, but instead usually happened at the dog's volition. Though the participants revealed their theoretical orientations at the onset of the interviews, for the most part they did not detail how the dogs' interventions aligned with theories. The one exception that was noted was for trauma and dissociative disorders.

Value of Dog in Therapy

The participants all identified at least one key value they perceived their dogs' presence brought to their therapy sessions. They talked about how clients benefitted from the dog by the simple presence of the dog in the room and desire to continue with therapy. The dogs were reportedly instrumental as therapy adjuncts and acted as co-therapists. Therapists themselves benefitted from bringing their dogs to work with them.

Perceived Value for Clients

All the interviewees identified one key value perceived by clients to the presence of a dog during their sessions: in one form or another, each identified a reduction of anxiety caused by either their personal experiences or fear of the therapy process itself as the single greatest value expressed by clients regarding the value of having a dog in the sessions. It is also important to note that there was consensus among all interviewed that it was either rare or they never experienced a request from a client to not have the dog present in sessions.

Participant One highlighted the comfort Jackson brought to her clients:

My experience has been in an overall sense that it brings a sort of ease I think to sessions. I think that there's this other thing to focus on when people feel a bit overwhelmed. You know with a human to human experience or with their own experience of their psychological issue. There is this puppy sitting there and so they get to defer by talking about the dog or the dog is their reason to show up. I think it really kind of brings the energy in the room into a different space. (p. 1)

She expounded on the change of atmosphere with the dog in the room:

I think it's less formalized or the idea that we're going to go by the book and there's no wiggle room and what I say goes. It's less formal. I mean, this will be a warmer, friendlier experience. (p. 10)

Participant Two revealed that he believes that it was Kirk's presence on some occasions that kept clients returning to therapy rather than him:

I think there is a running joke with most of my clients that they actually like the dog better than they like me. It's something we can joke about and for some of my clients on some days, I totally think that is true and I am okay with that. They are here, showing up and present enough to do the work, that's great. (p. 8)

Participant Three also suggested that it was Sukie's presence that kept her clients motivated to attend counseling appointments, even during challenging periods or when difficult topics needed to be addressed.

I think the other thing I notice the most is that I've had clients who have experienced a lot of suicidal ideation and then it's actually the only reason they'll show up. And they'll say, "I know that Sukie would make me feel better." That's like the very deep connection they have with her is really soothing to them. And that's not uncommon for me to hear. If someone is in a really bad place it's like, "well I know I have to be in therapy because I should be in therapy, but also I'll get to see Sukie." (p. 8)

She seemed to appreciate the connection clients felt towards her dog and how that connection helped them return to therapy on days that were rough.

I think it's really great that they are so connected to her because when I hear her sort of pop up in different areas, I can tell that they're thinking about it, that it means something to them. And frequently, if someone does have to miss a session, it's like "I'll miss you so much next week" or "oh, are you taking Sukie with you?" If I'm going to be on vacation or they are really curious about that and I can tell that they seem to really... I think that it seems to help people to connect to their therapy better in some ways because they do have something really, really positive. It's really hard and that a lot of the work we're going to do is not easy and I think that combination kind of lets people appreciate it more in some ways it seems like. And it doesn't seem quite so aversive. I've had people who have had therapy before and I don't know that they would state, some of them would specifically state she made a difference, but I think that just watching and hearing how they used to engage and how they engage now is really different and so I think that helps. (p. 8)

Participant Three also witnessed the physical changes clients experienced when Sukie was in the room for therapy. She stated:

I'm sure that you already know that the things we know about the biology of about being around a dog, like they reduce heart rate and blood pressure, all those things. And that can be pretty cool to see in action and especially when somebody is really dysregulated and they're coming in and watching them settle down is pretty neat. (p. 18)

When asked how she knew that her clients were bonded with her dog and the impact Paris had on them, Participant Four stated:

Because if there was a day that I didn't bring her, they would be very upset. Because other people's patients come to sit in the waiting room just to spend time with her. (p. 2)

And if somebody is upset, she comes and soothes them and they'll actually comment that that feels really good for them. (p. 2)

Participant Six revealed that Luke was especially helpful for clients on the first therapy session when they were unsure of what to expect:

First timers, people who have never been to therapy before, or afraid they're going to be over—analyzed and judged in a distant clinical way. And so the therapists or psychologists are less likely to be an asshole because we're most likely to be a distant analytical type. (p. 13)

Perceived Value by Therapist as Therapy Adjunct

All of the therapists mentioned that less formal and more comforting environment, as well as a greater level of perception of and attunement to clients were the critical values of having their dog present during therapy.

Participant Six summed up her experience of Emily acting as an adjunct to her therapeutic work:

Here I think of her somewhat like a co-therapist. (p. 5).

Participant One suggested that having Jackson in the room with him on the first session set the tone of the therapeutic relationship. She stated:

Yeh, it really kind of invites a sense of comfort, like home. That's sort of what I get from it. I think it's easy to get to a really formal kind of clinician role. I think it's easy for people to assume that that's what you want from them and to start the dynamic off in that way which I never found to do me any favors, so I'd rather just have the friendlier relationship." (p. 9)

Participant Two expressed his gratitude for Kirk's ability to help clients feel more comfortable in the office and with the relationship.

It is really is a positive experience all around, and it is one of the things I am very thankful for him being here and for my clients being willing to attach in some way, and I think it kind of invites other discussions, other attachments within this room. (p. 8)

Furthermore, he revealed that Kirk assisted him with detecting issues with his clients that he might not have otherwise picked up on.

I remember when I was in grad school and I was doing my internship and I was working with complex trauma folks and I think the big thing that every person asked, and I asked myself over and over again, which was, what if I missed something. What if there is that one therapeutic moment and I miss it. The reality is if it's going to be there, it will come back. But there is something about having him the room because he has this level of perception that I just don't think humans have." (p. 6)

Participant Five's appreciation for Luke came across during the interview when she revealed that he helped her become a better clinician by his presence in the room and innate ability to sense what was happening with her clients:

And so, I learned from him. He taught me the way my clients teach me almost everything, that you can make it safer to talk about something that is unsafe by having something else in the room talk about it. (p. 9)

I think I have become more attuned because of him. I notice the subtle and body cues. I certainly can't smell people, but I see things I wouldn't have easily seen. He taught me what to look at. (p. 12)

Perceived Value by Therapist for Self-Support

All the participants revealed that their dogs impacted them when they were either present to therapy session or not available for the day. Five of the them cited examples of the positive effects their dogs had on them in therapy sessions, as well as during down times between sessions. Only one discussed concern over her dog being a potential distraction that could have been interpreted negatively by her clients. Others mentioned the need for breaks to walk the dog or potential interruptions that sometimes occurred because of their dogs. They disclosed that they explained to their clients during the beginning phase of the therapy. Ultimately, the psychologists did not see this as detrimental to the therapy process.

