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The Effect of Animal-Assisted Therapy on Children with Disabilities

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The Effect of Animal-Assisted Therapy on Children with Disabilities

by

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MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work
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St. Paul, Minnesota
in Partial Fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

This research project is a qualitative study that explores the effect of Animal-Assisted Therapy (AAT) on children with disabilities from the perspective of Animal-Assisted Therapists. One of the goals of this research project was to provide support for this holistic inclusion of AAT in therapeutic practice with children. Six in-depth interviews were conducted with licensed and practicing Animal-Assisted Therapists, who are working with the specified population, children with mental health and neurobiological disabilities. Data analysis occurred within a two-month period. The categories that emerged were: 1) client population, 2) clinician experience, 3) initial session, 4) family involvement, 5) social and physical improvements, 6) connection/rapport building, 7) change as reported by clients and, 8) impact of AAT animal death on clients. The overarching research question asks: What are the effects of AAT on children with disabilities? After reviewing the literature, this research project has produced findings with similar results. This research had both strengths and limitations. The implications of this research project provide current and future social workers with information that supports the inclusion of AAT in clinical work with children with disabilities.

Acknowledgments

This research project was inspired and driven by my personal interest and passion for Animal-Assisted Therapy, along with a desire to gain information to support this holistic, clinical approach to practice with clients. My wonderful committee members, Joyce M. Eckes and Kathleen P. Wessel, supported this passion throughout the research process. I am incredibly grateful for the knowledge, experience, and guidance they so generously and enthusiastically provided. I also received support in my personal life from friends and family. Gratitude is expressed toward Jackson Hanks, Kym Ries, and Kristin Huskamp, along with additional individuals, for the support and encouragement they provided.

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The Effect of Animal-Assisted Therapy on Children with Disabilities

For decades, human animal interactions have been identified as being extremely valuable and beneficial. According to research, over half of American households have a pet, and more households have pets than children (McDowell, 2005). This demonstrates the humanistic need for animal connection and interaction.

Animal-Assisted Therapy is seen as a fairly recent inclusion in client-therapist interaction. Though more light has recently been shed upon this technique, AAT has been included in clinical practice throughout history. Recent research has shown the benefits associated with AAT in clinical settings involving children, adolescents, adults, and elderly populations. Animal-client interaction in therapy produced an array of positive outcomes for clients, while reducing the experience of negative symptoms. Improvements included increased balance, better posture, alleviation of stress, reduced blood pressure, increased responsiveness, and increased mental alertness (Heimlich, 2001). In addition, AAT has been shown to deepen one's focus, enhance communication skills and abilities, contribute to educational improvements, increase motivation, and enhance social skills (Chandler, 2005).

An increasing number of therapists are beginning to include AAT as part of a holistic approach to therapeutic and clinical care for children. This holism can be seen through the numerous health benefits that result from animal-human interactions. Interacting with animals in a therapeutic setting has been shown to lower stress (Watts & Everly, 2009), brighten mood (Braun, Stangler, Narveson, and Pettingell, 2009), instill hope, and provide a therapeutic connection that motivates clients to make progress at a

heightened level (Heimlich, 2001). AAT encompasses numerous areas that promote the health of the person as a whole.

Pet Partners, nationally known for therapy dog certification, defines Animal-Assisted Therapy in the way it will be described for this paper:

Animal-Assisted Therapy is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human services professional with specialized expertise, and within the scope of his/her profession. AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning [cognitive functioning refers to thinking and intellectual skills]. AAT is provided in a variety of settings and may be group or individual in nature. This process is documented and evaluated (Pet Partners, 2012).

These criteria will be considered throughout this paper for evaluating success, strategies, and involvement with AAT.

The purpose of this research project is to examine the effect of AAT on children with disabilities. This will be measured through personal interviews, data analysis, and data coding, in combination with a review of existing literature.

Literature Review

This literature review will provide an extended definition of AAT, as it will be used for the purpose of this research paper. It will also discuss the therapeutic and clinical benefits of using Animal-Assisted Therapy, and various locations where AAT can be

applied. The benefits and risks involved with using Animal-Assisted Therapy will also be detailed.

Animal-Assisted Therapy vs. Animal-Assisted Activity

Animal-Assisted Therapy is closely related to Animal-Assisted Activity (AAA), similarities make it difficult to determine distinctions between these two approaches. Though both focus around positive interactions between humans and animals, there are important differences between AAT and AAA. AAA is based on friendly interaction between humans and animals. The owner usually accompanies the animal to the meetings, but gives no direction to the interaction between animal and client; there is no goal set as a result of these interactions. AAA is a less-formal interaction than AAT. Professionals, paraprofessionals, or volunteers can administer AAA, and patient-animal interactions are allowed to be spontaneous, rather than directed (Kruger & Serpell, 2010). The benefits of AAA are organic in that they are based solely on the interaction with the animal, without focusing on reaping a specific benefit.

According to Cynthia Chandler (2005), “(AAT) strategically incorporates human-animal interactions into a formal therapeutic process.” At the beginning of these interactions, specific, individualized goals are set that will determine direction of the therapy. During therapy, the patient’s progress toward the set goals are measured and recorded by a health/human services professional that has received training in AAT (Kruger & Serpell, 2012). Therapists and animals work as co-therapists to help patients reach specified goals over the course of their therapy sessions. These goals are what separate AAT from AAA; the inclusion of measurable progress towards a determined point of success is a defining feature of AAT. Though both options offer benefits to

patients, AAA focuses more on emotional benefits, while AAT is used to provide goal-based therapy (Kruger & Serpell, 2012).

Clinical Benefits of Animal-Assisted Therapy

Human-Animal Connection

Throughout time, the innate bond between humans and animals has been identified and highly valued. This bond is what motivates the positive outcomes seen through AAT. An organic connection enables patients and therapy animals to develop rapport and empathy at a rapid rate (Chandler, 2005). Research suggests that the rapid connection between patients and animals is based on the ability to interact without fearing judgment. Patients are able to interact verbally and physically with the animal, with the animal's responses being delivered without criticism or other negative feedback. Trust and comfort allows patients to open up quicker and to benefit from therapy at an increased rate (Chandler, 2005). This connection can be seen in patients of all ages. Children tend to have an enthusiastic interest in working with animals, allowing AAT to be used in a variety of settings with children suffering from a vast range of clinical concerns, including Autism, Emotional/Behavioral Disorders, and low levels of self-esteem. This interest is also evident in elderly patients, as therapy animals can provide a cure for loneliness, high blood pressure, lowered levels of cortisol, and increased levels of exercise (Baun & Johnson, 2010, p. 283-284).

Strengthened Therapeutic Bond

Serving as a co-therapist, the therapy animal strengthens the therapeutic bond between the human therapist and the client (Chandler, 2005). After becoming attached to the animal, the patient begins to develop trust towards the therapist. The development of

trust is often based on the animal's response to the therapist, and the interaction that takes place between them. Experiencing the animal's trust of the therapist allows the client to develop his or her own trusting relationship with the clinician (Chandler, 2005). In therapy, animals present themselves to the client in a way that is similar to how clients present to clinicians. Animals allow themselves to appear vulnerable, needing attention and assistance from other.

The patient-animal connection allows for faster treatment response based on higher levels of comfort, heightened trust, and decreased stress levels (Chandler, 2005). The shared experience of forming a connection with the animal also allows the patient and clinician to form a connection (Braun et al., 2009). This process is crucial for making therapeutic progress. By using the animal as a gateway to forming a relationship with the client, the clinician is better able to acknowledge and meet the client's needs.

Rapid Progress

Literature has shown clinical observations of rapid progress in clients involved with AAT. Therapy sessions involving AAT tend to be prompt and limited in number. Studies have shown group progress in severely disabled children in as little eight sessions with animals (Heimlich, 2001). Other research indicated that children feel comforted by the presence of animals immediately, resulting in becoming calmed and stabilized in times of panic. "Just a short visit with a therapy dog was associated with lower levels of human blood-level stress hormones and higher levels of hormones associated with pleasure and healing" (Chandler et al., 2010). Rapid rates of progress are especially beneficial in work with children, as children often have lower levels of patience and endurance in comparison to adult patients.

Broad Application

Studies have shown AAT's potential for broad application to clients in diverse settings. AAT is used in hospitals (McDowell, 2005), schools (Heimlich, 2009), individual counseling sessions (Watts & Everly, 2009), and with the elderly (Chandler, 2005). This broad application also involves varying treatment techniques specific to the goals of the client. According to research by Chandler et al. (2010), AAT is extremely flexible and applicable to many counseling-guiding theories. Chandler's (2010), research applies AAT to Person-Centered Counseling, Cognitive-Behavioral Counseling, Behavioral Counseling, Adlerian Counseling, Psychoanalytic Counseling, Gestalt Counseling, Existential Counseling, Reality Counseling, and Solution-Focused Counseling. The applicability demonstrates the benefits of AAT to the work of professional clinicians in a variety of settings.

Animal-Assisted Therapy and Children**Early Connection**

From an early age, in American society, animals play an important role in the lives of children. Animals are focal points of children's books and videos, and are portrayed in a way that makes them appear easy to attach to and interact with (Evans & Gray, 2012). This presentation allows children to form an early bond with animals. Research suggests this early familiarity as a likely support of the benefits children find from working with AAT (Friesen, 2009).

Studies have shown a quick attachment between children and therapy animals (Grado, 2011). The research described a case where a disabled child was provided with opportunities to connect with many therapists, but only made a connection with one; an

animal-assisted therapist and her dog. After making this connection, the client became eager to attend therapy, was more active in sessions, and spoke often of his therapy experiences while at home. This was a significant advancement for a client who, before the inclusion of AAT in his sessions, sat silently in the presence of his therapist (Chandler et al., 2010). AAT has been shown to improve communication skills, increase empathy, and serve as a motivational tool for children. It has also increased participation, inspired consistent attendance, and increased group interaction for individuals (Evans & Gray, 2012). These improvements are extremely valuable for professionals working with children, as they have proven to be a gateway into forming an extremely beneficial and strong connection. By using the child's trust and comfort with the animal, clinicians are better able to make therapeutic connections and strides with young clients (Stanley-Hermanns & Miller, 2002).

