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Understanding the Lived Experiences of Mental Health Professionals Providing Animal Assisted Play Therapy® to Adults in an Outpatient Setting

Kelsey Unger
Walden University

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Walden University

College of Social and Behavioral Health

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Kelsey Unger

has been found to be complete and satisfactory in all respects,
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Walden University
2026

Abstract

Understanding the Lived Experiences of Mental Health Professionals Providing Animal
Assisted Play Therapy® to Adults in an Outpatient Setting

by

Kelsey Unger

PhD, Walden University 2026

Proposal Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Counselor Education and Supervision

Walden University

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Abstract

Animal Assisted Play Therapy® (AAPT) is a growing therapeutic approach that incorporates a therapy animal into therapy while utilizing the therapeutic powers of play. There is a lack of research on using AAPT with adult clients in an outpatient setting. This needs to be explored so best practices can be developed to ensure that counselors are using AAPT with adults in a safe and ethical manner for both clients and animals. I sought to understand the lived experiences of mental health professionals providing AAPT to adult clients in an outpatient setting through hermeneutic phenomenology. The data were collected through semi-structured interviews and analyzed through interpretative phenomenological analysis. Seven themes emerged from the analysis: increased rapport with clients, the human-animal bond, increased playfulness for the clients, bridge of insight into the client's behavior, creativity and flexibility of interventions, positives of working with adults, and increased provider preparation and training. Overall, this study showed that providing AAPT to adult clients is beneficial but it needs to be conducted with additional training in order to maintain welfare and ethical standards. The implications for positive social change include the potential for mental health professionals to provide AAPT to adult clients to increase positive benefits for adults with mental illness such as increasing treatment engagement.

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Dedication

This dissertation is dedicated to several people. First, I dedicate this to my children Jersey and Avary. I hope that seeing me accomplish this will help inspire you both to dream big and know that you can do anything that you set your mind to. I also want to dedicate this to my Uncle Dave. When I was young, I remember when my Uncle Dave pulled me aside and told me that I was the hope for the family and that I was going to go places. I reflect on that frequently and am thankful to have someone always believing in me. I miss you so much and wish you could have seen this task completed.

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Finally, I would also like to thank my family for their support throughout this process. I need to acknowledge my husband Billy for always doing the extra things around the house so I could focus on my writing. Billy allowed me to have all of the emotions throughout this process and a continued source of support. I also appreciated that my mother would sound interested in my study and how excited she is to read it.

These comments may have seemed small, but they kept me going far more often than you may know.

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Chapter 1: Introduction to the Study

Introduction

Animal Assisted Play Therapy® (AAPT) is the integration of play therapy and animal assisted therapy in a goal orientated and playful manner (International Institute for Animal Assisted Play Therapy [IIAAPT], 2018). Traditionally, AAPT has been used with children and adolescent populations. AAPT is unique in its approach to allow the client goals to be reflected in each intervention along with the consideration of the activities in which the therapy animal prefers to engage (VanFleet, 2022). For example, AAPT has a stipulation on the use of costumes with allowances that include only if the animal enjoys wearing the costume and it is not demeaning to the animal. Also, a therapy animal needs to enjoy the activities within the AAPT session (VanFleet, 2022). A mental health professional providing AAPT needs to balance multiple considerations such as ethical concerns, the work environment, theoretical orientation, the needs and treatment plan of the client, and needs and preferences of the animal when deciding on how to use AAPT interventions (VanFleet, 2022). When comparing scholarly research on animal assisted therapy, there is evidence that adults can benefit from incorporating animals in therapy (Delgado et al., 2018). There is a limited number of scholarly research for AAPT in general, and few of the available articles explore the mental health professional's experience of providing AAPT. While there exists literature exploring experiences providing AAPT to children (Rabatin, 2021), there is a dearth of evidence highlighting clinical experiences using this intervention with adults.

There is a gap in the scholarly literature regarding providing AAPT to adults in an outpatient setting. This gap in knowledge reflects the problem of mental health professionals as well as mental health professional educators and supervisors not having the insight to provide AAPT to adults in outpatient settings. Without this knowledge, mental health professionals may not be providing AAPT to adults in the most ethical manner or consider the unique needs of adult clients. This could lead to poor therapeutic outcomes and potential harm to clients and/or therapy animals. In this chapter, I provide background information on animal assisted therapy utilization with adults, since AAPT is a subset of animal-assisted therapy. I also identify the problem statement and purpose of the study. I will provide operational definitions of key concepts and terms for this study. I will discuss the conceptual framework used as well as discuss the assumptions, scope, delimitations, and limitations of the study.

Background

AAPT combines both animal assisted therapy and play therapy, therefore a brief review of the use of play therapy with adults is necessary. Play therapy has been used with adults that experienced trauma to assist in repairing the developmental impact of trauma in a safe and relationship-based way (Olson-Morrison, 2017). Techniques used in play therapy with adults may include incorporating games, breathing exercises, sand play, and art activities (Olson-Morrison, 2017). Play and creative arts can assist adults in understanding and reframing traumatic experiences (Pliske et al., 2021). Although play therapy with adults may be beneficial, many adults may be hesitant to engage in play

therapy due to feeling insecure or immature about engaging in the play (Olson-Morrison, 2017).

Animal-assisted therapy is a therapeutic technique that incorporates certified animals into therapy in a goal-driven way (Kil, 2021). A variety of animals have been incorporated into animal assisted therapy such as dogs, cats, horses, rabbits, and guinea pigs (Hartwig & Pliske, 2023). Dogs are the most common animal used for animal-assisted therapy (Ernst, 2014), which has been used in a variety of settings such as nursing homes, residential treatment centers, private practice, or within prison settings (Charry-Sanchez et al., 2018). Chang et al. (2021) found through meta-analysis that animal-assisted therapy improved a variety of symptoms such as cognitive functioning, social interactions, physiological functioning, and depression symptoms for older adults. However, determining the effectiveness of animal-assisted therapy can be challenging since many studies use different methods like group or individual therapy or different therapy animals (Chang et al., 2021; Charry-Sanchez et al., 2018).

AAPT is a therapeutic technique that combines the therapeutic powers of play therapy with incorporating a therapy animal in a purposeful way to improve the client's functioning (IIAAPT, 2018). The guiding principles of AAPT include an emphasis on relationships, mutual respect for animals and clients, and the concept that playful interactions create emotional safety for individuals of all ages to experience growth and positive outcomes (IIAAPT, 2018). Research on AAPT is limited, especially with adult clients (Rabatin, 2021). Kil (2021) combined animal assisted therapy and integrated play therapy with college students and found this treatment lowered depression scores and

increased self-esteem from pre- to post-intervention. In a study focused on the elderly, the combination of animal assisted therapy and elderly play therapy lead to the decrease in depression scores in both a nursing home and community setting for elderly participants (Kil et al., 2019a; Kil et al., 2019b). These studies demonstrate that combining play therapy and animal assisted therapy can be beneficial for adults; however, there is a dearth of information regarding the experiences of providing AAPT to adults in an outpatient setting.

Problem Statement

Although studies show that combining play therapy and animal assisted therapy may be beneficial for adult clients (Delgado et al., 2018; Kil, 2021), there is little known about providing AAPT to adults in outpatient settings within the scholarly literature. As of 2024, there were an estimated nearly sixty million adults that were experiencing mental illness (Reinert et al., 2024). It is estimated that over half of these individuals are not receiving treatment for their mental illness (Mental Health America, 2022). There was the highest number of deaths by suicide recorded within the United States in 2022 (Reinert et al., 2024). There are many evidenced based treatments of mental health disorders for adults, but it is important to consider if alternative treatment methods may increase the likelihood of adults seeking and following through with mental health treatment. Multiple studies demonstrate that adults can experience positive outcomes from therapeutic interactions with animals (Ambrosi et al., 2019; Contalbrigo et al., 2017; Hunjan & Reddy, 2023; Villarreal-Zegarra et al., 2024). Play therapy can increase the

emotional safety for adults and assist with processing complex trauma (Olson-Morrison, 2017). This demonstrates the need to continue to learn about providing AAPT to adults.

Currently, the lived experiences of licensed mental health professionals providing AAPT to adult clients in an outpatient setting is unknown. This is a problem that needs to be studied since not knowing the lived experiences of these clinicians means there is a lack of insight into how to provide AAPT to adults. There are likely many unique challenges and considerations for providing AAPT to adults compared to children that are unknown in the scholarly literature. Without this knowledge, the best practices and ethical considerations for providing AAPT to adults cannot be developed. For example, the American Counseling Association (2014) ethical code C.2.a requires counselors to practice within their competence based on their education, training, supervision, and professional experience. Without scholarly literature, supervisors do not know how to prepare mental health professionals to provide AAPT to adults outside their own experiences, so mental health professionals cannot receive evidence-based training and supervision to develop this competence. This puts both the animals and clients at risk of harm due to not understanding how to provide AAPT ethically and safely to adults.

Purpose of the Study

The purpose of this qualitative, hermeneutic phenomenological study was to understand the mental health professional's experience of providing AAPT to adult clients in an outpatient therapy setting. By understanding the lived experiences of mental health professionals providing AAPT to adult therapy clients, greater clarity on how to

utilize this modality will come to light. In turn, research will be closer to developing best practices to ensure safe and ethical provision of AAPT to adult clients.

Research Question

What are the lived experiences of licensed mental health professionals providing Animal Assisted Play Therapy® to adults in outpatient settings?

Theoretical and Conceptual Framework for the Study

Phenomenology

Phenomenology is the conceptual framework that I used for this study. Edmund Husserl is considered the developer of phenomenology (Peoples, 2021). Husserl believed that to truly understand something, one must look at the phenomenon in an intentional and fully conscious way that suspends judgement (Peoples, 2021). Martin Heidegger developed hermeneutics as an evolution to Husserl's transcendental phenomenology and believed that interpretation was needed to fully understand the state of being, or Daesin (Suddick et al., 2020). Daesin is the self of the researcher and translates to "being-there" (Peoples, 2021). Each person only knows their own experience of being in the world and in order to learn new knowledge a person must become aware of their own bias and judgements (Peoples, 2021). To do this, Heidegger developed the concept of the hermeneutic circle of how understanding occurs. First, there is pre-understanding that exists about the phenomenon before learning the knowledge which is called fore-sight or fore-conception (Crowther & Thomson, 2020; Peoples, 2021). Through looking at the parts, then the whole, a revision of the previous understanding occurs which is the process of interpretation through the hermeneutic circle (Peoples, 2021). Each time new

knowledge is gained and interpreted; this will create a revision to a person's fore-sight about the phenomenon (Peoples, 2021). Interpretation is necessary to fully understand the phenomenon (Miller et al., 2018). This allows for additional theoretical frameworks to be considered when using hermeneutic phenomenology, since using another theoretical framework is a lens that can lead to further understanding of a phenomenon (Peoples, 2021).

Human-Animal Relational Theory

I used the human-animal relational theory (HART) as the theoretical framework and lens through which I analyzed the data. HART was developed after Chandler (2018) provided and supervised several years of animal-assisted counseling. HART discussed how a therapist can become attuned to relational moments that naturally occur when integrating an animal in therapy sessions and use these moments to create insight for the client (Chandler, 2018). Relational moments can be initiated by the therapy animal, client, or therapist and can include nonverbal and verbal communication (Chandler, 2018). A relational moment becomes considered a significant human-animal relational moment (SHARM) when the relational moment creates meaning for the client, either through the counselor making an observation, or the client assigning meaning to the moment (Chandler, 2018). With the focus on meaning making of relational moments between clients, counselors, and the therapy animal, HART aligns with the focus of this study as well as with phenomenology. By utilizing the HART framework, I was able to make meaning of the mental health professional's responses in a way that is unique to animal assisted therapy.

Nature of the Study

The goal of this hermeneutic phenomenological study was to explore the meaning behind the experiences of mental health professionals delivering AAPT to adult clients in an outpatient setting. Building on Heidegger's concept of the hermeneutic circle, Gadamer emphasized the importance of researchers examining their own biases and preconceived notions as a lens for gaining new insights into a phenomenon (Peoples, 2021). To facilitate this, I identified key themes and use HART as a framework for analyzing the data (Suddick et al., 2020). Documenting reflexivity throughout the study helped me remain aware of how my personal biases may have influenced the research process (Smith et al., 2022). Additionally, I employed an interpretative phenomenological analysis (IPA) approach to analyze the data, as it is specifically designed to explore and interpret the meaning participants derive from their experiences of a phenomenon such as providing AAPT to adult clients (Miller et al., 2018).

Definitions

Listed in this section are the terms and definitions I used within this study.

Animal assisted intervention or activities: This is a term for activities that include an animal in a meaningful way with someone that is not a licensed professional (Sori & Hughes, 2014). This would include having a dog and handler team visiting different settings like schools, nursing homes or jails. Although it requires training and certification, this is typically done in a volunteer capacity through programs such as Pet Partners (Sori & Hughes, 2014).

Animal Assisted Play Therapy® (AAPT): This is the goal directed therapy approach that integrates a therapy animal into play therapy (Sori & Hughes, 2014). One distinguishing component is the playful atmosphere that is created during AAPT sessions (Sori & Hughes, 2014). AAPT can be utilized by a variety of professionals such as occupational therapists, speech therapists, mental health clinicians, and educators (VanFleet, 2022); however, for this dissertation it will be defined as a licensed mental health professional incorporating AAPT into mental health therapy.

Animal assisted therapy: The International Association for Human-Animal Interaction Organizations (IAHAIO) defines animal assisted therapy as a professional working within their scope of practice to incorporate an animal in a goal orientated way to enhance the overall well-being of the human recipient (IAHAIO, 2018). This requires additional training on animal behaviors and animal communication (IAHAIO, 2018). There is a certification process to ensure that the professional can demonstrate the additional competencies needed to incorporate an animal into their field of practice (IAHAIO, 2018). Although professionals within occupational, education, speech, or physical therapy can be included under this term (Sori & Hughes, 2014), within this dissertation animal assisted therapy will be referring to a licensed mental health professional with additional training incorporating an animal into therapy.

Outpatient therapy: Outpatient therapy is psychotherapy that occurs outside of a residential, hospital, or other inpatient setting (Dakota Family Services, 2024). For this dissertation, outpatient therapy could occur within private practice settings or community

mental health centers. Also, for this dissertation, the focus was on licensed mental health professionals providing the psychotherapy.

Play therapy: The Association for Play Therapy defines play therapy as the systematic use of a theoretical model to utilize the therapeutic powers of play to assist the client in meeting therapeutic goals (Association for Play Therapy, n.d).

Sandplay: Sandplay therapy is a therapeutic technique that takes place within a sand tray (Sandplay Therapists of America, 2023). Clients utilize miniature figures to create a symbolic image that expresses their inner world. This is then interpreted and given meaning during a therapeutic session with a trained clinician (Sandplay Therapists of American, 2023). For the purpose of this dissertation, it was used interchangeably with sandtray therapy.

Assumptions

Due to using the hermeneutic phenomenological approach, I assumed that I have bias that I need to identify and revise as I learn new knowledge (see Peoples, 2021). I assumed that individuals who agreed to participate met the inclusion criteria and had the knowledge and experience to share their insight for this dissertation. I also assumed that participants were truthful in expressing their lived experiences. There is also the premise that all individuals who participated in the study are engaging in AAPT in an ethical and safe manner. This includes the assumption that the therapy animals are being cared for and are free from harm.

Scope and Delimitations

I limited my study to focus on licensed mental health professionals providing AAPT to adult therapy clients in an outpatient setting. I focused on this due to there being some research completed on animal assisted therapy or AAPT focusing on working with children but very few research studies conducted for the adult population ages eighteen to sixty-five (Rabatin, 2021). I also chose to focus on the outpatient setting since most of the research that has been conducted with adult clients and animal assisted therapy has taken place in residential settings like jails, nursing homes, or inpatient hospital units (Liguori et al., 2023). To ensure participants had the lived experiences to share for this study, I created specific inclusion criteria that will be discussed in the methods section.

Limitations

Potential limitations of this study included a smaller sample size. Due to the specific inclusion criteria of the participants and phenomenological nature of my study, the results of the study will not generalize to a larger population but may be transferable to another population (Creswell & Creswell, 2018). Another limitation is the type of therapy animal that was used. Although the ethical and legal considerations should be the same for all therapy animals, having different types of therapy animals may have influenced the data I collected from the mental health professionals. However, this may also add to the depth of the knowledge gained to have mental health professionals that have a variety of therapy animals.

Significance

The experiences of mental health professionals providing AAPT to adults is currently unknown. These mental health professionals had the knowledge and feedback that offered meaningful insight into an area that is currently under studied. This is a starting point to help inform mental health professional supervisors and educators how to guide future mental health professionals who seek to engage in AAPT with adult clients. More information regarding the experiences of these clinicians can aid in improving client outcomes and assist in reducing the potential harm that could occur to clients and/or therapy animals while utilizing AAPT. It can also inform the development of best practices when providing AAPT to adults.

Summary

Play and animal assisted therapy have shown to be beneficial to adults with mental health disorders (Ambrosi et al., 2019; Contalbrigo et al., 2017; Hunjan & Reddy, 2023; Kil, 2019; Kil, 2021; Villarreal-Zegarra et al., 2024). However, there has been no research on providing AAPT to adults in outpatient settings. The lived experiences of licensed mental health professionals providing AAPT to adults is also unknown. This study sought to contribute to this knowledge by understanding the lived experiences of mental health professionals providing AAPT to adult clients in outpatient settings. This was done through a hermeneutic phenomenological exploration of these lived experiences. The next chapter will be an exploration of the current scholarly literature on AAPT and the use of animal assisted therapy with adults.

