

**THEMATIC ANALYSIS: EXPLORING PRACTITIONERS' PERSPECTIVES OF
DELIVERING ANIMAL ASSISTED THERAPY**

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Abstract

Animal Assisted Therapy (AAT) is a psychotherapeutic approach that uses animals in a therapeutic capacity and can be used as an adjunct with a range of practices such as different psychotherapeutic modalities. Despite its relatively long history, more robust research is needed to increase AAT's evidence-base. There is a relative lack of research in AAT practice from a practitioners' perspectives. The aim of this qualitative study was to explore how practitioners use AAT in their clinical practice.

Ten participants were interviewed about their experiences of using AAT in their clinical practice. Thematic analysis was used to analyse the data. Three main themes emerged from the analysis: The Psychotherapeutic Encounter, Multi-Faceted Relational Process, and Challenges and Opportunities in AAT.

The findings revealed that practitioners who used AAT utilised features of the therapy animal, with elements of nature and incorporated it into working in the moment. In addition, the findings revealed the relational dynamics between the client-animal, practitioner-animal, and that AAT is more than a dual therapeutic relationship. The findings also revealed the challenges and opportunities of using AAT within psychotherapy. The study has implications in the areas of better understanding and enhancing the therapeutic relationship in AAT, integrating AAT into counselling psychology practice and identifying potential areas for future research.

Table of Contents

Title.....	i
Abstract.....	ii
Table of Contents.....	iii
List of Tables.....	vii
List of Abbreviations.....	viii
Acknowledgements.....	ix

Chapter One: Literature Review

1.1. Overview.....	1
1.2. Introduction.....	1
1.2.1. Definition.....	1
1.2.2. History.....	4
1.2.3. Professional Status of AAT.....	5
1.2.4. Practice-based research.....	6
1.3. Literature Search Strategy.....	7
1.4. Theoretical Frameworks for AAT.....	9
1.4.1. Biophilia Hypothesis and Ecopsychology.....	9
1.4.2. Psychodynamic Perspectives.....	11
1.4.3. Cognitive Behavioural Approach.....	12
1.4.4. Social Cognitive Approach.....	13
1.4.5. Summary of Theoretical Frameworks.....	13
1.5. Common Therapeutic Practices of AAT.....	14
1.5.1. Choosing the animal.....	14
1.5.2. Therapy with Canines.....	14
1.5.3. Therapy with Horses / Equine Assisted Psychotherapy (EAP).....	15
1.5.4. Therapeutic Environment.....	16
1.5.5. Role of Therapy Animal.....	16
1.5.6. Role of Practitioner.....	18
1.6. Empirical Evidence for AAT.....	19
1.6.1. Post-Traumatic Stress Disorder (PTSD)	19
1.6.2. Neurodevelopmental Disabilities.....	21
1.6.3. Psychological Symptoms.....	22

1.6.4. Substance Misuse.....	23
1.6.5. Schizophrenia.....	24
1.6.6. Dementia.....	26
1.6.7. Summary.....	26
1.7. Practitioner’s Experiences and Perspectives of AAT.....	27
1.8. Rationale for current study.....	30
1.9. Relevance to Counselling Psychology.....	32
1.10. Aims of the study.....	33
1.11. Research Question.....	33
Chapter Two: Methodology	
2.1. Overview.....	35
2.2. Research Design.....	35
2.3. Epistemological Position.....	35
2.4. Thematic Analysis.....	36
2.4.1. Thematic Analysis and Interpretative Phenomenological Analysis (IPA)	
37	
2.4.2. Thematic Analysis and Grounded Theory (GT).....	38
2.5. Participants	
2.5.1. Inclusion Criteria.....	38
2.5.2. Exclusion Criteria.....	39
2.5.3. Sample Size.....	39
2.5.4. Recruitment.....	39
2.5.5. Participant Details.....	39
2.6. Data Collection	
2.6.1. Interview Schedule.....	43
2.6.2. Interviewing Process.....	43
2.7. Data Analysis	
2.7.1. Transcription.....	45
2.7.2. Approach to Thematic Analysis.....	45
2.8. Research Quality.....	48
2.9. Ethics	
2.9.1. Ethics and Registration.....	49
2.9.2. Informed Consent.....	49

2.9.3. Confidentiality.....	50
2.9.4. Debrief.....	50

Chapter Three: Findings

3.1. Overview.....	51
3.2. Overview of Themes.....	51
3.3. Theme One: The Psychotherapeutic Encounter.....	52
3.3.1. Subtheme One: The Power of Animals.....	52
3.3.2. Subtheme Two: Connection to Nature.....	57
3.3.3. Subtheme Three: Working in the moment.....	59
3.4. Theme Two: Multi-Faceted Relational Process.....	62
3.4.1. Subtheme One: Client-Animal Relational Dynamics.....	62
3.4.2. Subtheme Two: Practitioner-Animal Relational Dynamics.....	66
3.4.3. Subtheme Three: Beyond the dual therapeutic relationship.....	68
3.5. Theme Three: Challenges and Opportunities in AAT.....	72
3.5.1. Subtheme One: Room for Growth.....	72
3.5.2. Subtheme Two: The Demands of AAT.....	75
3.5.3. Subtheme Three: The Adaptability of AAT.....	77
3.6. Summary of Findings.....	80

Chapter Four: Discussion

4.1. Overview.....	82
4.2. Implications of the findings for the research questions.....	82
4.2.1. How do practitioners incorporate AAT in their practice and what is their understanding of the therapeutic processes?.....	82
4.2.2. How does the therapy animal impact on the therapeutic relationship?.83	
4.2.3. What challenges do practitioners face when delivering AAT?.....	83
4.3. Contextualising the Findings in the Literature.....	84
4.3.1. A Psychotherapeutic Encounter.....	84
4.3.2. Multi-Faceted Relational Process.....	88
4.3.3. Challenges and Opportunities in AAT.....	90
4.4. Implications of study.....	91
4.5. Implications for Counselling Psychology.....	94
4.6. Limitations of study and future research.....	96

4.7. Self-Reflexivity.....	97
4.7.1. Personal Reflexivity.....	97
4.7.2. Epistemological Reflexivity.....	99
Chapter Five: Conclusion.....	101
References.....	102
Appendices	
Appendix A: Participant Information Sheet.....	130
Appendix B: Consent Form.....	135
Appendix C: Interview Schedule.....	137
Appendix D: Transcription Conversion.....	139
Appendix E: Transcript Example.....	140
Appendix F: Table of Codes.....	144
Appendix G: Example of Codes with Extracts.....	147
Appendix H: Table of Potential Themes.....	150
Appendix I: Initial Thematic Map.....	151
Appendix J: Final Thematic Map.....	152
Appendix K: Ethics Approval.....	153
Appendix L: Change in project title.....	159
Appendix N: UEL Data Protection Plan.....	160
Appendix O: Debrief Sheet.....	167

List of tables, figures, and illustrations

List of Tables

Table 1: Details of the Database Searches.....	8
Table 2: Participant characteristics.....	37
Table 3: Thematic Analysis Procedure (Braun & Clarke, 2006).....	41
Table 4: Thematic map of the practitioners' experiences of delivering AAT.....	47

List of Figures

Figure 1: Spectrum of AAI (Fine & Mackintosh, 2016).....	2
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List of Abbreviations

- AAI – Animal Assisted Interventions
- AAP – Animal Assisted Psychotherapy
- AAT – Animal Assisted Therapy
- BACP – British Association for Counselling and Psychotherapy
- BPS – British Psychological Society
- CBT – Cognitive Behavioural Therapy
- CPD – Continuous Professional Development
- EAGALA - Equine-Assisted Growth and Learning Association
- EAP – Equine Assisted Psychotherapy
- HCPC – Health and Care Professions Council
- IAHAIO - International Association of Human-Animal Interaction Organisations
- NICE - National Institute for Health and Care Excellence
- PTSD – Post Traumatic Stress Disorder
- RCT – Randomised Controlled Trials
- SCAS - The Society of Companion Animal Studies
- TA – Thematic Analysis
- TDI – Therapy Dogs International

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Chapter One: Literature Review

1.1. Overview

This chapter will review the existing literature relevant to the practice of delivering animal assisted therapy. This thesis will start with the literature search strategy, the definition and history. A number of theoretical frameworks will be explored and practices in animal assisted therapy will be discussed. A review of the empirical evidence and practitioners' perspectives of animal assisted therapy will also be discussed. The chapter will conclude with the aim and rationale for this study, a discussion of the relevance to counselling psychology, and the research questions.

1.2. Introduction

Animals have been living alongside humans since the domestication of wolves 15,000 years ago. For centuries, it has been noted that animals have a positive effect on human wellbeing such as providing comfort. The use of animals in psychotherapy has been recorded by notable practitioners such as Freud and Levinson (Chandler, 2017) documenting the therapeutic effects of animals. In recent years, the term Animal Assisted Therapy (AAT) has been utilised to refer to the use of the animal(s) as an integral part of the client's treatment process (Pichot, 2011). There has been a rise in the use of AAT in recent years with considerable amounts of research supporting the efficacy of AAT in both physical (e.g. Waite, Hamilton, & O'Brien, 2018) and psychological wellbeing (e.g. O'Haire & Rodriguez, 2018).

1.2.1. Definition

Animal Assisted Interventions (AAI) is the umbrella term used to describe all types of formal and informal interventions (e.g. social, cognitive, medical, emotional, educational, rehabilitative) that are assisted by the inclusion of animals (Kruger & Serpell, 2006). The role of the animal in AAI is to support the handler (professional or non-professional) and engage with the client in order to achieve their therapeutic goals (Kruger & Serpell, 2006). This term is now used consistently in literature as the umbrella phrase to describe various dimensions of AAI. Figure 1 illustrates the spectrum of interventions classified under the umbrella term AAI.

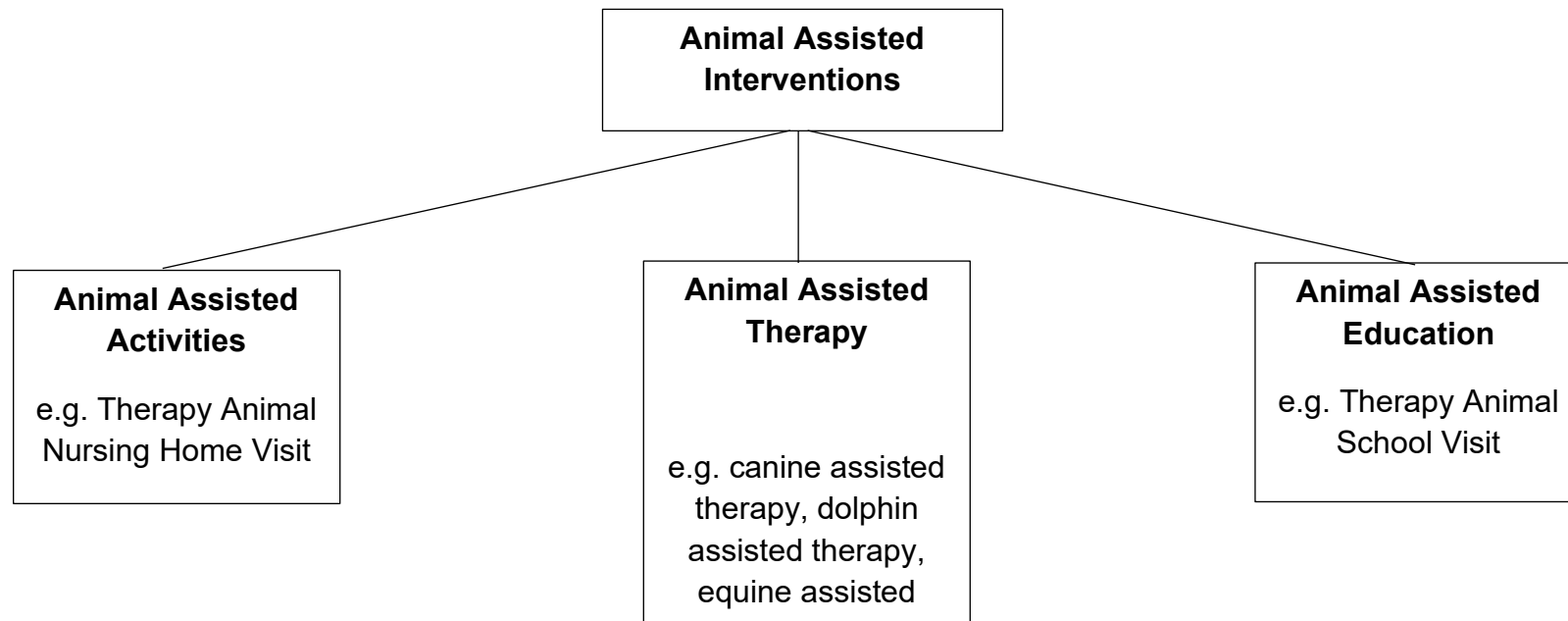


Figure 1. Spectrum of AAI (Fine & Mackintosh, 2016).

The term Animal Assisted Therapy (AAT) comes under AAI. The term 'AAT' varies within the literature but there are commonalities such as goal-directed and improving the wellbeing of the individual. Pichot (2011) defines AAT as a targeted goal-directed intervention in which the animal is an integral part of the treatment process for the client. Similarly, the International Association of Human-Animal Interaction Organisations (IAHAIO) defines AAT as a goal oriented, planned and structured therapeutic intervention directed and/or delivered by health, education or human service professionals (IAHAIO, 2018). AAT focuses on improvement in physical, social, emotional, and/or cognitive function in clients and can be implemented in both groups and individually (Zasloff & Kidd, 1994). Furthermore, a term used within the literature is Animal Assisted Psychotherapy (AAP) which focuses specifically on mental health interventions that are delivered by a mental health professional (Bachi & Parish-Plass, 2017). In AAP, the relationship between both humans and animals are seen as key components of psychological change in clients (Bachi & Parish-Plass, 2017). Both AAT and AAP terms are used interchangeably within the literature although the term 'AAT' is used more frequently and is inclusive of AAP in the literature. For ease of clarity, only the term 'AAT' will be used in this study to encompass both AAT and AAP.

There is disagreement within the literature regarding the level of animal involvement to be considered as AAT. Some researchers (e.g. Connor & Miller, 2000) state that the therapy animal must play an active role such as utilising the therapy animal in a structure exercise in the treatment process to be considered AAT whilst others (e.g. Chandler, 2017) consider animal visitation, where the animal holds a passive role, as sufficient to be acknowledged as AAT. However, Kruger and Serpell (2006) argues that the role of a therapy animal is to support the practitioner in addressing the client's therapeutic goals and objectives; in doing so, the therapy animal becomes part of the therapeutic process and improves the client's social, cognitive, physical and emotional functioning. Therefore, in order for an animal's involvement in an intervention to qualify as a form of AAT, the therapy animal must be an active part of the psychotherapy process. As such, the present study will focus specifically on studies where the therapy animal plays an active role in the psychological intervention.

AAT is considered an adjunct to psychotherapy meaning that the therapy animal works as an assistant to the practitioner (Hartwig & Smelser, 2018). Beck and

Katcher (2003) argue that AAT is not considered to be a standalone therapeutic modality because it would minimise the role of the practitioner and places the burden on the therapy animal to facilitate therapeutic change in the client. Furthermore, Wry-Aanderson et al. (2008) argue that AAT enhances traditional psychotherapies such as Cognitive Behavioural Therapy by increasing enjoyment for the clients.

AAT is mainly delivered in the diamond or triangle approaches. In the diamond approach, the practitioner works together with an animal handler who has a certified therapy animal in order to carry out psychological interventions (Brooks, 2006). The animal handler is primarily responsible for managing the safety and wellbeing of the animal(s) whilst the practitioner carries out the psychological interventions (Fredrickson-MacNamara & Butler, 2010). This approach is often used with large animals or group sessions.

In the triangle approach, the practitioner works with their own therapy animal without the animal handler (Brooks, 2006). The practitioner assumes responsibility for both their therapy animal and the client's wellbeing and safety. Fike, Najera and Dougherty (2012) state that the relationship between the animal and the practitioner is critical in the triangle approach and requires the practitioner to be exceptionally observant of subtle changes in the animal's behaviour whilst simultaneously monitoring the client's processes.

1.2.2. History

The psychological benefits of animals for humans can be traced back for centuries. Towards the end of the 17th century, it was documented that the "Age of Enlightenment" facilitated certain changes to the perception of animals such as increasing sympathetic attitudes towards animals (Salisbury, 2011) and a decrease in the perception that wild animals threatened the survival of humans (Fine, 2006). This also coincided with the notion of a nurturing relationship with animals. In 1699, John Locke supported the use of animals to help children develop their sense of empathy towards other people (Serpell, 2004). In 1792, the Quaker Society of Friends York Retreat in England integrated farm animals into their clients' treatment and found that it decreased the use of restraints on clients or their isolation (Baun & McCabe, 2003). The next instance where animals are thought to be involved in treatment was in 1864, Bethel Center, Germany. They incorporated the companionship of animals into their treatment program for epileptics (Bustad, 1981). Florence Nightingale (1880) also

noted the therapeutic impact of small animals on clients as an aid to support their recovery (Braun et al., 2009).

Sigmund Freud (1916) was considered to be one of the first practitioners to include animals and recognised their value in his psychological therapy with clients (Freud, 1983). He explained that his clients felt reassured of their self-worth when they were accepted and liked by his dog (Freud et al., 1990). He found that the proximity between his dog and his clients was affected by their emotional states and would often speak to his clients indirectly by talking to his dog which helped establish a line of communication (Shubert, 2012).

Boris Levinson (1969) is often dubbed the “father” of AAT when he used animals in psychotherapy with children (Grandgeorge & Hausberger, 2011). Like Freud, he discovered the psychological effects of animals by bringing his dog into his client’s therapy. Levinson noticed that including his dog in his client’s sessions would help establish rapport more quickly, increase the clients’ motivation, and improve prognosis (Levinson & Mallon, 1997). He also found that clients who were withdrawn and had difficulty communicating reacted positively to his dog (Levinson, 1972). He argued that the animal served as a transitional object to help facilitate the development of the therapeutic relationship. He assumed that the client’s interactions with the dog during the formation of their relationship had a therapeutic value as it increase their own self-understanding (Levinson & Mallon, 1997). He believed that through human-animal interactions, one can gain a deeper understanding of one’s relationship with their own parents and how one nurtures and disciplines their own children (Zilcha-Mano et al., 2012). Levinson’s (1969) experiences are thought to have encouraged more research into AAT (Chandler, 2017).

1.2.3. Professional Status of AAT

In 1976, the first therapy dog organisation, Therapy Dogs International (TDI), was established by Elaine Smith and is the oldest therapy dog organisation in the US that regulates testing and registration of therapy dogs and their handlers for the purposes of visiting other institutions and wherever else therapy dogs are needed (TDI, 2020).

Another animal within AAT that has received attention is horses. Therapy with horses began with therapeutic riding/hippotherapy and was introduced in the US in 1960 (Snider et al., 2007). Despite the growing interest in equine-assisted interactions, there is a diverse language that describes the therapeutic use of horses. The umbrella

term, Equine Assisted Activities and Therapies describes all human therapeutic interactions with horses (Holmes et al., 2012). Within this term, there is Equine Assisted Psychotherapy which utilises horses in a psychotherapeutic manner (EAP; discussed further). Moreover, there are many international leading organisations of EAP such as Equine-Assisted Growth and Learning Association (EAGALA) and LEAP which provide their own framework and standards for psychotherapeutic sessions (Enders-Slegers et al., 2019).

The Society of Companion Animal Studies (SCAS) is the professional organisation that governs AAT practices in the UK (Chandler, 2017). There are two guidelines that guide the use of animals in clinical practice; British Psychological Society (BPS) Guidelines for Psychologists Working with Animals (BPS, 2012) and Animal Assisted Intervention Code of Practice for the UK (SCAS, 2013). However, there are limited guidelines for best practice in AAT from the National Institute for Health and Care Excellence (NICE) which guides national UK health practice (Loeb, 2019).

To become trained in AAT, practitioners have to undergo a certification program. For example in EAP, EAGALA offers a five-step certification program to become qualified to deliver EAP. Similarly, LEAP offers a diploma program. These training programs usually require a core mental health profession and for the practitioner to be registered to a governing body. However, in Europe, AAT training programs are not under government regulations (Enders-Slegers et al., 2019).

AAT is still considered to be a relatively new form of psychotherapy. There is limited information on the number of practitioners that use AAT within the UK. To date, few UK universities offer AAT training in mental health applications (Enders-Slegers et al., 2019). In addition, there is a lack of published protocols and clarity regarding AAT treatment within the UK. Furthermore, there is limited information regarding AAT and counselling psychology. As the field of AAT continues to grow through research and training, practitioners will become more aware of this form of psychotherapy. Therefore, it will become important to contribute to existing frameworks where best practice and guidance can be adhered in the UK for AAT.

1.2.4. Practitioner-Based Research

Randomised Controlled Trails (RCT) are most prominently featured in evidence-based studies because they are considered the 'gold' standard in investigating what approaches can produce a certain desired outcome (Westen et al.,

2004). RCT evidence have dominated health service policies, commissioning and insurance policies (Guy et al., 2012). In the UK, RCT are a key influence on the National Institute for Health and Clinical Excellence (NICE) clinical guidelines (Guy et al., 2012).

RCTs is a form of method in accumulating knowledge about processes and outcomes of therapy. Arguments have been made that RCTs may not be the best method to evaluate psychotherapy. Multiple authors (e.g. Elkins, 2009; Mollon, 2009) have suggested that RCTs are based on an incorrect assumption that psychotherapy acts on people like drugs act on medical symptoms. Furthermore, authors such as Henton and Midgley (2012) argue that RCTs are designed in a way in which the findings may not be generalised to real-world clinical practice.

Practice-based research (PBR) is a non-experimental research that looks at routine clinical settings and in particular psychotherapy research paradigms such as process research and effectiveness studies (Green & Latchford, 2012). Barkham, Hardy and Mellow-Clark (2010) argued that PBR provides a comprehensive picture of psychotherapy as it reflects real-life practices. Furthermore, McLeod (2001) suggested that PBR brings practice and research closer, making the implicit explicit, demystifies practice, and increases accountability.

By including evidence from PBR, it can capture aspects of therapy such as the quality of the therapeutic relationship which is often difficult to capture in outcome measure (Lambert & Barley, 2001). Drawing from multiple sources to inform the evidence-base would also provide a more solid evidence-base for policy and practices (Barkham et al., 2010).

This study attempts to expand on the AAT literature by understanding the practice and perspectives of practitioners in their use of AAT. This study hopes to reflect real-world practices and add to the evidence-base of AAT.

1.3. Literature Search Strategy

The literature search strategy intended to identify an understanding of the applied practice in AAT. Therefore, inclusive search terms and potentially relevant fields (e.g. ecopsychology) were used. Studies that were peer reviewed and included practice, theoretical, and evidence base were included in the literature review.

The literature search was conducted via University of East London using selected electronic database searches (CINAHL, APA PsycArticles, APA PsycInfo) in

EBSCO host to ensure that medical and psychological journals were searched. The search terms “Animal Assisted Therapy”, “Animal Assisted Psychotherapy”, “Pet Therapy”, “Animal Therapy”, “Animal Intervention”, “Animal Assisted Intervention”, and “Animal Assisted Activity” were selected to elicit a broad range of relevant literature. A broad range of terms was used to ensure a comprehensive result of animal assisted therapy. The terms “Therapist”, “Psychologist”, “Practitioner” and “Clinician” were used to capture any articles that studied the experiences of individuals delivering animal assisted therapy. The terms (Table 1) were searched in the title, abstract and keywords. Table 1 provides a summary of the database search results.

Table 1
Details of the Database Searches

Search No	Search Term	Limiters/Narrow by	Results from EBSCO
S1	Animal Assisted Therapy or Pet Therapy or Animal Therapy or Animal Intervention or Animal Assisted Intervention or Animal Assisted Activity or Animal Assisted Psychotherapy	-	5,533
S2	Therapist or Psychologist or Practitioner or Clinician	-	711,643
S3	S1 and S2	-	531
S4	S1 and S2	Peer Reviewed	298
S5	S1 and S2	English	279

The EBSCO host search retrieved 279 articles. There were 61 articles that were duplicated and 63 articles that were omitted as the subject was not related to animal assisted therapy. The article title was reviewed and abstracts were read to identify relevant studies before reviewing the article. Snowball searches were conducted manually through the reference list of articles to identify further relevant studies that fits the inclusion criteria.

The inclusion criteria for articles reviewed were (i) animal assisted therapy used as an active process in the client's psychotherapy, (ii) goal-directed intervention (iii) articles that were peer reviewed, and (iv) articles that were in English.

The exclusion criteria were (i) non animal assisted therapy studies, (ii) studies where the animal was not part of the therapeutic process or psychological intervention, and (iii) studies using secondary data.

1.4. Theoretical Frameworks for AAT

The aim of this section is to provide an overview of the different theoretical frameworks of AAT that are commonly mentioned in the literature. A number of theoretical frameworks are discussed and explored together with the theoretical underpinnings of AAT and its therapeutic effects.

1.4.1. Biophilia Hypothesis and Ecopsychology

The Biophilia Hypothesis emphasises the human desire to connect with other living organisms in the natural world (Frumkin, 2008). The creator of this theory, Edward O. Wilson (1984) states that there is an inherent need to understand and relate to animals and the natural environment (Wilson, 1984). Biophilia Hypothesis indicates that the human brain is structured to pay selective attention to other kinds of life and that through contact with other species (plants and animals), health and wellbeing may be influenced (Wilkes, 2009). Furthermore, due to evolution humans have had to pay particular attention to animals for their survival and are attuned to animal behaviour (Wilson, 1984). Thus, according to the biophilia hypothesis, it suggests that individuals often experience a calming affect when they see animals at rest or in a peaceful state as this may signal to us safety, security and feelings of wellbeing which in turn may trigger a state where personal change and healing is possible (Wilson, 1984).

Ecopsychology is a field which studies the relationship between humans and the natural environment through ecological and psychological principles (Conn, 1998). Developed by Roszak (1993), it states that developing an emotional connection

between individuals and nature can improve their interpersonal relationships and emotional wellbeing (Roszak, 2001). Ecopsychology states that a disconnection with nature and other species can cause psychological distress (Conn, 1998). Ecotherapy stems from ecopsychology and that people are part of a system and are not isolated or separated from the environment (Tudor, 2013). The use of animals such as AAT connects people who may be detached from the natural world around them (Haubenhofner et al., 2010). Ecopsychology reinforces the biophilia hypothesis and inclines towards biodiversity.

Based on biophilia hypothesis, psychological treatment occurs through the interaction with animals in nature and the stimulation of senses (Antonioli & Reveley, 2005). This affiliation with nature creates a biophilic balance which restores psychological wellbeing (Gelder, 2012). There is some evidence to support this notion. For example, Sundquist et al. (2004) examined whether the level of urbanisation is associated with increased rates of psychosis and depression in people in Sweden between the age of 25 and 64. They found that participants who were living in the most densely populated areas had a 68-77% more risk of developing psychosis and a 12-20% more risk of developing depression compared to the control group. The researchers suggested that the dense population and a lack of exposure to nature caused a loss of social contact and impacted on the quality of life (Sundquist et al., 2004). Similar results were found in Kamitsis and Francis (2013) where exposure to nature was positively associated with psychological wellbeing.

