Therapy Dogs in Couple and Family Therapy– A Therapist's Perspective

Rachel Hequembourg Policay

Thesis submitted to the faculty of the Virginia Polytechnic Institute and State University in partial fulfillment of the requirements for the degree of

Master of Science
In
Human Development

Mariana K. Falconier, Ph.D., Chair
Bertranna A. Muruthi, Ph.D.
Ellie D. Cunanan, M.S.

May 2, 2017
Falls Church, Virginia

Keywords: canines, therapy dogs, marriage and family therapy

Therapy Dogs in Couple and Family Therapy – A Therapist's Perspective

Rachel Hequembourg Policay

Abstract

The purpose of this study was to contribute an increased understanding of therapists' experiences working with therapy dogs in couple and family therapy. This qualitative study sought to describe the overall experience of therapists who work with therapy dogs in couple and family therapy, including managing the therapy dog's presence with more than one client and the benefits and challenges of doing so. Eight individuals participated in semi-structured interviews and areas of inquiry included how therapists made the decision to work with a therapy dog, how the therapy dog was managed in session, the impact of the therapy dog's presence (e.g. benefits and challenges), and recommendations for therapists who aspire to work with Canine-Assisted Psychotherapy (CAP) in their practices. The data was analyzed using transcendental phenomenology. Findings from the data analysis suggest that the majority of therapists who use CAP with couples and families find it to be beneficial for the therapists, the couples and families, and the therapy dog, with only a few challenges. Participants focused more on being flexible and observing the system's dynamics surrounding the therapy dog, whereas in individual therapy it appears that therapy dogs are included to fulfill a treatment goal or enhance a therapy model. Additionally, the majority of participants reported on the therapy dog's ability to help the therapist better understand their couple and family clients and overcome particular challenges when working with more than one client. The findings contribute to the CAP literature, have clinical implications, and provide areas for further exploration.

Therapy Dogs in Couple and Family Therapy – A Therapist's Perspective

Rachel Hequembourg Policay

General Audience Abstract

The purpose of this study was to contribute an increased understanding of therapists' experiences working with therapy dogs in couple and family therapy. This qualitative study sought to describe the overall experience of therapists who work with therapy dogs in couple and family therapy, including managing the therapy dog's presence with more than one client and the benefits and challenges of doing so. Eight individuals participated in semi-structured interviews and areas of inquiry included how therapists made the decision to work with a therapy dog, how the therapy dog was managed in session, the impact of the therapy dog's presence (e.g. benefits and challenges), and recommendations for therapists who aspire to work with Canine-Assisted Psychotherapy (CAP) in their practices. The data was analyzed using transcendental phenomenology. Findings from the data analysis suggest that the majority of therapists who use CAP with couples and families find it to be beneficial for the therapists, the couples and families, and the therapy dog, with only a few challenges. Participants focused more on being flexible and observing the system's dynamics surrounding the therapy dog, whereas in individual therapy it appears that therapy dogs are included to fulfill a treatment goal or enhance a therapy model. Additionally, the majority of participants reported on the therapy dog's ability to help the therapist better understand their couple and family clients and overcome particular challenges when working with more than one client. The findings contribute to the CAP literature, have clinical implications, and provide areas for further exploration.

Acknowledgements

Firstly, I want to thank my thesis chair, Dr. Mariana Falconier, for your hard work and collaboration in making my research dream come to life. I consider myself lucky and truly honored to have been able to work with you in so many different capacities throughout the course of this program, including: clinical supervision, academic instruction, graduate assistantship, and the completion of my Master's thesis. You have always been someone that I have looked to for guidance in becoming a better clinician, a better student, and a better researcher. I admire your ability to wear so many different "hats" and your determination to give your all to everything you do. I know that your students, your colleagues, and certainly, your family and friends are all so thankful for the impact you have made on our lives.

I want to also sincerely thank my committee members, Bertranna Muruthi and Ellie Cunanan for your invaluable input. Ellie, I'm so grateful that I have had the honor of working with you in so many different capacities within the program and I will always remember our individual off-site meeting where I confided in you about a personal event that has had a big impact on my life. In that moment, you provided me with the support I needed the most – I will never forget your kindness. Bertranna, I am so happy that we were able to work together before I graduated. I look back fondly on the day that you interviewed for Virginia Tech and was excited by the energy that you bring to your students and their research. I am grateful that I was able to experience that personally.

To all my participants, thank you so much for openly sharing your experiences with me. Your passion for Canine-Assisted Psychotherapy (CAP), your therapy dogs, and your clients has made me even more eager to pursue this work in my professional future.

To my cohort, we did it! I feel that it was fate that we were all members of the same cohort, for each one of you has brought so much to my life. I am excited to see what is next in store for each one of you and admire the types of therapists that you all have become. I can sincerely state that each one of you has made me a better person and clinician.

Lastly, I want to thank my family and friends. Mom and Dad, I don't know where I would be without your constant support. You both have always encouraged me to pursue my dreams and to never give up. I would not be at this place in my life without you both. Ryan and Ali, thank you for providing me with great examples of who I wanted to grow up to become. You both set the bar pretty high! Kevin, I cannot thank you enough for your love, admiration, and table formatting skills. You have been my rock when I needed it the most. Finally, to my fantastic roommates and all of my friends, I love you all.

Table of Contents

Chapter I: Introduction

The Problem and its Setting

According to the American Humane Association, the prevalence of companion animals has risen in the United States, with an estimated 43.5-54.1 million households owning a dog (AHA, 2014). The number of companion animals has risen because of the benefits of owning a pet which include, but are not limited to: learning responsibility, gaining a new friend or family member, increased connection and interaction with others, and decreased psychological stress (Blouin, 2013; Turner, 2005; Friedmann, Allen & Barker, 2011). Other scholars have also studied the silent companionship that a dog can provide his or her owner. Beck, a veterinarian, and Katcher, a psychiatrist, collaborated in order to analyze the growing importance of the human-animal connection and its impact on the human-health field. Their findings suggested that dogs possess qualities such as curiosity, attentiveness, and loyalty, which make them "feel like good listeners" (Beck & Katcher, 1996). In addition, the findings showed that the human-dog interaction is similar to a human-human interaction in that owners confide to their dogs and communicate with them as if they were another human being (Becker & Katcher, 1996; Walsh, 2009).

A similar study by Knapp (1998), conducted a few years following Beck and Katcher's study, suggested that owning a dog was comparable to having a live-in psychoanalyst. The participants in the study reported that dogs offered a "blank screen -- nonjudgmental, trusted, noncritical – but no interpretation, no words of insight or guidance, no quiet voice of reason helping you to connect the psychic dots" (Knapp, 1998). Although, it is important to note that affection and attitudes towards dog ownership can vary by culture (Blouin, 2013). Given these benefits, scholars in the human-animal health field began to look more intensely into the impact

of incorporating a dog into therapy. Although, the first incorporation of dogs in therapy was by accident. In England, William Tuke led an effort to promote more humane treatment for the mentally ill and as a part of treatment, allowed small animals to roam the grounds because of the positive relationships he observed (Date, 2011). Following Tuke, in the 1960's, "pet therapy" was coined by Dr. Boris Levinson, a clinician at St. Elizabeth's Hospital in Washington, D.C. (Date, 2011). Dr. Levinson brought his dog, Jingles, into work one day and observed one of his more difficult, adolescent clients make a connection with Jingles and continued to bring Jingles from thereafter (Date, 2011). Presently, in therapy, dogs are intentionally incorporated and the formal intervention of working with an animal in hopes of increasing client outcomes is called Animal Assisted Therapy (AAT) (Date, 2011). For purposes of this study, Canine-Assisted Psychotherapy (CAP) is the act of working with a therapy dog in order to increase therapeutic outcomes and is included under the larger category of AAT (Date, 2011).

According to some scholars, CAP can be a helpful adjunct to Solution-Focused therapy and Canine-Assisted Play therapy (Pichot, 2012; Thompson et al., 2008). Other scholars have also explored work with a therapy dog in psychotherapy (Thompson et al., 2008; Date, 2011; DePompeo, 2016; Parshall, 2003; Rogers, 2015). Thompson, Mustaine, and Weaver (2008), studied CAP in a private practice setting and its impact on children with anxiety disorders. The study's findings suggested that the presence of a therapy dog acted as a bridge between therapists and their adolescent clients (Thompson et al., 2008). Although, there is limited empirical research on the effectiveness of CAP, some studies have suggested that CAP can improve mental health, social behavior, and increase motivation, focus and therapy attendance for children with ADHD, and promote empathy and perspective-taking with children with pervasive developmental disorders (Kamioka et al., 2014; Martin & Farnum, 2002; Schuck et al., 2015).

Other scholars' findings are congruent and reported on the limited amount of empirical research and evaluation of outcomes regarding CAP (Date, 2011; Fawcett & Gullone, 2001). Therefore, the AAT, and more specifically CAP, field have relied largely on anecdotal outcomes and case studies to promote their findings.

As previously noted, the existing CAP literature largely discussed working with a therapy dog in individual therapy (Thompson et al., 2008; Date, 2011; DePompeo, 2016; Parshall, 2003). Although, a thorough search of therapists' online LinkedIn profiles by the main investigator revealed that over 4,900 licensed therapists in the United States offer AAT for individuals, couples, and families. The investigator also noted twenty or so therapists in the D.C. metro area that work with CAP. Although, it's interesting that websites such as "Therapist Finder" do not provide an option to search for CAP therapists. Therefore, it was worthwhile to explore how therapists work with therapy dogs in couple and family therapy since the phenomenon is occurring, but little is known about the phenomenon itself. Despite the limited research, but given the number of therapists that work with therapy dogs in their practice, guidelines have been developed to guide individual work with AAT (Fine, 2015). These guidelines address the following areas: how the therapy animal may be integrated into treatment, the category and delivery approach, an assessment of the therapy animal's capability to satisfy intervention goals, interplay of AAT factors, and consideration of the potential for animal stress (Fine, 2015). These guidelines are endorsed by the Internal Association of Animal-Human Interaction (IAHAIO) and a part of a larger handbook of AAT best practices ("IAHAIO", 2014; Fine, 2015). Other AAT scholars have addressed the importance of different aspects of these guidelines in their literature reviews and supported therapists' careful consideration of the guidelines (Allen-Miller, 2014; Burke, 2016; DePompeo, 2016; Hatch, 2007; Rogers, 2015). Although, a limited number of

studies have explored the general experiences of therapists who work with therapy dogs in their couple and family therapy sessions and the unique benefits and challenges of doing so.

Although, there are guidelines regarding AAT with individual clients, (Fine, 2015), it was worthwhile to explore whether these guidelines extend to couple and family therapy. A number of scholars, (Date, 2011; Thompson, Mustaine & Weaver, 2008), suggested careful consideration of client characteristics and presenting concerns before incorporating a therapy dog into treatment. When working with couples and families, therapists consider the characteristics and presenting concerns of more than one client. It was unclear how therapists decided to work with a therapy dog when the work appears more compatible with one member over another. In addition, therapists that use AAT in couple and family therapy are challenged by maintaining a strong therapeutic alliance with each member in order to ensure satisfactory outcomes for the whole system (Quinn, Dotson, & Jordan, 1997).

Given unique benefits and challenges of working with a therapy dog in couple and family therapy, a thorough search of the literature was completed by the investigator. To the best of the investigator's knowledge, there are no guidelines that specifically address working with a therapy dog in relational therapies, with the exception of one doctoral dissertation, (Rogers, 2015). The goal of this study was to support the integration of a therapy animal and its positive impact on couple and family therapy (Rogers, 2015). Rogers (2015), sought to explore how a therapy animal could enhance a feminist family therapist's ability to explore issues such as empowerment and power differentials (Rogers, 2015). In other words, Rogers (2015), hoped to gain insight into how a feminist family therapist may work with a therapy animal in order to create and maintain the therapeutic alliance with each member, empower clients individually and the system, and explore and challenge power differentials within the system. Rogers (2015), also

hoped that the study's outcomes would provide therapists with increased "understanding and structure when utilizing a therapy animal in a relational therapeutic setting". The doctoral dissertation conducted a qualitative, Delphi analysis of a therapy animal's impact in a family therapy setting. Eight participants were interviewed and selected based on certain criteria. The participants were required to have experience in working with AAT and with couples and families. Although, participants were not required to have direct experience with AAT, but had to be able to speak to how AAT may be useful in couple and family therapy (Rogers, 2015).

Despite its findings, the study was limited in that Rogers (2015), excluded participants who did not possess a feminist family theoretical orientation. It is estimated that half of the participants had direct experience with AAT with individual clients, but expanded their responses to include how that experience may be helpful to a feminist family therapist using AAT in couple and family therapy (Rogers, 2015). In addition, the study explored working with a therapy animal, which was not specific to a dog, with feminist family therapy principles (Rogers, 2015). Therefore, there is limited research regarding the use of CAP in couple and family therapy, sans focus on a particular theoretical orientation.

Despite limitations, Rogers (2015) found that working with therapy animals in couple and family therapy sessions enhanced the therapist's ability to explore and challenge issues such as empowerment and power differentials. A number of participants reported on how therapists worked with the therapy animal through metaphor, facilitation of insight development through immediate feedback, and the creation of opportunities for mastery (Rogers, 2015). Rogers (2015), reported that the participants had their clients work with the therapy animal in order to produce a different means of interaction, in hopes of different results. The findings suggested that the immediacy of the results increased system empowerment in that the system could

interact or implement new skills successfully (Rogers, 2015). Participants also reported other opportunities to empower the system by: having the system decide whether the animal sits, where the animal will be walked, teaching the animal a trick, or having the system hold the animal's leash together on a walk (Rogers, 2015). Similarly, participants reported that working with a therapy animal could empower client systems by helping them maintain a present focus, or remaining in the here-and-now (Rogers, 2015). The findings suggested that therapy animals help clients maintain a present focus because of their ability to offer immediate behavioral feedback, which can help client systems develop insight and decrease rumination on the past (Rogers, 2015). Finally, participants reported that they worked with their therapy animals as metaphors that extended to or highlighted larger system issues in their couple and family therapy sessions (Rogers, 2015). The study's findings also suggested that the presence of a therapy animal could help explore and challenge power differentials in a client system (Rogers, 2015). Participants reported that they worked with therapy animals in order to make power dynamics more visible, to create discussion of power related to the therapy animal, and challenge power dynamics through the comfort provided by a therapy animal (Rogers, 2015). The study's findings also suggested that therapists and clients observe system dynamics, including power differentials faster, when compared to traditional talk therapy (Rogers, 2015).

When working with a system, therapists have the challenge of maintaining a therapeutic alliance with the whole system and it has been suggested that the therapy dog can help therapists maintain a strong therapeutic alliance with all family members (Rogers, 2015). In addition, the presence of a dog can be used to reflect power differentials, encourage positive feelings towards all system members, facilitate conversations about boundaries, and foster healthy attachment relationships (Date, 2011; Allen-Miller, 2014). Another scholar also indicated that therapists can

address therapy dogs' discomfort with the system's dynamics or encourage clients to self-soothe by petting the therapy dog (Walsh, 2009). Alexandra Sifferlin, a writer for TIME Health, interviewed a therapist who directed her couples' attention to her therapy dog, Sasha when the couple began screaming. The therapist in this article used moments with Sasha as therapeutic discussion with her couples (Sifferlin, 2014). Although, working with a therapy dog in couple and family therapy sessions may decrease opportunities to process conflict and some conflict could create therapeutic opportunities (Date, 2011; Olex, 2002).

When working with a therapy dog in couple and family therapy, therapists can have the client system and the therapy dog collaborate on tasks that increase relational enhancement through skill-building and effective communication. It has also been suggested that therapy dogs can serve as a level of entertainment for the client system, providing them the opportunity to shift to a positive mood (Burke, 2016). Couples and families are able to communicate and problem-solve more effectively in the presence of positive affect (Burke, 2016). Similarly, Driver and Gottman (2004), also concluded that there is a correlation between the use of humor during conflict and more positive, everyday couple exchanges. Their findings suggested that high positive affect during conflict can predict long-term outcomes, such as healthier, less damaging relationships (Driver & Gottman, 2004).

Other scholars have indicated that AAT may be helpful for "stuck" clients, who don't have successful outcomes in traditional talk therapy (Ham, 2013; Kruger et al., 2004; Schuck et al., 2015). In other words, CAP can increase client attendance, which can be a problem in couple and family therapy (Allen-Miller, 2014; Olex, 2002). In couples and families, one member must be motivated enough to seek treatment, while the others may need to be persuaded to attend. Therefore, when working with a system, therapists may be challenged by one or more

unmotivated clients (Holloway, 2009). Finally, it has also been suggested that CAP can provide a new, interesting modality that may draw larger client systems into therapy (Allen-Miller, 2014; Olex, 2002).

The present study sought to explore therapists' experiences working with a therapy dog in couple and family therapy. This study hoped to learn more about the unique benefits and challenges of working with a therapy dog in couple and family therapy. To date, no published research could be found that conducted a qualitative inquiry into therapists' experiences working with therapy dogs in couple and family therapy. The investigator focused on the experience of therapists in order to provide the field with more information regarding therapists' overall experience of working with a therapy dog in couple and family therapy. The investigator focused on dogs because dogs are incorporated in therapy more often than other animals (Allen-Miller, 2014). Additionally, this study focused specifically on licensed therapists who live in the United States, work with individuals, couples and families, and have had experience working with couples, families, and CAP within the last five years.