Chapter 2: Literature Review

Introduction

The lived experiences of mental health professionals providing AAPT to adult clients in an outpatient setting is currently unknown. In this literature review, I will summarize the existing literature regarding AAPT, the use of play therapy with adults, and animal assisted therapy with adults. I will also discuss the origins of animal assisted therapy and the incorporation of play therapy into animal assisted therapy. I will provide a brief review of play therapy, discuss the literature search strategy that I employed, and identify the research that relates to the research problem and questions to demonstrate the need for my study.

Literature Search Strategy

I began my literature search by searching the Walden library and Google Scholar for scholarly research on AAPT in general. Databases that were included in this search were ESCBOhost, Proquest, dissertations, and books. Then I searched for AAPT and adult populations, which found limited research. Next, I searched for animal assisted therapy and adults in all the previously mentioned databases. Additional terms like outpatient, canine assisted therapy, anxiety, depression, inpatient, and elderly were included to increase the search radius of the literature. I also conducted a search of play therapy AND adults in all the databases to find scholarly literature of the use of play therapy with adult populations.

I found 27 articles through these searches. Then, I completed a citation chain to discover additional articles from the articles I had found. Google Scholar highlighted

additional articles that had cited the ones I had already found to find additional articles that may be useful to my dissertation. I found 81 research articles that were applicable to my research topic.

Conceptual Framework

Hermeneutic phenomenology is the conceptual foundation of this dissertation. Edmund Husserl developed phenomenology as a way of seeking understanding of how individuals experience the world (Suddick et al., 2020). Husserl engaged in epoche, or phenomenological reduction, to understand how a person constructed reality based upon their previous experiences (Pula, 2022). Husserl believed that reality is intertwined with culture, social norms, and language (Pula, 2022).

Martin Heidegger was a student of Husserl and developed hermeneutic phenomenology based upon the teachings of Husserl (Large, 2008; Pula, 2022). Some notable differences within Heidegger's hermeneutic phenomenology include the rejection of epoche which is the reduction of how a person constructs reality based on previous experiences (Pula, 2022). The concept of Dasein, was also introduced in Heidegger's hermeneutic phenomenology is distinctly different than epoche (Pula, 2022). Dasein is how the self exists in the world and is based on the concept that researchers cannot separate themselves from being in the world (Peoples, 2021). Heidegger stressed the importance of phenomenology reduction which is not the actual perception of a construct but the act of perceiving the construct (Large, 2008).

Later, Gadamer added the idea of the hermeneutic circle (Suddick et al., 2020). The hermeneutic circle is how a new piece of knowledge is incorporated into the entire

whole of the existing understanding of a phenomenon (Suddick et al., 2020). Gadamer also added the concept of fusion of horizons to hermeneutic phenomenology. The fusion of horizons is when the hermeneutic circle, language, and interpretation of the data leads to a transformative understanding of the phenomenon (Suddick et al., 2020). This involves creating a new perspective of the phenomenon as well as a shared understanding of the explored lived experience (Suddick et al., 2020).

Theoretical Framework

Geist (2011) called for animal assisted therapy to have a guiding theoretical framework to be considered an efficacious therapeutic approach. An additional recommendation within Geist was that an attachment theory lens be considered due to the attachment between humans and animals. This was also noted within Chandler et al. (2010), who identified the multiple uses and benefits of animal assisted therapy and notes how animal assisted therapy can enhance therapeutic relationships through increasing rapport, building trust, and creating a sense of emotional safety, which are key aspects of attachment theory. There was also agreement between Chandler et al. and Geist (2011) that providers need to have a conceptual framework to guide therapeutic work incorporating animals into therapy. The HART was developed as a theoretical guide to providing the advanced practice of animal assisted counseling (Chandler, 2018). Principles of HART include the recognition of the neurobiological components of interactions between humans and animals such as the social response system and stress response system (Chandler, 2018). For example, oxytocin and dopamine are released when humans interact with animals, which creates a calming response (Chandler, 2018).

Animals can also perceive distress within humans and animals may mirror a client's distress during the session due to the stress response system (Chandler, 2018).

HART includes the concepts of important relational moments occurring within interactions with animals (Chandler, 2018). A mental health professional can identify what Chandler (2018) refers to as relational moments and utilize these moments within the therapeutic process. This means that HART takes the traditional view of attachment theory that is typically used to explore the human-child bond, later applied to the human-animal bond, and adds how this can be utilized in beneficial ways within the therapeutic relationship. For example, a mental health professional can remark that petting the therapy dog seems to have reduced the client's anxiety or may note that the therapy animal became agitated or stressed when the agitated client raised their voice suddenly. The therapist can use this moment to highlight how the client's behaviors impact not only the animal but explore how this may impact additional interactions with others. Chandler (2018) demonstrates that processing a significant relational moment (SHARMS) can lead to further insight for the client.

To continue exploring how relational moments and SHARMS can be used in therapy, Otting and Chandler (2021) sought to explore if HART is present within animal assisted therapy sessions through observations. Six therapy sessions from two different therapy teams were recorded and analyzed for components of HART (Otting & Chandler, 2021). Participants that received the animal assisted therapy were also interviewed regarding their perspectives of their experiences. Otting and Chandler analyzed the data through a constructive, grounded theory lens and found that relational moments occurred

throughout the therapy sessions. Participants reported that they could identify when relational moments and SHARMs occurred based on how those moments were experienced (Otting & Chandler, 2018). HART provided a theoretical framework that was valuable to this dissertation because it gave insight on how mental health professionals may use relational moments within providing AAPT to adult clients. Having this as a theoretical framework ensured that I was asking about the presence of relational moments in the interviews with the participants, which assisted in the development of my interview questions. HART also served as a lens to analyze data.

Literature Review Related to Key Variables and/or Concepts

There is limited scholarly research on AAPT (Rabatin, 2021). To gain a full understanding of how mental health professionals use AAPT with adults, I will first give an overview of play therapy and how it is used with children. I will review the literature of the use of play therapy with adults. I will continue with a discussion regarding animal assisted therapy in general and then specifically describe how animal assisted therapy is used with adults. I also will review how animal assisted therapy has been combined with aspects of play therapy with adults. Then, I will explore the literature on AAPT including a brief description of the historical development of AAPT.

History of Play Therapy

Sigmund Freud pioneered the concept that childhood experiences could lead to difficulties within adulthood (Johnson, 2015). This led Sigmund Freud to observe children and how they played. He noticed that children often played out difficult experiences repeatedly until they experienced mastery over the situation (Johnson, 2015).

These observations were the seeds needed for the development of child specific therapy techniques. Play was used to develop a therapeutic relationship with a child allowing for self-expression without words (Johnson, 2015). Earlier pioneers of play therapy include Melanie Klein who believed that children were capable of insight through play, and Anna Freud who believed allowing the child to lead helped them gain insight into their unconscious (Johnson, 2015). Another significant contribution to play therapy is Margaret Lowenfeld and her work with having children create worlds in a sand tray (Johnson, 2015). Although these individuals contributed tremendously to the development of play therapy, the creation of modern play therapy is credited to Virginia Axline.

Virginia Axline created child-centered play therapy that is based on the nondirective techniques of Carl Rogers (Johnson, 2015). The premise of child-centered play therapy is that the child has the capacity to heal themselves when provided with an environment that is accepting and comfortable (Glover & Landreth, 2015). From child-centered play therapy, filial therapy was developed to strengthen the parent-child relationship through teaching parents how to engage in techniques similar to those utilized in child-centered play therapy such as noticing and making reflection statements (Johnson, 2015). This was the first incorporation of adults in play therapy techniques.

Throughout the 1960s, many more play therapy approaches were developed such as Gestalt Play Therapy, Theraplay, and Object Relations Play Therapy (Johnson, 2015). Another important contribution to the play therapy field that is relevant to this dissertation is John Bowlby's development of attachment theory (Johnson, 2015).

Attachment theory focuses on how early attachment can shape behaviors later into adulthood (Johnson, 2015). This is an important concept for AAPT since interactions with the therapy dog can assist the adult client learn new ways of attaching with others. HART furthers the lens of attachment theory through identifying how relational moments can be utilized within the therapeutic relationship, which is why HART was selected as the conceptual framework for this dissertation as opposed to attachment theory alone (Chandler, 2018).

Besides filial therapy, there has been limited research into the utilization of play therapy with adults (Born & Fenster, 2022). Most research into play therapy has focused on child participants or families (Born & Fenster, 2022). Since AAPT incorporates aspects of play, scholarly literature regarding play therapy and adults was analyzed to deepen the understanding of how adults may respond to play based techniques. The use of play therapy with adults will be explored in the following section.

Play Therapy With Adults

Play is necessary for not only children but also adults (Born & Fenster, 2022). Benefits of incorporating play with adults includes stress reduction, increasing feelings of mastery and problem solving, and insight (Born & Fenster, 2022). One of the first reported instances of using play therapy with an adult was conducted by Sigmund Freud in 1933 (Steele, 2024). Sigmund Freud incorporated charades into his analysis of a female artist (Steele, 2024). In a modern example, Olson-Morrison (2017) presented a case in which integrative play therapy was used with an adult client that had experienced complex trauma. Play based interventions allowed the client in the case presentation to

develop a sense of safety, emotion regulation, and process through trauma (Olson-Morrison, 2017). This article holds the position that play therapy can be used to help adult clients heal from the trauma they experienced throughout childhood (Olson-Morrison, 2017). Play therapy can address when adults have developmental deficiencies that may be a result of trauma (Olson-Morrison, 2017). The next study focused on the impact of physical trauma such as brain injuries.

Saywell et al. (2016) conducted a systematic review of thirty peer reviewed research studies that involved brain injuries in adults and the primary intervention was a play-based technique. All the studies included in the systematic review found improvements in functioning after the play intervention and many participants found the play-based interventions to be enjoyable or acceptable (Saywell et al., 2016). Within the meta-analysis, it was found that play based interventions can assist with upper limb functioning and increased independence after an adult acquired brain injury (Saywell et al., 2016).

Instead of focusing on community-based individuals, Geoffrion (2018) focused on the use of play based techniques within an inpatient setting. Techniques that were used included selecting figures and discussing why that figure represented how they felt and drawing activities (art-based) to create a world for a figure of what the patient wanted (Geoffrion, 2018). This study found that adults were willing to engage in art-based play therapy interventions in an inpatient setting (Geoffrion, 2018). Additionally, play therapy has been identified as a useful tool in other therapies for adults.

Play therapy has been incorporated as a beneficial modality in marriage counseling (Kennedy & Gordon, 2017). Kennedy and Gordon (2017) present a case study investigating the impact of play based interventions within couples therapy. Play therapy techniques that were used included sand play, art, and music (Kennedy & Gordon, 2017). It was found that relationship satisfaction, relationship intimacy, and frequency of couple play activities increased from pre to post intervention (Kennedy & Gordon, 2017).

Sandplay therapy is a play-based technique that can also be used with adults (Doyle & Magor-Blatch, 2017; Roesler, 2019). Doyle and Magor-Blatch (2017) conducted a case study investigating how sandplay therapy can be used with an adult client over the span of ten sessions. Overall, the client indicated that the experience of sandplay therapy was positive, and she reported that it was less intrusive than other traditional talk-based therapies she experienced in the past (Doyle & Magor-Blatch, 2017). With the measurements, the client's depression scores were moderately improved from the pre to post intervention; however, her anxiety scores had increased (Doyle & Magor-Blatch, 2017). The authors stated that the client reported experiencing significant interpersonal stressors between the end of treatment and completing the post intervention scores, so this may account for the increase in anxiety scores (Doyle & Magor-Blatch, 2017).

Roesler (2019) conducted a systematic review of peer-reviewed scholarly articles involving sandplay therapy. Five of these studies focused on adults. Mental health symptoms such as anxiety were most treated with sandplay therapy (Roesler, 2019). Results indicate that experimental groups that received sandplay therapy had significant

reductions of anxiety, and that sandplay therapy promoted resiliency within adults (Roesler, 2019). Sandplay therapy is helpful since it is a nonverbal approach to therapy (Roesler, 2019). While there is evidence that play based therapy may be beneficial for adults, many of these studies had small sample sizes or are single case studies. This demonstrates the need for continued research in the area of play based therapy techniques with adult clients to better understand how play can be utilized in the treatment of adults.

I sought to address this gap with the exploration of the perceptions of licensed counselors that provide AAPT to adult clients in outpatient settings. Within the next section, the history of animal assisted therapy will be explored since AAPT has developed from the combination of animal assisted therapy and play therapy.

History of Animal Assisted Therapy

Animals have been important to humans throughout human history for not only survival purposes but spiritual reasons as well (Serpell, 2010). In the 1700's, animals started to become more companion animals for social purposes instead of tasks (Serpell, 2010). This notion continued to build and in the eighteenth century there are incidents of having domestic animals to provide comfort and socialization to individuals that were institutionalized due to mental illness (Serpell, 2010). In the 1960s, Boris Levinson published the book *Pets and Human Development* regarding his observations of the therapeutic benefits of having his dog present within counseling sessions with children (Serpell, 2010). This book described how animals can assist in developing a healing connection and can reinforce a person's inner self (Serpell, 2010). These concepts provided rationale for further exploration and development of animal assisted therapy.

Animal assisted therapy started to develop and become more well-researched after the Friedmann et al. (1980) study which found that individuals receiving cardiac care tended to live longer if they were pet owners (Serpell, 2010).

Modern individuals that have also contributed greatly to the field of animal assisted therapy include Cynthia Chandler and Aubrey Fine. Chandler's (2005) book titled *Animal Assisted Therapy in Counseling* describes how to use animal assisted therapy and includes multiple case studies as examples. Chandler (2010) and Geist (2011) later called for the incorporation of a theoretical framework for animal assisted therapy, as this gives credence to AAT being an efficacious profession. Chandler (2018) developed the HART framework to help mental health professionals identify significant relational moments and use these moments to help the client gain insight. Fine (2010) also developed a handbook on how mental health professionals can practice animal assisted therapy in an ethical and safe manner. The advent of books and theoretical underpinnings has helped launch AAT toward being a reputable evidence-based treatment modality. The next step was to establish best practices and work toward developing ethical standards for AAT.

The American Counseling Association has also developed competencies for providing animal assisted therapy (Stewart et al., 2016). These competencies were developed after a grounded theory exploration into the expertise of animal assisted therapy experts on what they viewed as most important when providing animal assisted therapy (Stewart et al., 2016). One competency that is required to engage in animal assisted therapy in an ethical manner is additional knowledge. To practice in a competent

manner, mental health professionals need additional knowledge of many different aspects such as animal behavior and communication, non-aversive training techniques, and additional risk management issues such as liability and informed consent (Stewart et al., 2016). Mental health professionals engaging in animal assisted therapy should also demonstrate the following skills in order to be considered competent: mastery of basic counseling skills, split attention between the client and animal, how to use animal assisted therapy to meet the client's therapeutic goals, respond to the animal's signals of distress, and to determine if an animal is suitable for animal assisted therapy (Stewart et al., 2016). Attitudes is another overall theme in which mental health professionals must demonstrate to provide animal assisted therapy in a competent manner. Stewart et al. (2016) recognizes that competent mental health professionals will advocate for animals including their own therapy animal, seeking consultation and supervision on a regular basis, continuing to gain education on animal assisted therapy, and to be able to remain calm, creative, and empathetic. It is important to note that AAPT shares many of these competencies, however with the added technique of play therapy, a robust ethical and conceptual understanding of the unique needs has yet to be explored particularly with the adult population.

Animal Assisted Therapy With Adults

There are a variety of locations where animal assisted therapy is used, such as daycares, schools, nursing homes, hospitals, private practices, and prisons to name a few (Liguori et al., 2023). Not only is animal assisted therapy in many different locations, but it can also be utilized to address many different mental health conditions. Charry-Sanchez

et al. (2018) highlighted how animal assisted therapy was utilized to address a variety of different conditions in adults such as depression, dementia, trauma, multiple sclerosis, and stroke. In the exploration of literature on animal assisted therapy with adults, Charry-Sanchez et al. found that there were limited studies, and these studies often had small sample sizes. The specific conditions in which animal assisted therapy was used for adults will be explored within the next section.

Depression

There are several studies that suggest using animal assisted therapy with adults can assist with decreasing depression (Ambrosi et al., 2019; Contalbrigo et al., 2017; Kunz-Lomelin & Nordberg, 2020; McFalls-Steger et al., 2024; Pendry et al., 2019; Robino & Adams, 2022). These studies have taken place in a variety of different settings and incorporate individuals with specific treatment needs. Ambrosi et al. (2019) explored the impact of animal assisted therapy on the mental health of institutionalized elderly individuals and found a clinically significant decrease in depression scores after ten weeks of animal assisted therapy. Contalbrigo et al. (2017) also found a decrease in depression scores after incarcerated individuals received ten weeks of canine-assisted therapy compared to the control group. Although it was not animal assisted therapy that was used, Kunz-Lomelin and Nordberg (2020) found that incarcerated individuals who participated in a canine training program for five weeks also demonstrated lowered depression and trauma scores compared to when they began the program. Another study that focused on the impact of animal assisted interventions is Carey et al. (2020) and this study found that individuals who experienced a dog and handler visit at the emergency

department had reduced depression scores post-treatment compared to the control group. Both Kunz-Lomelin and Nordbery (202) and Carey et al. (2020) highlight the possible positive impact of animal interactions on a person's mental health even when it is conducted through a pet volunteer program as an animal assisted intervention instead of traditional animal assisted therapy.