AAT has proven to be a successful strategy in working with children. Its broad application and high success rate across settings and client populations improves its reliability. Further testing is needed to better support increased usage of AAT, however the early connection that forms allows for increased rates of progress and clinical growth in young clients.

Animal-Assisted Therapy in Pediatric Hospitals

AAT has been shown to be extremely effective with children in hospital settings. Working with the therapy animals lowers the stress levels of the children, providing them with a more relaxing experience. Patients, as well as parents, have confirmed this finding through parental reports. Specialists have also reviewed videos comparing the happiness levels of children receiving AAT and those involved in play therapy. AAT was shown to

result in children having a more positive affect (Chandler, 2005). This is important, as AAT is able to offer a less traumatic experience for young patients in hospital settings.

The inclusion of AAT in pediatric hospitals is also beneficial for decreasing pain levels experienced by children (Braun et al., 2009). In a study by Braun et al. (2009), children age 3-17 who were experiencing pain in a hospital setting were asked to rate their pain levels on a facial expression scale. They were given a pre-test, before working with the animal, and a post-test after receiving AAT. Patients reported a significantly lower pain scale score after working with the animal. Parents were also questioned on their observation of the child's pain level before and after AAT. Parent responses were consistent with those of the patients; reporting that pain levels of patients decreased after receiving AAT. The group receiving AAT was compared to a control group not introduced to this form of therapy. The control group did not report a comparable decrease in pain levels (Braun et al., 2009).

Animal-Assisted Therapy in Schools

School counselors integrate AAT into their work with children. As is reported by Cynthia Chandler (2005), counselors describe their therapy animals as having a great variety of roles in the therapeutic environment. Having a therapy animal allows students a reason to come to the counseling office without feeling nervous or awkward. They are able to state that the initial reason for their visit is to see the pet, which can allow for deeper conversation with the counselor to develop. Children are also provided with a source of physical connection and attachment. They are able to hold or stroke the animal and experience comfort and reduced levels of stress (Geist, 2011). Animals have also been found to have a calming effect on students, as they are able to compose themselves

through stroking the animal. For some children, this allows them an opportunity to deescalate after an upsetting episode. For others, this calmness allows them to open up from shyness and to communicate verbally with the animal and therapist (King, 2002).

Therapy animals also impact the lives of school faculty. Chandler (2005), states that school counselors have noted the increased visits from staff members, especially during stressful times, when animals are present. Visiting the therapy animal calms school staff members, allowing them to better work with students.

Animal-Assisted Therapy and Childhood Developmental Disorders

AAT has been found to work with children experiencing childhood developmental disorders. Disorders include, but are not limited to, Emotional/Behavioral Disorder (EBD), Attention Deficit Hyperactivity Disorder (ADHD), Autism Spectrum Disorders (ASD), and low levels of self-esteem and motivation. AAT is able to help children with these diagnoses make progress towards therapy goals, while also impacting relationships with those around them.

Family Benefits

A benefit of AAT for children with developmental disorders is the potential for family involvement. By improving communication skills and abilities for engaging, AAT allows families of children with disabilities to become more connected through positive family interactions. These interactions allow the individual to become better connected with their families, while offering families the opportunity to decrease the level of stress that is present in parent-child interactions (Watts & Everly, 2009).

Animal-Assisted Therapy and Emotional/Behavioral Disorders

According to the MN Rule chapter 3525.1329 (2005), Emotional Behavioral Disorders (EBD) is diagnosed if children meet one or more of the following criteria over an extended criteria of time:

- A. Withdrawal or anxiety, depression, problems with mood, or feelings of self-worth
- B. Disordered thought processes with unusual behavior patterns and atypical communications styles
- C. Aggression, hyperactivity, or impulsivity.

This disability challenges all involved parties, often leading to consistent changes in applied technique and/or medication. Finding a reliable strategy in working with this population has proven difficult, however, AAT has been found to provide consistent progress towards therapy goals. According to Rud (2007), AAT can be used in EBD classrooms to motivate a variety of positive outcomes. AAT is used to assist with relationship formation, as students are able to form relationships with the animals and then apply these experiences to forming relationships with other humans. Also, AAT gives children a way to practice working with affection by being able to give and receive affection through their relationship with the animal. Additionally, AAT improves relationships among EBD students working in groups, allowing for a more functional and positive group experience.

Rud (2005) describes an increase in responsibility as a result of EBD students working with therapy animals. Through AAT, students are given the opportunity to learn skills necessary to care for another living thing. Developing these skills is especially important for male students, as they are not often given opportunities to develop nurturing abilities.

Identifying AAT as a useful technique for students with EBD is important to the individual, as well as those who interact with these students on a daily basis. There are many areas that can be improved upon through AAT. These improvements enhance valuable life-skills for this client population.

Animal-Assisted Therapy and Autism Spectrum Disorders (ASD)

AAT has been shown to have a positive impact on individuals with ASD. Autism Spectrum Disorders include Asperger's, Rett Syndrome, Child Disintegrative Disorder, and an additional category composed of additional findings (Black & Andreasen, 2000). Though often withdrawn, individuals with Autism have been found to become more interactive, involved, and focused in the presence of a therapy animal (Chandler, 2005). A decrease in Autistic traits, such as arm flapping, clicking, and rocking was also a result of therapy sessions.

AAT impacts families of individuals with ASD. By attending AAT sessions as a unit, families develop the skills necessary to interact in a way that is not often possible. By sharing an experience as a group, the family may feel more connected to the child (Kern et Al., 2011). Additionally, many individuals diagnosed with ASD are nonverbal, which also limits interaction and engagement with family members (Black & Andreasen, 2000). AAT allows family members to share a feeling of enthusiasm, without requiring verbalization.

A specific AAT technique that is used with individuals with Autism is equine-assisted therapy with a medical focus, also known as Hippotherapy. Through Hippotherapy, children with ASD are able to ride and interact with horses trained for AAT. This results in an improvement in self-confidence gained through directing the

horse (Chandler, 2005), increasing interactions with those around them, and improving sensory abilities and balance (Grandin, Fine, & Bowers, 2010). In a study by Kern et Al. (2011), parents were asked to assess their child with ASD's progress after working with hippotherapy. The parents reported that their children had a greater enjoyment and life satisfaction as a result of the therapy. Parents also rated the therapy as being beneficial, as it successfully improved their child's mood and tone.

Self-Esteem Enhancement

Self-esteem enhancement stems from the reduced stress levels individuals experience from working with AAT. During therapy, stress levels decrease, allowing for a more productive performance of a task or interaction and resulting in heightened self-esteem (Friesen, 2010). Research has reported parental identification of self-esteem enhancement among children using AAT in therapy (Grado, 2011). They have noted these changes after observing their children before and after AAT.

Motivation

Motivation is often an identified goal that is set for a patient when they begin working with AAT (Watts & Everly, 2009). AAT has been found to be a highly successful motivational tool for individuals attending therapy. Not only are individuals more likely to attend sessions, they are more likely to experience a desire to participate, and have been shown to have greater success at an increased pace (Chandler, 2005). This is especially true for children. AAT has been shown to motivate children when applied to an array of disabilities and in variety of settings. Research shows that children who receive AAT demonstrate increased motivation through becoming more engaged in activities and increasing communication (Esposito et al., 2011). These improvements

boost the level of effectiveness of AAT. Evans and Gray (2011) also discuss improved motivation through the use of AAT. They specifically address the improvements observed in children while working with AAT in a school setting.

As reported by Chandler et al. (2010), an example of AAT increasing client motivation can be seen through a resistant client opening up to clinicians after being given the opportunity to work with a therapy animal. AAT increased the client's motivation to become involved in sessions, improved interactions with clinicians during sessions, and also provided a discussion topic that was applied to daily social situations.

Benefits of Animal-Assisted Therapy

Overall Benefits to Patients

Patients experience many benefits through working with AAT. AAT reduces stress levels and lowers blood pressure (Friedman, Son, Tsai, 2010), enables a better therapeutic connection to form with the therapist (King, 2002), and quickens therapeutic progress (Friedman, Son, Tsai, 2010). Patient comfort levels are also increased (King, 2002). By providing this level of increased comfort, AAT allows patients to open up to therapy more quickly. This assists with the client's formation of a therapeutic bond with the therapy animal, as well as the clinician. Research indicates an increase in dopamine and beta-endorphin production while working with animals in therapy (Fine & Beck, 2010). This allows patients to improve their overall emotional level, resulting in an improved affect.

Benefits to Clinicians

Studies indicate the benefits AAT provides for staff members working with clients when therapy animals are present (Heimlich, 2001). Through increased positive

moods caused by animal interactions, staff is better able to work with clients. This improvement in work can be seen through staff's ability to, "maximize their time with a patient via a shared experience and decrease staff stress levels" (McDowell, 2005). Research has identified social, emotional, and physical benefits for staff members who work with or around animal-assisted therapy (Heimlich, 2001). According to King (2002), clinicians received benefits including stress reduction, increased endurance resulting in a decreased rate of burnout, and benefits associated with physical touch. Interacting with the animal as co-therapists allows clinicians and staff members to reap many of the same benefits AAT brings to clients.

Benefits to Animals

Animals involved in AAT receive benefits from therapy work (Chandler, 2005). Therapy animals receive lots of attention and benefit from the physical contact, the emotional connection, and the heightened activity level. Unlike humans, animals are able to aid individuals in times of need without becoming overly involved in situations. While humans are more likely to become attached to the problems of others, animals are able to offer support without putting themselves at risk emotionally. Animals selected to work as co-therapists usually have outgoing, interactive personalities. This personality type makes them likely to enjoy the interactions with clients and to reap the benefits of working with patients and therapists in a clinical setting. Animals are also selected based on the health statistics of their breed, life expectancy, and temperament (Fredrickson-MacNamera & Butler, 2010).