Significance

Despite growing evidence that working with a therapy dog in psychotherapy may be useful, it still remains unclear how therapists work with therapy dogs in couple and family therapy. In addition, there are guidelines for working with therapy dogs in individual therapy sessions, (Fine, 2015), but there are no formal AAT guidelines for couple and family therapy sessions. Due to the large number of people who own pet dogs, it is likely that therapists will encounter clients who own their own dogs, and vice versa (AVMA, 2012). As stated previously and to the best of the investigator's knowledge, the only study, (Rogers, 2015), that has addressed therapy animals in couple and family therapy was limited in that all participants were

feminist family therapists and not all animals were dogs. Despite the limited, published research on the use of CAP in couple and family therapy, there is a growing amount of research that supports the effectiveness of AAT in psychotherapy (Kamioka et al., 2014; Martin & Farnum, 2002; Schuck et al., 2014). Scholars have suggested that AAT can increase prosocial behaviors, attention, empathy, and perspective-taking of unique populations such as children with ADHD, pervasive developmental disorders, or trauma (Kamioka et al., 2014; Martin & Farnum, 2002; Schuck et al., 2014).

This study sought to explore therapists' experiences of working with therapy dogs in couple and family therapy sessions. The investigator focused on CAP because it is more purposeful, goal-oriented, and relevant for therapists, in comparison to Animal Assisted Activities (AAA). This study also focused on therapists who therapy dog handlers. The investigator was interested in the creation of a dual relationship as both a therapist and a therapy animal handler. This study aspired to address the gaps in the current literature regarding CAP in couple and family therapy.

Rationale

Qualitative research methods were utilized in order to collect an in-depth look at the subjective experiences of therapists who have incorporated therapy dogs in their couple and family therapy sessions. The investigator desired to learn more about how therapists work with therapy dogs in relational therapy, including the unique benefits and challenges. A transcendental phenomenological approach was used to examine the lived experience of therapists as they conduct relational therapy in the presence of a therapy dog. This transcendental approach allowed the investigator to bracket her personal biases and assumptions before, during, and after data analysis so that she obtained an unbiased view of participants'

experiences of the phenomenon. According to the literature, transcendental phenomenology is well-suited to qualitative inquiry into the meaning of a phenomenon in order to describe said phenomenon with both objectivity and subjectivity (Moerer-Urdahl & Creswell, 2004). A transcendental phenomenological approach complimented this study because there is ambiguity in the CAP field in regards to terminology. Upon review of the literature, CAP scholars and practitioners are in disagreement regarding the importance of "certifying" or "registering" their therapy dog. There are different AAT programs, such as Pet Partners, Therapy Dogs International, etc. that place importance on the registration of the therapy team, inclusive of the therapy dog handler and the therapy dog. Yet, there are other programs that place importance on the certification of therapy animal handlers and their therapy dogs, such as the Playful Pooch Program developed by Dr. Rise VanFleet ("Animal Assisted Play Therapy", 2013). Additionally, there is discrepancy between the use of CAP, Canine-Assisted Therapy (CAT), or Animal-Assisted Psychotherapy (AAP). Semi-structured interviews were conducted in order to discern multiple meanings within therapists' realities and created a rich description of the lived experience (Creswell, 2013). The semi-structured interview allowed the investigator to probe when further exploration of the meaning of an experience or terminology were needed.

Theoretical Framework

The guiding theory informing this study was transcendental phenomenology. Transcendental phenomenology was developed by Edmund Husserl (1931) and translated into a means of qualitative data analysis by Moustakas (1994). A phenomenological framework sought to capture the lived experience of people, specifically, therapists' experiences working with a therapy dog in couple and family therapy sessions. The phenomenological framework created opportunities to learn more about how therapists work with their therapy dogs in couple and

family therapy sessions. The purpose of collecting these experiences was in hopes of adding to a larger body of knowledge regarding AAT, CAP, the human-animal relationship, and couple and family therapy. The research hoped to produce findings that will inform other therapists and the community at large.

A transcendental phenomenological framework emphasizes the necessity of bracketing out the investigator's interpretation of the findings (Creswell, 2013). Bracketing is completed in order to ensure an unbiased analysis of the participants' experiences (Creswell, 2013). This particular framework was useful considering the investigator's personal ties to the subject matter and the ambiguity of terminology in the AAT field. The investigator is not currently a member of the population of therapists that work with therapy dogs, but aspires to be in the future. Therefore, it was of upmost importance to ensure objectivity, prevent bias and/or any other undue influence on both the data collection and analysis. Finally, all data was gathered before thematic analysis, in order to ensure a fresh perspective of the participants' experiences (Creswell, 2013).

Purpose of the Study

The purpose of this study was to fill gaps in the current literature regarding therapists' experiences of their work with therapy dogs in couple and family therapy, in order to gain insight into CAP, and in hopes of educating other therapists who desire to work with CAP in relational therapy. The investigator also learned more about how therapists make decisions regarding their work with therapy dogs in relational therapy. These decisions can include: when therapists work with therapy dogs, the length of time therapy dogs are present, and the therapy dog's purpose in relational therapy sessions. This study also explored some of the unique benefits and challenges associated with working with a therapy dog in relational therapy. Licensed therapists were

selected based on their ability to fulfill certain criteria, such as: licensure, experience and trainings in working with couples and families, and their status as a therapy dog handler. Licensed therapists were also selected if they have used CAP in individual, couple, and family therapy sessions within the past five years. This study hoped to gain a greater understanding of the lived experiences of its participants, chosen based on their ability to fulfill certain criterion. In addition, this study sought to inform future research and clinical interventions that involve therapy dogs. This study contributed to the existing literature on the incorporation of dogs into therapeutic treatment.

Research Question

1. What are therapists' experiences of working with a therapy dog in couple and family therapy?
    a. How do therapists make the decision to work with therapy dogs in couple and family therapy?
    b. How do therapists work with therapy dogs in couple and family therapy?
    c. Do therapists experience differences when working with therapy dogs and individual clients, as opposed to in couple and family therapy?
    d. What are the advantages of working with therapy dogs in couple and family therapy?
    e. What are the challenges in working with therapy dogs in couple and family therapy?
    f. What do therapists recommend to other therapists who hope to work with therapy dogs in their couple and family therapy sessions?

Chapter II: Literature Review

Society has placed increased importance on companion animals, so the necessity of studying animal-related phenomenon is even more relevant. An animal-related phenomenon of importance is the incorporation of dogs into therapeutic settings. A majority of the literature regarding the human-animal bond addresses the relationship between dogs and their owners due to the fact that there are more than 60 million in the U.S. alone and attachments to dogs tend to be stronger than to other pets (Kurdek, 2008). This section reviewed the existing literature regarding the relevance of the human-animal bond, the history behind AAT and CAP, and dogs in psychotherapy including current guidelines (Fine, 2015). In addition, this section will review the effectiveness of CAP, the unique benefits and challenges associated with working with a dog in couple and family therapy, anecdotal outcomes for individual clients, and support for therapy dogs in couple and family therapy.

Relevance of the Human-Animal Bond

A 2013 qualitative study explored variations in pet owners' attitudes towards dogs, and their subsequent treatment and interaction with them, through a sample of thirty-four dog owners from the Midwestern U.S. (Blouin, 2013). The study reported that in 2006, 37.2% of U.S. households had dogs and 16.1 billion dollars was spent for their care (Blouin, 2013). The study suggested that the participants insisted that their dogs weren't "just animals", but sources of unconditional positive regard and support (Blouin, 2013). This was congruent with another study, (Friedmann et al., 2011) that suggested that pets are a form of social support and their presence is associated with reductions in stress responses to mild-moderate stressors and reductions in chronic levels of physiological stress indicators. In addition, a qualitative study, (Antonacopoulos & Pychyl, 2008), surveyed 107 dog owners and these owners reported that they

considered their pets "social facilitators", that not only broadened their networks, but also served as non-judgmental companions that offered a sense of security and companionship.

Another scholar, (Walsh, 2009) suggested that, above all, pet owners value the companionship, pleasure, and affection their pets provided them. Walsh (2009) supported other scholars who also suggested that the human-animal relationship provided benefits, such as increased empathy, family cohesion, affection, concern for other living things, in addition to the creation of learning opportunities regarding problem solving, family organization, roles and authority. The 2009 study also included a review of Cain's research, a Bowen-oriented family therapy educator, that surveyed pet owners and found that the majority of her sample believed that their pets truly understood when they confided in them, and that overall, their pets were "tuned in" to their feelings (i.e. happiness, tension, sadness, or anger) (Walsh, 2009). In other words, pets can serve as emotional barometers and sources of unconditional positive regard, which can be useful in various therapy configurations. Despite favorable attitudes and benefits of dog ownership, scholars have also suggested that attitudes towards dog ownership are influenced by the owner's cultural background (Blouin, 2013; Gray & Young, 2011). In some cultures, dogs can be considered as family members, or to provide services such as protection and/or hunting, or equal in status to humans (Blouin, 2013). Attitudes towards dog ownership and attachment styles may influence the perceived benefits of owning a dog.

History of Animal-Assisted Therapy (AAT) and Canine-Assisted Therapy (CAP)

As previously stated, in the 18th century, William Tuke introduced small animals to a mental hospital in order to create socialization and boost morale. In the U.S., animals were not intentionally incorporated into therapy until the 19th century by Dr. Boris Levinson (Date, 2011). Dr. Levinson, a clinician at the St. Elizabeth's Hospital located in Washington, D.C., brought his

pet dog, "Jingles", into his therapy office and observed one of his difficult, adolescent clients had made a connection with Jingles in the waiting room, so Levinson continued to bring Jingles to their sessions (Date, 2011). The initial discovery of pet therapy by Levinson was by accident. Simultaneously, other therapists, such as Murray Bowen and Sigmund Freud, observed the importance of considering pets in therapy (Date, 2011). Freud reported that his dog's presence, but particularly its neutrality, made it possible for his clients to move through a period of unconscious resistance (Date, 2011). Freud believed that the decreased resistance was due to an increased feeling of client safety and security in the presence of his dog, "JoFi" (Date, 2011). Bowen also reported on the importance of a pet in the family emotional system (Walsh, 2009). Bowen emphasized the inclusion of family pets in family diagrams and therapeutic conversation because of pets' influences on family stress and their ability to become triangle-d into the system (Walsh, 2009). As therapists began experimenting by bringing their own dogs into therapy, dogs were also incorporated into other settings, such as hospitals, prisons, and nursing homes. The presence of a therapy dog in these settings qualify as AAA and are more informal, can occur in a variety of settings, and aren't targeted for any particular person and/or medical condition (Huss, 2012).

Working with animals in order to increase therapeutic outcomes was called Animal-Assisted Therapy (AAT). AAT is defined as the use of "the human-animal bond in goal-directed interventions as an integral part of the treatment process" (Allen-Miller, 2014). AAT was formally recognized in the 21st century by two organizations - the American Psychological Association's division seventeen, section thirteen, on Animal-Human Interaction: Research and Practice and the American Counseling Association's Animal Assisted Therapy in Mental Health Interest Network (Allen-Miller, 2014). The majority of the research regarding the history of

AAT includes working with animals and individual clients or in non-psychotherapy settings, such as prisons, hospitals, and schools. Despite the limited research, John Haley was the first clinician to incorporate a dog in a family therapy session and chronicled this in his (1976) book, *Problem-Solving Therapy* (as noted in Parshall, 2003). Currently, the practice of working with a therapy dog in order to enhance therapeutic outcomes in goal-driven interventions is called Canine-Assisted Therapy (CAP). In CAP, therapists are provided the option of being their own therapy dog handler or hiring a volunteer handler on a short-term basis ("Become a Handler", n.d.). Since Haley, there has been limited empirical support and evaluation of outcomes for working with therapy dogs in couple and family therapy or in psychotherapy settings. Although, more published research may provide the field of marriage and family therapy (MFT) with a novel approach with the potential to invigorate couple and family therapy.

Therapy Dogs in Psychotherapy

The existing literature reported the importance of proper screening before incorporating therapy dogs into therapeutic settings. It has been suggested that therapists initially acquire information about the client's background that pertains to pet ownership, allergies, and attitudes towards animals (Parshall, 2003). For example, AAT may not be appropriate with a client who has no interest in working with a therapy animal or has never owned an animal. In addition, AAT may be appropriate for a client who is motivated to explore a phobia or fear of animals, but may not be appropriate for a client who is fearful of animals, but fear isn't one of their treatment goals. Aubrey Fine, a noted psychotherapist, provided guidelines on AAT (2015) and these guidelines have officially been endorsed by the Internal Association of Animal-Human Interaction Organization (IAHAIO) ("IAHAIO", 2014.). Fine compiled the current status of AAT and its data, theory, and guidelines in a handbook that was first published seventeen years

ago (Fine, 2015). Fine, and other contributors to the handbook, took a critical analysis of the best practices in AAT (Fine, 2015). Other AAT scholars have addressed the importance of different aspects of these guidelines in their literature reviews and supported therapists' careful consideration of the guidelines (Allen-Miller, 2014; Burke, 2016; DePompeo, 2016; Hatch, 2007; Rogers, 2015). Fine (2015) suggested that therapists consider three questions before incorporating animals into their treatment: (1) What benefits AAT can provide the client; (2) how AAT can be incorporated into the clinical intervention; (3) How the therapist will need to modify his or her approach in order to incorporate AAT (Date, 2011; Fine, 2015). The consideration of these three questions and the following guidelines, (Fine, 2015), may contribute to a field that currently lacks empirical research.

Guidelines. Fine (2015) created a list of guidelines for clinicians to use when using AAT with individual clients. The guidelines are organized chronologically and mirror one's thought process when brainstorming whether to use AAT, during its use, and later on as an assessment. These guidelines include: (1) The use of a "matrix of opportunity" in order to explore how the therapy animal may be integrated into treatment (Fine, 2015). The "matrix of opportunity" allows clinicians to carefully consider their intent and theoretical framework when using AAT with a client. (2) Determination of the category and approach of the therapy animal intervention (Fine, 2015). In other words, clinicians select a therapy animal based on how the category of the animal (implicit, explicit, or instrumental) will best meet the needs of not just the clinician, but the client and his or her goals, as well as the setting in which the clinician will practice from (Fine, 2015). Therapy animals can be used implicitly, such that the presence of the animal is used to enhance the relationship between clinician and client (Fine, 2015). Clinicians can passively reflect upon the presence of the therapy animal. Therapy animals can also be used

explicitly or as "passive therapeutic agents"; in this role, the therapy animal is used to encourage either sensory or cognitive processing (Fine, 2015). Therapy animals can also be used instrumentally, such that the therapy animal is used by the client to practice new skills and/or behaviors (Fine, 2015). (3) The therapy animal intervention can also be delivered one of two ways: a. in a diamond approach where an animal handler works with the clinician to deliver the therapy animal intervention or b. in a triangle approach where the clinician is also the therapy animal handler (Fine, 2015). The delivery approach of AAT may depend on factors such as the clinician's experience and/or comfort with AAT or the setting in which the clinician works. (4) Development of the therapy animal's job description is helpful for determining what role the animal will serve and this job description can also serve as a means of assessing whether or not the therapy animal is fulfilling their expected role (Fine, 2015).

The existing guidelines also include: (5) The use of the MacNamara Animal Capability Assessment Model (MACAM) in order to assess the "goodness of fit" between the therapy animal and the desired intervention (Fine, 2015). MACAM allows a clinician to specify duration of the therapy animal intervention, type of contact the therapy animal and client will have, target responses expected of the therapy animal to a client's emotional expression, and required interaction skills of the therapy animal (Fine, 2015). MACAM can be useful before implementing an AAT intervention and after, as a form of assessment of its effectiveness. (6) Consideration of the interaction between AAT factors (Fine, 2015). In other words, it is suggested that clinicians consider how factors such as the therapy animal's temperament, the practice setting, the client's goals for therapy, etc. may affect one another. (7) Consideration of the potential for stress on the therapy animal (Fine, 2015). It has been suggested that clinicians should not only consider benefits to their clients, but also potential disadvantages to their therapy

animal, such as exhaustion or burnout (Fine, 2015). Therefore, therapy animals may be chosen based on personality traits or temperament that would best fit the clinician's expectations for the role of the therapy animal in treatment.

These guidelines are beneficial when working with individual clients, but may not be enough to consider additional factors imposed when working with couples and families (Fine, 2015). For example, how can clinicians develop a job description for the therapy animal if there is no agreement on how the therapy animal will be used for each member of the system and their presenting problem? Also, what if one member of the system wants to limit contact with the therapy animal, yet another wants the therapy animal to participate more frequently in sessions? With the addition of more clients, it becomes unclear how a clinician will incorporate the therapy animal based on different presenting concerns and personalities and/or preferences of the clients. Similarly, it is uncertain how a clinician assesses whether the therapy animal is a good fit for all clients if the fit appears to be stronger with one client over another. Finally, clinicians can't always control how a therapy animal responds to each client, therefore, working with couples and families creates the challenge of having the therapy animal respond to each member appropriately and therapeutically.