Other studies have focused on specific populations. Wijker et al. (2020) found a clinically relevant decrease in depression scores in a controlled study of adults with Autism who received animal-assisted therapy, but this did not reach the level of statistical significance. This means that there were changes present, but due to the small sample size this was not shown within the analysis of the results. In a different population, Pendry et al. (2019) explored if college students with clinical depression would experience beneficial results of an animal visiting program designed for college students. Pendry et al. found that interactions with the animals decreased negative emotions and depression scores even in participants that scored in the clinically depressed range on the Beck Depression Inventory at pre-test. However, similar to Carey et al. (2020) and Kunz et al. (2020), this study only focused on interacting with animals and would not be considered animal assisted therapy. This illustrates again how beneficial animal interactions can be for adults but also the lack of empirical studies on animal assisted therapy with adults.

Instead of only focusing on interactions with animals like Pendry et al. (2019), Robino and Adams (2022) conducted a study that focused on the impact of animal assisted counseling. Robino and Adams explored how implementing animal assisted counseling in a college counseling office impacted therapy and symptoms of the clients.

Unlike other studies, Robino and Adams included qualitative data in addition to comparing depression and anxiety scores. The following themes were identified from the interviews: the importance of a strong bond with the therapy animal, the need for additional training on animal body language, learning over time how to integrate the animal into the therapy sessions, and additional considerations needed such as allowing the dog access to water or bathroom breaks. Robino and Adams did not find statistically significant differences in anxiety and depression scores; however, there were considerations such as length of treatment before and after the incorporation of the therapy dog that may have influenced these scores.

One study that examined the use of animal assisted therapy with adults with a variety of different mental health conditions within an outpatient setting was conducted by McFalls-Steger et al. (2024). McFalls-Steger et al. explored the impact of animal assisted psychotherapy on clients through analyzing their depression scores over a six-month treatment period. Participants received animal assisted therapy on a weekly or biweekly basis. McFalls-Steger et al. found a 47% decrease in the depressive symptoms of participants over the course of receiving animal assisted therapy. With a similar population of adults in outpatient treatment, Hunjan and Reddy (2023) performed a quasi-experimental study of the impact of weekly animal assisted therapy sessions over the course of three months in a community setting. Hunjan and Reddy found a statistically significant decrease in depressive symptoms in the experimental group compared to the control group.

There have been several different systematic reviews and meta-analysis articles that focus on different aspects of animal assisted therapy and adults (Carey et al., 2020; Chang et al., 2020; Charry-Sanchez et al., 2018; Hediger et al., 2021; Rodriguez-Martinez et al., 2021; Tedavisinde et al., 2024; Villarreal-Zegarra et al., 2024; Wijker et al., 2020). Charry-Sanchez et al. (2018) conducted a systematic review of the effectiveness of animal assisted therapy with adults. In the analysis of different studies, Charry-Sanchez et al. found one study that demonstrated a statistically significant change in Beck Depression Inventory scores in the eight participants that received canine assisted therapy, while another study in the analysis found no significant differences between the experimental group receiving animal assisted therapy and the control group in a randomized study of thirty-six elderly individuals. While Charry-Sanchez et al. found a both significant changes and studies with no changes in symptoms, Chang et al. (2020) contends that animal assisted therapy significantly decreased depression through the analysis of fourteen studies that investigated the impact of animal assisted therapy with elderly adults through a focus on depression outcome scores. Villarreal-Zegarra et al. (2024), focused on completing a systematic review and meta-analysis on the impact of animal assisted therapy with elderly individuals on depression scores. Like Chang et al., Villarreal-Zegarra et al. found that animal assisted therapy had a significant impact on reducing depressive symptoms in elderly adults.

Instead of focusing on studies regarding animal assisted therapy and elderly individuals, Rodriguez-Martinez et al. (2021) completed a systematic review of seventeen research articles that were clinical trials of adults diagnosed with a neurological disease.

Rodriguez-Martinez et al. had similar results as Chang et al. (2020) in which individuals with dementia had a decrease of depression symptoms after receiving animal assisted therapy. However, these studies had small sample sizes. Hediger et al. (2021) evaluated the effectiveness of animal assisted interventions for children and adults with post-traumatic stress disorder through conducting a systematic review of forty-one research studies that measured trauma and depression symptoms. For depression, Hediger et al. found that there was more of a decrease in depression scores from baseline after the animal assisted intervention compared to standard trauma treatment. However, this finding was not statistically significant, which is an interesting find in a study with a larger pool of articles to analyze since statistical significance would be more likely to occur with a larger number of participants. It should also be considered that the studies evaluated within Hediger et al. included animal assisted interventions instead of animal assisted therapy by a professional. Another meta-analysis of studies that included studies with animal assisted interventions is Tedavisinde et al. (2024). Tedavisinde et al. conducted a meta-analysis of six random control studies that included pre and posttest measurements. Like Charry-Sanchez et al. (2018), Tedavisinde et al. also had mixed results. One finding was decreases in depression scores on the Beck Depression Inventory after interactions with farm animals while another study within the analysis found no difference in the post-test depression scores between the experimental group that received animal assisted therapy and the control group. It is important to note that Tedavisinde et al. also had studies that included both animal assisted interventions and animal assisted therapy.

Overall, most studies that have measured depression scores through standardized questionnaires demonstrate a decrease in depression scores when animal assisted therapy or interventions were used. Only Charry-Sanchez et al. (2018) and Tedavisinde et al. (2024) found no decrease in depression scores in some of the studies that they analyzed while Hediger et al. (2021) and Wijker et al. (2020) had noted beneficial changes in depression scores, but these did not reach the level to be considered statistically significant. This highlights how animal assisted therapy may be a beneficial treatment technique for adults but there have been limited studies about it within an outpatient or community setting. Also, much of the research has included both animal assisted interventions and animal assisted therapy, which may skew the results when one is seeking to discover if animal assisted therapy is helpful for adults.

Anxiety

There is scholarly research that demonstrates that animal assisted therapy with adults can have a positive impact on depression symptoms. Likewise, animal assisted therapy with adults can be utilized to treat anxiety symptoms, which is reflected within the scholarly literature. The following studies discuss findings regarding animal assisted therapy and anxiety symptoms. Due to the limited number of studies that focus solely on animal assisted therapy, studies that evaluated animal assisted interventions were also included and noted with the study. Contalbrigo et al. (2017) found that canine assisted therapy decreased the anxiety of incarcerated individuals. Other studies that found that individuals within the experimental condition that received animal assisted interventions had lowered anxiety levels include Carey et al. (2022) and Kunz-Lomelin and Nordberg

(2020). Carey et al. found that individuals who experienced a canine and handler visit at the emergency department had reduced anxiety scores post-treatment compared to the control group. Similarly, Kunz-Lomelin and Nordberg found a statistically significant decrease in anxiety for male inmates that assisted in a dog training program who had moderate to severe anxiety prior to the intervention.

While not animal assisted interventions, other studies have found little to no difference in anxiety scores after receiving animal assisted therapy. Robino and Adams (2022) found decreases in anxiety symptoms that did not meet statistical significance from before the introduction of the therapy dog to after receiving therapy with the therapy dog. Ambrosi et al. (2019) also did not find a statistically significant change in anxiety scores in the elderly participants in the randomized control study.

Another study that explored how an animal assisted intervention may impact anxiety symptoms is Kivlen et al (2022). Kivlen et al. assessed the impact of a canine-assisted intervention on college students' well-being through a randomized controlled trial. Participants that received the animal assisted intervention reported lowered momentary stress scores compared to the control group, but this did not appear when this was reassessed after several weeks post intervention (Kivlen et al., 2022). Binfet (2017) also evaluated the impact of canine-assisted group interventions with college students and found the same results as Kivlen et al. in which the students reported less stress after the intervention, but this was not sustained over time. Again, these studies both used an animal assisted intervention instead of animal assisted therapy provided by a mental health professional. Coto et al. (2022) investigated if an animal assisted intervention

program would reduce the anxiety of nurses as evidenced by a decrease in scores on the Beck's Anxiety Inventory. Nurse work anxiety was significantly decreased when nurses were able to interact with the dog for at least ten minutes during a shift (Coto et al., 2022). Another exploration of animal assisted interventions and medical personnel is found within Brisson et al. (2023), who sought to assess the impact of interactions with a therapy dog on medical students' exam anxiety. Brisson et al. found that interacting with the therapy dog significantly decreased anxiety scores on the self-report measures including much more than the reduction in scores than in the control condition. The decrease in anxiety was also reflected in the finding of decreased cortisol levels in both the animal assisted and control conditions (Brisson et al., 2023).

In another study, Cantoni et al. (2024) focused on animal assisted interventions with adults. Cantoni et al. sought to investigate if a Classroom Canines program with a therapy dog in a classroom setting would assist in decreasing stress and anxiety for graduate students as well as to distinguish the effectiveness of animal assisted activities compared to music therapy. Cantoni et al. found that having the canine in the classroom did not disrupt the class. The canine intervention classroom had a significant reduction in anxiety from pre- to post-intervention and these participants verbalized enthusiasm for the intervention which did not occur in the music therapy group (Cantoni et al., 2024).

Although the previously reviewed studies demonstrate how interacting with animals may be beneficial in reducing anxiety, Wood et al. (2018) utilized more traditional animal assisted therapy. Wood et al. focused on discovering the impact of brief dog assisted group therapy sessions on the stress levels of college students. Wood

et al. found that participants had a statistically significant reduction in blood pressure and state anxiety.

Instead of focusing on college students, Wijker et al. (2020) conducted a randomized controlled trial to investigate the impact of dog assisted therapy on adults with Autism. Wijker et al. found individuals that received animal-assisted therapy had a significant reduction on perceived stress and agoraphobia symptoms. These findings were consistent after the ten-week follow-up measurements (Wijker et al., 2020). Another study that focused on the influence of animal assisted therapy on anxiety of adults is Giuliani and Jacquemettaz (2017), who investigated if animal assisted therapy would be beneficial in reducing the anxiety of individuals with intellectual disabilities through a quantitative study. They found that anxiety scores were significantly lower from pre intervention to post-intervention for the animal assisted therapy portion of the session while the scores were not statistically different for the control or therapy only portion of the session when compared to the pre-intervention. Giuliani and Jacquemettaz also found that men tended to experience more of a positive impact from the animal assisted therapy portion of the intervention compared to women.

While the last two studies explored animal assisted therapy with a community sample of individuals with intellectual disabilities or neurodivergence, Holman et al. (2020) focused on the impact of animal assisted interventions for incarcerated individuals. Holman et al. conducted a pilot program to investigate the impact of animal assisted interventions on the anxiety levels of female inmates within a mental health unit of the facility. Female inmates were allowed to clicker train the dogs. Holman et al.

included three participants' data in the analysis and found that there was a consistent decrease in anxiety throughout the intervention. However, due to the limited amount of data and potential influences such as the handler discussing their own trauma with participants, interruptions such as not finding a suitable space at times, and correctional officer interference, these results should be interpreted with caution (Holman et al., 2020).

Animal assisted interventions are also used with inpatient settings. Phung et al. (2017) used a pre and posttest quasi-experimental design to determine if animal assisted interventions of a visit from a therapy dog and handler would have an impact on the anxiety, fatigue, and pain level of hospitalized adults. Phung et al. found that the average score for anxiety had a statistically significant decrease after interacting with the therapy dog.

Another study that focused on animal assisted interventions within an inpatient setting was Mulvaney-Roth et al. (2023). Mulvaney-Roth et al. conducted a pre and posttest investigation to determine the impact of interactions with a therapy dog within an inpatient unit. For adults, the participants were from a Behavioral Health Unit. Mulvaney-Roth et al. found a statistically significant reduction in anxiety scores especially in comparison to the control group.

One more study that focused on animal assisted interventions within an inpatient setting was Brown et al. (2020). Brown et al. conducted a quasi-experimental mixed methods investigation of the mood states of adults after interacting with a therapy dog while experiencing psychiatric hospitalization. Participants included both hospitalized

individuals and the perspectives of hospital staff. Brown et al. found that patients in the adult psychiatric hospitalization unit experienced a statistically significant change in mood after interacting with the therapy dog. There was also a statistically significant change in mood for the employees of the adult psychiatric unit after interacting with the therapy dog; however, Brown et al. cautioned that there was a small sample of employees so these results should be interpreted with caution.

In a medical hospital setting, Kline et al. (2019) sought to determine if a visit with a volunteer therapy dog and handler could assist in reducing anxiety in medically stable adults within an emergency department. Kline et al. found that the control group participants' anxiety and depression scores remained consistent throughout the time in the emergency department while participants that interacted with the therapy dog and handler reported lower anxiety and depression scores after the intervention.

Overall, most studies found that animal assisted interventions or animal assisted therapy helped reduce anxiety symptoms for adults in a variety of different settings. However, there are no studies regarding anxiety that focused on an adult population in an outpatient mental health setting. Studies that focused on anxiety typically focused on specialized settings like inpatient hospital units or specific populations such as college students or neurodivergent individuals. Only one study by Brown et al (2020) included the perspective of staff within the study, but this was a small population. This shows that more research is needed on the perspective of clinicians providing animal assisted therapy as well as the general adult population that would be seen in an outpatient setting.

Self Esteem

Self-esteem is another concept that is measured in studies that explore the influence of animal assisted therapy on adults. The concept of self-esteem is measured less compared to anxiety and depression. One study focused on individuals with autism and self-esteem in an outpatient setting was conducted by Wijker et al. (2020). Wijker et al. found that posture improved significantly which was also reflected in the self-report measure of self-esteem; however, this did not reach the statistically significant level. Also, Wijker et al. only had six participants that were also involved in a larger study, so these results should be considered with caution.

Instead of focusing on a community setting of adults with Autism Spectrum Disorder like Wijker et al. (2020), Collica-Cox and Day (2022) focused on incarcerated individuals. Collica-Cox and Day sought to evaluate the impact of incorporating therapy dogs into a parenting visitation program within a prison setting. Collica-Cox and Day found that participants within the animal assisted intervention group demonstrated high self-esteem and parental knowledge according to the analysis of the self-report measures. In fact, 96% of the participants reported feeling confident in parenting abilities after completing the program (Collica-Cox & Day, 2022). Another finding from Collica-Cox and Day was that participants within the animal assisted intervention group tended to share more freely earlier on in the program compared to the control group members, who did not share personal information until after the third class. There were decreases in anxiety and depression evident in the interviews with participants; however, there were no statistically significant findings on the self-report measures for either group (Collica-Cox & Day, 2022). Another study that focused on self-esteem and incarcerated

individuals, Kunze-Lomelin and Nordberg (2020), found no significant differences in self-esteem scores for male inmates that were participating in a five-week dog training program.

Social Skills and Communication

Another concept that has been investigated within the literature on animal assisted therapy with adults is how social skills and communication were impacted by animal assisted therapy. Wijker et al. (2020) did not find significant changes in social communication in adults with Autism after receiving animal assisted therapy as evidenced by no change within the observed frequency of spontaneous touch or verbal interactions with the therapy dog or therapist. This study did have only six participants and measured social communication through the observations of two out of the ten animal assisted therapy sessions (Wijker et al., 2020). In the larger randomized control trial, Wijker et al. (2020) found that social responsiveness was improved for participants after completing the ten weeks of animal assisted therapy according to report measures completed by observers such as spouses or close family members.

Similar to the focus in Wijker et al. (2020) with individuals with autism, Scorzato et al. (2017) conducted a random control trial to determine the impact of canine assisted therapy on communication and social skills of adults with intellectual disabilities. Scorzato et al. also had similar results compared to the larger study by Wijker et al and found individuals that received animal assisted therapy measured a significant improvement in social behavior skills at the end of treatment.

In a similar study that investigated social skills of a specific population, Chen et al. (2022) conducted a random control trial of individuals diagnosed with schizophrenia that were older than forty years of age to determine the impact of animal assisted therapy on this population of individuals. Similar to Scorzato et al (2017) and Wijker et al. (2020), Chen et al. found that individuals within the animal assisted therapy sessions had significant changes in the Assessment of Communication and Interaction Skills compared to the control group.

Within a prison setting, Contalbrigo et al. (2017) found that animal assisted therapy with incarcerated individuals may enhance social skills due to the reduction of psychological symptoms and improved ability to cope with daily social situations. In the meta-analysis of animal assisted therapy with elderly individuals, Chang et al. (2021) found that animal assisted therapy or interventions often increased social interactions between individuals and the animal as well as with the handler. Overall, these studies demonstrate that animal assisted therapy with adults may assist in the improvement of social skills. However, as with the measurement of anxiety or depression, most of these studies focused on specialized populations like individuals with intellectual disabilities or in specific settings such as prisons. There was also the inclusion of studies that focused on animal assisted interventions instead of strictly studies of animal assisted therapy. None of these studies focused on the perspectives of the clinicians providing animal assisted therapy. This reflects the need for more research on the lived experiences of clinicians providing animal assisted therapy and AAPT as well as on the general population of adults that would be found in an outpatient therapy setting.

Physiological Functioning

Physiological functioning that was often measured in different studies with animal assisted therapy included blood pressure, cortisol levels, and heart rate (Chang et al., 2021; Handlin et al., 2018; Thompkins et al., 2019; Wijker et al., 2021; Wijker, 2020). Wijker et al. (2021) investigated the impact of animal assisted therapy on adults diagnosed with Autism on physiological functioning through a randomized control trial. This was an extension of the Wijker (2020) randomized control trials. Wijker et al. (2021) found that participants had a statistically significant reduction in cortisol after receiving the animal assisted therapy intervention. There were no differences detected in heart rate or rhythms and no long-term effects found within the intervention or control groups (Wijker et al., 2021). Similar in results but with a much different population, Chang et al. (2021) found in a meta-analysis of animal assisted therapy with elderly individuals that the presence of the animal reduced the cardiovascular stress response of the individuals. Similar to Chang et al., Handlin et al. (2018) also focused on elderly individuals in their exploration of how interactions with a therapy dog may influence blood pressure and heart rate. Although Handlin et al. would be considered an animal assisted intervention, it was discovered that elderly individuals experienced a decrease in heart rate and blood pressure after repeated visits by a therapy dog and handler. Thompkins et al. (2019) also had animal assisted interventions with adults, but these individuals were in a specialized hospital setting to complete intense occupational therapy to recover from spinal cord injuries. Also, like Chang et al. and Handlin et al., Thompkins et al. found that cortisol levels dropped when individuals interacted with a

therapy dog and handler during the occupational therapy sessions, but this did not reach the level of being statistically significant. Although it seems contradictory, Thompkins et al. also found that there was not a difference between the control group and the group receiving animal assisted interventions pain rating or brief pain inventory scores.