The exposure of animals to humans is documented within the literature with therapeutic effects such as alleviation of pain (Braun et al., 2009), enhance overall inpatient client care (Bardill & Hutchinson, 1997), improvement in mood (Rossbach & Wilson, 1992), and an increase in social interactions among humans (Lockwood, 1983). However, there are studies that suggest the therapeutic effect of animals may be from other variables. For example, it has been suggested that the therapeutic change in dolphin assisted therapy was due to the novelty effects of the size and touch of the animal, and the opportunity to interact with the animal rather than the dolphin itself having any therapeutic benefits (Marino & Lilienfeld, 2007). Alternatively, Archer (1997) argued that people's love and care for animals is triggered by baby schemas or other stimulus such as big eyes or their expressive eyebrows of certain dog breeds. Kaminiski et al. (2019) argued that humans shaped animals into things that they could relate to during the process of domestication such as expressive faces which may

have made the animals more tolerable to humans so that they would be more likely cared for. Similarly, people's interactions with animals have been found to be mostly due to their own personal experience and culture rather than a propensity of attraction to animals making it difficult to examine biological influences without much cross-cultural research (Beck & Katcher, 2003).

1.4.2. Psychodynamic Perspectives

Psychodynamic therapy is a form of psychological therapy that focuses on the unconscious processes of the client in order to alleviate their distress and relies heavily on the therapeutic relationship between the client and the practitioner (Shedler, 2010). The therapeutic relationship is an important element in psychodynamic therapy and provides an insight into how the client interacts in their interpersonal relationships (Waterhouse, 1984). Integrating a therapy animal in psychodynamic approach provides an opportunity for a client-animal relationship which can then be extended to others (Berget et al., 2013). For example, Chassman and Kinney (2011) argue that most dogs are particularly motivated to form a relationship with humans. A client who is anxious or insecure in their relationships may benefit from AAT so that they can experience the role of a nurturer (Melson & Fine, 2010).

In addition, there are claims that an animal can serve as a 'transitional object' (Winnicott, 1951). A client's distressing memories and emotions are often guarded by rigid defences and they may project their feelings onto the practitioner making it challenging to form a therapeutic relationship (Book, 1987). Parish-Plass (2013) propose that having a therapy animal may prevent clients from automatically projecting their internal working models onto others as the animals are perceived as non-judgmental and clients may feel secure and accepted. Levinson (1972) argued that an animal can fulfil a client's needs which were not met by their parents and start to develop relationships with humans. Furthermore, this may also offer an opportunity for the practitioner to explore the client's difficulties (Levinson, 1972). Alternatively, some clients may still project their feelings onto the therapy animal. For example, the therapy animal may need rest during the session and the client may perceive it as rejection. These client-animal interactions are immediate and offers an opportunity for the practitioner to address them in the 'here-and-now' (Siporin, 2012) together with transference and countertransference (Karol, 2007). Therefore, the client-animal interactions can be helpful for the practitioner such as in assessing the client's relational capacity and reflecting on the client's and the animal's responses to one

another (Parish-Plass, 2013). Moreover, a therapy animal's observations of the practitioner-client interaction may also provide the therapy animal with meaningful information such as how to engage the client based on their interactions with the practitioner (Chandler, 2017). As such, the therapeutic experience is based on engaging in a process of self-awareness through the interactions with the therapy animal and the practitioner in the moment (Siporin, 2012).

1.4.3. Cognitive Behavioural Approach

Cognitive Behavioural Therapy (CBT) is a collaborative intervention that is structured, time-limited, and goal-oriented, with the purpose of supporting the client in managing and changing their unhelpful thoughts and behaviours (Hofmann et al., 2012). AAT practiced in a goal-oriented approach blends well with CBT as they share commonalities such as structured activities for animal training (Chandler et al., 2010).

Missel (2001) argued that integrating CBT with AAT can assist the client in expressing feelings or identifying beliefs through the client-animal relationship. This may allow clients who struggle to interact with humans to practice dialogue with the therapy animal first and new and more functional behaviours and skills such as being more assertive with the therapy animal (Missel, 2001). Furthermore, the therapy animal can be involved in more specific or structured CBT interventions such as behavioural activation. Chandler et al. (2010) argue that it is more fun and less threatening when trying new behaviours with the therapy animal than with humans.

There are limited studies that look at the efficacy of CBT with AAT. Gonzalez-Ramirez, Ortiz-Jimenez, and Landero-Hernandez (2013) studied the effectiveness of CBT versus CBT+AAT in a stress management workshop with the active participation of therapy dogs. The study found that there was a significant reduction in stress symptoms for both groups but a larger reduction in the CBT+AAT group. However, there was a lack of explanation from the researchers as to why CBT+AAT was more effective in comparison to just CBT making it difficult to understand how AAT may have enhanced CBT interventions and contributed to the therapeutic process. In a similar study, Hunt and Chizkov (2014) in a 2x2 experimental design examined the impact of having a therapy dog present in CBT versus only CBT in both process and outcome in the content of trauma narratives. They found that participants who completed the experiment with the therapy dog present reported less distress symptoms compared to without the dog. The researchers argued that the presence of the therapy dog made recalling painful experiences less unpleasant for the

participants. However, there was limited information provided by Hunt and Chizkov (2014) on how AAT was used with CBT interventions making it difficult to understand how the therapy animal may have contributed to the therapeutic process.

1.4.4. Social Cognitive Approach

Social Cognitive Theory describes a reciprocal relationship between cognitions, behaviour and environment (Bandura, 1989). The goal is to bring about positive changes in a client's self-perception such as self-esteem, self-efficacy, and internalised locus of control (Bandura, 1989). Kim and Baylor (2006) stated that the client can gain new knowledge through observation, imitation, direct instruction and/or association. Many interventions that include animals often involve social skills training where the therapy animal can play a role in promoting cognitive and behavioural changes in clients (Chandler, 2017). Kruger, Trachtenberg and Serpell (2004) argue that it is through the use of observation, modelling and association involving animals and learning appropriate social interactions. Furthermore, Brooks (2001) added that clients gain insight into their difficulties and learn the cause and effect of their behaviour. Bardill and Hutchinson (1997) added that animal's immediate and honest feedback allows the client to learn and reflect on their behaviour.

Additionally, the therapy animal can help support clients with emotional and behavioural regulation. Fine (2006) argues that excessive behaviours will provoke an immediate response in the therapy animal which serves as a guide for the client's behaviour. He adds that the clients then regulate their behaviour in order to provide a calm environment for the therapy animal (Fine, 2006). As such, this may provide a discussion point between the practitioner and the client.

1.4.5. Summary of Theoretical Frameworks

The literature reviewed has outlined a number of theoretical frameworks in understanding the underlying psychological processes in AAT. There is no widely accepted theoretical framework or a comprehensive framework in understanding AAT psychologically (Chandler, 2017). Working from a theoretical base is important for counselling psychologists and any psychotherapeutic practitioners as it provides a rationale for their interventions and also helps with identifying and understanding the therapeutic process involved in client changes (Halbur & Halbur, 2015). In the absence of a comprehensive framework, practitioners may find it difficult to apply AAT to their practice as a coherent underlying theory is not available to guide them. However, there are existing practitioners who practice within these frameworks and who may be able

to integrate AAT into their own practice (discussed further). Looking at how practitioners use AAT will increase our understanding of the real-world practice, the psychological processes involved, and knowledge of using AAT with different theoretical frameworks (Green & Latchford, 2012). Additionally, this may provide practitioners with a better rationale for using AAT in psychotherapy. Furthermore, it may also promote efficacy and inform practitioners on the guidance of AAT and help practitioners conceptualise AAT for own theoretical frameworks.

1.5. Common Therapeutic Practices of AAT

1.5.1. Choosing the animal

A variety of animals are used in AAT as different animals may bring different qualities to the therapy. For example, horses are large, responsive, powerful animals that can be ridden, led, and groomed (Lawrence, 2000). A horse's behaviour will depend on how it is handled and will give a fairly immediate and potentially dangerous feedback if not handled well (Johansen et al., 2014). On the other hand, small animals such as guinea pigs may be vulnerable, afraid, or need considerate coaxing before interacting with clients (O'Haire et al., 2013). Some therapy animals may be rescue animals which may have stories of their own. These stories may resonate with the client which can provide therapeutic opportunities for the client to engage with their own stories at a distance (Fredrickson-MacNamara & Butler, 2010). Hooker et al. (2002) state that the aim is to match the client's needs with the animal that is best suited to meet that need. In the literature, many animal species are used as therapy animals such as felines (Burch, 2003), farm animals (Mallon, 1994), dolphins (Nathanson et al., 1997), and elephants (Satiensukpong et al., 2008). Dogs and horses are the most frequently featured in the literature and therefore the literature review has focused on studies involving these animals.

1.5.2. Therapy with Canines

Dogs were the first species to be domesticated and were selected for AAT because of a number of traits such as an increased visual attention to humans (Lord, 2013), and a sensitivity to human emotional expressions (Albuquerque et al., 2016). Fine (2006) argued that dogs are especially adept at reading nonverbal cues of humans and this mutual understanding often leads to a deeper bond than with other animals. Huber et al. (2017) added that practitioners can use this attunement to

support their work in identifying the client's emotional state which may have otherwise been missed and be used to support the therapeutic work with their clients.

There is no breed of dog that is specifically used in AAT. Most dogs are extroverted, friendly, sociable and outwardly demonstrate their feelings with their tail and people can feel comfortable when they are able to understand the animal's behaviour (Crowley-Robinson & Blackshaw, 1998). In addition, Chandler (2017) argued that their ease of training can be useful in psychotherapy work such as teaching the client assertiveness. Moreover, Jenkin, Laux, Ritchie and Tucker-Gail (2014) found that dogs were rated highly on the three Rogerian Traits, unconditional positive regards, empathy, and congruence in a group of middle-school students.

The desirable attributes in a therapy dog vary within the literature and the selection protocols by AAI organisations have not been tested or validated scientifically (Mongillo et al., 2015). Furthermore, Beck and Katcher (2003) stated that some breeds of dogs are more suitable for AAT due to their trainability and sociability. Whilst, Urichuk and Anderson (2003) argued that the dog's temperament, sociability, trainability, predictability, and ability to handle stressful situations are more important than the dog's species in AAT. Due to the absence of a framework, Brady et al. (2018) suggested that the therapy dog should be individually tested for suitability for psychotherapeutic work.

1.5.3. Therapy with Horses / Equine-Assisted Psychotherapy (EAP)

Equine-Assisted Psychotherapy (EAP) is a treatment that utilises a horse in an experiential manner to help clients learn about themselves and others whilst processing or discussing the client's feelings and behaviours and how they impact the world around them (Hallberg, 2008). Within the literature, other terms such as such as Equine-Facilitated Psychotherapy (EFP), Equine-Assisted Therapy (EAT) are also used interchangeably. For the purpose of this study, the term 'EAP' will be adopted throughout the study.

Certain bodies offer different frameworks in EAP (e.g. EAGALA, LEAP). These bodies offer an embodied model that allows the practitioner to adapt and develop the model according to their own approach and their client's needs (Thomas, 2011). These frameworks do not outline a set procedure but aim to develop the practitioner's facilitation skills and explore what they might bring to EAP (Liefoghe, 2019).

A horse is a herd animal. Observing the dynamics and the interactions among a herd of horses enables mirroring which is facilitated by the practitioner and serves

to promote awareness and acts as a catalyst in the therapy process (McCormick & McCormick, 1997). The herd dynamics of the horses can help contribute to the client's experiential discovery of negative emotions and how these are linked to their interpersonal relationships (Chardonens, 2009). During the process of domestication, horses may have come to perceive that humans are part of their herd.

Horses have a certain vulnerability that stems from being a prey animal and have developed acute senses, visual attention to postural changes, and are highly responsive to tone of voice to protect themselves from harm (Griffin, 2009). Johansen et al. (2014) argued that horses are fine tuned to body language and responsive to stimuli including behaviours that may go unnoticed by humans. Clients may identify with the horse's instinct to seek safety and security which can be used as a metaphor to help them increase their confidence, self-efficacy, and trust (Saggers & Strachan, 2016). Furthermore, the size and the power of the horse can also promote self-confidence when clients learn to interact with the horses appropriately (Lawrence, 2000). As such, the horse's responsiveness means that they are able to provide feedback that may facilitate the therapeutic process in EAP.

1.5.4. Therapeutic Environment

The environment in which AAT takes place is commonly discussed within the literature. AAT is a flexible approach where various settings may have different meanings, implications, opportunities for the client's therapy. Sklar (1988) states that the therapeutic environment forms an important part in the client's therapeutic process in AAT. For example, EAP is practiced in a unique therapeutic environment that includes the stable, the surroundings, and the available natural environment (Fry, 2013). The client and the practitioner can choose to have the session in a certain location that may have a symbolic meaning and implication for the therapeutic process (Fine, 2006).

1.5.5. Role of Therapy Animal

Practitioners perceive the therapy animal to be therapeutically beneficial for the client's therapy assuming that they do not have a fear of animals. Fine and Mio (2010) suggested that the presence of a therapy animal can act as a social lubricant, contributes to the perception of a safe environment and add a sensory dimension that enriches the therapeutic experience. Furthermore, Fine (2006) argued that the presence of a therapy animal in a client's therapy it may allow the practitioner to appear less threatening to the client and consequently, the client may be more willing

to communicate their difficulties. Numerous studies have supported that in the presence of a therapy animal, participants feel more relaxed and experience a reduction in initial tension (e.g. Krause-Parello & Gulick, 2015; Odendaal & Meintjes, 2003). In addition, Chandler (2017) noted that having a therapy animal provides an immediate common interest and a subject of discussion for people. This may be particularly beneficial in the initial stages of therapy as it can help the client overcome their anxieties surrounding treatment (Levinson, 1972).

Leach (2005) argued that the therapeutic rapport may be one of the most important predictors of success in psychotherapy. Chandler (2017) added that when a therapy animal is integrated into the treatment, it may help not only to create but also maintain the therapeutic relationship. Animals have been known to provide an important emotional bridge to therapeutic relationship as it is easier to engage with an animal and then transfer it to the practitioner (Fine, 2006). Field et al. (2009) argue that animals are perceived to be more accepting of human shortcomings compared to other humans, and in turn they stimulate feelings of genuineness and empathy in people. Therefore, the presence of the therapy animal may encourage the client to attend their therapy when they may otherwise feel unsure or embarrassed.

Animals can be a source of encouragement and motivation for the clients to be more therapeutically involved (Fine, 2006). Fine, Lindsey, and Bowers (2011) argue that the therapy animal can break the professional barrier where it may not be appropriate for the practitioner to offer comfort through touch. Holding the therapy animal or petting the animal may offer comfort for the client especially when exploring difficult emotions (Walsh, 2009). In addition, Velde, Cirriani, and Fisher (2005) argue that certain AAT activities such as handling, and grooming are therapeutically beneficial for the client and may result in the development of a client-animal relationship. Bachi (2000) suggests that caring for an animal reflects back as caring for oneself. Interactions with the therapy animal can promote a dialogue between the client and the practitioner as the animal can serve as a protective figure/barrier and enable the client to talk freely (Rothe et al., 2005). For example, grooming the horse can act as a distraction where the client may momentarily forget about their difficulties. Clients can gain pleasure from the activity satisfaction upon completing the activity. This may increase their confidence and self-esteem which may allow them the strength to talk about their difficulties in a more comfortable manner (Rothe et al., 2005).

Animal images, stories and metaphors are often used in AAT to develop client's insight and growth. Mills and Crowley (2014) suggested that the use of therapeutic metaphors could connect the client's inner and outer world serving as a tool for therapeutic change. Romig and Gruenke (1991) added that therapeutic metaphors can be used as an indirect approach to get around the client's defences and can be considered less threatening because the issue is presented as something else. Chandler (2017) stated that through metaphors or imagery, it shifts the focus to the animal so that the client processes the animal's experience through their perspective which is formed around their life experiences. He also believed that imagining what the animal experiences provides a deeper understanding of the client's repressed feelings and experiences (Chandler, 2017).

The therapy animal can serve as a communication medium. Chitic, Rusu, and Szamoskozi (2012) suggested that a client may find it easier to talk about their difficulties through the animal's behaviour rather than directly with the practitioner. For example, a therapy dog may express excitement at seeing the client with an open mouth, barking, seeking eye contact, and wagging its tail. The client may interpret the behaviour and bring up past experiences of how the client's mother looked at them with a smile and called for her and then the client will may respond by hugging the dog (Mims & Waddell, 2016). Hoelscher and Garfat (1993) suggested that the therapy animal can sometimes be a catalyst and an extension of the practitioner that stimulates discussions between the practitioner and the client.

1.5.6. Role of Practitioner

Eggiman (2006) claims that the practitioner's role in AAT is to make therapeutic decisions, facilitate interactions and activities between the client and the therapy animal to ensure that the therapeutic goals are met. Chandler (2017) adds that the practitioner should feel competent in their profession before integrating animals into their practice and that they should undertake accredited programs of AAT.

The role of the practitioner may vary according to the therapeutic modality that they practice. Chandler (2017) suggest that practitioners need to understand when to facilitate animal interventions, recognise therapeutic opportunities and how to facilitate process. One of the main focuses is to facilitate interaction between the client and the therapy animal. The practitioner may teach the client how to interact with the therapy animal and provide an opportunity for the practitioner to assess the client's relational capacity (Perry et al., 2012). Practitioners may guide or direct the client and the

therapy animal in interactions to achieve certain goals, while at the same time keeping in mind the need to allow the client and the animal to interact naturally (Perry et al., 2012). Furthermore, commentary and interpretations may be provided of the animal interactions and behaviour which can facilitate opportunities to discuss and reflect upon the behaviour (Lefebvre et al., 2006). For example, the practitioner may speculate what the therapy animal is thinking or feeling that may provide insight or awareness to the client or the practitioner may also ask the client to speculate about the animal's thoughts or feelings. In addition, the practitioner may move the focus between the client's inner world and the therapy animal.

The practicalities of incorporating a therapy animal is factor highlighted in the literature. Practitioners must think about the training and liability, and the safety and welfare of both the client and the therapy animal (Marcus, 2013). Hines and Fredrickson (1998) strongly advocate that practitioners have their therapy animals in AAT trained and certified so that they are appropriate for therapeutic work. In addition, Winkle and Jackson (2012) state that it is important that practitioners are able to recognise their therapy animal's body language and to train them to interact appropriately with people. The practitioner can act as a model for how to interact with the therapy animal whilst simultaneously monitoring the client-animal interactions (Masini, 2010). Within the session, the practitioner may pause and divert the client's attention to the current moment and encourage them to reflect on their interactions to increase self-understanding (Masini, 2010). As such, clients may be able to make links to relationships and experiences outside of therapy.

1.6. Empirical Evidence for AAT

AAT has been utilised with a variety of mental health difficulties and client groups. There is emerging evidence that suggests AAT improves the efficacy of mental health treatments via a reduction in primary symptomatology, and improvement in therapeutic processes and quality. The majority of the literature primarily focused on Post-Traumatic Stress Disorder, developmental disorders, psychological wellbeing such as stress on the outcomes of using AAT.

1.6.1. Post-Traumatic Stress Disorder (PTSD)

In the literature, AAT has been utilised in the reduction of trauma symptoms. For example, Dietz, Davis, and Pennings (2012) studied and compared the effectiveness of three group interventions on trauma symptoms for 153 children

between the ages of 7 to 17 who have been sexually abused and referred to a child advocacy center. All of the groups followed the center's treatment protocol for child sexual abuse, one group had no dogs, one group incorporated AAT, and the other group incorporated AAT and therapeutic stories. Pre and post treatment measures of PTSD symptoms were recorded. Analysis showed that there was an overall decrease in trauma symptoms across all three groups. Further analysis revealed that there was a significant decrease in trauma symptoms in both AAT groups relative to the group without AAT. In particular, AAT with therapeutic stories showed a greater decrease in trauma symptoms compared to AAT without stories. The researchers suggested that the therapeutic stories added structure and depth to AAT which in turn helped the child express and disclose abuse (Dietz et al., 2012). However, there was limited information on the interactions between the participants and the animals in this study making it difficult to understand how the animals may have contributed to reduction in trauma symptoms. Furthermore, the duration of the therapy dog in the therapy session varied which may have impacted on treatment outcome. In addition, the participants were not randomly assigned to treatment groups making it difficult to conclude whether the effects were as a result of AAT or other factors. Similar results were also found in other studies supporting the reduction of PTSD symptoms through AAT programs (Hamama et al., 2011; Murrow, 2013; Signal et al., 2017). In addition, Signal et al. (2017) also found that AAT significantly reduces the avoidance symptom as it is a barrier to successful treatment.

McCullough, Risley-Curtiss, and Rorke (2015) studied an eight-week EAP programme as a treatment for PTSD symptoms in 11 youths. The study was conducted at an EAP programme in the USA using object relations theory as the psychological framework for EAP. Participants were between the ages of 10 and 18, had no previous experience of psychotherapy or had failed to make therapeutic gains in traditional settings, and had evidence of PTSD symptoms. Pre and post measure of PTSD symptoms were measured. Analysis revealed that all participants showed a significant decrease in PTSD symptoms. The researchers suggested that the decrease in PTSD symptoms was due to participants being able to reflect on their experiences during psychological interventions used in EAP. However, there was limited information on the EAP programme used in the study. The researchers used object relations as the psychological framework for EAP and explained how the horse adds to the holding experience and the utilisation of metaphors in psychotherapeutic

sessions. The researchers suggested that the holding environment and metaphors may allow participants to discuss and process their trauma experience which may have subsequently reduced their PTSD symptoms (McCullough et al., 2015). Similar findings were also found in several studies that reported a reduction in PTSD symptoms in youths after attending an EAP programme (Krause-Parello & Gulick, 2015; Naste et al., 2018). In addition, Krause-Parello and Gulick (2015) suggested that the presence of a canine acted as a buffer or safeguard the children when disclosing details of trauma. They explained that the canine provided a calming effect in stressful situations (Krause-Parello & Gulick, 2015). Furthermore, Naste et al. (2018) added that there was an improvement in interpersonal skills, communication strategies and overall social functioning. They suggested that through interactions with the animals, it increased the capacity to recognise and respect boundaries within the context of trust and relationship building (Naste et al., 2018). They explained that the client's exploration of their relationship with the horse allows them to become more attuned to the needs and aware of the horse's immediate response relative to themselves (Naste et al., 2018). Naste et al. (2018) state that that the development of client-animal relationship can promote self-reflection and self-expression.

1.6.2. Neurodevelopmental Disabilities

AAT have shown to have positive effects on people with neurodevelopmental disabilities. In one study, Becker, Rogers, and Burrows (2017) examined the effectiveness of an animal-assisted social skills intervention in a 12-week programme for 31 youths with autism. Participants were aged between 8 and 14 years old, and had a parent-reported history of autism, Asperger's syndrome or pervasive developmental disorder not otherwise specified. The social skills training (SST) was adapted from a manual-based programme with autism from Coucouvanis (2005) to improve social functioning of individuals. In the experimental condition, participants' interactions with the dogs such as grooming and performing basic commands, varied based on the stage of the programme. Pre and post measures of autism symptom scales were used to record the treatment effect. Following treatment, analysis revealed that the inclusion of therapy dogs in social skills training was more effective compared to the control group. There were fewer social skill deficits, fewer restricted and repetitive behaviours, and more social communication following the intervention. Researchers suggested that the involvement of the therapy dog increased engagement in learning and practicing social skills in participants by making social

interactions more enjoyable and pleasant, thus reinforcing social engagement (Becker et al., 2017). Similar findings were also found in studies using dogs such as Martin and Farnum's (2002) and Silva et al. (2010). However, Martin and Farnum (2002) also revealed in their study that children exhibited certain behaviours which are considered to be negative such as responding less to questions with detailed explanations or less likely to initiate conversations about themselves or the practitioner compared to other conditions in which the dog was not present. An explanation provided by the researchers was that the children tend to focus their attention solely on the dog leaving little room for other interactions to take place (Martin & Farnum, 2002).

Borgi et al. (2016) studied the effectiveness of a 6-month EAP programme in improving adaptive behaviour and executive functioning in 28 autistic children. Participants were all males aged from 6 to 12 years old, had a diagnosis of autism, and had not engaged with any previous EAP. The EAP programme used a standardised protocol involving activities such as grooming and was based on Cerino and Frascarelli (2011) which was effective for a different clinical population and adapted to the study of Borgi et al. (2016). Pre and post treatment measures of adaptive functioning and executive functioning were recorded. Analysis revealed that there was an improvement in social functioning such as increased interactions with people in participants in the EAP group compared to the control group. The researchers argued that interactions with the horse can facilitate social interactions between humans and promote social development and communication in children, thus improve social functioning (Borgi et al., 2016). In addition, there was an improvement in executive functioning in participants in the EAP group compared to the control group. The researchers speculated that being involved in structured activities with the horse may have positively influenced executive function in children. However, this was not elaborated by the researchers in which there is little understanding on what activities may cause this therapeutic change. Similar results were found in other studies (Gabriels et al., 2012; Kern et al., 2011). In addition, Gabriels et al. (2012) suggested that the horse's warmth may contribute to the autistic child in feeling calm. Furthermore, they noted that the increase in expressive communication was due to the human-horse interaction as the horse's response is immediate which provides an engaging and motivating experience (Gabriels et al., 2012).

1.6.3. Psychological Symptoms

Several studies have shown a positive effect of AAT on affective symptoms such as stress (Binfet et al., 2018; Darrah, 1996), depression and anxiety (Chardonnens, 2009). For example, Ambrosi et al. (2018) studied the effects of dog-assisted therapy on depression and anxiety for 30-min session each week over 10 weeks. 29 participants aged 65 and over were randomised into the treatment group and control group. Pre and post treatment measures of anxiety and depression were recorded. Analysis revealed that there was a significant decrease in depression scores. The researchers explained that a shift in attention from their distress and through interactions with the therapy animal, elicited a sense of serenity and tranquillity, positively affecting their mood and enhancing social interactions (Ambrosi et al., 2018). They suggested that this also increased engagement and overall satisfaction.

Similar effects were also shown in EAP studies on depression (Frederick, Ivey-Hatz, & Lanning, 2015), anxiety (Alfonso, Alfonso, Llabre, & Fernandez, 2015), and psychological wellbeing (Boshoff, Grobler, & Nienaber, 2015). For example, Bivens, Leinart, Klontz, and Klontz (2007) studied the effectiveness of EAP on psychological wellbeing in 31 participants aged between 23 and 70 in a 28-hour EAP group programme over an 8-month period. The study followed Longville (2000) EAP training manual. Specific details of the EAP programme and the integration of experiential therapy techniques were not elaborated in their study. Measures of generic psychological distress was used at pre and post treatment. Analysis showed a significant reduction in overall psychological distress and an improvement in psychological wellbeing from pre-test to post-test and follow-up. The researchers believed that specific equine activities utilised the horse as catalysts and metaphors allowing the clients to work through their psychological distress and thus improve their wellbeing (Bivens et al., 2007).

