

SILENT SUPPORTERS: UNDERSTANDING CLIENTS' LIVED EXPERIENCES
OF ANIMAL-ASSISTED THERAPY IN COUNSELLING

by

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Abstract

The human-animal bond has long been a topic of interest for both researchers and clinicians. There are many studies that support the benefits of animals with regards to humans' psychological and physical wellbeing, such as improved mental and physical health in pet owners and the use of animals in paramedical practices (e.g., Rector, 2005; Souter & Miller). However, although therapists are engaging animals in their practice all over the world, there is no empirical research looking to understand clients' experiences of Animal-Assisted Therapy (AAT) in a counselling setting. This was the purpose of the current study.

An interpretive phenomenological research design was used. Six adults who had previously been clients of an AAT therapist were interviewed, and their time with an AAT practitioner ranged from 1 to 7 months. The resulting transcriptions were analysed using Langdridge's (2007) four stages of thematic analysis. Five unifying themes emerged across participant experiences, including: A Comfortable Environment, Animal Behaviour and Characteristics, Human-Animal Relationships, Intrapersonal Experience, and Engagement in Therapy. Three of these five themes also included sub-themes.

This study contributes to the current literature by exploring the previously unheard perspective of AAT clients and inviting further discussion on how clients perceive and interpret this unique approach to counselling. Future research regarding AAT and counselling are also discussed, as well as implications for counselling practice.

Preface

This thesis is an original work by the author, Jess Owen. All work – including recruitment, data collection, data analysis, and writing – has been completed by the author. This study was approved by the University of British Columbia’s Behavioural Research Ethics Board, certificate number H13-03532.

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Dedication

This project is dedicated to all of the devoted therapy animals who go to work every day offering nothing short of pure love and affection, touching lives and making an immeasurable difference to the people they work with.

CHAPTER 1

Introduction

"One of the most fundamental advantages of animal assisted therapy over other therapeutic modalities is that it provides the patient a much-needed opportunity to give affection as well as receive it. It is this reciprocity - rare among medical therapies - that makes AAT a unique, and valuable route to healing."

– Dr. Andrew Weil

Statement of the Problem

For many years, the human-animal bond has been a topic of interest for both researchers and clinicians. For this reason, very successful programs incorporating animals have been implemented in various settings, including equine therapy for children with developmental disabilities (Rector, 2005), rehabilitation programs with prison inmates (Rector, 2005; Souter & Miller, 2007), animal therapy programs in which certified therapy pets are brought into hospitals to visit patients (Delta Society, 2003), and even reading and speech therapy programs for children using animals (Altschiller, 2011; Gammonley, Howie, Kirwin, Zapf, & Frye, 1997). It is widely accepted that the bond between humans and animals runs very deep, and has the potential to be a very influential relationship. There are many studies with findings that support the benefits of animals with regards to humans' psychological health, such as decreasing anxiety and improving depressive symptoms (e.g., Souter & Miller, 2007). Given this understanding of the fundamental bond between living beings, it is logical that health practitioners have begun to integrate animals into their practices.

Animal-assisted interventions (AAI) include a variety of interventions ranging from reading assistance dogs, to equine-facilitated experiential programs, to the use of companion animals in therapy sessions. AAIs are being practiced internationally by counsellors,

psychologists, physiotherapists, and other paramedical service providers (e.g. Gammonley, Howie, Kirwin, Zapf, & Frye, 1997; Rector, 2005). Animal-assisted therapy (AAT) makes up one branch of these interventions, and is a small but rapidly growing field. Researchers and clinicians alike are beginning to realize the potential of having an animal in the therapy room. However, while the implementation of this unique approach is expanding, little is understood about the experience of being an AAT client. Due to this paucity of research, a universal method of using AAT has not been developed, despite the growing number of professionals beginning to incorporate companion animals into their practice. There is a lack of research illuminating what specific aspects of AAT are salient for clients. Such a dearth of evidence in this area demonstrates a need for a better understanding of clients' experiences; this study aims to fill this important gap, for reasons described in the following sections.

Research on AAT has not prioritized the clients' experiences, which can be achieved through the phenomenological methodology used by this research study. This method provides the opportunity to develop an increased awareness of common themes of the experience of AAT. Employing phenomenological methodology from the clients' perspectives provides the unique, and otherwise unexplored, opportunity to gain valuable insight into the practice of AAT to better inform its future use within the field of counselling.

Implicit in this research problem, however, is the assumption that the human-animal bond is of benefit to all people. While this is supported by significant research (e.g., Allderidge, 1991), it is certainly not true for every individual, and this must be considered if attempting to gain a fuller understanding of animal-assisted therapy.

Definition of Terms

Animal-assisted activities (AAA): These “are informal, do not have specific treatment

goals, and are not modified to meet the individual needs of the client” (Altschiller, 2011, p.24). These can be delivered by anyone: volunteers, paraprofessionals, or community members, and include activities such as recreational pet visits in hospitals and nursing homes. However, AAAs are not formally within the scope of this study due to the more clinical focus of this research and the fact that the study is positioned in the field of counselling psychology research.

Animal-assisted education (AAE): This term refers to the use of animals in assisting humans in learning specific skills, such as reading assistance programs and social skills (Altschiller, 2011). These activities are delivered by “educators, laymen and volunteers with general therapeutic, educational or recreational goals in mind. These may have a therapeutic effect on the participant, but should not be confused with therapy” (Parish-Plass, 2008, p. 12).

Animal-assisted interventions (AAI): This refers to “any therapeutic intervention that intentionally includes or incorporates animals as part of the therapeutic process or milieu” (Kruger, Trachtenburg, & Serpell, 2004, p. 4). This term is the broader umbrella term encompassing all animal-assisted activities, education, and therapies.

Animal-assisted therapy (AAT): Chandler (2012) describes AAT in counselling as “the incorporation of pets as therapeutic agents into the counselling process” (p. 3). This can be done in a variety of ways and by using a variety of techniques. Animal-assisted therapy is appropriate for use within a number of settings, such as schools, hospitals, agencies, and private practice (Chandler, 2012). This approach is delivered by trained professionals and is used to meet specific goals tailored to the client’s individual needs. This is the intervention of primary interest in this study.

Counselling: The Canadian Counselling and Psychotherapy Association (2013) provides a definition of counselling as follows:

Counselling is the skilled and principled use of relationship to facilitate self- knowledge, emotional acceptance and growth and the optimal development of personal resources.

The overall aim of counsellors is to provide an opportunity for people to work towards living more satisfyingly and resourcefully. Counselling relationships will vary according to need but may be concerned with developmental issues, addressing and resolving specific problems, making decisions, coping with crisis, developing personal insights and knowledge, working through feelings of inner conflict or improving relationships with others.

Human-animal bond (HAB): The American Association of Human-Animal Bond

Veterinarians (2010) define this as:

the 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.

Rationale

There are several important reasons this research is valuable for both healthcare consumers and providers, and as such contributes greatly to the field of counselling psychology. First, it contributes to general knowledge of AAT, and second there is a significant lack of empirical literature examining this phenomenon from the clients' perspectives. Further, it helps inform the practice of those already using AAT by providing a more comprehensive picture of how clients themselves are experiencing this intervention.

Gap in the literature. The accessible literature regarding AAT is primarily from the perspective of therapists who already practice it, and consists largely of case studies and

anecdotal reports of these therapists' experiences. Although these reports are very valuable and contribute significantly to our understanding of AAT, there is little opportunity for clients' voices to be heard. As a result, there is minimal empirical research looking to understand the clients' perspectives in particular. Scholars have theorized animals' potential to repair attachment, ease therapeutic rapport and trust building, and contribute to a client's sense of safety in the therapy room. Given the particular importance of a strong therapeutic alliance and heightened feelings of safety and trust for most clients, their experiences of AAT may be very unique. Understanding these experiences may shed light on how to most effectively approach treatment for these clients using AAT, and help develop a better understanding of the role of animals in clients' progress, healing, or recovery.

Although AAIs are being used internationally to supplement various medical, psychological, and paramedical interventions, there is scant empirical research on the uses and effects of these interventions, and even less research of a qualitative nature. The current study may help practitioners better understand exactly how clients perceive AAT and its impact on them, as well as how AAT is experienced and interpreted by these clients.

Clients' experiences of therapy. Given that this research is qualitative in nature, it offers a unique examination of the application of AAT from the clients' perspectives. In contrast to the existing literature that focuses on AAT, the phenomenological approach that is used here enabled participants to fully explore and explain their experiences of this phenomenon, and to describe the meaning of this experience for them. Additionally, the study provides important contexts that could help researchers and clinicians alike better understand what aspects of AAT stand out to clients as most salient, potentially informing future practice. Exploration of these questions may open the door for future research and provide a context in which to generate more

focused research questions.

Versatility of animal-assisted therapy. Deepening our understanding of an intervention as unique and versatile as AAT has the potential to diversify and perhaps enhance current, well-established therapies, particularly considering that AAT can be incorporated into almost any therapeutic approach. The broad applicability of AAT offers much opportunity for both clients and clinicians to benefit from this practice, and hearing from clients directly about their perceptions and experiences of AAT may shed important light on how to go about this integration in the most meaningful way. Incorporating animals into counselling is not a therapeutic approach in and of itself: this offers the opportunity for many clients in a variety of different types of therapy to experience, and potentially benefit from, AAT.

Purpose of the Study and Statement of the Research Question

The broad purpose of this study is to learn about individuals' experiences of AAT. More specifically, this research is focused on developing a better understanding of the meaning clients make from the experience of animal-assisted therapy. In exploring these issues empirically, this study garners a deeper understanding of how people experience and make meaning of AAT, as well as provides insight into the potential impacts or effects of this approach, regardless of the valence of these effects. This research also highlights some important limitations with regards to AAT, which may further benefit not only clients, but also clinicians who are already incorporating animals into their practice, as well as those considering doing so. In deepening our understanding of these issues we may be able to further develop therapeutic approaches tailored to specific client needs. While "gold standards" of treatment exist for most psychological disorders, the integration of AAT into these already well-established practices has the potential to be of significant benefit.

As noted, animal-assisted interventions (AAIs) are already being used internationally in a variety of fields, and have significant potential for helping clients both within the therapy office and at home. Clinicians already practicing AAT have documented benefits of this practice; for example, animals have been found to reduce the anxiety of the initial counselling sessions while contributing to the establishment of a safe, trusting environment (Arkow, 1982; Fine, 2000). Through the use of AAIs, clients gain and practice skills they can apply to many areas of their lives. Despite their widespread uses, AAIs have not been sufficiently studied, and as such this research contributes to filling an important gap in the existing knowledge of using animals in counselling practice.

Given the adaptable nature of AAT, therapies using animals have the potential to be integrated into many different therapeutic approaches, both theoretically and practically. Chandler (2012) has provided brief descriptions of integrating AAT into a variety of therapeutic approaches, including person-centred, gestalt, psychoanalytic, solution-focused, and cognitive-behavioural, among others. Thus, AAT offers a versatile approach to a variety of concerns for both clients and counsellors, and has the potential to be of significant benefit for many clients with diverse backgrounds and experiences.

The primary question this research addresses is: What is the meaning of the lived experience of clients who have engaged in animal-assisted therapy? The existing literature on AAT, as well as clients' experiences of traditional therapeutic practices inform this question. In exploring this question with participants, possible topics of discussion include: (a) What aspect of AAT did clients find most significant and most meaningful?, (b) Were there any limitations perceived by clients regarding the use of animals in the counselling process?, and (c) How did clients perceive their relationship with the therapy animal to influence their experience of

therapy? The present study attempts to give voice to these clients and provide an opportunity for them to share their stories and subjective experiences of AAT. Understanding these issues has significant potential to contribute to and inform current AAT interventions and practice.

CHAPTER 2

Literature Review

The Human-Animal Bond

Humans and animals have had important relationships (one might even argue that we have depended on one another) since the beginning of human existence. Farm animals, working animals, and companion animals of all species have been an important part of human society throughout history and remain so today. Through these relationships it has become evident that humans and animals have a unique relationship, and this relationship has been termed the *human-animal bond* (HAB). While much of the interest in this phenomenon has historically come from the perspective of professionals in the animal industry, such as veterinary and equestrian fields, contemporary interest stems primarily from healthcare professionals, including both physical and mental health fields. The past three decades have seen a significant increase in the amount of research interest into the influence that the HAB has on human health and well being (Hines, 2003).