Thompkins et al. suggests that these findings may be influenced by the small sample size of thirty-one participants.

Cognitive Functioning

Studies that evaluated cognitive functioning of participants often looked at memory and attention. In the previously discussed research study of Hunjun and Reddy (2023), it was found that the experimental group that received animal assisted therapy demonstrated improvements with their memory, attention, and emotion regulation after receiving three months of animal assisted therapy. Chang et al. (2021) found similar results. Chang et al. found that remembering the animals' names and what activities were completed with the animals assisted elderly individuals in improving cognitive functioning through a meta-analysis. However, Chen et al. (2022) did not find any differences in the cognitive functioning of middle to older adults diagnosed with schizophrenia after receiving animal assisted therapy.

Pain

How animal assisted therapy impacts pain levels is another studied concept; although there is limited research on this and it is primarily animal assisted interventions such as a volunteer dog and handler team within these research studies (Carey et al., 2022; Havey et al., 2014; Kline et al., 2019; Phung et al., 2017). Carey et al. (2022)

conducted a controlled trial to discover the impact of a therapy dog team on a patient's pain levels within an emergency department. Carey et al. found that participants in the dog intervention group rated their pain significantly lower at post treatment compared to the control group that did not have interventions with the dog and handler team. In a similar study of the impact of therapy dogs and handler visits in the emergency department, Kline et al. (2019) found that individuals within the control group were much more likely than the experimental group to request pain medication while in the emergency room with seventeen percent of individuals doing this. Only one person within the experimental group that interacted with the dog requested pain medication (Kline et al., 2019). Phung et al. (2017) also focused on participants within a medical setting and found that hospitalized adults had a statistically significant decrease in pain scores after a visit with a therapy dog and handler. Similar results were also found in Havey et al. (2014) in which individuals that experienced a dog and handler visit after a knee surgery used a pain medication less than individuals that did not interact with a dog and handler. These studies all suggest that interactions with a dog can have a positive influence on pain; however, these were all animal assisted interventions. This demonstrates that interactions with a therapy dog could have a widespread positive impact on adults and more studies such as this dissertation are needed.

Trauma

The first study discussed in this section evaluated trauma symptoms focused on animal assisted interventions with adults. Olmert (2021) evaluated the impact of a twenty-week program in Uganda that provided psychotherapy and dog bonding activities.

This program was unique to this area since dogs were not considered companions in this culture and were often uncared for by their owners (Olmert, 2021). The scores ranged from a 62% to 14% decrease in trauma symptoms from pre to post intervention for seven participants (Olmert, 2021). In five years after the intervention, six of the participants no longer met criteria for PTSD due to the reduction in symptoms (Olmert, 2021).

A different study that approached evaluating the impact of animal assisted therapy on trauma is Hunt and Chizkov (2014). Hunt and Chizokov evaluated how animal assisted therapy impacted adult clients on processing through traumatic experiences using a cognitive behavior therapy technique of writing an essay regarding the traumatic event. Individuals that had the therapy dog within the session reported less distress when writing about the traumatic event (Hunt & Chizkov, 2014). This study shows that animal assisted therapy can be combined with another structured therapeutic approach in a beneficial way for adults.

Additionally, Germain et al. (2018) conducted a meta-analysis of eight quantitative research studies that investigated if animal assisted therapy impacted trauma symptoms. Germain et al. found that animal assisted therapy decreased the symptoms associated with traumatic experiences with a statistically significant large effect for pre and post intervention score. Four of the studies included, focused on adult populations while two additional studies included data for both adults and children (Germain et al., 2018).

Similar to Germain et al. (2018), Vitte et al. (2021) conducted a systematic review of sixteen peer-reviewed research articles that involved individuals diagnosed with PTSD

and dogs. Three studies focused on the impact of companion dogs while the other studies within the systematic review focused on the impact of service dogs on trauma symptoms (Vitte et al., 2021). Due to the variability in reported outcome measures, it was difficult to establish how effective dogs are at assisting in the reduction of trauma symptoms (Vitte et al., 2021). Vitte et al. identified that incorporating dogs into trauma treatment can have benefits such as increasing follow-through for treatment.

Client Feedback

Overall, the scholarly literature demonstrates that adult clients provide positive feedback regarding animal assisted therapy. Reddekopp et al. (2020) found that eighty percent of participants were in support of having a therapy dog within the emergency department through a questionnaire of one hundred individuals waiting in the waiting room of the emergency department. In the open-ended question to elicit the responses of patients and staff at an adult psychiatric hospitalization unit, Brown et al. (2020) found that the most reported theme within the written responses was participants felt happier after interacting with a therapy dog and handler. In a study by Collica-Cox and Day (2022) woman inmates reported that the presence of the therapy dog during the parenting program helped them feel safer, supported, and less stressed. Participants also reported statements such as the dogs comforting them if they were not able to see their family at graduation or excitement at introducing family members to the therapy dog at program graduation (Collica-Cox & Day, 2022).

Similar to the previously discussed studies, Machova et al. (2020) investigated the attitudes of clients, healthcare professionals, and family members of clients regarding

animal assisted therapy through a survey of individuals living or working in nursing homes, retirement homes, or households receiving hospice care. Machova et al. found that 91% of respondents agreed that having a therapy dog on site is beneficial and all respondents agreed that having a dog present creates joy. 78% of the respondents endorsed the belief that a dog could introduce diseases or parasites to a hospital setting (Machova et al., 2018). However, 92% of respondents reported they would be interested in participating in animal assisted activities.

Other studies that found positive feedback from adult clients include Phung et al. (2017) and Wijker et al. (2021). Phung et al. found that clients had positive feedback when receiving an intervention of a therapy dog and handler to visit them while hospitalized. 94% of participants reported that animal assisted therapy was helpful (Phung et al., 2017). Wijker et al. had the adult participants with Autism rate the intervention of animal assisted therapy as joyful.

All studies that included a component of discovering the perspective of adult clients that received animal assisted therapy or interventions found that clients had positive feedback. This was echoed throughout different settings.

Clinician Experience

There are limited studies in which the clinician's experiences providing animal assisted therapy have been explored. Rabatin (2021) interviewed ten participants on their experiences of providing AAPT. Nine themes were discovered such as additional therapeutic benefits from incorporating AAPT, the need to balance structure with flexibility to conduct AAPT, how to protect canine welfare, the increased attachment to

their canines when including them in AAPT, and how to best incorporate their canine's temperament into AAPT sessions (Rabatin, 2021). Additional themes that were discovered include how AAPT can be beneficial for many different ages, needing to cope with the retirement or loss of a therapy canine, and the additional barriers of incorporating AAPT such as additional consents and liability considerations (Rabatin, 2021). These are important themes to consider since many of these themes or similar ones were present within this dissertation. Also, Rabatin utilized a phenomenological approach, so the questions to explore the clinician's lived experiences of providing AAPT may inform the questions within this dissertation.

Flynn et al. (2020) is an example of a qualitative exploration of how clinicians perceive providing animal assisted interventions to clients, although this study focuses on clinicians that provide therapy to adolescents. Through semi-structured interviews of clinicians working in a residential care setting that offers several different types of animal assisted interventions, Flynn et al. found several themes. These themes included how animal assisted interventions increased the adolescents' sense of competence, sense of safety, and helped improve their awareness to self-regulate (Flynn et al., 2020). Additional themes include that animal assisted interventions improved the ability to build rapport with clients and assisted in the clients being more engaged in the therapeutic process (Flynn et al., 2020).

Another exploration into the perspectives of clinicians providing animal assisted therapy is Chavez Smith Stuart (2018), which is a dissertation that explored the perspectives of individuals that went from having their canine as a companion to a co-

therapist. Six participants shared their experiences with providing animal assisted therapy. Themes that were discovered in the dissertation include the additional patience that it takes to learn to conduct animal assisted therapy well, the importance of trust in the canine, being attentive to the canine's needs, having an increased bond with their canine after engaging in animal assisted therapy, and the pride that the clinicians felt in their canines for the work that they engage in (Chavez Smith Stuart, 2018). Some of the clinicians included in Chavez Smith Stuart had experience providing animal assisted therapy to adults within individual and family therapy sessions. This means that the insight gained within Chavez Smith Stuart may be echoed with the current dissertation due to examining the perspectives of clinicians providing a similar therapeutic technique involving therapy animals.

Another investigation into how clinicians perceive animal assisted counseling was completed by Hartwig and Smelser (2018). This study focused on the beliefs of clinicians about what the standards for animal assisted counseling should be (Hartwig & Smelser, 2018). Using a survey developed by the researchers, mental health clinicians were asked about their previous experience with animals, what training they believed was necessary to engage in animal assisted counseling, and what type of clients should engage in animal assisted counseling (Hartwig & Smelser, 2018). Most participants endorsed that animal assisted counseling would be beneficial for school age children through adulthood (Hartwig & Smelser, 2018). Two thirds of the participants endorsed that advanced training and supervision should be required to engage in animal assisted counseling (Hartwig & Smelser, 2018). This study reinforces that many providers believe that animal

assisted counseling requires more training due to the advanced skills needed to do this therapy modality. However, many of the providers included in this study had not been trained in or provided animal assisted counseling.

A similar study investigating clinician perspectives of school counselors and school nurses was conducted by Yordy et al. (2022). This study also had a questionnaire that participants completed to evaluate their knowledge, attitude, and experience needed to engage in animal assisted therapy within the schools (Yordy et al., 2022). Four hundred and twenty-seven individuals participated in this study, and 198 of those were school counselors (Yordy et al., 2022). Yordy et al. found that school counselors endorsed animal assisted therapy as having a positive impact on students at a higher rate than school nurses. Many participants indicated concerns of having access to the additional training and supervision required to engage in animal assisted therapy in an ethical manner (Yordy et al., 2022). Again, many of the individuals in this study had not been trained in or provided animal assisted therapy. This also focused on providing animal assisted therapy to children, similar to Flynn et al (2020), instead of providing animal assisted therapy to adults.

Although this study did not focus on mental health clinicians, Pinto et al. (2017) explored the perceptions and attitudes of medical professionals toward animal assisted interventions. This was done through a survey and there were 508 participants included in the analysis (Pinto et al., 2017). 93% of participants were in support of animal assisted intervention (Pinto et al., 2017). Also, 25% of participants were asked by their patients about the effectiveness of animal assisted interventions (Pinto et al., 2017). This may

demonstrate that individuals are interested in receiving this type of treatment modality. More perspectives are needed to understand the benefits of providing animal assisted therapy to adults.

All the studies within this section show that providers want to practice animal assisted therapy in an ethical manner and realize that additional training and supervision is needed. These studies also demonstrate that providers find animal assisted therapy as a promising treatment modality. However, only Rabatin (2021) explored the lived experiences of clinicians providing AAPT while Chavez Stuart Smith (2018) reported on the lived experiences of clinicians providing animal assisted therapy, and Flynn et al. (2020) explored the clinicians' experiences providing animal assisted interventions; otherwise, this has not been explored within the research. This means there is limited knowledge regarding the lived experiences of mental health professionals providing any form of AAPT specifically to adult clients in an outpatient setting.

Combination of Play and Animal Assisted Therapy

AAPT is the incorporation of a therapy animal in a goal driven way to play therapy sessions (VanFleet & Faa-Thompson, 2010). Although the following research articles did not report that they used AAPT specifically, they did use a combination of play therapy and animal assisted therapy and are therefore relevant to this study. These studies did not follow the same protocols of AAPT, but these studies demonstrate that combining play techniques with animal assisted therapy may be beneficial for adults. Kil (2021) combined integrated play therapy and animal assisted therapy in a group intervention of college students to see if this intervention would impact depression and

self-esteem of the participants. It was found that individuals within the experimental group had a statistically significant increase in self-esteem scores and statistically significant decrease in depression scores compared to the control group (Kil, 2021).

Delgado et al. (2018) investigated if canine play interventions would have an impact of the stress levels of college students. The analysis of the data showed that participants had a reduction in cortisol after the intervention with the dog (Delgado et al., 2018). The mean score on the Perceived Stress Scale had a statistically significant decrease after the intervention as well (Delgado et al., 2018).

Instead of a college population, Kil et al. (2019a) conducted a study on the impact of a group intervention that combines elderly play therapy and animal assisted therapy for individuals living within a nursing home. After analysis, it was found that participants in the experimental group experienced more substantial changes in average depression scores compared to the changes in scores in the control group (Kil et al., 2019a). This substantial change in average scores was also reflected in the improvement of self-esteem scores of the experimental group compared to the control group (Kil et al., 2019a).

Kil et al. (2019b) repeated this same research design with elderly individuals that lived alone. The analysis of pre and post-intervention data showed statistically significant differences between the groups for the Mini-Mental State Exam, Trail Making Test, and in a reduction of the scores from the Geriatric Depression Scale Short Form (Kil et al., 2019b). Overall, these research articles demonstrate that a combination of play techniques and animal assisted interventions or therapy can have beneficial results for adults. However, these studies either focused on the elderly or college students and have

not taken place in an outpatient mental health setting. More research is needed to determine if this combination of play and animal assisted therapy is helpful for the general adult population within an outpatient study.

Animal Assisted Play Therapy®

AAPT is a relatively new therapy modality. AAPT started to develop in approximately 2007 when Rise VanFleet realized that both play therapy and animal assisted therapy were developmentally appropriate approaches to therapy with children and families (VanFleet & Faa-Thompson, 2010). VanFleet and Faa-Thompson (2010) first described AAPT as involving an animal into play in a goal orientated way. AAPT is a useful approach with children due to children's innate pull towards animals as well as play allowing the child to express themselves in a method they can understand. The philosophy of AAPT is that both human and animals receive the same respect and that human needs are not considered more important than the animals' needs (VanFleet & Faa-Thompson, 2010). Another important aspect of AAPT is that all activities should be safe and enjoyable for both humans and animals (VanFleet & Faa-Thompson, 2010). One unique aspect of AAPT is that animals are allowed to have their own personalities. Although animals need basic manners to ensure safety, it is against AAPT principles to have an animal that is over-trained and no longer has its own personality characteristics (VanFleet & Faa-Thompson, 2010).

There is a certification process for AAPT. Due to the additional knowledge of play therapy that is required, to become a Certified Animal Assisted Play Therapist® one must already be a Registered Play Therapist® (IIAAPT, 2020). There are other levels of

certification for allied professionals that do not have the background in play therapy such as animal professionals, physical therapists, or educational professionals (IIAAPT, 2020). To become a Certified Animal Assisted Play Therapist, a person must complete the Level One and Level Two in-person four-day workshops, complete six different online courses, and have at least eighteen hours of AAPT specific supervision by a Certified AAPT Supervisor® (IIAAPT, 2020). A licensed mental health professional also needs to demonstrate the required competencies to become fully certified. This is completed through submitting videos of AAPT therapy sessions and the animals' trained behaviors, completing the Animal Appropriateness Scale for the animal engaging in AAPT, completing the Scale of Therapist-Animal Relationship Strengths assessment for the animal that will be engaging in AAPT, submitting a treatment plan for AAPT, and providing a written case study (IIAAPT, 2020).

AAPT does not require animals to have their own certifications such as the Canine Good Citizen or through agencies like Pet Partners. One requirement of AAPT is that the animal genuinely enjoys participating in AAPT sessions instead of only tolerating it (VanFleet, 2019). An animal should enjoy participating in playful interactions with people to be considered involved in AAPT sessions (VanFleet, 2019). Animals should feel curious and relaxed around other people (VanFleet, 2019). This also means that individuals providing AAPT must be knowledgeable on how to recognize stress signals within their animals so they can remedy the situation for the animal (VanFleet, 2019). In fact, the relationship between the animal and the therapist is vital and can model appropriate relationships with embedded empathy for the clients (VanFleet, 2018). For

consideration to participate in AAPT work, animals should have only experienced positive training methods (VanFleet, 2019). Punishment based training can increase fear and anxiety within the animal as well as harm the relationship; this goes against the principles and values of AAPT (VanFleet, 2018).

Goals of AAPT include improving the client's ability to create healthy attachments, learning and practicing empathy, assisting with developing self-regulation, and practicing problem solving (VanFleet & Faa-Thompson, 2010). It has been used by the developers in individual, family, and group therapy (VanFleet & Faa-Thompson, 2010). VanFleet and Faa-Thompson (2010) stated that clinical experience of providing AAPT has shown it to be successful due to its relationship and process-based approach; however, there has been little empirical research on AAPT specifically. The research that has been completed on AAPT will be explored in the next section.

One of the earlier pieces of scholarly literature regarding AAPT is by VanFleet and Coltea (2012). Their book chapter describes how canine assisted play therapy can be used for children with Autism Spectrum Disorder (VanFleet & Coltea, 2012). It describes the philosophy and research-based rationale for the application of canine assisted play therapy with children with autism along with case studies of how it was applied by the authors in their own clinical practices (VanFleet & Coltea, 2012).