1.6.4. Substance Misuse

Studies have shown that AAT has a positive effect on individuals who misuse substances. Contalbrigo et al. (2017) studied the efficacy of AAT among 22 voluntary inmates who were diagnosed with a substance-related disorder in an Italy prison for six months. The study compared the standard treatment (control) with standard treatment plus AAT (treatment). Pre and post measures of psychological symptoms were recorded. Analysis revealed that there was a significant reduction in violence and cravings in participants in the treatment group compared to the control group. In addition, there was also a positive decrease in anxiety and depression in participants

who were in the treatment group compared to the control group. The researchers suggested that the human-animal relationship improves both the perceived social support and the learning of active coping strategies against psychological distress (Contalbrigo et al., 2017). However, there were some limitations highlighted. Firstly, different practitioners of different professions implemented the treatment which may have had a confounding effect on how the findings. Secondly, the participants were not randomly assigned in which there may be confounding variable such as individual preference that can affect the internal validity of the study. Furthermore, the sample in the study was small and on a voluntary basis. This calls into question how generalisable the findings are and whether the sample had motives for participating in the study.

In a different study, Kern-Godal et al. (2015) studied the effect of EAP on the duration and completion of treatment for young substance users in Canada. 108 participants were recruited on a voluntary basis, had a primary diagnosis of mental and behavioural disorders due to substance misuse, and were assigned either in the standard treatment group (control) or the standard treatment plus EAP (treatment group). Pre and post measures of psychological distress was measured. Analysis showed that participants who were in the treatment group completed treatment and remained in treatment longer significantly compared to participants in the control group. In addition, analysis showed that participants in the treatment group had a significantly higher chance of completing their treatment than participants in the control group. The researchers suggested that the attachment to the horses may have encouraged and made it easier for participants to complete and remain in treatment (Kern-Godal et al., 2015). Furthermore, the researchers believed that the therapeutic alliance, the environment, physical activity and staff influence, individual attention and comorbidity contributed to participants staying in treatment longer (Kern-Godal et al., 2015). However, there were some limitations in this study. Firstly, the participants were not randomly assigned in which confounding variables such as participant's bias were not controlled. In addition, participation in the study was on a voluntary basis and there was no information collected on participant's motivation in the study. Secondly, each participant had an individual treatment plan suggesting a variability in the delivery of treatment. Thirdly, there was limited information on the EAP provided making it difficult to replicate the study.

1.6.5. Schizophrenia

Studies have shown that AAT have a positive impact on individuals with schizophrenia. Calvo et al. (2016) studied the effect of an AAT program as an adjunct to a conventional six-month rehabilitation program for people with schizophrenia. 22 participants with a diagnosis of schizophrenia were randomly assigned to the control and treatment group. Pre and post measures of schizophrenia symptomatology and quality of life were recorded. Analysis showed that both groups showed significant improvements in positive and overall symptomatology but only the treatment group showed a significant improvement in negative symptomatology. The researchers suggested that regular contact between the participants and animals may have contributed to the improvement in symptomatology (Calvo et al., 2016). In addition, analysis showed that participants perceived themselves to have a better quality of life compared to participants in the control group. Researchers suggested that the interaction between the participants and animals was perceived to be engaging and relaxing (Calvo et al., 2016). However, some limitations have been identified in the study. Firstly, there was limited information on the AAT provided making it difficult to replicate the study and how the interventions may have affected the participants. Secondly, the small sample size makes it difficult to generalise the findings. Thirdly, there was limited information as to who provided the treatment. As such, it is hard to ascertain whether the treatment was provided consistently with the same practitioners.

In a different study, Nurenberg et al. (2015) studied the effect of AAT compared with standard treatment for psychiatric patients on violent behaviour in a psychiatric hospital. 90 participants were randomly selected, had a diagnosis of schizophrenia or schizoaffective disorder, and had three or more violent incidents in the preceding 12 months. Participants were randomly assigned to active control, standard control, AAT or EAP group. Pre and post measures of aggressive behaviour was recorded. Analysis showed that EAP reduced violence in participants in comparison with other groups. Researchers suggested that EAP offers a unique benefit in reducing violence for individuals with schizophrenia but also acknowledged that the relatively low incidents in preintervention violence may have affected the analysis (Nurenberg et al., 2015). In addition, the researchers suggested that interacting with a physically imposing animal and the interaction with horses may model nonviolent behaviours resulting in a greater tolerance of interpersonal stimuli (Nurenberg et al., 2015). However, there were some limitations in the study. Firstly, there were limited information on the treatment provided making it difficult to ascertain what intervention may have caused the changes in

participants. Secondly, different practitioners provided different treatment groups in which practitioner variables may have affected the participant's treatment.

1.6.6. Dementia

Another area that studies have shown the positive effects of AAT is dementia. Motomura, Yagi, and Ohyama (2004) studied the effects of AAT on clients with dementia. Eight female participants with a diagnosis of dementia from a local nursing home were recruited. Pre and post measures of depression and behavioural state were recorded. Analysis showed that there was no significant difference in the measures but an improvement in apathy state and behavioural scores in participants in the treatment group compared to the control group. The researchers suggested that the animal increased social behaviours, activity, and a sense of mastery among participants (Motomura et al., 2004). However, there were some limitations in the study. Firstly, there was limited information on the AAT provided making it difficult to replicate and understand the possible therapeutic effects. Secondly, there was limited information on the practitioners that provided AAT making it hard to ascertain whether the treatment was provided consistently across participants. Thirdly, the sample had only female participants which calls into query whether the findings are generalisable to male individuals with dementia.

In a different study, Dabelko-Schoeny et al. (2014) studied the feasibility and effectiveness of using guided interactions with EAP to improve the behavioural states of people with a diagnosis of dementia. 16 participants from an adult health center were randomly assigned to the standard treatment group (control) and standard treatment with EAP (treatment). Pre and post measures of participant's behavioural states was recorded. Analysis showed that there was a reduction in behavioural problems in participants in the treatment group compared to the control group. Researchers suggested that the horses may trigger a particular interest in participants, stimulate sensory functions, and demanding in interaction which may then impact on their behaviours (Dabelko-Schoeny et al., 2014). However, there were several limitations in the study. Firstly, the participants were not randomly selected which may have resulted in a degree of selection bias and affect the reliability and validity of the study. Secondly, participants may have received different experiences in the treatment group depending on the staff that they worked with and thus, there could be variations between group and individuals.

1.6.7. Summary

Overall, the literature has shown the positive effects of AAT and EAP on the psychological outcomes and process. However, a number of limitations and gaps have been identified.

There are issues with the methodologies. Some of the studies reviewed had no control group (Ambrosi et al., 2018; Dietz et al., 2012; Earles et al., 2015; Hamama, 2011; Klontz et al., 2007; McCullough et al., 2015; Murrow, 2013), participants not randomly assigned (Dietz et al., 2012; Frederick et al., 2015; Gabriels et al., 2012; Hamama et al., 2011; Kern et al., 2011; Whitworth, 2019;) and a small sample (Alfonso et al., 2015; Borgi et al., 2016; Frederick et al., 2015; Hamama et al., 2011; Kern et al., 2011; Krause-Parello & Gulick, 2015; McCullough et al., 2015; Naste et al., 2018). This makes it difficult to conclude that the improvement in outcomes was mainly due to AAT or whether the findings can be generalised.

Many studies have limited information on the training and professions of practitioners providing AAT (Alfonso et al., 2015; Frederick et al., 2015; Kern et al., 2011; McCullough et al., 2015; Signal et al., 2017), and where details are given, it appears that there is a significant variation both between and within studies (Borgi et al., 2016; Dietz et al., 2012; Hamama et al., 2011). AAT implemented by different professions may vary according to their practice and training making it difficult to draw inferences from the empirical literature about the therapeutic approaches and underlying processes linked to outcomes.

Limited information was provided in these studies as to what psychological framework AAT was as an adjunct. Furthermore, there is also limited information on the AAT provided as most of them were unavailable to the public domain. This makes it difficult to understand how AAT was used in the studies and the facilitation of therapeutic processes. Making theoretical links between the content of the psychological interventions chosen will provide an understanding to the underlying processes and give greater credibility to AAT. This may change people's perception and increase awareness of the use of AAT in psychotherapy. The lack of clarity around AAT procedures makes it difficult to replicate the studies and to extrapolate on how the outcomes were achieved and the underlying therapeutic procedures and processes.

1.7. Practitioner's Experiences and Perspectives of AAT

In the literature reviewed above, there is evidence to support that AAT can facilitate clinical improvements in clients. However, there is limited consistency and systematic account of the clinical practices implemented within AAT literature making it difficult to replicate the study and examine the efficacy. Although there are frameworks (e.g. EAGALA) that guide the implementation of AAT, there is limited information on how to use AAT with psychological frameworks. Limited studies have explained the rationale of the practices used within AAT sessions and the mechanisms of change that facilitate a positive therapeutic outcome. Furthermore, in many studies, the researchers have not outlined the psychological framework in which AAT is used making it difficult to understand how the therapy animal forms part of the therapeutic process. Also, studies used AAT or EAP protocols that are not readily accessible to the public domain. To understand how practitioners use AAT in their practice, another evidence source is to consider the perspective of the practitioners delivering the AAT. There are limited studies that reveal practitioners' utilisation of AAT.

Black, Chur-Hansen, and Winefield (2011) in an exploratory study investigated nine Australian psychologists' knowledge and attitudes of their use of AAT. The data were analysed using thematic analysis. The findings revealed that practitioners viewed the therapy animal as integral to the therapeutic relationship. The participants believed that it helped established rapport and build trust more quickly than when the dog were not present. They also believed that AAT provided an opening for clients to discuss more difficult emotions or topics. In addition, the findings showed that participants' knowledge of AAT came from sources such as personal experiences and observations rather than from training programs. The researchers suggested a lack of available training available and diverse practices amongst practitioners in AAT (Black et al., 2011). Lastly, the researchers found that there were barriers to implementing AAT such as indemnity insurance and risks to clients (Black et al., 2011).

Firmin et al. (2016) investigated how 14 practitioners in the US who work with children use AAT to frame their practices, understand their roles among other human-service providers, and perceive success when providing AAT services. Their study found that practitioners viewed the animals as potential tools where clients learn and develop positive behaviour patterns. Their participants identified using the therapy animal to build trust which can be used as a steppingstone to trust the practitioner. They also identified that working with therapy animals helps clients become aware of their own emotions and relate to the animal better. In addition, their findings showed

that practitioners teaches responsibility to clients such as giving them the task of organising treatment sessions. Interestingly, the participants felt that the clients were unaware of the changes that were occurring. The researchers suggested that the presence of the animals provided an 'under-the-radar' approach to facilitating change. Their study also found that practitioners viewed the client-animal interaction enhanced the learning process for the client. The researchers suggested that there was a common interest in the animal by the practitioner and the client (Firmin et al., 2016). As such, it would be interesting to know how the animals facilitated this effect as details about specific types of interactions or therapeutic techniques were not described in detail and may affect the efficacy of the intervention. However, Firmin et al. (2016) did not provide an account of their analytical framework for interpreting the data.

Wilson, Buultjens, Monfries, and Karimi (2017) in their qualitative study examined eight EAGALA EAP practitioners' views in treating adolescents with anxiety and/or depression in Australia. They explored practitioner's perception of EAP with adolescents, how EAP was used and define practices that may improve future clinical training and practice. The data was analysed using thematic analysis. The researchers found that the participants identified improvements in self-esteem and confidence through client's interactions with the horses and emphasised the active participation of the client. In addition, they reported the participants observed that clients were more assertive and resourceful, had increased self-control, increased emotional regulation, and a decrease in undesirable behaviours following EAP sessions. Participants also identified the non-judgemental nature of the horses that made the therapeutic experience less confronting for the clients. Their research suggested a general agreement among participants perceiving EAP to have a positive impact on treating adolescents with anxiety and/or depression. However, there was limited information on the psychological frameworks used in EAP. The study did not elaborate as to what psychological interventions could be used alongside EAP and what was observed that facilitated this therapeutic process. Additionally, the researchers found that there were barriers to using EAP. Participants identified a lack of clinical knowledge disseminated in the EAP community in order to utilise EAP's efficacy for treatment. These researchers suggest that more research is required for EAP to be considered as a viable evidence-based practice (Wilson et al., 2017).

McNamara (2017) investigated the consistency of clinical practices within the EAGALA model in EAP among 10 Australian practitioners who worked with

children/adolescents in a qualitative study. Using thematic analysis, the findings showed that there was a variation in how practitioners implemented the EAGALA model. These include differences in respective roles of mental health professionals and understanding the role and importance of practical activities. The researchers suggested that there may be a disconnect between the theoretical guidelines underpinning the model and the clinical practices implemented in real-world settings, which could be that the practice guidelines are lacking in precision or clarity from the practitioners' viewpoint. Perhaps, it may also mean that the flexible and fluid approaches are appropriate for this model. However, although the flexibility of the approach is valued within the model, a more consistent approach such as the of delivering EAP has the potential to support the efficacy and credibility. The findings also showed that the participants cited an absence of theoretical framework to guide EAP practice and it was noted that only selected elements of established psychological models and theories were integrated which resulted in a less cohesive theoretical framework. McNamara (2017) argued that practitioners should have a clear rationale for integrating different approaches in their EAP practice. This would reduce reliance on practitioner intuition and personal belief system to guide therapy and improve the overall efficacy. A theoretical framework underpinning EAP would guide consistent clinical decisions and practices, and facilitate the compilation of an evidence-base to explain the rationale behind EAP.

Overall, the literature shows that the practitioners hold a positive view of the effects of AAT. However, a number of limitations have been highlighted. In some studies (Black et al., 2011; Wilson et al., 2017), the sample included practitioners who were unqualified and therefore could be argued that unqualified practitioners may not have a good understanding of AAT to deliver it effectively. Some samples in the studies (McNamara, 2017) had practitioners from different professions and in some cases (Black et al., 2011) not all the practitioners were practising AAT. As such, the findings may have variations in AAT practice.

1.8. Rationale for current study

There is an overall perspective that practitioners view AAT as having a positive effect on the client's therapy and empirical evidence to support its therapeutic effects. The majority of the literature reviewed was from outside the UK and it will be of value to have AAT research conducted in the UK as it may inform guidelines on how to use

AAT in psychotherapy. Investigating and understanding current UK practitioners' practices may identify areas that need particular attention such as the impact of the therapy animal on the therapeutic relationship. As such, the findings in this study may support the expansion of current guidelines and the development of meticulous regulations.

The literature reviewed demonstrated that AAT can be used flexibly such as with different client presentations. However, there is limited information on how AAT was incorporated and the impact on the therapeutic process. As such, there may be a lack of standardised practice within the AAT field. Standardisation can enhance dialogue and communication between practitioners and researchers and provide a standardisation for psychotherapy treatment (Kiesler, 1994). Further study into AAT may provide an understanding of the AAT practices used by practitioners and the therapeutic processes. Investigating practitioners who are using AAT may provide further insight into the common practices and the underlying processes.

Equally, not all the participants in previous studies who had experience of using AAT, had had formal AAT training or were certified. As such, their delivery of AAT may not be reflective of best practice. By studying qualified AAT practitioners who deliver psychotherapy in mental health, it may shed light on their delivery of AAT and may contribute to the development of a conceptual framework.

The current literature notes the potential benefit of a therapy animal in a client's therapy. However, there is limited information that specifies how the practitioner utilises the therapy animal in a way that supports the client's treatment. Further investigation into this area can help practitioners make an informed decision on how to use the therapy animal effectively to achieve client treatment goals.

The literature has highlighted that AAT impacts on the therapeutic relationship. However, there was limited information on practitioners describing their use of AAT in facilitating the therapeutic relationship. The therapeutic relationship is considered an important indicator for predicting client therapy outcomes (Lambert & Barley, 2001). Exploring the intricate ways in which AAT impacts on the therapeutic relationship may make this treatment an attractive option to pursue for practitioners and appeal to clients who may struggle to engage in a traditional one-to-one therapy.

Examining the views and experiences of AAT practitioners in the UK will result in contributing towards a knowledge base which practitioners can draw upon to inform their practice. For example, it may allow for a better understanding of the strengths

and weaknesses of AAT and lead to the development of professional training and practices within AAT. Furthermore, it may shed light into the theoretical frameworks practitioners use in their practice with AAT and may contribute to the worldwide knowledge base of AAT.

1.9. Relevance to Counselling Psychology

Counselling Psychology is a discipline within psychology that focuses on facilitating personal and interpersonal growth (Woolfe, 2010). There is a strong focus on understanding the individual's subjective experience and utilising the therapeutic relationship in order to facilitate the therapeutic process in the client to help them relieve distress. BPS (2017) guidelines state that a level of congruence between key principles and values of counselling psychology and the research method adopted is desirable. This research uses a qualitative approach to understand practitioner experiences of delivering AAT which align with the values of counselling psychology.

Currently, there is limited information on the number of counselling psychologists who practice AAT within the UK. AAT is not widely employed within counselling psychology and is not included in any UK professional doctorate program. Although AAT is becoming more popular and receiving more awareness, it is still considered a relatively new form of therapy.

Given that growing empirical evidence is supportive of AAT's efficacy, Counselling Psychologists in the US have already started to integrate AAT into their clinical practice (Trotter, 2012). Considering that the integration of counselling psychology and AAT is only just beginning to take off in the UK, it might be beneficial for counselling psychology to understand how practitioners in the country are using AAT in their practice. Previous studies (e.g. Becker et al., 2017; Dietz et al., 2012) do not specifically address how the practitioners use AAT or how AAT may impact the therapeutic process. There is a difficulty for counselling psychologists to utilise AAT effectively in their practice without understanding the underlying processes for therapeutic change. Further investigation into the delivery of AAT may expand the literature so that counselling psychologists can understand the way in which AAT facilitates therapeutic change and the effect AAT may have on the client's therapy. By exploring practitioners' experience of delivering AAT, it may extend our knowledge and improve future clinical training and practices for counselling psychologists in the use of AAT and when to use it. Furthermore, research in this area may inform

counselling psychologists of what makes AAT an effective treatment and identify how clients may benefit from this approach. This will enhance the credibility of AAT and hopefully be regarded as a mainstream option available for psychological intervention for counselling psychologists to consider in the future.

Both counselling psychology and AAT place a great importance on the therapeutic relationship as a core factor in the psychological intervention (Muran & Barber, 2010). By exploring AAT further, it is likely that we will increase the evidence-base for an intervention that can possibly align itself to counselling psychology. In addition, evidence suggests that the therapy animal can act as a social catalyst which can help establish a therapeutic relationship. By studying practitioners' use and the role of their therapy animal in AAT, it can increase our understanding of the processes involved in the development of the therapeutic relationship. Furthermore, it can potentially support and enhance counselling psychologists' clinical practice by adding AAT to their repertoire and improve client therapeutic outcomes.

Disseminating the findings of this research may help counselling psychologists engage collectively in a reflective process by thinking about AAT as an up-and-coming form of intervention which they may integrate in their practice. As such, this project may stimulate the clinical practice of individual practitioners and contribute to counselling psychology's evolving identity.

1.10. Aims of the current study

This study aims to explore practitioners' experiences of delivering AAT. A qualitative design is appropriate for this study because it takes a broad look at the practitioners' experiences in order to gain a greater insight into what is going on in the delivery of AAT. This study looks at areas such as how practitioners deliver AAT, the effect of the therapy animal on the therapeutic relationship and the challenges in using AAT. This study may help guide clinical practice, promote integration of AAT in counselling psychology practice and further develop appropriate therapeutic interventions aimed at supporting people with mental health difficulties. In addition, generate knowledge that is reflective of practitioners' perspective.

1.11. Research Question

In view of the aims of the study, the following research questions were formulated.

1. How do practitioners incorporate AAT in their practice and what is their understanding of the therapeutic processes?
2. How does the therapy animal impact on the therapeutic relationship?
3. What challenges do practitioners face when delivering AAT?

Chapter Two: Methodology

2.1. Overview

This chapter will provide a rationale for the chosen methodology, Thematic Analysis, and other methodologies considered. Furthermore, include the study sample, the procedure and ethical considerations, evaluation criteria for the current research and a brief overview of the analysis procedure.

2.2. Research Design

A research design is a set of philosophical and theoretical assumptions that directs and guides the researcher's work and provides a framework for their study (Maxwell, 2013). Willig (2013) states that it is important that the researcher be clear about the theoretical framework which guides their research. The research question for this study is concerned with exploring and understanding practitioners' delivery of AAT. Thematic analysis was selected as the most appropriate method. Data was collected through semi-structured interviews with practitioners who use AAT in their practice. The analysis focused on understanding practitioners' practice of using AAT.

2.3. Epistemological Position

Qualitative research is exploratory research used to gain an understanding of the meanings a participant attributes to the phenomenon studied (Willig, 2013). This study aims to explore and understand practitioners' practice of delivering AAT which is consistent with qualitative research. In addition, a qualitative approach is congruent with the ethos of counselling psychology which seeks to understand clients' subjectivity, intersubjectivity, values and beliefs (BPS, 2017).

This research adopts a critical realist position. Ontologically, there is an assumption from a critical realist perspective that there is an external reality which is independent of human minds, can only be measured imperfectly, and that the experience is subjective and determined by the individual's belief (Bhaskar, 1978). As such, critical realism states that there is one reality but it can be interpreted in many different ways (Bhaskar, 1978). Epistemologically, critical realism notes that data are contextual and representative of what is going on in the real world but requires further interpretation to allow an understanding of the underlying structures surrounding the phenomenon studied (Bhaskar, 2010). Ponterotto (2005) notes that a modified

dualist/objectivity stance should be taken which acknowledges that the researcher is inherently biased and may influence what is researched. Therefore, as the researcher, I accept that there is a reality of AAT but the way in which the practitioners delivering AAT will be subjective and idiosyncratic. Additionally, the data produced through interviews with practitioners is reflective of that person's perspective and the analysis is an interpretation made by the researcher who constructs the findings based on their own understanding, experience and knowledge (Bhaskar, 2010). Therefore, the analysis is constructed by the lens of the researcher in which the data is viewed. Furthermore, a critical realist position is congruent with my clinical practice and the ethos of counselling psychology of seeking to understand the individual's subjective experiences (BPS, 2005).

2.4. Thematic Analysis (TA)

Thematic Analysis (TA) is a method for identifying and analysing patterns of meaning in a dataset (Braun & Clarke, 2006). Fereday and Muir-Cochrane (2006) described TA as a systematic process in identifying themes that are important to the phenomenon studied. TA is theoretically flexible and is not tied to a particular research framework and can be used to analyse most forms of qualitative data such as interviews and surveys (Braun & Clarke, 2006). TA's flexibility can be used to address a critical realist research question. This assumes that there is knowledge of the phenomenon studied. Furthermore, Joffe (2012) states that TA is best suited to elucidate the specific nature of the phenomenon under study. In addition, Willig (2013) states that research questions which look at how people think about a phenomenon is particularly suited for TA. In this sense, TA matches the current study's research question in understanding the perspective of how practitioners use AAT.

Braun and Clarke (2006) state that the researcher must decide on what counts as a theme and how the data will be analysed in order to identify the themes. A theme is defined as capturing something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set (Braun & Clarke, 2006)

Themes can be identified by two primary methods in TA. Firstly, an inductive approach means that the themes are strongly linked to the data (Patton, 1990). However, it must be noted that the researcher's inherent bias, knowledge and personal view will impact on the analysis (Braun & Clarke, 2006). Secondly, a deductive

approach produces themes that are driven by the researcher's theoretical interest in the area (Patton, 1990). Due to the exploratory nature of this study an inductive approach was deemed most appropriate.

Similarly, Braun and Clarke (2006) state that a decision needs to be made around the 'level' at which themes are identified: semantic or latent level. A semantic approach means the themes identified are within the explicit meanings of the data and remain close to the participant's data (Braun & Clarke, 2006). This is consistent with a realist epistemological position (Willig, 2013). A latent approach goes beyond the semantic content and identifies ideas, assumptions, and conceptualisations (Braun & Clarke, 2006). This is consistent with a social constructionist epistemological position. A critical realist position allows for the data to be coded and themes identified at a semantic and latent level (Joffe, 2012). Additionally, given that it is impossible to be free from all biases (Braun & Clarke, 2006), the researcher's influences and assumptions were noted, and reflexivity was continuously engaged in throughout the research process via reflective journals and supervision.

This current study explores and understands how practitioners incorporate AAT into their practice. AAT is flexible in terms of theoretical context, and so can be in alignment with the research question and epistemology. The data will be focused on gaining an understanding of the participant's beliefs, attitudes, and perceptions and the themes would capture the meanings and reflect the participant's experience.

Other qualitative methodologies that were compatible with my epistemological position were considered and discussed below.

2.4.1. Thematic Analysis and Interpretative Phenomenological Analysis (IPA)

Interpretative Phenomenological Analysis (IPA) is a method concerned with the exploration and understanding on how individuals understand their subjective experience of a particular phenomenon in their personal and social worlds (Smith, Flowers & Larkin, 2009). IPA is theoretically rooted in critical realism which would be compatible with this study. However, this study aims to explore and understand participants' perspectives of delivering AAT rather than make sense of their experience. As such, IPA is less suited to matching the aims of the study.

A key theoretical underpinning of IPA is idiography which focuses on the specific rather than the general and requires a homogenous sample (Smith et al., 2009). AAT can be practiced using different species of animals which may mean that

participants have different experiences. Furthermore, as AAT is a relatively new form of therapy and with limited information on the number of practitioners using AAT in the UK, it may pose challenges in recruitment. As such, this does not fulfil the idiography of IPA and the homogenous sample needed thus, making IPA less suitable.

2.4.2. Thematic Analysis and Grounded Theory (GT)

Grounded Theory (GT) aims to create a framework from the participant's experience to uncover how social processes work (Glaser, 1978). GT is compatible with a critical realist position as it can investigate the experience within a wider social structure (Glaser, 1978). Willig (2003) states that forming a research question involves certain assumptions. As such, the current research question already assumes that practitioners have a way of delivering AAT and focuses on understanding the processes involved. In addition, the current research question does not focus on the social processes or factors that influence a particular phenomenon which makes it incompatible with GT. Furthermore, generating a theory was not part of the aim of the study as the research question is exploratory and focuses on the perspectives of the practitioners.

In conclusion, TA is an appropriate methodology for this research project because it provides a way of understanding how practitioners' incorporate AAT into their practice and the therapeutic processes involved. Overall, TA sits well with a critical realist position, compatible with the nature of the research question, and acknowledges the role of the researcher in the project.

