

ANIMAL-ASSISTED THERAPY: A VOLUNTEER'S PERSPECTIVE
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ANIMAL-ASSISTED THERAPY: A VOLUNTEER'S PERSPECTIVE

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ABSTRACT

ANIMAL-ASSISTED THERAPY: A VOLUNTEER'S PERSPECTIVE

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Animal Assisted Therapy is a non-traditional therapy method that has gained recognition in recent years. The literature on the subject is largely provided by professional counselors and licensed social workers. This study investigated the perspectives of the volunteer animal handlers who participate with their pets in Animal Assisted Therapy/Activity. Seventeen qualitative, in-depth interviews were performed with volunteers who have participated in AAT/A with their pet. The volunteers revealed their roles as the “driver” in the visit, serving as their pet’s advocate, facilitating interaction between their pet and the client and sometimes using their pet as an ice breaker in order to establish a connection between themselves and the client. Likewise, involving a pet in volunteerism allowed for the respondents to interact with persons they normally would not come into contact with. The non-judgmental nature of the animal

assists clients who have physical disabilities or difficult life situations in accepting the help of the human volunteer. The study adds to research by providing an outlet for the opinions and insights of those who take part in AAT/A with their pets.

CHAPTER I

INTRODUCTION

Non-traditional therapies are drawing attention from researchers and practitioners. One type of non-traditional therapy is animal-assisted therapy and activity (Fine, 2010). These practices are used to serve clients who require assistance in improving their self-esteem, mood and psychological and physical well-being (Morrison, 2007). Many of these sessions include a handler that either owns the pet or cares for the animal that is being utilized. A variety of organizations offer this type of therapy such as nursing homes, children's homes, juvenile delinquency centers and prisons. In this way, interaction occurs between those in need, the animal, the handler and at times a licensed specialist who oversees the sessions.

While the use of animal-assisted therapy is growing, there is little empirical research on the subject. There is some literature on the perspective of therapists and their thoughts on why this form of non-traditional therapy is or isn't effective, but much less if any on how the handler/volunteer feels about these processes. Many AAT programs utilize volunteers in the United States; thus, it is important to discover the perceptions of the volunteer. It is evident that those who volunteer in these programs with their pet believe that they are accomplishing something for those in need. The question is why they believe this and what motivates them to participate in animal-assisted volunteer

work. The proposed study aims to explore the volunteer perspectives on the processes of animal-assisted therapy/activity sessions. Specifically, this paper will address the following research questions:

- 1) In the opinion of the volunteer/handler, how does animal-assisted therapy affect the person who is being visited?
- 2) How does the volunteer/handler perceive that the interaction processes with the pets such as language and touch are effective in pet therapy sessions?
- 3) In what ways does anticipation of future visits and interaction with the pet handler/volunteer affect the experience of the person visited during these sessions?
- 4) What is the nature of the relationship/interaction between the volunteer and the client?
- 5) Is this relationship/interaction different when a therapist or licensed professional is present?
- 6) What do the volunteers perceive to be the benefits for themselves? What are the drawbacks?

CHAPTER II

LITERATURE REVIEW

Animal -Assisted Therapy (AAT) and Animal -Assisted Activity (AAA) Defined

Although animal-assisted therapy (AAT) and animal-assisted activity (AAA) share many similarities, they are distinct interventions. The Delta Society, a national non-profit organization specializing in uniting people and animals in therapeutic processes, defines AAT and AAA in the following manner:

Animal-Assisted Therapy (AAT)

AAT is a goal-directed intervention directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession. AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning (Delta Society, Retrieved 1-12-2012).

Animal-Assisted Activity

Animal-Assisted Activities are basically the casual "meet and greet" activities that involve pets visiting people. The same activity can be

repeated with many people, unlike a therapy program that is tailored to a particular person or medical condition (Delta Society, Retrieved 1-12-2012).

As illustrated by these definitions, the main difference between AAT and AAA is the presence or non-presence of a licensed counselor or therapist who coordinates specific, therapy-related goals. As Lutwack-Bloom, Wijewickrama and Smith (2005) point out, animal-assisted interventions can be referred to by many names such as pet facilitated therapy, people-pet partnerships, and pet therapy in addition to the aforementioned animal-assisted therapy and animal-assisted activity. Animal-assisted activity will be primarily referred to in this paper as the focus is on volunteers who participate in visiting those in need but animal-assisted therapy will not be excluded because volunteers can also be involved in these structured, therapy sessions.