Fung (2014) also explored the impact of AAPT on children with Autism. This was done through a preliminary comparison study (Fung, 2014). There were 10 participants that were randomly assigned to the experimental group that received fourteen individual sessions of AAPT or the comparison group that engaged in structured play

therapy within individual sessions (Fung, 2014). The sessions were recorded and coded for different social or nonsocial behaviors (Fung, 2014). The participants in both groups demonstrated similar rates of positive social behaviors; however, the AAPT participants engaged in significantly less negative behaviors toward the therapy dog compared to the baby doll in the play therapy comparison group (Fung, 2014). There is caution in interpreting the meaning of these results due to the small sample size.

The exploration of AAPT and social communication of children with Autism continued in Fung (2015). This case study describes how AAPT was used with a child with autism (Fung, 2015). A 7-year-old boy diagnosed with autism received fourteen sessions of AAPT and his behaviors were coded and measured as social behaviors or nonsocial behaviors that occurred during the sessions (Fung, 2015). Fung concluded that AAPT was helpful in increasing social communication for a child with Autism due to the increased levels of social behaviors post treatment compared to baseline.

Shifting to focus on the clinician's perspectives of providing AAPT, Hansing's (2014) dissertation explored the self-efficacy of counselors providing AAPT. This study included a survey that measured self-efficacy of providing AAPT and 67 participants that had received training in AAPT responded to the survey. Hansing found that individuals with multiple years of experience had more confidence in their abilities to provide AAPT. Hansing also found that individuals that completed the in-person training aspects of AAPT had higher self-efficacy scores within the AAPT specific domains. This demonstrates the need for further research in the perspectives of the clinicians providing AAPT, which the current study aims to do.

Motarabesoun and Tabatabaei (2016) had a very different focus compared to previous studies of AAPT. The focus of this research study was to determine if the quality of life for parents was improved when their children received AAPT (Motarabesoun & Tabatabaei, 2016). Motarabesoun and Tabatabaei had two participants that were children diagnosed with ADHD receive sessions of AAPT and the parents completed a quality-of-life questionnaire throughout their child's treatment. Motarabesoun and Tabatabaei found changes in the quality-of-life questionnaires, but these changes were slight and not clinically significant.

Wenocur and VanFleet (2024) present a case study of how AAPT was used with a child that engaged in animal abuse after being exposed to domestic violence. This case study discussed how AAPT was applied and how the child benefited from AAPT as evidenced by no longer hurting animals, less anxiety, and increased participation in school (Wenocur & VanFleet, 2024). The authors stated that AAPT is a promising therapy approach since it can help individuals develop empathy (Wenocur & VanFleet, 2024).

There have been limited research studies on AAPT in general, and even less regarding how to utilize AAPT with adults. The research that was completed focused on client outcomes of child participants, which stresses the need for more research into the perspectives of the clinicians providing AAPT to adults. Not only is there a gap within the scholarly research, this also means that best practices on how to deliver AAPT with adults has not been established. Without a consensus built from research on the experiences providing AAPT to offer guidance to the next generation of licensed mental

health professionals, harm could occur for the clients and/or the therapy animal. The knowledge of individuals providing AAPT to adults can assist in the development of best practices, which can also reduce the risk of harm to clients and animals.

Summary and Conclusions

Since there has been little scholarly research into animal assisted play therapy, the use of animal assisted therapy with adults was explored in this literature review. Many of these studies demonstrate that animal assisted therapy with adults can be beneficial for a variety of different symptoms as well as in a variety of different settings. The combination of play therapy and animal assisted therapy also shows potential beneficial effects on depression, self-esteem, and anxiety (Delgado et al., 2018; Kil et al., 2019; Kil, 2021). This demonstrates how animal assisted play therapy could be a valuable therapeutic intervention for adults and that more research is needed. Rabatin (2021) is the only scholarly research on the lived experiences of providing AAPT, and the clinicians within the study only worked with children. This demonstrates the need for more research into the lived experiences of licensed mental health professionals so there can be a more comprehensive understanding of providing AAPT to adult clients in outpatient settings.

Chapter 3: Research Method

Introduction

The results of the literature review indicate that AAPT may benefit adults; however, there is a dearth of research exploring the lived experiences of licensed mental health professionals providing AAPT to adults in outpatient settings. The purpose of this qualitative hermeneutic phenomenological study was to understand the lived experiences of licensed mental health professionals delivering AAPT to adult clients in an outpatient setting. In this section, I explain the research approach, including the rationale, my role as the researcher, methodology, and data analysis plan. In addition, I address trustworthiness and ethical considerations.

Research Design and Rationale

A hermeneutic phenomenological approach is best suited to address the research question exploring the lived experiences of mental health professionals providing AAPT to adults in outpatient settings. This phenomenological approach illuminates the meaning that is created from the lived experiences of the research participants (Smith et al., 2022). Hermeneutic phenomenology focuses on incorporating new data into the entire understanding of the phenomenon to create an interpretation of the meaning given to the lived experience (Alsaigh & Coyne, 2021). There is also an emphasis on researchers checking for their pre-understandings and bias to ensure that these do not influence the data analysis (Alsaigh & Coyne, 2021). Since I utilize AAPT in my practice, it was important that I attended to my positionality throughout the research process to reduce bias.

Role of the Researcher

Researchers in qualitative studies are the instrument (Creswell & Creswell, 2018). I observed and interviewed participants seeking to understand the meaning of the lived experiences relative to the phenomenon. I was aware that I may have bias that may have impacted the results of the study (Chenail, 2011). One way I mitigated this was I practiced how to interview participants such as colleagues prior to conducting the interviews with research participants (Chenail, 2011). Another way I sought to reduce bias was keeping a reflexive journal, in which I tracked my own experience and thoughts that occurred throughout the interviewing process (Chenail, 2011).

Positionality

I am a licensed professional clinical counselor in the state of Minnesota as well as a board approved supervisor for those seeking counseling licenses. I have received Level One training and two rounds of supervision for AAPT. I have been using AAPT in my own private practice for over a year with my companion canine, Muppet. I have conducted AAPT with child, adolescent, and adult clients. I became a Registered Play Therapist® in February, 2025. I am a doctoral candidate in a Counselor Education and Supervision PhD program and novice researcher seeking to expand knowledge on AAPT to contribute to the field of counseling.

Due to my training and receiving supervision in AAPT, it is possible that I may know some of the participants from these settings. However, I have never provided supervision or known of anyone personally who would meet the inclusion criteria for my study. I was aware that my involvement in AAPT may influence interpretations of the

data that I collected (Alsaigh & Coyne, 2021). This reflection of possible bias and pre-understandings should occur prior to collecting the data and was also noted in a reflection journal throughout the dissertation process (Alsaigh & Coyne, 2021).

Methodology

This study at first focused on licensed mental health counselors using AAPT with adult clients in an outpatient setting. However, since there were difficulties in obtaining participants, I sought IRB approval to expand the inclusion criteria to all licensed mental health professionals to reach the needed amount of participants. Since this is a highly specific and specialized population of counselors and other licensed mental health professionals, purposive criterion and snowball sampling were most appropriate. Snowball sampling is helpful to have participants refer additional participants whom they know meet the inclusion criteria since it is a small population of individuals that could be potential research participants (People, 2021).

Participant Selection Logic

To fully understand the lived experience of providing AAPT to adult clients, it was essential that the participants of the study had the experience required to have the knowledge to share on this topic. Participants were independently licensed mental health professionals that had received at least Level One training in AAPT. They needed to have completed at least one round of AAPT supervision, have at least two years of experience providing AAPT, must work in an outpatient setting, and must be using AAPT with adult clients (ages 18-65). AAPT does not require animals to receive additional training; however, the animals need to have basic manners, enjoy the work, and be safe to interact

with humans. When seeking certification, a mental health professional must complete an assessment called the Animal Appropriateness Scale to determine if the animal is a good fit for AAPT (IIAAPT, 2020). To ensure that I had enough participants, certification in AAPT will not be required to participate in this dissertation; however, I asked all of the participants their current certification level within AAPT. The type of animal that is incorporated into AAPT is also not a specific requirement but the animal that the participants were working with was obtained in the interviews. Participants are able to practice AAPT after completing Level One training; therefore, this was a requirement for this dissertation.

Instrumentation

In qualitative research, the researcher is the instrument (Creswell & Creswell, 2018). I collected data through semi-structured interviews. The interview protocol is included in Appendix A. The interview questions were influenced by the frameworks of phenomenology and HART (Chandler, 2018). Important research studies such as Flynn et al. (2020), Chavez Smith Stuart (2018), and Rabatin (2021) were also considered since these are some of the few research studies that explored the lived experiences of clinicians providing animal assisted therapy or related practices. However, Flynn et al. (2020) interviewed clinicians that worked at a specific site and only worked with youth.

Semi-structured interviews balanced the ability to have the participants expand their answers using follow-up questions while maintaining the rigor of having the same set of questions provided to each participant (Chenail, 2011). I audio recorded the interviews so the manner in which the participants speak was noted within the field notes,

since this is also informative data (Alsaigh & Coyne, 2021). Due to using IPA to analyze the data, the interviews were sixty minutes long to obtain the details and rich descriptions needed to discover the meaning of the phenomenon (Pietkiewicz & Smith, 2012). One way to strengthen the instrumentation was to have a volunteer, such as my dissertation committee, to interview me with the questions I developed for my study (Chenail, 2011). This allowed me to experience being asked these questions and assist in ensuring that the questions addressed the research question.

Procedures for Recruitment, Participation, and Data Collection

To recruit participants that met the inclusion criteria, I posted an invitation to participate in the study in an online AAPT forum. The recruitment flyer that was used to advertise for potential participants is included in Appendix B. The AAPT forum can only be accessed by individuals who have completed a Level One training in AAPT. Access to post the recruitment flyer was approved by the co-founder of AAPT. Other recruitment sites included social media like LinkedIn, the AAPT Facebook page, Animal Assisted Therapy providers and CESNET the counselor educator and supervisor listserv. I also recruited individuals through snowball sampling i.e. word-of-mouth recommendations of individuals practicing AAPT that have knowledge of colleagues who met the inclusion criteria. I recruited seven participants. This participant range is congruent with IPA and it allowed for the opportunity to explore similarities and differences in the responses (Pietkiewicz & Smith, 2012). I interviewed licensed mental health professionals who incorporated any animals into the therapy sessions with adults.

Data collection was through semi-structured interviews which is the most common in IPA studies (Pietkiewicz & Smith, 2012). These interviews were sixty minutes in length to allow for the gathering of rich details of the participants' lived experiences (Pietkiewicz & Smith, 2012). I also included demographic questions that asked about the participant's licensure, years of practicing with and without AAPT, what animal or animals they have incorporated into therapy sessions, their certification level with AAPT, and their practice setting. Since research participants lived across the country, the interviews took place via video interviews on Zoom. Participants were required to sign a consent form. I audio recorded the interviews and then transcribed these interviews. Following each interview, I recorded memos of my observations. After the data was analyzed, I engaged in member checking to ensure accuracy.

Data Analysis Plan

I used IPA to analyze the data obtained from the interviews as this approach provides a framework on how to find the meaning that people create from a phenomenon (Pietkiewicz & Smith, 2012). IPA also aligns with hermeneutic phenomenology due to the interpretation process that leads the researcher to decode meaning that the person created from an experience (Pietkiewicz & Smith, 2012). Throughout the data collection and analysis process, I immersed myself in the world of my participants as well as documented my own journey to finding the meaning of the participants' lived experience through reflexive journals (Pietkiewicz & Smith, 2012).

The first step was to transcribe the interviews. Following the IPA framework, I read the transcripts of the interview closely several times as well as listened to the audio

recording (Pietkiewicz & Smith, 2012). Since the goal of this is to enter the participant's world, I focused on reading and reviewing the audio of one participant's interview at a time (Smith et al., 2022). The second step of IPA analysis is to create detailed notes of the observations and reflections (Smith et al., 2022). I took notes on the insights that I gained and reflections that may be informative to the analysis process while rereading and listening to the interview (Pietkiewicz & Smith, 2012). These early reviews of the transcripts and recordings focused more on specific content and how language is used (Pietkiewicz & Smith, 2012).

The third step was to create experimental statements that reflected the lived experiences of the participant (Smith et al., 2022). For the fourth step, I searched for connections between the experimental statements to create clusters of statements based on similarities of concepts (Smith et al., 2022). Next, I identified these clusters as the personal experiential themes and organized these into a table (Smith et al., 2022). The sixth step involved repeating the first five steps with all of the participants (Smith et al., 2022). Once that was completed, I looked through the personal experiential themes and searched for connections between these to develop group experiential themes (Smith et al., 2022). Finally, I reviewed the transcripts and audio recordings of each participant with the understanding of the group themes to ensure that the lived experience of each participant is captured (Smith et al., 2022). These steps echo the hermeneutic circle since I revised my knowledge throughout the IPA process (Smith et al., 2022).

Issues of Trustworthiness

Trustworthiness is the evaluation of the procedures used within the qualitative study (Graneheim & Lundman, 2004). There are four components of trustworthiness that need to be addressed within a qualitative study (Shenton, 2004). Credibility is the first component of trustworthiness and involves how well the findings reflect the participants' reality (Shenton, 2004). Credibility also addresses how well the research question was answered (Graneheim & Lundman, 2004). Credibility can be improved through methods such as having participants review the data for accuracy in other words, member checking (Shenton, 2004). Credibility can also be increased through following the methodological processes (Alsaigh & Coyne, 2021). Using direct quotes to support the development of themes and categories is another way to increase credibility (Alsaigh & Coyne, 2021). I increased the credibility of my own study through including direct quotes to support the themes that I found within the data. I also invited the participants to review the data once it was finalized.

Transferability is another component of trustworthiness that needs to be addressed. Transferability is how much the findings can generalize to other contexts or settings (Graneheim & Lundman, 2004). Many qualitative studies like the present one have specific populations and seek to understand the lived experiences of these specific populations; therefore, the results of qualitative studies can rarely be generalized (Shenton, 2004). However, researchers need to provide a rich description of the context of the study so others can be aware of potential contexts to which the findings may apply (Shenton, 2004). For this study, I increased transferability by providing a description of

the participants without disclosing information on their identities in order to show what contexts the results may transfer to. I also had a discussion on the implications of the study.

Dependability is another component of trustworthiness. Dependability is the degree to which the results would be the same if the exact study was repeated in the same way (Shenton, 2004). One way to increase dependability is to provide an informative description of the research design so other researchers can repeat the study (Shenton, 2004). In the present dissertation, I did this by sharing the questions that I asked and include a thorough description of the research design. I also discussed the study rationale for why certain decisions were made as well as the assumptions of the study so future researchers will know the decision-making process that I completed for this dissertation. I followed the protocols and methods of experts in IPA and hermeneutic phenomenology to frame the interviews and analyze the data obtained from the interviews.

The last component of trustworthiness is confirmability. Confirmability is the degree to which the findings of the study reflect the perspectives of the research participants instead of the perspective of the researcher (Shenton, 2004). Participants will have the opportunity to review a summary of the themes that were discovered. This allows the participants another opportunity for further comments. One way to increase confirmability is to describe why I made the research decisions that I did (Shenton, 2004). Another way to increase confirmability is to include my reflexivity journal and reflection of pre-understandings to show the work I did to control my own bias from impacting the data analysis (Alsaigh & Coyne, 2021).

Ethical Procedures

One essential component to a research study is providing informed consent to the research participants. This involves informing the participants of any potential risks that may be involved and that the participants know that participation is completely voluntary (Owczarzake & Smith, 2022). Potential risks of this study included possible embarrassment or other uncomfortable feelings when answering questions. Another possible risk is that even though I will not release any personal information, since it is a small community of mental health professionals that provide AAPT to adults, the individuals could still be identified. Since I am working with human participants, I obtained IRB approval. Informed consent was reviewed and obtained through email prior to the interview and at the beginning of the interview.

I also informed the participants of what I intend to do with the data that was collected (Owczarzake & Smith, 2022). I securely stored the data on a locked computer in a password protected file. To ensure that confidentiality is maintained, I did not use first names or identifiable information to store data. Instead, I provided the participants pseudonyms according to the order that they were interviewed. Once my dissertation is complete, and the required time of keeping data for 5 years has passed, I will destroy all the data that was collected according to the IRB's requirements. I also shared with the participants how I intend to use the results of my study such as publishing the results in a peer-reviewed journal (Owczarzake & Smith, 2022).

Summary

I used hermeneutic phenomenology as a framework to interpret the data that was collected through semi-structured interviews. I obtained informed consent from all participants. I also ensured that the participants met the inclusion criteria, so they have the knowledge to share regarding how to provide AAPT to adults. I transcribed the interviews and analyzed the data from the lens of the HART model. Then, I developed themes that emerged from the data following the IPA process. Along with engaging in the interpretation process of the hermeneutic circle, this analysis of the data allowed me to understand the lived experiences of licensed mental health professionals providing AAPT to adult clients in an outpatient setting. In the next chapter, I will present the results of the interviews and data analysis.

Chapter 4: Results

Introduction

Within this hermeneutic phenomenological study, I sought to explore the lived experiences of mental health professionals providing AAPT to adult clients in an outpatient setting. This was completed by engaging in semi-structured interviews. I used IPA to analyze the data collected from these interviews. In this chapter, I discuss the setting in which the interviews occurred, the data analysis, and review the demographic data of the participants.

Setting

I recruited participants through IRB approved guidelines. I obtained informed consent from all the participants prior to the interviews. Starting in March of 2025, I began to recruit for licensed mental health counselors who met the inclusion criteria of completing a Level One training, completing at least one round of AAPT supervision, and having at least one year of experiencing providing AAPT to adults. I posted IRB approved flyers on the main feed of online social media groups devoted to AAPT and mental health professionals working with therapy animals. This included the AAPT Forum, AAPT Facebook group, Animal Assisted Therapy, and Equine Assisted Therapy and Learning. I also recruited participants through the Association for Play Therapy forums, American Counseling Association forums, LinkedIn, Walden University participant pool, and CESNET. IRB approved email invites were sent to individuals listed on the AAPT directory who met the inclusion criteria. Due to only two participants responding who were licensed mental health counselors, I asked IRB for permission to

include all licensed mental health professionals. This was granted in September 2025, and I resubmitted all the IRB approved flyers to the same social media groups and extended emails to all other licensed mental health professionals listed in AAPT directory that met the inclusion criteria. After this, five more participants were interviewed. The rest of the original inclusion criteria remained the same. I completed all the interviews over the audio-visual platform Zoom. All participants were in a private location during the interviews.