2.5. Participants

2.5.1. Inclusion Criteria

Participants were required to be qualified practitioners who have used AAT for more than 12 months and are using it currently in their practice as a core aspect in conjunction with a theoretical framework with adults, children or both. Participants were also required to have completed an accredited core psychotherapeutic training at university level (e.g. counselling psychology, psychotherapy) and be registered with professional bodies such as BACP, HCPC or BPS. In terms of AAT, participants had to complete a course of AAT, include using AAT in a one-to-one format, and include using either dogs or horses as their therapy animals. Dogs and horses were include as part of the criteria because they were the most commonly used in research and to

ensure that there were commonalities in AAT practice. All participants interviewed were concerned with the triangular approach for this study.

2.5.2. Exclusion Criteria

Individuals who were newly qualified and did not have 12 months post-AAT qualification experience or are currently not using AAT in their practice were excluded from the study to ensure a certain richness of data. Practitioners who were not using either dogs or horses as their therapy animals were excluded to ensure that common practices are highlighted. Additionally, participants who required an interpreter were excluded to prevent any meaning lost through translation.

2.5.3. Sample Size

This study recruited 10 participants. Braun and Clarke (2013) state that 6-15 participants would be an appropriate sample size for a research project using TA. As the analysis proceeded to 10 participants, data saturation was reached. A sample of qualified psychologists and psychotherapists were recruited for this study. One participant was recruited for the pilot interview and their data was also included in the analysis.

2.5.4. Recruitment

Purposive sampling was used in the recruitment of qualified psychotherapists and psychologists. Participants were recruited through relevant organisations such as Pets as Therapy and the British Psychologist Society (BPS), Health and Care Professions Council (HCPC) and British Association for Counselling and Psychotherapy (BACP). Participants were also recruited directly from websites such as Counselling Directory via email. Additionally, snowballing was used to recruit potential participants.

Potential participants who indicated their interest in the research were provided with a participation information sheet (Appendix A) which detailed the nature of the study, data collection process, and the limits of confidentiality. Participants were informed that extracts of their interviews will be anonymised and used in the write-up of this research. Participants were free to ask any further questions at this stage of the research. Once the participant agreed to take part in the research, a consent form (Appendix B) was signed and a time and date was arranged for the interview.

2.5.5. Participant Details

The participants' demographics of this study are outlined in table 2. All participants have been given a pseudonym for confidentiality purposes. The

participants' identities were cross referenced with other forms of media for verification (King & Horrocks, 2010).

Table 2. Participant characteristics

Participant	Practitioner Title	Professional Qualification	Accreditation	AAT Qualification	AAT Experience (Years)	Primary Treatment Modalities	What AAT is provided	Animals used
Ulrike	Counselling Psychologist	Prof Doc in Counselling Psychology	UKRCP / BACP	EAGALA Certified / LEAP Senior Practitioner / AAT with SCAS	16	Integrative	EAGALA / AAT	Horses / Dogs / Guinea Pigs / Horses / Dogs / Chicken / Bearded Dragon
Layla	Psychotherapist	MSc Psychotherapy	BACP	LEAP Senior Practitioner AAT in	5	Integrative	LEAP	Dragon
Harmony	Psychotherapist	MSc Integrative Psychotherapy	BACP	Counselling (BACP recognised)	5	Humanistic / Person-Centered	AAT	Dogs
Poppy	Counselling Psychologist	Post MA in Counselling Psychology	BPS / BACP / HCPC / BACP	EAGALA Certified AAT in	10	Integrative	EAGALA	Horses / Dogs
Braxton	Psychotherapist	Diploma in Person Centered Psychotherapy	BACP	Counselling (BACP recognised)	4	Humanistic / Person-Centered	AAT	Dogs / Birds / Fish / Chickens

Katarina	Psychotherapist	MSc Integrative Psychotherapy	BACP	AAT in Counselling (BACP recognised)	1	Integrative	AAT	Dogs
Matteo	Psychotherapist	MSc Person-Centred Psychotherapy Diploma in Person	BACP	AAT in Counselling (BACP recognised)	3	Integrative	AAT	Dogs
Brittany	Psychotherapist	Centered Diploma in Person	BACP	LEAP Senior Practitioner	5	Integrative	LEAP	Horse / Dogs
Harriet	Clinical Psychologist	Centered Psychotherapy	HCPC	EAGALA Certified	10	Integrative	EAGALA	Horse / Dogs
Margaret	Psychotherapist	Advanced Diploma in Humanistic Psychotherapy	BACP	AAT in Counselling (BACP recognised)	1	Integrative	AAT	Pony, dogs, guinea pigs, chicken

2.6. Data Collection

2.6.1. Interview schedule.

A semi-structured interview was used in this qualitative research because it involves a series of open-ended questions based on the topic that the researcher wants to study (Whiting, 2008). The open-ended nature of the questions defines the topic that is being investigated, but also provides opportunities for the interviewer and the interviewee to discuss some areas in more detail (Dearnley, 2005). A key feature in using a semi-structured interview is that there is balance between obtaining data that answers the research question and also allowing the participant the space to redefine the topic under investigation and generate novel insights for the researcher (Dearnley, 2005). Furthermore, it is appropriate for exploratory research. As such, this form of data collection is appropriate for TA and allows participants to share detailed insight into the topic area (Braun & Clarke, 2006).

The aim of the interview in this study was to explore how practitioners incorporate AAT into their practice. The first draft of the interview schedule was developed after the literature review using McNamara's (2009) interview framework and through discussions with my supervisor. A small number of open-ended questions were created that covered domains such as psychological modalities used with the therapy animals and the interview was structured in a format that allowed logical transition between topics (Kallio et al., 2016). In order to establish rapport, a funneling approach was used where general questions such as years of clinical practice and therapy animals used were asked in the beginning before moving onto more in-depth questions such as challenges of using AAT (McNamara, 2009). Prompts were used throughout the interview process to encourage participants to elaborate and provide examples to produce a richer account of their experiences (Rowley, 2012). The interview schedule was used consistently with each participant.

The first draft of the interview schedule was piloted with a participant who fitted the inclusion criteria. After the pilot interview, some of the questions were reformulated to make it clearer to the participant on what was being asked. According to Creswell and Creswell (2018), the total number of questions for a semi-structure interview should be between 5 and 10. The interview schedule (Appendix C) was revised based on the pilot participant's feedback and further discussions between the researcher. The participant's data in the pilot interview were also included in the data analysis.

2.6.2. Interviewing process.

Five participants were interviewed via telephone and five were interviewed via voice over internet protocol (VoIP) (e.g. Skype) between July 2019 and December 2019 with two further participants on the 4th March 2020. An advantage of using these methods was that it nullified distances and eliminated the need to an agreed location for the interview (Rowley, 2012). This means that the researcher can widen their sample to include participants nationally breaking the boundary of 'time and space' (Burkitt, 2004). This has been beneficial for this study as practitioners who use EAP require a large open space which can be difficult to access within a city environment and complying with COVID-19 restrictions. Additionally, when the interviews are conducted in an environment that is familiar to the participant and considered to be a safe space, it may elicit more open and spontaneous responses (King & Horrocks, 2010). However, there are some limitations in using telephone and VoIP. There may be a loss of non-verbal communication which may lead to misunderstandings and/or misinterpretations of what is being communicated. As such, I have made more effort by listening more closely to the participant's voice, asking for clarification when needed and noting paralinguistics such as emphasis or pauses in the transcription process. There may be difficulty in establishing rapport across telephone and VoIP and technical difficulties can affect the quality of data obtained (Seitz, 2016). However, Hanna (2012) argued that the distance provides a sense of security for the participant to disclose more information and for the researcher to feel at ease. Seitz (2016) suggests that emailing several times before the interview may strengthen rapport. As such, the researcher made attempts to be flexible to match the participants' needs in order to put them at ease and establish rapport. During the interview process, I did not experience any negative effects such as frustration from the participants.

The interview process included providing the participants with the participant information sheet, signing of the consent form, a semi-structured interview and a debrief. Upon completion, participants were given an opportunity to ask any questions about the study and provided with a copy of their consent form and debrief sheet via email.

The following preparations were made before the commencement of the interview: (1) the interview was arranged at a time where there would be few distractions and convenient for both parties; (2) the purpose of the interview was clarified; (3) address any concerns of confidentiality were addressed; (4) the interview format was explained; (5) indication of how long the interview would usually take; (6)

the participant was informed of the ways to contact the researcher post-interview; and (7) answer any questions that the participant may have before the interview (Chenail, 2009). Interviews took approximately between 40 and 80 minutes. Efforts were made from both the participant and the researcher to ensure that the environment was confidential (i.e. private room).

All interviews were recorded on a digital audio recorder. Participants were informed that the interviews would be audio recorded to help with the data analysis and transcription process and consented to this prior to the interviews taking place. When the interview was completed, the audio file for each interview was promptly transferred to a password protected computer and renamed with the participant code. Once the file was transferred to the password protected computer, the audio file was deleted from the digital audio recorder.

2.7. Data Analysis

2.7.1. Transcription.

The interviews were transcribed to produce a verbatim account of the participants' responses following Bailey's (2008) transcription conventions (Appendix D). The interviews were listened to once prior to transcription so that the researcher could familiarize himself with the data prior to the preliminary analysis. Upon completion of the transcription, the interviews were listened to again to check that the transcriptions were accurate. Identifiable information was removed and changed to protect confidentiality. Examples of the coded interview transcripts can be found in the appendices (Appendix E). As the analysis proceeded to 10 participants, data saturation was reached.

2.7.2. Approach to thematic analysis.

This research followed Braun and Clarke's (2006) TA procedure (Table 3). Willig (2013) argues that Braun and Clarke's (2006) approach to thematic analysis is the most influential because of the clear framework it offers.

Table 3. *Thematic Analysis Procedure (Braun & Clarke, 2006)*

Phase	Description
1. Familiarisation with the data	Transcribing the interview and reading and re-reading the transcriptions.

2. Generating initial codes	Label segments of data in a systematic way.
3. Searching for Themes	Review individual codes and collate into preliminary themes.
4. Reviewing themes	Review preliminary themes to ensure it makes sense across the data set.
5. Defining and naming themes	Continuously refined each theme, and identify a specific name for each theme.
6. Producing the report	Present themes with examples from the data that illustrate the themes.

Phase one: Familiarisation with the data

Phase one aimed at familiarisation with the data. This allowed the researcher to immerse himself into the data and become accustomed to the depth and breadth of the research data (Braun & Clarke, 2006). Each of the transcribed interviews were read and re-read numerous times before moving on to step two. During this process, notes were taken and marked on the transcript (see Appendix E for an example).

Phase two: Generating initial codes

Phase two involved generating initial codes from the data. A code identifies a feature of the data and can be referred to as ‘the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon’ (Boyatzis, 1998). Each transcript was analysed separately and coded manually one transcript at a time (see Appendix E for an example of coded transcript). Potential codes were written on the right side of the page and data was coded at both semantic and latent level. Following on, a table of codes was generated (Appendix F) and an additional document was created with all relevant extracts to supporting each code (Appendix G). Phase two was reviewed twice to ensure the coding was comprehensive.

Phase three: Searching for themes

Phase three involved assembling different codes from phase two into potential themes. At this stage, it is important to be aware that potential themes identify an important aspect of the data and tell the reader something about the nature of the data.

Codes were grouped together and put into potential themes. A table was used at this stage for ease of tracking potential themes (Appendix H).

Phase four: Reviewing themes

Phase four involved refining the themes on two levels. Level one involved reviewing all the collated extracts for each theme and checking if they form a coherent pattern. This meant that all the data in each group of codes were re-read and checked to see if they 'fit' within the proposed theme. Internal homogeneity and external heterogeneity are important criteria to be considered in phase four. This ensures that the themes have internal consistency whilst maintaining a distinct pattern between themes (Patton, 1990). Level two looks at the themes in relation to the whole dataset and explores whether the preliminary thematic map reflects the dataset. At this stage, there were a number of potential themes that were identified, a thematic map was created (Appendix I). To ensure that the thematic map represented the meanings within the dataset, the dataset was re-read to ensure that the themes 'work' in relation to the dataset and to code any additional data within the themes that may have been missed in earlier coding stages. During this process, two themes were subsumed by 'Multicomplex' to better match the meanings and several themes were discarded as they did not represent the wider dataset.

Phase five: Defining and naming themes

Phase five begins when there is a satisfactory initial thematic map of the data and involves defining and refining themes. The theme names at this stage provide a summary of the concepts and boundaries of each theme. At this point, I started to identify the 'story' that each theme told and to consider how it fitted into the overall 'story' of the dataset in relation to the research question. Finally, the theme names were revisited to ensure that they represent the perspectives of the participants. The theme names were thought with Braun and Clarke (2006, p. 23) "*Names need to be concise, punchy, and immediately give the reader a sense of what the theme is about*". Two themes in Appendix J were reviewed further. A "Hands-On" Therapeutic Approach was renamed to "The Psychotherapeutic Encounter" in order to better reflect the participants' perspectives of using AAT. The subtheme "Multicomplex" was renamed to "The Demands of AAT" to represent the participants' experiences. The final thematic map produced can be seen in Appendix J.

Phase six: Producing the report

Phase six involved the write-up of the data analysis with data extracts that demonstrate the evidence and themes across the dataset. This write-up can be found in the findings chapter.

2.8. Research Quality

Yardley (2000) has a framework for improving the credibility in qualitative research. The framework identifies four areas which are: sensitivity to context; commitment and rigour; transparency and coherence; and impact and importance. In addition, supervision was also used as a form of quality review for this study to check integrity and for the themes to reflect the dataset.

Sensitivity to context identifies the level of involvement the researcher has with the data and the context in which it was derived from, such as the expectations of the participants and the researcher (Yardley, 2000). Sensitivity to context was adhered to at all stages of this research. A thorough literature review was conducted in order to identify a 'gap' within the existing knowledge base. As mentioned, there are limited qualitative studies exploring the practitioners' perspectives of incorporating AAT into their practice and therefore a gap was identified. The interview process also attended to sensitivity to context. Participants were recruited with an inclusion criterion (2.5.1.) to ensure that commonalities of AAT practices are highlighted. Semi-structured interviews were used to ensure that participants were able to speak freely without the influence of the researcher's own agenda. In addition, data analysis was also ensured sensitivity to context by providing a detailed and transparent documentation of the analytical process (2.7.2.). Quotes from the participants were used throughout the study to demonstrate the researcher's interpretations and for their voices to be heard. The researcher's impact on the data was explored in self-reflexivity.

Commitment refers to engaging with the topic, developing skills as a researcher, and immersing themselves in the data (Yardley, 2000). This was demonstrated through the extensive literature review, immersing in the participant's data and learning about different research methods.

Rigour refers to the completeness of the data collection and analysis (Yardley, 2000). This study demonstrated the data collection procedures and the steps involved in the analysis that reached the findings. The thematic process was checked and reviewed regularly with the researcher's supervisor which ensured that there was no discrepancy between the themes and the data. Some theme names were modified

whilst others were either merged or removed. Participant quotes were regularly checked to ensure that they supported the themes through a reflective and reflexive process with the researcher's supervisor.

Transparency relates to detailing every aspect of data collection and the analytical procedures utilised (Yardley, 2000). This research has clearly documented an explanation of the methodology used, the sampling procedures, and the data collection procedure and is provided in the appendices. In addition, this research has also documented the data analysis procedure and examples of coding and theme development have been provided in the appendices. The researcher has also been transparent about their own epistemological stance and their personal experience.

Coherence refers to the argument for the research question, philosophical standpoint and the methodology (Yardley, 2000). The research questions were derived following the literature review which identified a 'gap' and the rationale (1.8.) for the current study to be implemented. The epistemological stance of the current study is critical realist (2.3.) as it is consistent with the TA and reflects my stance as a researcher. In addition, the methodology coherence was maintained throughout this study and the process detailed in chapter 2.

Impact and Importance refers to the research contributions to theoretical and practical implications (Yardley, 2000). This is observed throughout the study in the rationale of the study and detailed in the discussion chapter. The findings of this study can be used to demonstrate to counselling psychologists the benefits of using AAT and how it may support their practice.

2.9. Ethics

2.9.1 Ethics and registration

Ethical approval for this study was gained from the University of East London's Ethics Committee (Appendix K). This study was conducted according to the BPS (2018) Code of Ethics and Conduct and Code of Human Research Ethics (BPS, 2014) and HCPC (2016) Guidance on Conduct and Ethics for students. The title of the present research was changed and approved by the researcher's named supervisor after ethical approval had been granted (Appendix L).

2.9.2. Informed Consent

Participants were provided with a participant information sheet (Appendix G) and were given the opportunity to seek clarification and ask questions about the study.

Participants signed the consent form (Appendix B) upon agreeing to take part in the study and for the audio recording of the interview. They were given the right to withdraw from the study up to four weeks after interviewing. Participants were provided with the researcher's contact details should they wish to withdraw from the study. No participants chose to withdraw from the study.

2.9.3 Confidentiality

All participants data were anonymised and kept confidentially. Data was collected and treated according to the Data Protection Act (Gov.UK, 2018) and compliant with the General Data Protection Regulation (EUGDPR.org, 2018) protecting participants' data and their privacy. Participants data were stored according to the University of London (UEL) Research Data Management Policy which can be seen in Appendix N. Participants were provided with a unique participant code in which their data were stored. They were informed that only the researcher and named supervisor would have access to the data. Identifiable information such as names were omitted from the transcripts. The participants were informed that their data would be stored on the UEL secure network repository for a minimum of three years upon completion of the study.

2.9.4 Debrief

All participants were provided with a debrief sheet (Appendix O) and were debriefed and given with an opportunity to ask any questions about the research. There was a possibility although unlikely that participating in this study would evoke unpleasant feelings. To ensure that the participants were supported in this unlikely event, a list of national support organisation contact details (MIND, Together, Samaritans, Rethink, Saneline) was provided to them in the debriefing form. This debrief sheet also included the nature of the research, contact details of the researcher and the named supervisor and support organisations. Participants in the current study did not report any distress after the interview.

Chapter Three: Findings

3.1. Overview

This chapter presents the findings from the data analysis showing how practitioners incorporate AAT into their practice. The participants' experiences of delivering AAT are captured in three themes generated from the analysis which include how they incorporate AAT into their practice, their understanding of the therapeutic processes involved, and their experience of using AAT (figure 1). Each of these themes reflects the participants' perspective of the implications of AAT on the client's therapy and the different elements involved. In addition, each main theme is comprised of several sub-themes which capture different facets of the main theme.

Table 4. *Thematic map of the practitioners' experiences of delivering AAT.*

Main Theme	Subtheme
The Psychotherapeutic Encounter	The Power of Animals
	Connection to Nature
	Working in the moment

Main Theme	Subtheme
Multi-faceted Relational Process	Client-Animal Relational Dynamics
	Practitioner-Animal Relational Dynamics
	Beyond the dual therapeutic relationship

Main Theme	Subtheme
Challenges and Opportunities in AAT	Room for Growth
	The Demands of AAT
	The Adaptability of AAT

3.2. Overview of Themes

According to the participants, the psychotherapeutic encounter is central to AAT. This involves utilising the therapy animal such as interpreting their behaviour and

incorporating it into the client's psychotherapy. In addition, elements of nature such as the sensory elements of the outdoor environment are also incorporated into the client's psychotherapy. As such, participants identified AAT as an approach that utilises working in the moment process.

Participants identified the importance of the relational process in AAT. The participants spoke about how client-animal interactions can reveal a client's relational patterns. The practitioner-animal interactions emulate a secure relationship and inspires trust in the client. Furthermore, participants talk about a dynamic relationship between the practitioner, client and therapy animal.

Lastly, participants spoke about the challenges and opportunities of AAT. In this respect, participants noted that there is room for growth such as research within the AAT field. Participants also spoke about what they perceive as unique challenges in using AAT. Despite this, participants describe AAT as a versatile and adaptive approach that can be utilised according to the practitioner's therapeutic approach and clients' needs.

The above summary of the data is broken down into detail through three themes generated from the analysis of the semi-structured interviews. The themes are: The Psychotherapeutic Encounter; Multi-Faceted Relational Process; Challenges and Opportunities in AAT. A detailed narrative of each theme is outlined below with extracts from the interviews to demonstrate the approach of the analysis.

3.3. Theme One: The Psychotherapeutic Encounter

Participants spoke about AAT as an interactive approach that requires the active participation of the client. They explain that there are multiple facets that make AAT a psychotherapeutic encounter when incorporating it in their practice. Participants described utilising animal qualities such as their body anatomy as a form of metaphor in the client's therapy. Furthermore, participants spoke about using elements of the surrounding environment to add another layer to the client's therapy such as using smells as a sensory nature to bring the client into the 'here-and-now'. As such, participants note that it is important to work in the moment when using AAT. These subthemes demonstrate how they work together to make AAT a wildlife psychotherapeutic approach.

3.3.1. Subtheme One: The Power of Animals

Animals have distinct qualities in their behaviours and personalities that the participants draw on and incorporate into the client's therapy. In addition, participants note the benefits of observing animal dynamics and the impacts on the client's therapy. Furthermore, participants spoke about the metaphorical values that animals offer in a client's therapy.

Many participants drew on the innate nature of their therapy animals. There is an acknowledgement amongst participants that their therapy animals embodies a non-judgemental nature. Participants appear to utilise this feature to create a relaxing environment for the client which can then enable clients to open up about their difficulties. For example, Ulrike describes why the therapy animal is capable of creating a relaxing environment for the client. She spoke about humans being judgemental (*"quite capable of making judgements and criticisms"*) and adds that even if we remain neutral, there is a possibility that our body language may communicate with the client how we feel (*"may give things away in our bodies"*). There also appears to be an assumption from the clients in Ulrike's extract that practitioners may indeed judge them. Whilst in comparison, she states that *"animals don't do that"* or perhaps not to a level where humans may judge (*"almost entirely"*). Therefore, by having a therapy animal that is perceived as less judgmental in comparison to the practitioner, it can help the client feel more comfortable in therapy. This can potentially encourage the client to discuss their difficulties without the fear of being judged.

"what sets the animal apart from the therapist because every client knows that the therapist is only a human being and therefore we're quite capable of making judgments and criticisms we may give things away in our bodies naturally. Animals don't do that. So that third party in session is an element which is almost entirely non-critical, non-judgmental, and that can help to relax clients"
(Ulrike:89)

This is further extended by number of participants highlighting the difference between the practitioner and the therapy animal. They spoke about the therapy animals embodying Rogers core conditions and that the clients are more readily accepting of the animal's responses compared to the practitioner's. This appears to benefit the clients in expressing themselves. For example, Braxton speaks about Rogers' core condition and about unconditional positive regard (*"accepts us for who*

we are”) from the animals. Braxton explains that clients are more willingly to accept an animal’s behaviour as genuine (*“They believe it more readily from an animal”*) compared to the practitioner (*“clients don’t believe we accept them for who they are”*). The client’s perception of the therapy animal appears to allow the client to *“be themselves”*. This may allow clients to discuss their difficulties without fear of being judged and can potentially support the practitioner in understanding their difficulties.

“For me, they embody the Rogers core conditions, particularly the three central ones. We walk into each other’s world and make things easier. It also accepts us for who we are. Quite often clients don’t believe we accept them for who they are. They believe it more readily from an animal and they’re congruent. They don’t have all the defense. The clients will be able to see that and to perhaps be themselves and to really experience it”

(Braxton:1330)

Similarly, many participants describe the importance of observing animals in AAT. Participants note that observing animals provides a topic of discussion about animal interactions which stimulates discussions around relationships. This indirect approach appears to provide a platform that increases understanding of the client’s dynamics aside from the client’s own relationship with the animals. For example, Margaret describes how observing horses provides an opportunity for her to discuss the topic relationships with her clients. The process of observing animal interactions behaving naturally in a contained environment is an intervention that can encourage her clients to talk about relationships in general (*“there’s a lot that you can discuss with clients about relationships”*). There is a sense that the way in which a client interprets the animal’s interactions and behaviours may provide the practitioner with an understanding of the client’s relational template. This indirect approach can be potentially beneficial for clients who struggle to talk about relationships such as children.

“the horses are loose in the arena so they can do whatever they want and often we’ll just watch them in the field and watch their behaviour. There’s a lot that you can discuss with clients about relationships. Just by watching, you don’t even have to have the client relate, or be in a relationship with the animal. They

can watch the animal's relation to each other and talk about human relationships"

(Margaret:1423)

Furthermore, participants comment that observing animal interactions may stimulate conversations about roles and responsibilities. This may increase insight into the client's own roles and responsibilities in their own relationships. For example, Harriet describes how she uses herd dynamics in horses to illustrate roles and responsibilities within relationships. She notes that there is a hierarchy within the herd and that the leader of the herd has many responsibilities such as "food" and "water" distribution. In addition, there is a lot of "communication" between horses to ensure that the herd operates as a whole and establish boundaries. The observation of these dynamics may lead to discussions around relationships. This can potentially allow the client to reflect on their own roles and responsibilities within their own relationship.

"So in horse herds, there's lots of things about leadership and looking after the herd, and there's a lot of communication that happens between horses and there's a lot of stuff about who gets the food first and who gets the water first who gets to be in a space and not eat someone else's grass, you know, so there's a lot about relationships that you can discuss just by standing and watching them"

(Harriet:1440)

Layla further echoes observation of animal interactions and roles. She uses the dynamics of the flock and their natural behaviour to stimulate discussions on relationships. She demonstrates how her cockerel takes care of the flock by notifying his females and shares the food. She further describes the cockerel's behaviour as "gentlemanly". She implies that a lot can be learnt through observing and understanding the cockerel's behaviour and communication in relation to the flock. This can potentially help stimulate discussion and help the client reflect on their roles within their interpersonal relationships through animal interactions and behaviours.

"I have a cockerel and he is amazing actually because he again, he's allowed to exhibit his natural behaviours. He's very gentlemanly and if you throw a grape

for example, he'll make a lot of clucking noises to attract his females but he won't eat the grape. He will leave it for the females (...) you know a lot can come up about that, you know, his role"

(Layla:744)

Equally, participants spoke about utilising the features of their therapy animal in AAT. Participants note using the anatomy of the animal to represent the client's difficulties and the metaphorical value of the animal to stimulate conversations. In Katarina's extract, she makes reference to her bearded dragon's anatomy and to the client's vulnerabilities. She describes the similarities between a client's defence mechanism ("*protective layers*") and the bearded dragon's defence mechanism ("*spiky and scaly*") and how it protects our vulnerability ("*smooth underbelly*") and appears that Katarina uses the animal symbolically. This may offer an opportunity for the client to reflect on themselves and can potentially increase the client's insight into their own difficulties.

"He's got erm spiky and scaly skin. So he's good for talking about protective layers that we put around ourselves and how we defend ourselves and how his sort of defense mechanisms are clearly visible (...) but actually you can actually talk about the fact that he's got a smooth under belly and you know that kind of represents his kind of vulnerability (...) what does that bring up for the client, what type of person do they feel they are. You know, can they relate to him or sort of all of that sort of thing"

(Katarina:879)

Furthermore, Matteo demonstrate the metaphorical value of animals in AAT. Braxton creates an association between his client and the birds. This association appears to allow the client to project onto the birds and provide an insight into the client's inner world. This can potentially stimulate discussions between the practitioner and the client about their difficulties and reflect on it.

