

CAPTURING THE ESSENCE OF CANINE ANIMAL-ASSISTED THERAPY
IN COUNSELING: A PHENOMENOLOGICAL INQUIRY OF AT-RISK YOUTHS'
EXPERIENCES OF A RESIDENTIAL CANINE ANIMAL-ASSISTED THERAPY
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Amber Rae Bach-Gorman

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Capturing The Essence Of Canine Animal-Assisted Therapy In Counseling:
A phenomenological inquiry of at risk youths' experiences of a residential
canine animal-assisted therapy program

By

Amber Rae Bach-Gorman

The Supervisory Committee certifies that this *disquisition* complies with North Dakota
State University's regulations and meets the accepted standards for the degree of

DOCTOR OF PHILOSOPHY

SUPERVISORY COMMITTEE:

Dr. Jill Nelson

Chair

Dr. Brenda Hall

Dr. James Korcuska

Dr. Erika Berg

Approved:

April 10, 2015

Date

Dr. Bill Martin

Department Chair

ABSTRACT

Phenomenological inquiry was implemented to capture the experiences of nine at-risk youths' unique and shared experiences of a canine animal-assisted therapy in counseling (AAT-C) program at a therapeutic working ranch (TWR) in the mid-western United States. Five females, and four males ranging in ages between 14 – 17 years participated in individual interviews and reflective journaling. In addition, field observations of the canine AAT-C group sessions were conducted on six separate occasions over a period of six months. Horizontalization of the research data was conducted, resulting in four themes that describe a complex and multi-dimensional phenomenon. Themes include: (a) a rippling effect on relational patterns across intrapersonal, interpersonal, and therapeutic domains, (b) cross-dimensional identification and realization of skill attainment, (c) therapeutic factors unique to the presence of a dog, (d) building and expansion of one's community. A discussion of the relationship with existing literature about canine AAT-C and implications for counseling is addressed.

Keywords: animal-assisted therapy, canine, counseling, phenomenology, qualitative

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DEDICATION

Dedicated in loving memory of Brinkley and Dr. David Gorman, two individuals who always believed in me.

*When I look into the eyes of an animal I do not see an animal. I see a friend. I see a living being.
I feel a soul –A.B Williams*

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CHAPTER 1. INTRODUCTION

The counseling profession is continuing to evolve and develop, searching for theories, tools, and techniques that can assist clients with achieving their desired counseling goals. Chandler (2005) challenges the counselor to continually work at designing interventions that move clients towards their therapy goals. Animal-assisted therapy (AAT), animal-assisted therapy in counseling (AAT-C), animal-assisted activities (AAAs), and animal-assisted interventions (AAIs) are supplemental techniques and methods that provide additional avenues for therapeutic processes to occur for clients.

Terminology

Esposito, McCardle, Maholmes, McCune, and Griffin (2011) define AAT as “the intentional inclusion of an animal in a treatment plan to facilitate healing and recovery of patients who have acute or chronic conditions” (p. 3). Animal-assisted activities (AAAs) differ from AAT in that they are often recreational and/or educational, and are not related to a specific treatment plan. Examples of AAAs include showing the grooming process to a kindergarten class, visiting college students who may be experiencing stress during final exams, or demonstrating basic obedience commands to an uneducated audience. Animal-assisted interventions (AAIs) consist of both AAT and AAAs (Esposito et al., 2011). Animal-assisted therapy in counseling (AAT-C) incorporates pets as “therapeutic agents in the counseling process”; includes a variety of techniques, types of animals utilized, and settings; and is one type of application in the large field of AAT (Chandler, 2012, p.3).

Personal History

It remains unclear to me when I first became familiar with the concept of implementing human-animal interactions (HAIs) as a source of therapeutic change; however, I have personally benefitted from the companionship of animals my entire life. My family purchased its first “family pet” when I was four years old. I can still remember the trip to pick out our first cocker spaniel, Toby. The entire way home, my brother and I rode in the back of our parents’ station wagon, cuddling with him. I reflect on it fondly as a day that was exciting and happy for my entire family. Throughout my life, I have had the joy and sorrow of raising and losing a number of pets, including dogs, cats, and horses. Animals have remained a constant in my life; they have been a source of comfort for some of the most difficult days.

Unbeknownst to me, while I was experiencing the joy and responsibility of pet ownership, the study of human-animal interactions was beginning to expand and be identified as an area of pertinent academic study. Boris Levinson, a psychologist, wrote extensively about the impact of animals on the human lifecycle. He wrote extensively about pet-keeping for children and elderly individuals, two populations that continue to benefit from AAT (Hart, 2011; Melson & Fine, 2011; VanFleet & Faa-Thompson, 2010; Wells, 2009). Levinson posited that the unconditional positive regard of a pet created an opportunity for a child to feel worthwhile and loved, at times making up for the deficits in his/her environment. Additionally, Levinson concluded that pet-keeping insulated the elderly from social isolation by stating, “A lonely person who has a pet is no longer so lonely” (1978, p. 1037).

My experience with animal-assisted activities began when I observed college students interacting with registered therapy dogs from a local obedience school during a college health fair. I was awestruck by how the students would simply ignore most of the health fair’s

exhibitors, myself included, but appeared to flock to the dogs. The students not only interacted with the therapy dogs, but also held an extensive conversation with the dog handlers. I, too, found myself openly chatting with the therapy-dog handlers about various topics, ranging from the dog's breed and training processes to the individual reasons they chose to volunteer. I was intrigued and contacted the dog school the next day in order to learn how I could train my then six-year old English setter, Brinkley, to become a registered therapy dog.

Brinkley and I became a registered team, and we launched a canine AAT therapy program at the university where I am currently employed. During his two years of work at the counseling center, Brinkley interacted with clients on an individual level and in therapy groups. I implemented AAT-C to support the counseling relationship between my clients and me. Anecdotally, I observed Brinkley providing comfort to many clients as they processed difficult emotions related to family stress, academic distress, or an emotional break-up. During one specific therapy group, Brinkley's unconditional positive regard softened a new group member's first session. In this instance, the new person maintained a very foreboding presence, and during the session, it became evident that the more senior group members were not sure how to respond. Approximately halfway through the group meeting, Brinkley suddenly woke up from his nap, made his way over to the new group member, and began licking the person's hand. The new group member began smiling and softly talking to Brinkley. Suddenly, the more senior members of group began to relax. In less than a minute, Brinkley managed to help facilitate acceptance for the new group member by actively demonstrating unconditional positive regard, therefore creating a situation that allowed the new member to demonstrate kindness. Suddenly, the more senior group members began engaging with the new member, and the group continued in a very positive direction.

Brinkley added an element of comfort to both individual and group therapy sessions, however, it is important to note that his presence alone is not enough to invoke change in the clinical setting. Implementing AAT-C is a supplemental technique that is meant to enhance the counseling process. It is imperative that the counselor providing AAT-C have the appropriate education, professional licenses and certifications, and extensive training and competency with AAT-C (Chandler, 2012). The intent of AAT-C is to supplement the existing relationship-building skills that counselors are required to possess.

In addition to AAT-C, Brinkley supported a number of AAAs that the counseling center sponsors. Historically, the center has struggled with getting students to attend educational events pertaining to mental health. The year before Brinkley began working at the center, we held a five-day educational event focused on promoting students' mental health. One of the events was held in the afternoon and focused on educating students about quick activities that they can engage in to relieve high stress. Very few, if any, students attended the event. The following year, we decided to include Brinkley and also invited a number of other therapy teams that Brinkley and I met during our certification training. That session was the most well-attended event of the week. To date, it continues to be one of our most successful events, providing ample opportunities for our counselors to engage with college students while the students' simultaneously interact with the therapy-dog teams. The opportunity to interact with animals had such a favorable student response that an additional AAA event was launched in collaboration with the university's equine-science program. That program provided an opportunity for students to groom and brush horses under the care and guidance of equine professionals. Again, the campus community responded positively, and over 75 students attended.

My awe about how much Brinkley supported my clinical and educational efforts, as well as my own sense of pride for sharing my beloved companion animal with others, ignited my passion to explore the impacts of HAIs, AAT, and AAT-C. Although I currently work with college-age students as a counseling professional, another interest area is the effect of utilizing a canine in AAT and AAT-C with children who struggle with mental-health and behavioral concerns. This stems from volunteer work that Brinkley and I did at a local psychiatric hospital. Once a month, he and I visited a children's mental-health unit, and again, I observed, anecdotally, how Brinkley's calm demeanor had the ability to calm hyperactivity in a number of children. The children's decrease in physical energy was just one example of his impacts when we would visit.

Although many professionals have written about the benefits of implementing various AAT modalities with children, there is still a limited supply of empirically sound literature (Chandler, 2005; Fine, 2010; Kazdin, 2010; Vanfleet & Thompson, 2010). Kazdin (2010) reported that, of the 1,500 child-therapy studies conducted, only six utilized a control or comparison group and included children and adolescents engaged in AAT. My extensive review of the literature about canine AAT and children aligns with Kazdin's (2010) review. A search of the terms "animal assisted therapy" and "children" in the academic databases, Academic Search Premier, PsychArticles, and PsychInfo, resulted in seven articles addressing canine AAT and children with mental-health concerns (Berry, Borgi, Francia, Alleva, & Cirulli, 2013; Dietz, Davis, & Pennings, 2012; Kogan, Granger, Fitchett, Helmer, & Young, 1999; Martin & Farnum, 2002; Parish-Plass, 2008; Reichert, 1998; Somervill, Swanson, Robertson, Arnett, & MacLin, 2009). Various research methodologies, including case studies (Kogan et al., 1999; Parish-Plass, 2008) and quantitative designs (Dietz et al., 2012; Somervill et al., 2009),

were implemented. Research results support the implementation of canines in a therapeutic capacity with children to support prosocial behaviors, particularly for children who have been diagnosed with autism spectrum disorders (Berry et al., 2013; Martin & Farnum, 2002) and who have extensive trauma histories (Dietz et al., 2012; Parish-Plass, 2008; Reichert, 1998). Conversely, in a study by Somervill et al. (2009), the presence of a therapy canine resulted in increased excitability when working with children diagnosed with attention deficit hyperactivity disorder (ADHD). Of the seven AAT publications, Somervill et. al. is the only one suggesting that a therapy canine created potentially negative outcomes when used with children diagnosed with ADHD, having an excitatory effect versus a calming one as originally anticipated.

I only found one mixed-methods study that implements both quantitative and qualitative methodology to investigate canine AAT and children (Mallon, 1994). The lack of rigorous qualitative research in the AAT academic literature has been identified by several researchers' literature reviews (Kazdin, 2011; Stern & Chur-Hansen, 2013). The gap of rigorous qualitative research designs is supported in my Literature Review because, aside from the aforementioned qualitative study, all additional studies have quantitative designs (Katcher & Wilkins, 1998; Kotrschal & Ortbauer, 2003; Lindsay, 2004). Although many quantitative studies have been conducted, the AAT field does not have a broad understanding of the underlying mechanisms that influence change outcomes (Kazdin, 2011; Stern & Chur-Hansen, 2013). The benefits of applying qualitative inquiry include its ability to support professionals in understanding how treatment works and the changes that may be produced with that type of treatment (Kazdin, 2011). In addition, qualitative inquiry may illuminate areas of importance that, until recently, have been viewed as unimportant (Chur-Hansen, Stern, & Winefield, 2010). Although Mallon (1994) has differentiated himself from others by adding qualitative inquiry to his research

regarding therapy canines to youth residences at a residential treatment center, there is no data investigating the experiences of children who receive mental-health treatment that uses canine AAT-C.

Consequently, the purpose of this study is to learn about the unique and shared experiences of youth who are currently involved in a canine AAT-C program at a working therapeutic ranch through implementation of a phenomenological research study (Moustakas, 1994). It is my intent that this research will contribute to the existing body of literature as well as support the field to understand the role that AAT, AAT-C, and AAAs may play in the mental-health treatment of youth.

CHAPTER 2. LITERATURE REVIEW

History

Humans and animals have been interacting for thousands of years. Evidence of human-canine animal interactions (HAI) trace back as early as 12,000 B.C. It is believed that the earliest domestication of dogs took place before the agricultural revolution and occurred independently in various parts of the world (Benecke, 1987).

James Serpell (2011), an ethologist at the University of Pennsylvania's School of Veterinary medicine, wrote, "The practice of keeping animals as pets is neither a modern phenomenon nor a predominantly Western one" (p. 11). Interactions and evidence of pet-keeping were documented at Amerindian archaeological sites, in addition to pictorial and documented evidence in Egyptian, Greek, Roman, Chinese, and Japanese cultures (Morey, 1992; Serpell, 1996, 2011). Pet-keeping was commonplace among hunter-gatherer groups and was demonstrated to be customary throughout history until the mid-18th century. During this time period, the political climate of renaissance moralists and theologians regarded human-animal interactions as immoral (Serpell, 2011). Although many upper-class individuals continued to maintain pet-keeping, also referred to as companion animals, during the time period, it was the migration of middle-class people from rural areas in both Europe and the Americas to more urban settings during the end of the early modern period that shifted humans' relationships with animals beyond just a source of food.

Just as the history of HAIs is long and rich, so is the history of animals being regarded as spiritual beings. The archaic belief system of animism is one of the first illustrations of the spiritual connection that may occur between humans and animals. Serpell (2010) defines *animism* in the following manner:

The concept that all living creatures, as well as other natural objects and phenomena are imbued with an invisible soul, spirit, or “essence” that animates the conscious body, but is able to move about and act independently of the body when the bearer is either dreaming or otherwise unconscious. (p. 18)

Animism is often considered one of the earliest forms of animal-assisted interventions (AAIs). According to Serpell, many varying cultures, including Inuit, Eurasian, and Ojibwa peoples, held worldviews that were synonymous with animism.

Human-animal connections are also evident in the ancient practice of shamanism. *Shamans* are spiritual leaders who have the ability to earn the goodwill of guardian spirits in addition to developing the capacity to control them (Serpell, 2010). It is believed that, through this goodwill and control, shamans are able to renew friendships with animals, gather knowledge about their language, and transform themselves into the animal when the demand arises. As stated previously, these spiritual beliefs were not supported during medieval times because practices of animism and shamanism were often linked with medieval witchcraft.