Effectiveness of CAP in Psychotherapy. The CAP literature includes a few studies that address the effectiveness of CAP in a psychotherapy setting. One of those studies, (Kamioka et al., 2014), compiled a review of evidence from seven randomized controlled trials (RCTs), three of which were with dogs, on the effectiveness of AAT. The review showed that overall, the use of AAT improved mental health (e.g. anxiety and mood) and social behavior and participants reported that the "feeling and memory of an animal" allowed them to be more comfortable in the therapy setting (Kamioka et al., 2014). Other researchers conducted studies that looked at the

effectiveness of AAT with different client populations, particularly with children. Preliminary findings from an ongoing clinical trial using a canine-assisted intervention (CAI) specifically in a sample of twenty-four children with ADHD and their parents suggested that CAI had an impact on the reported improvements in children's "social skills, prosocial behaviors, and problematic behaviors" (Schuck et al., 2015). The study suggested that human-animal interactions are novel and therefore, have the potential to heighten emotional responses and cognition, as well as increase therapy attendance, which is also supported in the CAP literature (Schuck et al., 2015; Fine, 2010). In addition, the findings suggested that interactions with a dog can promote empathy and perspective-taking which can be effective treatment goals for couple and family therapy sessions which include more than one person and their perspective. The study's findings also suggested that the presence of dog can increase attention in children with ADHD, such that dog served as a prompt to re-focus one's attention in therapy (Schuck et al., 2015). Similarly, another study found that the presence of a therapy dog can increase playfulness and focus with children with pervasive developmental disorders in a therapy setting (Martin & Farnum, 2002). These finding may extend to couple and family therapy sessions, such as when the number of clients increases, so do opportunities for distraction, therefore, the presence of a therapy dog could allow for increased attention.

Another study suggested findings regarding how the presence of a therapy dog can provide more opportunities for children to be more compassionate towards another living creature (Gullone, 2003). Gullone (2003) created an assessment that measured children's' positive behaviors towards animals in hopes to provide credibility for the effectiveness of animal interventions with children with a history of animal cruelty. The study suggested that the presence of a live animal can provide opportunities for children to be more compassionate and

these findings may extend to couple and family therapy. Another researcher explored the effectiveness of incorporating a live animal, specifically a dog, into therapy as compared to other therapeutic modalities (Odendaal, 2000). Odendaal (2003) measured six neurochemicals associated with a decrease in blood pressure in both humans and dogs and found that when both species interacted, "neurochemicals involved with attention-seeking behavior increased" (Odendaal, 2000). The study's findings were congruent with what Friedmann and his co-workers found in regards to the physiology of positive human-animal interactions, such that the presence of a therapy dog can "decrease anxiety and sympathetic nervous system arousal by providing a pleasant external focus for attention, promoting feelings of safety, and providing a source of contact comfort" (Friedmann et al., 2011).

Benefits. The existing literature suggests a number of benefits associated with working with therapy dogs in therapeutic settings. Firstly, AAT can complement a therapists' existing theoretical orientation and is not meant to be used as the sole therapeutic intervention (Matas, 2012). Matas (2012) reviewed the AAT literature in order to explore how AAT is incorporated with different theoretical orientations. The findings suggested that Cognitive-Behavioral therapists can encourage clients to mindfully pet the therapy dog when in distress (Matas, 2012). In addition, the findings suggested that behavioral therapists can model reinforcement with the help of a therapy dog, humanistic therapists can benefit from the dog's ability to offer unconditional positive regard, and psychodynamic therapists can explore the feelings a client projects onto the dog (Matas, 2012; Kruger et al., 2004; Rogers, 2015). Other scholars have suggested that solution-focused therapists work with therapy dogs by exploring how clients can access positive feelings through contact with the dog, which create exceptions to the presenting problem, in order to increase these experiences outside of therapy (Date, 2011; Pichot, 2012).

Rogers (2015), reported that physical touch provides clients the opportunity to process bodily sensations and internal states, such as those in Gestalt therapy. AAT is unique in that it can be adapted to fit within almost any theoretical orientation and has the ability to enhance a therapists' perspective and capacity for understanding their client (Date, 2011).

There are particular client types and presenting concerns that may be of interest for therapists hoping to use CAP. The literature supports working with therapy dogs for specific benefits such as: "alliance building with children experiencing grief, victims of sexual violence, and clients in hospice care" (Parshall, 2003). Other scholars have reported therapy dogs' abilities to create a bridge and increase compliance between therapists and their withdrawn, depressed, uncooperative clients or clients with Asperger's, ADHD, or a trauma history (Olex, 2002; Kruger et al., 2004; Rogers, 2015). It has been suggested that therapy dogs can provide an alternate means for clients to create and maintain successful relationships with a living being (Rogers, 2015). These novel relationships between client and therapy dog can also serve as bridges to establishing greater trust with other people, outside of therapy (Date, 2011).

There are other ways in which a therapist can work with a therapy dog in psychotherapy. Allen-Miller (2014) interviewed seven different clients that worked with therapists who used CAP and found that 50% of the participants worked with therapists who utilized the following techniques: (1) reflection on client-therapy dog relationship; (2) encouragement of client-therapy dog interaction; (3) sharing of therapy dog's background with client; (4) animal stories and metaphors; (5) presence of therapy dog without any directive interventions; (6) facilitation of therapeutic discussion surrounding therapy dog's spontaneous behaviors (Allen-Miller, 2014). Participants in the Allen-Miller (2014) study reported on their therapists' ability to open up

conversations surrounding imperfection and flexibility through observation of the therapy dog's primitive behavior.

Additionally, therapy dogs can also create a nonverbal channel of communication. It has been suggested by scholars, that therapy dogs can make clients feel "safe, secure, loved, and worthwhile" via their wordless silence (Olex, 2002; Beck & Katcher, 1996). Another scholar expanded upon the reported, empathetic power of the dog and observed that human-animal communication can occur through the language of attachment (Date, 2011). Scholars indicate that the wordless silence of therapy dogs can be beneficial for clients who have been hurt by others' words or have difficulty processing challenging topics (Beck & Katcher, 1996; Date, 2011). Therapy dogs have the potential to act as mirrors for clients. In other words, therapists have used client-therapy dog interactions as opportunities for observing behaviors that are eliciting positive responses from the therapy dog (Date, 2011).

Challenges. The existing literature also suggested challenges of using CAP in psychotherapy. There is a need for more research addressing the underlying mechanisms of AAT that produce successful therapeutic outcomes, but without this, it is difficult for therapists to assess whether client-therapy dog interactions are actually therapeutic, or just enjoyable (Date, 2011). Scholars have suggested that therapists may bring therapy dogs into sessions with difficult clients in order to protect against aggression, interpersonal conflict, and negative transference (Date, 2011; Olex, 2002). Although, if a therapist were to allow space for these moments they could be therapeutic. Therapists should take into consideration client preferences towards CAP because later on, these clients may be hesitant to confide in their therapist that they do not care for the therapy dog (Date, 2011). Another scholar argued that this isn't necessarily a challenge and can provide an opportunity for clients to learn assertiveness (Olex, 2002).

Another challenge includes the therapist's attachment to their therapy dog and negotiating clients' needs and the therapy dog's needs. The primary attachment must always be between therapist-client in order to ensure the best client care. Clients may sense when the primary attachment becomes therapist-therapy dog and not therapist-client and this could create feelings of resentment, especially with clients with a borderline diagnosis or abandonment issues (Date, 2011). Other challenges include, but are not limited to: clients who hide behind the therapy dog, increased animal talk and decreased emotional talk, decreased expression of anger, safety issues, and increased triangulation (Date, 2011; Olex, 2002; Parshall, 2003). Before using CAP, therapists should create an alternative plan for when safety issues arise and a means for processing termination of the relationship between client-therapy dog (Fine, 2006). In other words, therapists should carefully consider how they process general absences of the therapy dog.

In summary, AAT is the purposeful act of working with a therapy dog in order to enhance client outcomes. Before incorporating CAP, therapists may consider areas such as: client types, configurations, and presenting concerns that may benefit most from CAP. Additionally, therapists may consider how CAP can fit within their theoretical orientation. Therapists typically assess throughout the course of treatment whether or not CAP presents a good fit for a particular client. This assessment goes beyond the fact that CAP is merely enjoyable for the therapist or client, but that it helps to increase therapeutic outcomes. The existing research has reported some unique benefits and challenges of using CAP in couple and family therapy sessions that may be of consideration to therapists.

Anecdotal Outcomes

Due to the limited number of empirical studies and evaluations of outcomes, information regarding therapy dog outcomes, especially with couples and families, comes from numerous case studies and therapist interviews (Fawcett & Gullone, 2001). Allen-Miller (2014) interviewed seven different clients that worked with therapists who used CAP and several themes emerged in these interviews. Almost all participants reported that the therapy dog provided no judgement, encouraged the client to stay present-focused, was comforting, or went largely unnoticed (Allen-Miller, 2014). One participant expanded upon the idea that the client-therapy dog relationship was different than the one between therapist-client in that the therapy dog served as a "friend" that the client could hug (Allen-Miller, 2014). This participant also reported that mutual pet ownership provided a common ground between therapist and client (Allen-Miller, 2014). Another participant hadn't reflected upon the importance of the therapy dog's presence until their interview and even likened the dog's presence to office furnishings (Allen-Miller, 2014). Although this participant hadn't initially observed the therapy dog's contributions, in reflection, the participant reported that the therapy dog "has been a significant addition to an already great therapeutic experience" (Allen-Miller, 2014).

Another study explored therapists' perspectives of their work with therapy dogs in individual therapy (Date, 2011). Date (2011), interviewed thirty-two therapists who conducted individual therapy with a therapy dog in a private practice setting (Date, 2011). One participant reported that their clients relaxed in the presence of the therapy dog, and as a result, could access more vulnerable parts of themselves with lowered defenses (Date, 2011). Another participant reported that their therapy dog was able to respond to a client's emotional experience before the therapist was fully aware of what was happening (Date, 2011). This study also included an

experience that Aubrey Fine, author of the novel *Afternoons with Puppy*, shared regarding his therapy dog's response to a client following a suicide attempt:

> Pushing up her left sleeve, she shows me her scars. As she lowers her arm, Sarah notices that Hart's eyes are fixed on that arm. At that moment, Hart then looks over at me with an expression on her face that I can only call puzzled, Hart looks back at Sarah and then Hart lowers her head and begins to lick the scars. Sarah is startled for a moment, but then sits quietly as Hart continues to lick the wounds. Finally, she bends over Hart and holds her close. (as noted in Date, 2011).

These case studies highlight the different ways therapists have worked with therapy dogs in psychotherapy and some have done so more directly and others more indirect. Regardless, therapists have reported observable benefits when working with therapy dogs and appreciated the dog's ability to act as an extension of the therapist, providing physical touch to clients. (Allen-Miller, 2014; Date, 2011).

Support for Therapy Dogs in Family Therapy

Despite the growing nature of the AAT field, there is limited research documenting working with therapy dogs in couple and family therapy. Although, there is adequate research regarding therapy dogs in individual therapy, in non-therapeutic settings, or in group therapy, there is not in couple and family therapy. Research supporting CAP is limited and research supporting the use of dogs in couple and family therapy settings is almost non-existent (Walsh, 2009). Despite the limited research, working with couples and families present certain issues: more members to join with, processes that need to be reflected, and power differentials. Therefore, a therapy dog may heighten therapists' capabilities of doing the aforementioned. As mentioned previously and to the best of the investigator's knowledge, there is only one existing

doctoral dissertation, Rogers (2015), that explored the impact of a therapy animal when incorporated into a family therapy setting. Rogers (2015), explored the impact of a therapy animal as it related to the therapist's ability to explore the therapeutic alliance, empowerment, and power.

Eight participants were interviewed and selected based on their ability to fulfill inclusion criteria such as: a license and/or training in marriage and family therapy, some practice with AAT, active practice of systemic theory with couples and families for at least two years post-graduation, capacity and willingness to participate in this study, sufficient time to participate, and ability to communicate effectively in English (Rogers, 2015). All participants reported that the inclusion of a therapy animal allowed for a non-hierarchical environment because the client-therapy animal relationship had "no judgment, values or political undertones" (Rogers, 2015). All participants also reported that the presence of a therapy animal allowed clients to feel more empowered by witnessing their dynamics (Rogers, 2015). Some of the participants reflected the behavior (i.e. tucked tail or seeking safety under couch) of the therapy animal back to the client system (i.e. husband raising his voice at wife) (Rogers, 2015).

Despite the limited research on working with therapy dogs in couple and family therapy, it is apparent that dogs have a great impact the lives of families and couples. A study on dog ownership found that married couples tend to be the population with the highest percentage of dog ownership (Burke, 2016). It has been suggested that couples with dogs have an overall, greater well-being and those who confided their pet dog, as well as their spouse, reported greater marital satisfaction and overall, physical and emotional health (Walsh, 2009). Other scholars have reported that married couples who owned pets had lower resting BP's and experienced decreased cardiovascular responses to stressful tasks in the presence of their pet, in comparison

to married non-pet owners (Fine, 2015). Along with physiological benefits, scholars have suggested that companion animals, such as dogs, are often considered family members and given status as such (Walsh, 2009; Morrow, 1998). Beck and Madresh (2008) explored the relationships between owners and their pet dogs and found that the structure of a couple relationship is similar to that of owner and pet dog (as noted in Rogers, 2015; Burke, 2016). The findings from this study also suggested that the human-animal attachment is similar to our attachments with other humans (Rogers, 2015; Burke, 2016). As referenced previously, in a survey of U.S. families, (Cain cited in Poresky & Hendrix, 1990), found that 52% of families reported increased quality time and 70% reported increased family happiness and fun after obtaining a family pet. It appears that pets can facilitate social cohesion in couples and families. Due to family and couples' positive experiences with pet dogs, the field of marriage and family therapy can make a case to explore working with therapy dogs in couple and family therapy.

Even though there is limited research regarding working with therapy dogs in couple and family therapy, at minimum, therapists can explore relationships with family pets through a genogram and can obtain information concerning clients' support systems, relational dynamics, presence of domestic violence, and the intent to act on suicidal ideation (Allen-Miller, 2014; Walsh, 2009). Discussion of pets has the potential to reveal a plethora of information regarding the family and/or couple dynamic. For example, with a couple, a therapist can explore how both partners discipline, nurture, and attach with their pet (Walsh, 2009; Burke, 2016). Therapists can also expand upon the idea that dogs can hold a position that is similar to a child for a couple and encourage the couple to compromise, communicate, and negotiate via the therapy dog (Burke, 2016). The presence of a therapy dog in session can also allow for couples and families to communicate with increased awareness. For example, a therapist can process the therapy dog's

reaction to in-session conflict and encourage clients to self-regulate through the therapy dog before returning to conflict resolution (Burke, 2016). It appears that the presence of a therapy dog can be beneficial at any stage of couple and family treatment.

Conclusion

It is apparent that there is limited research in the field of AAT and even more so in CAP. Despite evidence that pet dogs can greatly impact the couples and families, there is limited published research that explores therapists' experiences with working with a therapy dog in psychotherapy. Furthermore, this study sought to explore therapists' experiences of working with a therapy dog in couple and family therapy.

Chapter III: Methods

Design of the Study

This study utilized a phenomenological approach, in accordance with Moustakas (1994), and highlighted how participants describe their experiences of working with a therapy dog in couple and family therapy. This study employed qualitative semi-structured interviews with open-ended questions, and one demographic questionnaire. The demographic questionnaire included questions that were adapted from the questionnaire used in the study by Rogers (2015). The initial qualitative interview lasted anywhere between 45-60 minutes. If necessary, a follow-up interview was conducted for purposes of clarification. The demographic questionnaire was collected and analyzed in order to describe the type of sample being researched and how this study's findings may be applicable to other demographics. Interviews were collected and analyzed by the investigator. The investigator highlighted pertinent themes that emerged in the data. Throughout the study, the investigator bracketed out her experience with receiving support from an animal-human interaction. The investigator also made every effort to set aside her personal bias in her desire to use CAP with future clients.

Study Participants

This study interviewed between eight and twelve participants in anticipation of reaching saturation of the research findings (Creswell, 2013). Specifically, eight participants were interviewed in this study. The number of participants would have increased if the investigator felt that data saturation was not met. The investigator ceased interviews when emerging themes and findings became redundant. The sampling was purposive and criterion, in order to ensure that each participant fulfilled the criteria of having experienced the particular phenomenon, working with therapy dogs in couple and family therapy. The investigator also employed

snowball sampling by asking participants for referrals to other therapists who fulfilled this study's criterion. This study recruited licensed therapists from the United States that had incorporated therapy dogs in their individual, couple and family therapy sessions within the last five years. Therapists were all licensed therapists in the United States, had experience and/or trainings in working with couples and families, had experience and/or trainings in AAT, and were therapy dog handlers. Therapists were required to speak to their experiences with working with therapy dogs in individual, family and couple configurations that took place within the last five years.