"Same with the birds. "Which one would you be if you were to look at those and imagine which one you are". So thinking of the client that said "I'm not on there. I'm one in the tree watching. That's what I always do"

(Matteo:977)

3.3.2 Subtheme two: Connection to nature

The use of nature is a prominent area that participants discuss when using AAT. Participants spoke about the effect of conducting AAT in a natural environment concerning power, by reducing the power of the practitioner it can benefit the client by empowering them. In addition, participants comment on the benefits of conducting therapy in nature such as improvement in mood.

Many participants spoke about the potential diffusion of power in therapy when it is conducted in the outside environment. They explain that the outside environment is less restrictive and promotes engagement with the therapy animals. Participants note that compared to traditional therapy which tends to be in the practitioner's clinic room, conducting therapy in an open environment can be perceived as neutral as no one owns the natural environment. As such, this may benefit the client in that they are perceived as equal and may feel empowered. For example, in Ulrike's extract, she talks about power imbalance. She makes reference that the practitioner has all the power in traditional therapy because it is their "room" and that they are "charging money". Whilst in the outside environment, she suggests that power is "diffused" possibly due to a sense that no one owns the outside area. As such, the client may feel "empowered" and "more equal". This can potentially support the development of the therapeutic relationship if the client feels equal in the relationship which can benefit therapy outcomes. In addition, empowering clients may encourage them to take control of their treatment.

"In traditional mainstream therapy, there's a power imbalance. The minute the client walks into the room, it's your room. You're charging money and the rest of it. You have all the power. So what happens when we go outside with animals (...) is that power is diffused in a way. (...) So that alters that idea that the therapist having all the power and the client being on the back foot and it gives them the opportunity really to be more empowered and feel more equal in the relationship which is a good thing"

(Ulrike:144)

Likewise, Katarina talks about a similar effect. She explains that working in the outside environment is particularly effective with young people (*“breaks that barrier between adults and child”*) in that it reduces the practitioner being perceived as an *“authority role”*. She further emphasises this by stating that she *“does not want to be seen like another teacher role or another authority”*. This suggests that she may want to stand alongside the client so that there is some *“common ground”* between them. This may help the client feel more relaxed and be seen as an equal which can potentially support the development of the therapeutic relationship. As such, this may encourage the client to open up and provide further details about their concerns.

“it works especially well with young people because erm it sort of breaks that barrier between adults and child in a way. Erm, because obviously I don’t want to be seen as like another teacher role or another authority role. Erm and it helps build some sort of common ground”

(Katarina:205)

In addition, many participants spoke about incorporating nature in AAT. Participants comment that a connection with nature can benefit clients such as increased mood and motivation. For example, Braxton discusses the importance of nature in AAT. He emphasises the importance of bringing ‘nature’ into psychotherapy (*“Nature into the therapy room”*) as it is beneficial for the client’s mood (*“A connection with nature seems to lift the mood”*) and that part of the psychotherapy is to reconnect with nature. He uses his therapy animal as a representation of nature to bring it *“into the therapy room”*. This suggests that there is an element of nature that changes the therapeutic atmosphere that makes it more ‘lively’ and benefits the client’s mood. As such, this may impact on the client’s motivation in their treatment.

“There’s something for me about nature as well. Nature into the therapy room. So the animal is really is the easy way to bring nature into the therapy situation. A connection with nature seems to lift the mood. Where’s there’s a disconnect and an incongruence, to help and assist to rebuild those connections with relationships around with beings around nature”

(Braxton:1407)

Equally, Harriet talks about the difference between a therapy room and the nature. She suggests that being in the “*outdoor environment*” can “*ground*” and “*connect*” the client which can help them engage in their psychotherapy particularly for clients with trauma. There is an element of sensory input in the outdoor environment that appears to ground and may facilitate this process. On the other hand, it appears that being in a “*bare room*” can be overly stimulating (“*quite easy to get very overly aroused*”) for the client as it may become challenging for them to process the difficulties. This suggests that the grounding element in AAT may increase engagement and facilitate therapeutic processes in clients. This can potentially support clients to process difficult materials such as clients with trauma.

“the work being in the outdoor environment is especially for clients with trauma, it allows them to connect with, ground them and connect with nature which is very supportive of engaging in clinical work. In a bare room, it's quite easy to get very overly aroused or focused on the trauma. Where you've got something to touch or feel, it helps clients to know this association”

(Harriet:755)

3.3.3 Working in the moment

Participants talk about a combination of elements in AAT that make it important to work in the moment. There is a focus from the participants in using the ‘here-and-now’ in AAT and the potential benefits such as intense learning. Participants state that this can facilitate therapeutic change in clients. Additionally, participants note that AAT has many ineffable moments.

Many participants spoke about the importance of ‘here-and-now’ in AAT and the impact on the therapeutic process. They explain that the ‘here-and-now’ can stimulate conversations and allow the client to reflect in the session. For example, Matteo describes his use of working in the moment using AAT. He uses the materials that the client brings and relates it to the therapy animal “*in the moment*”. This appears to bring the client’s focus onto the therapy animal (“*how an animal, the animal in the room would respond*”) which can stimulate discussions. In addition, there appears to be an element of reflection (“*query with them how they feel*”) which may increase the client’s insight (“*they can make links between their own experiences or feelings*”). This may contribute to the therapeutic process and attend to the client’s needs.

“You work in the moment depending on what the client brings but then would relate that may be at times to how an animal, the animal in the room would respond and then query with them how they feel about that. You know, so that they can make links between their own experiences or feelings in the moment to how an animal might react”

(Matteo:320)

Likewise, Harmony spoke about working within the moment in AAT and compares it with ‘traditional therapy’. Harmony describes ‘traditional therapy’, not as “dynamic” as AAT because the client has to go away and practice what they have learnt, before reviewing their progress in their next session (*“coming back and tell you about it”*). In comparison to AAT, Harmony highlights the benefit of her observing the client’s behaviours and interactions with the therapy animal (*“it happens with the therapist there to observe”*) which can then stimulate discussions (*“you talk about it”*) with the client *“in the moment”*. As such, this reflective process allows the client to gain new insight and apply it immediately within the session (*“they can go out and do something different”*). This process appears to happen numerous times within the same session (*“that’s all within the session”*). This suggests that therapeutic process may happen at an intense rate in AAT. This can potentially increase the client’s growth exponentially within a shorter period and require a shorter time in therapy.

“It’s very much in the moment process. So whereas normal therapy clients are telling you things that have happened in their lives, each week or each day, and you’re then reflecting on that. Instead, in this therapy, it happens with the therapist there to observe it. (...) it’s very dynamic so you can almost call the client up when something happens (...) and you can talk about it there and then and then the most important thing is they can go out and do something different in the session and see what that was like so they can try one way and then they can try another way and that’s all within the session as opposed to them going and doing like a behavioural experiment out in the community and then coming back and tell you about it”

(Harmony:998)

Many participants talk about certain turning points within an AAT session which they state are crucial for the client's therapy. This appears to facilitate change in clients and that participants describe the effects as long-lasting. For example, Poppy talks about "*moments*" in her sessions where she perceives a change in the clients due to their interactions with the therapy animal. She spoke about "*key moments*" or insight that the client has gained through their interaction with the animals and appears that this is made up of many elements. She describes features such as the sensory aspects ("*smells*", "*movement*", "*muscles*"), and the physicality ("*movement*") in the here-and-now that makes it memorable. This suggests that the multi-sensory approach in AAT may make a more lasting impression for the client ("*You never forget it*"). As such, this can potentially reduce the chances of relapse and provide long-term gains for clients.

"I mean there may be moments, you know key moments in therapy where there's a connection or a realization that can be really potent but when you got that actually played out with big animals in a completely different setting that's already creating an impression because it's different and you've got smells, you've got movement, you've got muscles, you've got everything. You're involved in a much more physical way with a lot going on. And you remember so when the horse finally did put what you wanted it to do erm, it's like "Er, wow". You never forget that"

(Poppy:654)

In addition, several participants talk about these moments as client changing. For example, Layla appears to have observed changes within the client which she finds it "*difficult to explain*" and describes them as "*transformational*" and "*magical*" moments. She perceives these changes to have an immediate impact on her clients ("*people's pain has gone*"). This suggests that therapeutic change can happen quickly in the moment and it may take time to process and understand it.

"I have had several experiences where it, there literally has been sort of transformational moments in the client that are very difficult to explain (...) I have seen sort of some magical moments where, you know, people's pain has gone"

(Layla:448)

Brittany echoes similar comments. She describes that clients gain “*new learning*” through what she describes as “*peak moments*” and “*Ah-ha*” moments during her equine session. She further emphasizes that these moments are “*very memorable*” for the clients which can further the client’s insight. This suggests that client’s interactions with the horses may facilitate reflection in the client.

“People who have equine sessions, usually find it very memorable. Because there’s often some kind of peak moment or experience in the session where they kind of get some new learning. Where the client gets an insight or something changes. Yeah. Where they get an “Ah-ha” moment”
(Brittany:509)

3.4. Theme Two: Multi-faceted Relational Process

Participants spoke about the importance of utilising the relational process in AAT. Participants describe the using of the client-animal relationship therapeutically as modelling a healthy relational experience for the client. The practitioner-animal relationship is mentioned by several participants as a way of building rapport with the client. When bringing the practitioner, client, and the therapy animal together, participants describe a therapeutic relationship that is beyond a dual relationship and utilised as part of the client’s therapy.

3.4.1. Subtheme One: Client-animal relational dynamics

Participants spoke about how client-animal dynamics can reveal the client’s relational patterns which can support the practitioner in understanding their clients. In addition, the client-animal interactions can support the development of the therapeutic relationship which can further improve therapy outcomes. Furthermore, participants spoke about the reparative experience it can provide for the client.

Many participants spoke about how the client’s interactions with the therapy animal can reveal their relational template. According to the participants, this often leads to discussions and reflections about the clients own relational experiences with others which may further increase their insight into their relational difficulties. For example, Brittany describes how the client approaches the horse can reveal their “*attachment style*”. This may allow the practitioner to respond to the client in a way that is healing and facilitates the therapeutic process. She further adds that “*spending*

time with horses” may lead to client’s projecting and transferring their material onto the horse. This suggests that through prolonged client-animal interactions, it can potentially support the practitioner in understanding their client’s difficulties better.

“Most people want the horse to approach them unless they’re very scared. It can bring up a lot about attachment style. (...) And there’s a lot that can come up in terms of projection and transference by spending time with horses, which is therapeutic material about relational patterns and life goals.

(Brittany:203)

Poppy notes that the client-animal relationship is a “*fast*” and “*intense*” method of understanding and assessing client’s difficulties (“*it’s a really fast way of assessing*”). This may increase the practitioner’s understanding of the client through their interactions with the horses. Furthermore, Poppy states that “*it shows up every time*” when she works with a client. In addition, there is also an element of reflection (“*oh yeah. That’s how I am with other people*”) during this process. This suggests that the interactions between the client and the therapy animal can provide the practitioner with a quick understanding of the client’s interpersonal difficulties. This may potentially benefit clients who struggle to articulate their difficulties and instead play it out with the therapy animal and for the practitioner to see first-hand.

“It pulls out people’s issues incredibly quickly. So it’s a really fast way of assessing. And you know, people come into the field for the first time, if that’s the way you are working, and they want to have some kind of an interaction with the horse. They play out exactly how they interact with other people, in the way that they approach this and it shows up every time. They go “Oh yeah. That’s how I am with other new people”. (...) So for me, one of the thing that is really effective about it, is that it’s, I guess, I don’t want to say speed, it’s very intense. So you very quickly get to see people’s pattern of relating”

(Poppy:588)

Equally, several participants spoke about using the client-animal relationship to build rapport with the practitioner. Participants explain that the formation of a client-animal relationship is less intimidating compared to forming a relationship with the

practitioner. As such, this may help the client to settle and engage in therapy. Participants suggest that this positive experience may provide the basis to facilitating therapeutic process. For example, Matteo spoke about how he uses the client-animal relationship to develop rapport with the client in the early stages of therapy. There is an assumption from Matteo that clients perceive practitioners as judgmental (*“they perceive the therapist would”*) which can be an obstacle in the formation of a practitioner-client relationship. Matteo suggests that forming a client-animal relationship can be less *“direct”* especially for clients who may *“find it difficult to form relationships”*. This process of forming a relationship with the therapy animal may allow the client to experience that they are capable of developing relationships. As such, this may encourage clients to reflect on their experiences and difficulties they may have in forming relationships.

“I feel that it can facilitate the relationship to develop in the early stages. If somebody finds it difficult to form a relationship or they become very withdrawn, it can be a little bit less direct than one-to-one. There’s another being, if you like, to engage with that’s non-judgmental and does not expect anything of the client in the that they perceived the therapist would”

(Matteo:194)

Similarly, clients may have had negative interpersonal relationships in the past and the formation of a client-animal relationship may allow the client to have a positive relational experience. Harriet talks about a process where she encourages the formation of the client-animal relationship. In particular, Harriet focus on the client’s experience of forming a relationship. She describes that most of the clients have difficulties forming relationships (*“most of our clients really struggle to build relationships”*) because they are *“traumatized”* and *“damaged”*. As such, this may impact on the development of a practitioner-client relationship. Harriet suggests that having animals can help build relationships with the client. The formation of the client-animal relationship may provide the client a positive relational experience. As such, the client may then be willing to build a relationship with the practitioner, trust the practitioner, and eventually discuss their concerns.

“The first and foremost, it's about building a relationship. So animals help us to build a relationship with our clients. Most of our clients really struggle to build relationships with people because they're quite traumatised and damaged, diminished and then afraid of trusting of people”

(Harriet:424)

Furthermore, Braxton echoes similar comments. He explains that clients may form relationships based on their past experiences which may not be beneficial for them. He states that forming a relationship with the therapy animal, may provide the client with a different relational experience.

“If humans have always been untrustworthy, if they have always hit me or abused me, you know, I tend to pick the kind of people that hurt me for whatever reasons. “What if I form a relationship with this being that actually is just there?” That responds instantly”

(Braxton: 651)

Additionally, Layla echoes a similar sentiment in the formation of a client-animal relationship. She talks about the process of the client developing a relationship with the horse in which she perceives as a “*true*” relationship and states that the horse then becomes the “*secure base*” for the client. She notions that this experience may become a transferable skill for the client. Offering a different relational experience may allow the client to reflect on their interactions with other people. This suggests that the client-animal relationship may not be secondary or less ‘true’ than human relationships.

“When they build a bond with one of the horses then the horse becomes part of that secure base. It is probably when a really true relationship develop between the horse and the client, then the horse actually I think is becomes more of a secure base than I am. I like that because then I use the horse and that sort of transferable learning into everyday life”

(Layla:1180)

Similarly, Margaret talks about how “*special*” the client-animal relationship is. She speaks about the formation of the client-animal relationship which can be initiated by the client or the therapy animal. She illustrates the client-animal relationship with an example and the emotions it evoked in the client. This suggests that the formation of the client-animal relationship can be an important experience for the client.

“It’s about this very special relationship between the animal that they have chosen and sometimes it’s the animal that chooses them and that’s really beautiful when that happens. We tend to put our rabbits on the table. We don’t tend to handle them as such. So they’ve got the freedom to bob up to you and say hello if they want. And we have one absolutely amazing rabbit and he just went up to this bloke and put his paw on his shoulder. And the guy cried. He said “He likes me. He’s chosen me” and it was like a really really special moment”

(Margaret:591)

3.4.2. Subtheme two: Practitioner-animal relational dynamics

Participants discuss using their practitioner-animal relationship as a way to model a healthy relationship and to develop rapport with the client. By modelling a healthy practitioner-animal relationship, clients may observe a different relational template which they can model and practice. Additionally, participants comment that clients learn to trust the practitioner by observing interactions between the therapy animals and the practitioners. As such, clients may come to their own conclusion that the practitioner is trustworthy and engage in therapy.

Many participants spoke about the impact on the client from modelling their practitioner-animal relationship. This provides an opportunity for the client to model a healthy relational template that is loving and respectful and reflect on their own relational capacity. For example, Ulrike’s demonstrates her use of the practitioner-animal relationship within therapy. She notes the importance of modelling a “*respectful*”, “*trusting*” and “*assertive*” relationship with her therapy animal and appears that this is beneficial for the client and that they can practice what they observe (“*we can help clients to practice*”). This can potentially support the client in developing healthy relational behaviours with the therapy animal and apply it beyond their therapeutic setting.

“We as therapists can model our relationship with our animals as well. That’s a really important aspect and if that relationship that we have with our animals is respectful and trusting and assertive, we can model all of those things and in the context of a session we can help clients to practice”

(Ulrike:388)

Likewise, Harriet spoke about modelling a healthy practitioner-animal relationship that is built on *“trust”*. She describes the client’s observation of the practitioner-animal relationship may allow them to reflect on their own capacity to have a similar kind of relationship (*“they still capable of loving and seeing that kind of two-way relationship”*). In addition, she suggests that this may offer the client a different relational perspective (*“it can change you know, the way they perceive things”*). This may provide an opportunity of the client to reflect on their observations and further their insight into relational difficulties.

“you model a relationship that is built on trust and they still seem to be able, they still capable of loving and seeing that kind of two-way relationship. It can help people in their relationships. So it can actually, it can change you know, the way they perceive things erm, and the way they are with people”

(Harriet:344)

Harmony echoes similar comments to Harriet. She notes that clients may have difficulty trusting people due to their past experiences of *“abuse”* or *“neglect”*. She states that if the client is able to observe and perceive positive practitioner-animal interactions, it may be helpful for the client to build trust in her. The experience of building trust may extend to other relationships (*“I think it helps to build bridges”*). This suggests that clients may use the therapy animal as a guide to assess whether the practitioner is trustworthy.

“If they don’t feel they can trust people because of lot of people who have had you know, really severe mental health problems, may come from a background of abuse or neglect. When they see that the animal, loves me, wants to be with

me, you know, it just helps them have that trust in myself. So I think it helps to build bridges”

(Harmony: 268)

Furthermore, several participants note the importance for the client to observe the interactions between the therapy animal and the practitioner to establish trust in the client and as such, encourage the client to be forthcoming about their difficulties. For example, Katarina comments that the client is more “*relaxed*” and “*comfortable*” if the client perceive her dog as happy (“*They see how the dogs are happy*”) and trust the dog’s perspective of the practitioner (“*They trust the dogs*”). She suggests that there is evidence for the client that this person is trustworthy and may encourage the clients to be more “*open*” about their difficulties (“*I think clients open up quicker*”). The practitioner-animal relationship appears to facilitates ‘trust’ which encourages the client to share their difficulties.

“I think clients open up quicker because they feel more comfortable and relaxed. They see how the dogs are with me it helps them to feel more comfortable as well. They trust the dogs. They see the dogs trust me, and they see how the dogs are happy to interact with you”

(Katarina:278)

In addition, Layla echoes similar sentiments. She notes that the client’s perception of the practitioner-animal relationship can affect their trust in the practitioner. This process of building trust towards the practitioner can support the development of the therapeutic relationship. This may potentially support the client in transferring this learning onto other relationships.

“If a client sees you relating to an animal and being gentle and warm to an animal, it will help them build trust in you that they are going to feel safer in your care as well”

(Layla:557)

3.4.3. Subtheme three: Beyond the dual therapeutic relationship

Participants spoke about different interactions of therapeutic relationships within AAT. They note that having different interactions of therapeutic relationships creates a dynamic process within AAT. In addition, participants comment that having different interactions in between therapeutic relationships provides them with more opportunities to become reflective and thus, improve the overall effectiveness of the client's treatment.

Many participants talk about the use of a therapeutic relationship that involves multiple parties. They note that the client's therapeutic process can happen with the practitioner or with the therapy animal and that it can interchange throughout AAT. Furthermore, participants spoke about the benefits of the practitioner observing the client in action within therapy. For example, Layla describes the therapeutic interactions in AAT as "*a moveable feast*" and that process can happen between practitioner/client and client/therapy animal. She further adds that as the session proceeds, more is happening between her horse and her client. This suggests that the therapy animal is an important part of the dynamic process at different stages of the client's treatment.

"It's a triangulation between the three and it's a moveable feast. Sometimes, of course when you have a good therapeutic relationship with a client, then the therapy is happening between them and me (...) you find later on in the session that the therapy and the therapeutic relationship is between the horse and the client"

(Layla:259)

In addition, Brittany talks about her role in managing the different interactions in the therapeutic relationships in AAT. She likens her role to a "*sound engineer*" where she has to attend to different sources of information within AAT. She highlights that she may need to attend to all sources of information depending on what is happening in the session ("*whatever instruments on and they're all being mixed*"). She also notes that she needs to "*relax*" in order to not focus on one area so that she can understand what is happening in the session as a whole. This suggest that practitioners may need a good understanding of all the interactions in the different therapeutic relationships in order to support the client's therapy.

“I feel I'm a bit like a sound engineer, because I've got lots and lots of different input channel if you know that there would be a channel from, you know, the vocals the, you know, the guitar, the drums, you know, whatever instruments on and they're all being mixed. So I feel like I've got, and this is part of the skill to kind of relax and be as kind of safe as possible so that you can be open to all the inputs”

(Brittany:809)

Most participants talk about the importance of being a reflective practitioner within the therapeutic relationships. Participants note that this provides an opportunity to observe client interactions with the therapy animal and may stimulate conversations around those interactions. They emphasize that their position as a practitioner has taken a step back within the practitioner-client-animal relationship which allows them to observe client-animal interactions from a clinical distance. This may encourage reflections and facilitate therapeutic change. Also, participants comment that there is less emphasis on themselves as a practitioner. As such, this may allow the practitioner to reflect on their impact on the client's therapy. For example, Braxton talks about the different experiences of reflecting between one-to-one therapy and AAT. He comments that it is relatively challenging (*“it's a bit harder”*) to take a step back and be reflective in one-to-one therapy. AAT appears to provide more opportunities for him to reflect (*“to be able to watch”*) on the session. This can potentially provide the practitioner with opportunities to reflect on their impact on the client's therapy. As such, there may be more opportunities for discussions and reflections with the client and further increase their insight into their difficulties.

“On a one-to-one relationship you don't get the opportunity to watch the client interacting and relating. The kind of way that you stand back. I try to do it one-to-one because I like to just keep that clinical distance and think “What's happening here? What's the dynamic between us? What's going on?” But because I'm in it, it's a bit harder. So to be able to watch, I think that's quite important.

(Braxton:766)

Poppy talks about the opportunities to be reflective in AAT. She notes the importance of her client and the horse relating to each other. This provides an opportunity for her to reflect (*"I'm using my observation, I ask a few questions"*) and stimulate discussions about the client's interactions. In addition, she does not have to be involved constantly with the therapeutic process (*"it's not all about me keeping things going with the client"*). This suggests that there is less emphasis on the practitioner to 'make' things happen and that the 'flow' of therapy can still be maintained between the client and the therapy animal. This can potentially empower clients to take ownership of their treatment and for the practitioner to guide the process.

"Although there's a lot to be aware of, the focus is off me as a therapist because it becomes about how the client and the horse or horses are relating to one another. So whilst I'm using my observation, I ask a few questions. I'm a lot less active. I'm not inactive but it's not all about me keeping things going with the client or having direct contact all the time. Often the client might be having a few moments almost out of earshot with the horse. So I stand back and I allow that to happen"

(Poppy:1000)

Harriet highlights the importance of being a reflective practitioner in the client's therapy (*"it becomes much more of a useful process"*). She notes that it is more important to allow the clients to interact with the horses (*"stay away from clients during their interactions with horses"*) rather than interjecting with interventions (*"as opposed to something else to talk about"*). In addition, there appears to be an emphasis on being client-lead. Furthermore, there appears to be a fluidity in this process between the client-animal and client-practitioner where process can happen. This client-lead approach may empower the client and may increase their insight into their difficulties through their interactions with animals.

"The one skill I've learned a lot is to actually back away and stay away from clients during their interactions with horses (...) You have to be quite a reflective psychologist and think about why one thing, as opposed to something else to talk about (...) So the more you step away, let things happen, and let clients tell

you what's relevant for them, then I think it becomes much more of a useful process”

(Harriet:1273)

Harmony notes that it is “okay” for her to not say anything and for the client to take the lead. This allows her to step back and observe the interactions between her client and her horses. This appears to be an important part of the process as it may allow the client’s voice to be heard. This suggests that there is less pressure for the practitioner to facilitate change and the importance of being able to step away from the action.

“Some days I just think I've got nothing to say but that's okay because the client will have something to say about what's happening. If you listen and watch and keep quiet (...) I'd say the one skill I've learned a lot is to actually back away and stay away from clients during their interactions with horses and that's really important”

(Harmony:1267)

3.5. Theme Three: Challenges and Opportunities in AAT

Participants acknowledged that there are challenges and opportunities in AAT. They mentioned that there are areas for growth such as research and training in AAT. They also cite that AAT can be a challenging approach in that multiple areas such as animal welfare and practicalities need to be considered before AAT can be delivered. Despite these shortcomings, participants comment that AAT is an approach that is adaptable to different therapeutic modalities and environments.

3.5.1. Subtheme one: Room for growth

Participants comment that AAT has room for development. They often note that the evidence base is not strong possibly due to AAT being a relatively new therapeutic approach and that research is developing. This may affect people’s willingness to seek out AAT or services making referrals to this therapeutic approach. In addition, there appears to be a lack of structure or procedure that guides the delivery of AAT which may lead to practitioners who are interested finding their own way.

Many participants spoke about limited research which may lead to AAT being less evidence-based. As such, this may affect people seeking out AAT. For example,

Layla talks about the current state of the evidence base in AAT and describes it as a “shame”. She states that AAT “*isn’t evidence base*” and explains that AAT research may be difficult to study (“*it is very difficult*”). This suggests that it may take some time before the AAT evidence base develops. She further adds that the lack of evidence may be a “*disadvantage*” in referrals. As such, this may impact on the development of AAT.

“I think that’s a shame because obviously it isn’t evidence based. It is very difficult. I think in the long run it will become more and more. So I mean in some ways that is a disadvantage in terms of maybe the NHS prepared to refer people and things like that”

(Layla:478)

Harriet also talks about the difficulty of research in AAT. She describes AAT as a “*complicated*” subject for research. There is a sense of not knowing where to start researching AAT and that it is a “*minefield*”. She explains that there are many elements involved in AAT which can happen in several possible ways (“*There’s so many permutations*”). As such, it may be difficult for researchers to systematically study AAT. This suggests that AAT itself is a complex area of research and in addition, there are many ways to practice AAT making it difficult to research.

“I think it’s a complicated subject which is why I think research is very difficult. I think it’s a minefield as far as researches go. There’s so many different permutations and so many different things going on”

(Harriet:1500)

Poppy echoes similar sentiments. She questions whether research is conducted within the National Health Service. She also queries how to increase AAT awareness (“*I don’t know how do things get in there*”) and possibly someone to initiate AAT research within the NHS. She provides CBT as an example to illustrate her point. This suggests that more awareness is needed for AAT research and is missing a ‘key player’ to drive this forward. Furthermore, there is also the added question of finance.