According to Chandler (2005), therapy animals have been shown to be healthier than household pets. Health is achieved through heightened activity level, increased level

of interaction, and lack of boredom. Interaction with clients allows the animal to be stimulated, while working as a co-therapist allows the animal to form a strengthened bond with the therapist.

Involved Risks of Animal-Assisted Therapy

Client Risks

There are some risks that should be considered by patients and clinicians before beginning AAT. This first risk identified is patient fear (Chandler, 2005). Potential fear should be addressed before introducing the animal to the client. This fear could potentially stem from a frightening event that occurred with an animal in the past or simply from unfamiliarity. This fear can be overcome and AAT can still be administered once the client becomes comfortable with the animal (Chandler, 2005). Another consideration is client allergies. Many individuals experience allergies that could prevent them from being able to work closely with a therapy animal. Potential options could include working with a specific animal that the client is not allergic to or working with the animal from a greater distance (Chandler, 2005).

Additionally, it is important to remain mindful of the safety of all involved parties. To assure client safety, one must pay close attention to the actions of the animal, and remove the animal if the client's safety appears to be in jeopardy. Making sure the client treats the animal respectfully and in a non-threatening manner is crucial (Chandler, 2005). Attachment that forms between the client and animal may provide challenges at the conclusion of AAT. While clients have been found to become less attached to therapy animals than they would a personal pet, they have shown symptoms of experiencing loss at the conclusion of therapy.

Risks also involve the possibility of facing the death or retirement of a therapy animal. Dealing with the loss of animals has become a focal point in recent research. According to Susan Phillips-Cohen (2010), veterinary programs have begun to require courses in dealing with animal loss. These courses focus on helping individuals cope with the loss of an animal through support groups and individual counseling. These techniques can also be applied to patients working with AAT if an animal is to pass away or become unable to continue working due to an illness, old age, or disability.

Therapist Risks

Therapists also risk danger from interacting with animal. Though animals are trained before working with therapists, it is important for a therapist to remain mindful of the potential danger that comes with animal work. Like the client, the therapist faces challenges related to the passing of a therapy animal. After forming a relationship, both professionally and personally with the therapy animal, therapists can face challenges when they are no longer able to work with their long-time companion. This is a consideration that professionals should make before becoming involved in AAT work.

Often, therapists working with AAT are the owners of the animal used in therapy. A dual relationship forms between the two: one of co-therapists, and another of owner and pet. Phillips-Cohen (2010) identifies the roles of the animal to include: companion, protector, assistant, trophy, family member, and significant other. For the therapist, the loss of a therapy animal can be traumatic, based on the many roles the animal plays in that clinician's life. Therapists should remain mindful of the potential emotions that can be experienced after the passing of a therapy animal. Research has reported that some clinicians have closed their practice after the passing of their therapy animal (Phillips-

Cohen, 2010). This commitment and attachment should be carefully considered before including AAT in practice technique, and throughout the professional process.

Animal Risks

Animals also face risk through AAT work. Working with clients puts animals in a position where they could potentially face danger or harm (Chandler, 2005). A therapist working with an AAT animal must be cautious of situations where a client could injure the animal. As is discussed by Chandler (2005), animals face different challenges in various locations. When working with elderly populations, animals are sometimes overfed and under-exercised. In prisons, animals face the risk of being abused by prisoners and even prison workers. Potential danger should be addressed by the therapist before therapy begins. As co-therapists, the human therapist and animal must look out for one another's safety while working together (Serlepp, Coppinger, Fine & Peralta, 2010).

Another risk that therapy animals face is stress related to the work they are doing. While working with animals, therapists must pay careful attention to the animal's behavior and take action if the animal begins to pace, act agitated or aggressive, or behaves in a way that is out of character. It is also important to make sure AAT animals are not being over-worked. Between therapy sessions, it's important that animals have time to exercise, use the bathroom, and rest. This is critical for the health of the animal and also for the interaction with clients and therapists (Chandler, 2005).

Conclusion

This paper will assess the effect of AAT on children with disabilities. AAT can be applied to a variety of client populations and is able to produce desirable outcomes. This knowledge is beneficial to clinicians as they consider treatment options for work with

clients across settings. This understanding is especially helpful to clinicians working with children with disabilities, as this therapy produces positive outcomes with little to no side effects or involved risk. It is also valuable due to applicability and versatility. Young patients can benefit greatly from the inclusion of AAT in therapeutic interactions.

Conceptual Framework

Introduction

In this section, I will use the conceptual frameworks of strengths perspective and holistic health theory, as they apply to this research project. These theories were found to be most effective when dealing with AAT and individuals with disabilities.

Theories

Strengths perspective. The first theory will be addressed for work with individuals with disabilities is the strengths perspective. The strengths perspective focuses on the strengths of the client rather than client weaknesses and insufficiencies. This perspective is a combined consideration that allows the client and professional to identify client strengths; allowing social work professionals to emphasize the client's abilities and potential for success while concentrating less on client dysfunctions (Miley, O'Melia & DuBois, 2011). This theory allows clients to remain focused and driven, while being motivated by their identified strengths.

A strengths based theory is especially beneficial when applied to individuals with disabilities. Focusing on strengths has the potential to improve the overall quality of life for this population. Additionally, concentrating on the strengths of a client allows the professional to look past client insufficiencies, and instead focus on that client's positive abilities and attributes. The overall emphasis of the strengths perspective is to help clients

become conscious of their abilities and strengths, and to use these realizations to identify goals for therapy (Miley et al., 2011).

Holistic perspective. AAT is a holistic approach that can be incorporated into clinical work with clients. Holistic based interactions view the client as a whole person and do not just focus on one element of the individual, such as their mental health. The focus of holistic theory is based around the belief that the individual works as a combination of its separate parts. Holism believes that the parts of a person cannot work independently of one another. Each part contributes to the overall health of an individual, including physical and mental health.

Holism assesses the environment each individual lives in and how that environment impacts each specific client (Forte, 2007). Holism looks at the way an individual interacts with its surroundings and how these surroundings impact that person. As it applies to this theory, AAT addresses the individual socially, emotionally, mentally, and physically. Clients involved in AAT are receiving benefits that impact their entire being on all levels, benefitting them as a whole and complete person.

Holism suggests that all parts of the individual work collectively. By acknowledging all of the contributors, holism emphasizes the importance of each of the connecting parts in the individual as a collective entity. Addressing mental health, physical abilities, social abilities, and environmental factors, along with additional considerations, holistic theory provides an ideal perspective on AAT, and its impact on the lives of individuals living with disabilities.

Conclusion

The strengths perspective focuses on the overall abilities and potential for improvement of an individual. Holistic perspective emphasizes the all-encompassing benefits that can be gained through AAT. These theories strengthen the individual by allowing them to live a more satisfying life. Living with a disability can be consistently challenging, but these frameworks address individuals focusing on their strengths and environmental interactions, which can be utilized in AAT. The researcher identified these theories due to their application to the topics addressed in this research, and they will be used as a framework throughout the research project.

Methodology

Introduction

In this section, the researcher identified the methodology that was used in this study. This research question fell under qualitative research. The researcher was interested in understanding the effect of animal-assisted therapy on children with disabilities.

Research Design

Qualitative research collects information through individual interviews. Qualitative research includes data collection, data analysis, and drawing conclusions. Qualitative research is exploratory in nature. Narrative interviews allowed participants to better express their beliefs, thoughts, and feelings on a specific research topic. In this study, the researcher used narrative interviews as a method of data collection. Qualitative research explores various topics through investigation across multiple settings to obtain a deeper understanding of the phenomena in real-life situations (Monette, Sullivan, & DeJong, 2008).

Sampling

This researcher recruited six participants through snowball sampling. Snowball sampling is defined as using personal connections to recruit research participants (Monette et al., 2008). The researcher distributed information sheets (see Appendix A) to identified therapists who were associated with potential research participants through professional and personal connections. The identified therapists were given permission to distribute information sheets to therapists they felt would meet participant criteria for this research project. The information sheets detailed the purpose of the study and how the study would be conducted. Participants were asked to contact the researcher directly if they chose to participate in the project. The researcher prepared a phone script that was used during phone conversations with participants (see Appendix B). This phone call further explained the study and gave additional details on how the study would be conducted, participant protection, and issues concerning confidentiality. If the individual agreed to participate, the researcher and participant then agreed upon a location and time to meet that was convenient for both individuals.

Data Collection

In this research project, the researcher interviewed six participants on their experience using AAT while working with clients with disabilities, under the age of eighteen. A semi-structured qualitative interview was used to collect data. The researcher sent each participant an information sheet detailing this research project. Participant meeting times were then coordinated. Participant consent forms were signed before the interviews began. Interviews were conducted in a confidential location agreed upon by the researcher and each individual participant. This researcher asked ten questions to each

participant (Appendix B). Interviews were recorded for the purposes of transcription, data analysis, and coding.

Data Analysis

This researcher used content analysis in this study. Coding was conducted by categorizing participant responses according to themes that arose from the data. This allowed the researcher to identify similarities and differences in participant responses. Content analysis also allowed the researcher to identify the major themes that appeared in the data.

Protection of Human Subjects

In order to protect all participants in this research study, client confidentiality was addressed prior to conducting the interviews. All forms signed by participants were locked in the researcher's home, where no one had access to the files. Interviews took place in a confidential location, where others could not hear participant responses. Additionally, audio digital recordings were kept in the researcher's home, with no external access available. After the research project was complete, the researcher permanently deleted all files pertaining to the research to protect the participant's confidentiality.

Findings

The purpose of these interviews was to examine Animal-Assisted Therapy from the perspective of the therapist. The demographics of this research include six females. Four of the participants are clinicians who use AAT in their work; two of the participants are therapy dog owners, who work in conjunction with other therapists. All six participants reside in Minnesota. For this section, I will refer to these participants as

participants 1-6. Numbers are assigned to participants based on their order of participation in the research. The names of therapy animals included in participant responses have also been altered.

