Walking the Dog When Talking is Too Much:
Canine Assisted Interventions with Trauma Survivors
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INTRODUCTION

- Terminology
  - AAA, AAT, AAI

- Social Work & Animal Assisted Interventions (Risley-Curtiss, Rogge, & Kawan, 2013; n=4,991, final usable sample n=1,262)
  - 33% knew SW included animals in their practice
  - 21.8% stated they included animals as part of their interventions

STUDY AIMS

- Explore how mental health professionals incorporate canines into work with adults who have experienced specific traumatic events

- Describe the language used by mental heath professionals to characterize the interactions between clients and therapy canines to see if this language may be linked to any particular paradigm or paradigms

- Uncover the commen elements of canine assisted interventions used among mental health professionals

LITERATURE REVIEW & THEORETICAL MODEL

Meta-Analyses

- Three meta-analyses:
  - AAT associated with moderate effect sizes in improving outcomes in four areas (Nimer & Lundahl, 2007)
    - Autism-spectrum symptoms
    - Medical Difficulties
    - Behavioral Problems
    - Emotional Well-being
  - AAT on Communication & Social Skills (Chitic, Rusu, and Szamoskozi, 2012)
    - Large effect Size
    - Moderating Factors
      - Type of animal used & level of training
      - Method of therapeutic interventions (individual, group or mixed)
      - Type of measurement used
      - Duration of Sessions

- AAT & Psychological & Functional Status of Elderly and those with Psychiatric Disorders (Virués-Ortega, Pastor-Barriuso, Castellote, Población, & de Pedro-Cuesta, 2012)
  - Poor social functioning finding improvement (pooled effect size = 1.06, n=275)
  - Moderate effects for depression (-0.34, n=447) and anxiety (-0.29, n=291)

Literature Review

- Keywords: animal assisted therapy, trauma and dogs (4 usable articles)
- Text Level Search: animal assisted therapy, trauma and dogs
  - November 2013 (original literature search) & June 2015 (final literature search) –increase in peer reviewed articles 26.9% (52 to 66).
  - Twenty four of these were relevant to the topic.
    - Overviews/Histories/Syntheses
    - Proposed Models for Integrating AAT
    - Case Studies
    - Randomized 2x2 Experimental Design (one)
    - Studies of the Theoretical Basis

Major Theoretical Models

- Attachment Theory
- Biophilia Hypothesis
- Animals as the Medium in Therapy

Comparison off Theoretical Orientation Identified in the Literature

Piper (2014)'s Theoretical Orientations Within Which AAI May Be Implemented	Chandler et al.'s (2010) Guiding Counseling Theories Within Which AAI May Be Implemented
	Adlerian Counseling
Attachment Theory Orientation	
Behavioral Orientation	Behavioral Counseling
Cognitive Orientation	
Cognitive-Behavioral Orientation	Cognitive-Behavioral Counseling
Emotionally Focused Orientation	
	Existential Counseling
	Gestalt Counseling
Interpersonal Process Orientation	
Object Relations Orientation	
play therapy	
Person- or Client-Centered Orientation (Rogerian)	Person-Centered Counseling
Psychodynamic Orientation	Psychoanalytic Counseling
	Reality Counseling
Solution-Focused Brief Therapy	Solution-Focused Counseling

Interventions and Goals Used by Mental Health Professionals

- O'Callaghan and Chandler (2011)
  - 18 techniques & 10 interventions
- MacNamara & Moga (2014)
  - 6 goals of AAI

RESEARCH QUESTIONS

1. What role, if any, does personal experience have in influencing mental health professionals' choice to incorporate AAI into their work with adults who suffer from exposure to potentially traumatic events?
2. What are the theoretical paradigms within which the mental health professionals practice using AAI?
3. What models of practice with canines do the mental health professionals use in their work?
4. What are the goals or intentions of mental health professionals (including social workers) who integrate canines into their work with adults (ages 18+ years) who have experienced a potentially traumatic event?