Participant One spoke about Jackson's ability to help her maintain her focus and how he soothed and/or calmed her after work with certain clients. She seemed to appreciate his abilities:

For me, well I sort of miss him if he isn't here. It just is something that if I have a really difficult session or a difficult day, it's just, it's kind of hard to stay in that headspace because he is just kind of bouncing around, he wants a treat, he wants to go for a walk. It's just like this other really positive thing that's available to focus on, in fact you have to focus on it. (p. 2)

It makes a huge difference. I think energetically changes things in a positive way. It's softer, it's nicer, it just takes like this edge off which I appreciate in trauma work. (p. 4)

I think it is kind of an emotional anchor for me. It's very comforting. I'm sure in a lot of ways it's very soothing for me to have him here, although I would say that I notice so much that if I have a really tough session and he's not here I'm like, "Oh, I wish Jackson was here." But I can't imagine that it doesn't provide some tranquility and grounding for me as well. Although when things are kind of happening, like in session when I am really trying to contain what is happening, I wasn't probably thinking what I needed in that moment. Although after I certainly feel it. You don't notice as much when it's happening. After that fact, though, it's sort of neat to have him here. (p. 9)

I think I feel a little happier. In a session, it feels less formal, which I like (p. 9)

It was apparent from his comments that Participant Two had some difficulty adjusting to Kirk's antics when he began attending therapy sessions. He explained how he was affected the first few weeks:

It was interesting because all my clients were saying it's okay, it's okay. We really want him here. And like everything he did that wasn't what I wanted him to do, you know, I spent a lot of time wondering is this getting in the way? Will he settle down? So, I think that probably for the first couple of weeks I was less present than usual and there was a little bit of pause as we all adjusted. (p. 4)

After that adjustment period, though, Kirk's presence in the room gave comfort to Participant Two:

I definitely feel more settled and more attuned. (p. 6)

He described a few scenarios in which Kirk helped him relieve stress and center himself:

There are definitely days where my sessions, my work with people, have me pretty distressed and feeling a little off kilter. Having him here in those moments is also pretty helpful, because he'll do the same thing to me. I'll sit down in my chair and I'll take a deep breath and he comes over to me and says "Hi, dad." And I think, you know, I take

him on two walks a day and that also helps with getting out of the office and away from my computer and away from everything else. Probably a couple months ago I started making a concerted effort, unless I know a phone call was coming in, to not bring my cell phone on the walks. Because then I would just sit there and read my mail and continue to freak out and that sort of thing. And so, I leave my cell phone and we go out and walk for 15 to 20 minutes, depending on how things are going, maybe longer, and so that also helps to get me grounded and reminds me that staying locked in the office is probably not the best for me. So, it is definitely very comforting having him here and having him present. And you know from a very personal standpoint and from an interaction client/therapist relationship standpoint. So, it is really, by and large, it is pretty awesome. It has been really positive for me, for my clients, and for us together as an overall goal to have him here. (p. 6-7)

For Participant Three, Sukie's presence at work is especially helpful to her for pain management. She reflected:

I definitely prefer her to be in the office, partly because, as you said she is an extension of me. But also, so I also have chronic pain and sometimes if I'm having a really bad pain day, she'll sit with me which is really interesting. She still seems perfectly engaged with the client, but I have noticed that if I have come back from a nerve block or something, she can be a little clingy which is really sweet. (p. 4)

A general sense of comfort because of Paris's presence was a benefit that Participant Four noted:

How comforting it was during particularly difficult times to just have her sit in my lap or something like that to help me with my own grounding. I like her presence. (p. 2)

The psychologists noticed when their dogs were absent for sessions. Participant Two reflected:

Those days when he's not here, it seems like something is missing. I wouldn't say anything so drastic to say that my whole therapy practice falls apart or anything like that, but I don't know, it's just not the same. (p. 7)

Paris's absence from the office impacts not only Participant Four, but also her clients and neighboring clinicians' clients:

I think there was one day in the past four months I remember that I had to leave her home. I can't even remember why, and it was harder for me. Like, I think I'm used to her

racing out and greeting people and it's hard for me when people ask me where she is, because it's not just my patients, but it's everybody's patients. Its' like, "oh, no! Where is Paris? Is something wrong?" I'm like, "She's okay. She's taking a day off." (p. 5)

Participant Six identified that she believes Emily helped her be a more effective clinician when the dog was at the office.

I'm working very hard as a therapist in those moments because I see there's something in the way that person is interacting or not interacting with her that should probably be interpreted in session, but that's harder intellectual and emotional work for a therapist than telling how your week was. And so, it doesn't allow me to be as lazy as I might like to be. (p. 12) P6

Participant Five conveyed her appreciation for her former therapy dog, Luke, and for what he taught her about people and relating to them. She stated,

Dogs taught me a lot about attachment and connection and the importance of taking lives as they are in a whole new way. I am sad that I don't get to have a dog right now. (p. 17).

Summary of Value of Dog in Therapy

Throughout the discussions about the participants' perceived value their dogs brought to their therapy work, their gratitude was readily apparent from both their comments and demeanor when speaking. The benefits brought to therapy by the dogs were many. The value of a dog incorporated into therapy fell into three overall categories. Some were in line with those benefits identified by Chandler (2012). Clients frequently benefitted from a dog's presence and interactions. According to the participants, when their dogs were in the room, clients felt comforted, more motivated, and presented with a calmer demeanor. Clients reportedly found the dogs' presence helpful in easing anxiety during their initial sessions when they were unsure of what to expect. Furthermore, they tended to return to therapy, in part, to see the dog when things got tough and they did not want to face the issues.

The number of reasons for their dogs' value as therapy adjuncts was even greater than the examples given as aid for clients. The literature did not parse out the differences between the benefits to clients and the value as an adjunct to therapy, but it seemed appropriate here based on the responses from the participants in this study. The psychologists reported their dogs invited conversation and created a sense of safety in the room. One psychologist reported that his dog's cues helped him pick up on subtle shifts that he might otherwise have missed, enabling him to better focus on what happened in the moment for his clients. Another sited that her dog assisted her clients in forming attachments that might otherwise have taken a long time to develop.

Along with the value that their dogs brought to their clients during therapy, several of the participants identified that their dogs benefitted themselves during the work day. Although a few of the advantages were highlighted by Chandler (2012), the participants brought their own list of benefits they experienced when their dogs were with them. Following challenging therapy sessions, a few of the psychologists were able to calm themselves, one with just her dog's presence and another by physically removing himself from the office and walking his dog. For one participant who dealt with chronic pain, having her dog with her assisted her with pain management. Ability to maintain focus, be more effective, find comfort, and be attuned to their clients were other highlighted benefits for the psychologists.

Impact on Dogs

Comments from all the participants clearly identified the psychologists' care and concern for their dogs; they stated a strong need to make sure the dogs' needs were met throughout sessions. Loud and difficult situations were cited as upsetting to all of the dogs included in this study. Dog safety was also identified as important as the participants' safety with clients.

At the beginning of the interview, Jackson laid across Participant One's lap. She reported, "He needs a lot of this type of moment," (p. 3) suggesting that Jackson communicated his need and she understood by allowing him to lay on her. She revealed that on occasion he experienced anxiety with some clients or during specific situations during sessions:

What he does respond to, the only things I have seen him respond to, is if someone brings in a lot of tightly contained anxious energy and he'll start digging at the carpet. It's sort of anxious response of his own and those people rarely notice that because they're in their own anxiety. Yeh, like a bomb could go off but they'd be unphased. I think it is more just he'll get up and just start like true digging and doesn't really do it for anything other than really anxious presentation. (pp. 10–11)

Participant Three revealed that Sukie also experienced some sort of discomfort when clients were angry, yelled, or physically expressed their feelings. Sukie communicated her needs to Participant Three by moving closer to her:

...especially if someone is yelling. That's not her favorite. Eventually she'll sort of be like "okay, I'm done." If somebody is really throwing a temper tantrum, I'm thinking of a specific client, I think that's how they would describe it. Sukie will come and sit with me. She's just like "I'm done." She'll sit right on me. I don't think she likes that very much. She doesn't like it and she's not particularly fond of it if someone is rather aggressively bashing on the couch or getting themselves really ramped up. (p. 13)

On one occasion, Luke took a different tactic when he experienced discomfort while in the office according to Participant Five. She felt like Luke was trying to communicate something about the person to her through his action.

Really the only person who had a big issue was the sociopath who hated him, and he did not like her. He bit her foot and he never bit anybody in his whole life, but he bit her on the foot. I should have paid attention. (p. 10)

Participant Six reported that similarly to the other dogs included in this study, Emily did not like when clients raised their voices. Furthermore, she shied away from humans who tried to touch her when she did not care for the contact.