Visitation is a common method in which animals are utilized in a therapeutic manner (Sobo, Eng, & Kassity-Krich, 2006). These visits may consist of one handler/owner and pet visiting the client or groups of volunteers/pets that visit multiple people at once (Lutwack-Bloom, Wijewickrama, & Smith, 2005). These visits are more recreational in nature with the goal being to improve the well-being of the person who is visited (Lutwack-Bloom, Wijewickrama, & Smith, 2005). On the other hand, visitation therapy is used by licensed therapy and social work professionals to foster open communication and rapport with their clients (Sobo, Eng, & Kassity-Krich, 2006). In either case, a

volunteer/handler can be present and therefore have an effect on the relationships and goal attainment of the visit as a whole.

Existing literature documents numerous benefits of AAT and AAA.

According to Eckstein (2000) these benefits include:

...greater empathy, an outward focus to help children focus on their environment, nurturing, rapport, acceptance, entertainment, socialization, mental stimulation, and physical contact (touch). Physiological benefits for many people include less stress and lower blood pressure (p.197).

AAT and AAA have also been found to decrease anxiety and isolation through emotional support, sensory integration, companionship, diversion and in other integral ways (Bach, 2008). It is these benefits which give the non-traditional therapy method of working with animals merit.

The animals used in AAT and AAA are not limited to domesticated pets in the home. Dogs are the most common type of animal utilized in animal-assisted interventions (AAI's) but many different types of animals can be utilized to benefit patients and clients in areas such as health (Morrison, 2007). The Delta Society (2005) states that these animals include not only cats and dogs but also goats, horses, chickens, donkeys, cockatoos, African gray parrots and guinea pigs. In this sense, it can be asserted that most animals that are tamed and good-natured with human beings may take part in these interventions and oftentimes participate in training programs for these therapies. On that note, Schaffer (2009) declares that different breeds and species of animals may reach people in different ways.

The vast array of animals that may participate in AAT and AAA allows for a great variation in how these practices are beneficial and do not place any AAT/A in one, uniform category.

The Delta Society (2010) provides guidelines for any volunteer and pet who wish to take part in AAT/A programs associated with the Society. A “Pet Partners Team” must complete training for both handler and pet. The Delta Society (2010) attest to four steps that are required for any volunteer and their pet to be certified to perform AAT/A. The first of these steps is to train the “Human-End” in which the volunteer takes a handler course either online or in person. The second step is for the animal to be screened by a veterinarian in which it must pass a physical exam, have immunizations up-to-date and be determined to be free of internal or external parasites. Step three includes the passing of a Handler-animal skills and aptitude evaluation in which the handler and animal are deemed as suitable to work together as a team. The final step is to submit a registration application to the Delta Society in which registration fees are paid and all necessary information is submitted for final approval. The Delta Society works to ensure that AAT/A is performed in the safest and most effective way possible and although not all AAT/A programs require registration with the Society, it is commonly utilized and continues to grow in use (Delta Society, 2010).

Equine Assisted Therapy and Activity

Horses are also used in animal-assisted therapies. Equine-assisted therapy and activity have distinct definitions from AAT/A. The Professional Association

of Therapeutic Horsemanship International (PATH) defines equine-assisted activities (EAA) as follows:

Equine-assisted activities are any specific center activity, e.g., therapeutic riding, mounted or ground activities, grooming and stable management, shows, parades, demonstrations, etc., in which the center's clients, participants volunteers, instructors and equines are involved (Professional Association of Therapeutic Horsemanship International, 2012).

Much like AAT, equine-assisted therapy incorporates EAA with rehabilitative goals customized to the patients needs by licensed therapists (Professional Association of Therapeutic Horsemanship International, 2012). A growing approach in equine-assisted activity is therapeutic riding. Therapeutic riding involves activities with horses to enhance the “cognitive, physical, emotional and social well-being” of children and adults with disabilities (Professional Association of Therapeutic Horsemanship International, 2012). PATH (2012) asserts that riding a horse can have beneficial effects for those with mental and physical disabilities as the rhythmic motion of the horse is therapeutic and can improve muscle strength for those who are physically challenged.

Although oftentimes mistaken for therapeutic riding, hippotherapy is a distinct form of equine-assisted interventions (Boggs, Tedeschi, & Ascione, 2011). According to the American Hippotherapy Association, Inc. (2010) hippotherapy utilizes physical, occupational and speech-language therapy treatments involving equine movement to benefit the functionality of its clients.