METHODOLOGY

Critique of Existing Qualitative Research in AAI

- Few qualitative studies in the field; many have flawed methodologies
- Leads to a lack of in-depth information re: use of AAIs (Stern and Chur-Hansen, 2013)
- Methodological Considerations
  - Epistemology
  - Research methodology and procedures
  - Sampling
  - Interview
  - IRB Approval
  - Validity of the Data
  - Data Analysis
  - Researcher Positioning and Trustworthiness

Research Design

- Qualitative Method in a Developmental Intervention Research Framework
  - Six phases of intervention research (Rothman and Thomas, 1994)
    - Problem analysis and project planning
    - Information gathering and synthesis
    - Design of the intervention
    - Early development and pilot testing
    - Experimental evaluation and advanced development
    - Dissemination

Through constant comparative qualitative methodologies identify the common elements currently in use in interventions of this type.

Research Design

- Epistemology: Realist epistemology situated within a constructivist worldview
- Grounded Theory: Charmaz, 2014
- Theoretical context: Because of the use of GT no specific theoretical context was used to frame the study, rather it developed from the study

Research Methodology

- Grounded Theory (Charmaz 2014)
  - Constant comparison
  - Theoretical sampling
  - Theoretical saturation
  - Theoretical sensitivity
- Final IRB Approval June 2014

Selection of Participants

- Constructivist methodology, focusing on individuals with extensive, first-hand experience with AAI and various models of the work (one exception for a newer model of practice)
- Theoretical and purposive sample of 12 mental health professionals, including social workers, who worked with therapy dog(s) to deliver AAI following a potentially traumatic incident that occurred in the last 15 years.
- Recruitment

- 12 participants (mean of 17.6 years experience using AAI)
- Participants from US
- Psychiatry, Social Work, Psychology
- One M.D., 5 Ph.D., 6 Master's level
- Iterative Sample

Coding

- First level coding – open coding (arise from the data itself)
- Second level coding – selective coding (Charmaz, 2014)
- Third level coding – focused coding

Dependability of Data

- Multiple interviews with each participant
- Member checking
- Seeking disconfirming evidence
- Use of computerized data analysis (Atlas ti)
- Active reflexivity
- Checking transcription
- Memoing
- Triangulation

RESULTS

PERSONAL EXPERIENCE

- Personal experience as the stepping stone to practice
  - Knowing it was meaningful
  - Being in the right job at the right time
  - Getting reinforced from others in the field
  - Noticing AAI in hospitals
  - Taking a leap of faith
  - Turning my own dog into a therapy dog
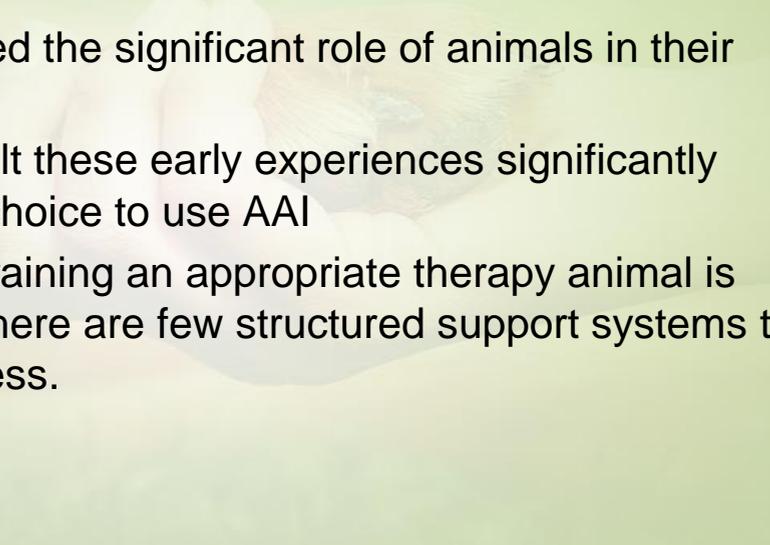
- All acknowledged the significant role of animals in their formative years
- Ten of twelve felt these early experiences significantly impacted their choice to use AAI
- Choosing and training an appropriate therapy animal is very complex; there are few structured support systems to assist this process.