She stays away from people who have loud voices, not someone who has a loud laugh or something like that, but someone's who's quite animated she'll stay away from. She doesn't like people who grab for her without waiting for her to come to them. Almost always men, straight men, not because they are bigger physically, but because it's just sort of like a parallel to life in general, where instead of asking permission, they sometimes ask for forgiveness and she'll be like, "see you bud. If you try to reach for my head, just because I'm near you taking a treat, no." She doesn't completely reject anyone, but she knows when I tell her no more or someone just walks in, she'll not bother to attach to that person. (p. 9)

She also expressed other concerns for Emily's well-being and comfort when she came to the office for the day:

I know she's meeting my needs here. I worry about whether she's being stimulated enough. (p. 5)

She doesn't like car rides, so every time we come to the office, she has a fear of getting here and I feel badly about that. (p. 13)

Participant Two mentioned Kirks recent physical discomfort for the first part of the day:

Usually by about 15 minutes into the first session he's curled up and then he'll still go out for the second session to say hi but he just kind of settles a lot easier. But in this last couple of weeks, I don't know if it is his hips, he has some ACL issues, and I don't know if it's the weather change and he's just not comfortable, but it is something that I have noticed and has been sort of distracting for the past week, but only with the first few clients then he is back to himself. (p. 6)

While their dogs brought significant value to the psychologists, as well as their clients and therapy practices, the dogs demonstrated the impact of attending therapy sessions with their owners. Several anxious responses occurred when the dogs encountered clients or situations that made them uncomfortable. One dog moved away from clients and dug at the rug when he was anxious, although the source of his discomfort was not identified. He and another dog moved to their owners' laps when uncomfortable because a client was loud, or sometimes for an unknown reason. The owners willingly held their dogs when they sought this form of comfort. Other times, the dogs simply moved away from clients who raised their voices or attempted to touch the dogs.

One dog bit a guest in the psychologist's office for an unknown reason. The American Kennel Club (2018) identified these types of behaviors (i.e., digging, moving away from, aggression, and seeking comfort) as symptoms of anxiety. In accordance with Broom's (1996) definition of animal welfare, it seemed that the dogs were trying to cope with their environments in the way they best knew how. Other impacts on the dogs was identified by the participants. One worried that her dog did not receive enough stimulation when accompanying her to the office all day. Another revealed that her dog did not like the car, making the ride to and from work challenging. During our conversations, it was apparent that they had genuine concern and caring for their dogs and tried to mitigate their discomfort. For example, the owners willingly accepted their dogs onto their laps when the animals sought this form of comfort.

When the Dog is Not Available

Four of the six psychologists identified that their clients miss the presence of their dog when the dog was not in sessions. Participant One simply stated:

People are sad when he's not here and takes a day off. (p. 1)

Participant Two explained that when he began bringing Kirk to therapy he had not considered how the dog's absence would affect his clients. For some clients, his time off was difficult:

But I have had some really interesting reactions with clients when I can't have him here like when I work here half days and then go somewhere else. I have had some really interesting reactions like "Where's the dog?" And so, I think sometimes on those days when he can't be here for some reason, like having to go to the vet or getting groomed. We try to schedule him on Mondays, so he doesn't miss. (pp. 5–6)

Participant Three prepared her clients ahead of time if she knew Sukie would not attend a session. This allowed them to process her absence.

She has been absent from sessions a few times. She'll be at the vet or I'll be at another meeting, but I'll warn people ahead of time. They're like "I miss Sukie." (p. 6)

When I've been on vacation people will be like "oh Sukie, I won't see you next week" and kind of jokingly tease about taking her home. Just laughing, like, no you can't take my dog home, even though that's very sweet and I'm sure you would have a lovely time. (p. 12)

Despite the advanced notice, she reported her clients appeared impacted by Sukie's absence, and she made attempts to lessen the impact when possible.

I think the biggest downside is with the client. Sort of like "oh, Sukie's not here" and watching them sort of figure it out. I usually move her bed so it's not sitting there empty..." (p. 12)

I think the biggest thing that I noticed for clients is that they don't seem to settle into the space as easily so this day more in the like "oh, how are you?" They usually have their greeting with Sukie and then get right into the meat of what they want to talk about. That's the biggest thing I've noticed when she's not here. The other thing that I've noticed is people being more dysregulated more easily when she's not here. (p. 6)

Participant Six also gave her clients notice if Emily was not in session, but it was typically the same day via a notice in the waiting room where they waited for their appointments:

There have been a few times that she stayed home because I knew she had an upset tummy, I wouldn't bring her and I'm in and out of here much more quickly. But, when I don't have her with me, the clients are disappointed. (p. 6)

I've taken to putting a biscuit on the treat box that says, "Emily's home with a tummy ache today" if she's out because people get bummed if they come and they've chosen the treats carefully - one of this one and one of that one - and they're bummed. I can tell if they are because for two or three sessions after they come in and say, "Is Emily here today?" It's sort of, it's not their primary concern, but I can tell that they know occasionally she's not here. (p. 6)

Although not an extensive conversation, several of the participants noted the impacts on clients when their dogs did not attend therapy appointments. The therapists did not always anticipate what would happen when their dogs were unavailable and had to navigate it with clients once it happened. Sometimes they lessened the impact of not seeing the dogs by moving

visual reminders. If possible, the psychologist gave clients warning of the upcoming absence. Clients always noticed when the dogs were absent from sessions and asked where the dog was and if it was alright. The clients' emotions most frequently noted during a dog's absence were sadness and disappointment. Emotional dysregulation was also noted when the dog was not present. The findings of this summary did not relate to the literature review.

Downside of Having a Dog in the Room

Logistical challenges in concurrently meeting the client, therapist, and dog's needs was identified by all the study participants as the main downside of having a dog in therapy sessions, as well as in scheduling work activities outside the therapy office. While all spoke about difficulties related to bringing their dogs to work with them, there was not a consensus of what caused the problems.

Stuck at the Office

A few of the psychologists mentioned the challenges of leaving the office to run errands or attend meetings when their dogs were at their office. Participant Three generally identified:

I think the only downside has been logistical. And that's mostly like I said if I had to go to a meeting out somewhere and it's not ideal to have her. (p. 12)

Participant One reported that lunch breaks away from the office were not possible due to Jackson's disruptive behaviors when she tried to depart:

Sometimes a downside is that I can't really leave, like even when I run across the street and have a sandwich and run back, like in under ten minutes. He's so smart, so he knows when I take my wallet and I lock the door that that's not me going to the bathroom, and that he's not going, and he barks. I can't really leave him tied up outside of places either, so that's it. Once I'm here, I'm here. (p. 6)

On one occasion, a trip to the emergency department was stressful for Participant One because Jackson had to travel with her and a client. While she attended to her client's needs, she also worried about Jackson who remained in her car by himself.

There was one time where a client became very, very suicidal and we got in my car and to go right now, you're not going to take a bus there, so we're going to go right now. So Jackson's gone for that ride and that's difficult. He stayed for the entire admission process which takes forever, you know, it can go on and on. It wasn't a short evening and he had to stay in the car, so I worried about him. It's a lot in that moment. So that's a downside. (p. 6–7)

Bathroom Breaks

Biological breaks for both the therapists and their dogs were identified as challenging by a few of the participants. Participant Five stated:

So I would say the hardest part about having a therapy dog is that he's a dog and he can't say "I have to go out and pee now." And when he was young, I would take him out every hour on the hour. When he got older, he would hold it all day and didn't ask to go out. So I think probably his concerns about toileting was the biggest thing and the older he got, the less of a concern that was. (p. 9)

When Emily did not give Participant Six warning for the need to go out, the session was interrupted in an unexpected way. She described:

One time she had a tummy ache and had diarrhea in session. Fortunately, the client was a super, super dog person and I just wanted her to sit still, but she started to help clean up. That's her nature. There hasn't been too much wacky stuff. If she's ever a disruption, it's my fault because she'll scratch to get back in and I let her in. I should keep her out for the rest of the session so she doesn't think she has in and out privileges too much. (p. 4)

She struggled to balance Emily's needs and continuing to remain present for her clients when Emily had to go out for a biological break:

Just that I work really hard for her to not be a distraction or amusement. I feel very self-conscious if she gets up and starts to walk around or needs to go out when someone's talking about something. I will say to her, "are you sure you have to go out now? If you really have to go out when someone is talking about something important?" Letting the client know "I'm still focusing on you," I stand up and let the dog out. I don't want to

discourage her if she is saying “I have to go potty,” but I do feel, and I imagine that anyone who has a dog in their presence with them, feels a sense of responsibility to make sure that the cute dog is adding to the therapy and not taking away from it. Emily is meant to keep us in a therapeutic space and not distract from it. (p. 12)

Dogs Being Dogs

Participant Two acknowledged that having a dog in the room meant accepting behaviors and situations that were sometimes out of his control. He used humor and practical techniques to help alleviate the instances, but they could never be truly avoided. Kirk’s sense of smell was sometimes activated when clients came to the office:

I mean really there are times where if somebody comes in with other animal smells on them, and it really doesn’t matter what the animal is as best I can tell, he gets really, I guess the pointer in him comes out. He gets really sniffy and kind of all up in their face and there are definitely times where it doesn’t really matter and the client is fine with it and the client doesn’t care. (p. 5)

He also identified that Kirk’s own smells occasionally caused a distraction during therapy sessions:

Sometimes he has really bad gas and he will clear a room. And in the middle of therapy that is really hard. I don’t have windows that open. There is just no air flow in here. But yogurt and it goes away. So, I feed him yogurt every day and that tends to go away. He is a living being and sometimes that happens. Most of my clients are just like, you know, it’s not a big deal. But sometimes it’s pretty hard to concentrate. (p. 14)

Other Clinicians’ Clients

Participant Four expressed some frustration over her inability to engage in her typical routine and uninterrupted counseling when clients of neighboring clinicians walk by her office door. She revealed:

Sometimes it is stressful that other people come and see her because my breaks don’t get to be my breaks. Like I don’t get to go pee between sessions. I mean sometimes I really want to use the bathroom or run to grab a cup of coffee and I feel guilty because they come early so they can see her and they’ll talk through the door when I’m in session. I have two people who aren’t my patients who will literally start talking to my door even

though my door is shut and I'm in session and Paris will go scratch and whine at the door to go see them. It's very distracting. (p. 5)

She learned to set boundaries:

I find that when there's somebody who's not my patient who suffers from poor boundaries and isn't mindful of that, I am more likely to want to close my door, like when I'm not working my doors usually open. And I find there are two people in particular that it will close the door just so that I can try to set a stronger boundary. Other people that she provides enough comfort to them that they're so excited it's like they've told me it's a high point of their week, seeing my dog. (p. 5-6)

However, she sometimes used their interest in her dog to mutual advantage:

I feel guilty if I don't let her be out there with them. I'll just usually ask them to watch her for a second, so I can run to the bathroom. (p. 6)

Feelings of guilt due to both her and Paris's actions cause some internal struggle for Participant

Four:

Probably just the guilt piece sometimes, like feeling guilt if I want a break from other people's patients or guilt if she sits on my lap when somebody is in distress instead of going to sit on their lap. (p. 6)

Distraction

Having Sukie in the room was occasionally distracting to Participant Three and her clients. She reported:

I haven't ever experienced her distracting except if we are trying to get a task done, then she can definitely be a distraction because they'd rather engage with her than do the task. (p. 3)

However, she attempted to use the distraction as a therapeutic intervention:

That's the only thing I've ever noticed, if we're trying to get a task done and they'd rather engage with her than do the task. I talk with them about it: "it seems like you don't want to do this task." (p. 4)

Time and Effort

Although she ultimately believed the time and effort was worth it. Participant Six identified that it was laborious getting Emily to the office.

I guess it's the same as taking a kid for errands. You move more freely and more quickly when you're not schlepping someone with you no matter how delightful that person or animal is. So sometimes it's stressful because she's afraid to get in the car and I have to harness her in and it's raining, and I'm carrying things and were running a little late. You never zip when you're caring for someone else. And then when we get here, there's routine to attend to. I need make sure the dog door is open and she's got fresh water. It's just the little things but when you add it up, it certainly more time and attention focused then there needs to be. (p. 6)

Dogs' Demands for Attention

Participant One highlighted that even though Jackson attends therapy with her as an adjunct to her psychotherapy practice, his needs and demands sometimes take precedence over the need of her clients, as well as Participant One's needs. She revealed:

This is like his primary need is to be able to lay on me if he wants. Like a lot of times if I'm crossing my legs too much it's disrupting him, and he'll jump into his bed on his own. But if I try to put them down there, he's not a happy camper and he keeps trying to come back up. (p. 8)

Note taking with the laptop on my lap is hard and when I do EMDR I always sit over there for the cord by the plug and he won't sit in his bed because my guess is that, like, the person's too close and I'm too far so he'll sit on my lap. He pretty much does this, like, paw thing, you know like pet me. He'll just do that until I let him up there. (p. 8)

So yeah, he does have that need and then the thing I think is most frustrating about having him here is that I have a lunch break, and he's a little bit better about it now. I have a lunch break in the middle of the day or like an hour when I'm trying to type notes to just get them done and he wants attention. He'll kind of bark, he'll try to come up, he will bring all his toys and set them at my feet. He won't jump up on the desk chair for whatever reason. That part is hard because he does need a lot of attention in these moments when he just wants to sit on me. (p. 8)

Summary of the Downside of Having a Dog in the Room

Aside from allergies and fear of animals, there is a dearth of research on the negative aspects of dogs in psychotherapy. The participants of this study provided a plethora of downsides of having their dogs at their work. Once the dyad was at the office, it was difficult to leave for a meeting, urgent situation, or lunch. Attending to biological breaks (for both human and dog) was an issue that all of the participants dealt with and was sometimes disruptive to the flow of therapy. Although dogs' need for a break was more difficult in their younger years, it was more manageable as they aged. On a few occasions, dogs relieved themselves in the office, which halted therapy in order to clean up.

Dogs just being dogs was sometimes distracting. One psychologist reported his dog's instinct to smell was problematic. The same dog's flatulence also interrupted session but was usually met with humor and easily cured with a change of diet.

Some of the participants revealed that their location within an office building was disruptive to their clients' therapy session. For instance, other clinicians' clients wanted to interact with Paris, and they spoke to her through the closed office door. This disruption was mostly halted when the therapist set boundaries for herself and her clients. The dogs, themselves, were occasionally a distraction; the participants identified that the dogs moved around the room, acted in cute or silly manner, or needed attention, which shifted attention from the work at hand.

Grief and Loss When Dog is No Longer Available

All the participants acknowledged that the thought of losing their dogs both from a personal, as well as a practice standpoint was distressing, but a reality that will have to be faced. They expressed concern for how both they and their clients will handle the grieving process and adjust when their dogs are no longer able to participate in psychotherapy. Two of the

psychologists had already lost dogs and they provided insight to their experience and how it was used to help in therapy for clients with attachment issues.

Therapists' Thoughts on Their Own Feelings of Grief and Loss

Five of the six study participants discussed how they either have or suspect they will deal with the loss of their dog when it occurs. Throughout the interviews, this topic elicited the most emotion from the psychologists, for after all, I was asking them to discuss the loss of creatures with whom they spent most of their day.

According to Participant Six, thoughts of Emily's death in the future cause her significant concern in the present time. She disclosed:

Occasionally, when someone is talking about losing a dog, of course it brings up anticipatory grief for me because I know that she will probably predecease me and that's something that everybody who loves someone worries about. (p. 7)

It's a relatively big concern for me because she's in my home life and my work life. It will be an exceptionally big loss for me when she's gone. And even though I don't need her here in my practice, I think my clients feel her presence helpful. Yes, it will be a huge loss for me. It's kind of like homeschooling a child. It's not that you're not attached to a child that you have in home school, but that many hours together. (p. 7)

Participant Four discussed the impact she suspects Paris's death will have on her given how close she feels to the dog. She stated:

The negative effect it's had on me is I see, it's a weird word to use with the dog, but I see a level of humanity in a dog that makes me a little bit more bonded to her than my other dog and more anxious and fearful about the day when she will die, that she won't be around. (p. 2)

She also wondered about her future work without Paris by her side:

I think it would be really different if I didn't have her, and then as I said, I don't know what it will be like when she dies, as obviously she'll die before I'm done being a therapist. Some huge life events changes, but I think that will be an interesting time and practice to not have her or what it would be like to have a different dog. All of those things will be in the future. I don't know what it will be like.