“I’m not sure the National Health Service pays much attention to research. It probably does at some level. I don’t know how do things get in there. Erm you probably would have to but then you need someone, just like CBT. Who decided that was something that everybody was willing to research in the first place? And that’s the problem. Who’s going to pay for the research?”

(Poppy:1395)

Similarly, participants discuss that there is a lack of overarching body that governs AAT in UK. They note that more awareness is needed among practitioners to be certified in delivering AAT. There is a sense among the participants that not all practitioners using AAT are certified. This may affect the standards of practice in AAT. Katarina notes that in comparison to the US, the UK appears to have a lack of system in place for AAT. There is also a sense from Katarina that AAT is not accepted within the UK (*“within the US it’s very much accepted”*). This can potentially affect people’s perception of AAT in that they may disregard the legitimacy. In addition, Katarina emphasises the importance of qualifications (*“you need to have these qualifications”*). This ensures that practitioners are delivering AAT to a recognised standard.

“Within the UK, the lack of structure. By that I mean because within the US it’s very much accepted. There are far more like qualifications, ethical considerations, ethical boundaries. It’s set up in a much more structured way that has far more guidelines. (...) You need to have these qualifications”

(Katarina:780)

Ulrike makes similar comments in her extract. She comments on the lack of standards and governing body on practitioners using AAT. This can potentially cause harm to clients, unsafe AAT practices, and develop a bad reputation for the approach. This suggests that AAT awareness needs to increase and a clear pathway to deliver it.

“We have no national occupational standards and we have no governing body and there is no requirement for anybody to train or anything. They can go out with a snake or whatever to visit people in the public and say “Look I’m doing wonderful work” and actually there’s nothing to say that’s really the case”

(Ulrike:878)

3.5.2. Subtheme Two: The Demands of AAT

There are a number of areas such as knowledge of animals that participants point out that practitioners must have and the ability to blend them together with psychotherapy in their practice to make AAT effective. They also discuss the difficulties in focusing on the client and the therapy animal simultaneously.

Many participants note that AAT is a complex approach that requires expertise in a number of areas. Participants talk about the importance of understanding animal behaviour and how to incorporate it into the client's therapy in order to make it therapeutic. This appears to be a complex process and requires a certain level of expertise in order to utilise AAT effectively. In Brittany's extract, she notes that the complexity of AAT requires a unique combination of skills to become a competent practitioner. In order for a practitioner to deliver AAT effectively, it appears there needs to be a combination of therapeutic knowledge and knowledge of animal (*"blending all of that together"*). She explains that this is a challenging process (*"requires a high level of training"*). This suggests that AAT requires training that blends psychotherapy and knowledge of animals in order for practitioner to deliver it effectively.

"It takes a high combination of therapeutic training, allied with equine skills, knowledge of horse behaviour and care and safety and blending all of that together. So it requires a high level of training"

(Brittany:1073)

Furthermore, Harriet spoke about some of the knowledge the practitioner should have in AAT. She identifies the professional *"competencies"* from their core profession, knowledge of *"animal welfare and behaviour"*, and also an understanding of the practitioner's own therapy animal(s). This suggests that AAT may require a range and different domains of skills that are beyond standards of psychotherapy professions in order to deliver it proficiently. In addition, she adds that the practitioner also needs knowledge and experience of the client group that they are working with. The combination of psychotherapy, animal knowledge, and client group, can potentially explain why AAT can be a challenging approach to deliver effectively.

“So all of the competencies that you would have anyway for what your profession is. And then on top of that you need to have a very good understanding of animal welfare and animal behaviour. And then going down a level from there, I think you need to have a very very good understanding of your animals. And the way that they are going to interact and you also need to have a pretty good working knowledge of the group that you are going to engage.”

(Harriet:1238)

Similarly, several participants talk about the difficulty of managing their own attention. They note that they have to keep their attention on the client, and the therapy animal. This can create a split attention amongst the practitioner. This can be potentially challenging for practitioners to monitor all processes. For example, Ulrike describes her split attention within her session. She notes that psychotherapy can be difficult to implement (*“psychotherapy is challenging”*). Furthermore, she adds that monitoring everyone’s safety and the therapeutic processes at the same is challenging. The process of monitoring many things at once adds another *“layer of challenge”* when combining psychotherapy with therapy animals. There is a sense that AAT can be challenging for one practitioner to hold many things at once. This suggests that potentially having another practitioner or facilitator can share therapeutic responsibilities.

“The challenge of keeping a lot of animals and keeping everybody safe and paying attention to all those extra details are challenging. Psychotherapy is challenging anyway, so that gives you another level and layer of challenge really”

(Ulrike:730)

Braxton also note the difficulty of attending to the relational process between himself, his therapy animal, and his client. Braxton adds that this process is initially challenging (*“I found it really difficult to start”*) but then becomes easier as he become more proficient in AAT (*“Now it’s a little easier”*). This suggests that through practice and experience, AAT may become easier to implement.

“I found it really difficult to start because I’m watching the relationship with myself, relationship between me and my client and then you bring this other being into the room. So I’m also watching the relationship between me and the animal, and the relationship between the animal and the client. There’s a lot of hard work to start with. So now it’s a little easier”

(Braxton:327)

Margaret adds that managing her attention becomes easier. She states that she has become more *“relaxed”* and *“open minded”*. There is also a sense that it is difficult to observe everything within AAT. She notes that it is difficult to know *“what’s going to happen”* within a session. This may make it difficult for the practitioner to focus their attention or observe certain aspects within AAT as it *“varies from minute to minute”*. There is a sense of acceptance from Margaret that she cannot monitor everything but rather, let the session progress naturally.

“It requires quite a lot of attention and observation. What I find is that the more of it I do, the more I relax and be open hearted and open minded and, you know, I expect the unexpected with equine sessions. I never know what’s going to happen. Honestly, it varies from minute to minute”

(Margaret:386)

3.5.3. Subtheme three: The Adaptability of AAT

Participants spoke about AAT as a flexible approach. They spoke about using different animals and conducting AAT in different environments. In addition, participants spoke about using different therapeutic approaches with AAT.

Several participants spoke about the flexibility of using different animals and conducting AAT in different environments. This flexibility may empower clients to choose which animals and where to conduct their own therapy. For example, Ulrike talks about giving the client the choice to choose the therapy animal to work with (*“people have preferences”*) and whether to work indoors or outdoors. This process may empower the clients by giving them the decision to decide where to work and which therapy animal they would like to interact. However, there also appears to be an agreement between Ulrike and her client of the treatment boundaries. Furthermore,

the client's decisions may have an underlying meaning which could be explored by the practitioner.

"We would have agreed which animals normally, because people have preferences and we would have agreed roughly speaking, the sort of environment we were going to be working outside in. So some people might be happy to work in big open fields. Some might want to work in more contained spaces.

(Ulrike:224)

Furthermore, Margaret spoke about a similar process. She talks about the range of therapy animals that she has and how their different personalities can help different clients with different presenting issues. This suggests she may try to match clients with animals in a way that supports her client's treatment and achieve their goals. As such, having different animals may have different purposes and benefit the client at different times.

"So I have got some horses for instance that are quite shy. Some horses are quite bold. I've got some dogs that are quite playful and energetic. And cats that are older and quieter. So I have a range of behaviours in the animals. Hopefully, they can then help different clients in with different problems"

(Margaret:341)

Matteo echoes similar comments to Margaret. He states that the matching between the client and the animal is dependent on the client and can be a process of trial and error. There is also a sense of not disregarding animals that may not be perceived as mainstream choices as Matteo notes that *"all animals have things to offer"*. This suggests that the practitioner needs a good understanding of their therapy animals in order to utilise their therapy animals flexibility in AAT.

"All animals have things to offer and it's a little about the fit between the client and the animal as well and that might be trial and error. I worked quite a lot with pigs and quite a lot of clients worked well with a pig. So it just depends really on the client"

(Matteo:429)

Similarly, several participants spoke about using AAT in conjunction with different therapeutic modalities. Participants spoke about how they incorporate AAT into their client's modality and it appears that a variety of theoretical approaches are used with AAT as participants demonstrate. For example, Harriet spoke about her use of AAT with different frameworks. She highlights her psychotherapeutic training and that she favours a systemic approach in her work with horses. She also comments that different psychotherapeutic modalities can be used with her work with the horses. This suggests that AAT can be used as an adjunct with different psychotherapeutic models and that it is up to the practitioner's discretion.

"I'm trained in everything from CBT, psychodynamic and systemic but I favour systemic work in my practice. But all of the models, you know, horses can connect the models. And you can connect through the horses to all different types of learning"

(Harriet:533)

Layla talks about using CBT with AAT. She describes how she incorporates her horse in the client's therapy to reduce their anxiety. She uses the horse as a medium to demonstrate the anxiety symptoms (*"we'll notice the horses breathing rates and physical bodily changes"*). As such, this may allow the client to reflect on the anxiety on using the horse as a medium. This approach appears to be less intense for the client offering opportunities to learn about the anxiety. This can potentially increase a client's insight about their own difficulties without using their own material.

"We asked them to say for example, we'll notice the horses breathing rates and physical bodily changes when they're near the anxiety provoking stimulus. Then we might even ask the client to think of how the horse is thinking so we talk about thinking errors, and then we'll ask the client to connect with what the horse then does with its body. We ask the client to support the horse to think differently about the stimulus, to be calm in the presence of the stimulus so we often do like, how can we help the horse relax from the stimulus. And by doing that we're teaching especially children about CBT for anxiety"

(Layla:579)

Furthermore, Harmony spoke about using psychodynamic approach in conjunction with AAT. She describes her clients projecting their materials onto the animal and offering an opportunity for them to reflect on them. In addition, Harmony uses the surrounding environment as a representation of containment within where the animals reside. This suggests that the clients are able to explore their difficulties through the therapy animals and within a contained environment. There is an implication that AAT can be used within a psychodynamic approach.

“I think also there's a quite a lot of psychodynamic work that can come out of working with animals because the kids do project a lot of their thoughts and feelings and fears onto the animals and then can reflect on them. And there's a lot of stuff about containment because you've got fences and safe spaces and unsafe space. So you can really think with the client about the kind of psychodynamic constructs”

(Harmony:604)

3.5.4. Summary of Findings

The aim of this study was to explore how practitioners incorporate AAT into their practice. The analysis showed that participants utilised their therapy animal in a variety of ways and used elements of nature in the client's therapy. Furthermore, these two attributes contribute to working in the moment for the practitioners and clients.

Similarly, participants incorporated the relational interplay between the practitioner, the client, and the therapy animal into their practice. They spoke about the client-animal relational dynamics in understanding the client's relational, building rapport, and providing a reparative experience. In addition, the practitioner-animal dynamics provide a platform for clients to model and observe a different relational perspective. Furthermore, participants describe the different interplays between the practitioner, the client, and the therapy animal.

Lastly, participants spoke about the challenges and opportunities of AAT. They spoke about room for improvement due to lack of research and no clear structure. Additionally, they spoke about the fact that AAT requires knowledge beyond the traditional psychotherapeutic knowledge and the challenges of split attention.

However, participants also spoke about AAT adaptability as an adjunct to many different therapeutic modalities.

Chapter Four: Discussion

4.1. Overview

The aim of this research project was to gain an understanding into how practitioners incorporate AAT into their practice and their understanding of the processes involved in the client's therapy. The findings showed how participants use AAT and the impact it has had on their clients' therapy. This chapter considers the findings in relation to the project's aims and the research question within the context of the wider literature. This chapter will end with a critical evaluation of this study and considers the implications, recommendations and limitations.

4.2. Implications of the Findings for the Research Questions

The following section provides a direct discussion of the research question with the findings. These links will be expanded with previous literature in section 4.3.

4.2.1. How do practitioners incorporate AAT in their practice and what is their understanding of the therapeutic processes?

The findings showed that practitioners incorporate AAT in different ways. Many participants drew on the animals' non-judgemental nature to create an environment where the client can feel comfortable in expressing themselves. Additionally, observing animal interactions and behaviours provides a topic of discussion and an indirect way of understanding the client's relational template. Similarly, therapy animals are used as a therapeutic metaphor to support clients in expressing themselves.

Elements of nature were also incorporated into AAT. Participants mentioned that conducting therapy in an outdoor environment can diffuse the power imbalance and as such, empower the client and also improve the client's mood and support their engagement in treatment.

The client-animal interaction is another facet utilised in their AAT practice. Participants spoke about the client's interactions with the therapy animal can reveal their attachment styles, relational patterns which can provide an understanding for the practitioner of their relational template. The practitioner may use this understanding to help the client to increase their insight into their difficulties through discussions and reflection. Similarly, participants spoke about utilising the practitioner-animal interactions. They explain that clients can observe different relational behaviours

which they can model and learn and support the development of healthy relational behaviours.

4.2.2. How does the therapy animal impact on the therapeutic relationship?

The formation of the client-animal relationship may help support the development of the practitioner-client relationship. The formation of a client-animal relationship is less intimidating than forming a relationship with the practitioner. Furthermore, there is an assumption that clients have an underlying bias that practitioners are judgmental which can impact on the therapeutic relationship. The relationship building experience may help the clients overcome their previous negative experiences of forming a relationship which may then be transferred to the formation of the practitioner-client relationship.

Many practitioners also spoke that the client-animal interactions may reveal the client's attachment styles. In addition, the client may project or transfer material onto the therapy animal allowing the practitioner to gain an understanding of their difficulties. As such, practitioners may be able to respond in a way that is healing for the client and potentially support the development of the therapeutic relationship.

Client's observation of the practitioner-animal relationship can facilitate trust in the practitioner. If the client perceives the therapy animal to have a positive relationship with the practitioner, it may assist the process of building trust towards the practitioner and support the development of the practitioner-client relationship.

4.2.3. What challenges do practitioners face when delivering AAT?

Participants spoke about a limited evidence-base. As such, it may be challenging to promote AAT as a viable option for client and especially for large providers such as the NHS. In addition, AAT research can be challenging due to different elements involved in AAT and the difficulties of funding. Furthermore, a lack of AAT standards can be damaging to the approach and may affect people seeking out AAT.

AAT is a complex process that practitioners need a knowledge base around animal's behaviour and welfare and also an understanding of their own therapy animal. Furthermore, practitioners need to combine animal knowledge and psychotherapy in a way that benefits the client. As such, AAT may require a certain level of training and experience before it can be used efficiently.

Split attention can be challenging in AAT as the practitioner has to focus on the client, the therapy animal whilst doing psychotherapy. They added that incorporating AAT and focusing on the safety adds another layer of challenge to the practitioner. Despite the challenges, AAT is described as a flexible approach where it can be conducted in different environments with different animals and using different therapeutic modalities.

4.3. Contextualising the Findings in the Literature

This section discusses the findings in relation to the existing literature on the topic. This section will make some references to the implications from the findings which will be explored further in the implications section.

4.3.1. A Psychotherapeutic Encounter

The findings in this study described several ways in which participants incorporate AAT into their practice. The findings showed that the participants utilised the client's perception of the animals of having a non-judgemental nature to encourage the client to disclose their difficulties. This is congruent with findings from previous studies (Black et al., 2011; Krause-Parello & Gulick, 2015; McCullough et al., 2015). Krause-Parello and Gulick (2015) suggested that the presence of a canine acted as a buffer to safeguard the client when disclosing details of their trauma. Similarly, Black et al. (2011) and McCullough et al. (2015) suggested that the holding environment may allow clients to discuss and process their trauma. The current finding and previous studies support the role of the therapy animal in helping clients to disclose their difficulties. In addition, participants commented that they draw on the non-judgemental nature of their therapy animal where the client can disclose their difficulties without feeling judged. This supports previous findings from Wilson et al. (2017) where the practitioner drew on the non-judgemental nature of the therapy animal to make the therapeutic experience less confrontational. Fine (2014) suggested that the therapy animal may dissipate any assumptions that the client might have about their practitioner. As such, not only does the therapy animal offers a buffer but is also perceived as a non-judgemental where the clients can feel safe in disclosing their difficulties (Fine, 2006). Furthermore, participants commented that clients are more willing to accept an animal's behaviour as genuine in comparison to the practitioner. This is congruent with the finding of Jenkins et al. (2014). They found that dogs were highly rated on the three Rogerian traits, unconditional positive regards,

empathy, and congruence in a group of middle-school students (Jenkins et al., 2014). Rogers (1957) stated that practitioners must have the three attributes in order to promote growth within clients. This suggests that incorporating therapy animals in AAT may fulfil Rogers' attributes and facilitate growth in the client. Accepting and supporting what the client says in the therapy session may strengthen the therapeutic relationship (Rogers, 1957). As such, clients may be more willing to accept practitioner's interventions and change their behaviour.

Similarly, the findings showed that participants used their therapy animals' behaviours and interactions to talk about relationships. This is congruent with findings in McCormick and McCormick's (1997) study in that observing animal behaviours and interactions promotes awareness of relational dynamics within the individual. The predominant focus in the literature is on the direct interaction with animals. The findings in this study and previous studies highlight the importance the role of animal observations in AAT. Participants explained that observing animal behaviours and interactions can stimulate discussions about relationships and create an opportunity for the client to reflect on their own relationships. This indirect approach may increase a client's insight into their own relationship and reflected the findings of Firmin et al. (2016) where they identified that working with therapy animals helps clients to become aware of themselves and relate to the animal better. The client's observation of animal interactions and behaviour may contribute to the client's discovery of negative emotions and how these may be linked to their own interpersonal relationships (Chardonens, 2009). In addition, the finding showed that animal behaviours and interactions resonates with Firmin et al. (2016) in that working with therapy animals helps clients become aware of their own emotions. Observational learning is the learning experience that is acquired by seeing a live situation which can help the client become more aware of aspects of themselves that they may not be aware or denying (Fryling, Johnston, & Hayes, 2011). Furthermore, participants revealed that observing animal interactions and behaviours may increase the client's understanding of their roles and responsibilities. This extends the study of Firmin et al. (2016) by showing that supporting clients to assume responsibility of their life without shaming or blaming. Their findings showed that practitioners teach their client's responsibility through tasks such as giving them the task of organising their treatment sessions. The present findings suggest that responsibility can also be taught through the observation of animal interactions supports the role of social cognitive theory. When the client

assumes and understands their responsibility for themselves, the client becomes empowered to be the person they want to be and a feel greater sense of self (Overholser, 2005). In addition, clients may benefit from having more than one therapy animal in AAT as multiple therapy animals can have a positive impact on relational treatment.

In addition, the present findings showed that participants incorporated the use of their therapy animal in metaphorical terms. This finding is consistent with McCullough et al. (2015) and Bivens et al. (2007) use of metaphors in that both studies explain that it allows clients to discuss and process their trauma. Mills and Crowley (2014) explain that therapeutic metaphors can connect the client's inner world and outer world and transform their relational experiences. Furthermore, therapeutic metaphors can increase client insight into their difficulties (Chandler, 2012). Participants commented that using therapeutic metaphors may offer an opportunity to increase the client's insight into their own difficulties. Additionally, this finding also extends the use of the therapeutic metaphor to using their therapy animal's anatomy such as the spikes on the back for protection in their practice where it offers an opportunity for the client to reflect on their difficulties which can potentially increase their insight. In existing literature, Chandler (2012) stated that through imagery, it can shift the client's focus to the animal so that they can process their experience through the animal and provide a deeper understanding of their own feelings and experiences. However, participants spoke about the functions of the animal anatomy which extends this further than processing the animal's perspective. There is an element of understanding the purpose of the animal's features and the function it serves which can potentially benefit clients who struggle with imagery and to associate and understand their difficulties visually (Ziemkiewicz & Kosara, 2008). Moreover, it appears that the use of therapeutic metaphors can have many possibilities and is not limited to the use in AAT.

The findings in the study also showed that participants incorporated elements of nature into their AAT practice. This finding is consistent with Kamitsis and Francis (2013) where exposure to nature improves psychological wellbeing. Participants noted that reconnecting with nature can improve their mood, support and help them engage in therapy. Additionally, participants discussed how conducting AAT in an outdoor environment can diffuse power. They compare AAT to traditional therapy whereby the practitioner is perceived to be in a more power dominant role whilst conducting therapy

in an outdoor environment may reduce the power imbalance. A finding with less resonance in the previous literature was the importance the participants attributed to the delivery of AAT in natural settings. Participants commented that AAT in an outdoor environment may empower clients and encourage them to open up about their difficulties. Psychotherapy that is conducted in a non-traditional setting (outside a clinic) enables different aspects of the client such as their behaviours to emerge and be expressed within an environment of freedom and open space (Bachi, 2000). However, participants appear to have overlooked that the client can also hold a lot of power such as deciding what to say and how to say it (Dalenberg, 2004). Practitioners may perceive that power is removed if there is no money involved or that psychotherapy is conducted on neutral ground, but the practitioner still has the knowledge within them which is equally powerful (Dalenberg, 2004). Furthermore, there is also the question whether the therapy animal also holds power. When power is managed appropriately, it can create a safe and secure environment for the client to heal and grow from their difficulties (Kuyken, 1999). In addition, many participants spoke about being in the outdoor environment grounds the client and that being in a clinical room may be overly stimulating. This finding expands on the previous literature by Sklar (1988) that the therapeutic environment forms an important part of the client's therapeutic process. Participants note that the outdoor environment helps connect clients and increase their engagement in treatment. The outdoor environment may serve as a grounding medium that enables clients to reclaim a sense of self (Trundle & Hutchinson, 2020). Within the current literature, there is limited discussion around the effect of the therapeutic environment on AAT. This finding may have implications regarding where AAT should be implemented.

Many participants describe AAT as an approach that relies on working in the moment. This finding is consistent with Siporin (2012) that the client-animal interactions are immediate and offer an opportunity for the practitioner to address them in the 'here-and-now'. Furthermore, it is also congruent with the findings of Wilkson et al. (2017) that AAT requires the active participation of the client. Several participants reported utilising client material in the session and relating it to the therapy animal to help increase their insight into their difficulties. In addition, participants added that the client-animal interactions may facilitate an ongoing process of learning in which the therapeutic process can happen at an intense rate. This finding supports the study by Becker et al. (2017) where they suggested that the involvement of a therapy dog

increased engagement in learning and practicing social skills. Furthermore, Chandler (2017) stated that the therapeutic experience is based on engaging in a process of self-awareness through the interactions with the therapy animal and the practitioner in the moment. The present finding and previous research suggests that with the addition of the therapy animal, it may increase the facilitation of therapeutic process. Furthermore, participants spoke about moments in AAT which they perceived as 'therapy changing'. Participants explained that the combination of sensory input and interacting with the therapy animals make it particularly memorable. This finding is consistent with previous research that a sensory dimension enriches the therapeutic experience (Fine & Mio, 2010). This finding suggests that client's may be able to maintain changes due to the sensory input and interaction with the therapy animals.

4.3.2. Multi-facet Relational Process

The present findings showed that participants used the client-animal relationship as a basis for building rapport with the practitioner. This supports the findings from Firmin et al. (2016) that the therapy animal can be used to facilitate the development of the therapeutic relationship with the practitioner. Participants commented that the client's experience of forming a client-animal relationship, shows that they have the capacity to form a new relationship which can then be applied to the practitioner. This finding supports Fine's (2006) argument that the therapy animal may provide an emotional bridge to the therapeutic relationship and make it easier for the client to engage with the therapy animal and then transfer it to the practitioner. Furthermore, this finding also supports psychodynamic principles in that integrating a therapy animal provides an opportunity for the client-animal relationship to be extended to others (Berget & Braastad, 2008). Throughout the literature, the therapy animal has been used in various ways to enlist trust and development of the practitioner-client relationship. This finding has implications on the development of therapeutic relationship, benefits clients in the initial stages of psychotherapy, and those who may struggle to connect with people. This process can help the clients ease into psychotherapy and make their experience more comfortable. In particular, it can be beneficial for clients who have trust issues or people who have difficulty forming relationships due to their past experiences which this building experience can then be transferred to other people outside of treatment (Samfira & Petroman, 2011). Additionally, the findings showed how participants assessed and understood the client's relational template through the client-animal relationship. This supports

previous statement from Karol (2007) that the client's inner world is expressed through their interactions with the therapy animal. This provides an opportunity for the practitioner to assess and provide an interpretation of these behaviours which can stimulate discussions and reflections with the client (Masini, 2010). In addition, this offers a chance for the client to explore their relational attachment, bonds, and experiences (Masini, 2010). This allows the client to gain an understanding of their relationships and explore their external world within the therapeutic space and hopefully allow the client to move towards more open behaviours and increased levels of self-awareness (Chrzescijanska, 2020). Furthermore, the findings showed the emotional impact of the client-animal relationship on the client. This extends the argument by Field et al. (2009) that an animal stimulates feelings of genuineness and empathy in people. Furthermore, Firmin et al. (2016) identified that working with therapy animals can help clients become aware of their own emotions. Daly (2015) argue that there is a relationship between human-animal interactions and empathy. This process allows the clients to understand their own emotions and freedom to express it and allows the practitioner to make sense of their experience (Watson & Bedard, 2006). This finding suggests that the formation of the client-animal relationship may have impacts on the rapport and emotional impact on the client.

The findings also showed that participants utilised their practitioner-animal relationship in AAT to develop rapport with their clients. Participants modelled a trusting and respectful relationship with the therapy animal. This finding extends the current literature of Masini (2010) whereby the practitioner models their interactions with their therapy animal which encourage clients to reflect on their own interactions. Participants also commented that how their therapy animals interact with them can instil trust in the clients. Clients are likely to trust an animal's instinct and if they see the therapy animal acting in a trusting manner towards the practitioner (McCormick & McCormick, 1995), and will give them confidence that perhaps the practitioner is trustworthy (Tuuvast et al., 2017). Bordin (1979) states that there is a level of trust in all therapeutic relationships, but a deeper level of trust is required when working through the client's inner experiences. Furthermore, the present finding also supports social cognitive theory where the client learns to trust their practitioner through the animal interactions. There is limited literature regarding the impact of the practitioner-animal relationship on the therapeutic relationship in AAT suggesting that further research is needed.

Similarly, the findings showed that AAT is a dynamic process that involves multiple parties (practitioner, client, therapy animal) in which the therapeutic relationship can switch between them. This stands as a novel finding within AAT in showing how the client may switch therapeutic relationship between the practitioner and the therapy animal and how it impacts on the therapeutic process. Tribe and Thompson (2009) note that there is an ongoing process of splitting and pairing when working with a third party such as an interpreter, and that these pairings may change at different points in the therapy work. This may address and identify maladaptive patterns of behaviour in groups and help the individual develop new patterns of behaviour (Bertrando, 2018). This is an area that requires further investigation to understand how the therapeutic relationship switches in AAT and the implications in practice. Furthermore, the present findings showed that utilising the therapy animal in AAT provided participants with more opportunities to step back and be reflective. This finding builds on the literature regarding the role of the practitioner in AAT. Being reflective is important as it supports the practitioner in understanding themselves and how they can potentially impact on the client's therapy (Lethbridge et al., 2011). Additionally, it may help in the understanding of engagement with clients which is important for the development of the therapeutic relationship.