In order to obtain a sample, an email was sent out to therapists through the VT MFT list serve, the Women's Center list serve, and other various AAT and CAP organizations and list serves. If possible, interviews were conducted at the therapist's office in order to enhance the quality of the data collected (Creswell, 2013). In total, two interviews were conducted in-person at the participant's office. Although, if participants were unable to meet at their office, another location was mutually agreed upon. If the participant was located outside of a drivable distance to the investigator, the interview took place via a phone call or Skype interview. These interviews were semi-structured, open-ended, and lasted anywhere from 45-60 minutes.

Procedures

A proposal was submitted to the Institutional Review Board (IRB) for approval. The board was informed of how participants' confidentiality was protected through the elimination of all identifying information and creation of aliases for both therapists and therapy dogs. Upon IRB approval, participants were recruited through emails sent out to various list serves. This email included a recruitment script that detailed this study's purpose, potential risks and benefits, and compensation. The recruitment script also provided contact information, such as the

investigator's phone number and email address. The investigator also contacted participants who fulfilled this study's criteria by looking up potential participants in AAT and CAP databases and on participants' online websites. All identifying information, including names, email addresses and phone numbers remained secure in a password protected database and were deleted upon completion of this study. If a participant did not fit this study's inclusion criteria, their demographic form was shredded. The participants that met inclusion criteria received a phone call or an email from the investigator in order to set up an interview time, location, and modality. A follow-up call or email was sent if the participant did not respond after two weeks. Interviews took place in-person, over the phone and through Skype. Selected participants were required to agree to an audio recording of the interview. These interviews were pilot tested by the investigator in order to ensure flow. Additionally, participants were made aware that they were asked to sign an informed consent prior to the interview and that the interviews would last anywhere from 45-60 minutes. The informed consent detailed this study's purpose, potential risks and/or benefits, compensation, confidentiality, and participants' ability to withdraw anytime during this study. The informed consent was either signed in person or sent via email for participant review.

The interview began when informed consent was obtained via the participant's signature, if the interview was conducted in-person. The interview also began when informed consent was obtained verbally if the interview was conducted via Skype or phone call. The investigator ensured that each interview was conducted in private by asking the participant to move to a discrete interview location. Each interview was audio recorded and notes were taken during the interview. These notes were both descriptive and reflective in nature, and looked at both process and content through a two-column style (Creswell, 2013). Interviews and notes were

transcribed, excluded any identifying information, and were password protected on the investigator's laptop. Immediately after each interview, the investigator kept a journal of her experiences of the interview and reported on any biases in order to ensure bracketing. After interview transcription, further coding was employed in order to highlight any major, emergent themes. Participants also had the opportunity to review their transcripts in order to ensure that the investigator created an accurate perspective of the participant's experience. Participants had the opportunity to review their transcripts via email. The transcript was in the form of an email attachment, did not include any identifying information, and was password-protected. Participants were provided with their password in a separate email. Participants could edit their responses however they chose to do so. Participants were asked to complete their edits within one week of receiving the initial email. Once transcripts were returned to the investigator, participants were compensated with a $25 Visa Gift card. Participants were asked to sign a form, either in writing or electronically, that stated they had received their appropriate compensation for participation in this study.

Instruments

Demographic information. This demographic questionnaire included questions that described participants in the following areas: age, gender, race/ethnicity, licensure status, type of license, number of years as a practitioner, experience and trainings in working with couples and families, experience and trainings in using AAT (i.e. number of years) , therapy dog handler certification and when obtained, therapy dog's certification and/or registration and when obtained, and estimated work with the therapy dog in family and couple sessions within the last five years (see Appendix B). These questions were inspired by the questionnaire used in the (Rogers, 2015) study.

Qualitative Interview. The interviews were semi-structured so that the investigator could ask follow-up questions in order to ensure a rich understanding of the participants' experiences (Creswell, 2013). Each interview lasted anywhere between 45-60 minutes and questions focused on the participants' experience working with a therapy dog in family and couple sessions. The interview questions addressed: how therapists based their decision to incorporate therapy dogs into their couple and family therapy sessions, how they incorporated their therapy dogs (i.e. length of time, purpose), the impact of the therapy dog (i.e. strengths and challenges), and recommendations for other professionals hoping to use CAP in relational therapy (see Appendix D).

Data Analysis

This study employed coding in accordance with Moustakas' phenomenology (Creswell, 2013). The investigator and the co-investigator comprised the coding team. The investigator transcribed each interview and the coding team read through each interview twice. Transcriptions were read twice because, according to Moustakas (1994), the "sense of the whole" is a product of reading each transcript multiple times. On the second read, the coding team memo-ed for initial themes, codes, questions, and in vivo codes. The coding team then collaborated and compared their initial themes, codes, questions, and in vivo codes. Prior to coding, the coding team reflected back to their journals and bracketed out their own interpretations so that only the participants' descriptions were coded. The coding team discerned significant statements related to how therapists experience working with a therapy dog in their family and couple therapy sessions. Horizonalization, which is the first step in transcendental phenomenological analysis, included the identification of specific significant statements that provided information about the participants' experiences working with therapy dogs in couple

and family therapy (Moerer-Urdahl & Creswell, 2004). A list of these significant statements was created, compared amongst the coding team, and grouped into meaning units, or emergent themes. Before significant statements were grouped into themes, these statements were arranged in a table, in no particular order, as a means of better understanding the range of perspectives in regards to the phenomenon; this range of perspectives created a "horizon" or a textural structure to the phenomenon (Moerer-Urdahl & Creswell, 2004). Themes were defined and supported by verbatim quotes from the participants' experiences. These themes and verbatim quotes were collaborated and agreed upon by the coding team. These themes provided the coding team an opportunity to further create a rich description of *what* was experienced through textual descriptions and *how* it was experienced through structural descriptions. Textural descriptions included the language participants used to describe or explain the phenomenon and structural descriptions included participants' descriptions of the context(s) where the phenomenon occurred (Moerer-Urdahl & Creswell, 2004). Imaginative variation was then used to employ additional meanings from different "perspectives, roles, and functions"; imaginative variation further illuminated structural descriptions of the phenomenon (Moerer-Urdahl & Creswell, 2004). Together, the what and the *how* comprised participants' intentional structure of consciousness (Creswell, 2013). The *what* and *how* was integrated in order to construct the "essence" of the phenomenon through the means of intuitive integration (Moerer-Urdahl & Creswell, 2004). The investigator analyzed the essence of the phenomenon through methods of reduction and the constitution of meaning (Creswell, 2013).

Throughout the data analysis process, the investigator checked in with participants by asking if their experience was being captured both honestly and accurately through reflective questioning during the interview. The investigator also created an opportunity for each

participant to make edits to their transcriptions. Participants in this study were provided with an electronic transcript of their interview via email and were asked to make edits or modifications within one week of receiving the initial transcript. Throughout the process of data analysis, the investigator collaborated with the co-investigator, or the coding team, in order to ensure the trustworthiness of the findings. Credibility was established through coding team consensus on significant statements, codes, themes, and this study's final draft. Validity of this study's findings were corroborated by the use of triangulation by the investigator. This study's sample included a variety of therapists with different backgrounds, therefore, triangulation was employed in order to examine the consistency between these different data sources.

Personal Bias of the Investigator

The investigator purposefully chose transcendental phenomenology in order to explore participants' experiences in this study due to the focus of transcendental phenomenology. Transcendental phenomenology considers participants' experiences without the lens of personal biases or assumptions (Moustakas, 1994). Due to the investigator's personal bias, it was deemed that a transcendental phenomenological approach would be the best fit for this study in order to ensure the validity and reliability of results. The investigator addressed her personal bias towards the human-animal connection throughout the course of this study, particularly in the first step of the phenomenological reduction process which was epoche (Moerer-Urdahl & Creswell, 2004). The investigator has experienced positive, healing relationships with dogs and experienced the feeling of not being judged, but simply being understood. The investigator also hopes to employ AAT in her future practice. Therefore, the investigator ensured that careful bracketing and reflexivity was used throughout this study. The investigator made an effort to consistently check in with the participants, the coding team, and her own journaling in order to

maintain objectivity. The coding team compiled a journal of personal biases, thoughts, and feelings towards CAP throughout this study. Journaling of personal biases and assumptions was done before data analysis, particularly in the epoche stage (Moustakas, 1994). The coding team consistently reflected back upon their own personal biases towards the potentially-healing nature of the human-animal bond by referring back to journals. The coding team also collaborated during data analysis including: codes, significant statements, and themes. The coding team achieved consensus on these codes through careful discussion, which took place via in-person meetings, phone calls, and/or password-protected email correspondence. Finally, the investigator checked in with participants in order to ensure that she was understanding their experiences of the phenomenon by using reflective listening during the interviews, probing for clarification, and creating the opportunity for participants to edit their transcriptions for completeness and accuracy of findings.

Chapter IV: Manuscript

Therapy Dogs in Couple and Family Therapy – A Therapists' Perspective

The human-animal connection has been studied by a number of scholars who note the importance of the support, nurturance, loyalty, curiosity, and attentiveness that a dog can provide to his or her human companion (Beck & Katcher, 1996; Walsh, 2009). Dog ownership can create opportunities for the owner(s) to learn, possess, and enact new responsibilities and increased opportunities for socialization and connection, not only with the dog, but also with others (Friedmann, Allen & Barker, 2011; Turner, 2005; Walsh, 2009). Due to these observed benefits, dogs began to be introduced into hospitals, private practices, and agencies in order to treat clients with a variety of psychological problems. This practice has been growing over time and has come to be known as Canine-Assisted Psychotherapy (CAP) and is also nestled under the umbrella of Animal-Assisted Therapy (AAT) (Date, 2011).

Despite its growth, there has been limited research on working with therapy dogs in psychotherapy (Date, 2011; Fawcett & Gullone, 2001; Walsh, 2009). Nonetheless, therapists have reported that therapy dogs have been used in the context of Solution-Focused therapy and Canine-Assisted Play therapy when working with clients presenting with anxiety, sexual trauma, and intellectual disabilities due to dogs' ability to create a bridge between therapist and client (Date, 2011; Matas, 2012; Pichot, 2012; Schuck et al., 2015; Thompson, Mustaine & Weaver, 2008). In Solution-Focused therapy, positive therapy-dog client interactions are used as exceptions to the client's presenting problem and the therapy dog's presence allows the client to remain present-focused which coincides with the focus on solutions (Pichot, 2012). In addition to working with a therapy dog in individual therapy, dogs have also been incorporated into couple and family therapy sessions. A search of therapists' online LinkedIn profiles and

"Therapist Finder" revealed that over 4,900 licensed therapists in United States offer AAT when working with couples or families.

Despite the limited research, but given the increasing number of therapists that work with therapy dogs in their practice, guidelines have been developed to guide individual work with AAT. These guidelines focus mostly on evaluating the compatibility between a client's characteristics, presenting concerns, and therapy goals with the presence of a therapy animal in session, along with the animal's temperament and needs (e.g., Fine, 2015). However, these guidelines and the limited existing research have not typically addressed working with a therapy dog in couple and family therapy sessions. To the best of the author's knowledge, only one qualitative study, (Rogers, 2015), has examined clinical work with a therapy animal with couples and families. Findings from this study indicated that working with a therapy animal in couple and family sessions contributed to create non-hierarchal therapeutic alliances, allow the client system to take ownership of their own power, and make power differentials more visible within the client system (Rogers, 2015). Additionally, this study reported that the presence of a therapy animal, in particular a therapy dog, may create increased awareness for a couple or family into how they interact; for example, a family or couple may lower their tone of voices in order not to upset the therapy dog and overall, cognizant of the therapy dog's reactions towards their dynamic (Rogers, 2015). Despite its contributions, this study only interviewed therapists that identified themselves as feminist family therapists and not all participants had direct experience using AAT with couples and families. Furthermore, the reported experiences did not only refer to therapy dogs, but also included other therapy animals, such as horses, goats, mice, cats, and rabbits (Rogers, 2015).

Considering the limited research and absence of guidelines to do AAT and CAP with couples and families, the present study sought to examine the experiences of licensed therapists who work directly and exclusively with therapy dogs in their couple and family therapy sessions. In this way, this study attempted to address the gap in the CAP literature regarding work with a therapy dog in couple and family therapy sessions and to inform therapists that wish to include a therapy dog in the treatment of couples and families.

Review of the Literature

History of Therapy Dogs in Psychotherapy

Initially, animal handlers, volunteers, and therapists brought their dogs into work for a variety of reasons, including, but not limited to: for their own pleasure, providing others comfort, and creating cohesiveness within the setting. The act of bringing a dog, or another therapy animal, into a setting without careful consideration of a particular client or his or her treatment plan is considered an Animal-Assisted Activity (AAA) (Huss, 2012). Clinicians, such as Freud and Haley, dabbled in working with dogs in psychotherapy settings, although this was largely by accident (Allen-Miller, 2014; Date, 2011; Parshall, 2003). Freud and Haley observed the positive interactions their more difficult clients had with their pet dogs in the waiting room and decided to bring their dogs into session (Allen-Miller, 2014; Date, 2011). The field then recognized the need for a formal animal-assisted intervention and this was called AAT at some point during the 21st century (Allen-Miller, 2014; Date, 2011; Parshall, 2003). It was also during the 21st century the term Canine-Assisted Psychotherapy (CAP) was coined to describe "the practice of allowing a trained therapy dog [animal] to assist in the psychotherapy process" (Piper, 2014). In CAP, therapists are provided the option of being their own therapy dog handler or hiring a volunteer handler on a short-term basis ("Become a Handler", n.d.). In

psychotherapy, dogs are classified as therapy dogs which are defined as having "responsibilities to provide psychological or physiological therapy to individuals other than their owners" ("Introduction to Therapy Dogs and Other Therapy Animals", 2017). Therapy dogs have different responsibilities than service dogs, who are responsible for assisting their owner to become more independent and emotional support dogs, who's primary role "is to provide their disabled owners with emotional comfort" ("Introduction to Therapy Dogs and Other Therapy Animals", 2017).

Current Guidelines

Aubrey Fine, an experienced and noted AAT psychotherapist, has provided guidelines on AAT (2015) and these guidelines have officially been endorsed by the Internal Association of Animal-Human Interaction Organization (IAHAIO) ("IAHAIO", 2014). Fine compiled the current status of AAT and its data, theory, and guidelines in a handbook that was first published seventeen years ago (Fine, 2015). Fine, and other contributors to the handbook, took a critical analysis of the best practices in AAT. Other AAT scholars have addressed the importance of different aspects of these guidelines in their literature reviews and supported therapists' careful consideration of the guidelines (Allen-Miller, 2014; Burke, 2016; DePompeo, 2016; Hatch, 2007; Rogers, 2015). According to Fine, therapists should carefully consider the following three questions before incorporating animals into their treatment: (1) What benefits can AAT provide the client; (2) How can AAT be incorporated into the clinical intervention; (3) How will the therapist need to modify his or her approach in order to incorporate AAT? In addition, Fine proposed specific guidelines. Firstly, a therapist should consider how he or she intends to work with the therapy animal in order to enhance therapeutic outcomes (Fine, 2015). Secondly, therapists should determine the specific function (e.g. implicit, explicit, instrumental) or purpose

of the therapy animal and whether this role is best suited to the client's treatment goals (Fine, 2015). An implicit use implies that an animal's contributions to therapy are simply their natural behaviors. Therapy animals are considered to be used explicitly when their behaviors encourage sensory or cognitive processing (Fine, 2015). Therapy animals can also be used instrumentally, such that the therapy animal allows the client to practice new skills and/or behaviors (Fine, 2015).

Thirdly, therapists should determine their approach to working with the therapy animal, or whether or not they should incorporate an animal handler (Fine, 2015). Fourthly, therapists should consider the "goodness of fit" between the therapy animal and desired outcomes so that the clinician specified duration, type of contact, target responses, and required interaction skills of the therapy animal (Fine, 2015). The fifth and sixth steps encouraged therapists to consider the interplay between factors such as, the practice setting and most importantly, consideration of the potential stress to the therapy animal (Fine, 2015). In summary, there are existing guidelines that therapists can consult before using AAT in their practice when working with individual clients, but it remains unclear if these guidelines extend to couple and family therapy. In the present study, the AAT guidelines inspired inquiry into the experiences of therapists working with therapy dogs in couple and family therapy.

Effectiveness of CAP in Psychotherapy

The literature includes a handful of studies that address the effectiveness of CAP in a psychotherapy setting. One of those studies, (Kamioka et al., 2014), compiled a review of evidence from seven randomized controlled trials (RCTs), three of which were with dogs, on the effectiveness of AAT. The review showed that overall, the use of AAT improved mental health (e.g. anxiety and mood) and social behavior (Kamioka et al., 2014). In addition, preliminary

findings from clinical trials with children with ADHD or pervasive developmental disorders and a canine-assisted intervention (CAI) suggested that CAI had an impact on emotional responses and cognition, as well as increased therapy attendance, which is also supported in the CAP literature (Schuck et al., 2015; Fine, 2010). In addition, the findings, which were congruent with Martin and Farnum (2003), suggested that interactions with a dog can promote empathy and perspective-taking which can be effective treatment goals for couple and family therapy sessions which include more than one person and their perspective.