Participant One worried about her ability to process her grief without burdening her clients:

It was used well therapeutically, but it's also that thing where like it is really, really difficult for me personally and how much will I be able to usefully process that with people without it being something they will have to take care to find a solution. (p. 6)

Participant Two expressed a similar concern about how he will function during therapy sessions after Kirk dies:

I think that's the part of knowing that my clients are attached to him is that eventually there will be some sadness for all of us and how to get through all that. Right, and at that moment, the best thing I can do is to show up and be the human being in the room, but that is going to be some training sessions, back to back to back. (p. 8)

Participant Four expressed concern about her ability to hold her grief contained while clients work through their feelings of loss over Paris:

That therapeutic sharing occurs more in complex trauma work than it does in noncomplex trauma work, so I think I would be able to say: "I get that you loved my kid too, but she was my kid." Like not in that blunt of a way, but to be able to say: "I haven't processed my own grief over this enough to process your grief with you over it. What is that like for you?" I think that's probably the approach I would take with it. I need to be in a place where I can contain my grief enough to be able to hold your grief enough in order for me to be here with you right now, I can't be in the room and, like, I have to be able to compartmentalize it. Kinda get too deep into your grief that it will tap into mine. You can't 100% compartmentalize relationships. I think about how I would not let my commitment to my job and my sense of guilt push me to take more care of my patients' feelings around her loss than my own feelings, because I am more attached to her than I've been with any living creature in my life. I'm going to feel significant grief and loss, and I think the way I've been thinking about it is what I need to do to take care of myself and allow myself the space to feel that and not let my clients sense of loss override mine. (p. 6)

While the five other psychologists discussed their anticipatory grief around the future loss of the dogs, Participant Five revealed the intense feelings she experienced over the unexpected death of her beloved dog, Luke, several years ago and how she mourned him.

Luckily, I had that week after he died, week and a half, to grieve very intensely while stuck in the snow. Jews have this thing called Shiva, which is the week after the death of a loved one and I had Shiva for Luke and that felt right. And the snow gave me the chance to do that. (p. 7)

Therapists' Thoughts on Their Clients' Grief and Loss

Three of the psychologists specifically identified their worry over how their clients will experience the loss of their dogs.

Participant One expressed concern for her clients:

I worry what that might look like when he's gone, because it's such long-time work, because there are some people that I will probably see until I retire. And God willing, I will outlive Jackson most likely. And so, what it will look like when he's sick or starts to show signs of age or disability or requires more caretaking as he gets older and passes away, because there are clients who are not very equipped to deal with that loss of attachment. What might it look like for them? (p. 6)

Their lifespan is shorter and a lot of people who dealt with death or disability I think it's going to bring a lot up for them. (p. 6)

Similarly, Participant Four worried about her clients' reactions given that she works with clients who have experienced trauma during their lifetimes:

Oh, when I get past the whole, like, "How am I going to survive when she dies, what am I going to do?" I mean that something any of us who have a dog, I mean I was training complex trauma, so my colleagues are complex trauma therapists, too. And we see predominantly people who have very significant attachment issues and like, have to think about if we have an aging dog or if she were to be sick. I think we need to think about how that would affect them. Or if, she's young, she's six, but if she was older we'd have to talk about that she's not going to be here forever. Given the type of clients I have, I think it would have a significant effect on the majority of them. (p. 6)

Participant Five provided actual instances of how clients reacted to the death of Luke. She reported they revealed many emotions, from sadness to anger to blame during therapy sessions.

So, he died December 15, 2008. People could see that he was aging. None of us knew that he had cancer that just took off virulently as it does with dogs. So I came to work and

then everything got cancelled by the snow and meanwhile, he was dying. And so, he died, and I could not come back to work because we were snowed in. I was doing phone sessions with everybody and I gave everyone the news. So, everyone knew that he had died. And what happened when people came in is that we got to grieve together. We got to talk about grief and what grief meant and me showing tears was about being human and vulnerable because a lot of people because a lot of people I work with feel like if you grieve you're fucked up. (p. 6)

Processing Grief and Loss during Psychotherapy

Several of those interviewed indicated that talking about the loss of their dog would be important therapeutic work, especially for those who struggled with issues of attachment of losing a loved one in a traumatic way.

Participant Two reported that these conversations began sometime during the first few sessions.

He is really healthy. We take good care of him, take him to the vet when he's supposed to go. But there is that added dynamic which everybody knows. All of my people that are dog people have lost pets that have been really important to them. So, I think that is one of the things that was also really present in those first couple of weeks. Like, okay, so this seems to be going well, and what that eventually leads to is that he will not be around for my entire practice. And that's a hard thing. (p. 4)

He talked about how he and his clients might process the loss together:

I think that's one of the harder parts. I wonder sometimes if he can't be here for some reason. It goes back to the piece we talked about earlier, where as when he gets old and can't be here it gives me a little glimpse of what it's going to be like for folks. It's going to be hard for everyone. And, I mean I think the advantage there, being someone who works with attachment issues, I'm used to self-disclosure. I am assuming we will cry together during that and I have no problem with that, so I think that will help a little bit. (p. 6)

It also goes to that piece that I talked about earlier, which is when there is an inevitable loss of the therapy animal, it's going to be a tough few months for everybody, and that is not something I am looking forward to. I think or I hope or something that by the time we will have built enough of a foundation that there will be enough of an attachment there and me showing up as a human being in the room that's just not pretending to be stoic and not sad, it will be a client that we can connect and can maintain that connection we have built. (p. 8)

Participant Five discussed the work she did with people who were affected by Luke's death. She talked about one client who particularly struggled with Luke's death because it touched upon issues the client dealt with in life.

So, it's really useful for people, and what I do is I met the client where they were. So, if you want to talk about this, let's. If not... Some people were really angry with me. It's like, "you brought him into my life and I wouldn't be grieving now if you hadn't brought him into my life." And so, we talked about this person's terror of connection and how they were avoiding loving people because they would lose them. And so, it's like, "you loved Luke and he died because dogs die, and I want you to notice what you are taking with you." And so, we were able to talk about this person's extraordinary fear of love. (p. 7)

Summary of Grief and Loss

Participants spoke spontaneously about this topic during their interviews; it was not an interview question brought up by the researcher. As they talked about either the loss of a dog or the anticipation of losing a dog in the future, it was evident that this was an emotionally-laden topic. Indeed, these were the most difficult discussions overall. Participant Five had already lost three therapy dogs, one of which was the focus of her interview. Based on her experience, she provided information about the reality of the loss, and how it affected her and her clients. The others who broached this subject expressed concern over how they and their clients would deal with their losses. Only one participant avoided talking about the inevitable loss of her partner.

Managing feelings of grief and loss after the death of a loved one is difficult. The distress expressed by the participants was understandable since most of them categorized their relationships with their canine companions akin to that of parent and child. Several of the participants spoke about their worry around dealing with their own grief, while at the same time helping their clients grieve over what will undoubtedly be their own feelings of loss. Part of the

mental health profession is showing up for clients and allowing them to be heard. Amid their own grief, these psychologists must be there for their clients. Some thought they would be able to process their own grief while helping clients through theirs, while others expressed their need to first move through their feelings before helping clients process theirs.