Hines (2003) describes the HAB from a historical perspective. Included in this description is a quotation from Dr. Leo Bustad—a founding member of a society dedicated to animal-assisted interventions (AAI)—when, in a summary lecture delivered at an international symposium on human-pet relationships, he stated: “The wish to keep an animal usually arises from a general longing for a bond with nature... This bond is analogous with those human functions that go hand in hand with the emotions of love and friendship in the purest and noblest forms” (p. 7). This natural longing that humans seem to possess drives many people to keep pets as companions and to solicit comfort from our non-human friends. The relationship between people and their pets is unique; there is a natural reciprocity of love, attention, and trust. Further,

pet ownership is associated with many physical and mental health benefits, including: lower rates of heart conditions, speedier recovery from acute illnesses, higher self-esteem, less social isolation and depression, reduced anxiety, increased independence, and less need for caregiver support (Barker & Dawson, 1998; Chandler, 2012; Walsh & Mertin, 1994). These tangible benefits from regular interaction with animals offer a strong foundation for believing that incorporating animals into therapy has the potential to benefit many clients.

Current resources. In 1977, the first organization dedicated to the HAB was founded. The Delta Foundation (which became the Delta Society in 1981, and more recently Pet Partners) remains devoted to the promotion and research of the HAB. They developed a journal dedicated to research on human-animal relationships, originally called the *Journal of the Delta Society* and now titled *Anthrozoos*. This is an excellent resource for community members, clinicians, and researchers alike. Currently they provide information about AAI, training for volunteers, helpful definitions, and much more. The Chimo Animal-Assisted Therapy group, based out of Edmonton, Alberta, is a Canadian organization that provides many of the same services (on a smaller scale) as Pet Partners. This national group is growing as more and more healthcare professionals are beginning to integrate animals into their work across Canada.

Animal-Assisted Interventions

Animal-assisted interventions include three sub-groups: animal-assisted education (AAE), animal-assisted activities (AAA), and animal-assisted therapy (AAT; Schlote, 2009). The first, AAE, consists of instances where an animal is incorporated into learning, such as reading-assistance dogs (Schlote, 2009). The second, AAA, is the group most people are familiar with, and consist of any activity a human does with an animal, including recreational (such as taking a dog for a walk) or when therapy animals visit patients in the hospital. Both of these sub-groups

emphasize the strength of the human-animal bond, and highlight the benefits that connecting with an animal can have.

Although AAE and AAA have innumerable benefits and are both very important facets of healthy living for many people, the focus of this paper is on AAT specifically. This means that the primary interest is in the use of animals in counselling therapy, as practiced by registered or certified counsellors and psychologists. Long before therapists brought animals into their practice, however, there existed an extensive history of animals being integrated in a much broader context in the field of mental health.

Historical roots. The relationship between humans and animals dates as far back as human existence: animals have provided emotional, psychological, spiritual, and social benefits to humans for thousands of years (Levinson, 1969; Serpell, 2006). It is not until relatively recently, however, that individuals in the helping professions have been intentionally incorporating animals into their therapeutic counselling practice.

Historically, it was in the 18th century that documentation was first made describing how patients in British mental institutions—then known as “insane asylums” or “madhouses”—seemed to benefit from interacting with stray cats or wild rabbits on the institution grounds, and from these animals the patients appeared to get the affection and interaction they were deprived of and desperately sought (Allderidge, 1991). At the end of the 18th century, attitudes towards patients in these institutions began to change, and treatment of these individuals improved, involving more compassion, understanding, better living conditions, and even providing some recreational activities (Davison, Neale, Blankstein, & Flett, 2005; Schlote, 2009). One thing that evolved with this shift was the intentional use of nature—the outdoors, plants, gardens, birds, and a variety of wild animals, called “asylum farms”—in order to provide patients with comfort and interaction

(Allderidge, 1991). Animals including dogs, cats, rabbits, ducks, and squirrels roamed free on the properties of these institutions, and were said to be significant contributors to patients' improved mood (Allderidge, 1991).

In the late 1800s, German hospitals began incorporating animals into treatment, including dogs, cats, horses, and birds (Fine et al., 1996). Finally, in 1911, a Canadian hospital—the Brockville Psychiatric Hospital in Brockville, Ontario—brought this concept to North America when they followed suit and began operating a farm on their property and encouraging patients to interact with the animals. Soon after, a hospital in Washington, D.C. began involving dogs in the psychiatric treatment of their patients (Allderidge, 1991). During World War II, a military hospital in New York included wildlife and farm animals in rehabilitation programs, and shortly thereafter another New York institution opened, explicitly offering “pet therapy” to children and adolescents with academic, behavioural, and emotional challenges (Ross et al., 1984).

Over time, the approach to psychiatric treatment shifted, and the incorporation of animals in treatment declined as the supportive asylums were replaced by psychiatric hospitals that based treatment on a strict medical model. As a result of this, the programs involving animals were not included in the wave of empirical research that soon followed (Katcher & Wilkins, 1998). It was not until the late 1900s that the use of animals in psychiatric treatment was revisited (Schlote, 2009).

Benefits of animal-assisted interventions. As noted, AAIs have been intentionally used for many years in a variety of fields. Many reported benefits are supported by either research or anecdotal reports. When animals are involved in therapy, results are often accelerated, particularly with children (Levinson, 1965; Sockalingam, 2008). Both behavioural

and social improvements have been noted with the use of animals with children in a variety of capacities, including learning assistance, physiotherapy, and counselling (Martin & Farnum, 2002). In therapy, children become more playful, focused, and seem to be more aware of their environment when working with the therapist (Martin & Farnum, 2002). In cases where animals are involved in rehabilitating prison inmates, reports have indicated that notoriously violent people are able to demonstrate affection, care, and nurturing towards the animals they cared for (Beck, 1985). In fact, benefits were even noticed among the staff of hospital programs that bring in therapy animals; the staff “become more optimistic and treat patients with more sensitivity” (Sockalingam, 2008, p. 75).

People with severe mental illness, such as schizophrenia and other psychotic disorders, are often considered a population that is difficult to treat. However, people with these disorders demonstrated significant improvement in a variety of areas of life with regular interactions with therapy animals, such as health and domestic activities, and exhibited higher motivation in therapy (Kovacs, Kis, Rozsa, & Rosza, 2004). Finally, people with dementia show increases in social behaviours and a reduction in mood problems, aggressive behaviours, anxiety, and even specific phobias (Kanamori et al., 2001; Robb, 1980).

Animals can even assist with recovery from loss and bereavement, seeming to contribute to an accelerated process of acceptance of the loss (Akiyama, Holtzman, & Britz 1986). Further, reported psychological benefits include: improvements in aggression (Kanamori et al., 2001), self-esteem and depression (Francis, 1985; Siegal, 1990), and stress and anxiety (Barker & Dawson, 1998; Beck, 1986; Davis, 1988; Siegal, 1990). In general, owning a pet positively impacts a person’s overall sense of well-being and facilitates humour (McMullough, 1981; Rowan & Beck, 1994). Elderly people experience unique benefits as well, as animals reduce

loneliness in elderly populations (Goldmeier, 1986; McMullough, 1981) and have positive effects on physical health and overall cardiovascular status, as discussed above (Anderson 1992; Friedman, Katcher, Lynch, & Thomas, 1980). In fact, pet owners have fewer doctor visits compared to non-pet owners (Headey, 2002), and pet ownership is predictive of lower incidences and levels of depression (Bolin, 1987; Francis, Turner, & Johnson, 1985; Garrity, Stallones, Marx, & Johnson, 1989; Siegal, 1990). Finally, evidence suggests that owning animals may benefit people with mood disorders who have also suffered trauma (Sockalingam, 2008). These findings provide the foundation for moving forward with AAT in counselling, and exploring its potential to yield significant benefits for a wide variety of client concerns and needs.

Animal-Assisted Therapy in Counselling

Animal-assisted therapy as it exists today is primarily thanks to therapist and researcher Dr. Boris Levinson, whose work beginning in the 1960s brought to attention the value of using animals in therapeutic treatment. When a child client of his arrived early for an appointment and met his dog, Levinson's observations of the benefits of involving the animal sparked his interest in the idea of what he later termed "pet therapy," and he began to explore this phenomenon. His specific focus was working with children with behavioural problems, and he noticed the accelerated development of therapeutic rapport when his dog "Jingles" was involved (Levinson, 1965). There are several benefits that Levinson observed with children and his use of pet therapy, such as a decrease in children's anxiety about participating in therapy, an improved therapeutic alliance, and a more explicit demonstration of how the child relates to the world than traditional play therapy provides (Levinson, 1965). The provision of consistent and unconditional love and warmth by a pet in the therapy room communicates to clients their worth, and Levinson (1965) argues that children in particular benefit from these effects. Recently,

researchers have argued that this may be especially true for clients struggling with attachment-related concerns.

Role of the therapy animal. As the most integral part of AAT, the animal that is selected for therapeutic work must be behaviourally sound, calm, trustworthy, and have a naturally social personality in order to ensure that the pet does not become distressed by exposure to strangers (Altschiller, 2011). These animals act as companions, facilitate social relationships and interactions, and, in some cases, as a substitute for – or transitional relationship to – close human interpersonal relationships (Arnold, 1995; Francis, 1985). Reports note that therapy animals provide positive emotional support and contribute to a soothing environment; in fact, they even help therapists recognize and identify distress in their clients earlier than they might without the animal present (Arnold, 1995; Goldmeier, 1986). Client-therapist communication and interaction is made smoother with the therapy animal present, and some therapists suggest that a client's feelings of independence are increased or reinforced by the animal in therapy (Corson & Corson, 1980).

Dogs are the typical animal of choice in AAT that occurs within a therapy office, because dogs are easily trained, emotionally intuitive, and naturally loving and social animals (Altschiller, 2011; Chandler, 2012). They bond quickly with humans as they easily demonstrate their affection for people, and reciprocate the care and attention paid to them. Their behaviour is relatively easy for humans to read, and their provision of unconditional love, nurturing, and affection has been suggested to play a role in repairing healthy attachment styles (Zilcha-Mano, Mikulincer, & Shaver, 2011).

Existing techniques and intentions. Chandler (2012) compiled a list of 18 animal-assisted techniques and 10 intentions of AAT that are applicable to a number of different

therapeutic approaches and methods. For a complete list of these techniques and intentions, please see Appendices A and B, respectively.

Therapeutic touch. Therapeutic touch is typically discouraged and considered unethical between a client and therapist, with the exception of certain gestures in certain circumstances (Altschiller, 2011). An animal, however, can act as a surrogate and provide this therapeutic touch in a way that is comfortable for the client and ethical on behalf of the therapist. Physical contact provides nurturance and caring, which can have significant benefits to a client. A therapy animal can be petted, hugged, and touched by a client when the need or longing for therapeutic touch comes up, and the animal, being a living being, can reciprocate the affection, thus reinforcing the benefits of the client seeking this comfort (Chandler, 2012).

Accessing feelings. It is not uncommon for clients who come to counselling to encounter some difficulty accessing or truly experiencing their emotions. With a therapy animal, counsellors can employ both direct and subtle techniques in order to help the client do this, such as asking the client what the therapy animal might say about his or her emotions if the animal could talk (direct approach), or ask the client to focus on the animal and practice empathy by observing what the animal might be feeling, and then relating these feelings to him- or herself (subtle approach) (Chandler, 2012). These techniques allow the client to access or describe emotions from a slightly more objective stance, which may be easier than expressing their feelings directly.

Animal-assisted metaphors. One technique identified by numerous AAT practitioners is that of metaphors involving the therapy animal. This can be done for a variety of reasons, a few of which include emphasizing: (a) the value of communication and education, (b) the need for change, and (c) the importance of communication (Chandler, 2012). Metaphors and stories can

help the client enhance insight and personal growth, and because the client perceives it as less threatening than presenting the idea about him- or herself directly, can “work like distraction methods getting around client defenses and resistance” (Chandler, 2012, p. 197). Chandler (2012) describes the use of metaphor as a “side-door technique” (p. 197) in that although it draws focus away from the client and onto the therapy animal, the client understands the message through his or her own lens, perspective, and life experience. The use of metaphor employing the therapy animal has much potential for enhancing the therapeutic process.

Therapeutic relationship. Almost every therapist and researcher who documents benefits of AAT addresses the enhancement of the therapeutic relationship. Chandler (2012) argues that “AAT can be very useful in establishing a vital relationship link between the counselor and the client” (p. 143), and that this is true regardless of the therapist’s theoretical stance. In enhancing trust and feelings of therapeutic safety, rapport between counsellor and client develops. Children in particular experience fear and nervousness with beginning counselling, and the therapy animal can ease the child’s transition into the therapy process (Levinson, 1965). Levinson (1965) observed that a therapy animal allows the child client to become an active and willing member of the therapy process, thus accelerating the development of rapport. Children with developmental disabilities demonstrated an increase in prosocial behaviours and were happier, more energetic, and more playful in the presence of an animal, again serving to ease the development of a strong therapeutic relationships (Martin & Farnum, 2002).