However, at the beginning of the 18th century, HAIs began to reemerge. Theories regarding the social influences of animal companionship, in addition to how it may be applied to the treatment of mental illness, began emerging (Serpell, 2011). Writings by John Locke, advocating the use of animals with children, in addition to work by William Tuke at England’s York Retreat were some of the earliest documented experiences of AAIs (Serpell, 2011). The increased HAIs persisted through the 19th century and into the present day.

Currently, the American Veterinary Medical Association (AMVA) reports that there are approximately 70 million pet dogs and 74.1 million pet cats in the United States (AMVA, 2012). From these owners, 6 of 10 consider their pets to be family members. Therefore, it should be no

surprise that the research regarding HAIs and their impacts is of interest to a variety of disciplines, such as human development, animal sciences, philosophy, anthropology, psychology, and counseling. Fine (2010), a leading researcher in the field of animal-assisted therapy (AAT), stresses the importance of the mental-health field determining for which population AAT and AAI work best. The lack of empirical research studies about AAT and AAI topics continues to be a major stumbling block; therefore, conducting a phenomenological study that captures the experiences of youth in a current canine AAT-C program will contribute to the limited body of literature regarding counseling and AAT.

Terminology

There are a number of terms with which an individual must become familiar as he/she reads existing AAT literature. Terms include definitions for HAIs, the human-animal bond (HAB), AAT, AAIs, and anthrozoology, in addition to the other terms described below that are consistently used throughout the literature.

Human-Animal Interactions

Griffin, McCune, Maholmes, & Hurley (2011) define *human-animal interactions* (HAIs) as “mutual and dynamic interactions between people and animals and how these interactions may affect physical health, psychological health, and well-being” (p. 6). Despite the tremendous history of HAIs, it is a recent development that a specific field of scientific inquiry known as *anthrozoology* has been developed to focus on the study of HAIs (Griffin et al., 2011). Human-animal interactions have been studied on multiple levels, including the interactions impacts on communities, human physical well-being, human personality development, human attachment, and human psychological health (Fine, 2011).

There are many anecdotal studies about the impact of HAIs on physical well-being. Herzog (2011) differentiates that, despite most people believing their companions are good for them, the belief alone may not translate into scientific evidence that HAIs indeed promote health. Because of the consistent questions regarding the benefits or impacts of HAIs, as well as mixed results regarding whether HAIs truly benefit health, it is important to differentiate between the impacts of HAIs for communities versus individuals..

Anecdotally, it is not hard to demonstrate how HAIs may improve psychological health within a community setting by creating a conduit for increased social interaction. For example, if an individual were to walk to any given dog park on a sunny afternoon, he/she would most likely see many dog owners chatting in a friendly manner, discussing the dogs' behavior as the animals romp and play. Frequently, dog owners know the other dogs' names and simply refer to the animals' human owner as "Waldo's Mom" or "Buster's Mom." It would seem that these dog owners' health may be improved by the social interactions that occur when they take their companion canines to a mutual location to play. Antonacopoulous and Pychyl (2010) support the hypothesis by suggesting that individuals who live alone may avoid experiencing loneliness due to social interactions that occur while walking their dogs. In addition to providing social support for adults, research also suggests that incorporating canine AAT with elderly patients experiencing mental illness is beneficial (Moretti et al., 2011). Researchers are continually working to ascertain the precise causal factors that lead animals to benefit humans. To date, this question remains unanswered; however, in a review of HAI literature by Wells (2009), it is evident that a wide body of empirical research supports the idea that interaction with pets benefits people.

Social Capital

Social capital is defined as the daily interactions between people that include trust, reciprocity, networking, social norms, human participation, mutual goals, and actions (Wood, 2011). The concept of social capital is an important one because it has been positively associated with health and well-being outcomes, especially in the child-development literature. Wood, Giles-Corti, Bulsara, and Bosch (2007) qualitatively explored the role of pets as facilitators of social interactions and a sense of community. Results suggested that dogs increased the likelihood for owners to meet other people on neighborhood streets as well as within a wide area of the suburb. Pets were viewed as the “ice breakers” that led to people interacting with one another. In addition to increasing social interaction, pets also served as an avenue for neighbors to do favors for one another, such as letting the animal out or feeding the animal. Wood et al. (2007) also noted that this favor-doing spilled into other tasks, fostering a sense of trust and community between neighbors. Wood et al. (2007) argued that, because pets increase social interactions and build a sense of community, pet ownership and HAIs are a source of increased social capital. It was believed that these social networks may play an important role in psychological well-being because of the increased social-support networks that people created, consequently combating social isolation and withdrawal.

In reference to social-capital building and children, owning a companion animal, also commonly referred to as a “pet,” allows children to practice relating to someone or something different than themselves in addition to teaching children how to empathize and relate to others (Beck, 2011; Levinson, 1978). These characteristics are extremely important as children learn to navigate relationship building and maintenance. One role that HAIs play for children is serving as a social connection and a source of bonding that allow children to build their sense of self.

Melson and Fine (2011) describe how HAIs contribute to the development of interpersonal building blocks that include feeling recognized, feeling connected to another, having an assertion ability, having a sense of one's own abilities, and being able to detect shifting mood states. The bonding that occurs between the child and animal, termed the *human-animal bond*, is defined by the American Veterinary Medical Association's Committee on the Human-Animal Bond as follows:

A mutually beneficial and dynamic relationship between the people and other animals that is influenced by behaviors that are essential to the health and well-being of both. This includes, but is not limited to, emotional, psychological, and physical interactions of people, other animals, and the environment. (Journal of American Veterinary Medicine Association, (JAVMA), 1998)

Melson (2001) acknowledges that the bond between children and their animals is extremely important, stating "the ties that children forge with their pets are often among the most significant bonds of childhood, as deeply affecting as those with parents siblings, and friends" (p. 16). Animals support children in building a sense of responsibility. Beck (2011) cites a 2009 American Pet Products Association survey which illustrated that 37% of dog owners noted that ownership "teaches responsibility." Beck and Katcher (1996) posit that, because many small pets are dependent on the care that a child may be giving them, they essentially become the children of our children. Given that animals facilitate growth and learning for children, it makes sense that introducing animals as co-therapists could lead to positive therapeutic outcomes.

Animal-Assisted Therapy and Children

There is a growing body of empirical research that suggests that there are positive impacts when incorporating animals with the psychological treatment of children in the form of

animal-assisted therapy (AAT) and utilizing animal-assisted activities (AAAs; Chandler, 2012; Coniff, Scarlett, Goodman, Appel, 2005; Katcher & Wilkins, 1998). Pet Partners (“Pet Partners,” n.d.), one of the largest certifying organizations for therapy animals in the United States, has worked diligently to differentiate between *animal-assisted therapy* and *animal-assisted activities*:

Animal Assisted Therapy (AAT) is a goal-directed intervention directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession. AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning.

Animal Assisted Activities (AAA) are basic “meet and greet” activities that involve pets visiting people. The same activity can be repeated with many people, unlike a therapy program that is tailored to a particular person or medical condition. (p. 1)

Similar to the social benefits that adults experience when interacting with animals, research also suggests that AAT can positively impact children’s social interactions. Increased pro-social behaviors and enhanced positive social outcomes have been documented for children struggling with pervasive developmental disorders, adjudicated youth, and children diagnosed with severe emotional disorders (Berry et al., 2013; Conniff et al., 2005; Kogan et al., 1999). These results support four benefits that Fine et al. (2011) found may occur when implementing AAT with youth in a therapeutic setting. The four benefits are serving as a social lubricant, aiding clients to feel expression, creating some learning opportunities for those engaged in therapy, and shifting the overall therapeutic environment. In reviewing the literature for AAT with children, a majority of the research falls into one of the four areas identified by Fine et al.

Research suggested that canine AAT promotes social lubrication for children and youth by providing avenues for them to interact with one another (Chandler, 2005; Conniff et al., 2005; Kotrschal & Ortbauer, 2003). Both Conniff et al. (2005) and Kotrschal and Ortbauer (2003) noted that beneficial aspects of canine AAT included research participants interacting with one another at an increased rate and decreased social withdrawal. Additionally, Chandler (2005) found a significant reduction in the youth's level of coercion in addition to a shift to mutual collaboration when evaluating the impacts of AAT for a delinquent youth population. The ability to collaborate with others built opportunities for social connections which, ultimately, resulted in higher levels of social capital for children.

Increased abilities for children and youth to express themselves in socially acceptable ways are also demonstrated throughout canine AAT research (Berry et al., 2013; Chandler, 2005; Dietz et al., 2012; Katcher & Wilkins, 1998; Kotrschal & Ortbauer, 2003; Lindsay, 2004). Some ability shifts include improved verbal and emotional expression (Dietz et al., 2012; Martin & Farnum, 2002), decreased pathological behaviors (Katcher & Wilkins, 1998), decreased aggressive behaviors (Katcher & Wilkins, 1998; Kotrschal & Ortbauer, 2003; Lindsay, 2004), and increased cooperation (Chandler, 2005; Lindsay, 2004). Interestingly, decreased aggressiveness and hyperactivity have been more pronounced for boys than girls in the research literature (Kotrschal & Ortbauer, 2003; Lindsay, 2004).

Several research studies have concluded that attendance at counseling/therapy improves when implementing AAT (Katcher & Wilkins, 1998; Lindsay, 2004). Increased participation is one way in which canine AAT supports Fine et al.'s (2011) identified benefit of increased learning opportunities because learning and therapeutic change are enhanced if the client attends and is engaged in the therapeutic process.

In addition to attendance, canine AAT also facilitates learning opportunities by providing an environment for the child to learn to demonstrate appropriate behavior (Kogan et al., 1999). Animals can serve as teachers in creating space for children to learn how to attach to others. Children, like many adults, often apply human qualities and emotions to their pets, a process known as *anthropomorphism* (Melson & Fine, 2011). Therefore, it is not uncommon for individuals to express themselves to their pets.

Strand (2004) observed that many children turned to their pets for emotional support when feeling stressed. Because animals maintain a non-judgmental demeanor, children begin to experience a sense of trust in relationships. Shifting trust was evident in varying capacities throughout the AAT literature. Kogan et al. (1999) found that using the child's relationship with the therapy canine in a metaphorical manner allowed positive movement towards the child's therapy goals of social-skill improvement. In addition, Berry et al. (2013) suggested that implementing therapy canines creates opportunities for children who are on the autism spectrum to practice their social-interaction skills.

Lastly, Fine et al. (2011) suggest that AAT has the potential to create shifts in the overall therapeutic environment. Several AAT clinicians have documented how incorporating a therapy animal fostered their work by decreasing patient anxiety through attribution (Chandler, 2005; 2012; Fine, 2011; Parish-Plass, 2008, VanFleet & Faa-Thompson, 2010). Parish-Plass (2008) posits that the presence of a therapy animal "provides a calming and less threatening atmosphere for therapy" (p. 27). Parish-Plass' assertion is supported by VanFleet and Faa-Thompson's (2010) literature review which examined a number of studies that found significantly reduced blood pressure, an increased sense of security, an increased initiation of positive behaviors, empathy development, and social-lubricant effects in children.

Just as research suggested that the presence of a therapy animal has a calming effect on clients, it also suggested that the therapy animal's presence may serve as an object that keeps clients engaged (Arluke, 2007, as cited by Fine et al., 2011; Prothmann, Bienert, & Ettrich, 2006). Arluke (2007) found that therapy animals often served as an insulator against disengagement from clinical treatment (as cited by Fine et al., 2011). Arluke's finding about decreases in disengagement further supported outcomes in research by Prothmann et al. (2006) that illustrated how children were more attentive, concentrated, and less easily distracted in the clinical environment with the presence of the therapy canine. "It seems that situation-related anxiety and fear decreased, allowing the patient to feel secure and cared for in the clinical environment" (p. 275).

In addition to supporting client engagement in the therapeutic environment, research suggests that therapy animals also enhance the depth of clinical work that is achieved. Zilcah-Mano, Mikulincer, and Shaver (2011) explore AAT through the lens of Bowlby's (1980) theory of attachment and the unique characteristics of human-pet relationships. According to Bowlby's theory, individuals internalize both conscious and unconscious mental representations of self and relationship partners through social interactions with significant others. Much like Parish-Plass (2008), Zilcah-Mano et al. posit that the secure attachment that develops between the client and the therapy pet shifts the pet to be viewed by the client as a trusted provider of security and comfort. This security fosters greater emotional risk taking by the client to explore and reflect on painful experiences.

The idea of a therapy animal providing a sense of security is a concept that originates with one of the earliest psychological researchers in the area of AAT, Boris Levinson. Levinson (1978) states, "A pet animal is an accepting creature. . . . He accepts the child for what he is, not

for what he might or ought to be” (p. 1034). In addition to the animals’ presence providing comfort, therapy animals also engage in behaviors that most therapeutic professionals cannot offer: the comfort of physical touch. After all, it is socially acceptable for clients to pet, hug, and caress a therapy animal while reflecting on a difficult time in their life. Zilcah-Mano et al. (2011) suggest that, because of attachment to the therapy animal, the client is able to work through difficult thoughts, emotions, and experiences with the clinician in a less threatening way.

Although there is a large body of literature about the impacts of HAIs for adults and children, relationships impacts of HAIs, and the therapeutic process, research gaps still exist. A literature review of AATs and methodological quality by Stern and Chur-Hansen (2013) found that far more quantitative studies than qualitative inquiries exist in the field. Kazdin (2011) discussed the benefits of qualitative inquiry for helping professionals to understand how treatment works and to see changes that may be produced within that type of treatment. In addition, he encouraged qualitative inquiry as a means for future hypothesis generation to be tested with other study types. Chur-Hansen et al. (2010) highlighted the advantages of qualitative inquiry in reference to HAIs and AAT because its open-ended nature allows themes that have not been considered important to be identified. They posited that identification of new themes is pivotal to further our understanding of “mechanisms at work” (p. 142). Therefore, my desire to apply phenomenological inquiry to answer the question “What are the experiences of youth participating in a canine AAT program?” will contribute to the existing body of a HAI and AAT research.

Humans and animals have been interacting for centuries, and the literature demonstrates that HAIs impact individuals in multiple ways (Fine, 2010; Melson, 2001; Serpell, 2010). Specifically, children benefit from relationships in a variety of ways (Fine et al., 2011).