Demographics

There were seven participants for this study. All seven participants identified as female and worked in the private practice sector. One participant also worked within an agency. Three participants were Certified Animal Assisted Play Therapists (CAAPT) and instructors, two participants were CAAPT, one participant had Level 2 training, and one participant had Level One training. Four mental health professionals were licensed clinical social workers, two were licensed mental health counselors, and one was a licensed psychologist. The participants ranged from twelve years of overall clinical practice to over fifty years of clinical practice. Four participants had 3-9 years of experience providing AAPT in general, one had over ten years of experience, and two had over twenty years of experience providing AAPT. All participants had incorporated dogs into their AAPT work, three participants had incorporated cats, and one participant had incorporated horses, pigs, and goats. All participants were given pseudonyms to protect their privacy. This information is displayed in Table 1.

Table 1*Participant Demographic Information*

Participant pseudonyms	License	AAPT certification	Years of therapy experience	Years of AAPT experience
Cassie	Licensed clinical social worker	CAAPT and Instructor	30+	10+
Greta	Licensed clinical social worker	Level 2	30+	3 years
Kelly	Licensed clinical social worker	CAAPT	30+	5 years
Jenna	Licensed professional clinical counselor	Level 1	10+	5 years
Robin	Licensed psychologist	CAAPT and Instructor	30+	20+
Tammy	Licensed professional clinical counselor	CAAPT and Instructor	25+	20+
Heidi	Licensed clinical social worker	CAAPT	10+	9 years

Data Collection

I collected data through semi-structured interviews via the audio-visual platform Zoom between March 2025 and October 2025 from seven participants. Individuals were provided a Zoom link once the interview was scheduled. The interviews were scheduled for an hour in length. Two interviews were 49 in length, four interviews were 50 minutes in length, and one interview was an hour and 15 minutes in length. I relistened to the audio recordings to ensure the accuracy of the Zoom transcription of the interviews. I recorded my reflections and observations after each interview in a notebook that I kept locked within my HIPPA secure computer bag and within a locked office. I began

collecting data according to the data collection plan outlined in Chapter 3. However, after only interviewing two licensed mental health counselors in the recruitment period from March of 2025 to August 2025, I requested a change in procedures from the IRB to include all licensed mental health professionals. I was granted the ability to recruit all licensed mental health professionals in September of 2025. One unusual circumstance that I encountered was one participant who was interviewed that did not provide AAPT or work with adults. This interview was not included in the data analysis due to the participant not meeting the inclusion requirements. I had one participant express interest but failed to respond when trying to schedule the interview, and another participant who was interested but lived outside of the United States, so this interview did not take place. In the end, seven participants met the qualifying criteria and were interviewed. None of the participants reported or demonstrated distress during the interviews. Participants were given pseudonyms to protect their privacy.

Data Analysis

I used IPA to analyze data to determine the meaning of the phenomenon for the participants (Pietkiewicz & Smith, 2012). Following the guidelines of IPA, I listened to the audio recordings several times to fully enter the world of the participant (see Smith et al., 2022). I hand transcribed the audio interviews. Then, I recorded my own reflections and observations of the interviews as recommended in the second step in IPA. For the third step, I created personal experiential statements that reflected the lived experiences of each of the participants. Personal themes were identified for each participant. This was then transposed to create group themes. Finally, I reviewed all the audio recordings one

last time to ensure that the lived experience of all participants was captured by the themes that emerged (see Smith et al., 2022). I also engaged in member checking by individually emailing the participants the themes and a summary of their data that I discovered and asked them for any further input on the results. Member checking along with trustworthiness is discussed in the next section.

Evidence of Trustworthiness

Addressing issues of trustworthiness is essential within a research study. I followed the established processes to ensure trustworthiness. The first aspect of trustworthiness is credibility. Credibility is how much the findings reflect the participants' reality and how much the research question was answered (Shenton, 2004). I upheld credibility within the current study through engaging in member checking, following the methodological processes, and using direct quotes from the participants to support the themes (Alsaigh & Coyne, 2021). I provided each participant with the emergent themes to see if they agreed with the themes or had any additional input. Four of the participants responded that they agreed with the themes that emerged. The other three participants have not responded at the writing of this study.

Transferability is the aspect of trustworthiness that addresses how much the findings of a study can be generalized to another context or setting (Graneheim & Lundman, 2004). In qualitative research, this involves how the information gained from a specific population can be applied to populations that were not directly studied (Drisko, 2025). This means that I needed to provide a rich and detailed description of the demographic information of the participants to assist in showing where the information of

my study may apply (Drisko, 2025). I shared the applicable demographic information of the seven participants without compromising confidentiality (Shenton, 2004). I also described the concept I was exploring with the research question: what are the lived experiences of mental health professionals providing AAPT to adult clients in an outpatient setting. I will discuss the implications of the results within the next chapter, which assists in addressing transferability.

Dependability is determining if the results will be the same if the study was repeated (Shenton, 2004). To ensure the durability in future related studies, a copy of the interview questions is included in Appendix A. This increased dependability since future researchers will be able to repeat this study using the same interview questions (Shenton, 2004). I also included a description of the changes of expanding the inclusion criteria to all licensed mental health professionals instead of only recruiting licensed mental health counselors within the data collection, so other researchers are aware of why I expanded the inclusion criteria to all mental health professionals.

Confirmability is ensuring that the results of the study reflect the view of the participants instead of the researcher (Shenton, 2004). By completing member checking, I was able to increase confirmability as participants had the opportunity to voice concerns and considerations once the themes were revealed during data analysis (Shenton, 2004). Four of the seven participants agreed with the group themes that emerged from this study.

Results

In this hermeneutic phenomenological study, I used IPA to address the research question of understanding the lived experiences of mental health professionals providing

AAPT to adults in outpatient settings. Through semi-structured interviews, participants shared their knowledge to find the meaning within their lived experiences. Seven themes emerged including increased rapport building with clients, increased playfulness for adults, human-animal bond, bridge of insight into client's behaviors, creativity and flexibility with interventions, positive of working with adults, and mental health professional preparedness and training. Five subthemes also emerged. Within the increased rapport theme are the subthemes of building initial rapport, increased client engagement, and building trust. Within the theme of mental health professional preparedness and training the subthemes of preparedness and additional training emerged.

Increased Rapport Building With Clients

Rapport is the bond between the client and provider that includes establishing trust, communication, developing a mutual understanding between the therapist and client, and respect (Leach, 2005). Establishing strong rapport within the client-professional relationship has been linked with improved client outcomes, improved client satisfaction, and increased treatment follow through (English et al., 2022). This means building rapport is a vital part of the therapeutic process that can lead to a strong therapeutic relationship (Leach, 2005). All seven participants identified how incorporating AAPT with adults increased engagement and rapport building. For example, according to Kelly, adults “enjoy the attunement...they're coming here because they know I have animals and it's a good jump off for engagement.” Sub themes

emerged that addressed the different components of rapport, including building initial rapport with clients, increasing client engagement and building trust.

Sub Theme: Building Initial Rapport With Clients

Participants shared that having an animal present within the therapy room would often help the mental health professional build rapport with clients much faster compared to not having the animal present. Cassie stated “[AAPT] opens up the doors for my clients. I think it builds rapport so much quicker.....makes me a little less threatening...it makes me a little bit more human and a little trustworthy.” Greta found that AAPT “definitely helps build that relationship in the beginning.” These statements demonstrate that clients develop the rapport needed to establish the therapeutic alliance to help address the client’s presenting concerns.

Sub Theme: Increasing Engagement With Clients

Regarding engagement, both Jenna and Robin commented that incorporating a therapy animal through AAPT helps “breaks the ice” when adults are coming to therapy or when the therapy animal greets the adult clients. According to Greta, “having an animal present at all helps engage clients in any sort of therapeutic process...having her there helps with engagement in general.” Kelly reported, “it makes engagement really, really easy, and kind of knocks off some of the awkwardness.” Jenna reported that AAPT “offers me more options to connect with clients.” Engagement also involves the client seeking to continue to engage within the therapeutic process. Robin stated she will invite adults to participate in AAPT if

there's difficulty and the person just can't feel safe...maybe they just need a different perspective, you know, a kind of how do we think outside of the box?

You know, [the adult clients] are kind of stuck in a place or something like that.

It is essential that a client engages in the therapeutic process in order to achieve benefits from therapy, and these statements show that mental health providers witnessed adult clients engaging in the therapy process when they participated in AAPT.

Sub Theme: Building Trust

Part of building rapport within the therapy process is gaining the trust of the adult client. Jenna reported that,

The dog being the bridge. He is really good at working with people who've been through trauma, stress, domestic violence...they trust the dog. We'll talk to him [the dog], and then they see how he responds to me, it built more trust with me.

As a human that's safe...typically, dogs have never hurt them, people have. So then when they see the dog trust me, then they can bridge that gap. And then they can kind of get to a safer place, get more regulated. And I can see that healing just kind of happen.

The importance of the trust and the dynamics between the client, therapy animal, and therapist are present within the statement Jenna shared regarding the experience of how a dog within the therapy space during AAPT can assist in building trust. Jenna's statement shows how clients are able to build trust with animals more easily, but this trust can transfer to the mental health professional through seeing how the mental health professional treats the therapy animal.

Another component of building trust is creating a safe environment for the client. Robin also discussed safety is important in building rapport with adults. Robin stated that she will incorporate AAPT with adults if she has “a sense that I get that if there’s an animal involved that makes it make them feel safer.” Later in the interview, Robin stated that therapy is “a door that takes longer to open if it’s just two humans talking” and shares that animals within the therapy process can create safety for the adults faster. Kelly reported, “there’s an interoception of safety when there is a nice, regulated dog in the room.”

Safety was reported to be one component frequently aided by providing AAPT to adults according to the participants Robin, Kelly, and Jenna. Two participants reported that having an animal present helps maintain relationships with adult clients. According to Tammy, AAPT with adults is “really good for relationship building.” Heidi highlighted how continued engagement is supported by AAPT as it can help when clients feel stuck. Heidi felt “incorporating animals and saying let’s try doing this technique, let’s do something different” was particularly valuable.

Based on the participants’ reports, animals helped build trust, enhance engagement, and strengthen the connection between the human client and human therapist. As a result, the animal assists the human therapist to build rapport and strengthen the therapeutic alliance. Providing AAPT to adults also increased the client engagement within the therapy process or would help sustain engagement in therapy when the clients were feeling “stuck.” Engagement and rapport building help establish therapeutic relationships, which is a key component of effective therapy (Leach, 2005)

Human-Animal Bond

Participants spoke of the presence of the human-animal bond within the relationship between therapy animals and clients as well as the relationship between the therapy animal and the mental health professional. Within the human-animal bond, three participants noted how elements of attachment theory were often present when providing AAPT to adults.

Attachment theory was first developed to explain the bond between a child and caregiver, but it has expanded to explore the bond between companion animals like dogs and their humans (Cecilia de Souza et al., 2025). It is shown that dogs can form attachments to humans, and some will experience distress at separation (Cecilia de Souza et al., 2025). For Kelly, the approach of AAPT in general is “the inclusion of the human-animal bond in the therapeutic process, in a way that honors ethics and welfare for all species. And that ensures choices and voice for everyone included and allows that beautiful co-regulation.”

Tammy echoed that providing AAPT reflects attachment theory, “there was never any question that it kind of goes back to attachment theory. You know they [the dogs] were securely attached to me. So, because of that, they could go out and have relationships with my clients.” According to Robin, she is the secure base for her animals, so the dogs were able to “play with other people, and I’ll step back here.....attachment theory does fit into this or attachment relationships quite a lot.” Robin reported that “A lot of attachment stuff will come out for adults, you know, there’s nobody that doesn’t have some kind of attachment issues of some sort...” She also

described specializing in working with adults with a history of harming animals and stated it is “usually a trauma-based attachment-based type of problem. It depends on how far into that cycle they are, but one of the things we know about abusive kind of relationships is that they depersonalize the animal.” Robin found that using AAPT with adults with a history of animal abuse helped the adults develop empathy for the animal. These statements reflect that AAPT allows mental health professionals to harness the therapeutic powers of attachment theory to assist adult clients in developing healthier attachments with others. This aligns with the theoretical framework of HART and how using the relational moments and significant relational moments can provide a therapeutic benefit for adult clients (see Chandler, 2018).

When speaking of her relationship with her therapy dog, Cassie stated that the relationship is “so much deeper. It takes it to a different level, it really does, because it’s just one more role they play in my life...they are my friend, travel buddies, walking buddies, and now they are my co-worker so to speak.” Greta echoed this with statements of “we are closer...we get a lot of affection time.” According to Greta, “it benefits me to have her there, because it’s therapy, so it’s really heavy sometimes...I feel lonely when she not there...it’s beneficial to us.” Kelly had similar remarks, “I’m a better therapist, because they (the therapy animals) are with me.” Jenna and Tammy also agreed that providing AAPT deepened the relationship with their dogs. Tammy shared, “the biggest piece for me is just a sense of pride in them to see what they were doing with the clients and how important the were to the clients.” This is echoed in previous research by

Chavez Smith Stuart (2018) in which participants within that study reported a sense of pride in their canine after engaging in animal assisted therapy.

The passion each participant had for their therapy animal was clearly evident. Discussing the bond with their co-therapist also brought up discussions on the difficulty of losing or retiring the therapy animal. Heidi stated that “it was definitely very strange and very sad” when speaking about the decision to retire her therapy animal. She also stated that “I know when she passes away and crosses over the Rainbow Bridge, it’s going to be that much harder because we’ve been able to have this experience together.” On the death of her therapy dog, Cassie stated that the dog, “lived a very long life. He was seventeen when he passed, and seeing the empathy of the clients when he passed away, he was a really good dog...that’s the hardest part of including them, I think, is the knowing the inevitable.”

Not only does it deepen the relationship between the mental health professional and animal, but it also requires the mental health professional to be the animal’s advocate. According to Cassie, “I have to always advocate for their needs first, so it makes me look at situations a lot differently”. Greta reported, “I have to advocate for (the cat) a lot more, because I notice more than they (the clients) do.” This requires the mental health professional providing AAPT to be aware of the needs of their animals and advocate for those needs. These statements also show that providing AAPT to adult clients can also deepen the relationship with one’s therapy animal. Kelly and Greta highlighted that having their therapy animals present in the therapy room benefited them and helped them be better therapists.

The human-animal bond is also present within interactions between the clients and therapy animals. Greta stated, “[AAPT] is very beneficial to the clients” and according to Kelly, animals “provide grounding” for clients. Kelly stated, “animals provide that kind of comfort and presence for clients that is just on a physiological level.” She also provided examples of how her therapy animals would have different and unique bonds with each of the clients. Kelly shared an experience in which one client had a special ritual of bringing in begging strip treats for her therapy dog during the client’s sessions. She stated that her dog, “would hear [the client’s] voice in the waiting room and start salivating...he acted different with her.” Further, Kelly shared a story of a client seeking her out for therapy due to the incorporation of animals in the therapeutic process and stated that the client was telling the story of her trauma to the dog instead of Kelly. Kelly stated that the client reported to her that, “it made all the difference in the world for me to be able to share this horrible story that I’ve never repeated to anybody, ever.” Kelly stated that, “it was more that she was telling it to [the dog], not to me.”

Heidi also shared a story of a client who had a special bond with the therapy dog. The adult client had found a spot that the dog enjoyed and Heidi remarked, she found this scratchy spot on [the dog] that nobody else could find, and I would make a big deal out of that and that client in particular struggled with self-esteem...it made the client feel good like she was the only one who could do that for the dog.

This demonstrates how the special bond with the therapy animal within AAPT can have benefits to the clients, such as helping improve the client's self esteem through therapeutic interactions.

Jenna had a similar experience and reported that her adult clients would "ask for the dog" because of the bond and enjoyment they had in the interactions with the dog. Robin also stated that the adult clients would ask to see the dog. She remarked "I really saw a level of excitement on the part of the parents, or a level of safety...I saw them being just as responsive, if not more so than the kids." Heidi believed that "people are drawn to animals, and they just feel that connection to them, and even being able to just physically touch them, pet them, helps them (clients) just calm and regulate and feel better." In her clinical experience, she noted that AAPT is a "healthy for both" children and adults. She noticed "just having the dog present, I think it...it helps their mood and makes them feel better." When Cassie had a therapy dog pass away, she reported that many clients were empathetic and kind with the passing of the dog. She stated that, "when he passed away, we did kind of a memorial for him, you know, tell some stories about him, share memories. And tried to encourage people to grieve in that way."

The human-animal bond is present in several ways when providing AAPT to adult clients. All the participants described a deep connection with their therapy animals. They commented on how the therapy animal played an important role in their lives, going beyond being a companion, to a co-worker role as well. Kelly, Greta, and Heidi also referred to feeling that they were better therapists when the therapy animal was present.

Attachment theory was also present within this theme, as Tammy and Robin reported that they would be the secure base for the therapy animal to interact with different clients.