Many researchers agree that therapy animals serve an important function as transitional objects, whereby the client readily develops a primary bond with the animal, and this relationship then transitions over to humans—in the case of counselling, to the therapist (Levinson, 1965;

Martin & Farnum, 2002; Parish-Plass, 2008). Further, the client witnesses the mutually respectful, nurturing relationship between the therapist and the therapy animal, and may notice that the therapist accepts the animal as it is, with both positive and negative characteristics. The client is then able to understand that he or she will likely receive the same level of acceptance and non-judgment from the therapist (Parish-Plass, 2008). Seeing how the counsellor treats and interacts with the therapy animal may reduce a client's initial feelings of anxiety, and help them perceive the therapy process as less threatening than they imagined (Parish-Plass, 2008).

Animals serve as “a catalyst for social interaction” (Parish-Plass, 2008, p. 13), facilitating communication and interaction. Finally, the therapy animal may help the counsellor identify distress in their clients earlier than they might otherwise, which could enhance the trust the client has in the therapist's ability, attentiveness, and level of care (Sockalingam, 2008).

Impact of AAT on therapeutic outcomes. Outcomes of therapy are dependent on several factors of the process. Meta-analytic studies have found that 40% of the outcome of traditional counselling is due to the client and factors outside of therapy; 30% is related to the relationship between therapist and client; 15% is attributed to the client's hope and outcome expectations; and 15% is related to the actual techniques employed by the therapist (Lambert & Ogles, 2004). With the second-most significant factor being the therapeutic relationship, it is not unreasonable to speculate that AAT offers a good chance of positive therapeutic outcomes. Chandler (2012) suggests that given the important role of extratherapeutic factors, it may also be important to consider ways that an increase in client exposure to animals outside of therapy might benefit the client, as well.

Common therapeutic approaches and AAT. Therapists have successfully integrated therapy animals into the practice of many common, well-established therapeutic approaches.

Many believe that animals in therapy offer great opportunities as transitional beings—where traditional therapy might employ, for example, a stuffed toy or doll to act as a transitional being for a young client, in AAT the animal itself fills this role, for clients of all ages (Levinson, 1965; Martin & Farnum, 2002). Animals “move and show intentional behavior. . . unlike stuffed toys who provide soft touch, animals are capable of giving active affection and seeking out the [client]. But most importantly they can never contradict the attributes projected onto them with words” (Katcher, 2000, p. 468). In this way, the interaction between the client and therapy animal is a more genuine representation of interpersonal interaction than asking the client (a child, in the example above) to interact with a toy. In addition, engaging with a therapy animal is often perceived as less threatening and more inviting for a client than is engaging with another human, and therefore presents an important opportunity for clients to feel safe in the therapy room before the therapeutic rapport between client and therapist is solidified (Chandler, 2012). Chandler (2012) argues that therapy animals care only about people—the client in this case—based on the relationship to the client and the environment. This offers an opportunity for clients to interact with a being who not only has no knowledge of past struggles, traumas, or failures, but who also enters the relationship ready to provide unconditional love and acceptance in the here-and-now. This lends itself well to the development of a strong relationship between the client and therapy animal, and this relationship tends to develop faster than that between client and therapist (Chandler, 2012). This “first step” in the development of safety and trust within the therapy room contributes to the overall enhancements the animal brings to the therapeutic process. The following sections offer a few examples of how AAT can be applied to well-established, widely-practiced evidence-based modalities.

Cognitive-behavioural therapy. The role of therapy animals in cognitive-behavioural therapy (CBT) is quite specific. A client can be encouraged to use his or her relationship with the animal to practice social or functional skills; it can help clients more easily and/or accurately describe or express emotions and beliefs; and therapist feedback on the client-animal interaction is explicit and understandable for the client (Altschiller, 2011; Chandler, 2012). Practicing positive behaviours with a dog, for example, may be much more interesting and engaging for a client than role-playing with the therapist or practicing on their own outside of therapy. Goals of CBT, such as building a strong and trusting therapeutic relationship, expressing emotions, developing interpersonal skills, and improving self-confidence can all be met with the use of a therapy animal. Finally, the interactions between the therapist and animal model positive social or functional behaviours, offering a more accessible example of healthy interpersonal encounters for the client to witness (Chandler, 2012).

Person-centered therapy. Many of the basic goals or techniques of person-centered therapy can be enhanced by incorporating an animal into the practice. The primary goal of this approach is to help clients move towards a more self-accepting stance (Tudor & Worrall, 2006). This non-directive approach involves a therapist holding unconditional positive regard for the client, demonstrating congruence as they help the client develop greater insight while maintaining a safe, trusting environment. Consistent with this approach are several opportunities for animal involvement, such as making observations about client-animal interactions, having reflective discussions with the client about these interactions and the client's relationship with the animal, and of course, allowing the therapy animal to be present without offering any direct, specific action (Chandler, 2012).

Gestalt therapy. Gestalt counselling is an approach that recognizes that clients often come to counselling with a sense of feeling stuck that prevents them from moving forward or achieving life goals (Perls, Hefferline, & Goddman, 1980, as cited in Chandler, 2012). The therapist's role is to help the client "clear away all that may be distracting them from being fully present and aware in the here and now" (Chandler, 2012, p. 152). Suppressed or unaddressed emotions contribute to this sense of being stuck, and it is up to the therapist to help the client become more present in their lives, minds, and bodies. In this approach, therapy animals can provide assistance in a number of ways, including: (a) providing therapeutic touch that enables the client to become more aware of his or her bodily sensations and emotions, (b) helping both the client and therapist in identifying patterns in behaviour, thus enhancing insight, (c) providing an opportunity for the client to first share his or her story with the therapy animal (with the therapist merely observing), which many might perceive easier than speaking directly to the therapist; and (d) Gestalt therapists may ask clients to create stories that involve the animal in order to gain further insight or clarity into intrapersonal struggles, conflicts, or beliefs (Chandler, 2012).

Solution-focused therapy. From this perspective, clients are perceived as highly capable, and therapy tends to direct attention towards what is possible (MacDonald, 2007). Clients are encouraged to talk about possibilities and solutions as opposed to dwelling on the problems that need solving. MacDonald (2007) expresses the belief that quality of trust in the relationship between therapist and client is essential for a positive therapeutic outcome, and a reliance on this trust is important in order for clients to continue with therapy as well as to complete any and all homework outside of therapy sessions. Given this need for trust, AAT techniques focused on enhancing the therapeutic relationship are important. A therapy animal in the room increases the

feelings of safety and promotes a strong rapport (Chandler, 2012). As with aforementioned approaches, the therapy animal offers an opportunity for clients to practice social and interpersonal skills in a more comfortable environment, and this in turn enhances self-confidence within the client.

Ethical Considerations

Treatment of therapy animals. Important and unique ethical issues must be considered when practicing AAT. Altschiller (2011) cites a sociologist who, in reference to AAT, stated, “the prevalent perspective for AAT/AAA research is ‘what can non-humans do for us?’ [and not] what such programs may do for, or to, the animals involved” (p. 41). One of the most significant issues is how the therapy animal is treated, physically and emotionally, both within the therapy room and outside. Animal well-being falls under two essential categories: physical health, and emotional and psychological well-being. Although no formal code of ethics has been created regarding AAT, Altschiller (2011) sums up the five primary rights and freedoms these animals require, and are discussed below.

The first three are physical rights, and include: (a) freedom from discomfort, (b) freedom from thirst, hunger, and malnutrition, and (c) freedom from pain, injury, and disease. Physically, therapy animals, as with all pets, must have constant access to fresh water, be adequately nourished, have sufficient exercise, opportunity to be in the company of other animals of their kind, and given plenty of time to rest. Preventative veterinary care and prompt treatment must be sought whenever the animal requires it to ensure health and comfort. Finally, therapy animals must be treated humanely, free of neglect and abuse.

The final two rights and freedoms refer to animals’ emotional needs, which are equally important. These rights include: (a) freedom from fear and stress, and (b) freedom to express

themselves normally. Animals, like humans, experience stress, over-stimulation, fear, anxiety, and a host of other emotions. It is vital that therapists protect their animal co-therapists from these uncomfortable and distressing experiences. It is recommended that the animals have regular breaks throughout the workday to ensure that they have adequate time to rest and prepare for the next client. It must also be explained to clients that occasionally the animal may need to take a break *during* a session, and that it must be allowed to do so. Creating a “safe space” in the therapy office for the animal, such as a comfortable corner or crate, can ensure that the animal can retreat to this space and have a break at any time they need. This can also be an opportunity for the therapist to have a conversation with the client about the importance of self-care, and it models the therapist respecting the animal’s needs (Altschiller, 2011; Chandler, 2012).

The training of the animal – typically a dog – must not involve coercive or fear-inducing techniques; rather, positive reinforcement models must be used to ensure that the animal feels respected and excited by the activities. Avoiding negative training methods also builds the animal’s trust in humans, and reduces unpredictable behaviour. Exposure to a variety of sounds, environments, scents, and situations is also important in order for the animal to be comfortable in all situations, and not startle easily. Part of training also involves proper socialization of the animal – for example, dogs must be exposed to other dogs, with ongoing opportunities for socialization of this kind, as well as exposure to people.

Finally, the animal must be treated like a pet, that is, live in a comfortable, safe home environment. Typically therapists who practice AAT use their own pets as therapy animals, ensuring a strong bond and trust between therapist and animal, as well as the guarantee that the animal will have a permanent home upon its retirement from practice.

Safety of clients. Whenever an animal is brought into the therapy room, the safety of the client must be a top priority. There are several facets of ensuring this: (a) proper certification of the animal, (b) knowledge of any animal-related allergies or anxieties the client has before the first session, and (c) the therapist's knowledge of the therapy animal's behaviour, patterns, personality, and emotional needs, including the ability to recognize when the animal becomes distressed in order to prevent reactive/fear-based behaviour.

Certifying an animal to be a therapy animal consists of comprehensive behavioural training and assessment (Altschiller, 2011; Chandler, 2012). It is crucial that the animal has no behavioural problems that have the potential to put a client at risk, and is able to handle unpredictable situations in a calm manner. Animals must be trained with basic behavioural skills as well as any specific skills necessary for the therapy they will be engaged in. Therapists involving these animals in therapy must be appropriately educated regarding the animal's social and behavioural needs, and be able to identify signs of distress in the animal in order to ensure the best care possible for both the animal and the client. Finally, clients must be made aware of the use of an animal in therapy prior to arriving at the therapy office in order to minimize the risk of negative physical or emotional consequences (e.g., allergies or phobias).

CHAPTER 3

Research Methodology

Research Design

The methodological approach used for this study exploring clients' experiences of animal-assisted therapy (AAT) was qualitative in nature. This decision was made based on the belief that giving voice to people's experiences and remaining open to hearing their stories, interpretations, and descriptions of these experiences would provide a deeper and richer understanding of the phenomenon of AAT. Further, engaging in conversation and following the participants' lead provided a unique opportunity to ask questions and learn about aspects of their experience that may not be immediately evident to the researcher prior to engaging in this discourse. For these reasons, a phenomenological methodology was employed.

Rooted within the post-positivist framework, phenomenology is the study of human experience, focusing on those experiences as the topic of study – it is an exploration of *how* things are perceived (Langdrige, 2007). Phenomenological researchers recognize that their own theories, experiences, knowledge, and values influence what they observe. Researchers within this framework understand knowledge to be derived from human interpretation, and that although a reality does exist, we can only know it through our own personal—and therefore biased—lens. The aim of phenomenological research is to “describe the meaning of the lived experiences for several individuals about a concept or phenomenon” (Creswell, 1998, p. 51). For this particular study, the phenomenon of interest is AAT. In conducting an in-depth interview with each participant I developed an understanding of the underlying meaning of the experience of AAT and was able to identify common themes that emerged, unifying the participants' experiences in some way.

While there are several types of phenomenological methods, in order to complete this study in a way that fits with both my theoretical and philosophical views, an interpretive phenomenological methodology was used. The aim of this approach is to explore the meaning of an experience with participants who are able to offer a detailed description of it (Moustakas, 1994). Interpretive phenomenological methodology is considered “a guide to practice” rather than adherence to particular rules or steps.

Although interpretive phenomenology does not require complete bracketing of pre-existing assumptions and beliefs, researchers must do their best to be continuously reflexive and constantly aware of any preconceptions, assumptions, and beliefs that they hold about the phenomenon in order to minimize bias. I am not able to completely bracket my attitudes regarding AAT, which are inherently biased given the nature of my beliefs and perceptions of the human-animal bond, and my experiences with animals in general. As such, in order to garner a comprehensive understanding of the experience, an awareness of this bias remained in the forefront of my mind throughout the data collection, management, and analysis processes.

Wertz (2005) nicely described how well phenomenology fits into the scientific world, arguing that these methods are “scientific by virtue of being methodical, systematic, critical, general, and potentially intersubjective” (p. 170) and that they, along with all well-established and respected scientific methods, require critical thinking, decision-making, and creativity on the part of the researcher. These attributes make phenomenology a solid methodology that lends itself well to the social sciences, including counselling psychology.