Furthermore, research indicates that counseling and the therapeutic process may be enhanced when animals are part of that therapy; ultimately benefitting clients (Prothmann et al., 2006; VanFleet & Faa-Thompson, 2010). Lastly, the lack of strong, qualitative research studies may create major gaps in research due to a reduced awareness about important themes that aid researchers' understanding of the mechanisms that influence HAIs and AAT (Kazdin, 2011). Therefore, this research study's goal is to fill some of the existing gaps in AAT and, more specifically, AAT-C research by applying phenomenological inquiry to learn more about how youth experience canine AAT-C.

CHAPTER 3. METHODS

Although there are many adolescent, residential treatment facilities that have animals present, there is minimal academic research that specifically explores the experiences of adolescents who participate in a formal animal-assisted therapy counseling (AAT-C) canine program. The goal of this qualitative study was to gain insight and understanding about the participants' experiences with the AAT-C canine program while residing at a therapeutic working ranch (TWR).

The purpose of this phenomenological study was to explore how people participating in a residential AAT-C canine program perceived and described their experiences with the program. Additional goals were to gain insight about how the program's environment of being a residential TWR influenced the participants' experiences. Lastly, I hoped to gain insight and understanding about how program participants' experienced the AAT-C canine program compared to previous, more traditional counseling experiences (e.g., individual counseling without the presence of an animal or non-animal-oriented group counseling).

Phenomenology

According to Kazdin (2010), animal-assisted therapies (AATs) were frequently designed with an overall goal to improve functioning and adjustment. Additionally, goals often included decreasing problems that may inhibit overall functioning in multiple wellness areas, such as the social, emotional, and physical domains. Although one could work to quantitatively measure the impact of AATs on overall functioning, Kazdin (2010) noted that implementing a research design focused on examining participants' experiences in a thematic way would allow researchers to understand how participants' lives may be changed through participation in AATs and would further our understanding of the field. In a recent review of animal-assisted

interventions (AAIs), Stern and Chur-Hansen (2013) noted that there are more quantitative studies than qualitative studies, indicating a need for qualitative inquiries that are rich in trustworthiness and credibility. Stern and Chur-Hansen (2013) posited that, because of its open-ended design, a qualitative inquiry has the potential to identify themes that further enhance our understanding of the “mechanisms at work in the relationship to health.” (p. 135). Identifying new themes was particularly salient for the TWR which has a desire to quantitatively measure the therapeutic outcomes of its program in the future but, to date, is unclear of the exact variables to measure. By implementing phenomenology, themes and categories of the youths’ experiences would provide an empirical rationale of what therapeutic outcomes are the most logical to measure. For example, if one of the themes for the youths’ experiences with that canine AAT-C program was an increased sense of leadership, the TWR would then be able to implement a quantitative measure that assesses leadership outcomes for the youth participating in the program.

Implementing phenomenology (Moustakas, 1994) allowed for the development of a rich description of the participants’ experiences. Creswell (2007) defined *phenomenology* as a narrative study that “describes the meaning of several individuals and their *lived experiences* of a concept or a phenomena” (p. 57). The purpose of this study was to capture any unique and/or shared experiences for the residents participating in the TWR’s canine AAT-C program as well as their experiences with dogs in the canine program; therefore, a phenomenological inquiry was the best-suited research design to meet the research goals.

During phenomenological inquiry, I, the researcher, immersed myself in the data-collection process. I reflected and made known my own beliefs and biases regarding AAT-C through bracketing (Moustakas, 1994). Bracketing supported the credibility of my research by

making explicit my already conscious beliefs and thoughts about AAT, in general, and, more specifically, AAT-C with canines. Bracketing involved “shutting out preconceived biases and judgments, setting aside voices, sounds, and silences that so readily tell us what something is” (Moustakas, 1994, p. 60). This process was reflexive because after I, the researcher, made my knowledge and biases explicit, I analyzed and reflected on them to determine the fundamental elements that comprise the experience.

Bracketing occurred prior to engagement with the research subjects. At the start of my data collection, I developed rich, detailed descriptions for my perceptions and beliefs about the experience of canine AAT-C. These descriptions, known as “textural portraits,” included qualities and specific personal perspectives to the extent that I created a vivid and clear picture of what I perceived as the meaning and the entire picture of what the experience of canine AAT-C was (Moustakas, 1994, p. 60). After reflecting on these textural portraits, I identified their essences by identifying the underlying conditions, precipitating factors, and structural determinants (Moustakas, 1994). For example, a precipitating factor may emerge to be the research participants’ prior experiences with animals or counseling. It was possible that, depending on what the precipitating factor was, it may have had a strong influence on the participants’ experiences with the TWR’s canine AAT-C program. By determining aspects such as the precipitating factors or structural determinants, a researcher may, at a later time, be able to implement those discoveries in other research designs. The potential for discovering precipitating factors or structural determinants further demonstrates how a meaningful phenomenological study could serve to increase the validity of future quantitative inquiry. Emergent themes could help inform the researcher’s development of a more quantitative measure

or survey. Bracketing is part of *phenomenological reduction*, which is the ultimate reduction of the data down to the basic core of its meaning, also referred to as its *essence* (Creswell, 2007).

Phenomenology differs from quantitative inquiry in that the goal is not to explain the phenomena, but to develop a rich description of the phenomena's *essence* (Moustakas, 1994). My phenomena descriptions were derived from multiple data sources that included a structured interview, analysis of participants' journal writings, textural portraits that I developed prior to engaging in the research, and analysis of field notes that I took while observing the canine AAT-C groups in vivo. Multiple data sources allowed me to confirm the data through the process of triangulation (Creswell, 2007).

Triangulation was possible because of the collection of several types of data that I was able to compare and cross check against one another. The data collected during the interviews were compared with data collected via participant journaling through textural portraits and observational field notes (Merriam, 2009). By analyzing the different types of data sources, I was able to develop thick descriptions of the research participants' shared and unique experiences with the canine AAT-C program at the TWR. The multi-modal data collection increased the study's dependability, an essential element because of qualitative research's likelihood to change over time due to its post-modern and interpretive nature (Creswell, 2007). The aforementioned triangulation built the internal validity of this study, enhancing overall study credibility (Merriam, 2009).

The conceptualization of reliability and validity is different for qualitative analysis versus quantitative studies. Merriam (2009) states that credibility occurs when "the findings are credible given the data presented" (p. 213). The concept of credibility in relation to phenomenology is that the research design and data-collection process are rigorous enough that

the collected data accurately depict the essence of the experience being explored. For my research, rigor meant developing a design that assured me that the data-collection process was rigorous enough and produced adequate content that allowed me to construct rich descriptions of my participants' experiences with the canine AAT-C program. Triangulation with multiple data-collection methods supports high levels of credibility (Merriam, 2009).

Credibility also depends on the integrity of the researcher and his/her use of *reflexivity*. Reflexivity is defined as “the process of reflection critically on the self as a researcher, the ‘human as instrument’” (Lincoln & Guba, 2000, as cited by Merriam, 2009, p. 219). By making my thoughts, perceptions, and knowledge of canine AAT-C explicit and then implementing the bracketing process to analyze the essence of my experience with canine AAT-C, I built both the credibility and the validation for the research. Bracketing was extremely important due to my personal involvement with the data-collection process as the primary researcher. By implementing reflexivity, I informed readers about the research lens through which I captured the data. This lens included my biases, assumptions, values, and expectations about a canine AAT-C program.

In addition to credibility, reliability is also conceptualized differently for qualitative inquiry. Merriam (2009) explained that repeating a qualitative study will not yield the same results due to the uniqueness of the human experience. Therefore, reliability for a qualitative inquiry refers strictly to the data being collected. Reliability is evident when it can be demonstrated that the results are, indeed, consistent with the data collected (Merriam, 2009). Instead of referring to the term *reliability*, qualitative research speaks in terms of *trustworthiness* and *dependability* when referring to ensuring internal validity. Implementing the aforementioned

techniques of triangulation and reflexivity during my data collection and analysis strengthened the study's dependability and trustworthiness.

In addition to internal validity, it is important that a qualitative design demonstrates external validity. Similar to the concepts of internal validity and reliability, it is imperative that, when referring to external validity, readers take note of the nature of qualitative inquiry and how the constructs of reliability and validity are conceptualized differently with qualitative research. Angen (2000) identified two key types of validity for qualitative inquiry: ethical validation and substantive validation (as cited by Creswell, 2007). Ethical validation is achieved when the “research provides practical answers to questions” (Angen, 2000, p. 389, as cited by Creswell, 2007, p. 205). The primary purpose of this study is to inform further research for the TWR. Currently, the best way to explain and measure what residents at the TWR have gained by participating in the canine AAT-C program is unclear to researchers at the TWR and in the larger field of AAT (Kazdin, 2011). This research has the potential to make the underlying mechanisms at work known so that they can, later, be studied in a quantitative manner.

Second, it was important for the research to attain substantive validation, which is achieved when the researcher is aware of his/her own knowledge of the phenomena being researched (Creswell, 2007). For the research, this consisted of self-reflection and bracketing my understanding of canine AAT-C. The purpose of this study, or any qualitative design, was not for transferability or generalization to a larger audience, but to develop a rich description of the participants' experiences with the canine AAT-C program. It is through the development of rich descriptions that the results of qualitative research may transfer to another setting. Merriam (2009) refers to a rich, thick description being used for transferability when “a description of the setting and participants of the study, as well as a detailed description of the findings with

adequate evidence presented in the form of quotes from participant interviews, field notes, and documents,” can be used by someone in a similar context to assess similarity between the data sources and the study (p. 227). For example, it is possible that the rich descriptions that emerged during my study may be similar to the descriptions developed during a qualitative inquiry that is similar in nature. It should be noted, however, that it was not the purpose of my study to generalize but, rather, to capture the essence of my study participants’ experiences with the canine AAT-C program at the TWR.

After I, the researcher, bracketed my understanding of canine AAT-C and data collection was completed, she embarked on further phenomenological reduction. The reflective process resulted in capturing the essence of the phenomena being experienced by the research participants. Qualitative data analysis is a multi-step process. First, all recordings of the participant interviews were transcribed into text format. All transcripts, journal entries, and field notes were read multiple times, and significant statements were highlighted. Moustakas (1994) referred to the process of identifying significant statements as *horizontalization*. The ultimate goal of horizontalization was to establish *horizons*, which are any statements that provide insight about how the participants experience the phenomenon (Creswell, 2007; Moustakas, 1994). Initially, all statements were treated as equal, however, as the phenomenon was further reduced, all irrelevant statements in reference to the research question or repeated statements were deleted, leaving only textual meanings and the constituents of the phenomenon, also known as horizons (Moustakas, 1994).

Once horizontalization was complete, horizons were organized into *clusters of meaning* (Creswell, 2007). Clusters of meaning were used to begin shifting the horizons into significant statements and *themes*. Moustakas (1994) discussed the importance of further breaking the

emerging themes into two categories: *textural description* and *imaginative variation*. Textual description is the process of writing a description about the research participants' experiences based on the horizons and clusters of meaning (Creswell, 2007). Imaginative variation is the process of developing a structural description about experiencing the phenomenon (Moustakas, 1994). "The aim is to arrive at structural descriptions of an experience, the underlying and precipitating factors that account for what is being experienced; in other words the 'how' that speaks to conditions that illuminate the 'what' of experience" (p. 98).

Lastly, the textual descriptions and imaginative variations were combined, and I, the researcher, developed a rich description that presented the *essence* of the phenomenon. The essence is commonly referred to as the *essential, invariant structure* and encompasses the research participants' shared experience (Creswell, 2007).

Researcher's Lens

The interest for this study emerged from my love of animals and my experiences growing up in a rural setting. I have been surrounded by animals my entire life. Throughout my youth, I was actively engaged in obedience training with my cocker spaniel, Peggy Sue. By attending obedience classes and participating in youth organizations, such as 4-H, with Peggy Sue, I built a friendship circle with other kids and adults that I would not have forged without our mutual interests of having a companion dog. Relationship building has continued today because I am active in multiple therapy programs, and I have developed many collegial relationships with others who are passionate about the human-animal bond. I believe that animals serve as a tremendous social lubricant in human lives, creating opportunities for socialization and connection that may not occur in the animal's absence.

In addition to social connections, I view animals' relationships with humans through a lens of being a source of unconditional positive regard. This aspect of canine-human interactions was exceptionally important to me as a child, and it remains to this day. As a child, I was often the target of bullying because I was overweight. School was not a fun or a safe space for me. I will always remember the relief of getting off the school bus after stressful days and being greeted by the various dogs that we owned while living on our family farm; I felt better because they were always happy to see me!

In addition to feeling welcomed by the dogs, they served as a source of companionship and safety. When I was in middle school, being home alone was sometimes scary for me. We had an old Labrador retriever named Strange; he had strayed to our house and just happened to "stay" indefinitely, and he would always accompany me to the barn when it was dark and there were chores to do. I frequently talked with him and felt safe knowing he was with me in case something unexpected happened. He also served as a companion on walks or jogs that I would take as I worked to lose the weight kids teased me about as a teen. I truly felt as though I never had to walk alone.

The insulation against social isolation has been proven to me multiple times. Last year as Brinkley, my companion animal and therapy canine, underwent cancer treatment, I developed friendships with so many others who were interested in his experience. Many of those individuals have now become close friends and regular acquaintances, demonstrating the notion that canines really do increase their owner's social capital.

While attending cancer treatment with Brinkley, the canine oncologist once said, "The best thing about dogs is they are always in the present. We could learn something from them." I am often struck by the trueness of this statement because when you, as a companion dog owner,

engage with your dog, you are greeted with happiness and acceptance. It is this unconditional acceptance that canines possess that really sparks my interest in this study. The youth at the TWR are individuals who have had a difficult time due to trauma, family-of-origin conflicts, or a myriad of other circumstances; therefore, looking at their perceptions and experiences of treatment that involves canines is of extreme interest to me because I wonder how the children will interpret the animals' unconditional positive regard.

All the aforementioned wonderings are where my biases may emerge because I am looking through the lens of my relationships with my current animals as well as my historical relationships with animals. My relationships have been fostered by years serving as their caretaker, trainer, and companion. I also approach animals with an openness to engage with them, which I do believe animals, particularly dogs, can sense. Therefore, it is important for me to consider that the youth engaged in this study may not have the same "openness" with which I relate to my animals.