The human-animal bond was also present in the participants' descriptions of adult clients and therapy animals. Participants mentioned specific rituals such as the dog interacting with different clients in different and specific ways, based upon the relationship that the animal had with that client. Kelly and Heidi highlighted how the dogs impacted the clients on a physical and somatic level. Heidi and Greta reported how the therapy animals provided a sense of grounding and safety for the adult clients. This reflects the Human-Animal Relationship Theory and how these important moments within the therapy process can be utilized to increase insight for the therapy clients (Chandler, 2018). The next theme explores a unique component of AAPT, playfulness.

Increased Playfulness for Adults

AAPT is distinguished from other forms of animal assisted therapy due to the incorporation of play (VanFleet & Faa-Thompson, 2010). All participants remarked that AAPT allows adults to experience more playfulness. According to Cassie,

[AAPT] helps make some rather unfun tasks fun, we are digging deep into some bigger feelings....having the dogs there takes that edge off, but it also gives permission to play and have fun.....Because we are grown-ups, and we're supposed to be serious.....We need to play.

This demonstrates how playfulness can be accessed by adults through interactions with the therapy animal within AAPT. Other participants shared similar experiences. Greta reported that "sometimes they just need to let it all down and just be silly and have fun."

Kelly found “that some adults enjoy the playfulness that incorporating animals can bring....I think play therapy is for adults and I think AAPT is for adults.” Jenna echoed, AAPT

reminded adults to be playful, and that they can play with the dog. Because as adults, I think a lot of times, especially when they’re struggling with things, they kind of forget that they can be playful, they can have fun, laugh, and enjoy that interaction.

Since the interactions with the therapy dog brought joy within the therapy session, it allowed the adults to experience playfulness within the therapeutic process.

Tammy stated that adults “always enjoyed the playful interventions...it made therapy more fun for them instead of something that they were dreading or left in tears”. Tammy also stated later in the interview, “I don’t think people think about doing play therapy in general with adults, and I think adults are prime for stuff like that.” Heidi remarked that tailoring those AAPT activities toward adults, “because some of us [adults] lose that play drive.” Robin suggested that,

Play is for everyone. Adults coming into therapy, they get kind of serious. There’s a different level of anxiety about the whole thing. They don’t play as easily because there’s all these demand characteristics of, I’m going to a therapist. I have to be serious, and I have to tell them about my whole life...So an animal not only helps break the ice, but it also allows things to become playful quicker.

This demonstrates how adults may have anxiety and a certain perspective of therapy, but interactions with the therapy animal through AAPT can assist the adult finding play and

enjoyment within the therapy process. Robin continued, “one of the things that I’ve heard the most and seen the most is that they [adult clients] do become more playful” when participating in AAPT. All participants believed that play is important across the lifespan. The participants highlighted that adults are hesitant to engage in play, even though it is beneficial for them. This was also mirrored in previous research that play was beneficial for adults, but often adults are reserved about engaging in play (Olson-Morrison, 2017). All seven participants shared that providing AAPT to adult clients helped those clients access play through interactions with the therapy animal. The next theme discusses how AAPT interventions assisted the adult clients in gaining insight into their own behaviors.

Bridge of Insight Into Client’s Behaviors

Cassie, Greta, Kelly, Jenna, Heidi, and Robin reported that AAPT can assist in creating insight for clients into their own behaviors. Cassie stated that “I feel like my clients can see that maybe the choices they are making are very similar to what the dogs are doing, and that normalizes it, but it also creates some empathy.” She shared a story of a client recognizing the impact of their stealing habits after hearing how the therapy dog would often have her toy taken by another dog. Cassie described the client as having experienced empathy for the therapy dog and wanting to change their own behaviors to not make others feel sad like they believed the therapy dog did when the toy was taken. She reported,

I feel like my clients can see that maybe the choices they’re making are similar to what the dogs are doing, and that normalizes it, but it also creates some empathy because it has to stink to be [the dog] and you’re working on a bone, and [second

dog] comes along and 'I'll have that' and take it and leave. So, it has helped with that.

Cassie witnessed insight being cultivated within the client through seeing the client's behaviors reflected within the therapy animal's behaviors.

Greta reported that clients talk about her cat's behaviors and possible feelings first and then go into their own experiences. She remarked "lot of times it's a jumping-off point...we will talk about (the cat) first and then how does it relate to you (the client)." She stated that these tend to be "calm, reflective types of interventions". Kelly also stated that she will use reflections of the cat's behaviors when the cat goes to its safe space to have the client reflect on what their safe spaces or self-care would look like.

Providing AAPT to adults can also assist the client to becoming more aware of nonverbal communication. Jenna stated that AAPT "teaches some [adults] about how overly aware they are of nonverbals of others, and it gives them some awareness that they also have nonverbals." She states that she would frequently point out the nonverbal communication of the therapy dog and how the dog may be reacting to the client's nonverbal communication.

Heidi also discussed how reflecting the dog's reaction to clients can increase a client's insight into their own behaviors. She shared a story of a mother who started to become agitated and raised her voice during a parent and child session. Heidi stated that she was able to point out that the dog was reacting to the mother raising her voice, which led the mother to reflect on how her behaviors were impacting the dog in that moment, and how her behaviors may impact others within her home. She later stated, "we can

reflect that back to patients and use [the dog] as a model sometimes.” Heidi also stated that her dog was “a reflection point for parents and they recognized their own kind of behaviors” through noticing the dogs’ behaviors during parent-child sessions.

Heidi also shared a story of how the client saw their own struggles within the dog.

She stated,

I had another client who struggled with ADHD (Attention Deficit Hyperactivity Disorder) who noticed during a session that [the dog] was not focused, very distracted. I joked and said she has puppy ADHD. The client was like, oh, the [dog] struggles and has ADHD too, she’s just like me, so it just very valuable for the connect, and again these moments that just transpire that is just so powerful and connecting.

Similar to Cassie’s observations, Heidi found that adult clients gained insight when they connected the characteristics or behaviors of the therapy animal reflected within themselves.

Robin spoke on the importance of how the relationship with the dog can create insight for the client on other relationships. According to Robin, starting off with a human relationship and trying to figure out how to get that healthy, that perplexes many of us sometimes. But because that would be a hard place to start, whereas if you bring in a dog, for example, who’s sociable and friendly but is willing to and able to walk away if they don’t like something the person’s doing...they start to develop a relationship. And so maybe they start to do something, and you can see them kind of get agitated, and the dog steps

back...It's an opportunity...[they] start to think about, how did that animal feel?

And what could you do now to help the animal feel safer?

This demonstrates how practicing relationships and seeing how the therapy animal reacts to a client's action can help the client gain insight into how they may show up in interactions with other people.

Robin also stated that adults can bridge "how does my behavior affect the dog? How does the dog's behavior affect me? And then we can talk about human relationships." This demonstrates how the relationship with the therapy animal can be a bridge to help the client create meaningful and healthy relationships with other people. Robin shared a story when a client reacted to a dog's actions of walking away from her by stating that the dog did not like her. Robin stated that she will reflect on this with the client and help the client see "there's usually multiple possibilities, so we can talk about that opening up problem solving a little bit and just understanding things from the dog's point of view."

Robin also remarked, "the interactions that adults have with the animals are just as much the metaphors you might see with kids, you know, kids play and there is symbolic stuff going on, whereas with adults I've had a couple of things happen." This led to a story of an adult reading into the body language of a horse and how the client gained insight into her own difficulties with making a decision when the horse was refusing to move for the adult.

Insight into their own behaviors can occur in different ways for adult clients receiving AAPT. Robin, Heidi, Jenna, Cassie, Kelly and Greta shared that insight can be

created through using the animals' behaviors or experiences as a reflection point or modeling similar behaviors to the client. These participants also shared that adults gained insight into their own behaviors when the mental health professional reflected how their behaviors are impacting the therapy animal within the therapy session. The clients can also gain insight into their own perspectives and behaviors through an exploration into their reactions to the animal's behaviors. Gaining insight is an important part of the therapeutic process, and these participants' lived experiences demonstrate that incorporating AAPT can assist adults in gaining insight. The next theme examines participants' experiences of AAPT's creative and flexible approaches to client engagement.

Creativity and Flexibility in Interventions

AAPT with adults can be nondirective or directive. All participants spoke of how AAPT requires the therapist to be creative and flexible when providing AAPT to adults. Kelly and Greta reported using both directive and nondirective techniques, while Cassie reported using mostly directive techniques such as specific therapist led interventions. Mental health professional participants who incorporated cats within AAPT stated that cats were used in nondirective ways.

Kelly would incorporate a board game into family sessions in which the different teams of family members taught the dog a trick. She also described additional directive techniques like "creating obstacle courses and working as a team to get them through the obstacle course." She used these techniques to increase communication and problem solving within the family system. Heidi also described a game that would help the parent

and child communicate with one another based upon her dog's interest in playing a "pig in the middle" type ball game.

Cassie reported that adults would engage in both nondirective and directive AAPT interventions with her. She described the nondirective sessions as,

typically, the person wants to know how the dog's doing first. You know, we attend to the dog, we make sure...and that's part of it too, is tending to another being, giving back. And so, they're maybe giving water, giving a treat, making sure the bed looks good, and then we kind of dig into how things are going.

Nondirective AAPT therapy sessions tend to include aspects of care taking of the therapy animal. For directive interventions, Cassie remarked,

that's when the dog kind of takes a bigger role, many of my folks like scavenger hunts where we've hidden things for the dogs to find...we might play some games with the dogs, focusing on self-esteem and self-advocacy."

Tammy compared the AAPT interventions from children and adults as equitable stating, "we modify it for an age so pretty much it's the same intervention just maybe modified a little bit." She also commented that the interventions, "we're playing with the adults but they were real interventions and so I was getting some real information on the adults too." Tammy stated that providers are "only limited by your own imagination and creativity, and you can develop your own interventions for adults."

Tammy also shared that she utilized AAPT with a couple for marriage counseling. She shared,

I had a couple one time that was doing marriage counseling and they had a particular good session with [the dog] where we were doing an intervention, and there was a lot of laughter and lightheartedness, and that one kind of stands out because they had been so contentious toward each other, and it was like [the dog] was the kind of salve for them, and kind of had them working together.

Through the interviews with participants, AAPT is being used in a variety of adult contexts including individual, family, and couples therapy.

Heidi stated that she has created “a lot of my own Animal-Assisted Play Therapy® activities based on my dog’s interests and personality.” She later remarked that she felt proud that she was able to create her own interventions. Heidi noted that barriers to using direct AAPT interventions with adults included “overcoming their [the adults] hesitations” as well as the therapist “kind of getting complacent with if they normally like to come in and sit and talk and just pet [the dog], maybe stepping out of that comfort zone and trying something new.”

When thinking of creating interventions, Robin reflected on “what are the natural behaviors in this individual animal, and how can I turn them into something that might be therapeutic?” She later remarked that you can then, “add your own playfulness to it.” Jenna had to teach adults how to interact with the therapy dog, since some of her clients did not know how to appropriately pet a dog.

Nondirective interventions would involve the adult client petting the dog while talking with the mental health professional. Robin, Heidi, Tammy, and Kelly also created therapist-led interventions that address a specific treatment goal. These four participants

noted that these interventions not only have to serve a therapeutic purpose but also reflect the interests and engagement of the therapy animal. The next theme describes the added benefits of providing AAPT to adults.

Positives of Working With Adults

Greta, Kelly, Heidi, and Tammy reported the benefit of providing AAPT to adults. These participants highlighted that adults are more predictable and less impulsive, which makes providing AAPT to adults easier than with children. Greta stated that adults need “less direction as far as respecting (the cat)”. Greta also remarked that, “with the adults, it (AAPT) seems less challenging.” Kelly stated that adults are “easier to train” when knowing how to pet and handle the animals. She also stated that “adults’ behaviors with animals are a little more predictable”. Similar to the other participants, Heidi stated that she “tends to think on the side of caution, but with the adults I feel because most of the time I know they are not going to be overly impulsive.” She felt it was appropriate to have adults participate in AAPT.

Tammy stated that “90% of the adults I worked with were fine for the dogs, and the dogs were helpful for them.” The information shared demonstrates that adults are appropriate and safe to engage in AAPT. In fact, Tammy reported that if a therapist sees adults, she encourages them to “consider doing AAPT with them” since it has been beneficial for the adults, she has provided AAPT to. Tammy went on stating that adults were more able to advocate if they felt uncomfortable with the animals compared to children. She stated that the adults, “are going to tell you immediately” if they do not want to participate in AAPT or feel uncomfortable.

Participants reported that AAPT is beneficial to adults and can be an appropriate and safe therapeutic approach. The next theme expands upon this, since all participants shared that there are additional steps that must be taken when providing AAPT to adult clients.

Mental Health Professional Training and Preparedness

All participants reported that additional steps and considerations were needed when providing AAPT to adult clients. This includes not only considerations for the physical therapy space, but it also includes additional training on animal behavior and communication. Two subthemes of preparedness and training emerged.

Sub-Theme: Preparedness

The first aspect of preparedness that will be explored is the physical therapy space. All participants had a designed safe space for the therapy animal to go during AAPT sessions, which aligns with the guiding principle of ensuring safety for the animals in AAPT (Vanfleet & Faa-Thompson, 2010). Cassie stated that she had to plan ahead to “create a safe spot for my dog to be in if they are done.” Cassie is unique in that she will travel to different locations, and reports that “it takes a lot of extra thought.” Cassie had to build trust and a relationship with the facilities that she entered with her therapy animal since she provided AAPT to adults residing within nursing homes or a day program for adults with disabilities. Kelly stated that she must know when to have the dog go to the resting spot. Kelly commented that, “making the decision, you know, as the handler and as the protector for both.” Kelly also stated that all clients are informed that, “animals have their safe spaces, and if they go over there, we don’t bother them.”

Additional screening and informed consent are necessary for those providing AAPT. Greta stated that she needs to be aware of a client's "mannerisms they might have that I need to watch for in order to keep everybody safe." She also reported that she must ask about allergies and previous experiences with animals during intake. Robin also reported the need to know about the client's culture in regard to beliefs about animals as well as previous experience with animals. She provided examples of some cultures believing dogs are unclean and need to wash after touching a dog or the possible intergenerational trauma of dogs being used to hunt down ex-slaves.

Another consideration for providing AAPT to adults is having a solid knowledge of the therapy animal. Greta reported that "knowing you animal" is an essential piece prior to providing AAPT to adults. Tammy stated that, "I know my animals really well. They're very consistent. It's people that are different." Kelly, Cassie, Heidi, and Robin reported that it is important to match the therapy animal with the clients' behaviors or needs. Kelly stated that she would consider, "which animal do I think would do well today". Cassie stated she would have to consider the environment of the day and how that would match the temperament of her animals. Heidi also stated that having multiple animals "is valuable, because if one is a little bit more patient and more relaxed, and another one's more energetic, you can certainly incorporate each dog into each treatment session with the goals." This alluded to how a mental health professional needs to be aware of the client's goals and how the therapy animal's behaviors, personality, and temperament can factor into meeting those goals through either directive or nondirective

AAPT interventions. Robin also agreed that a provider needs to always be aware of the client's goals. She stated

I'm thinking more about what's the sub goal that's going to get us to the main goals and which dog might work best. What kind of activities do I need for that client? And then, which dog is well suited to those kinds of activities.

This also demonstrates the interplay of the client's needs and therapeutic goals with the personality and temperament of the dog.

Establishing safety for the animal with a safe space as well as continuing to ensure safety for the animals and clients is something to which a mental health professional providing AAPT must attend. Jenna stated that when working with dogs "there's a lot of work up front that [she] did not realize initially." Jenna described the upfront work of teaching the adults how to approach the dog and recognizing the dog's body language. Robin also stated that "adults actually more than kids I've had to stop....I see them starting to reach out and like they're gonna smack the dog or something." She would have to continue to ensure safety of the animal as well even with adult clients.

Participants reported many additional considerations that need to be made when providing AAPT to adults. This included additional screening for potential cultural considerations, previous experience with animals, and allergies. Another preparation that needs to be made prior to providing AAPT to adults is creating a safe space for the therapy animal to retreat to as needed within the therapy space. The client's goals should always be considered and how incorporating a therapy animal into the therapeutic process helps the client meet those goals. Due to the additional preparations, the next sub theme

of mental health professionals needing additional training to provide AAPT was also identified by the participants.

Sub Theme: Additional Training

All participants mentioned that more knowledge and training was needed to provide AAPT to adults. One essential component to receive more knowledge and training about was animal communication. Cassie stated that “make it a full-time job to learn how they (animals) communicate, what their needs are, what their signs of stress are.” Cassie also commented that “I’m never going to learn it all...I want to keep learning so I can keep doing better.” Jenna stated that providers need to learn about the nonverbal communication from the animals. Robin echoed this and included the importance of recognizing when an animal is stressed or in pain.

The need for mental health professionals to continue to learn while providing AAPT was echoed by other participants as well. Tammy stated that providing AAPT in general but especially with adults requires continued learning. She reported, “I have always learned something from every person that I’ve done AAPT with.” Tammy also remarked that training is essential to providing AAPT to adults. When Tammy was asked for recommendations for mental health professionals interested in providing AAPT, Tammy responded, “training, training, and more training.” Robin agreed that providers interested in providing AAPT to adults need to “learn how to do it and get trained in it.”

Becoming credentialed can help ensure that the mental health professional providing AAPT has the knowledge and training to effectively provide AAPT in an ethical and responsible manner. Kelly suggested to “become certified, train your animals,

learn how to do [AAPT] ethically with good welfare, because it's definitely not a thing of my dog just comes to the office with me every day." She also stated that it is important to become credentialed and reported that she is prouder "of her CAAPT credential compared to her RPT credential since she worked really hard for her CAAPT."

Robin stated that one challenging aspect of AAPT that she had to work through was the counter transference that occurred when a client tried to harm her animals, she would find herself thinking "I don't like that client much anymore" and knew she had to address this within herself. She reflected fear and worry

about a lot of people who are not getting the right kind of training to do this kind of work, and people who think of the animals as being kind of like magical and the animals know what to do.