Participants. The population of interest from which I drew my sample was people who have been clients engaged in AAT in counselling. Langdridge (2007) recommends 6 participants as sufficient for an interpretive phenomenological design. Several researchers caution that

careful consideration with regards to sample size and saturation is necessary in order to prevent the volume of data becoming “counter-productive” (Strauss & Corbin, 1998, p. 136). Thus, given this as well as the practical limitations to this project (e.g., time-limited; anticipated difficulty in finding participants), a sample of 6 adult participants was reasonable.

Criteria for inclusion as a participant in this study was: a) 19 years or older, b) proficient in the English language, c) having previously been a client of an AAT practitioner, and d) be able to meet with the researcher for the interview either in Victoria, B.C. or in the Lower Mainland, B.C.. Participants were required to be adults in order to ensure their legal ability to consent, as well as to contain the sample to a population that is not typically experiencing the significant and unique developmental changes characteristic of adolescence (Steinberg, 2005). Adolescents may experience therapy in a very different way than adults, and considering both distinct age groups was beyond the scope of this study. Proficiency in the English language was a requirement due to the in-depth narrative nature of the data collection process.

The first six people to meet the above inclusion criteria were included in the study. Of the six participants, five were between the ages of 20 and 30, with the sixth participant age 46. Five identified as female, and one identified as male. Five participants were Caucasian, and one identified as Asian. All participants resided in Vancouver, B.C. at the time of data collection. The time each spent in counselling with an AAT practitioner ranged from 1 to 7 months.

Participant recruitment. Purposive sampling (specifically criterion sampling) was used for participant recruitment. In the context of this framework, sampling is “a series of strategic choices about with whom, where, and how to do your research” (Palys, p. 679). The subcategory of criterion sampling is used when the researcher recruits participants who meet a

specific criterion, which, in the case of this study, was having been a client of an AAT counsellor.

Recruitment was done with the use of posters/flyers and online postings, and connecting with an AAT practitioner. There are several therapists in the Lower Mainland and Victoria who explicitly advertise their practice of AAT. One of these therapists was willing to post a recruitment poster, visible for clients who are terminating counselling. Although it would be unethical for the therapist to actively ask participants to volunteer for this study, having information about the research in her office waiting room allowed people to learn about the study and to decide if it is something they would be interested in participating in. Please see Appendices C and D for copies of the proposed recruitment flyer and email, respectively.

Another means of recruitment was posting flyers in animal-orientated spaces and businesses, such as veterinary clinics, pet stores, animal shelters, and dog parks. However, pet owners are typically the primary patrons of these locations, and although owning a pet is certainly not an exclusion criterion for this study, many clients of AAT are not pet owners themselves. In order to attempt to reach clients who are not pet owners and do not frequent the above locations, recruitment materials were also made available in community settings (e.g., coffee shops and grocery store bulletin boards) as well as in healthcare settings, such as counselling agencies, medical clinics, hospitals, and public health offices.

One final recruitment method used was social media and online sources, such as Facebook and Craigslist. These websites are means of reaching many people in a very straightforward and accessible manner, and as such provide important opportunities for reaching potential participants who might otherwise not encounter information about the study.

Data collection. When potential participants first inquired about volunteering for the study, an initial screening interview was set up and completed by telephone (please see Appendix E for the screening questions). At this stage, the researcher described the research process and what the person could expect should they decide to participate. It was also during this conversation that the researcher ensured that all inclusion criteria were met, as well as collected information about the feasibility of the potential participant meeting with the researcher for the interview. At the end of the conversation, if all criteria were met, the researcher invited the person to participate, and if he or she agreed, then the interview was scheduled. Participants were asked to engage in a semi-structured, in-depth interview, during which they were asked to describe their experiences of AAT, what drew them to seek counselling from a therapist using AAT, and any meaning they make of this experience. The interviewer used the interview protocol (Appendix F), but most importantly followed the lead of the participant, asking probing/clarifying questions when applicable.

At the beginning of the interviews the researcher carried out a comprehensive process of informed consent (Appendix G) and reviewed the research process with each participant. Once this was completed and the participant had a chance to ask any questions, he or she was asked to complete a demographics information form (Appendix H). Once this was completed, the digital audio recording device was turned on and the interview began.

It was very important to build rapport and create a safe environment in which participants could discuss their personal experiences. Prompting questions were asked, with probing or clarifying questions to help get a deeper, more meaningful understanding of the participants' stories. As the interviews progressed, opportunities were provided for the participants to go deeper into his or her narrative. These interviews were audio recorded for later transcription.

Following data collection, participants were again contacted by email with a summary of the findings, and they were invited to review the findings and to provide feedback on whether the findings were an accurate reflection of their experiences. These member checks are described in more detail in the later *Criteria for Trustworthiness* section.

Data management. All participant information and collected data was kept confidential by storing it in a secure location. When the first interview was scheduled following the screening, the participant was matched with a code number in order to ensure that his or her name and other identifying information was not on any of the data. All written documents—including informed consent forms, participant demographic information, and the list of participant names matched with their code number—were kept in a locked filing cabinet, along with a USB flash drive containing the audio recordings of the interviews. Written transcriptions and digital copies of the interviews were kept in a password-encrypted file on the researcher's password-protected computer.

Data analysis. Thematic analysis was used for analyzing the qualitative interview data. Within the interpretive phenomenology framework, data analysis is considered less prescriptive, and instead is “guided more by the relationship between the researcher and the text” (Langdrige, 2007, p. 123). Using the four-stage model proposed by Langdrige (2007), transcriptions were read and re-read several times in the process of identifying and linking emerging themes. After this process, unifying themes were identified and explored. The four stages proposed by Langdrige are described below.

Stage one requires the researcher to read the transcript multiple times while making notes about the meaning of certain parts of the interview. These notes can consist of “summaries, associations or interpretations” (Langdrige, 2007, p. 110). The goal in this stage of analysis is

to describe the text relatively explicitly, as opposed to making comments that are highly interpretive. This process can be completed numerous times in order to ensure that the researcher has identified the meaning in the transcript as accurately as possible. Langdrige (2007) recommends making these notes in the left-hand margin of the transcript.

In the second stage of thematic analysis, themes that begin to emerge are documented in the right-hand margin of the written transcript. These comments move deeper into the meanings behind the notes made in stage one, and tend to “[reflect] a broader level of meaning in a particular section of text” (Langdrige, 2007, 110). Often these notes are of a more theoretically-oriented nature and begin to give thematic shape to the participant’s story.

In stage three of this process, the analyst begins to identify actual themes, and documents these separately, maintaining the chronological order in which they arose in the interview. It is at this point that the researcher looks for common themes and linkages between themes. Broader, more general themes as well as subthemes emerged at this point in the analysis. Constant referencing of the transcription is crucial in order to ensure that the researcher is doing this in as accurate and meaningful a way as possible.

In the final stage of analysis, a table of themes is developed, representing the unifying themes in a comprehensive way. It is at this stage that themes are given labels and carefully connected to the transcript – this is done by including direct quotations from the interviews. In this way, client voices are honoured in their true form and serve as a consistent foundation on which to reflect as analysis progresses. It is also at this point that any themes that no longer contribute to the analysis may be reconsidered or discarded.

The analyst will complete all four stages for each participant separately, generating a compilation of all themes from each case. Once this has been done for all transcriptions, a

comprehensive list of themes and subthemes generated from all cases were generated.

Langdridge (2007) cautions, however, that “the process is cyclical and iterative, continually returning to the data to check meaning and confirm interpretations” (p.110). Thematic analysis requires constant review of previous work to ensure that themes are identified as accurately as possible. It is also throughout this process of analysis that the researcher must be particularly aware of any personal biases and beliefs that may be impacting the interpretation of the data.

Situating the Researcher

Given the nature of interpretive phenomenology, it is crucial to make explicit my own biases, attitudes, and beliefs as I discuss this research. As an avid animal lover engaged with rescue organizations as well as having worked for over 6 years as a veterinary assistant, I have witnessed and experienced first-hand the positive and healing effects of animals. I therefore have a strong belief in the power of the HAB and the immense potential of AAT in counselling. I have seen the joy on children’s faces when they encounter a dog or cat; the unimaginable grief families experience when they lose a pet; and have borne witness to countless stories of the hope, laughter, and healing. My own personal experiences with animals and pets have been incredibly powerful and positive, further solidifying the belief I hold that animals benefit humans, when in reality this may certainly not be true for everyone. With these experiences so engrained in me, it was essential that I manage this subjectivity appropriately throughout the data collection and analysis processes.

Managing the researcher’s subjectivity. Qualitative research, particularly interpretive phenomenology, is inherently subjective, and it is the researcher’s responsibility to ensure that personal assumptions, beliefs, and biases have a minimal effect on the research findings. It is important to note that the philosophy of phenomenology recognizes that every human being is

living within a context, and as such it is impossible to approach research with a purely objective stance. However, it is essential that researchers do their best to prevent personal biases that may influence the interpretations of the data. While the researcher/analyst does play an important role in the co-construction of meaning, a constant awareness of his or her own biases is essential (Langdrige, 2007). In remaining self-reflexive, seeking objective guidance and peer debriefing whenever possible, and conducting member checks to ensure comprehensive representation of participant experiences, I remained as objective and open-minded as possible in my approach to this research.

Criteria for Trustworthiness

Guba and Lincoln (1994) describe four pillars of trustworthiness for qualitative research: credibility, dependability, transferability, and confirmability.

Credibility indicates the believability of the interpretations from the perspective of participants and readers (Bryman, Teevan, & Bell, 2009). In an effort to uphold this criteria, proper research procedures were followed and confirmation was sought from participants at several stages. Throughout the interviews, the research summarized and checked in with participants to verify a clear understanding, and following the interviews, member checks were completed (described further below). Further, all interviews were audio-taped and transcribed verbatim in order to remain true to the stories of each participant. Finally, only one research conducted all interviews and analyses, maintaining consistency throughout the study.

Member checks are an important aspect of this method of qualitative research (Bryman, Teevan, & Bell, 2009; Creswell, 2003). In order to honour the participants' voices and to ensure an accurate representation of their experiences, each participant was sent a copy of the transcription of their interview for review, and given the opportunity to add or clarify anything,

or to remove anything they did not want included. No participants made any changes to their interview texts and agreed that they were an accurate depiction of their experiences. Following analyses, participants were then sent a summary of the findings. They were asked to think about: (a) whether the themes resonated for them and their experience, (b) whether the list of themes was comprehensive, and (c) if they believe the findings had pragmatic value. A total of 5 of the 6 participants responded, and all of them endorsed the findings as reflective of their experience and two expressed a hope that more counsellors use AAT in future. No participant offered any additional information to be included in analysis.

Dependability involves drawing a clear link between the data and the results. In order to honour this criterion, direct quotations are used throughout the description of the results, and a detailed description of the analyses and related procedures is included. Finally, a peer expert review was conducted, as the last step in the data analysis process. To complete the peer expert examination, a certified counsellor who is currently practicing AAT was asked to review the research findings and list of themes that were generated from the data. This impartial professional was asked: (a) Does this list of themes resonate with your experience as a practitioner of AAT?, (b) Is the list comprehensive?, and (c) Are these findings useful to you as a practitioner of AAT? This process contributes to reflexive, honest analysis on the part of the researcher. The professional who completed this peer expert examination also endorsed the list of themes, stating the usefulness of these findings in both contributing to general knowledge of AAT as well as helping her to reflect on her own practice using a therapy animal. In conducting a peer expert examination, a third party reviewed the data and the findings and agreed that the themes that were found by the researcher were grounded in the original data.

Transferability is, as it sounds, a description of how well a study's findings can be transferred to other settings, groups, or situations (Bryman, Teevan, & Bell, 2009; Graneheim & Lundman, 2004). However, given the personal nature of qualitative research, and that each individual's experience is within a specific context, it is the reader who must decide whether the results of this study are transferable to other situations. In order to facilitate transferability as best as possible, findings here are described as thoroughly as possible, and the research procedures are conveyed as clearly as possible.

Finally, the fourth criterion for trustworthiness is confirmability (Bryman, Teevan, & Bell, 2009). This essential piece refers to ensuring that the researcher has remained reflexive and self-aware throughout the research process and that the findings can be traced back to the raw data. I continually checked in with myself prior to and immediately following each interview in order to consider my own pre-existing biases and doing my best to bracket these in order to be fully present and open to each participants' story. Additionally, throughout data analyses I consistently returned to the transcripts to ensure that I was staying true to the voices of the participants and my interpretations of the data were indeed as accurate a representation of their experiences as possible. Conducting the member checks and peer expert review further assisted in this as it helped maintain transparency throughout the study.

Ethical Considerations

In order to ensure that this study was conducted in the most ethical manner possible, several steps were taken to address key ethical issues common in counselling research, including: (a) informed consent, (b) participants' right to withdraw at any point, (c) issues around privacy and confidentiality, (d) study rigour, and (e) provision of community resources to all participants should they feel the need to seek support following their participation. In addition, before

commencing any of the recruitment or data collection steps described above, this study was approved by the Behavioural Research Ethics Board (BREB), ensuring that it met all standards and requirements of safe, ethical research in the field of social sciences.