Participant Five, who had already gone through the experience, provided a perspective on her reality after Luke's death. Following the devastation of her dog's sudden and unexpected death, she had the opportunity (because of a large snow storm that prevented her from getting to work) to intensely mourn for a week through Shiva, as was custom for Judaism. That intense mourning period allowed her to begin processing her grief before she returned to work where she helped her clients deal with their feelings.

The therapists who broached the topic of their dogs' deaths all expressed concern for their clients' potential reactions. They understood the need for them to help their clients, especially those who had trauma histories or instability in their lives.

CONCLUSION

This study was created to explore and describe the experiences of licensed psychologists who regularly brought their dogs to work with them. A phenomenological approach was used to gain detailed information from those who had first person knowledge on the subject. In order to achieve this, six licensed psychologists who brought their dogs to their psychotherapy practices with them were enlisted from the community. Five women and one man responded to an inquiry and met criteria for participation in the study. Each of the volunteers was interviewed separately during a one to two-hour meeting. The interviews were led through open-ended questions by the researcher. Following the meetings, the interviews were transcribed, and the content analyzed for themes. Nine super-ordinate themes emerged and were described in this paper in an attempt to communicate the psychologists' experiences.

Each participant talked about the reason they purchased or adopted their dogs. For the most part, the psychologists acquired their dogs for the dual purpose of having a companion at home and a therapy dog at work. Two shared that their original intent was to only bring the dog into their homes, but special circumstances forced them to bring their dogs to the office. No matter the original intention, all the owners felt their dogs were an asset to their psychotherapy practices and clients. Interestingly, all but one of the participants were connected through a clinical training site, at which one of the participants supervised the other four. They directly attributed their interest in using a dog as an adjunct in their current practices to their training with their supervisor whose dog accompanied her and encouragement to bring their dogs to the clinic.

The participants revealed they believed a dog's temperament was important for the dog to spend its day in the office environment with clients. Specific breeds were chosen because of the

nature typically ascribed to them. If adopted, the dog was chosen specifically because of the individual dog's temperament. While not all the dogs initially demonstrated the ability to work with clients, in the end, each participant seemed pleased with their dog's performance. For the most part, the dogs were described as having an intuitive nature when working with clients. Trainability was an important feature of the dogs. Each talked about the methods they did or did not use when working toward getting their dogs ready for working with clients. Two of the dogs required more intensive preparation, a few attended obedience classes as needed, and a couple dogs did not have any specific training beyond working with their owner.

Participants all disclosed the affection they felt for their dogs, and a strong bond between human and dog was described by all of the participants. Most often, the dynamic within the dyad was described in terms of a parent-child relationship. In some case, specific language of attachment parenting was used. It was within the discussions of their bonds with their dogs that it was apparent that the animals played multiple roles (co-therapist, child, and caregiver to the psychologist), which seemed to occur simultaneously in most cases. There was a split in the participants' conceptualization of their dogs at home and at work. Some dogs clearly behaved differently in the different environments, while others were consistent across settings. No matter the dogs' behaviors, though, the participants all identified they felt the same about their dogs at home and at work.

The most discussed topic during the interviews was the therapeutic interventions including the dogs. The psychologists talked about the plethora of ways their dogs participated as adjuncts to their work, which most often aligned with the interventions identified in the literature. Most often, the dogs were part of specific interventions to help clients with phobias,

learn boundaries, and practice assertiveness skills for example. An interesting finding was that the psychologists were so in tune with their dogs that they were able to gather information about their clients based on their dogs' reactions and actions. Their presence in the therapy room, helped clients feel safer and they were able to more quickly and easily trust the clinicians. The participants identified that their clients' projection of thoughts and feelings onto the dogs opened the way for meaningful conversation, leading to therapeutic work. Physical contact with a dog seemed to be a powerful tool for comforting clients during times of distress.

The participants discussed the value they believed their dogs brought to their work. First and foremost, clients therapeutically benefitted from having the dogs in their sessions. All the psychologists noticed anxiety levels lowered and their clients' apprehension of the therapy process was reduced when dogs were present during treatment. Furthermore, clients were motivated to work through difficult issues and/or return to therapy when they demonstrated the willingness to stick with therapy when things were rough. The participants found high value with their dogs' presence and interventions. Most frequently, they noted their dogs' ability to help clients feel comfortable in the room. The canines also helped the therapists during the working day. For instance, they had an impact on reducing the psychologist's stress and pain levels, helped them focus, and aided them in being a better clinician.

The participants worried about the impact of spending the day in the office and working with clients had on their dogs' well-being. One expressed concern was the impact on the dogs after working with angry or aggressive clients. Throughout the day, the participants worried about their dogs and spent time comforting them if needed.

Psychologists and clients alike were impacted when the dogs did not attend appointments for various reasons. The participants tried to give advanced warning to their clients if their dogs were going to miss a session, but that was not always possible, which brought discomfort and upset at times. Sadness, disappointment, and emotional dysregulation were frequently noted when a dog was absent.

Participants discussed the challenges of bringing their dogs to work with them. They often felt stuck at the office, unable to attend to personal needs, go to midday meetings, or walk to a local café for a lunch break. Some revealed their dogs' difficulty holding their bladder during appointments, which caused disruption in the flow of treatment; however, this was less problematic as the dogs aged. Relieving themselves on clients or in the room reportedly happened on a few occasions. Gas and a dog's obsessive need to smell a client interrupted session, but they were met with humor. The participants disclosed that they were sometimes frustrated with others who regularly walked by their office doors because the individuals called out to the dogs. When dogs responded, it interrupted the therapists and their clients. On occasion, the dogs themselves were distracting to treatment. For instance, they moved about the room, demanded attention, or distracted the clients from the work at hand.

The topic of losing a dog was the most emotionally-laden part of each interview. One participant revealed she already said goodbye to her therapy dog, while the others worried about the longevity of their dogs and impact when they passed. They identified that the death of their dog (either past or future) was an upsetting aspect of working with their animals. They acknowledged that the affects would be not be limited to their grief; they would also have to help

their clients face and process their grief, likely simultaneously to working through their own emotions. Furthermore, they worried how the loss would affect treatment.

Limitations

This qualitative study was directed using the best practices and philosophical conceptualization consistent with Interpretative Phenomenological Analysis (IPA) in order to produce a high-quality research study in an area of psychology that had not yet been the focus of research. That stated, this study has limitations that can be addressed in future research.

Keeping in line with the best practices of IPA (Smith et al., 2009), the number of interviews for this study were limited to a small homogeneous group who similarly lived through the studied topic. This study was crafted to meet IPA criteria by limiting participation to licensed psychologists working in the greater Seattle area who brought their dogs to psychotherapy for at least one year. With the above inclusion and exclusion criteria in mind, the generalizability of this study is limited. The results described the experiences of only local licensed psychologists who currently use, or have used in the past, a dog as an adjunct to their psychotherapy treatment with adults. These experiences may not apply to mental health practitioners with other degrees and/or who work with children, adolescents, groups, and families.

It was an interesting exercise to analyze the data to find the many similarities amongst the data from five out of six participants. The likenesses may be because four of them trained at the same clinic with the same instructor, who was also a study participant. This phenomenon was not intentional, but rather the result of who responded to requests for participation and their criteria met for inclusion. It is likely that the way they engaged their dogs in treatment, which produced the data for this study, was formed by the clinical training they participated in together.

Within IPA methodology, participants are offered an opportunity to review their contributions by reviewing, and changing as needed, the interview transcripts and early findings (Smith & Osborne, 2008). Two of the participants did not respond to email requests to review their information despite multiple attempts to reach them. Without their input, the analysis was placed fully in my hands. While this does not disqualify their interviews or the analysis, it is possible that the results were more influenced by me than those who imparted the information and knew the meaning behind their reports.