In addition to my lifelong connection with animals, I currently work as a mental-health counselor who incorporates canine animal-assisted therapy in counseling (AAT-C) with both individual clients and groups. In addition, Brinkley and I made monthly visits to both the child and adolescent units at a local psychiatric hospital. During these visits, I was routinely struck by the instant connection that children would form with Brinkley as they stroked his fur. I also noticed the sense of empowerment that they experienced when they would successfully command him to sit, stay, or heel on the leash. In addition, I frequently observed youth who were completely disengaged from the other residents slowly finding their way over to Brinkley and beginning to engage with their peers. All these observations have fueled my interest for this

current research because I believe that animals, particularly canines, have the ability to engage humans in ways that may not occur if solely left to the work of human-human interaction.

Therefore, due to the aforementioned experiences, it was important for me, the researcher, to take extensive field notes during my observations of the group interactions at the TWR because my lens and perceptions of human-animal interactions are influenced by a passion for human-animal interactions as well as my sense of comfort when working with animals. Moustakas (1994) stated, “Through the process of continuing perceiving of and reflection on acts, we come to know their meaning in our experience and their relationship to ourselves” (p. 52). Implementing reflexivity by bracketing my understanding, knowledge, and biases allowed me to maintain trustworthiness for my study.

Research Site

Therapeutic Working Ranch (TWR)

Participants for this study resided and are actively engaged in mental-health treatment at a therapeutic working ranch (TWR). The TWR is a private, non-profit organization that specializes in blending therapy, education, spiritual guidance, and activities that center on both recreation and work. The TWR is licensed to care for 54 youth between the ages of 12 and 19, including males and females. Residents are of varying ethnic backgrounds, including Caucasian, Native American, Caucasian/Native American, Caucasian/African America, and Caucasian/Hispanic. The average age of residents at the TWR is 16. Most adolescents in residence are placed via county social services or have been placed through the state court system. The majority of youth at the TWR have extensive trauma histories in addition to previous mental-health diagnoses, with the most frequently being Conduct Disorder,

Oppositional Defiant Disorder, Post-Traumatic Stress Disorder, and Depression Not Otherwise Specified.

The ranch is located in the Midwest region of the United States and sits among rolling hills and grassy buttes. The grounds consist of male and female residence halls, a recreational building, an educational center, an administrative office, an indoor riding arena, an indoor/outdoor canine kennel facility, and livestock barns. The TWR livestock includes horses and cattle. In addition to the canine animal-assisted therapy in counseling (AAT-C) program, the ranch also implements an equine- [horse] assisted psychotherapy program (EAP) as well as programming that involves daily ranch work, such as checking the cattle and cleaning livestock barns.

Canine Animal-Assisted Therapy in Counseling (AAT-C) Program

Treatment was provided to the participants by a master's level clinical social worker. Participants who enrolled in the canine AAT-C program took part in one individual canine AAT-C session and one group therapy session per week for a period of 10 weeks. The AAT-C and work groups included Compass, the TWR's resident canine, and four foster puppies from a local rescue organization. The inclusion of foster puppies provided the participants with a service-learning experience because they helped train the puppies in preparation for adoption. Program participants also attended a second group interaction, focusing on dog care and training, one to two times per week. Two mental-health technicians who were specially trained in positive dog training led these sessions. The groups were experiential, and the youth were involved in dog-care tasks such as brushing, nail trimming, and bathing. At times, the therapy canines were under the care of the program participants in their residence halls.

In addition to the canine AAT-C programming, residents who graduated from the AAT-C program had the option to take part in a “Reading to Compass” program. This project was a newly developed collaboration with the local public school where the residents met with elementary children and handled Compass while the children practiced their reading skills. This program was implemented midway through data collection, so only two research participants had taken part at the study’s completion.

Canine Co-Therapists

Currently, the TWR has one adult canine that is utilized for the canine AAT-C program. Compass is a two-year-old golden retriever that lives at the TWR. Compass’ original purpose at the TWR was to become trained as a service dog; however, he has now been granted permanent residence at the TWR. Compass is large in size, weighing approximately 90 pounds. He has a fluffy golden coat and is well known to both the TWR’s residents and staff. All residents have the opportunity to interact with Compass because he spends a great deal of time in the residence halls with both staff and residents. In addition, Compass is involved with a reading program that began as a collaboration between the local public school and the TWR. Residents who have successfully completed the canine AAT-C program and who have an interest in being part of the reading program are able. When not specifically taking part in programming, Compass is frequently observed lying on dog beds with the residents. His face is soft, kind, and inviting. His mouth is usually slightly open, and his lips are in a relaxed smile.

In addition to Compass, the TWR has worked with a local animal rescue agency to foster four mixed-breed puppies: Kohl, Duke, Ruby, and Maverick. Kohl was approximately four months old when arriving at the TWR, was a Labrador retriever and German Wire Hair mix, and was characterized by exuberant energy and a piercing puppy bark. Duke, a 10-week old

Labrador retriever mix, was black with black and white chest markings. He was noted for his gentle nature and playful attitude, and was frequently seen cuddling with research participants. Kohl and Duke were involved with the first three research participants, known as cohort 1. Since cohort 1 completed the canine AAT-C program, Kohl was placed as a therapy dog in a women's prison program, and Duke was placed in a family home.

The second cohort involved two puppies, Ruby and Maverick. Ruby, a six-month-old basset hound mix, was characterized by persistent barking. During data collection, many participants talked about the frustrations they experienced while working with Ruby. Despite their frustration, participants expressed caring sentiments about her. She was short in stature, was caramel brown, and had caramel and white spotted legs. Ruby had a very distinct look because her front feet toed out, creating a very dapper gait. Maverick, a 12-week old Labrador retriever puppy, was characterized by his sweet disposition and, much like Duke, was a cuddling favorite of residents.

None of the animals were registered with a national therapy organization or possessed any other additional credentialing. When the dogs were not housed in the residence halls with the youth or working, they were kept in the TWR's kennel facility that included an indoor kennel with an automatic door, allowing them free access to an outside exercise space. Their kennel was climate controlled, with raised dog beds to allow comfortable sleeping spaces. All the dogs' care needs were provided by various TWR staff members. In addition, the TWR contracted with a professional dog trainer who regularly gives advice about the canines' training and care.

Participant Demographic

The only criteria to participate in the study was that the residents were assigned to the canine animal-assisted therapy in counseling (AAT-C) program by the TWR's clinical staff, and

that they had participated in the program for approximately three weeks before the start of data collection. The TWR's clinical treatment team determines what treatment program residents will be active in after the TWR residents' complete a battery of psychological assessments. The assessments are part of the TWR's intake procedures that all residents experience when they arrive at the TWR. The assessments' give the clinical staff various types of information such as a resident's level of aggression, history of abuse, and/or legal issues to determine what type of treatment modality is best suited for that residents treatment goals.

During the residents' first two weeks at the TWR, a number of assessments were administered, and a formal intake interview was conducted by a licensed social worker who served as the TWR's admission director. The interview was a clinical psychosocial intake. In addition to the clinical intake interview, Achenbach's *Youth Self-Report (YSR)* was administered within the first 24 hours of the residents' arrival at the TWR. There were no formal admission criteria for the canine AAT-C program, however, most participating youth demonstrated a Total Problem Score (TPS) over 65 and had elevated *Internalizing Scale* scores on the Youth Self-Report (YSR) (Achenbach, 1991). Typically, individuals who score above a 65 and who have elevated internalizing scores, indicating higher levels of anxiety and social isolation, are assigned to the canine AAT-C program.

The TPS provided a broad view of the youths' competencies and problems as perceived by the youth. The TPS was calculated by summing all eight of the YSR's Syndrome scales: Withdrawn, Somatic Complaints, Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior. The *Internalizing Scale* was calculated by summing the scores for the following scales: Withdrawn, Somatic Complaints, and Anxious/Depressed. The YSR's purpose was to gather the youths' competencies and

behavior problems in a standardized form by using a self-reported format. The *Problem Checklist*, a component of the YSR, gave a TPS score that was then further sub-grouped by adding certain Syndrome Scale scores together. For residents admitted to the TWR who were not elevated on the YSR, the *Global Appraisal of Individual Needs-Initial* (GAIN-I) was given. The GAIN-I is a full biopsychosocial assessment that aids the TWR's clinical team in appropriately diagnosing, placing, and developing treatment plans for residents. The GAIN-I assessment is divided into multiple sections and assesses residents' backgrounds, substance use, physical health, risk behaviors and disease prevention, mental and emotional health, environment and living situations, legal concerns, and vocational areas (GAIN, 2014). Additional information, such as breadth of symptoms, recent service utilization, and lifetime service utilization, are also assessed. The goal of administering the GAIN-I at the TWR was to support placing the residents in a treatment program that would most meet their therapeutic goals.

In addition to completing the psychometric measures, each resident was oriented to the residence hall, assigned to specific work groups that engaged in different chores at the ranch, placed in appropriate educational programs, and assigned a mental-health clinician. The admission and initial assessment process lasted approximately two weeks.

Informed Consent

Participating in the research study at the TWR was voluntary, and no treatment was withheld if the minor expressed dissent or if parental/custodial permission was not granted. Many of the youth in residence at the TWR were in the custodial care of either the state's Department of Justice or Department of Social Services; therefore, consent for study participation was obtained from the appropriate caseworker or legal guardian. Additional consent for study participation was obtained from the youths' parents, when available. In

addition to parental/custodial consent, participants completed a minor assent form (Appendix A), giving their permission and agreement to take part in the research study. Prior to starting the research study, the canine therapy program director, the TWR's clinical director, the TWR's executive director, and I reviewed all study processes and procedures. The research was reviewed and approved by the university's Institutional Review Board (IRB).

Data Collection

Data was collected via three sources: in-depth, in person interviews and follow-up interviews as needed; an analysis of reflective journals, and an analysis of the field notes that were collected while on the premises and developed by observing the therapy groups.

In-Depth Interviews

Each research participant took part in an in-depth interview, with a follow-up interview when needed (Appendix B). Data collection through in-depth interviews is a common practice for a phenomenological study (Creswell, 2007).

Reflective Journals

A secondary data source included analyzing the participants' journal entries. Research participants received a journal after they consented to take part in the study. Each journal contained four prompts on separate pages (Appendix C). Study participants were informed that they would be able to keep the journals as an incentive for taking part in the study. At the end of the study period, the journal entries were photocopied and analyzed via horizontalization by the researcher.

Non-Participant Observation

Lastly, the researcher developed field notes while observing group therapy sessions. The field notes were typed and horizontalization conducted.

Maintenance of Data

All data sources were maintained by the researcher and kept in a locked file cabinet in the researcher's home when not in use. Prior to being analyzed, both the reflective journals and the interview transcripts were de-identified, ensuring participant anonymity. Each participant was coded with an alternate name, again ensuring participant anonymity. Only this researcher and the researcher's adviser had access to the codebook. When not in use, the codebook was kept in a secure file cabinet at the researcher's home office.

CHAPTER 4. RESULTS

Participants

All residents who were assigned to the canine animal-assisted therapy in counseling (AAT-C) program at the therapeutic working ranch (TWR) were eligible to participate in the research. Parental informed consent was obtained by the TWR's intake caseworker during intake. This researcher then met with each potential participant and reviewed the Youth Assent Form (Appendices A and C) [All participants were above age 12], and all residents involved with the canine AAT-C program elected to participate in the research. Because the TWR's canine AAT-C program was revised in the past year, the first round of data collection involved a small group of residents. Initial data collection occurred in August and involved three participants, two females and one male. The first group is referred to as Cohort 1. A second round of data collection was completed in January of the following year, and this round included three males and three females. The second group of participants is referred to as Cohort 2. All participants were assigned an anonymous name.

Additionally, two members of Cohort 1 were eligible to participate in the "Read to Compass" program after they successfully completed the canine AAT-C program. I, the researcher, was able to conduct member checks with them while I collected data from Cohort 2.

Lastly, one of the male participants in Cohort 2 only participated in one of the observed canine AAT-C groups because he was discharged. He was able to complete the individual interview and the journal entries; therefore, he was still included for the data analysis.

Cohort 1

Cohort 1 consisted of three participants, two females and one male, ranging in age from 14-17 years. At the time of data collection, participants had been in the canine AAT-C program approximately 6 weeks.

Betsy. At the time of data collection, Betsy had been a resident at the TWR for 4 months. She was 15 years old and identified as biracial. Betsy's father was deceased, and her mother was absent from her life. She did not have a history of substance use; however, she presented to the TWR with a historical diagnosis of Attention Deficit Disorder (ADD) and Depressive Disorder. Betsy was also believed to have a sexual trauma history. Betsy was very quiet, soft spoken, and often demonstrated difficulty making decisions and expressing herself during group.

Tracy. Tracy was a 17-year old Caucasian female and was in her second placement at the TWR after noncompliance with her original discharge plan. At the time of data collection, Tracy had been in residence for 3 months. Tracy had an extensive substance-use history and was placed at the TWR due to truancy and drug use. She also experienced a great deal of stress within her family of origin. Tracy was excited about being involved with the canine program and reported a strong connection to Duke.

Jack. Jack, a 14-year old Caucasian male, had been in residence for 5 months at the time of data collection. He was the only male in Cohort 1. Jack had an extensive history of legal charges, including mischief and vandalism. His family has an extensive history of mental illness; in addition, Jack had a history of sexual trauma. Jack presented to the TWR with a historical diagnosis of ADD. Jack was soft spoken during his interview; however, he

demonstrated strong engagement during the canine AAT-C groups. He was often observed physically petting the dogs and encouraging them positively.

Cohort 2

Cohort 2 consisted of three females and three males who ranged in age from 15-17 years. At the time of data collection, the participants had been active in the AAT-C program for 5 weeks.

Ben. Ben was a 16-year-old, Caucasian male who had been in residence for 7 months at the time of his participation in the research. Ben had been placed in residence due to chemical dependency and polysubstance abuse. His family of origin had an extensive history of substance abuse, incarceration, and domestic violence. He had a historical diagnosis of anxiety in addition to Attention Deficit Disorder (ADD). In his interview, he shared that he was happy to be in the canine AAT-C program because he really loved animals. He was often observed touching and petting the dogs during group AAT-C sessions. He was often the first person to volunteer to clean up any bathroom messes that the dogs made.