As noted, prior to beginning the interview with each participant, the researcher explained the research process in order to ensure that the participant fully understood the nature of the study and what he or she could expect throughout the process. In addition, detailed informed consent forms were reviewed with and signed by each participant before turning on the audio recording device and commencing any data collection. This consent included an emphasis on the participant's right to refuse to answer any question they are not comfortable addressing, as well as the right to withdraw from the study completely at any time, for any reason, and without consequence.

Steps were taken to protect participants' privacy by conducting the interviews in a private, quiet location, where the conversation could not be overheard. To ensure confidentiality, the steps described in the *Data Management* section (above) were taken. It was communicated to participants that they need only discuss what they were comfortable talking about. Further, a list of community resources was provided to all participants at each interview in order to ensure that, should they have felt the need to seek support following the interview, they had options to do so (Appendix I).

CHAPTER 4

Results

In response to the research question: What is the meaning of the lived experience of clients who have engaged in animal-assisted therapy?, five core themes of meaning-making for the participants were identified: (a) a comfortable environment, (b) therapy animal characteristics and behaviour, (c) human-animal relationships, (d) intrapersonal experiences, and (e) engagement in therapy. Themes 2, 3, and 4 all have sub-themes. Each theme represents an important and unique aspect of the participants' experiences of AAT.

Theme 1: A Comfortable Environment

The environment where the counselling takes place is often a client's first indication of how they are going to feel in the counselling process, and may also be indicative of their overall experience with that particular therapist. The first session with a new counsellor can bring up anxieties and fears of all kinds, and feeling comfortable in the environment may be an important factor in the development of a positive, effective therapeutic relationship. During my interviews, participants routinely expressed an enhanced feeling of comfort and safety in a counselling session with a therapy animal present, and these feelings allowed them to open up, share more, feel increased trust in the therapy process, and in some cases even prolong the period in which they received counselling.

Several participants discussed their discomfort at the idea of sharing personal experiences and emotions with a stranger, a fear of being judged by the counsellor, or a general feeling of heightened anxiety with the idea of a one-on-one counselling session. With the therapy animal present, these participants found themselves able to relax, and described feeling almost immediately more comfortable with the entire process. Some described it as "a less clinical

environment” (participant A), while others explained that “it created a more trusting environment” (participant B) and that they “trusted [the counsellor] more because she had a pet” (participant C). Having the counsellor bring a therapy animal into the therapy room helped ease the client’s anxiety and thus created a more comfortable counselling environment, but it also allowed the clients to perceive the counsellor as more relatable and, as participant B put it, “more human.” Perceiving the counsellor in a less clinical fashion– that is, seeing them as a pet owner/animal person – enabled the participants to feel less intimidated by the counsellor and therapy process, and to see the therapist as “more of an equal” (participant C). This more informal perception of the counsellor set a tone for the session and for the newly-developing therapeutic relationship, providing an immediate foundation on which trust could develop. One participant articulated it well when she said, “it was a casual, comfortable setting around an animal that was secure and happy” (participant D). This quote indicates the importance of feeling safe around the therapy animal as well as describes the more casual, less formal environment that the presence of the animal offered.

In addition to increased participant comfort and ease, the presence of a therapy animal helped establish an environment that allowed the client to feel more in control of his or her thoughts and emotions. Participant E explained that having the dog there “calmed things, and it just sort of slowed everything down,” allowing her to “collect [her] thoughts... be more rational.” She further went on to express that the presence of the dog “helped open [her] up... made [her] more calm and more open to responding” than if the dog had not been there and it had been a traditional one-on-one interaction with a counselor. Several participants articulated that having the therapy animal present to pet or interact with served as a coping tool to use while he or she collected her thoughts, therefore reducing feelings of pressure of the perceived need to fill

silences or answer questions quickly. The pace of the sessions was slowed for participants, and increased willingness to open up and share with the counsellor in just the first one or two sessions provided a notable opportunity for a faster and easier development of trust and safety in the counselling process and in the therapeutic alliance.

Finally, in the case of one participant, the therapy animal helped make necessary – and slightly dreaded – therapy visits more bearable. As participant F described, “having the dog there made talking about feelings and experiences more tolerable, for sure, and I wouldn’t say I looked forward to going [to therapy] but it was definitely a lot nicer than just having to talk one-on-one,” and that the dog being there “took the pressure off” of the more direct one-on-one interaction. In creating a setting that the client perceived as less clinical, less formal, and more comforting, the participants were able to feel more relaxed in therapy and to feel more open to the process. Had it been strictly the traditional “one-on-one” interaction, barriers to therapy may have existed that the presence of the therapy animal lessened or removed.

Theme 2: Therapy Animal Characteristics and Behaviour

Feeling heard/understood. Participants explained how they felt a connection with the therapy animal, and sensed that the animals had an instinctual deep knowing, or intuition, with regards to the participant’s emotions. One participant described the experience as empathy and love: “like he was reading my face, or like he knew something about my voice or I don’t know, maybe it was like some other kinda thing that dogs sense... but he just knew I was in trouble and I was so thankful he was there” (participant A). The participant felt understood by the animal, and as participant B articulated, “it felt supportive, and like someone was on your side and understood you.” This perceived support was more readily trusted by the participant because she perceived dogs as more authentic and credible than humans, without all the obligatory social

niceties that we are accustomed to. It was “easier to accept [the] animal affirming you” than the therapist, because it seemed to come from a more primal, instinctual place within the human-animal connection. Emerging from this instinct was the feeling that the animal often understood what the participant needed from it. Participant D describes the experience as

...really validating... [the dog] understood why I needed to be so close to him, and it didn't feel like he was listening, but it felt like he was understanding. He was enjoying both being close to me and also understanding that I needed to be close to him in that moment.

One participant explained that she perceived the therapy dog to understand her because “[the dog's] head would be down a bit, and then just very calm and something about his eyes - like he knows what you're saying, it's registering (participant E).

A key word that kept emerging was “connection” - participants described feeling connected to the therapy animal in a way that they did not connect to the therapist or to other people. Participant C articulated that there were “no expectations, [the animal] wasn't questioning me” and explained that “the nonjudgmental aspect of the cat” created a more authentic-feeling connection than the participant felt with the therapist himself. This relationship with the animal created a sense of trust and understanding that allowed the participant to feel heard and valued in the therapy room even before a strong therapeutic alliance with the therapist had been developed. Participant F stated that “there was a sense of connection between the dog and me, a general warmth... it was like he was accepting me, accepting of me and my presence, like he enjoyed my company as well.” Further, having the animal there and even respond to different emotions allowed one participant to feel like “the dog was backing me up” (participant A). Feeling valued in the therapy room by an animal that has no obligation to express warmth or

care toward the client seemed to go a long way in enhancing the participants' experiences of counselling.

The presence of the therapy animal even increased the feelings of being heard and understood by the therapist for one participant, who explained that "it felt like [the therapist] was considering me more holistically as a person for whom animals are a big part of life... it was like, let's see you as a person" rather than as a collection of symptoms (participant D). She went on to say that the experience led her to feel that the therapist "respected me more, by taking that extra step [of bringing the dog in]" and made her feel "trust, respect, and equality" within the therapeutic relationship. This experience strengthened the therapeutic relationship and increased the participant's trust in the therapist.

The therapy animals also seemed to respond to changes in the participants' emotional states; one noted that "sometimes I would end up crying, so the dog would look at me and he would make a sound, because I was upset" (participant B). This again taps into the validation of such an instinctual, authentic response from an animal that has no knowledge of human socialization and expectations. Another participant explained that

When I was crying he was a bit more quiet, you couldn't really hear him as much and I think also he was more close to me. That's when I kind of petted him a bit more, and calmed myself down... [the dog was] physically closer and then I just felt a calmness in him too, so it was like he knew the change in my emotions. (participant E)

The participant described feeling some level of distress to which the dog responded, and her reaction to the dog's behaviour allowed her to feel a greater sense of calm. Each of these experiences contributes to reduced anxiety in session and limited the distress a client experienced while discussing difficult experiences. This may present opportunities for educating clients

about self-care and positive coping or even relaxation practices. The potential for clients feeling validated, accepted, and understood in the therapy room is significant.

Animal behaviours. The actual overt behaviour of the therapy animals had an important role on participants' perceptions of the experience. While the behaviour is largely related to the above sense of feeling heard and understood, there were some key aspects of the animal's behaviour that contributed more to the overall sense of comfort in the counselling space, and to the relationship between the participant and the therapy animal. Participant A noted that "just being able to pat [the dog]... actually having him there and when he came up to me and he was really responsive... I was just kind of able to let myself just go a little," suggesting that the dog's invitation to engage allowed her to relax more into the present moment. The animals' behaviour impacted participants in a way that enabled them to feel more welcome in therapy, and a greater sense of belonging. Participant A explains that "[the dog] just kinda came up to me and he sort of looked at me, he went from left to right, yeah... his tail started wagging a bit." Another explained that "the dog showed that he was happy to see me... during the therapy session he would sleep on my foot" (participant B), and she went on to describe the sense of feeling softened and being able to be more vulnerable. These simple gestures on the part of the therapy animal translated to significant feelings of worth in the client.

A recurring description of the therapy animals these participants engaged with was that they were calm animals. One participant even compared the dog to an assistance dog, articulating that he was "pretty chill" (participant A). Another explained how the therapy dog he worked with was "super calm and [he] jumped up on the sofa next to me and would kind of like, cuddle up and I could just pet him and he was happy" (participant F). This theme of calmness may have contributed to allowing participants to feel less anxious in the counselling environment, and to

more easily feel the strong connection they described. Participant E explained how “[the dog] moving towards me also calmed me, as like a friend would just put a hand on you. He did that with his head.” This is a simple but incredibly powerful behaviour that only a therapy animal can do – it is therapeutic touch in a most authentic form.

Theme 3: Human-Animal Relationships

The relationship between the therapy animal and both the therapist and the client is one of the pinnacles of a client’s experience of AAT. The relationship the client observes between the therapist and animal informs them of some of the therapist’s characteristics and values, while the relationship they themselves develop with the animal impacts their sense of being heard, understood, and valued within the therapy room.

Therapist-animal relationship. The relationship between the therapist and the therapy animal, as perceived by clients, influences the client’s perception of the therapist as a person, which has significant implications for the development of the therapeutic alliance. Observing how the therapist engages or interacts with the animal communicates to the client different things that can affect their feelings of trust and safety in counselling. For the most part, observing the therapist-animal relationship seems to positively impact the client. As several participants mentioned, seeing the therapist as a pet owner made them seem more relatable, even “more human” (participants A and C), which contributed to the participants’ overall sense of comfort, safety, and trust.

All participants recognized a positive relationship between the therapist and the animal, despite varying levels of overt engagement of the therapy animal. For some, the calm and relaxed counselling atmosphere communicated to them that the animal and therapist were comfortable with one another and they felt an implicit bond between the two; for others, the

bond seemed more obvious than that. For one participant, the therapist told the client stories about what he does with the dog and the kind of activities they enjoyed together (e.g., going to the beach); this kind of small talk offers innocuous self-disclosure, further humanizing the therapist in the client's eyes. By normalizing himself in the client's eyes, the therapist was able to reach a place with the client that may well have taken longer to get to had the animal not been there.

Participant B explains that “in the room [the therapist] didn't necessarily pet the dog” and that he had “more of a rough and tumble attitude with the dog,” but that the therapist focused on the dog in session when the client initiated engagement with the dog. The therapist followed the client's lead, letting the client's engagement with the animal determine the level of explicit involvement of the therapy animal. Participant A observed the therapist and animal to be “really in sync with each other” and she articulated that “I think that had a large part to do with its effectiveness... you really felt like they were almost on an equal ground, or like they knew each other really well.” The therapist in some cases took cues from the animal and verbalized to the client his or her observations. One participant explained that “[the therapist] reaffirmed what I was going through, she was like ‘yeah, looks like you're pretty upset, I think [the dog] can tell you're hurting pretty close to your heart’” (participant A). This acknowledgment both validated the client's emotions while simultaneously recognizing that the animal sensed the client's pain and distress. Having the animal's behaviour as “evidence” may help the client believe the therapist's validating words more so than they would had the animal not been there.

Participant E described the relationship between the therapist and the animal as creating a balanced environment in which the dog provided comfort and safety while the therapist talked with the client: “the dog is more an emotional, calming tool and for me it was a way for me to

open up. Then [the therapist] would ask the questions and just be there.” This balance offered an opportunity to reach a depth in therapy more quickly than might have been reached without a therapy animal present. This is an important point to highlight: the dog offered safety, comfort, and a calming presence while the therapist simultaneously asked questions and helped the client open up.