THEORIES CITED BY PARTICIPANTS
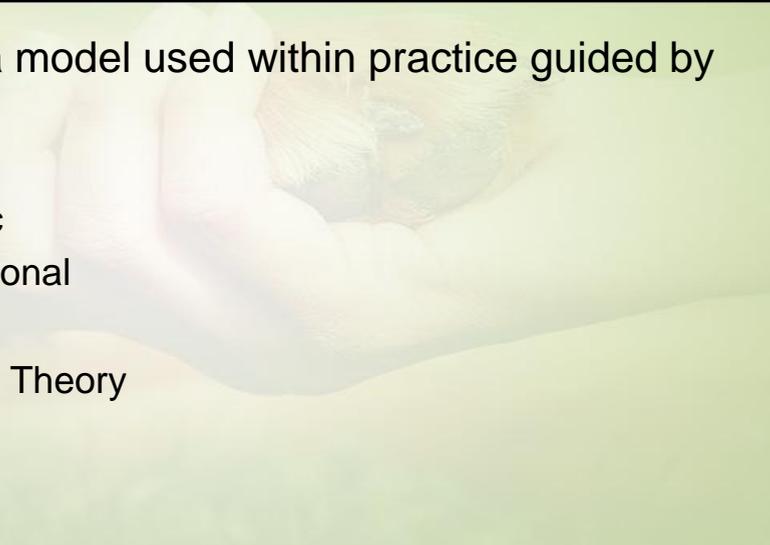
- Placed AAI as a model used within practice guided by theory
  - Attachment
  - Psychodynamic
  - Rogerian/Relational
  - Role Theory
 - Social Learning Theory
  - Experiential

Models of Practice and Practice Challenges

- Dog as 'Co-Therapist'
  - Meaning of term needs further exploration

(PRELIMINARY) MODELS OF CARE

Dog is part of worker's system (companion animal to worker as well as therapy dog)	Dog is part of client's system
Dog is part of worker's system (working dog who is not considered companion animal)	Dog is part of volunteer animal/handler team with whom worker partners
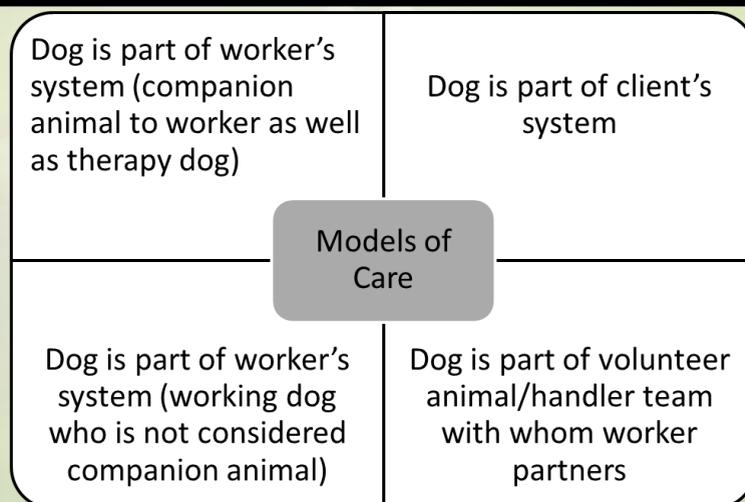
Models of Care

(Preliminary) Models of Care & Risk of Dual Relationship

Dog is in worker's family system (companion animal & therapy dog)

Dog lives in worker's system but is considered working or facility dog

Dog is situated in client's system. Worker involves client's animal (in person or evoked presence) in therapy

Dog is part of volunteer animal/handler team with whom worker pairs

Higher potential for dual relationship between dog & worker impacting therapy

Lesser potential for dual relationship between dog & worker impacting therapy

Challenges of Complex Relationships

- Being clear about therapeutic goals & matching canines to goals
- Whose needs take priority?
- Loss of the 'co-therapist'
- Dual roles & dual relationships
- Need for certification programs