Ken. Ken was a 16-year-old, Caucasian male who was in his second placement at the TWR. He had been back for 5 months at the time of data collection. Ken had taken part in the canine program when the canine-program kids trained service animals. Due to Disorder conduct, Ken was placed back in residence after being discharged from another residential treatment facility that he attended after he was treated at the TWWR the first . Ken's history included a variety of legal charges and substance abuse; in addition, his family of origin had a history of alcohol abuse. Ken had a history of self-injury as well as a historical diagnosis of ADD. Ken was discharged during the data-collection period. He completed the individual interview and journal entries, and was present for one AAT-C group observation.

Jennifer. Jennifer, a 16-year-old, Caucasian female, had been in residence for 9 weeks at the time of data collection. She presented with a history of substance abuse, legal issues, and a history of self-injury. Her family of origin had a history of substance abuse and incarceration. She had an extensive mental-health history of Oppositional Defiant Disorder, ADD, and Depressive Disorder. Jennifer was often quiet during AAT-C group sessions and was frequently observed sitting away from the group.

Emma. Emma, a 16-year-old, Caucasian female, had been in residence for 7 months at the time of data collection. She, too, was in her second placement at the TWR due to legal concerns and substance abuse. Emma's mother was deceased, and it was believed that difficulties in her family of origin included domestic violence, physical abuse, and both parents being incarcerated. She had no history of prior mental-health diagnoses. Emma was frequently observed being energetic and engaged during the AAT-C group session. She also reported a bond with Compass because of his ability to help her relax when she was having a bad day.

Rose. Rose, a 16-year-old, Caucasian female, was in her seventh month of placement at the time of data collection. Rose had a history of substance abuse which often involved using drugs with her mother. Additionally, it was suspected that Rose had a history of sexual trauma as well as physical abuse within her family of origin. Both parents had a history of substance abuse and incarceration. Rose had historical mental-health diagnoses of Depressive Disorder and ADD-combined type. In addition, it was documented that Rose had a number of parent-child relational problems that included child neglect. She also had a history of self-injury. During group AAT-C, Rose was often observed engaging with others. During her interview, she spoke openly that she enjoyed the canine AAT-C program because of her ability to talk about her concerns, particularly her substance abuse.

Dylan. Dylan was a 16-year-old, biracial male who was in his fourth month of placement at the TWR. Dylan had a history of unruly behavior and substance abuse. Dylan had a tumultuous relationship with his family of origin, and he had experienced physical, verbal, and emotional abuse. His family of origin had a significant history of domestic violence. Before moving to the TWR, Dylan had no prior mental-health diagnosis. He was considered to be very bright by his treatment team, and he had a warm and engaging personality. Dylan spoke very thoughtfully and openly about his relationships with the dogs as well as how he felt they were teaching him life skills.

Data Collection

Data sources were collected in two groups over a span of six months and consisted of three data sources: individual interviews, field observations of canine AAT-C group sessions, and participants' journal entries.

In-Depth Interviews

In-person individual interviews (Appendix D) were done in a private room, away from the rest of the group. The only individuals present were the researcher, the participant, and one of the program canines. Interview lengths varied between 10 and 30 minutes. Due to the emerging nature of qualitative research, I also conducted one group interview with Cohort 1 as its members were preparing for a training demonstration at a local elementary school. In addition, I was able to re-interview Jack and Tracy about their experiences in the "Read to Compass" program that began after the conclusion of Cohort 1's data-collection period.

Each interview was digitally recorded and then downloaded to the researcher's password-protected laptop. The interviews were transcribed into a text format, and all identifying information was removed.

Reflective Journals

Each participant was given a journal that contained four prompts (Appendix E) at the beginning of the data-collection period. The participants were instructed to write as much as they wished in response to the prompts. They were also instructed that they could write any additional entries that they wished and that only the information for which they gave permission would be analyzed. They were informed about when the journals would be collected, typically during the last data-collection visit [usually a period of three weeks]. The only variation to the three week period, was Ken's journal entries due to his discharge date. At the end of data collection, all journal entries were photocopied. Any identifying information was blacked out with a permanent marker, and the journals were given back to the research participants.

Non-Participant Observation

I observed six AAT-C groups, three for each cohort. Each group session lasted approximately one hour. The canine AAT-C groups included each member of the respective cohort; the master's level social worker; and the mental-health technician specifically trained in canine behavior, if available. Cohort 1's canine partners were Kohl, Duke, and Compass. Cohort 2's canine partners were Maverick, Ruby, and Compass.

Group sessions varied in content. Some groups included elements of animal-assisted play therapy (AAPT) where the dogs were a major component of the group activity. VanFleet (2008) defined AAPT as an intentional process of incorporating animals in a play-therapy session. Examples included playing charades with the dogs, navigating an obstacle course, and playing games such as Follow the Leader and Teaching an Old Dog New Tricks. Other group sessions were more task-oriented where the group's focus was to groom the dogs or to prepare

them for an event. It is important to note that the TWR's canine AAT-C curriculum was not standardized; therefore, there were no similar group tasks assigned for Cohort 1 or Cohort 2.

Data Analysis

Moustakas's (1994) modified version of the Stevick-Colaizzi-Keen method for analyzing phenomenological data was implemented to analyze all interview transcripts, journal entries, and non-participant observations. The initial steps of the method included reading each data piece multiple times so that I was able to get a feel for the data. My immersion into the interview data was further enhanced by the decision to transcribe my own interview recordings, giving me another venue to experience the data. After three complete reviews of the data set, I began to highlight individual phrases, statements, or observations that appeared to relate directly to the participants' experiences with the canine AAT-C program. The identification of significant statements is a process referred to as horizontalization; this step was the first one to identify data themes (Creswell, 2007).

During the fourth review of the data, I began to write statements and words that seemed to capture the meaning of the significant statements that were identified. Moustakas (1994) referred to these units of meaning as *invariant horizons*. Invariant horizons were statements or descriptor words that reappeared multiple times across all the data. After the invariant horizons were identified and entered in a spreadsheet, I sorted them into clusters. Clusters are groups of meaning units that relate together in some manner and capture an element of the participants' experiences. These clusters were then further analyzed to capture the narrative theme of the participants' experiences. Ultimately, the emerging themes encompassed the essence of the participants' experiences and the meaning that they made of the canine AAT-C program. The themes also enabled me to write a rich description about the participants' experiences.

Results

From 9 individual interview transcripts, 36 journal entries, and 6 groupings of notes from the non-participant observations, invariant horizons were identified. For examples of invariant horizons, see Table 1.

Table 1

Examples of Invariant Horizons of Participants in a Canine Animal-Assisted Therapy in Counseling (AAT-C) Program

Significant Statement	Invariant Horizon
Therapy with them [dogs], they're just calm and they can't say anything really. You can talk and cry and they'll comfort you.	Dogs create an opportunity for people to experience their emotions and feel immediate comfort and acceptance.
Getting to know that you are helping dogs go to a better place and raising something on your own is a lot better than "how does this make you feel?"	AAT-C is more engaging and is viewed as a more meaningful experience than traditional talk therapy.
Frustration whenever the dogs don't do what they are suppose to do. Joy, because you can't just not be happy around dogs, they are adorable. I'm more happy, energetic; I feel like I want to go run with them. I get kind of mad sometimes though. Yeah, I think I've already said frustration.	Participants in AAT-C experience a variety of emotions and actively work to identify and regulate the experienced emotions.
So we just kind of structure the dogs life and it helps us figure out what structure we need, what help we can use in our lives and see how it interacts with us too.	The AAT-C program and engagement with the dog provides a mirror to the participant's self, and spurs reflection about future change.

The second step of analysis resulted in invariant horizons being grouped together to form eight categories, also known as clusters (Creswell, 2007; Moustakas, 1994). The eight clusters were (a) intrapersonal relating, (b) relating with others, (c) relationship to counseling, (d) concrete skills, (e) emotionality, (f) intellect, (g) mirror to self, and (h) opportunity creation. See Table 2 for category examples and their relating invariant horizons.

Table 2

Examples of Three Categories and Their Associated Invariant Horizons

Categories	Invariant Horizons
Relating with Others	<p>Identification of verbal and nonverbal communication skills.</p> <p>Here-and-now communication due to immediate illustration of cause-and-effect behavior while dog training.</p> <p>Negotiation among peers as they problem-solve to accomplish an identified task.</p>
Concrete Skills	<p>The AAT-C program taught participants how to positively train dogs.</p> <p>Participants felt knowledgeable and informed about how to responsibly care for a dog.</p> <p>AAT-C increased awareness and the ability to engage in healthy activities.</p>
Opportunity Creation	<p>Increased physical activity</p> <p>Venue for escape</p> <p>Centerpiece of discussion</p> <p>Safety</p>

The eight categories were further arranged into four themes: (a) a rippling effect on relational patterns across intrapersonal, interpersonal, and therapeutic domains; (b) cross-dimensional identification and realization of skill attainment; (c) therapeutic factors that are unique with a dog’s presence; and (d) building and expanding one’s community.

Themes

Horizontalization of the data resulted in four major themes that describes the meaning the participants made of their lived and shared experiences of the canine animal-assisted therapy in counseling (AAT-C) program at the therapeutic working ranch (TWR). Together the themes capture the essence of the phenomena of the TWR's canine AAT-C program for it's residents.

Theme 1: A Rippling Effect on Relational Patterns Across the Intrapersonal, Interpersonal, and Therapeutic Domains

Throughout the participants' experiences in the program, they described, in numerous ways, a shift that occurred for them regarding their perception and relation to self. The participants' reflected on how their experiences caring and interacting with the dogs, both in groups and individually, provided conduits for them to gain insight about personal attributes. The personal attributes varied for participants; some identified a lack of patience while others identified patterns of behavior. Almost all participants described an introspective learning that occurred while they were in the program. Patterns emerged about how insights for their relational patterns influenced and shaped their social interactions. For example, Jennifer described how she identified her typical approach to manage frustration by giving up; this approach shifted while training the dogs. She perceived her shift as something that would be helpful for her in the future, especially if she ever had a dog of her own. She posited that, because of this experience, she would be less inclined to give up on the dog if she were frustrated.

The participants' internal insights had a ripple effect, and extended the shifting relational patterns to canine program peers, other TWR residents, and TWR staff. Participants described experiences of feeling more tolerant of others in addition to having empathy for others' challenges. Rose described the shifts as changes in what she chose to verbalize to her peers. The

ripple effect of intrapersonal change to interpersonal change is demonstrated a statement Rose made during her interview, “I like didn’t have a lot of respect for a lot of people. Like, just a lot of girls here, I don’t have respect for, but lately, I’ve been just like not even saying rude comments to them.”

Jack also described a ripple effect that occurred in his interpersonal relationships because of his participation in the program. “I’m not always bothering them, or talking to them all the time, like sometimes I just play with the dogs”. Jack’s ability to entertain himself and the attachment that he created with the dogs in his cohort allowed him to interact more positively with other residents. The shift to more positive interactions was particularly salient for Jack who had a history of disciplinary action against him due to negative interactions with other residents.

Participants’ relationships with the therapeutic process itself also shifted during their experiences with the canine AAT-C program. Participants frequently discussed the benefits of being in the “here and now.” In addition, descriptions about how interactions with the dogs allowed participants to see immediate cause and effect for their behaviors emerged. The immediate feedback from the dogs facilitated the clients’ perceptions that therapy was more meaningful and useful. In addition, the participants described how interacting with the dogs was a lot of fun. The enjoyment and positive feelings that the participants’ described fostered shifts in perceptions about the therapy they experienced in the canine program. The positive feelings bled to their perceptions and relating styles with the TWR staff members who facilitated the program. The participants often described the staff with positive descriptors, including “fun” and “laid back.” The ripple effect created by the shifting relational patterns was further described by three distinct categories: (a) intrapersonal relating, (b) relating with others, and (c) relationship to counseling.

Intrapersonal relating. Shifting in intrapersonal relating was evident in both participants' journal writings and the interview transcripts. Tracy wrote, "I learned it's okay to trust and love something." Jack, the youngest participant in the study at age 14, was frequently dismissed from school prior to starting the canine AAT-C program; he talked extensively about his shift in how he saw himself: "I've gained leadership with the school, self-esteem knowing that I can be a positive leader." Many participants described shifts in their internal viewpoints about their place in the world, describing the phenomena with short statements such as "it's not always about me," "people really do believe in me," "more patience for people," "I learned I usually just blame others," and "I'm worrying about myself more."

Relating with others. Many participants described how their experiences of relating to others, including relating with the dogs, the counselors, and their peers, shifted during the AAT-C program. Participants explained that, throughout the period of the canine AAT-C program, they grew more tolerant of others. When asked what she felt she had gained from this canine AAT-C program, Rose described how her experience had taught her patience:

Well, Ruby, you have to have a lot of patience with her. When I first got to know her, like I had no patience and then like, I started to get to know her better, and I'm slowly getting the patience to teach her what's right.

When asked about what that looked like in the canine AAT-C program, she went on to say:

I didn't like have a lot of respect for a lot people, like just a lot of girls here I don't have respect for, but lately, I've just like not even been saying rude comments to them.

Relating with others was also evident during the field observations. The group canine AAT-C groups were often very energetic; they were characterized by a great deal of talking and

verbalization. Emma viewed the relationships and negotiating that occurred with the participants as something that differentiated the canine AAT-C group from other counseling programs:

This is my first animal group. It's different because we don't really work with each other trying to do obstacles and stuff [in other groups], and here, it's like we have to work with the dogs and with our peers to try to overcome the obstacles. Because we do that kind of often, so it's different in that we have to learn, not to give in, because like Maverick, he is really cute, but we still have to be stern with him.