One participant perceived certain similarities between the therapist and the therapy dog, explaining that “they were both just very laid back... just in terms of their manner, how they carried themselves, they were both very calm” (participant F). Participant D highlighted an important factor when she identified the dog’s behaviour as getting some “space” and to “check in with” the familiar person in the room, the therapist. This is important because it recognizes that the therapy animals also have emotional needs that both therapists and clients may need to be aware of, such as feeling safe and comfortable with the client in the room. This further emphasizes the importance of having a conversation with the client at the beginning of any AAT counselling regarding why the therapy animal is there and what boundaries may need to be in place to honour the needs of both the client and the animal. Participant D went on to explain that she could tell that “the dog trusted [the therapist]” because of its behaviour in seeking reassurance from her, which gave the client more information about the therapist as well as about the relationship between the animal and therapist. All of this provided important information to the client about the counselling environment and the therapist him- or herself that may otherwise not be available without the therapy animal’s presence.

Client-animal relationship. A vital piece of AAT is, of course, the relationship the client has with the therapy animal. For some participants the relationship involved giving treats and attention to the animal, and others felt deep emotions such as gratitude, acceptance, and

trust. It seems that there were two primary perceived functions of the therapy animal: distraction (mostly around reducing anxiety) and empathy/emotional connection (contributing to feelings such as safety, trust, validation, and being valued). The mere presence of the therapy animal created a sense of a relationship, even in the case of minimal direct interaction between the client and animal. One participant explained that it was “very comfortable... just a very nice, friendly kind of relationship” (participant E). Some participants described petting the animal, offering it treats, or having the animal sit quietly near them, and others experienced more physical contact (e.g., hugging the animal or having it on their lap). Regardless of the amount of overt interaction, all participants expressed a feeling of comfort within the relationship with the animal, and all described feeling that the presence of the animal enhanced their therapeutic experience. As with human relationships, with the client-animal relationship there seems to be no “ideal way” of relating. The client and animal find a dynamic that works for them both, and the result appeared to be similar among all participants.

For those participants who described experiencing the animal’s presence as a distraction from anxiety and the intensity of a one-on-one interaction, the animal offered a kind of “way out” – the client could pet the animal or look at it (therefore being able to continue the conversation without having to make direct eye contact with the therapist) without feeling awkward or like they were being rude, and even silences in the room felt more comfortable for the client because they were doing something (e.g., petting a dog) while they collected their thoughts rather than feeling pressured to speak.

One participant described the relationship she had with the dog as “awesome” despite no words being exchanged between them, and articulated how the “empathy and love” that she felt from the animal allowed her to feel heard, reassured, and more relaxed (participant A). She went

on to say that “[the relationship] was one, I think, of gratitude.” Participant D also expressed gratitude, particularly for the patience and trust the dog showed in allowing her to “really hug him and be in his space,” explaining that the dog stayed close while she sat on the floor with him. This physical expression of trust and validation provided the reassurance that the participant needed in that moment.

Theme 4: Intrapersonal Experiences

Participants described their experiences of AAT as largely an internal shifting of emotions and perceptions of the therapeutic process as a result of the presence of the animal. Beyond the experiences of calming and increasing trust as discussed in previous themes, participants explained that in the AAT environment, they were able to share more about themselves and their experiences than they otherwise would have, or that would have taken longer to get to. Everything that went into the AAT experience (e.g., enhanced feelings of safety and validation, a unique perspective on the therapist, reduced self-consciousness, increased self-awareness) contributed to the participants’ ability to share more, and in some cases different, information with the therapist than they otherwise would have. These intrapersonal experiences fall into four main categories: validation, self-awareness, perception of the therapist, and decreasing shame and self-consciousness.

Validation. All participants expressed that the therapy animal contributed to a sense of validation and being valued, by both the therapist and the animal. For some it was the animal’s behavior – such as resting their head on the participant or moving closer when emotions were expressed – and for others it made the therapist’s validation more believable when it was “backed up” by the therapy animal’s reactions. Participant A went on to describe her experience with feeling more able to open up with the added safety and comfort the therapy animal

provided: “[the therapist] was able to get in there and be like, how do you really feel, and just, you know, confirming that and she was able to kind of redirect it and be like ‘okay, so what are you thinking about this, and what are you thinking about that.’” In this way she was able to reach a place of openness and comfort with the therapist that may not have been reached or taken longer had the dog not been there. All participants described worrying less about being judged and therefore able to focus more on the therapeutic process itself. Participant D explained that the fact that the therapist thought of her when deciding to bring the dog in for their session communicated that the therapist knew her well, respected her, and was considering her “more holistically as a person” rather than simply a client with a mental illness.

Self-awareness. Several participants described gaining deeper insight and self-awareness related to the therapy animal’s presence and/or behaviour. For one AAT client, participant D, she learned that she could advocate for herself and for her needs when, in a moment of more intense emotions, she asked the therapist if she could sit on the floor with the dog because she felt she needed to be closer to him. Further, through interactions with the therapy animal, she describes that this experience “[helped me] make more connections between the relationships that I’ve had in my everyday life,” allowing her to learn more about herself and her interpersonal relationship dynamics.

One participant articulated her own shift in how she perceived therapy when she said “I remember it being pretty immediate, me going in being like ‘this is stupid’ and then pretty readily accepting the position, being like ‘hmm I can do this’” (participant C). Seeing the therapy animal there made her feel more comfortable and more motivated and aware of her ability to handle the therapeutic experience.

Some participants described becoming more aware of how alternative coping strategies benefit them; participant E realized that, as she petted the animal, she was able to breathe and express more honest feelings, made aware that the animal helped her open up and collect her thoughts. Another participant explained that the experience “taught me that I can cope using natural mechanisms [as opposed to medication] and debriefing or using natural outlets like animals and things like that” (participant D). Recognizing the natural effect that interacting with a therapy animal had on her feelings of anxiety and distress helped the participant realize that she has the skills to cope in a healthy manner.

For one participant, interacting with the therapy animal and therapist helped her gain insight into her self-awareness: “I didn’t realize how out of touch I was with myself... and I don’t know if I would have been able to do that if I was just talking one-on-one” (participant A). Two participants (participants E and F) described the calming nature of the therapy animal as having the effect of helping them process and collect their thoughts more clearly. Participant E was even noticing her attention was drawn to her body language and tone of voice, wondering how the dog might be experiencing *her* in the room.

Clients’ shifting perceptions of therapist. All participants described perceiving the therapist as “more human” and less of a person in power. By bringing in the therapy animal, the therapist is suddenly seen as a pet owner, an animal lover, something that many clients can relate to or appreciate.

Participant B described this as there being a common interest between herself and the therapist – being dog owners – and this helped “break the ice” and allowed her to feel the connection on a more human level, as opposed to a more clinical experience between herself and

a professional. She felt more comfortable with the therapist right from the get-go, which further enhanced her therapeutic experience.

Participants D and E expressed feeling a difference in the power dynamic they were expecting versus what they actually felt – the animal in the room made it seem “more like speaking with a friend” than a professional or stranger (participant E).

A piece worth noting, although not applicable to all clients of AAT, was that participant B felt more physically safe in the room with a male therapist she had never met before, particularly given her history of trauma. Having the animal there eased her discomfort and enabled her to, again, connect with the therapist on a more human level without the heightened anxiety of being alone with a potentially triggering person, which might interfere with the therapeutic process.

Decreased shame and self-consciousness. A decrease in felt shame and self-consciousness related to physical appearance, certain experiences, and the way they spoke was a recurring theme across participants. For some it involved feeling “less shame about some of the questions” she may be asked and she “wasn’t as worried about how I appeared in the room with another person because it’s socially acceptable to be, you know, putting focus on the animal” (participant D). The animal offered a neutral focal point that helped this AAT client feel less preoccupied with her appearance and responses to questions. In moments of silence or heightened embarrassment, participants were able to focus on the animal, interact with it in some way, which served to decrease this sense of awkwardness or shame and allowed them to stay more engaged in the process.

Other participants also noted feeling “not as self-conscious” (participant F) with the dog in the room, particularly given that “it was really uncomfortable...to have to talk about the things

that were bothering me” (participant C). This third party that provided validation and comfort made it easier for clients to share their feelings without as much shame as they may otherwise have experienced.

Finally, one participant said something that stands out as an area requiring further exploration, as it indicates the significance of the relationship between client and therapy animal, as well as the potential of this relationship for modeling interpersonal interactions, triggering relational feelings, and more. Participant D described a moment during a therapy session in which a sense of rejection was triggered in her when the dog walked away for a moment:

At one point I had been petting the dog, and of course this was the dog’s first time meeting me, and the dog walked over towards the therapist and I felt kinda sad, cus I was like ‘I need you right now, come back over to me!’ It was almost this sense of rejection when it was like... you know, I wish the dog was giving me all of its attention, so when he walked away for some space, I felt like I needed him to focus on me.

This clearly indicates that an opportunity emerged for exploring the feeling of rejection and contexts in which this has occurred in the client’s life, and had the client articulated these feelings to the therapist it may have resulted in a rich and therapeutic exploration. The participant went on to explain that “when I think about it now I don’t feel like ‘oh the dog rejected me and that hurts my feelings,’ but in the moment it was kinda like ‘but what am I gonna do without you?,” indicating that she understood that the feeling triggered was not directly related to the dog’s behavior itself but that it tapped into deeper underlying feelings and experiences. Again, the potential for using the client’s interaction and relationship with the therapy animal is significant, and is something that further exploration would help improve our understanding of, thus expanding the ability of AAT practitioners to maximize the benefits of having an animal

engaged in the therapeutic process. All of these intrapersonal experiences contributed to an overall sense of being more open, willing, and engaged in the entire therapeutic experience as further described in the final theme.

Theme 5: Engagement in Therapy

Much of what participants found beneficial about AAT involved the contrast in what they perceived talk therapy to be like, and what their actual experiences of it were. They all expressed feeling a bit nervous going in – anxious about the formality and potential intensity of a one-on-one session, worried about things like making eye contact and filling awkward silences – but when they arrived and noticed the animal present, it shifted both their perception and their experience of the therapy process. One significant finding was the shift in their perception of the therapist him- or herself. The clients saw the therapists as pet owners, animal lovers, and these allowed them to perceive the therapists as more “human” and therefore more relatable. For several of the participants, this played a significant role in their comfort engaging in the therapeutic process.

Participant A explained there was “something different about it... it didn’t seem as formal as just ‘hi let’s just come into this room and chat’,” that the intensity lessened and “it just felt a little less serious, rather than just one-on-one.” With this decrease in intensity, she felt “able to reach a place of openness and comfort with [the therapist] that may not have been reached or taken longer had the dog not been there.” Another participant stated that she “would have done [therapy] for a lot less time than if the cat wasn’t there... I think it wouldn’t have been successful had the cat not been there. I probably wouldn’t have been very involved in the whole process” (participant C).

Going back to the issue of self-advocacy, by recognizing her needs with regards to interaction with the therapy animal, and in being able to express those needs to the therapist, participant D learned that she could be an equal member of the therapeutic process and be involved in the direction the therapy took. As she explains, it “made me more likely to ask for things that I need or that would make the experience easier, or to problem solve with [the therapist].”

The therapeutic process itself felt more manageable with the therapy animal in the room. Some described the animal as providing “an easy out if I need to take a break from the conversation” if it got too intense (participant D), while others explained that taking a few minutes to play with the animal provided her the space she needed to be able to refocus and feel more present in the process (participant E).

Participant A also alluded to the difference having an animal present made with regards to the conversation itself:

You can go around in circles a lot when you chat [with people]... but there was just something that sort of broke that with Marley, so I think that’s why it was so effective... it wasn’t just the same old conversation happening again and again.

The therapy animal being present also allowed some participants to feel “more open to responding” and “more willing to open up” (participant E). They felt able to share things and do deeper in to feelings more quickly than they believe they would have been able to without the animal there. Further, they felt more able to take their time in responding, to collect and process their thoughts, without the awkwardness that may have accompanied that silent space had they not been able to pet or interact with the animal in some way during that time.

Overall, the presence of the animal in the therapy session opened up a dialogue between the client and therapist, allowing them to develop a trusting relationship more quickly, enabled the client to feel more empowered in their role, and provided a window for both the therapist and client to explore deeper feelings, issues, or patterns.

CHAPTER 5

Discussion

This chapter explores the findings of the study in relation to existing knowledge of animal-assisted therapy in counselling. Limitations of the study, suggestions for future research, and implications for practice are also addressed.