SIX INTENTIONS & GOALS FOR INTERVENTIONS

- Building Rapport/Rapid Triage
- Facilitating Insight – Impact of the Therapy on Day-to-Day Life
- Body-Centered Goals
- Building Trust
- Increasing Communications/Social Behaiors
- Skills Development

Building Rapid Rapport/Rapid Triage

- "I can't imagine how I could have this conversation without the dog"
- Starting the conversation - "The she – on her own- began to whisper to the dog. She wasn't talking to me yet."
- Feeling more comfortable – "People said they just felt more comfortable"

Facilitating Insight: Impact on Day to Day Life

- Client reporting the effects of interactions with dog carried over into life
- Client relating what they see with the dog to their own reactions

Body Centered Goals – "Walking the dog when talking is too much"

- Decreasing arousal
- Dog helping with grounding
- Dog helping prevent dissociation
- Building trust
- Increasing communication and social behaviors

Increasing Communication & Social Behaviors

- Getting out of the office
- Re-establishing human to human bonds
- Dog creating the opporutnity for the client to tell his/her story

Skills Development

- Practicing *doing* in relationship: "Working together and creating real life experiences with the dog"
- Practicing skills in real time
- Teaching people to calm themselves and to self-soothe

Additional Focused Codes

- Impacting mood
- Using the dog as a reinforcer

Intentions & Goals of AAI in Trauma Treatment	O'Callaghan's and Chandler's (2011) Intentions	MacNamara'a and Moga's (2014) Matrix of Opportunity
Rapport Building/Rapid Triage	Building rapport in the therapeutic relationship	Rapport building where the animal provides a safe and conflict-free topic for interactions and information sharing.
Facilitating Insight & Impact on Day-to-Day Life	Facilitating Insight	• Meaning making where the animal is the vehicle for the client to create meaning and value within experiences. • Motivation to change (animal serves as the motivation for behavior change)
Body-Centered Intentions & Goals	*Not mentioned*	*Not mentioned*
Building Trust	• Enhancing trust within the therapeutic relationship • Facilitating feelings of being safe in the therapeutic environment	
Increasing Communication/Social Behaviors	• Enhancing client's relationship skills • Enhancing client's social skills • Encouraging sharing of feelings	• Assessment where talking about an animal may enable the revealing of difficult materials • Engagement that uses the presence of the animal to stimulate communication.
Skills Development	Modeling specific behaviors	Skill development where clients parallel behavior modification techniques used with the animal to teaching and learning situation in other areas of their lives.
Other Areas Identified by O'Callaghan and Chandler (2011) and Not Adequately Addressed in this Work		
	Enhancing client's self confidence	
	(Using the dog) As a behavioral reward for client[1]	
	Encouraging the sharing of feelings	
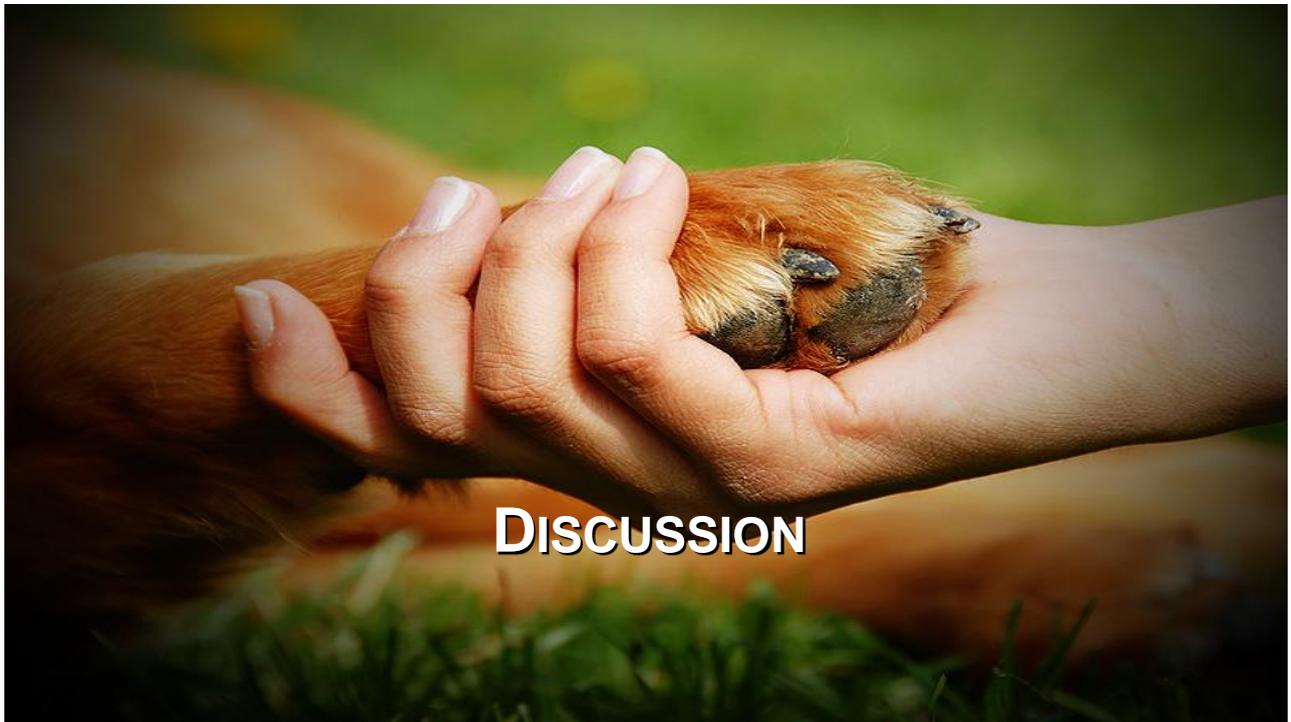
DISCUSSION