Client Population

In the interviews, six primary descriptions of client population were found to be most prominent. (a) age, (b) Autism Spectrum Disorders (ASD), (c) mixed families, (d) abuse, (e) Emotional/Behavioral Disorder (EBD) and Attention Deficit Disorder (ADD), and (f) other.

Age. Clinicians were asked to describe the client population they work with while using AAT. The age responses ranged from young children to older adults. For the purpose of this research project, participants were asked to respond to further questions with the target population, children with disabilities, as the focus of their answers. All participants reported working with children, age eighteen and under, who have a disability, or disabilities.

Participant 1 responded:

I work with preteens and above and work with clients up until adulthood.

Participant 2 stated:

I work a lot with children; I also work at a day treatment program for sex offenders.

Participant 3 answered in the following way:

I work in a school and also have a private practice where I work with kids.

Participant 5 described their client population as:

I work with kids and adolescents.

Participant 6 responded by stating:

Throughout my career, over 20 years, it's always been kids.

Autism Spectrum Disorders (ASD). When asked to describe their client population, participants 2 and 6 included ASD as a disability they encounter while working with clients.

Participant 2 responded in the following way:

I also have a private practice where I work with some on the spectrum kids and some acting out kids.

Participant 6 also included ASD as one of the disabilities in the clients that she serves in her professional practice.

Families. Participant responses included descriptions of family involvement within families of children with disabilities. Responses surrounding family involvement included foster children and their families, adoptive children and their families, and relationship based family therapy. Participants 2 and 6 spoke directly to their work with families.

Participant 2 reported:

As part of my private practice, I work a lot with children with attachment trauma and disruption, reactive attachment, adoptive kids, foster kids, and their families.

Participant 6 stated:

I try as much as I can to get families involved. So there's family component, an adult component.

Abuse. Participants consistently noted abuse as an area of client experience.

Abuse reported included sexual, physical, and emotional. Participants noted taking abuse

into consideration when selecting therapeutic techniques and strategies, noting that clients may be sensitive to certain activities as a result of the abuse they have experienced.

Participant 2 reported:

I work with a lot of kids with a history of sexual abuse; this can lead to sexual acting out as well.

Emotional/Behavioral Disorder (EBD) and Attention Deficit Disorder (ADD).

Participants consistently noted working with EBD and ADD clients. This work took place in schools, private practice settings, and on farms. Across settings, AAT was used with these populations of clients.

Participant 3 reported:

I do school social work, mostly with EBD students.

When asked to describe their client population, Participant 4 stated:

Ok, well there are two. I work in a school with EBD kids, setting 4. I also have a private practice where I work with acting out (ADD) kids.

Other. A statement made by one of the participants summarized additional work done by Animal-Assisted Therapists.

Participant 1 provided a response that included:

I work with people, in various places in their lives, where they want to do feeling work and they want to move from a state of distress to a state of health and a state of wellness.

Experience of the Clinician

In the interviews, four components of clinician experience were found to be most prominent: (a) setting, (b) animals used, (c) years of experience, (d) technique, and (e) incorporation of AAT into existing practice.

Setting. When asked to describe their personal experience using AAT with clients, participants provided a description of their clinical settings. Settings included private practice offices, hospitals, schools, and farms.

Participant 1 responded:

I have the private practice with the dog and dog in training, and then I also have a farm practice. So people come out to the farm to work with horses.

Participant 3 responded:

I work in a school, and then I have a therapy dog that I will occasionally bring to work with me. I also have a private practice and work with horses.

Participant 4 shared:

The first dog I trained worked as a certified reading dog, in a school, where they were able to mark the progress. I've also worked in hospitals.

Participant 5 stated:

I work with my dog through an advocacy group for Rottweilers and Pitbulls. So they organize it, and the visits are weekly. They have a facilitator who coordinates it. There are three people, one does the lesson, and two have certified dogs.

Participant 6 described their clinical setting, stating:

Clients don't end up going to a traditional therapy office, they go to a farm where they're in a pasture looking at horses. Overall, my experience with it has really been positive.

Animals used. Descriptions, provided by participants, of the animals frequently used in AAT included (a) dogs, (b) horses, and (c) other.

Participant 1 stated:

I have a practice with the dog and dog in training, and then I also have a farm practice. So people come out to the farm to work with horses.

Participant 2, who works with a therapy dog, reported:

Well, I'm pretty good at connecting with people, but all barriers are gone when they see the cute puppy.

Participant 3 stated:

At the school, I'm not the therapist, but we take them out to an equine farm to ride the horses; we have an eight-week program with horses. Then I have a therapy dog that I will occasionally bring to work with me. I used to do cat therapy with a little boy and we'd bring different cats in. Also, in my private practice, my partner and I wrote a manual on equine assisted therapy with trauma patients.

Participant 4 described the animals she uses:

Goldie was the first dog I trained, but she got sick when she was six. Now I work with my second dog, Harry.

Participant 5 stated:

I work just with my dog.

Participant 6 reported working with the following animals:

I've worked with, horses, chickens, dogs, llamas, pigs, rabbits, guinea pigs, donkeys, and I have a cat right now; I'm curious if he might be a good candidate,

we'll see. You don't find too many cats, and yet there are a couple out there.

Pretty much every domestic species, I've had some type of involvement with.

Years of experience. Participants reported years of experience to range from three years to over twenty years. Though participants were not directly asked about the number of years they have been working with AAT; most participants provided this information as an inclusion in responses.

Participant 1 reported:

I've been doing private practice since 92.

Participant 2 reported:

I'd been a therapist for over 20 years before I got Lucy.

Participant 3 did not provide their years of experience during the interview.

Participant 4 referenced working with their initial dog for six years, and working with their current dog after that time. A specific timeline surrounding the current animal was not provided.

Participant 5 stated:

I've been doing it (AAT) for 3 years.

Participant 6 provided information about their years of experience by stating:

Throughout my career, over 20 years, it's always been kids.

Technique. Participants described a range of AAT techniques used with clients. Variations in technique were based on setting, population served, and interest and experience of the therapist.

Participant 1 stated:

With therapy, how I do it, it depends on the goal of the treatment plan. If people need to work on assertiveness or boundaries, there are certain exercises. Some of the kids I work with really need to learn about body language, learning about quiet and calm. We do clicker training with the dog. I have one client, and all I want her to do is be able to get quiet in her body. So we do a lot of yawning, a lot of dog body language. Teaching clients how their body language impacts others. With the horses, I bring people out to a farm setting, being in nature when they work with the horses. It's a lot of groundwork, breathing, grooming, and Tellington Touch massaging. I teach people a lot of self-regulation by working with the horses. Sometimes I say, "Ok, build a challenge course of the challenges you've had in your life and then walk the horse through the challenge course." Also, balance work. It's being able to stay grounded even though your feet are off the ground. We give them the opportunity to be up in the air, on another living thing.

Participant 2 described their technique to include:

We do a lot of observation of how the dog's behavior is, because that's a very strong indicator of what's going on emotionally in the room or with the person. I think having that direct, concrete, observable thing happen is very helpful to clients.

Participant 3 reported:

I have observed a family with the horse. It was incredible. It took me an hour, and we named every single thing that was going on with the family. Where you could have sat in an office and it would have taken hours. So cool.

Participant 3 also stated:

We were just assessing what was going on with the family. We had the daughter on top of the horse, and the parents watching on each side. And the dad was just like milk toast. He couldn't make a decision and couldn't decide. And mom was just bossing everything. And the daughter was trying to protect everyone, and keep everyone happy. You could see the family dynamic, how they interacted, and what was going on in their family at the time and why there was so much distress. And we could name it for them. "Do you guys see what you're doing, and what's going on?" and they could say, "Yeah, we have that at home too."

Participant 4 detailed their technique in the following way:

Early on, my first recollection, one person asked me to come; her son was in a coma. Harry would do things he was taught as a service dog, tug on a sock, nudge his leg a little bit, put his head on his lap, and I would see him responding. When other people witnessed what I saw, and they would ask me to come to their child's room to see if they could get a response. One mom I was talking to in the cafeteria said, "Can you bring Harry to my daughter's room." As I was riding with them in the elevator, the father said, "You don't understand, she is in a coma." I said, "I do understand, and you might not see anything happen, but I've seen some really interesting things happen." We walked into the room, and their daughter reached around the bed at Harry. I looked back at her Dad and he just started crying. I can't put my finger on it, but there's something that they can do, that we can't reach.

Participant 5 responded by stating:

I work in a small group setting. I go once a month, sometimes it's the same kids, and sometimes it's not. There are three to five kids, and my dog will greet each one of them as they come in. Some kids who are really comfortable with dogs will come right up to him, and sit by him and pet him. Other kids will kind of stand off to the side, those who don't want to participate at first. But almost every time that happens, by the end of the session they're participating. It makes it a lot easier because the kids kind of think they're just there to see the dogs, and the facilitator knows they're teaching a lesson.

Participant 6 reported:

I think one of my traditional, go-to activities in the very beginning is having people observe the animals. I try not to have just one animal, but like a heard of horses or a flock of chickens, and I will have people stand there and just tell me what they're thinking. This tells me if they are aware of relationships and feelings. It gives me a reference point of where to start with them, of how they read their world. If they're really misreading, that also gives me an idea that they're not picking up social cues at all, or they are not picking up on body language, and then I have to go back and do some remediation almost. What's fascinating about that is people don't have to know anything about horses to know that a pinned ear on a horse means an unhappy horse. Their brain accurately scans the world and says, pinned ear, danger. So that tends to be a really good go-to assessment. So I don't have your traditional paper assessment, I use the opportunity to go out, and be with the animals as an assessment.

Incorporating AAT into existing practice. Multiple participants described their incorporation of AAT into practice after gaining experience as a therapist. Participants reported feeling that incorporating AAT had a positive impact, and improved their work with clients. A statement made during an interview provides a summary.