Summary of Results

Using an interpretive phenomenological approach (Langdrige, 2007), this study aimed to better understand clients' experiences of counselling with a therapy animal present. Six participants were interviewed, and upon analysis of the transcriptions, five main themes emerged: a comfortable environment, therapy animal characteristics and behaviour, human-animal relationships, intrapersonal experience, and engagement in therapy. Themes 2, 3, and 4 also had subthemes. Theme 1 – a comfortable environment – focused on the importance of comfort and safety in the counselling room, and how the presence of a therapy animal both contributed to and expedited the process of developing that comfort and safety. The presence of a therapy animal also contributed to an environment in which the clients felt more in control of his or her experiences in the room; essentially, the animal provided a tool for the client in terms of being able to pet, look at, or talk to the animal to help ease anxiety. Participants noted their anxiety decreased, their fear of the counselling process decreased, and their ability to be present in the room increased. Participants who had apprehension about attending therapy described a sense of relief when they discovered the animal there. On a more straightforward front, the animal served as an ice-breaker and a focal point of discussion as the participant met the therapist for the first time.

The therapy animal characteristics and behaviour contributed to the client's sense of being heard or understood in the therapy room. Participants explained that they sensed the animal has a deep knowing, or intuition, with regards to the participants' feelings and state. This was communicated to the participants by the animal's movements or demeanour. The animals were all described as calm, friendly animals who validated the participants' emotions and needs. A wagging tail, a head resting on a lap, or a dog curled up on the couch next to the participant – all of these behaviours contributed to the connection the participants felt with the therapy animal, and this connection played a significant role in the participants' experience of therapy.

The human-animal relationship also emerged as a vital piece of the AAT puzzle, with participants' describing the relationship between the therapist and the animal as well as their own relationship with the animal as significant. Witnessing the therapist engage with the animal – a vulnerable, open creature – communicated to participants the therapist's compassion and increased the sense of safety. Participants also described the relationship as making the therapist seem more relatable, more human, thus creating an environment less of a clinical nature and more of a friendly, relaxed nature. Innocuous self-disclosure such as stories of how the animal acts at home and activities the therapist and animal enjoy together further normalized the therapist in the participant's eyes, and facilitated the development of a safe and comfortable rapport. The participants' relationships with the animals were all described as positive, with some describing petting and physically interacting with the animal, and others experiencing the relationship as more implicit.

Participants described their experiences of AAT as contributing to a shift within themselves of their emotions and perceptions of therapy and therapists. The culmination of the first three themes resulted in an ability for the participant to adjust their perception of the

therapeutic focus and to engage more fully in the experience. Participants described sharing more than they thought they would, being more comfortable answering tough questions, and remaining in therapy longer than they might have had the animal not been there. Participants described feeling validated, more self-aware, and experienced less shame, self-consciousness, and judgment. The intensity of the therapeutic experience felt lessened and therefore therapy felt more accessible and doable for participants. One participant even reached a place of a greater ability to advocate for herself and for her needs within the therapy room.

Contribution to Wider Body of Knowledge

This study contributes to the existing knowledge of AAT and counselling psychology literature in a number of ways. The paucity of research that exists exploring AAT in the context of counselling psychology leaves a gap in the literature that this study has attempted to address. More specifically, no studies honour the clients' voices in a way that seeks to understand their lived experiences of AAT. Because previous research on the human-animal bond and the effects of interacting with animals in other fields has neglected to include the client's perspective, (Anderson, 1992; Headey, 2002; Zilcha-Mano, Mikulincer, & Shaver, 2011), it follows that delving into the meaning of these experiences for the clients themselves may offer important information for AAT practitioners moving forward. This study contributes to a deeper understanding of these clients' experiences of AAT in counselling. Ultimately, research of this kind may contribute to the development of a framework or guidelines for practitioners who are actively using AAT. Further, developing a foundation of empirical research for any therapeutic approach is a valuable step in that approach becoming more well-known, better understood, and more effective.

Reduced anxiety, self-consciousness, and fear of judgment. An overarching effect of AAT as described by participants in this study is the significant reduction in negative feelings in therapy, including anxiety, self-consciousness, and fear of judgment. Consistent with previous research that found the presence of animals reduces people's anxiety in medical, paramedical, and psychiatric settings (Barker & Dawson, 1998; Chandler, 2012; Siegal, 1990; Walsh & Mertin, 1994), responses from participants in the current study indicate that this is also reflected in the counselling setting. Not only did the therapy animal act as an ice-breaker, starting the first session with a more informal and relaxed conversation, but participants also reported an immediate reduction in anxiety upon realizing the therapy animal was present, as well as a general reduction of stress throughout their time with the AAT clinician. Further, participants explained that, with the animal present, their feelings of self-consciousness and their fear of being judged by the therapist decreased, opening the door for more depth in their work as well as an accelerated development of therapeutic rapport.

This is a promising finding in that this expedited a sense of trust and safety that may enable the counselling process to facilitate growth and insight within the client at a more rapid rate than with traditional therapy. This possibility is consistent with previous findings that suggested AAT facilitates accelerated outcomes in therapy (Levinson, 1965; Sockalingam, 2008). On a more critical level, it may provide the trust, comfort, and safety a client needs to share feelings of being in danger, either self-inflicted or from an outside perpetrator. For example, clients who are suicidal, experiencing ongoing abuse or violence, or in other urgent situations may feel more able to share their thoughts and experiences earlier on in the therapy process, and thus receive the support they need sooner. This increased level of safety and comfort may allow much-needed resources and care to be allotted to people who need it sooner

than would be possible if that same level of comfort in the counselling setting had to be developed over a longer period of time.

Therapeutic touch played a significant role for several participants in this study in terms of contributing to lessened anxiety. The behaviour of the therapy animal – be it placing a head on a knee, moving closer to the client, curling up next to the client, or simply indicating that the animal was enjoying being petted – was a way for the client to receive physical touch in a very therapeutic way. These experiences echoed those findings of Altschiller (2011) and Chandler (2012), both of whom made the argument that AAT provides the opportunity for therapeutic touch that is not always accessible for clients in a more traditional counselling setting. In the present study, this touch by the animal further validated participants' emotions, as therapy animals were reported to respond when participants cried or were more distressed.

More trusting of therapist. This reduction in anxiety experienced by all participants may very well contribute to a more solid foundation on which to build a healthy therapeutic relationship. Participants expressed how the presence of the therapy animal allowed them to perceive the therapist as more “human” and, thus, more trustworthy. It removed some of the perceived power dynamic of the professional-client relationship, leaving the client feeling more on equal footing with the therapist. This in turn facilitated a speedier development of therapeutic alliance. This finding is consistent with Levinson's (1965) work in which he observed accelerated development of therapeutic rapport when therapy animals were involved. This rapport is further developed as therapists are able to share stories about the therapy animal or the activities they do with the animal in a way that normalizes the therapist, even humanizes them and contributes to the sense of the therapist and client being equals.

Many researchers agree that up to 30% of the outcome of therapy is due to the therapeutic relationship (Lambert & Ogles, 2004). It follows, then, that if we can enhance and accelerate the development of rapport we can facilitate faster, potentially more effective outcomes.

Participants in this study articulated how their relationship with the therapy animal translated to their relationship with the therapist. Feeling safe and comfortable in the therapy environment was due in part – particularly at the beginning of therapy – to the animal’s presence. Several researchers have stated that, in many cases, therapy animals may serve as transitional objects: clients develop a primary bond with the animal relatively quickly, and this relationship then transitions to the therapist him- or herself (Levinson, 1965; Martin & Farnum, 2002; Parish-Plass, 2008). In this way, not only is the relationship with the therapist built more quickly, but there may be more credibility to the relationship as the primary bond being with the animal, the client observes the mutual trust and caring between the therapist and the animal. This then increases the client’s trust that the therapist will show him or her the same kind of care and respect. Parish-Plass (2008) went so far as to suggest that when a client witnesses a therapist interacting with an animal in a caring, nurturing way, therapy becomes less intimidating for that client. This was certainly echoed by participants of this study, recognizing that if the therapist was viewed as an “animal person,” the participant perceived them as inherently more trustworthy and humane.

Chandler (2012) states that engaging with an animal is both more inviting and less intimidating than interacting with a human, much less with a human we have just met. When the animal is present in a therapeutic setting, the sense of safety is increased before the therapeutic rapport is built with the therapist. Again, this foundation of safety and comfort is established

much sooner and more implicitly than depending solely on the therapist-client relationship from the get-go. Participants in this study described this phenomenon, articulating how their comfort level in the therapy room grew relatively quickly once they knew the therapy animal was there, and how this helped them feel safer with the therapist him- or herself.

Before that therapist-client relationship is solidified, validation and acceptance from the therapist seemed to be easier to “buy into” for the participants when it was backed up by the therapy animal’s behaviour. The unconditional love, warmth, and acceptance that the animals showed toward participants communicated to them their worth and value, and this finding is consistent with Levinson’s (1965) observations.

With an accelerated development of rapport, a safe and trusting environment, the client feeling on more equal ground with the therapist, and the opportunity for safe and healthy therapeutic touch, it is no surprise that these participants felt more highly engaged in the therapeutic process than they would have been had the animal not been present. Participants reported being more willing to open up about their thoughts and experiences, more motivated to engage in the process, and able to articulate their thoughts more clearly. This finding is consistent with those of previous researchers (Kovacs, Kis, Rozsa, & Rozsa, 2004; Levinson, 1965), and indicates the potential of a richness of therapeutic work that may be possible sooner with the help of AAT. One author even suggested that this client-animal connection prompted her to encourage clients to engage more with animals outside of therapy (Chandler, 2012). One participant in this study “fell in love” with cats following her experience with a therapy cat, and since then has found great joy and fulfillment in having a cat of her own.

Some participants mentioned that the therapy animal was helpful in part because it offered a break or a distraction from the difficult emotions they were feeling. One caution to

note following this study, however, is the potential drawback of having a therapy animal present that may serve as an unhealthy distraction for the client. Several participants indicated that the animal allowed them to refocus themselves or to distract themselves from negative emotions. It is important for therapists practicing AAT to distinguish between healthy coping and/or emotion regulation using the therapy animal, and avoidance of difficult emotions. Skilled AAT practitioners should be able to reflect to clients the role the therapy animal may have in that individual's therapy, as well as help the client recognize the difference between coping in a healthy way and avoiding necessary emotions.

Limitations and Strengths

The purpose of this study was to explore individuals' experiences of animal-assisted therapy in a counselling setting. Thus the goal was to conduct a study that would provide insight into the lived experiences of these particular AAT clients with the goal of expanding our knowledge and understanding of AAT. However, there are some limitations inherent in this study, in part due to the nature of the chosen methodology.

First, no generalizations could be made regarding all clients of AAT, because the findings of this study are limited to the experiences of the six individual participants. While we can apply this deeper understanding of the experience of AAT for these clients to our existing body of knowledge, we cannot predict that other AAT clients would experience similar benefits.

Further, participants in this study were volunteers who responded to advertisements about a study looking at AAT. This means that this sample might be comprised of individuals who have a greater interest in AAT than other clients might, or more strongly believe in it as a method of counselling, which may have impacted the findings. Lastly, this study was conducted

from a Western cultural standpoint; thus, findings should only be considered within this cultural context.

A strength of this study is its relatively homogenous sample. Interpretive phenomenological analysis requires that the sample be fairly homogenous in order to ensure the research question is of significance to participants, and interesting similarities and differences may emerge within this homogenous group. In this study's sample of six participants, five were female, five were between the ages of 20 and 30 years old, and five were Caucasian. Participants had varying degrees of experience with animals prior to their AAT involvement.

The most significant strength, however, is this study's continual grounding in the narratives of the individuals who participated, remaining true to their unique experiences by consistently referencing the transcripts throughout analysis. The focus was to truly explore the experiences of these six participants, and it was this honouring of their own voices that allowed their experiences to come through.

Suggestions for Future Research

There is a paucity of research exploring AAT in counselling settings, thus warranting further research from a multitude of perspectives and approaches. This study offered a broad perspective on clients' experiences of AAT, which provides a starting foundation recognizing the positive impact of therapy animals in counselling – however, a more in-depth exploration of these impacts may be helpful in developing future guidelines and/or regulations for AAT practitioners, and for the therapy animals as well.

For one participant, the experience of her relationship with the therapy animal tapped into some deeper underlying issues regarding her history of interpersonal relationships, and this had the potential to offer rich therapeutic fodder if she had voiced these feelings to the therapist.

Research that looks more specifically at AAT practitioners who more actively engage their therapy animals and use the client-animal relationship as a tool for therapeutic exploration may result in an even deeper understanding of the potential of AAT in counselling.

Finally, research exploring the meaning of AAT for the counsellors themselves may provide more information and further understanding of how AAT is used in counselling, and why therapists are choosing to engage animals in therapy. A study exploring these questions may provide important information and add to our growing body of knowledge of the effects and potential of AAT in counselling.

Implications for Practice

This study's findings suggest implications for counselling practice for both AAT practitioners and non-AAT practitioners, as the underlying themes offer suggestions that may be achievable in ways other than having a therapy animal present.