Suggestions for Future Research

As highlighted in the Limitations section, the diversity of study participants was restricted for the homogenous aspect of IPA methodology. Although the narrow scope was appropriate for the purposes of this exploratory study, the results cannot be generally applied to the larger population of mental health practitioners who bring their dogs to treatment. This is especially true given five of the six participants in this study were connected through clinical training where they all learned their understanding of dogs in psychotherapy. Widening the scope of participants to a larger sample and to those with a variety of mental health licenses, clinical training, and area of the country would likely provide different results given similar interviews. Although not intentional, the study included only one male as compared to five females; to more fully understand this topic, further studies should include a richer selection of genders to gain a richer information.

The multiple roles each dog played during the work day was an interesting finding of this study. Participants highlighted their dogs as co-therapist and child. Although not specifically identified as caretaker for their human counterparts, descriptions of the dogs' activities during

the day gave the impression the dogs helped the participants stay focused, remain calm, assist with pain management, and they provided a distraction or reason to leave the office periodically throughout the day (e.g., for walks). Further research should explore the dog's presence during therapy as it benefits the mental health treatment provider. This information could be used to better understand a dog's role.

The literature and findings of this study typically focused on the benefits of animal-assisted treatment and safety for humans. Although this focus is critical for the practice of AAT to continue and should remain primary, focus should also shift to balance the animals' needs and advocacy of their safety and welfare. While all of the participants in this study clearly adored their dogs and wanted the best for them, it was impossible to remove the dogs from the situations unless the dog was securely crated out of view from the clients or left home for the day. Given the amount of time and variety of clients the participants worked with, considering the animals' needs, beyond basic food, water, and safety would be important aspects of their wellbeing to consider. Future research could focus on the impact on dogs and needed guidelines development to protect the animals' quality of life while they serve in the role of therapy dog.

Scant research about the use of dogs for individuals suffering from trauma or dissociative related disorders was available; most treatment research involved horses and equine therapy. Most of the participants in this study reported they integrated their dogs into treatment for these disorders. Further research on animal-assisted treatment for these populations would be beneficial. This might be best explored through combinations of case studies, qualitative, and quantitative research that are designed to explore what specific animal-assisted therapeutic interventions might support the complex nature of trauma and dissociation.

The findings of this study showed that none of the dogs and psychologists underwent specific therapy animal training. Although a few of the dogs received training, which spanned from basic commands to a two-week residential training program, none participated in a therapy dog specific training program. All the participants had good motivation and intention for bringing their dogs to work; however, some of the dogs were ill-equipped to work in the capacity as a therapy dog. Several of the dogs reportedly demonstrated anxious behaviors (e.g., digging at the floor, ambivalence towards clients, and inappropriate and sometimes aggressive behaviors) during psychotherapy sessions, suggesting they were either unprepared or unsuited for the job. Although a few of the dogs were temperament tested, none were screened explicitly to determine their suitability to work as therapy adjuncts. Nor did the therapists convey an understanding of the specific responsibilities and expectations, beyond basic safety, for successful work with a dog in session. Dogs and their human counterparts who participate in animal-assisted therapy across all other settings besides mental health require specific screening, training, certification, and registration. It is unclear why mental health practitioners and their animals are not required to undergo this rigorous training process. It would behoove the field of mental health to develop a training program for practitioners to understand the intricacies involved with utilizing an animal in psychotherapy. Furthermore, all therapist animal dyads should undergo the rigorous training process, certification, and registration required of therapy animals working in all other settings to ensure consistency and appropriate therapeutic interventions.

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APPENDIX A

Recruitment Email Sent to YAHOO.com Listserv “AAT Professionals”
and to Psychologists who offer AAT

Hello.

My name is Christine Treece, I am a 5th year student in the clinical psychology doctoral program at Antioch University Seattle. I am currently preparing my dissertation entitled: Psychologists' use of dogs in Psychotherapy: A Therapeutic Exploration with William Heusler, Psy.D. (dissertation chair). In completing this dissertation, I would like to conduct in-person interviews with clinical and counseling psychologists who have utilized a dog in therapy with adult clients. The benefits sought from this study include a better understanding of psychologists' experience of using a dog in psychotherapy.

The requirements of participants are as follows:

- Clinician must have a either Ph.D. or Psy.D. in clinical or counseling psychology and licensed in Washington State
- Currently use or have used at least one dog in psychotherapy with adult clients
- Have utilized a dog as co-therapist for at least a one-year-period
- Speak English
- Live in the greater Seattle area

Full participation in this study involves the following:

- A 2-3 hour individual interview
- Follow-up to review your portion of the interview and analysis to verify the accuracy of your responses and interpretation of your interview

Each participant will receive a \$25 Amazon gift card, which is not contingent on completion of the interview.

If you are interested in participating in this study to share your experience, or if you are interested in assisting with client recruitment by placing a flyer in your office, please contact me at the following email or telephone number.

Email: ctreece@antioch.edu

Thank you for your consideration!

Sincerely,

Christine Treece
Clinical Psychology Doctoral Student
Antioch University Seattle
School of Applied Psychology, Counseling, and Family Therapy

APPENDIX B

Introductory Letter

Project Title: Psychologists' use of Dogs in Psychotherapy: A Therapeutic Exploration

Project Investigator: Christine A. Treece, M.A.

Dissertation Chair: William Heusler, Psy.D.

School Affiliation: Antioch University Seattle

Dear Psychologist:

My name is Christine Treece and I am a doctoral student in Clinical Psychology at Antioch University Seattle in Seattle, Washington. To fulfill the requirements for my degree, I am conducting a study on the experience of psychologist using a dog in psychotherapy with adults. This is a qualitative study that will identify and thread common themes between participants. Your expertise will help me and others interested in this area to understand the experience and understanding of psychologists who use animal-assisted interventions.

In this study, I will try to learn about your thoughts, feelings, understanding, and experience of working with your dog as a co-therapist. If you choose to participate, the author of this study will interview you in person. The interview will be audio-recorded and will take place at a venue that is private, secure, and safe. During the interview, you will be asked a series of questions. These questions are meant to guide our conversation and discussion on the use of dogs in psychotherapy. The interview may take between 2 and 3 hours.

This study is strictly voluntary, and participation is not required. If you decide to participate, you can stop at any time.

If you have any questions at any time, please contact the researcher at ctreece@antioch.edu.

I look forward to working with you.

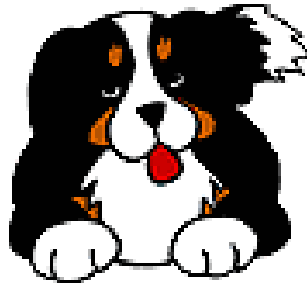
Sincerely,

Christine Treece
Clinical Psychology Doctoral Student
Antioch University Seattle
School of Applied Psychology, Counseling, and Family Therapy

APPENDIX C

Social Media Flyer

Seeking licensed psychologists using a dog as co-therapist for research study



If you:

- Have a doctorate degree in counseling or clinical psychology
- Are licensed in the state of Washington
- Use or have used a dog in psychotherapy with adult clients
- Are over 21
- Can attend an interview in the Seattle area
- Would love to receive a \$25 Amazon gift card

Then I'd love to talk to you!

For more information, please contact Christine Treece,
Antioch PsyD student, at ctreece@antioch.edu

APPENDIX D

Screening Questions

1. Do you have a doctorate degree in counseling or clinical psychology?
2. Are you licensed in the state of Washington?
3. Do you, or have you in the past, brought a dog into psychotherapy sessions with adult clients?
4. Did you use the dog for at least a one-year period?
5. Are you over the age of 21?
6. Live in the greater Seattle area?
7. Are you willing to meet with me to participate in an interview that may last up to 3 hours?
8. After data analysis is complete, are you willing to review your portion of the interview and analysis to verify the accuracy of your responses and interpretation of your interview?

APPENDIX E

Interview Scheduling Script (Sample)

Hi Dr. _____. Thank you for agreeing to participate in my study. From the answers you provided to the preliminary questions, it sounds like you are a good match for the kind of psychologist I am looking for to share their experiences with using a dog in psychotherapy with adults.