In addition to the effects on cognition and emotional responses, scholars have suggested that the presence of a dog has an impact on our neurobiology, as well as the dog's (Odendaal, 2003; Friedmann et al., 2011; Horowitz, 2009). It has been suggested that the presence of a dog can "decrease anxiety and sympathetic nervous system arousal by providing a pleasant external focus for attention, promoting feelings of safety, and providing a source of contact comfort", as well as increase the neurochemicals involved with attention-seeking behavior (Friedmann et al., 2011; Odendaal, 2003).

Support for Work with Therapy Dogs in Couple and Family Therapy

As noted earlier, the only study, (Rogers, 2015), that has examined AAT with couples and families provided initial support for the use of this treatment modality with couples and families. This study found that the inclusion of a therapy animal can allow the therapist to work within the hierarchy of system members, artfully weaving between empowering the hierarchy, when necessary, such as with parent-child relational issues (Rogers, 2015). In addition, this study found that the therapy animal is appealing to all system members and has the potential to unite them over a unique commonality, their connection to the therapy animal (Rogers, 2015). Other scholars explored the experiences of therapists and/or clients who worked with a therapy

dog in individual therapy and their findings suggest that therapy dogs can increase therapy attendance, create a bridge for connection between therapist-client, and help clients to move through unconscious resistance (Allen-Miller, 2014; Date, 2011; Olex, 2002; Schuck et. al, 2015). Similarly, scholars have reported on therapy dog's abilities to enhance client's self-regulation in individual therapy or create opportunities for mindfulness practice (Matas, 2012; Pichot, 2012).

Despite the limited research regarding therapists' work with therapy dogs in couple and family therapy, the existing literature emphasized the importance of dogs' positive impacts on the lives of couples and families. For example, (Allen, 1995) explored the social interaction patterns in the everyday lives of couples and the findings suggested that married couples are the population with the highest percentage of dog ownership and these couples have a greater well-being, marital satisfaction, and overall, greater physical and mental health (as noted in Walsh, 2009). Additionally, scholars have indicated that dogs are often considered family members and given statuses as such (Walsh, 2009; Morrow, 1998). A survey of U.S. families, (Cain cited in Poresky & Hendrix, 1990), indicated that 52% of families reported increased quality time and 70% reported increased family happiness and fun after obtaining a family pet. It can be assumed that pet dogs can facilitate social cohesion within client systems. Despite favorable attitudes and benefits of dog ownership, scholars have also suggested that attitudes towards dog ownership are influenced by the owner's cultural background and in some cultures, dogs are not regarded as family members, but as means of providing services such as hunting, protection, or food (Blouin, 2013; Gray & Young, 2011). Attitudes towards dogs may influence therapists work with CAP in psychotherapy. Finally, it has been suggested by previous scholars that, in therapy, dialogue around pet ownership has the potential to reveal a plethora of information regarding the system's

dynamics, such as sources of support, relational dynamics, parenting styles and discipline, the presence of domestic violence, and the intent to act on suicidal ideation (Allen-Miller, 2014; Walsh, 2009). In summary, there is some, although limited, evidence to support the idea that therapists can work with therapy dogs as a useful means of addressing important goals in family and couple treatment plans.

The Present Study

The present qualitative study utilized a phenomenological approach (Creswell, 2013) in order to understand the experiences of licensed therapists who did couple and family therapy with a therapy dog and the existence of any potential differences between working with a therapy dog in individual therapy and couple and family therapy sessions. A transcendental phenomenological perspective allowed the investigator to consider participants' experiences without a lens clouded by personal biases or assumptions (Moustakas, 1994). Areas of exploration included participants' decisions to work with therapy dogs in couple and family therapy, how therapists worked with therapy dogs in session, the impact of the therapy dog's presence, advantages and challenges of working with a therapy dog, and recommendations to other therapists who hope to work with therapy dogs in their own practice with couples and families. In depth, semi-structured qualitative interviews were administered in person and over the phone and participants were given opportunities to modify their transcribed interview within one week of the actual interview date in order to obtain a richer understanding and a "fresh perspective" of participants' experiences (Moustakas, 1994). Participants were asked to send their modifications back within two weeks.

Methods

Participants

Eight licensed therapists who worked with a therapy dog in their couple and family therapy sessions within the last five years were interviewed for the present study. Participants were recruited through purposive, criterion, and snowball sampling methods through emails sent to marriage and family therapy (MFT) and AAT list serves, a posting on an Internet social media website, and the investigator's online search of CAP therapists. It was difficult to locate participants for this study and this may be due to the lack of recognition of and empirical support for CAP. Potential participants were screened through a demographic questionnaire. Inclusion criteria included being a licensed therapist that had experience working with therapy dogs in couple and family therapy within the last five years, having completed at least one course and/or training in systemic therapy in their career, and being the handlers of their therapy dog. Five years was the maximum amount of time participants had used AAT, in order to ensure that participants were able to speak clearly about their experiences. Participants were required to be the dog handlers because of the personal relationship that is constructed between handler and therapy dog. The investigator also felt as if participants who were not the handlers of their therapy dog would produce a different set of experiences than therapists who are also handlers.

If the inclusion criteria were met, the participant was asked to provide the investigator with their availability to complete an interview. The sample included eight licensed therapists who were interviewed for this study. Two of the eight participants were interviewed in their office with their therapy dog. In these cases, the investigator had the opportunity to witness how the therapy dog greets and says goodbye to clients, as well as some indication of their behaviors during session. Although, both dogs were told that they were not working in the investigator's

presence, therefore, they were more relaxed. One of the two therapy dogs completed a series of tricks for the investigator in order to observe the shift in neurobiology. All participants identified as female and Caucasian, with the exception of one male participant and were aged between forty-six and seventy-one years old. All participants were licensed therapists in the United States as marriage and family therapists (LMFT), clinical social workers (LCSW), professional counselors (LPC), and psychologists (Ph.D., MEd). One participant identified as a LMFT and M.Ed., three participants were LCSW's, two participants LPC's, and two participants Ph.D.'s. Years of experience working with couples and families ranged from eight to thirty-seven years. Number of systemic courses and/or trainings completed throughout their career ranged from at least one systemic course to more than ten. All participants were the handlers of their therapy dog and years of experience working with a therapy dog in psychotherapy ranged from one to thirty years. Despite the fact that certification as a therapy dog handler was not a requirement to participate in this study, six participants identified as certified therapy dog handlers, one was in the process of obtaining certification, and only one was not certified. Similarly, in spite of not requiring the therapy dog to be certified, seven participants reported that their therapy dogs were certified and one participant was in the process of obtaining certification. Likewise, even though registration as a therapy dog team was not an inclusion criteria, four of these participants were a part of a registered therapy dog team. Additional demographic information about the participant sample can be found below in Table 1.

Table 1. Demographics

Alias	**Age**	**Gender**	**Race/ Ethnicity**	**Dog Alias**	**License**	**Systemic Courses**	**Work with Couples/ Families (Years)**	**Work with CAP (Years)**	**Handler Cert.**	**Dog Cert.**	**Register**
Julie	67	Female	Caucasian	Brody	LMFT; M.Ed.	5-10	37	20	Yes	Yes	N/A

Kelsey	71	Female	Caucasian	Bella	LCSW	>10	33	28	Yes	Yes	N/A
Amanda	63	Female	Caucasian	Luna	Ph.D.	>10	33	30	Yes	Yes	Yes
Davis	58	Male	Caucasian	Buster	LPC	2-5	12	5	Yes	Yes	Yes
Ruth	54	Female	Caucasian	Sophie	LCSW	2-5	8	7	No	Yes	No
Ashley	69	Female	Caucasian	Gia	Ph.D.	At least 1	30+	5	Unsure	Yes	Yes
Kat	58	Female	Caucasian	Lady	LCSW	2-5	10	1	Yes	No	Yes
Claire	46	Female	Caucasian	Lilly	LPC	2-5	14.5	6	No	Yes	No

Note. Cert. and Register are shorthand for certification and registration (as a team).

Instruments

Demographic Questionnaire. Participants were asked to complete a demographic questionnaire prior to the interview. The demographic questionnaire included questions about participants' age, gender, race/ethnicity, licensure status, type of license, number of years as a licensed therapist, experience and trainings that address working with couples and families, experience and trainings that address using AAT (i.e. number of years), therapy dog handler certification and when obtained, therapy dog's certification and registration and when obtained, and estimated work with a therapy dog in family and couple sessions within the last five years (see Appendix B). The demographic form did not include any identifying information, such as participant or their therapy dog's name.

Semi-Structured Interviews. If the participant met inclusion criteria, they were interviewed, either in-person or via phone, and the interview lasted anywhere from 45 to 60 minutes. Semi-structured interviews were conducted in order to gather more information about therapists' experiences working with therapy dogs in couple and family therapy. The interview addressed the following areas: how therapists based their decision to incorporate therapy dogs into their couple and family therapy sessions, how they incorporated their therapy dogs (i.e. length of time, purpose), the impact of the therapy dog (i.e. strengths and challenges), and

recommendations for other professionals hoping to use AAT in systemic therapies (see Appendix D). The interviews were audio-recorded and then transcribed by the investigator. The investigator reviewed each transcript multiple times in order to ensure accuracy of transcription and remove any identifying information. Participants were given the opportunity to review their transcriptions in order to modify, provide additional, or reflect upon their thoughts. Two of the eight participants elected to modify parts of their transcription. Throughout the data collection phase, the investigator stored all notes and transcriptions in a password-protected file and only the investigator had access to the password.

Procedures

If eligibility criteria were not met, the participant's demographic form and all other identifying information was shredded. If eligibility criteria were met, an informed consent was obtained from each participant prior to the interview. For phone interviews, the consent form was emailed and verbal consent was obtained on the phone before the interview took place. For face-to-face interviews, participants signed the consent form prior to the beginning of the interview. Participation in this study was voluntary. At the end of the interview, participants were given or mailed a $25 Visa gift card to compensate for their participation in the study. All interviews were transcribed by the investigator and all identifying information (i.e. participant names) were removed and aliases were used for both therapists and therapy dog names. Interview transcriptions, as well as forms with identifying information (e.g. informed consent, demographic questionnaire, and gift card receipt), were stored in a password-protected database that only the investigator had access to.

Analysis

The present study employed data analysis in accordance with Moustakas's transcendental phenomenology (Creswell, 2013). Given the investigator's personal bias towards the human-animal connection, a transcendental phenomenological framework was appropriate because this framework allows for analysis of the "essence" of human experiences not clouded by personal biases or assumptions (Moerer-Urdahl & Creswell, 2004; Moustakas, 1994). In the first step of the data analysis, the coding team read through each transcript twice in order to immerse themselves in the data and get a sense of the whole (Creswell, 2013). Upon the second read, the investigator and co-investigator coded for initial memos and themes. In the second step, called horizontalization, the team selected significant statements that related to therapists' experience of working with a therapy dog in couple and family therapy (Moerer-Urdahl & Creswell, 2004). Significant statements were listed and arranged in a table, in no particular order, as a means of better understanding the range of perspectives in regards to therapists' experiences with the phenomenon and then in the third step, grouped into meaning units, or emergent themes (Moerer-Urdahl & Creswell, 2004). In the fourth step and from the thematic analysis, the investigator provided a rich description of *what* was experienced through textual descriptions and *how* it was experienced through structural descriptions (Moerer-Urdahl & Creswell, 2004). Textural descriptions include participants' language to describe the phenomenon and structural descriptions include participants' descriptions of the context(s) where the phenomenon occurred (Moerer-Urdahl & Creswell, 2004). In the fifth step, the textural and structural descriptions were compiled into a composite description of the phenomenon by a process called "intuitive integration" (Moerer-Urdahl & Creswell, 2004). The composite description included additional

meanings from different "perspectives, roles, and functions" and further enhanced the structural descriptions (Moerer-Urdahl & Creswell, 2004).

Prior to data collection and in the first step of the phenomenological reduction process, or the epoche stage, the investigator kept a journal of her biases in order to bracket out her own interpretations and instill a fresh perspective of the participants' responses (Moutakas, 1994). Throughout the data collection phase, the investigator consulted her journal and took two-column notes after each interview; these notes were descriptive and reflective in nature. As stated previously, each participant was given the opportunity modify his or her transcription in order to ensure accuracy of their experiences. Throughout the data analysis, the coding team worked together in order to ensure the reliability and validity of study findings by consulting one another and coming to a consensus about the findings.

Investigator Characteristics

Only the main investigator identified herself as a dog lover, whereas the co-investigator did not. The main investigator has a long, personal history of dog ownership, but the co-investigator does not. The investigator's biases led her to further investigate CAP. In the epoche stage, the main investigator journaled about her biases, assumptions, thoughts and feelings surrounding AAT, specifically with therapy dogs (Moustakas, 1994). Throughout the study, the investigator ensured that she reviewed her biases by consulting her journal, her two-column styles notes after each interview, and through consultation with the co-investigator.

Findings

Participants' responses were grouped into the following content areas: (a) managing the therapy dog's presence in couple and family therapy, (b) benefits of CAP in couple and family

therapy sessions, (c) benefits for the therapy dog, and (d) challenges of CAP in couple and family therapy sessions. Themes and subthemes in each of these content areas are reported.

Managing the Therapy Dog's Presence in Couple and Family Therapy

Six main themes emerged related to managing the dog's presence in the room when working with couples and families. The first one was that CAP was presented to all couples and families, the second one was about the need to limit interaction with dogs for clients that felt uncomfortable, the third one was allowing dogs "follow their own guides", the fourth was that clients were responsible for creating their own relationships with the therapy dog, the fifth was that dogs adjust to different members' style and needs, and finally, the sixth was the few rules for therapy dog-client interactions.

CAP for all couples and families. Seven participants reported that their work as therapists involved CAP for all couples and families and that this was explained to potential clients before the initiation of therapy. Some clarified that was their way of working and that clients always had the option of going to other therapists that did not include a therapy dog in the sessions. The majority of participants added that most clients were happy or excited about having a therapy dog in session. As Ruth, a participant with seven years of experience with CAP under her belt stated:

> Well, you know, again...obviously, you looked at my website and the assumption is that she's [therapy dog] always there. I can't think of any reason she wouldn't work with couples because honestly part of me watches and has learned a lot from the way they interact with her [therapy dog]. (Ruth)

In relation to the presence of the therapy dog in session, another participant, who had one year of experience with CAP, shared:

> It's every session. When a person calls for an intake or calls for an appointment, I ask them if they are interested in Animal-Assisted therapy or how they feel about having a dog in the room and so far, – and again I just started on my own in January – but I have twenty-five clients so far and not one of them has said that they didn't want her [therapy dog] in there. (Kat)

Limit interaction with dog for clients that feel discomfort. All eight participants discussed processing clients' discomfort with the therapy dog in the intake and three participants specifically reported limiting the dog contact in order to serve clients who feel uncomfortable with the dog's presence. Uncomfortable clients were referred out or necessary provisions were made in-session to limit contact between the client and therapy dog. Ruth stated:

> I think I feel badly for her [therapy dog] that they are ignoring her [therapy dog], but it doesn't bother me that some clients don't like her [therapy dog]. I try very, very hard when someone says they aren't comfortable with dogs to keep Sophie away from them. I've been around people who let their therapy dog do whatever...so I really want to respect clients who are not comfortable. (Ruth)

Let dogs "follow their own guides". Seven participants indicated that they did not train their therapy dogs to respond in any particular way to their clients and that the dogs were free to respond to participants if they wanted to come close, sit next to them, greet them, etc. Kat said, "I never force her [therapy dog] to interact with a client. I never – it's up to her [therapy dog]", whereas another participant, with a few more years of experience stated:

> So, I did not want to train her [therapy dog] to do any of that - so she's not trained to go over to people, she's not trained to sit on your lap, she's not trained to stay by my side

> when people come in. She's really following her own guide - she's using herself as her own guide... (Ashley)

Clients are responsible for creating their experiences with the dog. Six of eight participants indicated that it was up to each client what type and frequency of interaction they wanted from the therapy dog. These participants reported on their ability to be flexible in allowing their clients to call the therapy dog over to them when they needed support or to self-soothe through petting. Kat noted the difference in therapy dog-client interaction between clients who wanted more interaction than others:

> …some clients really want her [therapy dog] to be sitting next to them and petting her [therapy dog]...other clients they acknowledge her [therapy dog] when they come in, pet her, she [therapy dog] then goes to this little nook in my office, and then they call her out at the end. (Kat)

Another participant, Claire whom had extensive experience working with combat veterans and their families, also noted differences in client-therapy dog interaction depending on what the clients desired:

> So, here's where it depends on what the client wants and how Lily learns it - some clients want for her [therapy dog] to stay with them the whole session, so if they want that they will normally sit on the couch and Lily will sit right beside them so that they can pet her or have their hand on her the whole time. Some clients want to play...like some of my younger, combat vets want to play. (Claire)

Additionally, Davis, the only male participant, agreed that the clients will develop their own relationships with the therapy dog and occasionally the therapist will check-in on their preferences:

> I think what happens is that my relationship with the client develops as their relationship with Buster develops. So initially I might have him [therapy dog] come out and greet. I don't have them give him [therapy dog] a snack as a rule because he's watching his diet. Then as they develop that relationship, I'll check in with them and ask what type of experience they want with Buster. Maybe they'll just pet him or they want him to lay by their feet which is his default…and rest. Again, because I am pacing him [therapy dog] for a full-time schedule…. but if I command him [therapy dog] to come out, he'll come out. (Davis)

Dogs adjust to different family members' styles and needs. Six of the eight participants described their experiences with observing how their therapy dog learned how to respond to each family members' styles and needs. Participants attributed client-therapy dog's responses to clients to his or her own instincts. Ruth spoke to how this interaction may look like with a couple:

> I see a difference in Sophie in that she figures out very quickly who doesn't want anything to do with her and who does. So, if it's a couple...the interaction is different in that she [therapy dog] just won't go to the member who has ignored her or she might lay down if someone isn't interested in her. (Ruth)

Julie, a clinician with a great deal of experience working with CAP and couples and families, described a moment where her therapy dog responded to the client before the participant had been able to do so herself. Julie said, "he got up and walked by me and shot me 'the look'…and wrapped his [therapy dog] paws around her…and she said, 'no, no, no, it's exactly what I needed". Another participant, Claire, even described how her therapy dog was able to be with each family member, similarly to what family therapists do:

> She [therapy dog] will go to each person and spend time with each person. She won't be just with one and not the others. It's like she knows to take turns - it's very interesting. For her [therapy dog], it seems like she's really thinking about it and like it's intentional. For me, that's very interesting. I don't know how or why, but she is picking up that that's how it's supposed to be. Dogs are very good at picking up vibes or energy. (Claire)

Few rules for client-dog interaction. Four participants spoke about how they created and implemented rules for feeding their therapy dogs. These rules were instated in order to ensure that clients didn't overfeed the therapy dogs and in one case, Julie instated rules so that the clients didn't reengage her therapy dog once they stopped petting him because she believes it is important that her clients are "aware that they are here to work on themselves and they're paying for your [therapist] services and not here to play with a dog".