Relationship to counseling. Participants' lived experiences of the counseling process itself shifted from their traditional viewpoints of counseling. Many participants talked about the hands-on element of counseling. They described the process of identifying tangible tasks and goals that they worked towards achieving during group sessions. The ability of experiencing success to accomplish assigned tasks [teaching a dog a new trick] was described in their sense of meaningfulness that they took from the canine AAT-C groups. Words such as "relatable," "useful," and "pertains" were used to signify the connection they felt to the therapy and their individual lives. Ben talked about the insights he gained when his counselor related the dogs' behaviors to what the TWR calls "the outs," life outside the placement:

Other therapies, I dislike highly because it's just like "How does that make you feel?" I like to learn hands on, not like by, everybody has a different way whether it be the teacher sitting in front of the classroom hands on group activities, or like when you are sitting there and she [counselor] is like pointing things out to you like "What does that relate to?" I mean it's an eye opener.

Another participant described value in the ability to see the effects of different hands-on aspects of the experience in a here-and-now time orientation. Tracy stated, "You get to visually see

behaviors that you wouldn't notice in a book or by watching a movie." Additionally, field observations yielded notations about high energy levels and the amount of spontaneous laughter that occurred during the therapeutic experience, indicating engagement. Rose described her experience as "more fun, like you do more activities than [traditional therapy], where you just sit in a chair and talk about your week." Besides the shift in experiences with the counseling itself, participants also described their enhanced relationships with their counselor, describing her as "perky," "fun," and "not strict."

Theme 2: Cross-Dimensional Identification and Realization of Skill Attainment

One of the impacts of taking part in the canine AAT-C program emerged as a twofold experience of participants' gaining a variable range of skills across multiple dimensions and having the ability to recognize the attainment of those skills. It seems that the experiences of caring, training, and having group activities centered on programming that includes a dog fosters a therapeutic environment to identify, practice, and perfect different skills. For example, many participants either described during their interviews or wrote about in their journals the mastery they felt with training a dog. The participants were able to discuss specific elements of dog training, such as where you position a treat to make a dog sit. The skill attainment went beyond a concrete nature, however, because participants often related the identified skills to future problems or challenges they foresaw.

The described skills transected multiple dimensions, ranging from concrete skills, such as trimming a dog's toenail, to more abstract skill attainment, such as being able to identify an emotional experience at a meta-cognitive level. While observing the canine AAT-group, problem-solving skills emerged as participants navigated tasks assigned to them during group-therapy sessions. The tasks included actions such as teaching a dog a new trick. Problem

solving was displayed during field observations as the participants tried many different strategies to reach their goals. Additionally, the participants reflected on the experiences of problem solving during their interviews. Emma stated:

In my other groups and in counseling that I've been in before, it's just me, or we are just talking. But here we have to identify and, like, actually go through [obstacles] firsthand and have our peers to help us.

Participation in a canine AAT-C residential program elicited strong and varied emotional responses for the participants. The participants described the creation of an environment that allowed them to experience and engage emotions while practicing and mastering skills at regulating their emotional states. Commonly described emotions included frustration, challenge, attachment, and pride. Overall, the cross-dimensional skill attainments for theme 2 are described in three specific categories: (a) concrete skills, (b) emotionality, and (c) intellect.

Concrete skills. The first category for theme 2 is characterized by a description of identified skills that participants experienced. The participants identified and described skills during the interviews; skills also emerged through their reflective journals or my field observations. Many participants shared their knowledge about positive dog training in addition to their increased ability to care for a dog. Some participants described these skills as a form of responsibility:

Most people think about having a dog they just sit around and they like, you can have a dog door and they go out themselves, but no, you have to teach them to go out that door, you have to teach them . . . umm . . . to not get on the furniture or the times to eat. (Ben, age 16)

Others described their skills as a sense of being able to make positive lifestyle choices for themselves. The abilities to make healthy lifestyle choices were particularly salient for Jack who had a history of disorderly conduct and described playing with the dogs instead of bothering peers in the residence hall. His experience is illustrated by the following passage:

Researcher: Is there anything you would like to share with me about this program that you haven't had the chance to share with me?

Jack: It helps me get through the day having the dog there...

Researcher: So that's special to you . . . having the dog there?

Jack: Yeah.

Researcher: What were your days like before you had the dog?

Jack: I would just do whatever I wanted . . . like all the time, and uh . . . I would always be getting in trouble and earning negatives . . . and like get in levels for dumb things to get people's attention.

Emotionality. Participants recognized, described, and wrote about, and I, the researcher, observed, a wide breadth of emotionality while active in the canine AAT-C program. They focused on processes to manage emotions, indicating a binary experience of emotion deregulation and regulation. When prompted to write about whatever she chose to about her therapy in her journal, Jennifer said, "It's frustrating how it seems like Ruby is always pawed off on me." She then shared what she learned about herself during therapy: "I've never had good patience, so it's helping me become much more patient with things." Participants consistently discussed experiencing emotions and then working to regulate them in a constructive way. During his interview, Dylan described how experiences with the dogs spurred him to consider how he responded:

When the dogs are being annoying, you just want to be like “shut-up” and just leave them alone, but that’s how you can be sometimes I’m guessing, and that’s how I feel around other people, and you can’t just be like “hey shut up and leave them alone,” ya know and be rude and stuff like that . . . you have to come at the situation with a more positive way, and I guess that’s what they are teaching us.

In addition to navigating difficult emotions, participants also told about living new experiences emotionally. Ken illustrated the experience of people believing in him and a self-assured feeling about his ability to do well. Others talked about experiencing attachment. In his journal, Ben wrote, “I love the dogs, and if anything happened to the dogs, I would die. You never know how much you love something until it’s gone.” Tracy described a similar attachment process, likening her relationship with one of the dogs to her “best friend” and saying that they “had each other’s backs.” A sense of nurturance and protection also emerged from participants because many compared their relationships with the dogs to those of a parent and a child.

Intellect. Participants described and displayed a capacity to problem solve across the data sources. Observations of the canine AAT-C group displayed a large amount of negotiating between participants as they worked to critically think about obstacles and to problem solve. Examples of problem solving included one group meeting where cohort two worked to teach Compass how to roll over. There was a sense of discovery as the group members worked to determine the best way to accomplish the task. In the aforementioned quotation from Dylan where described managing his experience of annoyance, he went on to explain problem solving and to demonstrate critical thinking:

We can’t really act negative around them, you know, yell at them to get them to stop barking . . . you have to counteract, have them walk around, do commands, play with

them a bit, you know just keep everything positive, so I guess it has a more positive effect on me.

In addition to the previous examples, it was noted by the researcher, during field observations, participants engaged in dialogues with each other throughout the group sessions. The participants were often observed brainstorming strategy modifications, again demonstrating problem solving skills.

Theme 3: Therapeutic Factors Unique to the Presence of Dogs

A major differentiation of the canine AAT-C group compared to other TWR programs is the consistent presence of a dog. Theme 3 is characterized by a focus on participants' experiences with the dogs and the meanings made from those experiences. Almost all participants described a sense of consistency and structure that resulted because of their caretaking of and responsibility for the dog. Although, at times, caretaking the dogs was described as stressful, it also provided a different element for the therapeutic process and differentiated the experiences from other counseling. Emma stated, "The dog, you can have him all day, so that is something different. Um, yeah, that's all I have, so it's more constant; it's kind of like when you need it, it's there." Many participants described strong bonds and affection towards the dogs. Others focused more on their feelings of protection and attachment. Additionally, some focused on challenges and described the experiences of being overwhelmed with the day-to-day responsibility that accompanies pet-keeping.

An additional characteristic of theme 3 was the dog's role in creating an environment that allowed new opportunities for group members, such as shifting views of themselves. Group members related to the dogs on a personal level, describing themselves as "similar" to the dogs or making statements such as "we aren't that different" or "they are annoying; I can be

annoying.” Throughout theme 3, participants’ therapeutic interactions with the dogs emerged in two distinct categories: (a) mirror to self and (b) opportunity creation.

Mirror to self. A universal experience among the participants was a sense of seeing themselves in the dogs. Many participants shared experiences of relating the dogs’ behavior to their own behavior on “the outs.” Jack wrote that he perceived that he and Compass were a lot alike in their desires to experience attention. During his interview, Jack illustrated this mirror effect in his statement, “I want to do it, like not have a leash like the dogs; I want to do whatever I want, whenever.” Emma also talked about, and reflected in her journal, comparisons between herself and the program dogs:

There is a lot of things that the dogs do that are like what I do, like Ruby, she’s really stubborn – I’m pretty hard headed. She just wants a lot of attention. I think we all seek a lot of negative attention – like in the wrong way.

Although almost all participants described the mirroring effects either in their writings or during their interviews, during his interview, Dylan reflected about an insight related to the mirror effect that he experienced after cohort 2’s second canine AAT-C group that I observed:

Dylan: Were you here when we did that exercise with the hula hoops and stuff?

Researcher: Uh . . . huh.

Dylan: We had the . . . what is it . . . the stuff that would hold us back from something positive in our life. . . . I guess that kind of showed me if, how it really works. I mean I’ve thought about it a lot after that ‘cause the dog was attracted to stuff it really liked, and it didn’t want to stay on course, or it was always trying to look at what was going on. That kind of goes back . . . or, what’s the word? I don’t know the word.

Researcher: Relates?

Dylan: Yeah, relates to me and, like, I could say drugs or illegal stuff . . .

Ultimately, interactions with the dogs gave the participants a conduit to see and to experience themselves in a new way by relating the dogs' challenging behaviors to their own. Additionally, the externalized nature of having those behaviors mirrored to the participants via the dogs allowed the participants to process through the experience in a less defensive manner. In addition to the mirroring effect, participants described a sense of opportunity that emerged and was related to the dogs.

Opportunity creation. Throughout the data and interactions with participants, multiple opportunities emerged as a result of experiences with the dogs. Opportunities varied in form, but ranged from descriptions about increased physical activity, distractions from difficult and negative emotions, and safety and comfort through physical touch, to opportunities to engage in healthy lifestyle choices. Three of the four male participants referenced, in either their reflective journals or their interviews, the comfort that physical contact with the dogs gave them. In addition, during the group canine AAT-C observation, notations such as "hands-on dog" and "snuggles with dog" were made to describe the touch occurring between the male participants and the dogs. The participants used words such as "cuddling," "safe," "cuddle bear," and "chill" to describe their experiences with the dogs. From their descriptions, it was evident that their relationships with the dogs provided an opportunity to express caring and love while, at the same time, receiving love. Participants described how the safety experienced during cuddle sessions with a dog afforded them the opportunity to engage in difficult counseling sessions. Ben commented:

If you are in trauma therapy, and I mean it's really depressing, because trauma is something that a lot people don't want to bring back up, if you have a dog to sit there and

kind occupy you and get your mind away from the trauma, it's a lot better than sitting down and just staring off, just having your mind stir on that same situation.

During his interview, Dylan shared a similar experience and stated the following:

I had some news that kind of pissed me off a little bit, so I was pretty angry throughout the day, and we got Compass, and I don't know if he knew or what was really going on, but he just kind of came and laid by me, and we laid on the dog bed, and I got to hang out with him for awhile. I feel like we can sense what he is feeling, too, because it made me pretty happy because he's a loving dog.

Although not as consistent, some female participants also talked about opportunities to receive physical comfort from the dogs. Emma described experiencing a great sense of relaxation when lying on the dog bed with Compass.

In addition to opportunities associated with comfort and safety, experiences in the canine AAT-C program contributed to a healthier lifestyle. Many participants described how their relationship with the dogs allowed them to discover opportunities to make lifestyle choices that were more positive for their well-being. Both Tracy and Ben discussed how dog interactions supported their recovery efforts from drugs and alcohol. Tracy described that her relationship with an animal created an excuse for her to engage in healthy behaviors. She talked about an example that, instead of getting into trouble with her friends, she can use her dog as an excuse to remove herself from the situation. Ben said that experiencing a relationship with the dog allowed him to realize that you can have fun doing something mundane in the presence of a dog:

When I was doing drugs, I needed to do drugs to have fun outside. Like if I'm going to the park and I'm not high, it's not fun. But if I'm at the park with a dog, it is a lot more fun; you have something to do. You are occupied and not just dwelling on past thoughts.

Theme 4: Building and Expansion of One's Community

The last theme focuses on increases in the participants' senses of community. Respondents described barriers being broken down because of shared experiences with the dogs. In addition, participants had a sense of self-worth and pride that they were excited to share with others. Shifting in participants' communities occurred through a number of means, including corrective experiences with TWR staff where participants saw individuals differently due to ways that staff members related to the dogs. Tracy talked about how an experience of Kohl biting a staff person led to a later connection between her and that staff person. Many participants described a sense of unity among the members of the canine AAT-C group, with Ben stating, "When you are in the canine group, you just kind of click together. It's not about your relationship; it's about the dog." Emma described a ripple effect of having the dogs in the TWR's residence halls: "Well me and [two friends' names], we all really love Compass, so we are just in a good mood; it like brings us together whenever we are talking about him."

In addition to a greater sense of community at the TWR, some participants described feeling a connection with individuals outside the placement. Ken shared his hope that, because of his acquired knowledge about dog training, he would be able to relate to his family in a new way. He hoped that, because of the shared conversations about the canine AAT-C program that he'd had with his family members during his placement, they now share a common interest that could lead to increased time together. He was hopeful that he and his family would embark on activities such as hunting with his stepfather and their family dog. Tracy discussed how her experiences in the canine AAT-C program gave her new subjects for conversations with friends and family:

It makes me feel like I have something that I can talk about that isn't based on drugs or drinking or anything, so it gives me something positive to look forward to. Like with my family, it gives me something to talk about with them on the phone, instead of just "I sat and did study hall today"; now, I have the dog today, and I did this and this and this . . . it gives me something exciting to do.

The overarching sense of this theme was the lived experiences for the individuals in the canine AAT-C group. The experiences included more social connections and a greater sense of community.

Summary

The purpose of the research was to capture the shared and unique experiences of participants in a residential, canine animal-assisted therapy in counseling (AAT-C) program at a therapeutic working ranch (TWR) by implementing a phenomenological research method. The researcher hoped to gain insights about how the program's environment of being a residential TWR influenced the participants' experiences. Lastly, it is hoped that there will be an increased understanding about how a canine AAT-C program is experienced by participants differently than more traditional approaches of counseling (e.g., non-animal-assisted approaches).

A total of 9 participants, ranging in age from 14 to 17 years old, participated in the study. Five participants were female, and four were male. The participants presented with a broad range of mental-health concerns, including, but not limited to, histories of trauma and substance abuse. Two participants were in their second residential experience at the TWR.