4.3.3. Challenges and Opportunities in AAT

The findings showed that there are challenges when using AAT. Participants spoke about the lack of research in AAT. This finding supports previous study (Wilson et al., 2017), that more research is needed in order for AAT to be considered a viable evidence-based practice. Limited evidence-base can impact on the development of guidelines and AAT best practices (White & Kratochwill, 2005) and therefore, it is important to increase AAT research in order to raise its professional standing. Furthermore, participants in this study suggests that AAT is a complex area that may be difficult to research. This adds to Wilson et al. (2017) finding. Serpell, McCune, Gee, and Griffin (2017) argue that there is a lack of systematic procedure to test the theoretical frameworks that explain the processes underlying AAT. Perhaps the most significant challenge is the inability to blind participants and the researchers conducting the study (McCardle, McCune, Griffin, & Maholmes, 2011). This suggests that AAT research possesses a significant challenge and may require more time and planning before a substantial evidence-base is built.

Similarly, the findings showed that there was a lack of a governing body that monitors the use of AAT in the UK which may pose a challenge in monitoring the standards of practice. This finding is different from the literature cited by Chandler (2017) where the SCAS is the professional organisation that governs AAT practice in the UK. A governing body ensures that AAT is practiced in a safe environment and is a positive experience for the clients (Kaslow et al., 2004). Perhaps, the participants suggest that the governing body is present but has a limited presence. This is a concern regarding AAT if practitioners are unaware of the guidance and frameworks surrounding this profession.

Another finding that demonstrated the challenges of AAT is the process of combining psychotherapy and knowledge of their therapy animals. This finding is consistent with McNamara's (2017) study. McNamara (2017) suggested that there is not a consistent approach to AAT due to the disconnect between theoretical guidelines and clinical practices. Furthermore, Winkle and Jackson (2012) state that practitioners need to have knowledge about their therapy animal in order to use AAT effectively. Although there are models such as EAGALA that provide a framework for incorporating therapy animals with psychotherapy, the present finding suggests that AAT may require further training to develop skills that is beyond the standards of psychotherapy training and the cohesion of animal knowledge. Despite the complexities, the findings also showed that AAT can be incorporated in flexible ways. This supports the current literature that a variety of animals can be incorporated into AAT. Participants spoke about incorporating different animals into their client's therapy. In addition, the findings also showed that AAT can be conducted in different environments. This supports Skylar (1988) statement that the therapeutic environment forms an important part of the client's therapeutic process. Furthermore, the findings showed that AAT can be adapted according to the practitioner's therapeutic framework. This finding supports the argument by Wry-Aanderson et al. (2008) that AAT can enhance traditional psychotherapies. However, there is little information describing this process or whether a specific framework is more adaptable. This also poses a dilemma between a more consistent standardised approach in AAT or adapting AAT into different theoretical approaches. This suggests that a closer look is needed to look at how AAT is used with different therapeutic approaches.

4.4. Implications of study

This study has shown that AAT incorporates elements of nature to improve the client's mood. This is consistent with Roszak's (1993) ecopsychology. He states that a connection between individuals and nature can improve their emotional wellbeing and that a disconnect can cause psychological distress. Furthermore, participants suggest that there is a grounding element in nature that can support the client in discussing their difficulties. Practitioners may consider incorporating elements of nature within AAT may enhance the overall therapeutic experience for the client.

Similarly, this study has shown that practitioners incorporate principles of psychodynamic framework to understand the client's difficulties and to provide them with a different relational experience. For example, participants explained that the development of the client-animal relationship may provide them with a positive experience that can be extended towards other people. This may increase the client's insight into their relational difficulties and potentially extend this learning to outside of therapy. Furthermore, the therapy animal offers an opportunity for the client to engage in a process of increasing self-awareness (Siporin, 2012).

Alternatively, this study has shown that practitioners incorporate cognitive behavioural elements. Participants have spoken about using the nature of their therapy animal to encourage clients to express themselves. This supports the notion that the therapy animal can assist in the client in expressing their feelings (Missel, 2001). This may benefit clients who struggle to interact with humans to practice dialogue with the therapy animal first. This process may encourage the client to discuss their difficulties.

Furthermore, the findings in this study also support a social cognitive perspective of AAT. Participants commented that the client's observation of the practitioner-animal relationship may learn appropriate ways to interact with the therapy animal. This supports social cognitive perspectives that clients can observe through animal or practitioner interactions and learn appropriate behaviours (Kruger et al., 2004).

This study has found evidence that AAT is consistent with different theoretical frameworks as discussed in the literature. Furthermore, the study also found that AAT can work with a systemic approach which was not discussed in the literature. A systemic approach seeks to reduce psychological distress by improving the client's interpersonal relationships (Hedges, 2005). The combination of a systemic approach and animals such as horse may support the client in reduce interpersonal difficulties.

Currently, there is limited research in this area and as such, requires further investigation.

This study may also have implications on AAT training. The present findings may help address some of the common practice in AAT and psychotherapy such as the develop of the therapeutic relationship or increasing client engagement. This may improve the practitioner's confidence in using AAT, improve client treatment outcomes, and facilitate client engagement. Furthermore, AAT training may support in their understanding of their own therapy animal.

There may be implications on the therapeutic relationship. The findings in this study is not limited to psychotherapists or practitioner psychologists but can potentially impact upon professionals who work with clients in the health sector. Practitioners may need to consider how to utilise their therapy animal to develop the therapeutic relationship. Furthermore, the findings have also shown that through the use of client-animal relationship and practitioner-animal relationship, it can also support the development of the therapeutic relationship. The therapeutic relationship is an important indicator of client treatment outcomes. Professionals may consider the use of AAT to develop the therapeutic relationship.

This study showed that incorporating AAT can improve client's engagement in their psychotherapy. Clients who engage in their treatment can have a positive impact the therapeutic relationship, treatment goals, remain in treatment longer, and report a higher level of satisfaction (Holdsworth et al., 2014). Furthermore, increased engagement from the client also benefits the practitioner in understanding the client's difficulties which can impact on the client's overall treatment process.

This study showed the benefits of having more than one therapy animal. Practitioners are able to utilise multiple animals to stimulate discussions around topics such as relationships to understand the client's relational template. This can be achieved through the observation of animal behaviours and interactions. Alternatively, how the client interacts with the therapy animal may shed light into their relational template. This indirect approach may increase client insight into their interpersonal relationships through the therapy animals. This may also be appropriate for clients to struggle to articulate their thoughts. However, there are practicality issues that must be considered. For example, having more than one therapy animal may require a large space. Similarly, practitioners would need to consider their therapy animal dynamics

and increased monitoring of their welfare. Furthermore, there is also the issue of safety. A solution could be to integrate an additional practitioner.

The findings in this study showed that there are psychotherapeutic benefits of conducting AAT in the outdoor environment. In the initial stages of therapy, the therapeutic relationship between the practitioner and the client maybe unbalanced in terms of power (Safran, 2010). A power imbalance can potentially affect client inhibition, pressure for the client to confirm, and a lack of self-efficacy (Safran, 2010). By having a therapy animal, it can potentially reduce some of the power imbalance. Reducing the power imbalance, may empower the client and encourage them to be forthcoming with their difficulties (Safran, 2010). Additionally, the sensory input from working in the outdoor environment adds another layer to the client's psychotherapy. This may benefit clients such as those who have trauma symptoms as working in the outdoor environment may serve as a grounding medium and allows them to focus on the different senses in the environment (Brown, Belli, Asnaani, & Foa, 2019), and improves mood (Baillon, Van Diepen, & Prettyman, 2002). Practitioners may choose to incorporate elements of nature to benefit their clients' therapy such as clients with trauma.

This study may also have implications on the improving existing policies and guidelines on the delivery of AAT. Policies and guidelines need to be reviewed regularly to ensure that organisations and practices are up to date with regulations and best practices (Hoagwood & Johnson, 2003). Looking at how practitioners use AAT and their understanding of the process can inform guidelines on the treatment for clients. This may include guidance on the delivery of AAT with specific therapeutic modalities and supervision. This study may be helpful in supporting practitioners on how to incorporate AAT with specific modalities.

The findings may have implications on how practitioners think about AAT. This study has shown that AAT requires a complex level of understanding and combination of animal knowledge and psychotherapy. This may inform potential practitioners interested in AAT of the complexities in this approach. Similarly, this may also encourage practitioners to be reflective of their practice and promote dissemination of knowledge among professionals.

4.5. Implications for Counselling Psychology

The findings in this study showed that there are positive therapeutic benefits of AAT from the practitioner's perspective. The BPS (2020) state that 'Counselling psychology takes a starting point in the co-construction of knowledge and as such places relational practice at its centre'. As such, counselling psychology values the therapeutic relationship at the core of its practice when understanding and alleviating client's difficulties (Clarkson, 2014). The findings showed that AAT offers a profoundly relational framework, and one that introduces complex and fluid dynamics with many therapeutic uses. This is arguably compatible with counselling psychology's values and orientation. There is a benefit towards enhancing the relationship which is considered to be crucial in the outcome of a client's therapy. The participants consider AAT to dissipate some of the anxieties and worries in clients which can then help develop the practitioner-client relationship. Furthermore, it may support the practitioner in increasing engagement with clients. In addition, the flexibility and adaptability of AAT may be an attractive option for practitioners who are looking to expand their clinical repertoire. This enables practitioners to continuously develop their qualities, knowledge and expertise and professional competence throughout their career (BPS, 2012). As such, practitioners who do not presently use AAT may consider it.

Counselling psychology embraces a pluralistic and interdisciplinary attitude (BPS, 2020). Counselling psychologists are trained to reduce psychological distress and promote psychological wellbeing through the application of knowledge derived from psychological theory, practice, and research (Woolfe, 2010). A defining feature of counselling psychology is the capacity to utilise different models of therapy, evidence-based and practice-based interventions, as appropriate to the needs and choices of the client (BPS, 2020). The findings showed that AAT can be adapted to work with different therapeutic frameworks. This would be in line with counselling psychology's feature in utilising different models of therapy. However, although the findings in this study adds to previous literature, the compatibility of AAT with different therapeutic models remain unclear. Furthermore, there is a lack of guidelines and standards for incorporating AAT with different therapeutic modalities. This poses a challenge for counselling psychologists to utilise AAT effectively in their practice. Further research is needed to develop standards in incorporating AAT.

A core counselling psychology philosophy is to embody the identity of the reflective practitioner and to engage in a collaborative dialogue with the clients with

the aim of understanding their subjective experience and constructions of meaning and reality (Woolfe, 2010). The findings suggest that AAT may provide more opportunities for the practitioner to be reflective in the moment through utilising the triangular aspects of the therapeutic situation to evaluate their impact on the client's therapy. This can potentially support counselling psychologists in having a more in-depth understanding of their clients and as such, improve the efficacy of their interventions.

4.6. Limitations of study and future research

The sample in this study was limited to psychologist and psychotherapists. As such, there is an impact of the core profession and this narrow participant pool may not cover a full array of AAT practices. A wide sample that included different professions who have different practices and values and may understand AAT differently could potentially produce a wider spectrum of data of AAT practices. However, a sample that consisted of only psychologists and psychotherapists may have similar practices and understanding of AAT. Both are trained in the delivery of psychological interventions and both emphasise on the relationship with the client. Furthermore, both psychologists and psychotherapists have credentials in which they practice to a recognised standard. Therefore, the data produced will be reflective of common practices of psychologists and psychotherapists who work with clients. However, the findings cannot conclude that the findings will be applicable to wider practices in other professions.

This study demonstrated that AAT can be applied with a variety to therapeutic modalities and a number of common practices are identified across different modalities. Alternatively, a more in-depth approach of AAT to a specific therapeutic modality may allow a more detailed evaluation of the affinity to the specific therapeutic approach. An area for future research could be looking into the application of AAT with specific therapeutic modalities. This may provide a more in-depth understanding of the AAT practices and processes involved within that therapeutic modality. This may also support the development of specific AAT guidelines and training for different therapeutic approaches. Furthermore, this may highlight the distinct opportunities and challenges, as well as investigation of the impact of AAT on certain processes.

This study focused on practitioners who used either dogs or horses in AAT. Dogs and horses have different attributes which may be incorporated differently in

AAT. However, this study can conclude that there are common practices shared in AAT among these therapy animals. The findings do not cover the diverse practices among AAT as well as the particularities of using specific animals. As such, it would be noteworthy to know if different animals are utilised similarly within AAT as this may increase our knowledge of the application. Future research may look at having a more inclusive criteria (not requiring horses or dogs) or specifically look at species that are less common in AAT (e.g. reptiles). Furthermore, it may also be interesting to study whether one species may be more suited to a particular therapeutic modality. This may improve practitioners' understanding in combining psychotherapy and animal knowledge and improve the proficiency of AAT.

The use of TA in this study has its own limitations. TA has been criticised for being generic and provides a descriptive nature of the themes. The findings in this study have identified the common practices in AAT and also discuss the processes involved. Future research using GT may allow a more in-depth understanding of the therapeutic processes involved in AAT. Through GT, a theory may emerge that uncovers the social processes in AAT.

Another tenet that future research may focus on is power within therapy. Several participants mentioned in the findings that conducting AAT in nature may address the power imbalance in therapy. A potential line of enquiry could be investigating the power imbalance in the therapeutic relationship when conducting AAT in an indoor environment versus in nature. This may increase practitioner understanding of the power imbalance in AAT and improve client treatment. Furthermore, this could be extended to investigating whether the therapy animal may also hold the power in the client's treatment.

4.7. Self-Reflexivity

Self-reflexivity is a practice within qualitative research that can enhance the transparency of the study (Yardley, 2000).

4.7.1. Personal Reflexivity

The development of the research question was influenced by my personal and professional interest. Professionally, there has always been an interest in the variation of process and subsequent experience in other practitioners' clinical work regardless of modality. This is linked to my role as a trainee counselling psychologist and the development of confidence in my work. My understanding of therapy involves both the

subjective experiences and realities of the individual, but also the contextual influences and the external reality their experiences are situated in. A critical realist position resonates the balance between the internal and external (Willig, 2013). This led me to seek an understanding of how practitioners incorporate AAT in their practice in order to better situate in the counselling psychology profession with confidence and understand AAT practice in the current environment. My own curiosity and professional development became part of the motivation behind this research. I felt that I should develop my skills and knowledge in preparation for post-qualification. As such, I may have a focus on how I may use AAT which may impact on how I view other practitioners using AAT. As the research progressed, I started to appreciate participant's experiences and complexities involved in AAT. This perhaps pushed me to take extra precaution when undertaking this study in order to do justice to this topic. I hope that this research would provide an opportunity for other practitioners to reflect on their own experiences when using AAT.

I have a personal interest in AAT as I grew up with animals and at present am a proud owner of a ragdoll cat. I believe that the presence of an animal is enough to provide comfort and warmth. I have also worked with clients who had their pet present in the therapy room and noticed the calming effect it had on them. I assumed that the pet provided a sense of security for the client in the therapy context and noticed that they were more forthcoming with their feelings in therapy. These experiences led me to look into the therapeutic effects of animals, and as such, came across AAT. I found AAT to be a very interesting approach and felt that it could be used more widely if there was more evidence to support its use. I acknowledge that there may be prior assumptions towards AAT due to my upbringing with animals and work with animals in a clinical capacity. I also understand that these biases may have had an impact on the research process such as a stronger focus on the positive aspects of AAT compared to the negative aspects of this approach.

My status as a trainee counselling psychologist may have impacted on the participants. Furthermore, I am not trained in any forms of AAT. This may have impacted on what the participants chose to share. For example, participants may focus on sharing positive experiences of AAT and present it in a favourable opinion which may impact on the findings.

Supervision has been particularly valuable during the whole research process. during the data analysis stage, discussions with my supervisor allowed me to

understand the content of the data from a researcher's perspective and to further develop my thematic themes. Receiving supervision has also helped me be reflective and engage with the study as a whole.

I am aware that my prior experiences, knowledge, and biases may affect how I interpret the data during the analytic phase. I utilised my reflective journal to be aware of my biases and also through research supervision which may allow discussions around biases and assumptions that may be outside of my awareness. For example, it was highlighted that I have the tendency to use terms that were more abstract. Through supervision, it transpired that I had an assumption that animals were 'magical'. As such, this may have impacted on my analysis during the initial stages.

The data analysis process was challenging as I had little experience of using TA. I followed the procedures of TA rigorously and reviewed my analysis frequently with my supervisor. I was able to connect these findings to existing literature in a coherent manner and where it was not represented, I acquire knowledge in order to enhance the current understanding of findings. Furthermore, I recognise that the findings in this study represented my understanding of the participant's experiences and that my interpretation may not have reflected what the participants intended. I recognise that my own subjectivity may influence how I explain the participant's data and that the same data may have a different interpretation by another researcher.

4.7.2. Epistemological Reflexivity

My position as a critical realist has influenced the way I conducted this study. As a critical realist, I hold the assumption that there is a reality that exists independently on human consciousness and is subjective and determined by the individual's beliefs (Bhaskar, 1978). An implication is that participant's accounts are not taken at face value. During analysis, participants accounts were analysed at both a semantic and latent level and is based on the assumption that participants may not be aware of all the factors that influence their accounts and that it requires further interpretation (Willig & Stainton-Rogers, 2008). As such, I may have influenced the participant's data. This raises questions about the ownership and power over the data.

Prior to the study, I had the assumption that people who work with animals have an innate love for animals and thus make them more approachable. In addition, I assumed that practitioners would like to increase awareness of the approach as it is considered a relatively new approach. The recruitment process proved to be challenging with potential participants not responding or declining to participate in

addition to the COVID-19 lockdown. This challenged my assumption and questioned why it may be the case. During the interview process, a number of participants at the end of the interview commented that some AAT practitioners are generally quite protective of the approach and may be reluctant to speak to people outside the field. As such, I may have overtly focused on the positive aspects of AAT in order to do AAT justice.

Chapter Five: Conclusion

The current literature has identified limited information regarding how practitioners incorporate AAT into their practice. The aim of this study was to explore how practitioners incorporate AAT into their clinical practice and their understanding of the therapeutic processes. This may benefit counselling psychology in understanding the processes that facilitate change and the impacts on the client's therapy.

The findings revealed that the therapy animal plays an important role in AAT, influences the development of the therapeutic relationship and impacts upon the therapeutic relationship processes. AAT is a complex approach that involves combining psychotherapy and therapy animals. However, AAT can be adapted according to the practitioner's orientation. This study also showed that AAT can be used with different psychotherapeutic modalities and is grounded within different psychological framework.

This study provides a foundation for future research in the application of AAT with specific therapeutic modalities in providing a more in-depth understanding of the practices and processes involved. Similarly, in the utilisation of different animals with different therapeutic approaches can improve our understanding of AAT.

As AAT increase awareness increases, it may also increase the number of practitioners, especially counselling psychologists seeking AAT. Further research and interest for counselling psychology in this area will only improve our proficiency as a profession in helping clients to find their true potential.

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Appendix A: Participant Information Sheet



PARTICIPANT INVITATION LETTER

You are being invited to participate in a research study. Before you agree it is important that you understand what your participation would involve. Please take time to read the following information carefully.

Who am I?

I am a postgraduate student in the School of Psychology at the University of East London and am studying for a Professional Doctorate in Counselling Psychology. As part of my studies I am conducting the research you are being invited to participate in.

What is the research?

I am conducting research into exploring how practitioners' incorporate Animal Assisted Therapy (AAT) into their practice.

AAT is a "a goal directed intervention in which an animal becomes an integral part of the treatment process or treatment team" (Pichot, 2013). There are many documented therapeutic effects of AAT such as reduction in stress, depression and anxiety. However, little is known about practitioners' perspectives of delivering AAT. Additionally, there is an imbalance of AAT evidence-base deriving from clinical

experience. My research aims to address the gap in the literature and add to the evidence-base of AAT. The reflective nature of my study also hopes to help guide clinical practice and promote the integration of AAT into Counselling Psychology practice.

My research has been approved by the School of Psychology Research Ethics Committee. This means that my research follows the standard of research ethics set by the British Psychological Society.

Why have you been asked to participate?

You have been invited to participate in my research as someone who fits the kind of people I am looking for to help me explore my research topic. I am looking to involve participants who have completed a course in AAT and are currently practicing it.

I emphasise that I am not looking for 'experts' on the topic I am studying. You will not be judged or personally analysed in any way and you will be treated with respect.

You are quite free to decide whether or not to participate and should not feel coerced.

What will your participation involve?

If you agree to participate you will be interviewed about your experiences and views in delivering AAT. The interview will be conducted during office hours and is expected to last between 30-60 minutes. The interview may take place in one of the following formats: face-to-face, online telecommunications (e.g. skype, facetime), or telephone. All interviews will be audio recorded for transcription.

The interview will be exploring your experiences of delivering AAT and it will be like having an informal chat. You will be asked about your experiences, motivations,

strengths and difficulties of providing AAT in your clinical practice. You will not be asked to talk about specific clients in a manner that can identify them.

I will not be able to pay you for participating in my research but your participation would be very valuable in helping to develop knowledge and understanding of my research topic

Your taking part will be safe and confidential

Your privacy and safety will be respected at all times.

You are not obliged to participate in this study and are free to withdraw at any time during the study and before data analysis commences. If you choose to withdraw from the study, simply email myself or my supervisor with your participant code (as indicated earlier), with the subject title "Withdraw from study", and we will remove your data from the study. Should you choose to withdraw from the study, you will not be penalised and without any obligation to give reason.

The interview is considered as a reflective engagement and it is possible, although unlikely, that participating in the study may evoke unpleasant feelings. To ensure that you are supported in this unlikely event, please contact your GP or contact one of the following national support organisations. In addition, questions involving strengths and weakness may impact on how you deliver Animal Assisted Therapy after participating in the study.

- Mind – 0300 123 3393
- Together – 020 7780 7301
- Samaritans – 116 123
- Rethink – 0300 5000 927
- Saneline – 0300 304 7000

This research will adhere to the Health and Care Professions Council and British Psychological Society Code of Conduct for research ethics.

What will happen to the information that you provide?

Confidentiality will be ensured. Data collected will be stored in a password protected computer and at UEL's computer network. All personal data will be anonymous throughout the research process and will not be identified by the data collected, any written material, or any write-up of the research. Participants will only be identifiable through a unique participant code (your initials and month and year of birth e.g. AA, MM/YY).

Only myself and my named supervisor will have access to the research data. Once the study has been completed, all information and data related to the research (i.e. interview recordings, transcripts) will be retained for a minimum of three years, subject to any legal, ethical or other requirements. The information and data will then be deleted in accordance with all legal, ethical, and organisational requirements.

What if you want to withdraw?

You are free to withdraw from the research study at any time without explanation, disadvantage or consequence. However, if you withdraw I would reserve the right to use material that you provide up until the point of my analysis of the data.

Contact Details

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Name: Kwun Chan

Email: u1613639@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Melanie Spragg, School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: m.spragg@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Mark Finn, School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: m.finn@uel.ac.uk)

UNIVERSITY OF EAST LONDON

Consent to participate in a research study

A Thematic Analysis – Exploring Practitioners’ experiences of delivering Animal Assisted Therapy

I have the read the information sheet relating to the above research study and have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.

I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researcher(s) involved in the study will have access to identifying data. It has been explained to me what will happen once the research study has been completed.

I hereby freely and fully consent to participate in the study which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the study at any time during the interview without disadvantage to myself and without being obliged to give any reason. I also understand that should I withdraw from the study post-interview, the researcher reserves the right to use my anonymous data after analysis of the data has begun.

Participant’s Name (BLOCK CAPITALS)

.....

Participant’s Signature

.....

Researcher’s Name (BLOCK CAPITALS)

.....

Researcher’s Signature

.....

Date:

Appendix C: Interview Schedule

I. Opening

- A. (Establishing Rapport) My name is Kwun Chan and I am a Counselling Psychologist in Training at University of East London.
- B. (Purpose) I would like to ask you some questions about your background, your education and the experiences you have had with delivering Animal Assisted Therapy.
- C. (Motivation) I hope to use this information for my research to understand the experiences and views of practitioners delivering Animal Assisted Therapy.
- D. (Time Line) The interview should take between 30-60 minutes. Are you available to respond to some questions at this time?

II. Body (Example of interview questions)

- 1. Please tell me a little bit about yourself such as your age, job title, and your experience with animals?
- 2. How many years have you been using Animal Assisted Therapy in your practice?
- 3. Can you please tell me what you understand by Animal Assisted Therapy?
 - a. What are the effects of using Animal Assisted Therapy for your clients?
 - b. What therapeutic modalities do you use with Animal Assisted Therapy and how do you use it?
 - c. What difference have you noticed between using Animal Assisted Therapy and not using it in your practice?
- 4. What animals do you use in Animal Assisted Therapy?
 - a. How do you determine what animal to use in your practice?
- 5. How does using [Animal] affect your therapeutic relationship with your clients?
- 6. What are the benefits of using Animal Assisted Therapy for yourself?
- 7. What do you think are the strengths/weaknesses of using Animal Assisted Therapy?

8. What are the biggest challenges/barriers you face in delivering Animal Assisted Therapy?
9. What do you think could change to improve the delivery of Animal Assisted Therapy?

III. Closing

- A. (Maintain Rapport) I appreciate the time you took for this interview. Is there anything else you would like to add to what we have discussed today?
- B. (Action to be taken) Thank you for taking your time to participate in this study.

Appendix D: Transcription convention key

P:	Indicates participants
R:	Indicates researcher
(?)	Talk too obscure to transcribe
Hhhhh	Audible out-breath
.hhh	In-breath
[Overlapping talk begins
]	Overlapping talk ends
(.)	Silence, less than half a second
(..)	Silence, less than one second
(2.8)	Silence measured in 10ths of a second
::::	Lengthening of a sound
Becau-	Cut off, interruption of a sound
<u>He</u> says	Emphasis
=	No silence at all between sounds
LOUD	Sounds
?	Rising intonation

Adapted from Bailey (2008).

Appendix E: Coded Interview Transcript Example

<p>743 744 745 746 747 748 749 750 751 752 753 754 755</p>	<p>P: and actually they're also very useful. I have a cockral and he erm is amazing actually because he again he's allowed to exhibit his natural behaviours. Erm he's very erm gentlemanly and this, if you throw a grape for example, he'll make a lot of clucking noises to attract his erm female but he won't eat the grape. He will leave it for the females. And er which is beautiful to see.</p>	<ul style="list-style-type: none"> • We are fascinated by animal's natural behaviour • There is something unexplainable happening when you watch the animals do their own thing • Opening yourself to the animal world
<p>756</p>	<p>R: That's very interesting.</p>	
<p>757 758 759 760 761 762 763 764 765 766</p>	<p>P: It is. And erm, that, you know a lot can come up about that you know his role. In the same way I suppose to can talk about the lead stallion in a herd. His role is to protect and to watch and to guide. Actually having them sort of popping in and out, as long as erm which I'm constantly pleasantly amazed about how you know, the clients are open to that sort of transferable learning. Erm, you know, that the way that he behaves and how that can relate to the client in their everyday life.</p>	<ul style="list-style-type: none"> • The participant is more excited about her animal's behaviour than her clients • I am starting to think that clients that engage in AAT are open-minded – they want to get better and will try everything • There's a lot of relating going on between the animal and the clients • Why do you learn so much from the animals?