Your interview should take between two and three hours. Can we schedule that now? We have a few options for meeting. I can reserve a meeting room at Antioch University Seattle, I can come to your private office, or we can meet in a private conference room at a public library near you. Are you available on Mondays or Fridays 10-8; Saturdays or Sundays 9-6:30?

I'd like you to know that our interview will be audiotaped. However, you will be assigned a random identification number and your dog will be given a pseudonym. Furthermore, your personal information will be kept private and securely stored. We will talk more in-depth about confidentiality when we meet in person. Are there any questions you have regarding the confidentiality of this study at this time?

I am very appreciative of the time you are taking to share your experiences with me. As compensation, I will be giving you a \$25 Amazon gift card, which you will receive on the day of the interview.

Can I answer any questions for you regarding this study? (If not) I will bring a waiver explaining the study and confidentiality for you to sign at the beginning of your interview. Please feel free to contact me with any questions you might have in the meantime. (Remind participant of phone number and email address.)

Again, thank you for agreeing to participate in my study. I am looking forward to meeting with you on (day, date, and time).

APPENDIX F

Interview Questions

Initial Demographic Questions

1. Identification number: (P1, P2....P6)
2. What is the month and year of your birth
3. What is your current degree?
4. What is your theoretical orientation?
5. How long have you brought your dog to work with you?
6. Have you and your dog participated in a therapy dog certification program?
7. If so, did you graduate?
8. If not, was your dog trained to work with clients?
9. Do you have any questions regarding confidentiality of this study?
10. Do you have any other concerns about anything else related to this study?

Sample Primary Interview Questions

1. Please describe for me your experience bringing a dog into psychotherapy sessions with you.

If inadequate response:

2. Could you give me a brief history of how you came to use a dog in psychotherapy?
3. How would you describe your relationship with your dog?
4. How do you conceptualize your dog in therapy versus at home?
5. How is your dog used as an intervention?
6. What about working with a dog in your office has been stressful or difficult?
7. What are some issues that have come up for you?
8. Tell me about any emotions that arise for you when your dog is working with a client?

9. How would you say a client's attachment to your dog affects you?
10. Any additional questions that arise based on the content of the participant's responses that will help to provide a more complete description of the experience are allowed.

APPENDIX G

Informed Consent Form

Project: Psychologists' Use of Dogs in Psychotherapy: A Therapeutic Exploration
 Researcher: Christine A. Treece, Psy.D. Student in Clinical Psychology

The Clinical Psychology Program supports the practice of protection for human subjects participating in research and related activities. The following information is provided so you can decide whether you wish to participate in the present study.

The Study and Its Purpose

Psychologists' Use of Dogs in Psychotherapy: A Therapeutic Exploration. The purpose of this research study is to provide an in-depth qualitative narrative of psychologists' experience of bringing a dog to therapy when working with adult clients. Your expertise may benefit me and others interested in this area to understand the experience and understanding of psychologists who use animal-assisted interventions. You may not receive any immediate personal benefit from participating in this interview.

Your Participation

You were selected as a possible participant in this study because of your status as a clinical or counseling licensed psychologist in Washington who uses, or has used in the past, a dog as therapeutic intervention with adult clients. You will be participating in an in-depth interview/discussion that will last for approximately two to three hours. You will be asked to answer questions and to talk about your experiences as a clinician who has used a dog in therapy with adult clients. You will be contacted via email after interview data has been analyzed in order that you can verify the accuracy of your responses and the researcher's interpretation. You may ask questions at any point during this study.

Risks and Benefits of Participation

There is minimal risk to your participation in this study. As you talk about your experience, you may experience some emotional or psychological discomfort if you choose to discuss sensitive information about your experience. If you become distressed and wish to discontinue the interview at any time, please let me know. If, while answering the questions, you become overwhelmed by these feelings you are encouraged to: reach out to a psychotherapist, call the National Suicide Hotline at 1-800-273-8255, call your local crisis hotline, and/or access online crisis chat at <http://crisisclinic.org/find-help/crisis-chat/>. Potential benefits of participation in this study includes the opportunity to speak about your experiences and be heard, as well as the opportunity to contribute to needed research in this area. However, you may not receive any immediate personal benefit from participating in this interview.

Confidentiality and Protection for You as a Participant

You may choose not to answer any interview question. You will be treated in accordance with the ethical guidelines of the American Psychological Association (APA). Your anonymity will be preserved and identifying information will only be disclosed with your permission or as required by law. During the interview, you may omit the names of clients or organizations with whom you have worked or, alternatively, you may provide a pseudonym. You, your clients, and affiliated organizations will not be identified in any way in the findings, report, and printed

materials resultant from your interview unless you grant specific permission. The interview will be audio recorded for analysis, from which transcripts will be created. A transcription service may be used to generate the text from audio.

All material and data will be securely stored and accessible only to the researcher for a period of three years, after which time all files will be destroyed. Data used by the transcription company will be destroyed immediately.

Freedom to Withdraw

Your participation in this research is strictly voluntary. If you choose to participate, you are free to withdraw your consent and discontinue participation in this study at any time without reprimand or reproach.

Compensation

You will receive a \$25 gift card to either Amazon gift card as a token of appreciation for your assistance in this research.

Resources and Contacts

You may ask questions at any point during this study. If you have additional questions later, I can be reached at ctreece@antioch.edu. You may also contact the dissertation chair of this study, William Heusler, Psy.D. at wheusler@antioch.edu. This research study has been reviewed and certified by the Institutional Review Board, Antioch University Seattle. For research-related problems or questions regarding participant's rights, you may contact Antioch University's Institutional Board Chair, Mark Russell, Ph.D. at mrussell@antioch.edu.

You also have the right to review the results of the research if you wish to do so. A copy of the results may be obtained by contacting the principal investigator: Christine Treece, ctreece@antioch.edu.

Participant Consent

I have read the above statements and have been fully advised of the procedures to be used in this study. I have been given sufficient opportunity to ask any questions I may have had regarding the procedures and possible risks. I may contact the researcher, dissertation chair, and/or Human Rights Committee with any concerns I may have regarding how this study is being conducted. I understand the potential risks involved with my participation and I assume them voluntarily. I also understand that I may withdraw from this study at any time without consequences to me.

Your signature below indicates that you have read the information provided above and you have decided to participate in this study.

Participant Name (printed): _____

Participant Signature: _____ Date: _____

Participant Phone Number: _____

Is it OK to leave you a voicemail message on this phone? Yes ☐ No ☐

In addition to agreeing to participate, I also consent to having the interview audio-recorded.

Participant Signature: _____ Date: _____

Printed name of person obtaining
consent: _____

Researcher's Signature: _____ Date: _____

Please check one of the boxes below regarding use of your direct quotes.

☐ By checking this box, I **am** giving my permission for my direct quotes to be used in the published study. I am aware that I will be given the opportunity to review the quotes that the researcher selects and to change my mind at that time.

☐ By checking this box, I **am not** giving my permission for my direct quotes to be used in the published study.

To be completed by the researcher:

To my knowledge, this person is choosing to give informed consent to participate.

Researcher's
signature: _____ Date: _____

Researcher's printed
name: _____

APPENDIX H

Summary of Participants

<i>Summary of Participants</i>					
<u>Participant</u>	<u>Degree</u>	<u>Breed/Size</u>	<u>Orientation</u>	<u>Training</u>	<u>Certification</u>
P1 with Jackson	Psy.D	Mixed small breed	“Eclectic”	Informal	No
P2 with Kirk	Psy.D.	Unidentified medium	Integrative	Basic Commands	No
P3 with Sukie	Psy.D.	Terrier small	Trauma-informed Feminist	Owner trained	No
P4 with Paris	Psy.D.	Mixed breed small	Relational	Owner trained/ Natural instinct	No
P5 about Luke	Ph.D. Clinical Psychology	Terrier medium	Feminist	2-week residential	No
P6 with Emily	Ph.D. Counseling Psychology	Terrier mix small	Integrative	Intensive 8-week, ½ day training	No