Benefits of CAP in Couple and Family Therapy Sessions

In the area of therapist's work, seven participants highlighted that the dog's participation in the session assisted them in various aspects of their clinical work. The following themes emerged in this area: Maintaining therapeutic alliance with all family members, being a bridge of connection, enhancing a playful and safe atmosphere, understanding systems' dynamics through therapy dog-client interactions, facilitating therapist's detachment from the client system, offering opportunities for different interactions, allowing to see a family member in a new light, and enhancing work on self-regulation.

Maintain therapeutic alliances with each family member. Two participants observed their therapy dog's behaviors towards their couple and family clients and stated that it served as a reminder to maintain the therapeutic alliance with each client. Claire explained, "she [therapy dog] enhances my own intention in holding space in this room that accepts both people…" and

further observed that, "when you have couples that are mad at each other, the dog doesn't judge one over the other". Davis witnessed his therapy dog, "…spreading that attachment around and joining…he [therapy dog] kind of runs and mediates between plays of the family".

Bridge for connection. Three participants experienced their therapy dog's ability to create a place of mutual commonality for couples and families, or something that created a bridge for connection between therapist-clients or among clients. Amanda, a clinician who specialized in working with couples, explained that when she sees couples, the presence of the therapy dog creates the opportunity for the couple to "…laugh together about a problem they had that was really intense". Davis also observed that a therapy dog is "much more of an ice breaker with a family because [the dog] can serve as a bridge…"

Playful and safe atmosphere. All eight participants reported on their therapy dogs' abilities to foster a safe and light-hearted atmosphere for their clients. Participants believed that the creation of a safe and playful atmosphere was important when working with couples, and families, especially with parents and their children. For example, Amanda reported her thoughts regarding the tone of the session in the presence of the therapy dog:

> I think it's the combination of the dog characteristics plus the playfulness. So when I'm working with people of any age, everything I do is pretty lighthearted – use of humor – this doesn't mean we don't get into really serious matters and feelings, because we do, but the tone of the session is one of lightness, and the reason for that is all geared towards creating safety. So I think, partly, it's novel and it allows people to step back from themselves a little bit because we're dealing with this dog that everyone is reacting to and interacting with, but probably at the core of all of that, is that it just puts people at ease quicker and they feel safer… (Amanda)

Understanding systems' dynamics through dog-client interactions. All eight participants agreed that working with a therapy dog with couples and families can help the therapist explore the system's dynamics by observing therapy dog-client interactions. Seven of the eight participants stated that the system dynamics were revealed unconsciously and faster than without the presence of a therapy dog.

"Unconscious" client responses. Three participants discussed how working with a therapy dog with couples and families can reveal their dynamics unconsciously. These participants observed their clients respond to their therapy dogs without awareness of their reactions. Participants noted that their clients had the tendency to respond to their therapy dogs automatically and without awareness. Ashley, the creator of a workshop regarding therapy dogs in psychotherapy, explained:

> I think it is faster because it's unconscious. You can't be on your good behavior because it just comes forward. So it happens very quickly and whether I'm going to comment on it or not, is up to my clinical judgment, but I certainly pay attention to it and then I look for supporting evidence of it. It may direct questions that I ask about their history without them knowing why I would have asked something like that. So it's both faster and different and I do look for confirming evidence. (Ashley)

"Accelerator" for showing system dynamics. Four participants noted that working with a therapy dog in couple and family therapy sessions acts as a "catalyst" or an "accelerator", as stated by Davis, for highlighting system dynamics. Similarly, another participant observed an accelerated pace with couples and families:

> When you've got a dog in your work with a couple or a family…in my opinion, it's much easier to get an overall view of the dynamics of the family by the way they are interacting around and about the dog... (Kelsey)

Ashley was also curious about the length of time spent on exploring system dynamics without her therapy dog present and inquired, "…I wonder how long it would've taken me to figure out without her [therapy dog] there".

Therapist's detachment from client system. Three participants reported that their therapy dog allowed them to detach themselves from the client system when needed. Participants would observe their therapy dog's responses to the session's tone and check in with what thoughts or feelings were coming up for them. This was illustrated by Davis:

> I actually welcome – he's [therapy dog] not super interactive or distracting – but I welcome him as an object of interest or curiosity rather than a distraction. I think he [therapy dog] keeps me more detached from the system and I think he gives me a distraction. It's kind of like having a co-therapist, or a process observer to check in with once in a while. I purposefully use him [therapy dog] – sometimes – to pull the session a notch…, but generally he can help me unstick things a little bit by allowing to use humor in therapy. (Davis)

Amanda felt that the presence of the therapy dog served as an opportunity for the couple and/or family to interact differently with one another and explained that, "couples and families often develop very habitual ways of responding to each other…bringing in the dog and practicing some things a little bit differently…" can help enhance the session.

Seeing members in a "new light". Four participants described moments where the presence of the therapy dog created opportunities for the couple and/or family for each client to

see another in a new way. Participants mentioned that clients could witness one another interacting positively with the therapy dog or demonstrate mastery by teaching the therapy dog new skills. Ruth described a powerful session that she had with her therapy dog and a couple:

> Oh yes! For example, I had a couple with a Golden Retriever at home and the very first session when the couple walked in... Sophie walked up to the man and he pulled his hand away from her and all through the session he would pull his hand away. Then at the end of the session he was showing me pictures of his dog and he was chatty and I was like what was that about? Over time, I figured out that whenever he was incredibly stressed out he would not touch her [therapy dog], but if I got him to start to talk about what he was stressed over, he would then start to pet her. So I actually was able to use that in session to say that, "you know, in the time that I have known the two of you, I have noticed that when you are very stressed out there are times where you will pull your hand away from Sophie". So he became very curious and the wife was listening. So I was able to turn to her [wife] and say, "do you ever notice times where he seems withdrawn or you know, seems to be pulling away?" She was like, "yeah!" So because I was able to make the connection to Sophie first, nobody was defensive and because I could make the connection to Sophie, the wife could see that it wasn't just about her [wife]. (Ruth)

Similarly, Amanda recalled sessions where the presence of parents, children, and the therapy dog created increased opportunities for different cognitions:

> You know it seems like it is a fast way of getting at that process in the room by putting a dog into the room and have the family organized around doing an activity with the dog and being able to observe their interactions. It may be a fast way of getting at that – especially with parents seeing their children in a different light, as someone who is

> capable of training a dog or making certain changes in their lives. So that is really powerful. (Amanda)

Enhancing work on self-regulation. Four participants mentioned that the presence of the therapy dog created opportunities for psychoeducation regarding self-regulation and provided an alternate means of self-regulation for clients. Julie stated, "he [therapy dog] represents self-regulation in the office just as clients are learning to regulate themselves" and that couples often respond to therapy dogs with decreased conflict because "…they are in the presence of something calmer than them".

Benefits of Couple and Family Therapy Sessions for Therapy Dog

All eight participants addressed their experiences of the benefits for their therapy dogs. There were several aspects that created positive experiences for therapy dogs in therapeutic work, but participants believed that clients served as "extended family" for their therapy dogs and having a job created a more purposeful life.

Extended family. Four participants mentioned that they believed their clients served as extended family members for their therapy dogs. Davis spoke more specifically to this and stated, "so I think the dogs – you know – it's like having an extended family for him. There are lots of mutual benefits". (Davis)

Similarly, Claire highlighted differences in her therapy dog when working with more than one client:

> She [therapy dog] feels more excited - in a good way - when there's more than one person. She's happy to see just one person, but when there are two or more in the room there's this extra happy excitement. There's this feeling of the more, the merrier. (Claire)

***Purposeful lives*.** Five participants reported that they believed their therapy dogs enjoyed having a job because it creates a sense of purpose and adds interest to the therapy dogs' lives. This was illustrated in the following statement:

> In general, I would say that she [therapy dog] really loves people and she loves my company for sure, so that's wonderful for her. It makes her life very interesting because she loves people. So I think that's a benefit and she gets exquisite care - I think - from me and other people who want to interact with her. I think it's very - what's the word I want to use - not rewarding, but validating. (Ashley)

Similarly, Davis agreed that having a job created a sense of purpose for their therapy dog:

> I think, within reason, he finds it…he has a fairly novel life so I think he enjoys that. Other people on the staff will take him for walks and things so I think he's a great staff builder. I can't stress how much it helps staff build a morale. Of course happy therapists are better therapists. (Davis)

Challenges of CAP with Couples and Families

Each participant noted the existence of challenges when using CAP in couple and family therapy sessions. Participants observed the following challenges: the creation of triangles, therapy dogs as distractions, more opportunities for misbehavior, potential for disruption, and prioritizing clients' and dog's well-beings.

Triangles. Two of eight participants observed that there was increased management and occurrence of triangles when working with couples and families. This was illustrated by Julie, who works predominantly from a Bowen theoretical orientation:

> Animal lovers, but I think I'm always aware that he's [therapy dog] in a triangle with whoever is in here because there are people where one member is and one member is not

> an animal lover and dogs seem to know who to gravitate to…however the triangles work at home with these couples. So I'm on alert for that…I'm also on alert for any triangles that might be present around me and the couple with loving dogs and putting anybody else on the outside position who is okay with him [therapy dog] being here, but who is not that into dogs…that person can quickly be in the outside position of the clinical work so I'm always watching that with couples. As far as individuals, a little less so… (Julie)

Distractions. Three participants described working with couples and families where the therapy dog's presence became a distraction to the therapeutic work. Kelsey spoke to her general experience with therapy dogs serving as a distraction to couples work:

> A lot of times what happens when you're doing couples therapy is that people come in and they kill on each other. You know they just vomit all of their garbage and it can be very embarrassing and so…kind of watching dogs pick up on, "wow that person isn't feeling so good" and they'll [therapy dog] go over and sit next to the person who may need that or I've had people who distract by saying, "oh honey, look at what the dog's doing", and…kind of, you know, get someone off of center. (Kelsey)

Additionally, Davis observed how his therapy dog became a distraction when working with couples and families:

> I think he [therapy dog] can be like me – he can be pushed out of the system or be a distraction or a triangulation. I think he also serves as – I said a distraction, but it's more than a distraction – I think he can be projected on. Some families just don't want to talk about their issues, but they'll talk about the dog more than they should…that typically means that there isn't much there. So a lot of times they'll just pet him. I've seen that

> occasionally, especially with a male client who doesn't want to be there with his partner. The dog's a good distraction and he'll just pet it the whole time (Davis)

More opportunities for misbehavior. Three participants observed that the presence of the therapy dog in the room when working with couples and families creates more opportunities for clients to misbehave with the therapy dog. Amanda stated, "well I think the more members you get in the room, chances are that somebody is going to behave in a way that's inappropriate with the dog". Ruth also reflected on a couple session where a challenge of having the therapy dog present was that one client was "riling her [the therapy dog] up" while the participant was working with the other client which the participant agreed may have highlighted the couple's process.

Potential for disruption. Seven participants observed how their therapy dog could be disruptive during couple and family therapy sessions. The most noted reasons for these disruptions included: "potty breaks" and dogs' unhelpful responses to clients, such as pacing in session. Seven participants agreed that the incorporation of a therapy dog into session created increased potential for disrupting the flow of the session by letting the dog out to the bathroom. Claire discussed how she managed this disruption with more than one client in the room:

> Let's say that she's [therapy dog] having a not-great tummy day and she has to go potty in the middle of the session...that can be a challenge because I have to interrupt the flow of the session. That doesn't happen very often at all, unless her stomach is upset. So if there is that rare occasion, I usually go, "okay I'll be back in just a moment". People are usually very understanding. I ask them if they want to process amongst themselves in a minute and then they can fill me in when I come back. For me, I don't like the flow of a session to be interrupted, but I can make the adjustment if needed. (Claire)

Dog's well-being vs. clients' well-being. All eight participants discussed the importance of monitoring the therapy dog's well-being throughout all stages of therapy. With the exception of two participants, all participants reported that the dog's well-being came before the clients, especially when working with couples and families. Participants who put the dog's well-being first were illustrated by Ashley:

> …when there is more than one person in the room, and even when there's just one, the first advocacy goes to the dog and not to the patient and that's very unusual for a therapist because of course you're thinking about your patient all the time, but your dog has no way to advocate and they can't speak about it. (Ashley)

In contrast, two participants disagreed and felt strongly that the clients' well-being should be prioritized before the therapy dog's. These sentiments are illustrated by Davis who stated, "the family is first, not the dog".

Discussion

This qualitative study aimed to explore therapists' experiences of their work with therapy dogs when working with couples and families. It is important to note that all interviewed participants were the handlers of their therapy dog and almost all of the therapy dogs were certified. It is also important to note that all participants had positive relationships with dogs, therefore, their responses and the emergent themes and subthemes may be impacted by participants' affection for dogs. Themes emerged around managing the therapy dog's presence when working with more than one client in the room, the benefits and challenges of using CAP with couples and families, and the benefits of couple and family therapy sessions for therapy dogs.

Findings from the present study suggest that therapists working with couples and families may not be adhering to the existing AAT guidelines, (Fine, 2015), in regards to whether, when, and in what way to introduce a therapy animal into clinical sessions. Contrary to what was suggested by Fine's guidelines (2015), the majority of participants did not report evaluating the match between their therapy dog's temperament and appropriateness of his or her behavioral responses and the clients' personalities or presenting concerns to decide whether and how to introduce their therapy dogs into treatment. Instead, almost all participants assumed that their work with a therapy dog would be beneficial to every couple and family and used CAP in all cases, unless there was a safety issue or allergies. All of the participants did clarify that they did refer out if clients were not interested in working with their therapy dog, but that the majority had always experienced high interest and enthusiasm about CAP from all clients, which is consistent with what previous scholars have reported (Allen-Miller, 2014; Olex, 2002; Schuck et. al, 2015). In addition, participants also limited therapy dog-client interactions during the sessions if a client(s) felt uncomfortable. Nonetheless, even in those cases of discomfort, none of the participants reported removing the therapy dog from the session. It is possible that the inclusion of the therapy dog across all types of clients and presenting problems is the result of working with a larger client system in which this type of fit assessments may be unrealistic or difficult to conduct.

The therapists interviewed in this study also emphasized flexibility in order to manage the therapy dog's presence and interactions with clients in couple and family therapy sessions. The majority of participants believed that the clients were responsible for creating their experiences with the therapy dog and that each member of the client system proposed his or her own interaction with the therapy dog. These therapists also trusted that the dog would know how

to respond to the different styles and needs of each family member and allowed their therapy dogs to follow their own guides. The majority of therapists did not report preparing the therapy dog, besides basic obedience training, for responding in certain ways depending on the client or the presenting problem. The participants fully trusted the dog's responses and clients' decisions to choose how to interact with the therapy dog. It might be suggested that these therapists inherently trust their therapy dog and his or her reactions to their clients, although, it is unclear how much trust should be put into the animal as a source of truth. Therefore, findings from this study may be impacted by therapists' anthropomorphism of their therapy dogs. As a result of the trusting bond between therapist-therapy dog, participants tended to have few rules for therapy dog-client interactions (e.g., feeding rules).