Participant 2 stated:

I kind of folded Lucy into my existing practice; I practice out of a developmental and attachment theory lens. What I have found is that it's much easier, especially for attachment disorder kids, to relate to a dog. It's much less threatening, than a human relationship.

Initial Session

Participants were asked to describe their initial AAT session with clients. In the interviews, three components of client experience during initial AAT sessions were found to be most prominent: (a) relationship building, (b) positive reaction, and (c) acceptance.

Relationship building. Participants noted client abilities to form relationships with animals upon initial interaction. Participants reported this relationship formation to be beneficial, not only in the relationship between animal and client, but also in the relationship between the client and clinician.

Participant 1 noted:

Most clients, I get the "Ohhhh effect." They'll say, "Oh mom, look at the dog!" They'll want to interact with her. For some clients, it's like they get grounded with Marla. Petting her or being with her, or I'll have them put their hands on her, and breathe. Then they'll say, "I feel like I'm here now."

Participant 2 shared:

It's just much less threatening. The children project onto the animal, they're sort of a little furry Rorschach if you will, so stuff comes out. What's so nice, too, is with trauma, and attachment disruption especially, the rhythm of the relationship is gone. So, the rhythm of walking a dog begins a regulatory device. It's a way for the brain to experience the rhythm of relationship without having to talk. That's one of my favorite parts of AAT. It's brain based, non-verbal intervention

Participant 5 responded by stating:

Some kids, who are really comfortable with dogs, will come right up to him, sit by him, and pet him. Other kids will kind of stand off to the side and don't want to participate at first. But almost every time that happens, by the end of the session they're participating.

Participant 6 responded to being asked about their initial session with clients in the following way:

I'm usually a 5th, 6th 7th 8th therapist that the kids have seen. So they're pretty savvy around what is therapy. Often times they'll come in and introduce themselves by telling me what their diagnosis is, what meds they're on, what their treatment plans have been, and really nothing about them. So, that tends to be the initial experience that I've had with most of my youth clientele. They tend to have a stigmatized view of what therapy is. If it's not been successful for them or they haven't liked it, yet they're intrigued by me, because they know I hold the keys to working with animals on some level. I think they're usually pretty surprised that I don't hit really hard at what their presenting issues are. We get there eventually, but we definitely don't focus on that initially.

Positive reaction. Participant responses consistently indicated a positive reaction from clients during their initial AAT session. The following are responses provided by participants that further detail this observation of initial experience.

Participant 1 described client's initial experience as:

Working with the animals is very positive and comforting for people.

Participant 2 recalls:

Before I even had Lucy, my private practice partner used to just bring her dog to our practice, and since we worked with kids with sexual behavior issues, as you can guess, they don't always want to come see us. And this one kid did not want to come in the office. The parents couldn't get him out of the car, so she took Sam out in the parking lot, and then all of a sudden I see Sam, then the kid, then my partner walking across the parking lot. It creates this safe environment where they are much more quick to trust, or at least to give you a chance.

Participant 3 responded by stating:

They love it, love it, love it. It calms them.

Participant 4 responded:

The most surprising area has been speech; watching someone younger who has a brain injury, and is not really sure if they're communicating. The therapist can tell them forever that they're speaking and they understand them, but when they tell the dog to sit, and he sits, there's that immediate confirmation. The dog just sat.

Participant 6 shared:

I think what's so interesting with this work is that, as much as I get kids who have had so many bad experiences with therapy, for whatever reason, when they do come to my sessions, there's a different level of motivation.

Acceptance. Participants reported a positive response from clients, based on a feeling of acceptance by the animals. This was important during initial sessions, as it allowed clients to feel more comfortable and more open to working clinically, with both animal and therapist.

Participant 2 stated:

Lucy accepts them, of course, because she doesn't care about the past. As long as they are nice to her now, that's all she cares about.

Participant 4 responded by speaking to the animal's acceptance of clients in the following way:

The dog doesn't feel sorry for them, doesn't judge them, just meets them where they're at. It works really well with everybody, but especially with the adolescents, the tougher ones to break through.

Family Involvement

Participants were asked to describe ways in which they have observed family involvement impacted by AAT. The following themes were identified, (a) increased support, (b) common thread, and (c) replication of home life. Some participants were unable to speak to this question, as they work in settings where family involvement is not possible. Participant 5 works specifically with youth, never having opportunity for family inclusion.

Increased support. Participant responses included descriptions of how family support is increased while a child is working with AAT. Participants highlighted how important the development of this support is and the important role it plays in the client experiencing success within therapy.

Participant 2 responded to this question by providing the following case example:

I worked with a young client who started to dissociate in the session, and I had tried to explain, and mom started seeing the trauma right there. And Lucy, who had been sleeping in her bed, sensed the trauma and dissociation. And got out of her bed, put her head on the girl, and they were both asleep in about 2 minutes. So, she totally regulated her and brought her back. I think just the mom observing how stressed this child was, helped them to see what was really going on. Lucy was a real linking point in that, rather than me just trying to explain something.

Participant 4 provided the following answer to describe the AAT work they provide in a hospital setting:

People bring in their cell phones and videotape and say, "You're walking really nice, and look at how the dog's looking at you." I see that. It shows that they're really interested in how it works. I think it increases support from the family. All of the feedback I've gotten from family members is very supportive.

Participant 6 provided the following response:

I've seen and heard consistently, time and time again, to the point where I get goose bumps, where parents will say, "I've never seen my child so competent. I've never heard my child be able to explain directions to me. I've never felt like my child had my back." Maybe we're doing something with the horses, and the

kids are gung-ho and fearless, and the parents are standing there just ashen because they're scared to death of this large animal, and they don't want to look like a fool in front of their child. I'll sometimes pull a child over and say, "I bet your mom's a little afraid now." So I sort of confide in the child and help them prep for that next level of being a really competent person for that father or mother.

Common thread. Participants described AAT as a common thread between family members, detailing how it connects members through a common interest, topic of conversation, and family activity. Participants noted how important this common thread becomes among family members, and the powerful impact it has on family relationships.

Participant 2 responded:

I think it's that common thread. If she just loves a kid whose parents are sick of their behavior, it allows them to see the kid in a different light. Or they can both be affectionate to Lucy while sitting next to each other.

Participant 6 stated:

A lot of family members have not had great experiences around therapy. They often think, my kids is receiving therapy because of x, y, and z and I've failed as a parent because x, y, and z happened. So there's a huge piece of that that people absolutely wear on their sleeves when they come to therapy. Working with the animals gives the whole family something they can unite around and have a good time.

Replication of home life. The theme of replication of home life was identified as participants noted how family therapy with AAT elicits conversations about the

interactions of family members at home. It was emphasized that family interactions during therapy sessions often mimic daily interactions, with family members falling into typical roles and behaviors.

Participant 1 responded:

At the farm with families, we get them to work together to lead a horse. And they have to decide who's going to be the copilot or lead, and how it's going to go. They have to do a lot of negotiating. Sometimes, even putting on a halter, having them work together to do things like that can be very powerful. I give a lot of diagnostics by watching people interact with animals, especially in the family situation. I had one mom, her, her husband and kids were all fighting, and Marla wanted to leave the room, so she went to the door, and left. The mom said, "See, Marla doesn't like it when we argue either." I said, "So, if Marla doesn't like it, how do you think each other feel?" I get a lot of people to story tell through the animals. You get a lot of information about family history and where people relate.

Participant 3 stated:

I observed a family with the horse. It was incredible. It took me an hour, and we named every single thing that was going on with the family. Where you could have sat in an office and it would have taken hours. We were assessing what was going on with the family. We could name it for them, "Do you guys see what you're doing, and what's going on?" and they could say, "Yeah, we have that at home too."

Participant 6 shared:

The goal is to allow there to be this dialogue and I coach the parents around tell your child what you saw and what you felt. Really come from a place of authenticity and be vulnerable and tell your child you were scared and you really appreciated them having your back. So they share that information, and then I talk with the child and say, “How’d that feel to hear that from your dad? When’s the last time you’ve been complimented by your dad?” And usually there’s a lot of tears, people will shut down at that point because kids realize, I’ve never been complimented by my dad, I’ve never felt my mom have my back or appreciate me being there and that can be really hard. That then starts the resolving conversation. I know how critical family involvement is for kids, and their development, and their success and it has just been beyond words I can put into place what happens in these sessions where I have families involved.

Social and Physical Improvements in Clients

Participants were asked to describe how client’s social skills and physical abilities are improved by incorporating AAT into therapy. Some participants were able to speak to both areas, social and physical, while others were only able to speak to social improvements. Responses were based on client population, experience, and setting. Identified themes include (a) body language, (b) social skills, (c) whole body, and (d) improved gait and posture.

Body language. Participants reported seeing a social and physical improvement in understanding body language when using AAT with clients. Though these responses were setting-dependent, improvements were described in the following ways.

Participant 1 reported:

A focus of my work is teaching people how to read body language and understand muscle movements. This helps with boundaries, they learn a lot about how they are around animals, and then they can understand maybe why people get kind of put off or overwhelmed by them.

Social skills. Participants highlighted improvements in the social skills of clients while working with AAT. This was consistent across settings and client populations.

Participant 1 responded by stating:

Sometimes for clients who have a difficult time being out in the world and socializing, I give them pictures of themselves and the dogs, or pictures of nature, and they're reminded they're not alone in the world. They have something to take with them in their pocket. They say that helps; they remember how to use that out in the world. With a 900-1500 pound animal, like a horse, for people who don't feel like they have a lot of skills socially, for them to be able to learn by exercises and have the horse follow them without a lead rope. When they get that, and they're breathing, and they're really focused, they say, "I remembered to look up, I remembered to stay focused on my goal, and to stay soft in my body, and when I went out in public or with their family, they say, I remembered to do that."

Participant 2 provided the following description of how social skills are improve through AAT:

The dog will give them immediate feedback. She will never bite, of course, but she will go across the room if she doesn't like the person's demeanor or the tone of their voice. So again, it's that immediate feedback, where in public they just feel rejected by a person, or bullied; this is a much gentler way to get back on

your social behavior. And we've seen significant leaps in behavioral skills. It's really interesting. She's just a great mediator for that whole process.