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774	R: Yeah.	
775	P: Yeah. So it's nice to have that flexibility.	<ul style="list-style-type: none"> • Flexibility in animals
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777	R: That's good. And erm is there anything that you sort of do to sort of help you er determine what animal you use with your clients?	
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782	P: Erm, I think on the whole I would say that my, when a client arrives, my focus would be that we spend some time together. Weather dependent, whether inside or outside. And in not every session, sometimes I would have, very rarely actually but on occasions erm particularly maybe somebody who is on session maybe two or three and they just need to and want to talk and they will sit down and you know, the hour and half is gone. And erm, we have maybe the cat might be sitting on the sofa but we won't actually have gone out and work with the horses. As I said, that's	<ul style="list-style-type: none"> • Spend time together before working with horses/animals – assess the client • Adaptability is important in AAT – have to prepare for every situation • I think there's a lot of skills needed beyond the therapeutic competency • Maintain animal is part of the therapy
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793	<p>very rare but it has happened on occasions. But my intention with every client would be at some stage we would go and spend time with the horses.</p>	
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807	R: the horses	
808	<p>P: Erm but I also have had an occasion when we have varying sizes of the dogs. One of them last year was a puppy and he's quite a small dog. So he has been used with erm clients who are you know are particularly anxious or finding it difficult to erm settle or engage. Particularly when you know are new and when they first come then erm I would quite often get erm mocha to sort of erm well enable them to feel more engaged in the whole process.</p>	<ul style="list-style-type: none"> • Use different animals at different stages of the therapy • I think this is a luxury if you are able to utilize different animals – much like different therapeutic modalities
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823	R: Okay. And with your animals,	
824	now I know you sort of let them	
825	roam around freely but erm did	
826	you sort of have to train them up	
827	or anything?	
828	P: No. I mean the dogs are just	• Done the best to maintain control of
829	you know, well trained on the	the animals in therapy
830	basis that they well, I'd like to	
831	say that they won't jump up but	
832	actually they do (laugh)	
833	R: (laugh)	
834	P: But I suppose you know	• Dogs are risk assessed
835	they're, there's a fine line	• How do you maintain that balance
836	between they're risk assessed	(trained vs natural) in different
837	to the extent that I know that	animals?
838	they are going to bite anybody	• There's a lot of good faith involved in
839	or hurt anybody. Erm the cats	AAT
840	are more difficult to control but	

Appendix F: Table of Codes

Code
Let the animals be
Lots of training
Look and observe
The animal understands me
Bridge of communication
Side-ways approach
No more rooms
A new experience
Always be prepared
Knowledge beyond our profession
Moulded according to the client
Hard to look away
Can be adapted according to the practitioner
Very fast approach
Different from other approaches
Breaking down barriers
Reaching out
It's hard to begin with
Friendly animals
Extension of the practitioner
Show me who you are
Relating to other people
How can I trust you?

Client experiences it themselves
I can see what is going on
It is not always about the practitioner
There's always something going on
I want more evidence
Where is the money?
Need to maintain high standards
Protect the approach
Too many obstacles
Transferable skills
Learning about myself
Respecting animals
Roles and responsibilities
They always welcome you
Who is in control?
Playing with the animals
Repetitive learning
Getting use to animals
See with your own eyes
Less tense for the client
Promote a safe environment
Less talk and more do
Where do I look?
A means to understand
Common interest in animals
I need to be aware of everything

There is always something happening
Need a good foundation
More needs to be done
Results in a short amount of time
Build a good reputation
Learning through doing

Appendix G: Example of Codes with Extracts

<p>How can I trust you?</p>	<p>“So that third party in session is an element which is almost entirely non-critical, non-judgemental, and that can help to relax clients as well and help them to start building trust perhaps, more quickly than they might ordinarily do” (Ulrike:99)</p> <p>“I think people are perhaps more willing to trust you when they see that you got a relationship. Like for example, with rabbits or guinea pigs. Erm, or even with the dogs. And I think that kind of, erm, helps them to feel like they can actually trust you as well” (Harmony:198)</p> <p>“You know and it just helps them have that trust in myself. So I think it helps to build bridges. And erm, it sort of works on that kind of level really. You know like there’s an extension of trust” (Harmomy:279)</p> <p>I think it's really helpful because people often lie, you know, dishonest, and that's about you know that that kind of like you say, and for a lot of our young people don't trust people” (Harriet:1114)</p> <p>“They trusts the dogs. They see the dogs trust, they see how the dogs are happy to interact with you. How the dogs are relaxed” (Layla:292)</p>
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	<p>“clients feeling more comfortable and them opening up quicker. Erm feeling more comfortable to talk. Be more relaxed and be able to bring up issues. Being trusting more” (Layla:739)</p>
<p>Promote a safe environment</p>	<p>“What about health and safety?” Er, we’ve never had a problem. Most people who work, are all ground based. If you are working with an expert who can read the horses, they’re able to intervene if they need to, if there’s anything that is a little unsafe” (Poppy:967)</p> <p>“But then again, there’s not a lot of guidelines or not a lot of erm society or guidance which sort of helps you the right way to do things, safety, ethics and there’s a lot of, like you said areas which we still don’t know about” (Camila:1179)</p> <p>“I work in the school with my own insurances and my own risk assessment. Erm but it can be a real pain. There is some of the kids, the top of their head is level with his head cause I work with eight year olds. Erm so that is a disadvantage” (Braxton:1277)</p> <p>“I think there's more health and safety and eyes on the activity, which, you know, particularly for group you know groups of children or for groups or even individuals or pairs can be beneficial” (Brittany:1248)</p>

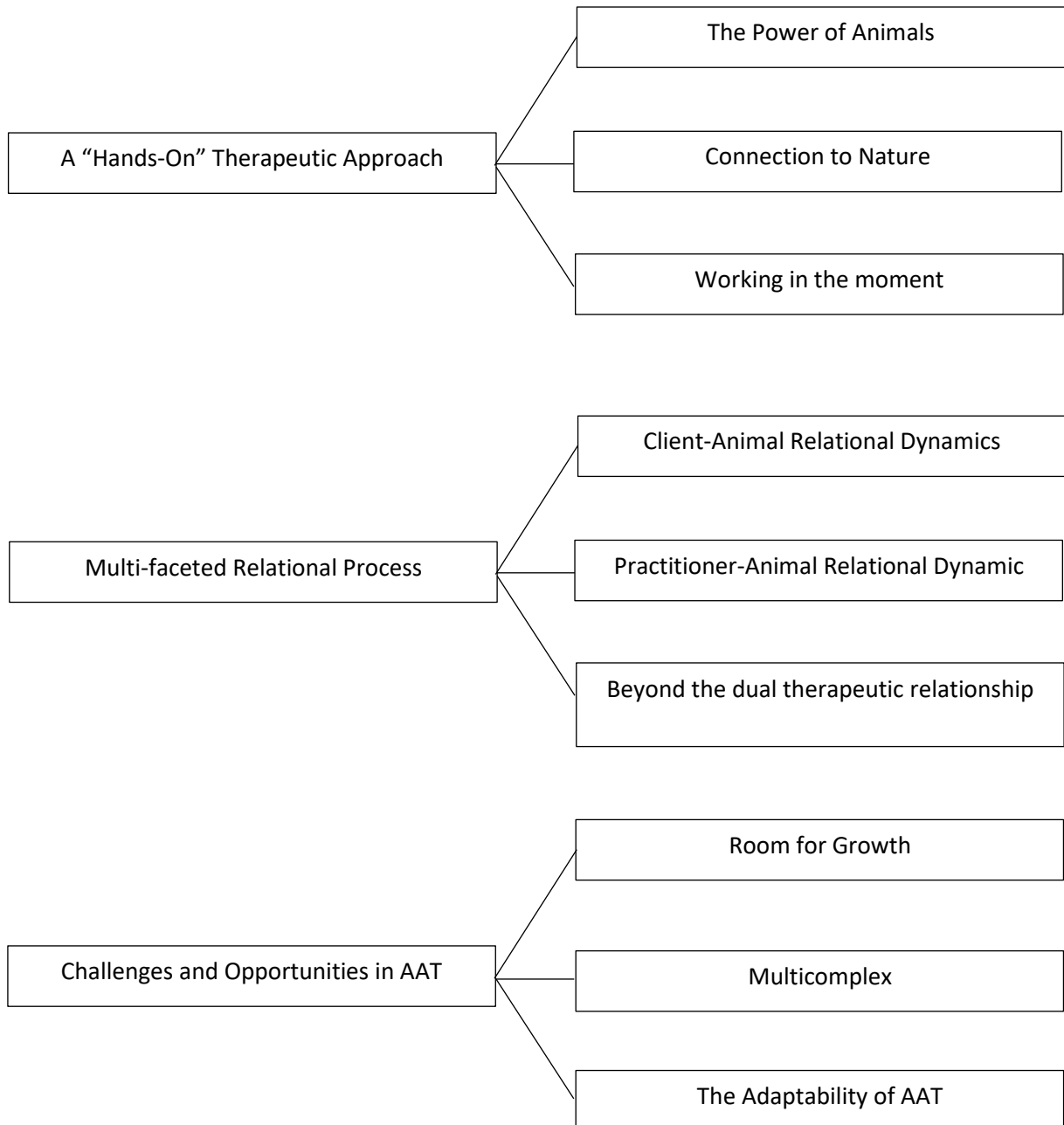
	<p>“And to be honest, when you're working with horses, the biggest issue we have to take you for an adolescent client group is safety. The last thing you want to do is be thinking about safety, and because then you can't think about therapy” (Harriet:285)</p>
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Appendix H: Table of Potential Themes

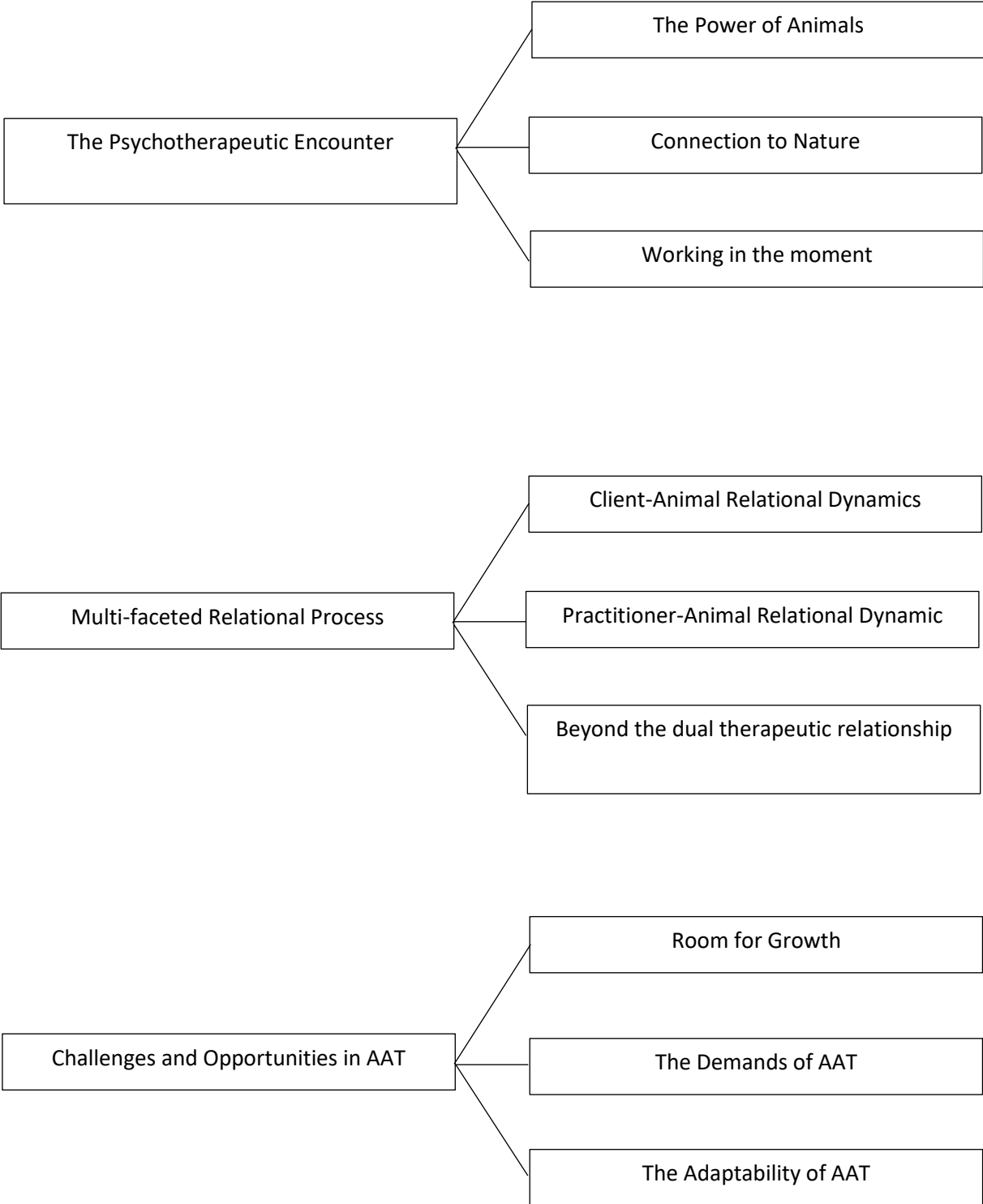
Potential Themes	Grouped Codes
The Power of Animals	<ul style="list-style-type: none"> - Animal Nature - Qualities of animals - Animal interactions - Animal hierarchy - Understanding the client - Animal features - Promotion of dialogue
Connection to Nature	<ul style="list-style-type: none"> - Diffusion of power - Empowering the client - No more authority - Importance of nature - No more therapy room
Working in the moment	<ul style="list-style-type: none"> - Focus in the present - Attending to the client - Hard to put into words
Client-Animal Relational Dynamics	<ul style="list-style-type: none"> - Building rapport - A new experience for the client - Revealing relational patterns - Intense experience
Practitioner-Animal Relational Dynamics	<ul style="list-style-type: none"> - Trust in the relationship - Show them who I am - Client perception of relationship
Not a dual therapeutic relationship	<ul style="list-style-type: none"> - Dynamic relationships - Changes in relational processes - Seeing the whole picture
Room for growth	<ul style="list-style-type: none"> - More research - Where is the evidence? - Many variables in research - Big players involved in research - Need to find my own way - Where is the standards and governing body?
Multicomplex	<ul style="list-style-type: none"> - Core profession - Knowledge of animals - Safety - Proficiency improves with time - It gets easier with experience
Adaptability	<ul style="list-style-type: none"> - Client lead approach - Different therapeutic modalities

Appendix I: Initial Thematic Map

The potential themes identified initially were put together to reveal three themes with relevant subthemes which can be seen below.



Appendix J: Final Thematic Map



Appendix K: Ethics Approval

School of Psychology Research Ethics Committee

NOTICE OF ETHICS REVIEW DECISION

For research involving human participants
BSc/MSc/MA/Professional Doctorates in Clinical, Counselling and Educational
Psychology

REVIEWER: Poul Rohleder

SUPERVISOR: Melanie Spragg

STUDENT: Kwun Fu Chan

Course: Professional Doctorate in Counselling Psychology

Title of proposed study: How do practitioners who deliver AAT view and experience it in their practice?

DECISION OPTIONS:

1. **APPROVED:** Ethics approval for the above named research study has been granted from the date of approval (see end of this notice) to the date it is submitted for assessment/examination.
2. **APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES** (see Minor Amendments box below): In this circumstance, re-submission of an ethics application is not required but the student must confirm with their supervisor that all minor amendments have been made before the research commences. Students are to do this by filling

in the confirmation box below when all amendments have been attended to and emailing a copy of this decision notice to her/his supervisor for their records. The supervisor will then forward the student's confirmation to the School for its records.

- 3. NOT APPROVED, MAJOR AMENDMENTS AND RE-SUBMISSION REQUIRED** (see Major Amendments box below): In this circumstance, a revised ethics application must be submitted and approved before any research takes place. The revised application will be reviewed by the same reviewer. If in doubt, students should ask their supervisor for support in revising their ethics application.

DECISION ON THE ABOVE-NAMED PROPOSED RESEARCH STUDY

(Please indicate the decision according to one of the 3 options above)

APPROVED, BUT MINOR AMENDMENTS ARE REQUIRED BEFORE THE RESEARCH COMMENCES

Minor amendments required (for reviewer):

Section 10 and 13: Advert to be used to promote the study to be approved by supervisor. Appropriate permissions from relevant organisations need to be seen by supervisor before recruitment proceeds

Section 14 and Participant Info Sheet: Make clear that you will not be asking participants to talk about specific clients in a manner that can identify them.

Section 19: Ensure that any digital documentation containing identifying data is password protected.

Major amendments required (for reviewer):

Confirmation of making the above minor amendments (for students):

I have noted and made all the required minor amendments, as stated above, before starting my research and collecting data.

Student's name (*Typed name to act as signature*): Kwun Chan

Student number: U1613639

Date: 24/6/18

(Please submit a copy of this decision letter to your supervisor with this box completed, if minor amendments to your ethics application are required)

ASSESSMENT OF RISK TO RESEACHER (*for reviewer*)

Has an adequate risk assessment been offered in the application form?

YES / NO

Please request resubmission with an adequate risk assessment

If the proposed research could expose the researcher to any of kind of emotional, physical or health and safety hazard? Please rate the degree of risk:

HIGH

Please do not approve a high risk application and refer to the Chair of Ethics. Travel to countries/provinces/areas deemed to be high risk should not be permitted and an application not approved on this basis. If unsure please refer to the Chair of Ethics.

MEDIUM (Please approve but with appropriate recommendations)

LOW

Reviewer comments in relation to researcher risk (if any).

Reviewer (*Typed name to act as signature*):

Dr Poul Rohleder

Date: 17/05/2018

This reviewer has assessed the ethics application for the named research study on behalf of the School of Psychology Research Ethics Committee

RESEARCHER PLEASE NOTE:

For the researcher and participants involved in the above named study to be covered by UEL's Insurance, prior ethics approval from the School of Psychology (acting on behalf of the UEL Research Ethics Committee), and confirmation from students

where minor amendments were required, must be obtained before any research takes place.

For a copy of UELs Personal Accident & Travel Insurance Policy, please see the Ethics Folder in the Psychology Noticeboard

Appendix L: Change in Project Title

Dear Kwun,

I'm satisfied that the change in title will not have affected the ethical aspects of your project, and so am happy to agree to the change in title.

My one informal suggestion might be to change the way you incorporate "thematic analysis" into your title - perhaps "A thematic analysis..." at the start, without the colon, or moving it to the end of your title, to read "...therapy: A thematic analysis". This is your decision however, and I'm happy to approve in any case.

In the section of your methods where you state how you gained ethical approval, you can simply note that the title of the project was changed after ethical approval had been granted, and that this was approved by your supervisor, and then refer to this e-mail correspondence, which can be placed in an appendix.

Best wishes,

Joe

Appendix N: UEL Data Management Plan: Full

For review and feedback please send to: researchdata@uel.ac.uk

If you are bidding for funding from an external body, complete the Data Management Plan required by the funder (if specified).



Research data is defined as information or material captured or created during the course of research, and which underpins, tests, or validates the content of the final research output. The nature of it can vary greatly according to discipline. It is often empirical or statistical, but also includes material such as drafts, prototypes, and multimedia objects that underpin creative or 'non-traditional' outputs. Research data is often digital, but includes a wide range of paper-based and other physical objects.

Administrative Data	
PI/Researcher	Kwun Chan
PI/Researcher ID (e.g. ORCID)	U1613639
PI/Researcher email	U1613639@uel.ac.uk
Research Title	Thematic Analysis: Exploring Practitioners' experiences of delivering Animal Assisted Therapy
Project ID	None
Research Duration	12 Months [08/2019 – 09/2019]

Research Description	Animal Assisted Therapy (AAT) is a “a goal directed intervention in which an animal becomes an integral part of the treatment process or treatment team” (Pichot, 2013). There are many documented therapeutic effects of AAT such as reduction in stress, depression and anxiety. However, little is known about practitioners’ perspectives of delivering AAT. Additionally, there is an imbalance of AAT evidence-base deriving from clinical experience. My research aims to address the gap in the literature and add to the evidence-base of AAT. The reflective nature of my study also hopes to help guide clinical practice and promote the integration of AAT into Counselling Psychology practice.
Funder	N/A
Grant Reference Number (Post-award)	N/A
Date of first version (of DMP)	7/8/19
Date of last update (of DMP)	7/8/19
Related Policies	UEL Code of Practice / BPS Code of Ethics and Code of Human Research Ethics / HCPC Conduct and Ethics
Does this research follow on from previous research? If so, provide details	No
Data Collection	

<p>What data will you collect or create?</p>	<p>This research will collect data on the participant's experience and views of using Animal Assisted Therapy</p>
<p>How will the data be collected or created?</p>	<p>The data will be collected using an encrypted audio recorder. The data will be recorded as a MP3 file as it is considered as a standard audio format. An MP3 file has a relatively small file size so large amounts of recordings will be appropriate for storage.</p>
<p>Documentation and Metadata</p>	
<p>What documentation and metadata will accompany the data?</p>	<p>The recordings will be transcribed manually. The audio file will be played on VLC player. The transcript will be produced on Microsoft Word.</p>
<p>Ethics and Intellectual Property</p>	
<p>How will you manage any ethical issues?</p>	<p>Participants will be provided with an information sheet detailing the purpose and aims of the study. They must agree and sign a consent form before proceeding with the research. Participants will be informed of the nature of the study and they will have the right to withdraw from the study at any time prior to the data analysis. The names and contact details of the participants will be stored using their participant code. Only the researcher and the named supervisor will</p>

	have access to the information. Identifiable information such as names will be omitted from the transcripts.
How will you manage copyright and Intellectual Property Rights issues?	The data will not be made available for others.
Storage and Backup	
How will the data be stored and backed up during the research?	The data and audio files will be stored on the UEL secure network H drive. Once the audio recordings have been transferred, they will be deleted from the audio recorder. The data and the audio files will be encrypted and backed up on a password protected USB drive. The USB and the audio recorder will be stored in a locked drawer at home together with the signed consent forms. Participants' codes will be stored in a different locked drawer at home.
How will you manage access and security?	Any data that is stored digitally and contains identifying data will be password protected. Only the researcher and the named supervisor will have access to the data.
Data Sharing	
How will you share the data?	The data will not be shared as this was not conveyed to the participants.
Are any restrictions on data sharing required?	The data of this study will not be shared.

Selection and Preservation	
Which data are of long-term value and should be retained, shared, and/or preserved?	The transcript data and the audio files will only be kept for three years in line with UEL's Code of Practice. The data and the audio files will not be needed for future publication.
What is the long-term preservation plan for the data?	The research data will be kept on UEL's data repository for a minimum of three years upon completion of the study. The data will then be destroyed from the repository.
Responsibilities and Resources	
Who will be responsible for data management?	UEL and the researcher.
What resources will you require to deliver your plan?	Audio recorder and a computer.
Review	
This DMP has been reviewed by:	Penny Jackson Research Data Management Officer
Date: 28/08/2019	Signature: <i>Penny Jackson</i>

Guidance

Brief information to help answer each section is below. Aim to be specific and concise.

For assistance in writing your data management plan, or with research data management more generally, please contact: researchdata@uel.ac.uk

Administrative Data

Related Policies

List any other relevant funder, institutional, departmental or group policies on data management, data sharing and data security. Some of the information you give in the remainder of the DMP will be determined by the content of other policies. If so, point/link to them here.

Data collection

Describe the data aspects of your research, how you will capture/generate them, the file formats you are using and why. Mention your reasons for choosing particular data standards and approaches. Note the likely volume of data to be created.

Documentation and Metadata

What metadata will be created to describe the data? Consider what other documentation is needed to enable reuse. This may include information on the methodology used to collect the data, analytical and procedural information, definitions of variables, the format and file type of the data and software used to collect and/or process the data. How will this be captured and recorded?

Ethics and Intellectual Property

Detail any ethical and privacy issues, including the consent of participants. Explain the copyright/IPR and whether there are any data licensing issues – either for data you are reusing, or your data which you will make available to others.

Storage and Backup

Give a rough idea of data volume. Say where and on what media you will store data, and how they will be backed-up. Mention security measures to protect data which are sensitive or valuable. Who will have access to the data during the project and how will this be controlled?

Data Sharing

Note who would be interested in your data, and describe how you will make them available (with any restrictions). Detail any reasons not to share, as well as embargo periods or if you want time to exploit your data for publishing.

Selection and Preservation

Consider what data are worth selecting for long-term access and preservation. Say where you intend to deposit the data, such as in UEL's data repository (data.uel.ac.uk) or a subject repository. How long should data be retained?

Appendix O: Debrief Sheet

PARTICIPANT DEBRIEF FORM

Thank you for participating in this study! We hope you enjoyed the experience. This form provides background about our research to help you learn more about why we are doing this study. Please feel free to ask any questions or to comment on any aspect of the study.

You have just participated in a research study conducted by Kwun Chan.

The purpose of the study was to explore your experience of delivering Animal Assisted Therapy. As you know, your participation in this study is voluntary. If you so wish, you may withdraw after reading this debriefing form, at which point all records of your participation will be destroyed. You have the right to withdraw from the study after the interview without any disadvantages and without being obliged to give any reason. Should you decide to withdraw from the study after the interview, the researcher reserves the right to use your anonymous data after analysis of the data has begun.

I expect to continue conducting my study in the upcoming months. Because of this, it is important that you do NOT talk (or write or e-mail, etc.) about this project. The main reason for this is that YOUR COMMENTS could influence the expectations, and therefore, performance of a future participant, which would bias our data. Failure to comply with this request may have severe repercussions with regards to the accuracy of the data. YOUR COMMENTS could compromise months of hard work in this project. We hope you will support my research by keeping your knowledge of this study confidential.

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

If you would like further information about my research or have any questions or concerns, please do not hesitate to contact me.

Name: Kwun Chan

Email: u1613639@uel.ac.uk

If you have any questions or concerns about how the research has been conducted please contact the research supervisor Dr Melanie Spragg, School of Psychology, University of East London, Water Lane, London E15 4LZ,

Email: m.spragg@uel.ac.uk

or

Chair of the School of Psychology Research Ethics Sub-committee: Dr Mark Finn,
School of Psychology, University of East London, Water Lane, London E15 4LZ.

(Email: m.finn@uel.ac.uk)

If, as a result of your participation in this study, you experienced any difficulties,
please use the following contacts:

- Mind – 0300 123 3393
- Together – 020 7780 7301
- Samaritans – 116 123
- Rethink – 0300 5000 927
- Saneline – 0300 304 7000