Findings from the present study suggest that therapists perceive many benefits in doing CAP with couples and families. To begin, some therapists believed that the therapy dog helped them to maintain the therapeutic alliance with each member of the client system. Maintaining the therapeutic alliance with each family member or partner in a couple is crucial for therapy success, but it is also more challenging when the therapeutic alliance needs to be maintained with more than one client (Rogers, 2015; Quinn, Dotson, & Jordan, 1997). It appears that the therapy dog may facilitate the process as participants also reported that the therapy dog provided a place of mutual commonality and created a bridge for connection between therapist and clients, as other scholars have noted as the benefits of therapy dogs with clients that have difficulty connecting to their therapist because of factors, such as gender or age (Date, 2011; Olex, 2002; Kruger et al., 2004; Rogers, 2015). In addition, the increase in oxytocin as a result of the therapy dog's presence can further create a safe atmosphere, as well as allow the client to open up to connection from others, such as the therapist (Horowitz, 2009). Also, it appears that CAP can

provide a new, interesting modality that may draw larger client systems into therapy, such as couples and families (Olex, 2002).

The therapists interviewed in this study also observed the interaction between their therapy dogs and each family member in order to understand the couple or family's dynamics. Some participants believed that it was a fast way, (an "accelerator") to assess those dynamics and highlighted that client responses to the therapy dog were "unconscious" or outside of clients' awareness. This finding was congruent with what Rogers (2015), similarly reported in relation to the therapy animal's presence illuminating system dynamics faster within the first session. The potential of CAP of revealing systems' dynamics quickly due to the presence of reactions outside of the clients' awareness could be linked to Freud's suggestion that his dog, JoFi, helped clients move through a period of unconscious resistance (as cited by Date, 2011). Overall, it may be suggested that the presence of a therapy dog in couple and family therapy can highlight the family process by allowing therapists to observe the family interaction with an external element, or the therapy dog. Many participants described their therapy dogs as co-therapists who helped them to balance the emotional work in couple and family therapy sessions and provided an additional figure for clients to attach to.

In regards to the external element, participants observed that the therapy dog's presence helped them to keep detached from the client system. This seems in line with Cain's survey of pet owners that indicated that pets can be tuned into their owner's feelings, likened to an emotional barometer, and similarly, some of the participants, whom were also pet owners, observed their therapy dogs pick up on their feelings as they became enmeshed in the client system (as noted in Walsh, 2009). In addition to picking up on their emotions, the participants reported that their therapy dog's presence offered opportunities for couples and families to

interact in different ways which is congruent with what previous scholars stated, (Allen-Miller, 2014; Parshall, 2003; Walsh, 2009), in relation to the therapy dog's presence creating dialogue around relational dynamics, parenting styles, and discipline. However, the findings from the present study can be extended to include not only creating dialogue around the system dynamics, but also creating opportunities for the system to interact differently and allowing members to see one another in a new light. Finally, the participants reported that the presence of the therapy dog enhanced self-regulation for both the clients and the participant. This finding is in line with reports from a previous study that found the presence of a dog to be associated with reductions in stress responses to mild-moderate stressors and reductions in chronic levels of physiological stress indicators (Friedmann et al., 2011; Horowtiz, 2009). This is also similar to therapists who have incorporated therapy dogs into their practice when using mindfulness with their clients (Matas, 2012).

Interestingly, participants reported that couple and family therapy sessions also had benefits for their therapy dogs, which can be an incentive for CAP therapists to expand their work to couples and families. These benefits included the creation of an extended family for the therapy dogs which is congruent with what a previous study exploring animals' perspectives on an animal-assisted activity program that reported on animals' benefits from "increased exposure to people", socialization, and exercise (Hatch, 2007). Similarly, as the therapy dog bonds with the client, levels of oxytocin for both dog and client(s) increase (Horowitz, 2009). This finding is also consistent with the importance that is placed on pet dogs in couples and families, and our society as a whole (Walsh, 2009; AHA, 2014; Burke, 2016). In addition, as Klinck (2015), stated in relation to the historical and instinctual importance of dogs having jobs, participants also reported that bringing their therapy dog into work allowed for the dog to have a more

purposeful life, although one may be wary that assumptions have been made about the dog's emotions and thus, their benefits.

Overall, therapists interviewed in this study reported significantly fewer challenges than benefits which may have been influenced by their general affection for dogs. Within the challenges, some participants felt as if the presence of a therapy dog in relational therapy created an increased likelihood of triangles, especially between the therapist and the client who favored dogs. Inherently, an implicit alliance may be created between the therapist and the client who liked their therapy dog, or dogs in general. This finding is consistent with what other scholars have suggested in regards to the presence of a dog creating and sustaining triangles in the family system, so it is reasonable to conclude that this can also extend to a therapy setting (Walsh, 2009; Burke, 2016). Although, the likelihood of triangulation may occur at the same rate in couple and family therapy without the therapy dog present. Triangulation may also create pressure on clients to accept or like their therapist's therapy dog in order to continue their treatment. Participants also reported being challenged when their therapy dog became a distraction which is congruent with what Walsh (2009), reported on dogs becoming distractions from conflict in couples and families. Allen-Miller (2014), who interviewed clients that worked with therapists who used CAP, reported that these clients found the distractions provided by dogs to be much needed, although they considered that their therapist may think differently which is consistent with this study's findings. In addition, clients who distract from therapy through the therapy dog may be mirroring their overall couple and/or family process which can provide the therapist with valuable information.

Other challenges that were reported by the interviewed therapists were the creation of more opportunities for dog misbehavior, such that there were more clients that may mistreat or

interact with the therapy dog in a manner that wasn't helpful or appropriate. Similarly, all participants reported being challenged by the therapy dog's disruptive behavior (e.g., pacing and bathroom breaks) which is consistent with the challenges reported by Date (2011), in a study of therapists who worked with CAP in individual therapy. Finally, all participants reported on their consideration of both the therapy dog and clients' well-beings and challenges associated with prioritizing both, which is consistent with what previous scholars, (Fine, 2015; Hatch, 2007), have reported in regards to the consideration of the therapy dog's well-being. There is a lack of research that addresses the challenge of balancing both the well-being of the therapy dog and each client in couple and family therapy, although, the coding team grappled with the participants' decisions to consider the dog's well-being first. It appeared that these responses went against the coding team's clinical training, although, the investigator could sympathize with the dog's inability to advocate for him or herself.

Overall, therapists always included their therapy dogs in all of their couple and family therapy sessions and found the dog's presence and its interactions with each client quite beneficial for not only the therapist, but also the couples and families, and the dog itself, with just a few challenges. Participants' emphasis focused more on their ability to be flexible by introducing the therapy dog to the system and observing how the system interacts with and incorporates the therapy dog. This allowed the participants to better understand the couple and family dynamics and overcome challenges associated with working with couples and families, such as maintaining a therapeutic alliance with each member, while remaining detached from the system. The therapy dog's presence in couple and family therapy highlighted the family process by allowing therapists to observe the family interaction with an external element, or the therapy dog. Whereas, it is possible that in individual therapy, therapy dogs are more likely to be

introduced to fulfill a particular treatment goal or enhance a therapy model (Date, 2011; Matas, 2012; Pichot, 2012; Schuck et al., 2015; Thompson, Mustaine & Weaver, 2008). Again, it is important to consider that participants' overall, positive responses may be an indication of their affection for dogs and the investigator is unaware of clients' perspectives of the therapy dog.

Limitations

The findings from this study reflect the experiences of a small sample of participants who were primarily recruited through list serves, social media, and word-of-mouth. Therefore, participants without access to a computer were not represented in this study. The sample was also demographically homogenous as all participants were Caucasian and mostly female, with the exception of one male. Participants' race and ethnicity may have influenced their attitudes towards dog ownership and the treatment of dogs in families and therefore, the types of clients who sought therapy from these participants (Blouin, 2013; Gray & Young, 2011). In addition, the majority of participants practiced in the state of Virginia. It is possible that therapists residing in other states practice CAP with couples and families differently if the context of policies and regulations is also different. In addition, participants spoke on behalf on their dogs, so concrete benefits for the therapy dog cannot be assumed. Similarly, participants reported on their therapy dog's behavior, although it is not clear why therapy dogs responded to clients in the ways that they did. Participants made assumptions about their therapy dog's behaviors which may have been affected by their general affection for dogs. Finally, in order to participate in this study, participants were required to have completed at least one systemic course in their career, but they were not necessarily fully-trained to work with couples and families. It is possible that different themes would have emerged if participants had all been MFTs, with extensive training in clinical work with couples and families. Also, this may have influenced participants' ability

to speak to unique issues that arise when working with more than one client. In addition, the participants' levels of experience working with couples, families, and CAP might have influenced the ways in which they worked with their therapy dog and clients.

Clinical Implications

Findings from this study have clinical implications for mental health professionals who currently work with, or aspire to, therapy dogs in both individual and relational therapy. Findings from this study suggest that CAP may be assumed to be beneficial for all types of couples and families unless there is discomfort or allergies. This finding is important because CAP provides a novel modality which may invigorate therapists work with both couples and families. Additionally, it appears important that therapists who work use CAP with couples and families maintain their flexibility in managing the therapy dog's interactions with the entire client system. As a part of this flexibility, the findings suggest that it is important for therapists to put responsibility on each client to determine what type of relationship and interactions they want with the therapy dog. This finding is important because when working with couples and families, therapists must consider preferences of each individual client which can appear daunting, but our findings suggest that this responsibility should be placed on the clients, therefore, few therapy dog-client rules need to be created.

Additionally, this study's findings might suggest the importance of a therapy dog in facilitating the maintenance of a therapeutic alliance with each member in couples and families, as well as contributing to an overall, safe and playful atmosphere. In regards to therapists who work with couples and families, the presence of a therapy dog may assist the therapist in remaining detached from the client system, offer couples and families opportunities for different interactions or seeing members in a "new light", and enhance self-regulation. Despite these

benefits, the findings might suggest that therapists who use CAP with couples and families will encounter challenges such as: triangles, distractions, therapy dog misbehavior or disruption, and being able to balance therapy dog and clients' well-beings. Therefore, it is important that therapists carefully consider the benefits and challenges of using CAP with couples and families and create measures to decrease the challenges. Finally, therapists and human-animal health advocates may be interested in learning that there may be benefits for the therapy dog when working with couples and families, such as the creation of an "extended family" and a more purposeful life.

In addition to therapy dog benefits, findings from this study have the potential to inform the existing guidelines for using AAT, with individual clients (Fine, 2015), and consider how they can be extended to relational therapy. These findings may also contribute to gaps within particular certification programs as far as what is required from the therapy dog and how it fits the context of psychotherapy. Additionally, findings from this study have implications for couples and families seeking therapy and considering AAT, and specifically CAP, in their treatment. Finally, due to the observed benefits and challenges, this study provides a rationale for more studies regarding CAP in couple and family therapy.

Future Research

Because the AAT, and specifically CAP, fields are fairly novel, it is recommended that future studies continue to examine the experiences of therapists working with a therapy dog in psychotherapy, particularly relational therapy. Future research should include a more in-depth understanding of how therapists considered the guidelines, (Fine, 2015), if at all, before working with a therapy dog in psychotherapy. Additionally, it is important to explore why therapists chose or chose not to follow the guidelines (Fine, 2015). Future research should also include

studies with larger sample sizes and that require participants to have an extensive background in marriage and family therapy so that the participants can speak more directly to unique experiences and/or issues when working with a therapy dog in relational therapy, as opposed to individual therapy. As this study interviewed only one male and all participants identified as Caucasian, it is recommended that additional research examine gender and cultural differences in therapists' experiences working with a therapy dog in psychotherapy and furthermore, explore why the majority of therapists who work with therapy dogs identify as Caucasian. Similarly, the majority of participants in this study's sample resided in Virginia, therefore, it is important that future research select more geographically diverse samples or explore potential differences between geographically different samples. In addition to interviewing therapists, it is important that future research addresses clients' experiences of working with a therapist who owns a therapy dog. This research may add a piece about the effectiveness of CAP with couples and families. Finally, it is equally important to have qualitative and quantitative studies that evaluate the effectiveness of CAP in couple and family therapy and that examine the types of couples and families and their presenting issues, for which CAP can be the most effective or recommended treatment.

Conclusion

This qualitative study sought to explore the experiences of therapists who work with therapy dogs in relational therapy, such as with couples and families. Participants discussed their overall experiences when working with a therapy dog and the findings suggest that therapists do not overtly consult the guidelines, (Fine, 2015), before, during, and after incorporation of a therapy dog in relational therapy. The findings also suggest that therapists who work with a therapy dog in couple and family therapy sessions must maintain a degree of flexibility in

working with their dogs and their attention will be focused on managing therapy dog-client interactions. Additionally, therapists may be assisted by the therapy dog in that his or her presence creates more opportunities to explore and challenge empowerment, power differentials, and communication style in couple and family therapy. In couple and family therapy, the majority of participants reported that the therapy dog allowed them to create and maintain a strong alliance with each member of the client system, as well as highlight the overall family process by the participant's co-therapist, or the therapy dog. Despite benefits for therapists, clients, and the therapy dog, participants also reported challenges of working with a therapy dog in couple and family therapy, which included triangles, distractions, misbehavior and disruptive behavior, and the balance of therapy dog and clients' well-beings.

References

Allen-Miller, H. (2014). *Animal-assisted psychotherapy: An exploration of the adult client's experience of individual psychotherapy with the assistance of a dog* (Doctoral dissertation). Retrieved from ProQuest.

American Humane Association (2013). *U.S. Pet (Dog and Cat) Population Fact Sheet. Retrieved from www.americanhumane.org.*

"Animal Assisted Play Therapy | The Playful Pooch Program, Risë Vanfleet, Phd, RPT-S, CDBC, Director". *Risevanfleet.com*. N.p., 2013. Web. 7 Mar. 2017.

Antonacopoulos, N.M.D. and Pychyl, T.A. (2008). An examination of the relationship between social support, anthromorphism and stress among dog owners. *Anthrozoos, 21*(2), 139-152.

Beck, A.M. and Katcher, A.H. (1984). A new look at pet-facilitated therapy. *Journal of American Veterinary Medical Association, 184*(4), 414-421.

Beck, A. and Katcher, A. (1996). Between pets and people: The importance of animal companionship. West Lafayette, IN: Purdue University Press.

Become a Handler. (n.d.) Retrieved April 26, 2017 from https://petpartners.org/volunteer/become-a-handler/

Blouin, D.D. (2013). Are dogs children, companions, or just animals? Understanding variations in people's orientations towards animals. *Anthrozoos, 26*, 279-294.

Born, A.R. (2008). *The relationship between humans and animals in animal-assisted therapy: A qualitative study* (Doctoral dissertation). Retrieved from ProQuest.

Burke, K.B. (2016). *The experiences of having a dog among couples in early adulthood.* (Doctoral dissertation). Retrieved from ProQuest.

Creswell, J.W. (2013). *Qualitative inquiry & research design: Choosing among five approaches*. California: SAGE Publications.

Date, C.M. (2011). *The use of a dog in individual treatment in a private practice setting – A therapist's perspective* (Doctoral dissertation). Retrieved from ProQuest.

DePompeo, L.R. (2016). *Animal-assisted psychotherapy with canines: Client's perceptions and therapeutic experiences* (Dissertation). Retrieved from ProQuest.

Driver, J.L., & Gottman, J.M. (2004). Daily marital interactions and positive affect during marital conflict among newlywed couples. *Family Process, 43*, 301-314.

Fawcett, N.R. and Gullone, E. (2001). Cute and cuddly and a whole lot more? A call for empirical investigation into the therapeutic benefits of the human-animal interaction for children. *Behaviour Change, 18*, 124-133.

Fine, A.H. (2006). Incorporating animal-assisted therapy into psychotherapy: Guidelines and suggestions for therapists. In Fine, A.H. (Ed.) *Handbook on animal-assisted therapy* (2nd ed.) (pp. 167-206). San Diego, CA: Academic Press.

Fine, A.H. (2015). *Handbook on animal-assisted therapy: Foundations and guidelines for animal-assisted interventions*. Retrieved from http://www.eblib.com

Friedmann, E., Allen, K.M., and Barker, S.B. (2011). Physiological correlates of health benefits from pets. *American Psychological Association, xvi*, 163-182.

Gray, P.B. & Young, S.M. (2011). Human-pet dynamics in cross-cultural perspectives. *Anthrozoos, 24*(1), 17-30.

Gullone, E. (2003). The proposed benefits of incorporating non-human animals into preventative efforts for conduct disorder. *Anthrozoos, 16*, 160-174.

Ham, T.M. (2013). *Equine assisted couples therapy: An exploratory study* (Unpublished Thesis). Retrieved from ProQuest.

Hatch, A. (2007). The view from all fours: A look at an animal-assisted activity program from the animals' perspective. *Anthrozoos, 20*(1), 37-50.

Horowitz, A. (2009). *Inside of a dog: What dogs see, smell, and know*. New York: Scribner.

Huss, R.J. (2012). Canines on campus: Companion animals at postsecondary educational institutions. *Missouri Law Review, 77*(2), 1-64.