Participant 3 stated:

At school, they work together as a team. They communicate leading the horse and about what they're doing. They have to work together to lead the horse and ride the horse. They rely on each other to be safe and have to increase their communication skills. A lot of our kids are self-focused, so they have to get outside of themselves to communicate what their needs are.

Participant 4 shared:

They'll have the client introduce the dog, tell how old he is, and what type of dog he is. It gives them that social, and they're not talking about their disability. It's a real icebreaker.

Participant 5 responded in the following way:

The kids are motivated to behave properly when the dogs are there. Often times, they're kids with social skill deficiencies. It's immediately apparent to me by the way they come in and act. When the group is happening, they get gentle reminders from our facilitator, and then they have their own supervisors there.

When they get threatened that they won't be able to stay if they don't behave, they usually want to have time with the dogs, so they are better.

Participant 6 responded:

I could go down a whole list of social skills that get accomplished, and I can pick how do you communicate effectively, how do you monitor your frustration tolerance, what are the words you're using to describe how you're feeling, and

how do you use body language and eye contact. We practice that first with animals and then talk about how you incorporate that into your relationships with other people, and why that is important. Sometime even just general things like being polite, shaking hands. I always teach kids how to approach the animals from a place of not being rude. I talk about things from an animal perspective. If an animal's in your space, that's just rude. It's not bad or good, it's just rude, and in our social society in the US, we have certain space limits. So we talk about here in the U.S., or the world of dog, or horse or chicken, what is their space bubble? We also talk about, when they interact with each other that's not rude, but when they interact with us, that is rude. I talk about just manners. When you say hello to a person, you shake their hand, you don't pet them in the face. It's the same with horses; you don't go right up and pet them in the face. I teach them, how do you do a horse handshake. We could go get a book on social skills, open it up, and figure out how to do activities that would get at those social skills, and I think they're just endless. That's one of the beauties of working with animals; they don't have this verbal stuff, they're all about body language. They're all about space and special connections and moving and that lends it self so beautifully to social skills in humans, because so much of it is non-verbal.

Whole body. Participants described the full body inclusion, physical, emotional, and spiritual, which is impacted by AAT. The following answers provide examples and descriptions of this full body experience.

Participant 1 recalled an example of how the whole body experience was used during an AAT session where a client was challenged by interacting with an animal:

I said to the client, “Just walk with me like this,” and I took big steps in my body and just opened my arms up, and took some deep breaths, and we got calm in our bodies. And all of a sudden the horse walked up and put her head on the girl’s heart and she said to me, “I get it.” She said, “I get what my mom was saying about how I come across.” I couldn’t demonstrate that without an animal for a million dollars. The horse responded, it was immediate, and it was priceless.

Participant 6 provided the following response:

Sadly, some medications do put a lot weight on children. And more and more kids are inactive and their physical abilities are declining; sometimes just a walk from the barn to the office can wind a kid. There’s an interesting spatial ability that I’m seeing less and less kids have, and that’s fine motor coordination. A lot of what they do is gross motor, or very specific fine motor, clicking a button over and over, but there’s not this fine little tediousness, like tying a shoelace. Kids don’t do that now. They have Velcro, snaps, and buttons. So when it comes to giving them a halter, kids are at a loss a lot of the time. When I see it happen, I go back and try to help them do it. I’m not doing occupational therapy around doing buckles, clips, and laces, but I do know that if I can activate that part of their brain, I can help them in other parts of their lives, too.

Improved gate and posture. The theme of improved gate and posture was identified based on participant responses. Responses to this question varied based on the setting and population in which AAT was applied.

Participant 2 responded:

I have a couple guys who have difficulty walking. When we were to the point where they could walk Lucy outside, it's very interesting, the more they were able to walk her, the better their gate became. I kind of coach in the concept of leadership, I coach them to stand straight, and have their shoulders back as much as possible, because she will feel safer if they are in charge and you want to do that for her. Then once they start imitating that, there's the rhythm of the relationship. The physicality of the arousal system is kept calmer. She's a great regulator.

Participant 3 provided the following example:

I worked with a client; she couldn't walk beside the horse without almost getting stepped on. She couldn't navigate her and him. But when she got on top of him, he grounded her. She could navigate and ride without a bridle, but couldn't walk beside him. It's about time, space, and motor skills.

Participant 4 reported:

I would say the biggest thing that makes me happy to watch is when someone's walking, they stand a little taller, and they take hold of that leash. I always use a second leash, but I'll say, "You have control of him."

Participant 6 stated:

I often see the change first in clients' physical presence. They'll give me eye contact, where they maybe didn't initially. I see a change in their posture, more assertive or confident posture. I will also see, interestingly, is balance. I might put somebody on horseback, and one shoulder might be incredibly dropped from the other. I say, "I'm going to have you lower one shoulder until they're even."

People often don't even have this realization that they're walking through life unbalanced. That's a great metaphor for how they are going through life, they're unbalanced physically, emotionally, cognitively, in relationships, and that presents itself in how they carry themselves physically.

Connection/Rapport

Participants were asked to describe how their connection and/or rapport with clients were impacted through the inclusion of AAT in therapy. Participant responses provided the following themes to be identified (a) increased speed, (b) clinical credibility, and (c) unique environment.

Increased speed. Participants identified an increase in the rate at which connection is formed with a client, due to using AAT in practice with clients. Participants identified this increased connection to be very beneficial to their work, allowing them to connect with and make progress with clients at a faster rate than they would usually experience.

Participant 1 responded:

Whimsy will lay on them, or stick her head between their knees. From the beginning, I can talk about boundaries, and I can start to interject right away.

Participant 2 provided the following description of how AAT impacts the rate of connection with clients:

Well, I'm instantly popular, so it makes the whole joining process seconds, rather than hours or days. I've done a few long-term sub positions in schools lately, and I have kind of a hard name, so people never know my name, I'm just Lucy's mom.

Participant 5 stated:

Having the animals there makes it a lot easier, because the kids kind of think they're just there to see the dogs, and the facilitator knows they're there to teach a lesson.

Participant 6 provided the following response when asked how AAT impacts her rapport building with clients:

I think it really helps the trust factor. I've been told by clients, they watch how I am with the animals, how I watch them how I touch them, I say please and thank you to the animals, and it's because of all those pieces they know I must be somebody they can trust on some level.

Clinical credibility. Participant responses provided information suggesting that clinical credibility was achieved through the use of animals in clinical work with clients. This credibility was described to be trust-based, using positive triangulation between therapist, animal, and client. Clinical credibility was also client-based, highlighting that clients view clinicians as clinically credible due to the inclusion of AAT in sessions.

Participant 2 provided the following response:

The dogs is very popular, so that's an in for me. It gives me instant credibility. With vulnerable people, or any people, a dog indicates safety, so the fact that she's with me, and she's a kind loving dog, I garner more trust and credibility. Especially with the kind of clients I see, they're very high risk, very distrustful, a lot of times have been very much hurt by adults, so I have to be able to break down a lot of barriers to be able to do therapeutic work. So, working with the dog is like shorthand.

Participant 5 responded:

We want to work with the kids on their emotional issues, so we work that in, in a way that the kids just think we're talking about dogs. They really open up and are more comfortable. Especially with the kids who come in really shy, within an hour, almost all of them get to where they can start talking.

Unique environment. Participants described the unique settings in which they use AAT as a support in forming rapport and building connections with clients. Working in an environment that includes an unexpected co-therapist, unique location, and atypical activities, enables clients to be more open to connecting.

Participant 1 described the use of a co-therapist in the following way:

While using AAT with clients, I can project onto the animals a bit, and utilize that to help clients. I can also say, "Let's not have the dog wear our feelings." People will say, "The dog's really upset," and I can then say, "What tells you that?" Then they'll story tell, and I can say, "Is that you or the animal?" I'll teach about body language. When clients say, "She doesn't like me, she walked away," I can say, "Well actually, let's look outside. Is it you or is it that big fat squirrel? I think he's captured her attention, so don't take it personally because it actually has nothing to do with you." They have these ideas in their heads about what's going on, and I can use the dog to encourage them to check it out.

Participant 2 stated:

Using the animals to work with clients, it's fun. A big concept in attachment is joy and delighting in things, and she is always doing something we all can delight in. It's just such a great thing. I like doing work when she's in the room.

Participant 3 spoke to the impact that setting has on the clinical relationship:

I think we get to know the school kids better, on a different level. I think the kids get to see us in a different way too. They see us being vulnerable with the horses or taking a risk. It changes things being in a different environment.

Participant 6 provided information on using animals as co-therapists by stating:

Well, it's one time that I think triangulation is a good thing in therapy. I truly come in with the animals being a co-therapist. I don't consider them tools; like Play-Doh or sand, this is a different field. They are a sentient being. They're really clear about having different behaviors, so they truly bring their own dynamic to the work. I know a lot of times, for me, one of the things it gives me is the opportunity to not have to talk so much. That's a piece I have to work on because as therapists we're trained to talk, elicit answers, and have those critical conversations, and I think working with animals has allowed me to be more settled in quiet spaces.

Change as Reported by Clients

Participants were asked to describe how clients report personal changes that come as a result of being involved in AAT. Responses to this question also included responses families have provided on behalf of the client. The following themes were reported by participants (a) enthusiasm toward therapy, (b) improved confidence, and (c) application of learned techniques.

Enthusiasm towards therapy. Participant responses detailed how clients have reflected on their personal progress while working with AAT.

Participant 1 summarized by stating:

For teens, they report just liking the interaction with the animals; to get up and move and not just talk about stuff. I think I get clients who learn kinetically, so by talking about it, and then trying it out and doing it, they report that it helps more. They're fascinated, too, by body language.