Data were collected over a period of six months and in two cohort groups. All research participants took part in an individual interview with the researcher and responded to four journal

prompts; the researcher conducted six different field observations (three per cohort) of the canine AAT-C counseling groups as they were occurring.

A modified version of the Stevick-Colaizzi-Keen method, adapted by Moustakas (1994), for analyzing phenomenological data was employed. Prior to horizontalization, the researcher bracketed her viewpoint of the phenomena. Post bracketing, the researcher implemented horizontalization, identifying invariant horizons. The emergence of invariant horizons clustered into eight categories located within four major themes: (a) a rippling effect on relational patterns across the intrapersonal, interpersonal, and therapeutic domains; (b) cross-dimensional identification and realization of skill attainment; (c) therapeutic factors unique to the presence of a dog; and (d) building and expanding one's community. Collectively, the emergent themes described the complex and multidimensional lived experiences of the youth who were participating in a canine AAT-C program at a residential TWR.

CHAPTER 5. DISCUSSION

The goals of this phenomenological study were to explore how participants in a residential canine animal-assisted therapy in counseling (AAT-C) program at a therapeutic working ranch (TWR) perceived and described their experiences with the program. Additional goals were to gain insight about how the program's environment of being a residential TWR influenced the participants' experiences. Lastly, it was hoped that the researcher would gain insight and understanding about how the program participants' experiences with the AAT-C canine program compared to previous, more traditional counseling experiences (e.g., non-animal-assisted individual or group counseling). The research results indicated that the lived experiences of individuals in the TWR's canine AAT-C program were a complex phenomenon that influences its participants' intrapersonal, emotional, intellectual, physical, and social dimensions. The research also suggested that program participants experienced the canine AAT-C program as a more meaningful, enjoyable, and personally relatable counseling experience than prior counseling.

Participants' experiences clustered into four theme areas: (a) a rippling effect on relational patterns across the intrapersonal, interpersonal, and therapeutic domains; (b) cross-dimensional identification and realization of skill attainment; (c) therapeutic factors unique to the presence of a dog; and (d) building and expanding one's community. Although participants found aspects of the canine AAT-C program challenging and experienced a broad range of emotionality, many felt that they gained a greater sense of who they were as individuals because of the challenges they overcame. Participants' placed a lot of focus on their interactions with the dogs, providing a window to view their own behaviors and a conduit to begin working to problem solve new ways of relating to others.

The canine AAT-C program, and specifically the aspect of the participants caring for the dogs in the TWR residence halls, seemed to have a relationship-building ripple effect that extended to both TWR staff and residents who were not in the canine AAT-C program. The ripple effect also went beyond the TWR's premises because some participants identified the leadership skills they acquired through facilitating the "Read to Compass" program. They described building and fostering relationships with community members, such as school administrators and teachers. Others focused on how the skills of dog training and dog care facilitated positive family interactions, instilling hope about future positive family relationships on "the outs."

Lastly, almost all participants focused on how their involvement with the canine AAT-C program and their access to the dogs fostered a sense of safety and comfort while they were in placement. The participants' lived experiences manifested in varying forms, including focusing on the benefit of physical touch when petting the animals, feeling unconditional positive regard during difficult therapeutic sessions, and instilling joy and happiness during periods of sadness.

Relationship to Existing Research

The phenomena of the youths' lived experiences during the canine AAT-C program supports a vast area of existing literature. The categories of *intrapersonal relating* and *relating to others* in theme 1 (a rippling effect on relational patterns across the intrapersonal, interpersonal, and therapeutic domains) supports Melson and Fine's (2011) description that HAIs contribute to building blocks that support children's increased sense of selves. The research also supports and confirms Fine, Dennis and Bowler's (2011) posit that AAT may benefit youth in four areas: serving as a social lubricant, aiding clients to feel expression, creating a learning opportunity for people engaged in therapy, and shifting the overall therapeutic environment.

Themes 1 and 4 (building and expanding one's community) support Chandler's (2005) finding of a shift in mutual collaboration as an impact of AAT with delinquent youth populations. The aforementioned themes, in conjunction with theme 3 (therapeutic factors unique to the presence of a dog), support Wood et al.'s (2007) qualitative finding that pets can serve as facilitators for social interactions and can contribute to a sense of community. Additionally, the research results further Wood et al.'s argument that pets may contribute to an increase in social capital.

Research participants explained that the dogs involved in the therapy AAT-C program served a comparable role as social lubricators. This finding is important because of the suggestion that engagement with animals in a therapeutic manner may have similar impacts within the therapeutic process as maintaining a companion animal does for members of a larger community. Additionally, participants' experiences of relating to individuals outside the canine program regarding the dogs in the program suggest that the social lubricating effects extend beyond relationships with other members of the canine program by fostering increased social interaction for participants' outside worlds. The extension of relationships is extremely important because one can posit that a canine AAT-C program may reduce social isolation for its clients due to the social capital increases acquired through learning and interacting with a dog. Described in a clearer way, because participants have the ability and knowledge to engage in conversations about a therapy dog, dog training, and their understanding of relationships with a dog, they have more social capital when meeting others who may have dog experience. The participants acquired knowledge about dogs creates an opportunity to make new social connections, thereby reducing social isolation. Counseling interventions that contribute to decreasing a client's social isolation may have major implications in conceptualizing future

treatment modalities for the field of clinical mental health. The research results provide a rationale for further exploring the role of AAT-C in the treatment of mental-health disorders such as social anxiety and depression, both of which have diagnostic criteria of social withdrawal and isolation.

The category *mirror to self* in theme 3 supports Zilcah-Mano et al.'s (2011) concept that attachment to a pet is similar to Bowlby's (1980) theory of attachment. However, the participants' experiences for this research are unique because the attachment style is extended to the canines used with the AAT-C therapy program and not their own personal companion pets. Additionally, the categories of *relationship to counseling* in theme one and *opportunity creation* in theme 3 support Parish-Plass's (2008) posit that a therapy pet can be a trusted provider of comfort and can illicit further emotional risk taking by the client during the counseling process.

The research builds and extends the existing empirical evidence that interactions with companion dogs and dogs in a therapeutic setting create opportunities for learning, decrease social isolation, increase physical health due to physical activity and stress reduction, and promote prosocial behaviors (Antonacopoulos & Pychyl, 2010; Berry et al., 2013; Conniff et al., 2005; Kogan et al., 1999; VanFleet & Faa-Thompson, 2010).

Contributions of the Research

The research contributes significantly to the field of canine AAT-C in a number of ways. First, Herzog (2011) challenged that, despite individuals' beliefs that animals are good for them, there is still little belief that HAIs promote health. Although Wells (2009) identified, through a literature review, that research supported the concept that interactions with pets benefits people, there is a gap in the literature about what influence pets, more specifically canines, may have on

health in the counseling setting. The participants' experiences with the canine AAT-C program suggest that their health was promoted in a number of positive ways, including increased social connections, engagement in healthy activities, and an increased sense of self-efficacy.

The incorporation of dogs in the TWR's canine AAT-C program created an atmosphere that allowed the youth, all of whom had significant mental-health and trauma histories, to engage in a counseling process that they viewed as fun and entertaining. The positive perception of counseling is markedly different than their viewpoint of other forms of therapy which they described in a detached and unenthusiastic tone. The personal attachment that the participants felt towards the dogs created a space for the participants to form an identity separate from other youth at the TWR. The shift in identity, in conjunction with increased attachment led to a decrease in stigma and fostered a sense of unity. The participants identified as the "canine kids" and began attaching to their counseling process not as treatment, but as a positive social interaction.

Engaging youth in counseling can often be a difficult process, and the research results provide empirical evidence that incorporating canines into the residential treatment program increased participants' engagement and attachment to their counseling process. The decreased stigma has tremendous multicultural implications because of the potential for canine AAT-C to reduce the impacts of society's ableistic beliefs. Berens (2014) defines ableism as "attitudes that encompass social, professional, and political policies that favor individuals with full physical and mental-health capabilities" (p. 197). Often, this social viewpoint is what stymies individuals from seeking appropriate mental-health services. The decrease for the internalized stigma allows the participants to fully immerse themselves in the counseling process absent of shame. The participants are more willing to actively engage during the counseling process because they were

not self-identifying as hopeless or worthless, or feeling judged. The willingness to immerse themselves in the counseling experience is what created the aforementioned opportunities of experiencing attachment, allowing for mutually respectful relationships, practicing to trust others, and being trustworthy individuals.

Additionally, increased engagement with the program created opportunities for participants to develop and practice skills such as problem solving and negotiation. The acquisition of problem-solving skills suggests that the canine AAT-C program fostered more critical-thinking skills among its participants. Increased critical thinking will serve as a form of social capital for the participants as they move forward with their educational pursuits. In addition, an increased ability to critically think and negotiate in a positive way may facilitate participants' abilities to choose healthy lifestyles in the future, contributing to lifelong well-being.

Although the concept of an increased number of social connections is not new to AAT, the participants' shared experiences of gaining identified skills for a number of facets (concrete, emotionality, and intellect) while experiencing a residential canine AAT-C program facilitated later leadership opportunities within the participants' communities (e.g., serving as mentors in a reading program or teaching others to train dogs). The processes of decreasing the stigma around counseling, providing resilience to marginalize social attitudes like ableism, and increasing social connections are insights about what Chur-Hansen et al. (2010) identified as the mechanisms at work during the AAT-C experience. In addition, attaining these skills fostered hope that the participants would continue to provide positive connections when returning to their families and would have some potential career opportunities (e.g., teaching or dog grooming).

Additionally, the research demonstrates that canine AAT-C is an effective supplemental counseling technique that reduces the TWR's residents' hyper vigilant states. Hyper vigilance is a common side effect for individuals who have a history of trauma. Characteristics of hyper vigilance include individuals feeling distrustful and guarded to other individuals and/or relationships. Hyper vigilance may often inhibit therapeutic working alliances, as well as an individual's ability to develop meaningful social connections with other living beings.

Limitations

Limitations of the research include the fact that themes emerged from only one residential TWR's canine AAT-C program and that participants were selected based on convenience sampling. The research's trustworthiness and credibility would be enhanced if the research design were extended to include interviews, journal entries, and non-participant observations of individuals who were participating in multiple other canine AAT-C programs. The implementation of triangulation enhanced the internal validity of the study and enhanced the research's credibility (Merriam, 2009). In addition, the implemented reflexivity also supported the credibility of the findings. However, it is impossible to completely bracket out all biases that are held by the researcher's lens. Therefore, the researcher's bias may have influenced the emerging themes to some extent. Bias is a common limitation of qualitative methodologies because the researcher is, by nature, one of the instruments implemented in the research process. For this specific research study, the fact that I am a doctoral student with only one other experience implementing a qualitative design influences my skill of implementing data-collection processes such as participant interviewing and field observations. Collaborating with another researcher who is not familiar with the study to analyze the existing data and to compare emerging themes would reduce the study's limitations.

Future Research Directions

A major contribution of the research is that the data that emerged is a tremendous springboard for additional research on a variety of avenues. The identified themes create opportunities for further research that utilizes both qualitative and quantitative methods. As mentioned earlier, counseling interventions that contribute to decreasing a client's social isolation may have major implications to conceptualize future treatment modalities in the field of clinical mental health. The research provides a rationale for further exploring the role of canine AAT-C to treat mental-health disorders such as social anxiety and depression. In addition, because of the world of managed care in which we live, creating a research design that measures the effects of specific canine AAT-C interventions for specific mental-health diagnoses has the potential to prove that canine AAT-C is an evidence-based practice. Empirical support of an evidence-based practice will allow future funding opportunities for programs such as the TWR because most insurance providers only fund evidence-based treatments.

Second, the canine AAT-C program's creation of internal hope in participants' abilities to have positive family connections, as well as a sense of self-efficacy in their abilities to accomplish future careers are a tremendous area for future study. Research focusing on counseling modalities that build client resiliency and empowerment is important in the realm of multicultural counseling. Empowerment provides a venue for clients to overcome oppression and marginalization. Therefore, conducting further qualitative research that implements canine AAT-C with specific, diverse populations may contribute to further understanding about the elements of canine AAT-C that foster client empowerment and resiliency.

Additionally, study designs that would allow for further analyses of canine AAT-C participant outcomes, such as critical-thinking skills as well as emotional regulation and

identification skills, would contribute to many areas of the counseling profession, including school counseling, college counseling, and rehabilitation counseling. In the field of school counseling, an example may be exploring the impacts of implementing a canine AAT-C program with alternative education programs and exploring the impacts on variables such as truancy, persistence in homework completion, and emotional outbursts from students with a history of violence and aggression in school. The research outcomes for this study validate future research rationales to create canine AAT-C programs in a variety of settings, such as schools, and to measure the impacts of that implementation.

Another future research direction supported by this study's outcomes is the effectiveness and influences of canine and other AAT modalities to treat individuals with substance-abuse disorders. Numerous study participants discussed how their relationships with the animals provided alternate activities in which to engage or created alternate opportunities besides engaging in substance use. The aforementioned changes in participants' behaviors supports a research agenda that explores the mechanisms at work in reference to AAT-C and recovery from drugs and alcohol.

The textural descriptions of the participants' experiences with the TWR's canine AAT-C program will allow the TWR and other potential canine AAT-C providers to make informed choices about quantitative variables and potential outcome measures that may be meaningful to assess. Examples may be focusing on critical-thinking measures or academic progress in school. The emergence of the research's themes creates an opportunity for the TWR to tailor its program to a specific population of at-risk youth.

Last, participants' individual and shared lived experiences suggest that their relationship to the skills gained during the canine AAT-C program are more meaningful and relatable to them

than prior, traditional counseling approaches. The difference in meaning may be due, in part, to the important differentiation that emerged in the research: incorporating therapy animals in a clinical setting offers similar outcomes as engagement with a companion animal. Therefore, further research targeting canine AAT-C's impact on therapeutic factors, such as attachment, social lubrication, the therapeutic working alliance with variable populations (e.g. adults, youth, and veterans), is warranted. The vast array of future research directions that are now supported by the deeper understanding of a canine AAT-C program suggests further research and development about canine AAT-C as a specialized counseling approach is relevant to the advancing the overall counseling profession.