IAHAIO White Paper (2014). *The IAHAIO definitions for animal assisted interventions and guidelines for wellness of animals involved*. Retrieved from http://www.iahaio.org/new/fileuploads/4163IAHAIO%20WHITE%20PAPER-%20FINAL%20-%20NOV%2024-2014.pdf

Klinck, M.P. (2015). All dogs need a job: How to keep your dog happy and mentally healthy In Horwitz, D.F., Ciribassi, J., and Dale, S. (Ed.), *Decoding your dog: Explaining common dog behaviors and how to prevent or change unwanted one*, (p. 177-198). New York, NY: First Mariner Books.

Kamioka, H., Abe, T., Handa, S., Honda, T., Kitayuguchi, J., Mutoh, Y., Okada, S., Oshio, T., Park, H., & Park, S.J. (2014). Effectiveness of animal-assisted therapy: A systematic review of randomized controlled trials. *Complement Ther Med., 22*(2), 371-90.

Knapp, C. (1998). Pack of two: The intricate bond between people and dogs. New York, NY: Random House, Inc.

Kruger, K. A., Tratchenber, S.W., & Serpell, J.A. (2004). Can animals help humans heal? Animal-assisted interventions in adolescent mental health. *Center for the Interaction of Animals and Society,* 1-37.

Kurdek, L.A. (2008). Pet dogs as attachment figures. *Journal of Social and Personal Relationships, 25*(2), 247-266.

Martin, F. and Farnum, J. (2002). Animal-assisted therapy for children with pervasive developmental disorders. *Western Journal of Nursing Research, 24*, 657-670.

Matas, S. (2012). *Current practicing psychologists' knowledge and perspective on animal assisted therapy* (Doctoral Dissertation). Retrieved from ProQuest.

Moerer-Urdahl, T. and Creswell, J.W. (2004). Using transcendental phenomenology to explore the "ripple effect" in a leadership mentoring program. *International Journal of Qualitative Methods, 3*(2), 19-35.

Morrow, V. (1998). My animals and other family: Children's perspectives on their relationships with companion animals. *Anthrozoos, 11*, 218-226.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Nichols, M.P. (2013). *Family therapy: Concepts and methods*. New Jersey: Pearson Education, Inc.

Odendaal, JSJ. (2000). Animal-assisted therapy --- Magic or medicine? *Journal of Psychosomatic Research, 49*, 275-280.

Olex, N. (2002). *Therapists' perceptions of the role animals play in promoting client empathy* (Doctoral dissertation). Retrieved from ProQuest.

Parshall, D.P. (2003). Research and reflection: Animal-assisted therapy in mental health settings. *Counseling and Values, 48*, 47-56.

Pichot, T. (2012). *Animal-assisted brief therapy*. New York, NY: Routledge.

Piper, L.J. (2014). The practice of animal-assisted psychotherapy: An innovative modality for facilitating mental wellness. West Springfield, VA: E Street Lane Publications LLC.

Poresky, R.H. (1996). Companion animals and other factors affecting young children's development. *Anthrozoos, 9,* 159-168.

Quinn, W., Dotson, D. & Jordan, K. (1997). Dimensions of therapeutic alliance and their associations with outcome in family therapy. *Psychotherapy Research, 7(4),* 429-438.

Rogers, T. (2015). *Healing partners: The integration of a therapy animal in feminist family therapy.* (Dissertation). Retrieved from ProQuest.

Schuck, S.E.B., Emmerson, N.A., Fine, A.H., & Lakes, K.D. (2015). Canine-assisted therapy for children with ADHD: Preliminary findings from the positive assertive cooperative kids study. *J Atten Disord., 19*(2), 125-137.

Sifferlin, A. (2014). The dog will see you now. *TIME Health Psychology, 02/05/14.* Retrieved online 11/02/16 from http://time.com/4498/the-dog-will-see-you-now/.

Therapy Dogs and Other Therapy Animals. (2017) Retrieved April 26, 2017 from http://www.therapydoginfo.net

Thompson, M., Mustaine, B., & Weaver, A. (2008). Effects of a trained therapy dog in child centered play therapy on children with anxiety disorders. Unpublished doctoral dissertation Thompson. Argosy University, Sarasota, FL.

Turner, W.G. (2005). The role of companion animals throughout the family life cycle. *Journal of Family Social Work, 9*(4), 11-21.

Walsh, F. (2009). Human-animal bonds 2: The role of pets in family systems and family therapy. *Family Process*, *48*(4), 481-499.

Appendix A
Recruitment Script

Hello!

I am now recruiting for a study exploring therapists' experiences of working with a therapy dog in couple and family therapy sessions. This study is being conducted by two investigators, Mariana Falconier and Rachel Policay, at Virginia Tech. The purpose of this study is to fulfill the requirements of completion of a Master's thesis and data from this study will be used for publication. Also, the investigators hope to obtain a better understanding of why and how therapy dogs are incorporated in couple and family therapy sessions and their impact on both the therapist and the client(s). This study aims to educate clinicians and those in the AAT and MFT communities who hope to use a therapy dog with couples and families.

Participant eligibility includes:

- Licensed therapist in the U.S.
- Completion of at least 1 systemic course or training
- At least 1 year experience with working with couples and families
- At least 1 year experience working with a therapy dog in individual, couple and family therapy sessions

What is involved in the study?

- An in-person interview or a Skype interview lasting approximately 45 to 60 minutes. The coinvestigator will ask questions about your experience using a therapy dog in couple and family therapy sessions.
- A review of your transcribed interview to be sent back to the coinvestigator via email or mail. The coinvestigator will ask that each participant send back their transcribed interview with additional comments and/or feedback.
- Compensation for your participation in the form of a $25 American Express gift card.

Potential benefits of the study include: Should you agree to participate in this study, the information you provide will help contribute to other mental health professionals who hope to use Canine-Assisted Psychotherapy (CAP) in their therapy sessions and the AAT and Marriage and Family therapy (MFT) fields. No promise or guarantee of benefits has been made to encourage you to participate. Participation in this study is voluntary and study responses will be kept confidential.

Potential risks of the study include: The interview requires you to discuss particular challenges you faced as a therapist when working with clients using CAP. This could potentially be difficult because of the emotional discomfort that can be associated with challenges in one's career. If at any point in this study you find it too difficult to continue, you may request to stop the interview without penalty. There is also a potential of breach in confedentiality. However, every effort will be made to ensure privacy. Data from the interview will be audio recorded and stored on my password protected computer. No identifying information besides initials will be used in the

interview. Email addresses will be used for study correspondence. Emails will be immediately and permanently erased from my email account. At the commencement of the study, all audio recorded information will also be permanently erased from my password protected computer. Although, at no time will the coinvestigator release identifiable information or results of the study to anyone other than individuals working on the project without your written consent.

I invite you to participate in this study. If you are interested in this trial study, please contact me at rhp7ce@vt.edu or (757) 351-9158.

Thank you!

Appendix B
Demographic Questionnaire

1. Age: _____
2. Gender: _____
3. Race/ethnicity? _____
4. Phone number: _____
5. Email: _____
6. Mailing Address:

   _____

7. How do you prefer to receive correspondence pertaining to this study?

   □ Phone

   □ Email

   □ Mailing Address

8. Are you a licensed therapist in the United States?

   □ Yes

   □ No

9. What type of licensed therapist are you?

   □ Licensed Psychologist (Ph.D., Psy.D., or Ed.D.)

   □ Psychiatrist (M.D. or D.O.)

   □ Licensed Psychological Associate (L.P.A.)

   □ Licensed Professional Counselor (L.P.C.)

   □ Licensed Clinical Social Worker (L.C.S.W.)

   □ Licensed Marriage and Family Therapist (L.M.F.T.)

10. How many years have you been a licensed therapist? _____

11. Do you currently hold an active license in Marriage and Family Therapy (MFT)?

    □ Yes; if so, how many years of training have you received in a MFT program?

    _____

    □ No

12. How many systemic courses have you taken during your professional career?

    □ At least 1

    □ 2-5

    □ 5-10

    □ More than 10

13. Please list the type of systemic trainings you have received during your professional career. If not applicable, write N/A.

    _____

    _____

    _____

14. How many years of experience do you have utilizing systemic theory in a therapy setting? _____

15. What is your theoretical orientation?

    _____

    _____

16. How many years have you been using Animal-Assisted therapy (AAT) in your practice?

    _____

17. Do you have a therapy animal handler certification?

    □ Yes; if so, when was the certification obtained? _____ (MM/DD/YY)

□ No

□ Unsure

18. Is your therapy animal of choice a therapy dog?

□ Yes

□ No

□ Sometimes

19. Does your therapy dog have the appropriate certification?

□ Yes; if so, when was the certification obtained? _____ (MM/DD/YY)

□ No

□ Unsure

20. How often did you use your therapy dog in individual sessions, specifically within the last five years?

□ Every session

□ Every 2-3 sessions

□ Once

□ Per clients' requests

□ Other: Please specify: _____

21. How often did you use your therapy dog in family and couple sessions, specifically within the last five years?

□ Every session

□ Every 2-3 sessions

□ Once

□ Per clients' requests

□ Other: Please specify: _____

22. In what capacity did you utilize your therapy dog, in the past five years?

□ Mostly as a passive part of the session

□ Mostly as an active "co-therapist"

□ Depends on the family and/or couples' needs/goals

□ Depends on how my therapy dog is feeling/behaving

Please elaborate as needed: _____

Appendix C
Research Informed Consent
Virginia Polytechnic Institute and State University
Informed Consent for Participants in Research Projects Involving Human Subjects

Title of Project: Therapy Dogs in Couple and Family Therapy – A Therapist's Perspective

Investigator(s): **Rachel Policay** **rhp7ce@vt.edu; (757) 351-9158**

Mariana Falconier **marianak@vt.edu; (240) 743-9276**

I. Purpose of this Research Project

I, Rachel Policay, along with Mariana Falconier, will be working alongside with Virginia Tech in order to conduct a qualitative study of the lived experience of therapists who work with a therapy dog in their couple and family therapy sessions. I will gather data through semi-structured interviews with open-ended questions. The purpose of this study is to fulfill the requirements towards graduation from Virginia Tech's Marriage and Family therapy (MFT) program by completing a Master's thesis. Also, the researchers hope to describe therapists' experiences of working with a therapy dog in relational therapy sessions. This study aims to educate clinicians who currently use Animal-Assisted Therapy (AAT) in their practice or who hope to do so in the future. This study aspires to contribute to the Marriage and Family Therapy (MFT) and AAT fields since little is known about the use of a therapy dog in relational therapy sessions, or in other words, with couples and families. The results of this study will be used in order to fulfill the coinvestigator's requirements for completion of a master's degree in MFT. Also, the results may be used for publication in MFT and AAT-specific journals. This study will recruit 8-12 participants who are licensed therapists, have training and/or knowledge of systemic therapies, and have experience working with a therapy dog in their individual and relational therapy sessions within the last 5 years.

II. Procedures

Should you agree to participate in this study, you will be asked to participate in an interview that may occur face to face, if possible, or over Skype. The interview location will be mutually agreed upon by both the coinvestigator and the participant. The interview will last 45-60 minutes and will be audio recorded. Within 1 week of the interview, the coinvestigator will send you a copy of your transcribed interview. The coinvestigator will ask that you take 1 week to look over the interview, make any corrections, modifications, and/or additions and send the transcribed interviews back within the week-long period. Should you agree to participate in this study, your participation is voluntary and responses to this study will be kept confidential by the

coinvestigator.

III. Risks

The interview requires you to discuss particular challenges you faced as a therapist when working with clients using Animal-Assisted Therapy (AAT). This could potentially be difficult because of the emotional discomfort that can be associated with challenges in one's career. If at any point in this study you find it too difficult to continue, you may request to stop the interview without penalty.

Also, should you agree to participate in this study, there is a risk of breach of confidentiality in regards to participant answers. The coinvestigator will make every effort to protect your confidentiality.

IV. Benefits

Should you agree to participate in this study, a benefit of participation is that the information you provide will help contribute to other mental health professionals who hope to use AAT in their therapy sessions and the AAT and Marriage and Family therapy (MFT) fields. No promise or guarantee of benefits has been made to encourage you to participate.

V. Extent of Anonymity and Confidentiality

Data from the interview will be audio recorded and stored on my password protected computer. No identifying information besides initials will be used in the interview. Email addresses will be used for study correspondence. Emails will be immediately and permanently erased from my email account. After completion of this study, all audio recorded information will also be permanently erased from my password protected computer. Although, at no time will the coinvestigator release identifiable information or results of the study to anyone other than individuals working on the project without your written consent.

The Virginia Tech (VT) Institutional Review Board (IRB) may view the study's data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

In some situations, it may be necessary for the coinvestigator to break confidentiality. If the coinvestigator has reason to suspect that a child, an elder, or a vulnerable adult is or was abused, neglected, or that a person possesses a threat of harm to others or him/herself, the coinvestigator is required by Virginia State law to notify the appropriate authorities.

VI. Compensation

Should you agree to participate in this study, you will be compensated with a $25 American Express gift card. The study is completed when the coinvestigator receives your transcribed interview with your modifications, additions, and/or comments.

VII. Freedom to Withdraw

It is important for you to know that you are free to withdraw from this study at any time without penalty. You are free not to answer any questions that you choose or respond to what is being asked of you without penalty.

Please note that there may be circumstances under which the investigator may determine that a subject should not continue as a subject.

Should you withdraw or otherwise discontinue participation, you will be compensated for the portion of the project completed in accordance with the Compensation section of this document.

VIII. Questions or Concerns

Should you have any questions about this study, you may contact one of the research investigators whose contact information is included at the beginning of this document.

Should you have any questions or concerns about the study's conduct or your rights as a research subject, or need to report a research-related injury or event, you may contact the VT IRB Chair, Dr. David M. Moore at moored@vt.edu or (540) 231-4991.

IX. Subject's Consent

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

_____ Date_____
Subject signature

_____
Subject printed name

(Note: each subject must be provided a copy of this form. In addition, the IRB office may stamp its approval on the consent document(s) you submit and return the stamped

version to you for use in consenting subjects; therefore, ensure each consent document you submit is ready to be read and signed by subjects.)

Appendix D
Interview Guide (Semi-Structured)

I. Introduction and Informed Consent

a. Thank you for agreeing to participate in this interview. The purpose of this study is to learn more about therapists' experiences of their use of a therapy dog in couple and family therapy. The interview will take anywhere from 45 to 60 minutes. I will be recording our conversation to be transcribed and coded. All identifying information will be removed from the transcript. Once the transcription is complete, I will send you a copy to read over to see if there is anything you'd like to modify. This copy will be sent to the email you provided, or your mailing address, if preferred. It is hoped that you return your transcript, with modifications, within one week of receiving the initial transcript. You can send your modifications either via mail or email to the contact information provided. Upon completion, a $25 Visa gift card will be given to you. You can withdraw from the interview at any time and without penalty. Do I have your permission to record our interview?

II. How Therapists Decide to Include Therapy Dogs

a. Did you seek consultation prior to the use of a therapy dog in your couple and family sessions?

b. How have you determined what families and couples your therapy dog would be appropriate for? Please provide relevant examples within your own practice.

i. Are there specific types of couples and families (i.e. presenting problems) that you feel might benefit more from the use of a therapy dog in their session? Please provide relevant examples within your own practice.

III. How Therapists Use Therapy Dogs in Session

a. Do you use your therapy dog in all of your family and couple sessions?
    i. If yes or no, how did you come to that decision?
b. Do you introduce your therapy dog in every family and couple session?
    i. If yes or no, how did you come to that decision?
c. Is your therapy dog present for the entire family and couple session?
    i. If yes or no, how did you come to that decision?
d. How do you view the purpose of your therapy dog in family and couple sessions? Please provide relevant examples within your own practice.
e. Differences between their use in individual versus family and couple sessions?
f. Differences between their use in family versus couple sessions?

IV. The Impact of Having a Therapy Dog Present

a. What are the challenges to incorporating a therapy dog into family therapy sessions? Please provide relevant examples within your own practice.
b. What have been your least successful experiences using therapy dogs in couple and family sessions? And why? Please provide relevant examples within your own practice.
c. What are the benefits of incorporating a therapy dog into family therapy sessions? Please provide relevant examples within your own practice.
    i. Probe for therapist benefits and client benefits.
d. What have been your most successful experiences using therapy dogs in couple and family sessions? And why? Please provide relevant examples within your own practice.

V. Recommendations

   a. Do you have any recommendations for other therapists who hope to incorporate therapy dogs into their practice?

   b. Do you know of another professional who would fit this study's criteria and would be willing to participate in an interview?

VI. Further Thoughts

   a. Any further thoughts that are relevant to your experience of using therapy dogs in couple and family sessions that I have not yet asked about?

VII. Closing

   a. Thank you for your time and participation in this interview. Do you have anything else to add or anything for me to clarify? If you have any questions upon the conclusion of this interview, please contact me at rhp7ce@vt.edu or call me at my cell phone, (757) 351-9158.

Appendix E
Compensation Form

Compensation

Your signature on this form is an acknowledgement that you have received an American Express gift card for **$25** for your participation in this study.

_____ Date_____
Subject signature

_____
Subject printed name