Participant 2 reported:

Well, I've had people actually want to come to therapy because Lucy's there. With the issues they come to me for, that's a big thing. I mean, any client you want them to come back, but especially when it's really tough stuff. When you've acted out sexually, that's really shaming. I've had clients say they feel instantly calm just sitting next to her, petting her, and getting her love and attention. I mean, I can't sit around hugging my clients. I might give them a hug at the end or something, but you can't do what Lucy does; lay on their lap, give them all kinds of attention, and look at them adoringly. And I mean that feels great, let's face it, that's why people have pets. That makes coming to therapy a wonderfully positive thing.

Participant 4 reported seeing client enthusiasm continue even after services have been terminated:

Even after clients have been discharged, they'll come in to what they call their "appointments," they'll stand or come in their chair and stare at me and I'll ask, "Are you here for an appointment?" and they'll say, "Yeah... with Harry." Obviously it has an impact. They purposely come by my office, and for some of them, it's weekly.

Improved confidence. Participants noted an increase in confidence as clients continued with AAT. This confidence was observed in social skills, physical positioning, and better self-control.

Participant 3 reported the following self-reported changes from their clients after using AAT:

Clients report more confidence around being calm, improving self-assurance, being able to use their words, and being able to find a way to relax in times of stress.

Participant 5 provided the following response:

One girl was there for at least 3 months, and when she started out, she was one of the kids who sort of stayed on the edge, blurted out, and wasn't behaving properly. But, by the end, she was a leader. When other kids would come in for their first sessions, she would tell them about the dogs and tell them how the group was run. So, that was definitely a positive.

Application of learned technique. Participants reported clients feeling able to use techniques learned through AAT in real life settings. It was noted that this often required transition time, as well as allowing for the necessary social adjustments in application to animals and humans.

Participant 1 provided the following examples:

I have had moms say, "I have reminded her to breathe like Marla when she got upset." I've had clients say, "I remember what it was like to be with the horses and to be surrounded." I've had clients who have nightmares and have pictures of the animals by their beds to help them when they wake up. I had one client put the

horses sideways between her and people and items from her past. I have had people tell me, when they've worked with the animals, leading the horses around the area, they've said, "I could do that, so I can do this too." I've had people want to talk to the animals and have a conversation without me. I've had people say the animals come to them in their dreams and tell them what to do to not get in trouble. It's pretty phenomenal. Clients report a feeling of mindfulness and self-regulation. With clients who are dis-regulated, they can recall a lot of the mindfulness and relaxation and grounding activities we do with the animals. Sometimes we'll take a picture of them with the animal, so they have that picture to remind them, I can do that. I try to use skills they can use in real life.

Participant 6 reported:

Sometimes clients will call me up 3 years later and ask to come see an animal. They'll sometimes write me after their sessions. Sometimes I've stayed in touch with clients or parents and I've been able to get testimonials for certain things where I'm asked to get a quote. The biggest things that people have reported to me is this place of feeling more present, more grounded, and more comfortable in their skin, and who they are as a person and being in the world. Those things people have reported tend to be the things I have focused on with people in their session.

Impact of AAT Animal Death on Clients

As was encouraged by the research committee, participants were asked to describe ways in which they have used the passing of a therapy animal in a positive way with clients. This was important to committee members, as they had experienced gains

with clients surrounding the passing of their therapy animal. Participants were told it would be acceptable not to respond to this question if answers proved to be emotionally uncomfortable. They were also informed of the question's emotional connection before the question was asked of them. The following themes were identified: (a) continuation of spiritual connection, (b) processing death, and (c) future processing. Some participants were only able to speak to (c) future processing, as they are currently working with their first therapy animal.

Continuation of spiritual connection. Participant responses included practices of processing death at both the physical and spiritual level with clients. In this processing, clients are encouraged to remain connected to the animal on a spiritual level.

Participant 1 included spiritual connection in their work processing grief and loss with clients:

I had one horse that passed. We talked about death and the fact that just because the animal isn't with you physically, they can still be in your heart. I do a lot with spirituality. I tell clients, "You can still talk to animals, even when they aren't with in their bodies." I use it to talk about people in their lives that they miss or no longer see. Some of my adaptive clients, have gone through traumatic events have people who are still alive, but they don't see them. We talk about how we can hold them in our hearts, through spiritual beliefs or dreams about those loved ones.

Participant 6 reported sharing this thought with clients:

Maybe we aren't on the same plane anymore, but we are all still connected on a spiritual level. If you want to write something or express something to the animals they'll hear you, they'll know.

Processing death. Participants reported using the death or impending death of a therapy animal as an opportunity to process the experience of grief and loss with clients. For clients, this processing can focus around the actual passing of the animal or can allow them to revisit a past experience with death.

Participant 1 spoke to this theme through their answer, stating:

The horse I'm thinking of passed after the program we were doing was done. I saw some of the kids after, talked to them about my own experience, and let them try to breath and then talk about animals or people they've lost. I use it too, to talk about people in clients' lives that they miss, or no longer see. Some of my adaptive clients, who have gone through traumatic events, have people who are still alive, but they don't see them. We talk about how we can hold them in our hearts. So it's basically just creating space.

Participant 2 reported:

Well, let's see, we had 1 horse that died, and one kid from school knew that horse, and asked what ever happened to that horse, and I said she died, and we talked about it.

Participant 4 provided the following example of their experience with processing the passing of a therapy animal with clients:

I wanted to do it sensitively, so I just walked in with the leash and collar. A lady had made a special leash with school busses on it and it said school days, and I walked in with just a leash, it was hard. Everybody just started crying; the teachers and me, and I just said, "She didn't make it. She was really sick, and she really wishes she could be here, but she can't." It amazed me, kids were going to

where I'd sit at the desk, and she had a lot of fur, and they were scraping up the fur through their tears so they would have souvenirs. Then I got a call, 2 or 3 days later, from the principal, and she said, "I can't believe this, these kids have nothing and they're giving their quarters, dimes, and nickels in memory of Goldie. We have all this money, would you be alright if we bought a life-sized statue of Goldie?" I was like, "Oh my gosh, yes. She would be so honored!" They had a whole ceremony, and at that elementary, they have a memory box with her name on it, her collar, and a plaque.

Participant 6 shared:

Anytime you end a session with a client, there's the potential that when they come back that following week, the animals, or even I, could be dead. I talk about that with clients at the beginning. I'm really honest with clients when an animal isn't feeling well or we have an aging animal that we're making some decisions around, I don't keep that from clients because I think that's a part of life, and we don't do grief and loss and death real well in this culture at all. So I see that as a great opportunity to have those conversations with kids.

Future processing of death. Participant responses included information pertaining to the animal/animals they are currently using in practice. Participants reported preparing for the retirement and/or passing of these animals, and the impact it will have on clients, as well as the therapists themselves.

Participant 1 reported:

Marla is 13 and I'm working with her less and less. She's not going to be in her physical body forever, and she's near retirement. She has some physical things

that are going on, and people are aware of that; it's an ongoing deal. I think it's important for people to realize everything is temporary.

Participant 2 shared their personal concerns about animal passing:

Lucy's been my only one. It's going to be hard, she's 9.5. I have had kids wonder about that, or be scared about that; that Lucy will die. So in that way, we've talked about it, especially if they've had loss by death. A lot of times people will talk about losing their own pets and how that experience was for them. In that way, she's like a Rorschach. So again, they project that on her, because it usually leads to a discussion of their own loss, starting with pets.

Participant 6 provided the following response:

Sometimes, it's not even the death of the animal, but it's the figurative of having a death that bring up the discussions. I try to keep it as open as possible to allow for those conversations when we do have a death. I really try to integrate just what that whole concept is, of saying goodbye, into everything I do. At the end of sessions I say, "Go say goodbye and thank your animal," because you never know. I really try to keep relationships sacred. When I do a group that is time limited, we start talking about writing a goodbye letter to the animals that are here. Clients also get a goodbye letter from one of the animals saying to that child, here's what I really appreciated about you. They get that return process of what's a healthy goodbye, what's a proper goodbye. Even when that didn't happen for clients during past experiences, we can still say goodbye.

Conclusion

The purpose of this research was to examine the effect of Animal-Assisted Therapy on children with disabilities. The interview questions were utilized in order to gain supportive evidence from therapists using AAT while working with children with disabilities. The next paragraph will include a discussion that compares the current research findings to the literature review.

Discussion

In this project, the following research question was examined: What is the effect of Animal-Assisted Therapy on children with disabilities? After reviewing the literature, findings of this research project produced both similar and contradictory results.

Client Population

In terms of client population, the research suggests that application of AAT into therapy is nearly unlimited (Chandler et al., 2010). For the purpose of this research project, the participants shared client information based on their personal experiences in practice. Both the literature review and research findings support the use of animal-assisted therapy with clients, solidifying positive and successful results. Information gathered for the purpose of this research project indicated a successful application of AAT, not only to the specified population of children with disabilities, but also across client populations, including families, adults, couples, prisoners, hospital patients of all ages, and groups.

Rapid Connection

According to research, the rapid formation of connection and rapport that occurs between clients and animals is based on an organic connection. This connection enables patients and therapy animals to develop rapport and empathy at a rapid rate (Chandler,

2005). This research is consistent with the findings of this research project, which supported the theme of swift connection formation due to the inclusion of animals in therapy. Research also states trust and comfort allows patients to open up more quickly and to benefit from therapy at an increased rate (Chandler, 2005).

Strengthened Therapeutic Bond

Research and participant responses spoke to the strengthening of the therapeutic bond between therapist and client, which can be seen as a result of animal inclusion.

According to recent research, the patient and clinician connection is formed around the shared experience of forming a connection with the animal (Braun et al., 2009).

Participants consistently presented this theme as they shared their personal experience of bond formation with clients and how using AAT during therapy sessions impacts strengthening the therapeutic bond. Participants felt clients were more trusting of them, as clinicians, after witnessing their interactions with the animals. They based this on the idea of a shared connection.

Broad Application

Research speaks to the broad application of AAT, as it is applied to clients and across practice settings. As was stated in research articles, AAT is used in hospitals (McDowell, 2005), schools (Heimlich, 2009), individual counseling sessions (Watts & Everly, 2009), and with the elderly (Chandler, 2005). For the purpose of this research, AAT application was addressed across settings, but only observed in application the specific population of children with disabilities. The findings of this current research project support the results of the literature review.