Remarkably, only one of the six participants was made aware that an animal would be present prior to the initial session. Although this was not a significant barrier for the individuals who participated in this study, issues around safety (both physical and emotional/psychological) must be considered, such as allergies, phobias, or past trauma, to name a few. Ethically, clients should be made aware that an animal may be present, and presented with the opportunity to either choose a different therapist, or to be offered the option of the animal not being involved in therapy for that particular client. For one participant, a history of dog-related trauma made her pause when she discovered the therapy dog, but thankfully in her case the outcome was positive in that it allowed her to develop trust and safety with a larger dog.

A significant implication for counselling practice that arose is the importance of clients perceiving therapists as more human than the clinical perception they may hold of therapists

initially. While the therapy animal facilitated this perspective shift for participants in the study, there may be other ways of “humanizing” or normalizing therapists for clients in order to help promote the development of therapeutic safety and rapport more effectively. The presence of the animal seemed to expedite this comfort and safety, thus creating opportunities to do deeper work sooner in the therapeutic process than might otherwise have been possible. With this in mind, AAT may be particularly effective in areas such as trauma counselling or working with children or adolescents.

Finally, as one participant’s experience indicated, the client’s experience of the relationship and interaction with the therapy animal may offer opportunities to springboard to exploring deeper underlying interpersonal issues. Participant D’s experience of what she perceived to be rejection from the dog may have been the opening for a rich exploration of her experiences of rejection in other relationships in her life. Being attune to the client’s relationship with the therapy animal as well as reactions to the animal’s behaviour is an important aspect of AAT. Given that AAT is an under-researched area in counselling psychology, this study provides a beginning to understanding the experiences of ATT from the clients’ perspective. However, some very important themes emerged, reflecting how therapy animals truly can be silent (but very effective) supporters.

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Appendix A: Chandler's Animal-Assisted Therapy Techniques (2012, p. 139)

1. Therapist reflects or comments on client's relationship with therapy animal.
2. Therapist encourages client to interact with therapy animal by touching or petting therapy animal.
3. Therapist encourages client to play with therapy animal during session.
4. Therapist encourages client to tell therapy animal about client's distress or concerns.
5. Therapist and client engage with therapy animal outside of a traditional therapeutic environment; i.e. taking therapy animal for walk.
6. Therapist interacts with therapy animal by having animal perform tricks or follow commands.
7. Therapist encourages client to perform tricks with therapy animal.
8. Therapist encourages client to perform commands with therapy animals.
9. Therapist comments or reflects on spontaneous client-animal interactions.
10. Information about therapy animal's family history (e.g., lineage, breed, species) is shared with client.
11. Other history related to therapy animal is shared with client.
12. Animal stories and metaphors with animal themes are shared with client by therapist.
13. Therapist encourages the client to make up stories involving the therapy animal.
14. Therapist uses 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 Rusty (therapy dog) how you feel and I will just listen."
15. Therapist encourages client to recreate/reenact experiences where therapy animal plays a specific role.
16. Therapy animal is present without any directive interventions.
17. Therapist creates specific structured activities for a client with a therapy animal.
18. Therapy animal engages with client in spontaneous moments that facilitate therapeutic discussion.

Appendix B: Chandler's Animal-Assisted Therapy Intentions (2012, p. 140)

1. Building rapport in the therapeutic relationship.
2. Facilitating insight.
3. Enhancing client's social skills.
4. Enhancing client's relationship skills.
5. Enhancing client's self-confidence.
6. Modeling a specific behaviour.
7. Encouraging sharing of feelings.
8. Behavioural reward for client.
9. Enhancing trust within the therapeutic environment.
10. Facilitating feelings of being safe in the therapeutic environment.

Appendix C: Recruitment Poster

Have you ever been to a counsellor who used Animal-Assisted Therapy?



UBC's Counselling Psychology department is looking for participants for a research study exploring people's experiences of animal-assisted therapy!

- Are you 19 years or older?
- Have ever been a client in counselling where the counsellor had an animal in the therapy room with you?
- Was this experience significant to you?

If you answered **yes** to the above, you may qualify to participate in this study!

Please email AnimalAssistedTherapyStudy@gmail.com for more information.

In recognition of your time and valuable contribution, all participants will receive a \$15 honorarium.



Appendix D: Email to AAT Practitioners



a place of mind
THE UNIVERSITY OF BRITISH COLUMBIA

Faculty of Education

Department of Educational and Counselling
Psychology, and Special Education
2125 Main Mall
Vancouver, BC Canada V6T 1Z4

Phone 604 822 4625
Fax 604 822 3302
marla.buchanan@ubc.ca

[Date]

Dear [AAT practitioner],

My name is Jess Owen, and I am currently a Master's student in the Counselling Psychology Program in the University of British Columbia's Faculty of Education. I am conducting my thesis exploring the lived experience of clients of animal-assisted therapy. The goal of my research is to better understand the client perspective of this intervention, and how clients experience and make sense of this approach.

The reason I am writing you is because on your [website/advertisement], you explain that you regularly incorporate an animal into your counselling practice. Although I cannot ask you to talk to your current clients about my study, I am wondering if you might be able to send the recruitment flyer (which is attached to this email) by email to previous clients of yours with whom you practiced animal-assisted therapy.

This research has been approved by the University of British Columbia Behavioural Research Ethics Board, as well as the Department of Educational and Counselling Psychology and Special Education faculty.

If you would like any further information about this study, please do not hesitate to contact me by email at jess.owen@gmail.com. You can also contact my faculty supervisor and principal investigator of the study, Dr. Marla Buchanan, at 604-xxx-xxxx or by email at xxxx@ubc.ca.

Thank you so much!

Sincerely,
Jess Owen

Appendix E: Screening Questions
Participant Screening Questions

Prior to asking the following screening questions, the purpose of the research as well as the research process will be described to the potential participant.

1. How old are you?
2. How did you find out about the study?
3. Have you ever been in counselling with a therapist using an animal in the room?
4. When did counselling with that person end?
5. Are you comfortable having an in-depth conversation in English?
6. In what city are you currently living?
7. If you decide to participate, it would involve meeting on two separate occasions for approximately 60 to 90 minutes each time. Would this be okay with you?
8. Why do you want to participate in this study?
9. Do you have any questions for me about the study or your participation?

Appendix F: Interview Protocol

The following questions were asked in order to generate discussion and collect the information required to address my overall research question. This protocol is not exhaustive, as the semi-structure interview was guided by the participants' stories. The questions fall under three categories: (1) Seeking an AAT counsellor, (2) The experience of AAT, and (3) Issues of therapy termination.

Research Question: What is the meaning of the lived experience of clients who have engaged in animal-assisted therapy?

Seeking an Animal-Assisted Therapy Counsellor

1. What drew you to seek services from a counsellor who practices animal-assisted therapy?
 - a. Did your previous experiences with animals guide this decision?
 - b. Did another person (e.g., family or friends) suggest or encourage you try animal-assisted therapy?

The Experience of Animal-Assisted Therapy

2. What was your experience of animal-assisted therapy?
 - a. How did the therapist use the animal in the therapy room?
 - b. What stood out to you as the most noteworthy or meaningful part of having the animal in the room?
 - c. Were there any limitations that you felt having the animal in the room presented?
 - d. Tell me about your relationship with [the therapy animal]
3. What do you perceive the role of the animal to have/have had in your therapy process?

Issues of Therapy Termination

4. What was your experience of the termination process given your relationship with the therapy animal?
 - a. Did you do something special to say goodbye to the therapy animal?

Throughout the interview, these probing questions will be asked to gain clarify and insight into the participants' stories and to follow up on themes that may have emerged in their narratives.

Appendix G: Consent Form



Department of Education and
Counselling Psychology, and
Special Education
The University of British Columbia

Consent Form

Title of the Study: Understanding Counselling Clients' Lived Experiences of Animal-Assisted Therapy

Principal Investigator: Dr. Marla Buchanan, PhD., Associate Professor, Department of Counselling Psychology, the Faculty of Education at the University of British Columbia (UBC).
Contact Information: 604-xxx-xxxx

Co-Investigator: Jess Owen, M.A. Student, Department of Counselling Psychology of the Faculty of Education at UBC. Contact Information: 778-xxx-xxxx

This research study is part of Jess Owen's thesis requirement for completion of a Master's of Arts (M.A.) in the Counselling Psychology program.

Why are we doing this research? You are being invited to take part in this research study because you have been a client of the unique counselling approach of animal-assisted therapy. We want to better understand what animal-assisted therapy is like from the client's perspective. We want to learn about clients' experiences specifically, rather than the counsellors', because we believe that clients have a unique perspective on how having an animal in the room with you during a counselling session impacts your experience of therapy.

What happens if you agree to participate? If you decide that you would like to participate in this study, we will ask you to meet with us on two separate occasions for about 60 minutes each time. We will meet at the University of British Columbia or, if you live on Vancouver Island or if getting to UBC is difficult for you, we will meet at a private, quiet location that would be more convenient, such as a local library. When we first meet, we will ask you to fill out a form with basic questions about yourself. We will then have an in-depth conversation about your experiences of animal-assisted therapy. Both interviews will be audio-taped for later analysis. At our second interview, the process will be very similar, with follow-up questions to help us gain a clearer, deeper understanding of what your experience was like. Near the end of the study, I will contact you once more to go over my findings with you to ensure that my understanding is correct and represents your experiences accurately.

Study Results: The findings of this study will be reported in a graduate thesis, and may also be shared at conferences and meetings, or published in articles or books. However, your name and identifying information will not be mentioned in any of these areas. Upon completion, this thesis will be a public document available through the UBC Library.

Potential Risks: We do not think there is anything in this study that could harm you. However, some of the questions we ask might be upsetting for you. If this is the case, or if you consider a question to be too personal and you do not feel comfortable answering, you have the right not to answer. You only need to talk about what you are comfortable discussing. You are free to stop the conversation or withdraw completely from the study at any time. You will be provided with a list of community resources that can provide support for you should you feel the need.

Potential Benefits: By participating in this study, you will be contributing to a better understanding of how clients of animal-assisted therapy experience this process, which will help guide future counsellors in how to most effectively incorporate a therapy animal into their practice. You will also get a chance to explore what your personal experience was, which many people might find beneficial and contribute to their personal growth and self-awareness.

Confidentiality: All information that we collect is kept secure and confidential. Information that discloses your identity will not be released without your consent unless required by law. Hard copies of data are kept in a locked filing cabinet at UBC, and digital copies of interviews are kept in a password-protected file. Your name will be replaced with a code, and only the two investigators listed above will have access to the data. After five years, all data will be destroyed.

Compensation for Participation: In recognition of your time and contribution, you will receive a \$15 honorarium.

Contact for Information about the Study: If at any point you have any questions about this study, please contact the principal or co-investigator at the contact information provided above. If you have any questions regarding your rights as a participant, please don't hesitate to contact the UBC Office of Research Services at 604-822-8598, or toll-free at 1-877-822-8598.

Consent and the Right to Withdraw: Taking part in this study is entirely up to you. You have the right to refuse to participate in this study. If you decide to take part, you may choose to withdraw from the study at any time, without giving a reason and without consequence.

- Your signature below indicates that you have received a copy of this consent form for your own records.
- Your signature indicates that you consent to participate in this study.

Participant Signature

Date

Participant Name (Please Print)

Signature of Investigator: These are the terms under which I will conduct this study.

Signature of Investigator

Date

Appendix H: Demographic Information Form

Participant Demographic Information

Please answer the following questions about yourself in the blank spaces provided, or by circling the response that best fits for you. If at any point you have any questions or need clarification, please feel free to ask. If there are any questions that you do not feel comfortable answering, you have the right to choose not to.

All information provided below will be kept completely confidential.

1. Date of birth: _____
2. How old are you? _____
3. What gender do you identify as? _____
4. Current city of residence: _____
5. Ethnicity: _____
6. What were the general dates that you were a client of a counsellor using animal-assisted therapy? _____ to _____
7. How did you hear about this study? _____
8. What made you decide to learn more about it? _____

Thank you! 😊

Appendix I: List of Resources for Participants

Thank you for your participation in this study!

Sometimes talking about your experiences of therapy can bring up some uncomfortable or upsetting thoughts or feelings. If this is true for you and you feel the need to talk to someone and get support, feel free to contact one of the resources listed below:

1. For Lower Mainland residents, the University of British Columbia's New Westminster Counselling Clinic offers **free** counselling services from September to June. All counselling is provided by students in the UBC Master's and Doctoral programs in Counselling Psychology. For more information or to book an appointment, please call (604) xxx-xxxx.
2. For Victoria residents, the Esquimalt Neighbourhood House offers **free** counselling services, provided by trained volunteers. To learn more or to book an appointment, feel free to call them directly at (250) xxx-xxxx.
3. For students of the University of British Columbia, University of Victoria, Simon Fraser University, or other post-secondary institutions: you have access to **free** counselling services on campus.
 - a. UBC Counselling Services, Vancouver campus: (604) xxx-xxxx
 - b. UVic Counselling Services: (250) xxx-xxxx
 - c. SFU Counselling Services: (778) xxx-xxxx