This highlights the importance of having specific training in the unique circumstances that occur when providing AAPT to adult clients and how to manage these situations. Obtaining the right credentialing and training ensure that the client and therapy animal are protected and safe.

Due to the additional considerations such as involving a therapy animal, there are additional risks and liabilities when providing AAPT to adult clients. Robin stated that providers need to be aware of the risk management involved in providing AAPT. Heidi also echoed a similar statement in her discussion of having multiple attempts at finding liability insurance for her therapy dog made her look at situations with more caution and risk analysis.

Due to the complexities of having an animal present with the therapy session, it is essential that mental health providers seeking to provide AAPT to adult clients receiving additional training and have knowledge on animal communication. This can assist in ensuring safety for clients and the therapy animals. Additional training in animal communication and risk management are required before providing AAPT due to the complexity of involving an animal in the therapy process (VanFleet & Faa-Thompson, 2010).

Summary

I conducted and analyzed semi-structured hermeneutic phenomenological interviews with seven participants to answer the research question of what are the lived experiences of mental health professionals providing AAPT to adults in an outpatient setting. I used IPA to analyze the data, and seven themes and five subthemes emerged. These themes are increasing rapport with clients, the human-animal bond, increasing playfulness with adults, bridge of insight into the client's behaviors, creativity and flexibility in interventions, positives of working with adults, mental health professional preparedness and training were discovered. The sub-themes of building initial rapport, increased client engagement, building trust, preparedness, and additional training were also discovered. Throughout the data analysis process, I addressed issues of trustworthiness. In the next chapter, I will discuss the implications of these results and I will provide a conclusion and recommendations.

Chapter 5: Discussion, Conclusions, and Recommendations

I completed a hermeneutic phenomenological study to explore the lived experiences of mental health professionals providing AAPT to adult clients in an outpatient setting. I conducted semi-structured interviews and used IPA to analyze the data that was obtained from the seven participants. I discovered the themes of increasing rapport with clients, the human-animal bond, increasing playfulness with adults, bridge of insight into the client's behaviors, creativity and flexibility in interventions, positives of working with adults, mental health professional preparedness and training. In this chapter, I provide an interpretation of the findings and discuss the limitations of the study, recommendations, and implications of the results.

Interpretation of the Findings

Hermeneutic phenomenology requires interpretation to fully understand the phenomenon under investigation (Miller et al., 2018; Suddick et al., 2020). I started the data analysis process by becoming aware of my foresight, which is the pre-understanding of a phenomenon (Peoples, 2021). This involved increased awareness of my own bias and how my experiences providing AAPT may impact analysis. As I analyzed the data I received from the participants, I incorporated the new knowledge and revised my foresight with the new understanding. I used HART as a lens of understanding the data I obtained. Aspects of HART were often present within the participants' experiences. For example, all participants found ways to emphasize how the mental health professional can highlight the therapy animal's behavior to increase the client's insight into how their

behaviors are impacting the therapy animal. This aligns the relational moments within HART (see Chandler, 2018).

Increasing Rapport With Clients

Scholarly literature suggests that adults may benefit from animal assisted therapy (Ambrosi et al., 2019; Contalbrigo et al., 2017; Hunjan & Reddy, 2023; Villarreal-Zegarra et al., 2024). This aligns with the results of this study, since all seven participants reported that AAPT is beneficial and useful for adult clients. Further, all participants reported that using AAPT with adult clients increased rapport building which corroborates the findings of Flynn et al. (2020), highlighting clinician reports of improved rapport and sense of safety among clients engaging in AAT. Moreover, this appears to be true across settings and populations including inpatient clinical work with adolescents (Flynn et al., 2020). Part of rapport is engagement in therapy (Leach, 2005). Vitte et al. (2021) found that incorporating dogs into therapy increased a client's follow through with treatment. This was highlighted within Heidi's statement that providing AAPT to adult clients helped when the adult felt stuck with traditional psychotherapy. Moreover, Jenna and Robin reported that AAPT with adults helped them maintain the therapeutic relationship with clients. The results of this study indicate that AAPT can be a way to increase rapport and treatment engagement with adult clients.

The Human-Animal Bond

The human-animal bond was present in the therapist's bond with their animal as well as the bond between the animal and the therapy client. This was reflected in the study by Chavez Smith Stuart (2018) who also found that clinicians providing animal-

assisted therapy experienced a closer bond with their therapy animal as well as pride in their animals for the work they did. This finding was also echoed in Rabatin (2021) in which participants providing AAPT reported having a deeper connection with their therapy animal. Therapists providing AAPT need to be able to advocate for the therapy animal and redirect the client to keep the animal safe (VanFleet, 2024). Greta and Cassie both reported that they felt that they had to be advocates for their animals.

Attachment theory was also present in the responses from the participants; Robin, Tammy, and Kelly mentioned attachment theory directly. Attachment theory is often a framework used to understand the dog-human bond, since dogs fulfill aspects of attachment theory such as being a safe base, increasing sense of safety in stressful situations, and serve as an attachment figure (Turcsan et al., 2025). The therapist would often be the secure base for the therapy animal, typically a dog, so the dog was able to form connections with the clients. Paired with the framework of HART of utilizing relational moments within the therapeutic process, these results suggest that incorporating an animal with adults can have implications to increase knowledge of positive attachments.

Increasing Playfulness in Adults

Previous literature indicated that adults could benefit from play therapy, such as reducing stress and increasing sense of mastery, problem solving, and insight (Born & Fenster, 2022). Despite the benefits, many adults are hesitant to participate in play-based therapy (Olson-Morrison, 2017). Participants in this study reported that engaging with the animal through either nondirective or directive AAPT techniques can allow adults to

become more playful. Saywell et al. (2016) also found that many adults enjoyed play-based interventions within therapy. Kennedy and Gordan (2017) found that incorporating play within marriage counseling increased relationship satisfaction. Tammy echoed this when she shared her experience of incorporating AAPT within marriage counseling. This demonstrates that AAPT can assist adults in accessing the therapeutic benefits of play.

Bridge of Insight Into Client's Own Behaviors

Insight is defined as the capacity to understand oneself including the motivations or causes of maladaptive behaviors (Kamens et al., 2025). Insight is an essential part of the counseling process, since change typically cannot occur until a person is aware of their maladaptive behaviors (Kamens et al., 2025). Within the scholarly literature related to the subject of this dissertation, Flynn et al (2020) found that mental health professionals believed that their adolescent clients experienced an increase in self-awareness on how they regulate their emotions when participating in animal assisted therapy. VanFleet (2019) described the relationship between the therapist and the therapy animal as a model of an empathetic relationship for the client. Gaining insight is an important part of the therapeutic process, therefore this theme shows another therapeutic benefit of adults participating in AAPT. This also demonstrates the importance of continued research into the therapeutic benefits of AAPT for adult clients.

Creativity and Flexibility in Interventions

Rabatin (2021) explored the lived experiences of clinicians providing AAPT and found that mental health professionals providing AAPT need to balance having structure and being goal oriented with being flexible to incorporate the needs and personality of the

therapy animal. This was reflected within the current study in participants stating that interventions need to be based on the client's goals and personality of the therapy animal. The recommendation of AAPT is that the therapist needs to look at the animals' personality, motivation, and interests and then determine a suitable environment and potential interventions (VanFleet, 2025).

Positives of Working With Adults

Another theme that was identified was the positive benefits of providing AAPT to adult clients. This theme described how adults were less impulsive compared to children. This theme also described how adults seemed to benefit and enjoy AAPT. Hartwig & Smelser (2018) surveyed clinicians and found that most clinicians believed that animal assisted counseling benefits adults. Another study found that 94% of the participants reported that a dog was helpful when it visited adults in the hospital (Phung et al., 2017). Machova et al. (2020) also found that 91% of respondents agreed that a therapy dog presence was beneficial and created joy. Although these examples are not specifically related to AAPT, they are included since they not only support the finding that adults benefit from having animals therapeutically involved but also due to the lack of literature specific to AAPT.

Mental Health Professional Preparedness and Additional Training

All participants spoke of the requirement for additional considerations, steps to prepare, and need for additional training when providing AAPT to adult clients. This aligns with the American Counseling Association competencies in providing animal assisted therapy since mental health professionals need to be able to split attention

between the client and therapy animal, have a plan to respond to the animal's distress, and know how to incorporate the animal to help the client meet their goals (Stewart et al., 2016). Within interviews with mental health professionals providing AAPT, Rabatin (2021) also identified that additional considerations are needed when providing AAPT. AAPT requires providers to create a safe and appropriate environment for both the humans and animals (VanFleet, 2024), which the participants within this study echoed.

The seven participants identified that additional training in many different aspects such as animal communication and behavior and risk management is needed to provide AAPT to adult clients. Stewart et al. (2016) reported that counselors need additional education, supervision, and consultation if they are seeking to provide animal assisted therapy. Hartwig and Smelzer (2018) conducted another research study in which clinicians who were surveyed responded that clinicians need to have additional supervision and training in order to provide animal assisted counseling.

Limitations of the Study

All participants within this study were Caucasian woman, so a limitation of this study is the lack of knowledge from mental health professionals from diverse racial and ethnic backgrounds as well as male mental health professionals. Qualitative research in general has the limitation of a small participant number and difficulties with generalization since the goal of qualitative research is to discover a deep understanding of a specific phenomenon (Peoples, 2021). The information for this study was only gained from the questions asked, so information could have been missed due to the specific questions that were applicable to the research question. This study had to broaden the

inclusion criteria to all mental health professionals due to the lack of participant recruitment for counselors, this may be a limitation since different mental health professionals may have different approaches and therapeutic frameworks based upon the license that they hold.

Recommendations for Future Research

One recommendation for future research would be to explore the lived experiences of adult clients who have received AAPT. It would be insightful to discover the client's experiences directly from them, especially to see if this aligns with the findings of exploring the mental health professionals' experiences. Another recommendation is to conduct a quantitative study to explore how much insight was gained by adult clients receiving AAPT, since this finding is important for the therapeutic process since this information is missing from the empirical research. Many studies demonstrated that animal assisted therapy or animal assisted activities were beneficial for adults (Ambrosi et al., 2019; Contalbrigo et al., 2017; Hunjan & Reddy, 2023; Villarreal-Zegarra et al., 2024). However, none of these studies specifically investigated AAPT. It would be important to have a quantitative study that measured the specific benefits to support the findings of this study that AAPT is beneficial for adults.

Theoretical Framework

HART was used as a theoretical framework and a lens of understanding the data obtained. HART was chosen as the theoretical framework due to the harnessing of relational moments with the therapy session which can assist the client in gaining insight into how their behaviors impact not only the therapy animal but other interactions within

their lives (Chandler, 2018). This added a depth of understanding when analyzing the data. The importance of relational moments of HART was present within the stories told by Kelly and Heidi when they described the routines and rituals within the therapy sessions with the therapy animal. These relational moments helped the client create a special bond with the therapy animal and the clients reported to the participants how they benefited from these interactions. This is echoed within the research findings of Otting & Chandler (2018) in which participants who received animal assisted therapy were able to identify when a relational moment occurred due to their experience within the therapy session. Significant relational moments occur when the therapist recognizes an interaction between the therapy animal and client that leads to increased insight into the client's behaviors (Chandler, 2018). The use of significant relational moments within the therapy session was often spoken of by the participants. Six of the participants discussed how they noticed the therapy animal reacted to the client or how the client reacted to the therapy animal would create insight for the adult client into their own behaviors. This directly aligns with the use of significant relational moments within HART. Another theme in which HART added a depth of understanding was within the building rapport theme. Jenna's comment regarding how the therapy dog was a bridge that helped clients build trust with the therapist after seeing how the therapist and therapy animal interacted. This also demonstrates the importance of the clients witnessing relational moments between the therapist and the therapy animal.

Implications

In the exploration of the research question, what are the lived experiences of mental health professionals providing AAPT to adult clients in an outpatient setting, this study found that providing AAPT to adult clients is therapeutically beneficial. For example, Tammy stated that “If a therapist sees adults, I would say to consider doing AAPT with them.” Through engaging in AAPT, adults are able to access the therapeutic powers of play, have an additional opportunity to gain insight, and are able to establish rapport faster with the therapist. No other study has explored the use of AAPT in therapy with adults, although previous research has suggested that adults benefit from animal assisted therapy (Ambrosi et al., 2019; Contalbrigo et al., 2017; Hunjan & Reddy, 2023; Villarreal-Zegarra et al., 2024). I will discuss additional implications for practice and social change within the next section.

Implications for Practice

By conducting this study, I found that additional training and preparedness is needed for mental health professionals who want to provide AAPT to adult clients. All participants reported that mental health professionals need additional training in many different topics such as play therapy and animal communication, prior to providing AAPT to adults. Also, mental health professionals need to be aware of the preparation needed to begin providing AAPT to adults. Participants often mentioned additional requirements such as a safe space for the therapy animal to retreat to, additional liability insurance, and additional screening for allergies and previous experiences with animals. This reinforces the need for additional training and supervision, since this would help

prepare a mental health professional for the ethical practice of providing AAPT.

Supervisors and educators within AAT and AAPT need to ensure that students have the appropriate training and knowledge to provide services with adult clients in an ethical manner.

Jenna and Robin reported concerns with adults engaging in AAPT. Robin stated that she has had to tell more adults compared to kids to not harm her animals. Jenna echoed that some adults need to be taught the proper way to interact with animals, noting that some adults may not have learned how to do this as children. She reported that providers should not assume that adults know the correct way to pet a dog. Additional screening and education to clients is needed prior to having an adult client engage in AAPT. Also, mental health professionals need to acquire training and supervision in AAPT prior to working with adult clients.

Social Change Implications

It is estimated that out of the over sixty million adults in the United States struggling with mental health disorders, half of those adults will not seek treatment (Mental Health America, 2022; Reinert et al., 2024). One method to increase mental health seeking support could be through AAPT and promoting therapy through a human-animal connection. Since 45% of American households have dogs and 32% have cats, adults would be familiar with the most popular therapy animals (American Veterinary Medical Association, 2026). As the participants indicated, their clients often asked for the dog, which suggests greater willingness to participate because of the therapy animal. Participants also reported that participating in AAPT would increase the sense of safety,

trust, and rapport with adult clients. This is reflected in previous research that having an animal involved in the therapeutic process can increase treatment follow through (Vitte et al., 2021). This means that more adults may be likely to participate and continue to engage in therapy if AAPT is utilized, which would improve their mental health outcomes. Educators and supervisors should be aware that AAPT is a beneficial and viable option for adult clients as long as the mental health professional providing AAPT has the required training.

Conclusion

Through this study, I analyzed the lived experiences of mental health professionals providing AAPT to adult clients. The findings within this study suggest that adults benefit from participating in AAPT. AAPT helped the mental health professionals build rapport and maintain treatment engagement. Adults were more likely to engage in playful interactions. Adult clients are also able to gain insight into their own behaviors through participating in AAPT. Due to the increased complexity of incorporating an animal into the therapy process, mental health professionals need to engage in additional training on different aspects such as animal communication prior to providing AAPT to adults. This will help ensure that the mental health professionals are maintaining the ethical and welfare standards of AAPT.

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Appendix A: Interview Protocol

Introduction Statement

Hello, I appreciate your time and willingness to be involved in my research project. I am conducting interviews with licensed counselors that provide Animal Assisted Play Therapy® (AAPT) to adult clients in outpatient settings to gain an understanding of this experience. I am hoping that an understanding of this experience will inform other counselors of how AAPT is being delivered and one day help to establish ethical and best practices specific to this modality. This will be a semi-structured interview. I will be audio recording our interview. All of your responses will be confidential, and you are able to stop participating in the interview at any time. I will also uphold your privacy when reporting my findings within my dissertation. My goal is to also publish my findings in a peer-reviewed scholarly journal in the future. Do you have any questions before we begin?

Interview Questions

1. Please share with me what led you to incorporate AAPT in counseling adult clients?
2. Please describe a typical AAPT session with an adult.
3. How do you decide what clients would be appropriate to participate in AAPT?
4. How has using AAPT impacted your adult clients? For example, what have they reported to you about their experience with AAPT?

Sub question: What experiences stand out to you when you were providing AAPT to adult clients?

5. What, if any, challenges have you experienced providing AAPT to adult clients?
6. In what ways has your clinical experience been impacted through using AAPT?
7. Please share your experience in terms of your relationship with your therapy animal and the impact AAPT has had on that relationship.
8. What recommendations would you give other clinicians that want to incorporate AAPT with adult clients in an outpatient setting?

Closing Statement

I greatly appreciate your time and sharing your knowledge. Is there anything about providing AAPT to adults that you would like to share that I haven't asked? Thank you for your participation in my research study. I will follow up with you after I analyze the interviews to get your input on the themes that were discovered or for any other follow-up questions. Thank you again for your time.

Appendix B: Recruitment Flyers

Subject line:

Seeking participants for a dissertation on providing AAPT to adult clients.

Email message:

You are invited to share your views for a study titled “Exploring the Lived Experiences of Mental Health Counselors Providing AAPT to Adult Clients in an Outpatient Setting”

Your role would involve one interview that will be audio recorded.

To protect your privacy, the published study will not share any names or details that identify you.

Interviewees must meet these requirements:

- At least Level One trained in AAPT
- Licensed Mental Health Professional
- Have completed at least one round in AAPT supervision
- Has at least one year of experience providing AAPT to adults
- Provide AAPT in an outpatient setting (such as private practice or mental health center)

This interview is part of the doctoral study for Kelsey Unger, a Ph.D. student at Walden University.

Please email K*****@waldenu.edu to let the researcher know of your interest. You are welcome to forward it to others who might be interested.