Early Connection

Research supports the application of AAT to work with children, noting how children are encouraged from an early age to form positive relationships with animals. From an early age, animals play an important role in the lives of children. They can be seen in children's books and videos, and are portrayed in a way that makes them appear easy to attach to and interact with (Evans & Gray, 2012). This presentation allows children to form an early bond with animals. Research suggests this early familiarity as a likely support of the benefits children find from working with AAT (Friesen, 2009). This research presented consistent findings, showing the positive impact AAT has on young clients.

Family Interaction

According to the literature, using AAT to help clients improve communication skills and engaging abilities, allowing families of children with disabilities to become more connected via positive family interactions (Watts & Everly, 2009). This research also identified improvements in family interaction as a result of using AAT with children with disabilities. Participants spoke to the improvements seen in family communication and family interaction as a positive result of incorporating AAT into a child's therapy.

Strengths

One of the initial strengths of this research is that it is exploratory. There has not been much exploration into the relationship between AAT and its impact on individuals with disabilities. By expanding research in this area of study, AAT is able to gain credibility through the collection of data and evidence of success in therapy. Another identified strength for this research is its work with a vulnerable population. Research in this area allows for potential findings that can impact this population and provide an

option for better services to be provided for them. An additional strength is the use of semi-structured interviews. This method allows the researcher to further explore presented responses and to gain additional information that can be valuable to the research project.

Limitations

Limitations of the research could be derived from the researcher's personal attachment and interest in AAT. This interest could persuade a more positive outlook and interpretation of presented data. Another limitation can be seen through the limited application of the results to the general population. By focusing research on a specified group, the researcher has limited the generalizability of the research findings.

Additionally, this research may have been limited based on the research participants. Participants of this research project were all of the same gender, female, were all Caucasian, and all worked with a similar population. The identified qualities of participants could have impacted the outcome of the research, as they attach personal interest and passion to the responses they provided during this study.

Implications for Social Work Practice

The implications for this research could help current and future social workers incorporate Animal-Assisted Therapy into their work with clients. The research gives social workers a stronger knowledge base on AAT and the effect that it can have in practice. This research allows social workers to develop strategies, provide resources, and support clients through the use of an animal co-therapist. This research provides examples of the personal experiences of therapists who have used AAT in their work with clients. The application of AAT is growing, as are the population groups that it has

been found to be successful with. This research helps educate current and future social workers as it provides insight on techniques, application across settings, application to work with clients, and identified client success. The research findings educate social workers, families, and the public on the success that has been observed by therapists while using AAT with clients. This research supports AAT as a therapeutic strategy for clients and encourages clinical professionals to consider incorporation of AAT into practice.

Research

Implications of this research aim to encourage continued research in this area of study. By providing additional support and exploration of AAT, increased findings of benefit, technique, client population, and setting can be discovered. Continued research is encouraged to explore Tellington Touch, and its relation to and inclusion in AAT practices with clients.

Policy

Policy implications include encouraging equal rights and protection of service animals and emotional support of animals (ESA) under the Americans with Disability Act (ADA) of 1990. As it currently stands service animals have greater protection under the ADA, allowing them to travel anywhere their client travels. AAT animals are currently considered as ESA, and are not currently protected under the ADA. This prohibits and retracts their rights and access to public facilities.

Conclusion

In conclusion, the implications of this research provide social workers, individuals, families, and the general public with a deeper knowledge base and insight

into Animal-Assisted Therapy. AAT allows for a rapid connection to form between the client and therapist, and has shown many additional gains in work with clients. The research allows social workers to gain knowledge and insight from the experiences of colleagues and could inform future practice through the utilization of AAT. The research provides families and individuals with an opportunity for a unique form of therapy with proven success, as indicated through this current research project and the literature review. The current research supports the benefits AAT, and its application across settings and client populations. In conclusion, the implications of this research highlight AAT as a successful holistic approach to clinical work with clients, especially children with disabilities.

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Appendix A

INFORMATION SHEET FOR THE STUDY

My name is Alison Ries and I am a Masters level student under the direction of Professor Catherine Marrs Fuchsel, Ph.D. in the School of Social Work, Saint Catherine University and the University of Saint Thomas. I am conducting a research study to explore the effects of Animal-Assisted Therapy on individuals with disabilities. I would like to interview therapists who have been using AAT while working with the specified population.

I am inviting the participation of therapists using AAT in their practice. Participation will involve one interview for approximately 90 minutes. I will be conducting the interview at this agency in a closed room. I will set up the time and day for the interview depending on what is best for you. If you agree to participate, you will be asked to sign a consent form. This study is voluntary and you may choose to stop participating at any time. You may also choose not to answer any question.

In the interview, I will ask you about your experiences with AAT and individuals with disabilities. I will ask you to describe the population you work with, to describe your experience using AAT with clients, to describe the client's initial response to working with the animals, to describe increased family involvement/interaction as a result of AAT, to describe client's improvements in social skills and physical abilities, to describe the changes you see in your clients, to describe how AAT impacts connection/rapport with clients, and to describe client reported changes while using AAT.

There is no identified benefit for participating in this study.

The interviews will be tape-recorded and they will not be recorded without your permission. You will have the right to ask for the recording to be stopped. The audiotapes will be locked in a filing cabinet in the researcher's home, and only the researcher will have access to the files. The data will be kept until the end of the research project and all reports and notes will be shredded. The tapes will be destroyed and discarded immediately after the tapes have been transcribed.

Contact information:

Alison Ries
Cell phone: xxx-xxx-xxxx
E-mail: xxxxx

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact John Schmitt, PhD, Chair of the College of St. Catherine Institutional Review Board, at (651) 690-7739.

Appendix B Telephone Script

Hello! Thank you for contacting me! As you know, my name is Alison Ries and I am a MSW student at St. Catherine University and the University of St. Thomas. For our final year, we are required to complete an applied research project, complete with a research paper and public presentation in May. My topic explores the effect of Animal-Assisted therapy on children with disabilities. After reading the information sheet, I was wondering if you would agree to participate in my research? Participation includes engaging in a live interview that is audio taped in a private room with a closed door, either at your office or agency, if you are able, or at a private room with a closed door rented through the University of St. Thomas library system in advance. At the start of the interview, you will be asked to read and sign a consent form. The information collected during research will remain anonymous. Data will be kept in my personal files, which will remain locked during any time I am not accessing them. Additional data will be stored on my personal computer, which is password protected. After completion of this research project, any identifying electronic data will be permanently deleted and physical data will be shredded and destroyed.

Appendix C

The Effects of Animal-Assisted Therapy on Individuals with Disabilities RESEARCH INFORMATION AND CONSENT FORM

Introduction:

You are invited to participate in a research study investigating the effect of AAT on individuals with disabilities. This study is being conducted by Alison E. Ries in the Masters of Social Work program at St. Catherine University and the University of St. Thomas. You were selected as a possible participant in this research because of your knowledge and experience with the areas of interest. Please read this form and ask questions before you decide whether to participate in the study.

Background Information:

The purpose of this study is to discover benefits available to patients with disabilities through incorporating AAT into their therapy sessions. Approximately 8 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to participate in a one-on-one interview with the researcher. During this interview, you will be asked 8 qualitative questions. Interviews will take place at a private location agreed upon by the researcher and yourself. Interviews will take approximately 1 hour over one session.

Risks and Benefits:

The study has minimal benefits. It will satisfy your obligation as a professional to contribute to continued research.

This study has no identified risks.

Confidentiality:

Any information obtained in connection with this research study that could identify you will be kept confidential. In any written reports or publications, no one will be identified or identifiable and only group data will be presented.

I will keep the research results in a password-protected computer and in a locked file cabinet in the researcher's home, and only my advisor and I will have access to the records while I work on this project. I will finish analyzing the data by May 2012. I will then destroy all original reports and identifying information that can be linked back to you. All audio recordings will be destroyed following transcription.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University or the University of St. Thomas, in any way. If you do not feel comfortable or able, you may decide not to answer any presented research questions. If you decide to participate, you

are free to stop at any time without affecting these relationships, and no further data will be collected.

Contacts and questions:

If you have any questions, please feel free to contact me, Alison Ries, at xxx-xxx-xxxx. You may ask questions now, or if you have any additional questions later, the faculty advisor, Catherine Marrs Fuchsel, will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher(s), you may also contact John Schmitt, PhD, Chair of the College of St. Catherine University Institutional Review Board, at (651) 690-7739.

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time and no further data will be collected.

I consent to participate in the study, including a recorded interview.

Signature of Participant

Date

Signature of Researcher

Date

APPENDIX D**Interview Question List**

1. Please describe the client population you work with?
2. Can you describe your experience in using AAT with clients?
3. Describe how the clients respond during their initial session with the animals.
4. Describe how have you seen family involvement/interaction increase through AAT?
5. Describe how are clients' social skills impacted by AAT? Physical abilities?
6. Describe what change looks like in your clients?
7. Describe how your connection/rapport with clients is impacted by the inclusion of AAT?
8. Please describe any changes clients have reported to you while using AAT in therapy?
9. Please describe ways in which you have used the death of a therapy animal in a positive way with clients.

APPENDIX E**Recruitment Script for Distribution of Information Sheets**

Dear _____,

I am currently assisting with the research project of a graduate level MSW student, Alison Ries. Her research is addressing the Effect of Animal-Assisted Therapy on Children with Disabilities. To collect data for this research, she will be interviewing therapists using AAT in their work with children. Based on these criteria, I feel your expertise and experience in this area would provide valuable contributions to the research project. I have attached an information sheet, detailing the study, and ask that you contact Alison directly at (xxx) xxx-xxxx, or via email at xxxxx if you are willing to participate. I encourage your participation, as I believe this research is of value to the AAT community. Thank you for considering participation in this research project.

Sincerely,