Discussion

- Recommendation – Need for formal educational and certification programs for professionals who want to integrate a canine into the work.
- Critical to understand canine body language and stress sign.

- Few resources to assist workers with finding and identifying a dog with the innate ability and temperament to do the work.
- Most of current resources are for volunteers with dogs: Work in an therapist's office is longer and may be more stressful than volunteer work.
- Guidance and clinical supervision around the relationship with the dog is needed to address the potential for dual relationships.

Strengths of this Study

- Strengths
  - Drawing from actual practice experience, it is the first to give voice to how this work is actually occurring from practitioners
  - Looks at the work as practiced with a very specific population – adults with history of exposure to potentially traumatic events.
  - Methodology addresses many of the limitations identified by Stern & Chur-Hansen, 2013.

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Limitations

- Limitations –
  - US population
  - Relied primarily on experiences of individuals in private practice (experience of facility dog handlers not included)
  - Does not address the therapeutic impact of service canines (PTSD)
  - Only looks at AAI from the perspective of the worker
  - Developed only preliminary models of the practice
  - Does not address the area of insurance reimbursement

Implications for Future Research

- What do mental health professionals mean by "co-therapist"?
- Further explore the codes - impacting mood and using the dog as a reinforcer
- Begin to develop a set of testable interventions based on goals and intentions from the research.
- Develop basic guidelines and standards for the work similar to those identified by van Fleet (2015) for play therapy.

Implications for Practice and Policy

- Social Workers' practice should incorporate policy recommendations such as those from AVMA, 2015 and the International Association of Human-Animal Interaction Organizations. Specifically,
  - Handlers should be trained and have knowledge of issues impacting canine's well-being including being able to detect and act on signs of discomfort and stress.
  - Professionals must understand animal specific boundaries that are normal and respectful. Animals safety and comfort should not be jeopardized

Implications for Social Work Education

- Emphasis on "person-in-environment" makes it ideal for social workers to take a leading role in AAI.
- CSWE's EPAS focus on competency-based educational standards calls for social workers to demonstrate skills necessary for practice.
- AAI fits in six areas.
- Need to establish 'best practices.'
- All training
  - should be based on a discussion of client-related goals and how to bring this into practice
  - methods should be framed specifically on how and when the canines should be included into the practice.

Thank You!

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