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APPENDIX A. PARENTAL INFORMED CONSENTS

NDSU

North Dakota State University

Counselor Education

SGC C117

Fargo, ND 58108-6050

701-231-7202

Home On The Range

16351 I-94

Sentinel Butte, ND 58654-9500

701-872-3745

Title of Research Study: A Phenomenological Inquiry of At-Risk Youth's Experiences of a Residential Canine Assisted Animal Assisted Therapy Program.

This study is being conducted by:

Amber Bach-Gorman, MS, NCC, LPC (Co- Investigator)

Doctoral Candidate

NDSU Counselor Education

E-mail: amber.bach@ndsu.edu

Telephone number (518) 569-0151.

Dr. Jill R. Nelson, Ph.D. (Principle Investigator)

Faculty Advisor

Associate Professor/Associate Dean

NDSU Counselor Education

E-mail: jill.r.nelson@ndus.edu

Telephone: (701) 231-7415

Why is my child/legal ward being asked to take part in this research study?

Individuals asked to participate in this study are residents of Home on The Range ages 12-18 years old, and have been involved canine animal assisted therapy (AAT) program at HOTR. Your child is being asked to take part because they are already attending this program.

What is the reason for doing the study? The purpose of this study is to gain an understanding of the study at risk youths' experiences of canine animal assisted therapy at HOTR. Additional goals are to gain insight in how the program's environment of being a residential therapeutic working ranch influences the participants' experiences. Lastly, goals include gaining insight and understanding of how program participants' experience the canine AAT program compared to previous, more traditional counseling experiences (e.g. one-on-one individual counseling or non-animal oriented group counseling).

What will my child/legal ward be asked to do?

Your child will be interviewed by Amber Bach-Gorman about their experiences in the canine AAT program. They will also be asked to write four entries into a journal that will

be provided to them. Lastly, Amber Bach-Gorman will observe multiple group counseling sessions that your child is participating in. During this time she will take field notes of her observations of what is occurring during the group counseling sessions.

Where is the study going to take place, and how long will it take? All study activities will occur at HOTR. The structured interview consists of 12 questions that will take approximately 45 minutes. All interviews will be audio recorded. Each audio recording will be transcribed by Ms. Bach-Gorman and used for data analysis. All audio recording will be kept confidential and transcripts will be stripped of all identifying data. Audio recordings will be destroyed after they have been transcribed after analysis is done.

Each participant will also be given a journal upon consenting to take part in the study. Each journal will have four journal prompts inside, and each participant will be asked to respond to the journal prompts over a period of 1 month. Journal entries will be photocopied by Ms. Bach-Gorman and used during data analysis. All journal copies will be kept in a locked file cabinet, and only Ms. Bach-Gorman will have access to journal photocopies. Participants will be allowed to keep their journal at the completion of the study.

As long as all group members consent/assent, Ms. Bach-Gorman will observe three AAT canine therapy groups. During this observation she will develop notes of what she observes occurring during the group counseling session.

The AAT canine program ranges from 6-9 hours each week from the time of entrance into the canine program until discharge. All residents taking part in the canine AAT program have the option to be included in the research study.

What are the risks and discomforts?

Risks of participation in this study include a very minimal risk of loss of confidentiality or resident responses. The data will be collected at HOTR and any identifying information will be removed. Only the principle investigator, Ms. Amber Bach-Gorman and her faculty advisor, Dr. Jill R. Nelson will have access to research data. Additional risks may include emotional distress that occurs with sharing personal information with the researcher. It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known risks to the participants.

What are the benefits for my child/ward? Potential benefits for your child/ward include gaining a better understanding of effective therapy treatment for your child and a free journal for them to keep. It is possible that no direct benefit will be gained by participating in this study.

What are the benefits to other people? Knowledge gained from this research may help develop programs that would benefit other youth in similar situations, in addition to contribute to research regarding the risks and benefits of canine AAT programs.

Do I have to take part in the study? Your child/ward's participation is voluntary and he/she can decide they do not want their data included at any time. Your decision whether or not to allow your child/legal ward to participate will not affect you or your child/legal ward's treatment or present or future relationship with NDSU or Home On The Range or any other benefits to which they are otherwise entitled. If you decide to allow your child/legal ward to participate, you are free to withdraw your permission and to discontinue their participation at any time.

What are the alternatives to being in this research study? Your child/legal ward may choose to take part in the canine AAT program without allowing their information to be used for the research.

Who will see the information that I give? We will keep private all research records that identify your child/legal ward. His/her information will be combined with information from other people taking part in the study. When we write about the study, we will write about the combined information that we have gathered. Any specific statements or quotes provided during the interviews that may be used in publication will be stripped of any identifying information. We may publish the results of the study; however, we will keep your child/legal ward's name and other identifying information private.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information, or what that information is. For example, your child/legal ward's name will be separated from the research records before sharing the information for data analysis. You should know however that there are some circumstances in which we may have to show your child/legal ward's information to other people. For example, the law may require us to show his/her information to a court or to tell authorities if we believe there has been child abuse or neglect, or if he/she poses a danger to his/herself or someone else.

If you withdraw your child/legal ward before the research is over, their information will be removed at your request.

Will I receive any compensation for taking part in this study?

Each participant of the study will receive a free journal to keep for the duration of the study and after the study has concluded.

What if I have questions?

Before you decide whether to accept this invitation to take part in the research study, please ask any questions that might come to mind now. Later, if you or your child/legal ward have any questions about the study, you can contact the researcher, Amber Bach-Gorman at amber.bach@ndsu.edu or via phone at (518) 569-0151. You will have access to a copy of the summarized results of the project upon request.

What are my rights as a research participant?

You have rights as a participant in research. If you have questions about your rights, or complaints about this research you may talk to the researcher or contact the NDSU Human Research Protection Program by:

- Telephone: 701.231.8908 or toll-free 1.855.800.6717
- Email: ndsu.irb@ndsu.edu
- Mail: NDSU HRPP Office, NDSU Dept. 4000, PO Box 6050, Fargo, ND 58108-6050.

The role of the Human Research Protection Program is to see that your rights are protected in this research; more information about your rights can be found at: www.ndsu.edu/irb.

Documentation of Informed Consent:

You are freely making a decision whether your child/legal ward taking part in this research study. Signing this form means that

1. you have read and understood this consent form
2. you have had your questions answered, and
3. you have decided to be in the study.

You will be given a copy of this consent form to keep.

Parent/Guardian Signature	Printed Name	Date
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Parent/Guardian Signature	Printed Name	Date
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Relation to Participant	Name of Child/Legal Ward	Date
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Signature of Researcher explaining study	Printed Name	Date
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Researcher explaining study Signature

Printed Name Date

APPENDIX C. YOUTH ASSENT FORM (AGE 13-17 YRS)

NDSU	North Dakota State University	Home On The Range
	Counselor Education	1635 1-94
	SGC C117	Sentinel Butte, ND
	Fargo, ND 58108-6050	58654-9500
	701-231-7202	701-872-3745

YOUTH ASSENT FORM

A Phenomenological Inquiry of At-Risk Youth's Experiences of a Residential Canine Animal Assisted Therapy Program.

Invitation:

You are invited to take part in a research study that hopes to gain an understanding study of at risk youths' experiences of canine animal assisted therapy (AAT) at HOTR. The purpose of this study is explore how participants in a residential canine AAT program perceive and describe their experiences in the program. Additional goals are to gain insight in how the program's environment of being a residential therapeutic working ranch influences the participants' experiences. Lastly, additional goals include gaining insight and understanding of how program participants' experience the canine AAT program compared to previous, more traditional counseling experiences (e.g. one-on-on individual counseling or non-animal oriented group counseling).

Amber Bach-Gorman, MS, NCC, LPC, a doctoral student in Counselor Education at NDSU will be conducting the research, and be the researcher that you have contact with during the study. She can be reached at amber.bach@ndsu.edu or via phone at (518) 569-0151.

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What will the research involve? If you agree to participate, you will:

- Be interviewed in a one on one setting by Ms. Bach-Gorman. The interview will include questions asking you about the experiences in the canine AAT program. This interview will last approximately 45 minutes.
- You will be given your own private journal that has four journal prompts written inside. You will be asked to write responses to these journal entries. Each of the entries will then be photocopied by Ms. Bach-Gorman, and then the journal will be returned to you to keep.
- Ms. Bach-Gorman will be attending and observing three of your canine AAT group counseling sessions, as long as all group members consent. She will not participate in the group, but will only be there to observe what is happening

during the group. She will be keeping notes of her observations. All of these notes will be kept confidential.

- All the research will be conducted at HOTR. The interviews will be held in private, and all interviews will be audio recorded so Ms. Bach-Gorman can analyze the data at a different time. Only she will have access to the recordings, and all recording will be destroyed at the end of study.

What are any risks or benefits for me? This research may involve some risks or be uncomfortable for you; it's possible you might feel sad about what you are talking about, or at times feel frustrated by the questions. It may however, be good for you to participate in the research because you will be helping counselors learn how they may be able to improve counseling for other kids like yourself. You will be helping counseling professionals understand the benefits of using dogs in counseling.

Do I have to take part in the research?

- Your parent(s) or legal guardian(s) have given their permission for you to be in the research, but it is still your choice whether or not to take part.
- Even if you say yes now, you can change your mind later, and stop participating.
- Your decision will have no effect (bad or good) on you treatment at HOTR, and future relationships with NDSU.
- There are some situations where we may decide that you should leave the study; like when you are not following instructions, or if you are being harmed.

Who will see my answers and information?

- We will make every effort to keep your information private; only the people helping us with the research will know your answers or see your information.
- Your information will be combined with information from other people in the study. When we write about the study, we will write only about this combined information, and no one will be able to know what your information is.
- If you want to look at the information we collect from you, just let us know, and we will provide it to you. But, you cannot look at information from others in the research.

Sometimes we need to show your information to other people. If you tell us that you have been abused, or if we think that you might be a danger to yourself or other people, we will tell someone who can help, like the police or a doctor.

What will I get if I agree to be in the research?

For your time and effort in this project, we will give you the journal provided to you at the beginning of the study to keep.

APPENDIX D. INTERVIEW QUESTIONS

1. Tell me about your experience with the (AAT) program
2. How has this experience affected you?
3. What do you feel you have gained during this experience?
4. How, if at all has this experience influenced your relationships and friendships with others?
5. How do you think this experience has affected others that have taken part in the canine AAT program?
6. How is this experience different than other therapy programs you have participated in?
7. How is counseling with a dog different than other counseling that you've had?
8. What feelings did you experience while in treatment?
9. What did you learn about yourself from this experience? What about others?
10. What has been the best aspect of this experience for you?
11. What has been the worst aspect of this experience for you?
12. How did this experience affect your relationships (family, friends, foster families, etc.)?
13. Have you shared with me everything that you would like to about this experience?

APPENDIX E. JOURNAL PROMPTS

1. Write about whatever you would like today about your canine therapy session.
This may be about your feelings, your frustrations or just your general experiences.
2. Describe what you learned about yourself during canine therapy.
3. Describe your relationship with the canine who attends therapy with you.
4. Describe what you feel like the therapy canine thinks of you.

APPENDIX F. TRANSCRIPT EXAMPLES

Me: Okay...So I like to just start out by, can you just tell me about your experience in the canine program?

P7: I started a few weeks ago, because I really wanted to be in it, because I thought it could help me with my empathy. It's been going great....umm....I don't know I think that the dogs are really fun to work with. And they kind of put you in a better mood..so.

Me: Okay..how has your experience of therapy with Compass, Maverick or Ruby..how has that affected you personally?

P7: Um..well, I mean it stresses me out sometimes with Ruby..just because she barks so much. But I mean with Compass and Maverick..they just..I don't know they help me..whenever I'm upset I can go lay with Compass on the dog bed and just relax. So it helps me..yeah it helps.

Me; What are you feeling that you have gained and/or are gaining from this experience?

P7: Like I said empathy...like learning how others may need my help....if their upset or like whenever Ruby is barking, then I'm going to have to realize that she is upset about something and try to help it. Help the situation.

Me: So ruby's barking, having to manage her barking helps you with empathy?

P7: Well..like if she's having an issue I'm going to have to learn how to identify that, unless...or if she is just wanting attention.

Me: Okay...I see what you are saying..How if at all has this experience influenced your relationships with friendships and with other people?

P7: Umm...well me and [two friends here names] umm..we all really love Compass...so we are just in a good mood, it like brings us together whenever we are talking about him..yeah.

..

Me: How do you think experience has affected other kids who have taken part in the program?

P7: I think it effects a lot of kids...even some who aren't in the program because whenever compass, maverick or ruby come in the door they are like "Ohhh..dogs" I think it helps a lot of other people to..to find another way to deal with their stress other than ...like...going to drugs..or talking about other people...stuff like that.

Me: Okay..how has this experience different to other therapy program that you have participated in?

P7: Well, usually it's with people...this is my first animal group. It's ...it's different because we don't really work with each other trying to do obstacles and stuff..and here...its like we have to work with the dogs and with our peers to try to overcome the obstacles. Because we do that kind of often. So it's different in that...and...we have to learn, not to give in...because...like Maverick he 's like really cute, but we still have to be stern with him...so that's different.

Me: It would be really easy to give in to him...?

P7: Yeah it would...[laughter]

Me: So you said it's different because you have to do obstacles with your peers, what's different about that?

P7: Well because in my other groups and in counseling that I've been in before..it's just me..or we are just talking...but here we have to identify and like actually go through [obstacles] first hand and have our peers help us....to go through it with us.

Me: Okay...how is counseling with the dog, you may have kind of answered this...but is there anything else you want to say about how counseling with the dog is different than other types of counseling you have had?

P7: Just that your counselor doesn't follow you around all day, but like the dog you can have him all day, so that is something different. Umm....yeah....that's all I have. So it's more constant – it's kind of like – when you need it, it's there.

Me: Okay...What feelings have you experienced while in treatment?

P7: Like just treatment in general

Me: More specifically with the canine program?

P7: Umm....frustration whenever the dogs don't do what they are suppose to do. Umm...joy...just because, I mean, you can't just not be happy around the dogs – they are adorable...umm...I'm more happy, energetic, I feel like I want to go run with them...ummm..I get kind of bad sometimes though. Yeah, I think I've already said frustration.

Me: What do you get mad about?