The movement of the horse affects posture, sensory systems and motor planning (American Hippotherapy Association, 2010). Some of the medical conditions that hippotherapy is used to treat in both children and adults include: autism, cerebral palsy, developmental delay, genetic syndromes, learning disabilities, sensory integration disorders, speech-language disorders and brain injuries/stroke (American Hippotherapy Association, 2010). Among one of the most well-researched animal-assisted interventions, hippotherapy is covered by most health insurance companies in the United States (Boggs, Tedeschi, & Ascione, 2011). The growing influence of EEA and hippotherapy attests to the power of horses in the use of non-traditional therapy methods.

The Human-Animal Bond

A reoccurring theme in animal-assisted therapy and activity is that of the human-animal bond. There is not an accepted universal definition of the human-animal bond among scholars (Davis & Balfour, 1992). Although no absolute definition is agreed upon, one is often utilized in the literature on the subject. The American Veterinary Medical Association's Committee on the Human-Animal Bond states that it is defined by:

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

This definition allows room for variety as it states that there is no limit to the type of interaction necessary for this bond but that it must be something that is mutual in nature, affecting both the therapy animal or pet and the person in need. Some scholars have suggested that there should be certain characteristics that represent the human-animal bond such as a voluntary relationship (Tannenbaum, 1995) and persistence (Russow, 2002). Russow (2002) asserts that in order for the animal to recognize a person there must be regular contact or else no bond has occurred (Russow, 2002). In defining this bond, a better understanding of how and why animal-assisted therapy programs work is needed.

When thinking of the human-animal bond, one may associate this with other types of bonds that humans share. Fine (2010) does just this. He states that the human-animal bond resonates with the bond that occurs between humans such as mother-child or friend and friend (Fine, 2010). The comparison is made in that the bonding that animals have among their own species can be exhibited in their relationships to humans (Fine, 2010). This is not meant to regard human relations as the same as those between human and animal. Fine (2010) is careful to note that some argue that the bond between human and animal is not similar to that of human to human in that there are psychological processes that are more advanced amongst humans. Instead, the human-animal bond intends to illustrate that domesticated animals are beings who can share social interaction with their human counterparts (Fine, 2010). Sable (1995) goes so far as to say that pets have a place in our innate desires to have personal and caring bonds with others. Bowlby's (1969) attachment theory is also applied to this bond as it explains that humans have the desire to protect and be protected (Bowlby, 1969). This attachment is illustrated with the comfort

animals provide and the sense of protective feelings a person can feel towards an animal. These interactions result in “bonding” which is an accepted term by those in academia and beyond to describe this phenomenon with animals (Fine, 2010). For the purposes of animal-assisted therapy and activity, this bond is examined throughout much of the literature.

Animal-Assisted Therapy and Activity and Effects on Health

Animal-assisted therapy and activity have been found to have effects on the general health of those who take part in these interventions. Beck and Katcher (2003) assert that there is evidence of significant health benefits that improve the morale, self esteem and physiological status of those who have contact with animals. AAT/A provides contact with animals that many people would not be able to achieve due to their health status or lack of a pet. Not only have these non-traditional therapy methods provided health benefits for people in need, but some animals have been trained to help those with disabilities gain greater independence in their daily activities (Lutwack-Bloom, Wijewickrama, & Smith, 2005). For the purposes of this literature review and project, these service animals are excluded from study but a mention of their existence is due as it closely relates to the effects animals have on humans. Pets have also been found to lighten the environment of a medical facility , encourage patients to participate in rehabilitation, reduce depression and loneliness and provide merriment for patients, staff and visiting family and friends (Lutwack-Bloom, Wijewickrama, & Smith, 2005). The health benefits of visiting animals are important to the validation of these visits and organizations that perform them.

Links between participation in animal-assisted interventions and blood pressure have been identified. Katcher, Friedmann and Lynch (1983) found that a person's blood pressure reduces when they talk to an animal or stare at a tank of tropical fish. On the other hand, blood pressure increases when a person has a conversation with another person (Katcher, Friedmann, Beck, & Lynch, 1983). Allen, Blascovich and Mendes (2002) also found the benefits of pets on blood pressure. The researchers conducted a study in which people who were asked to conduct mental math in front of their spouses experienced an increase in blood pressure from 120/80-155/100 on average. When asked to perform mental math in front of their pet, their blood pressure only increased very slightly to 125/83. Spence and Kaiser (2002) state companion animals act as a source of non-judgmental affection during stressful and trying challenges. The exact mechanisms of how animals reduce stress in humans are not known (Spence & Kaiser, 2002). Distractions and the rhythmic motion of petting have been proposed as potential characteristics of contact with animals that reduce stress (Spence & Kaiser, 2002).

Studies of children's health and animal-assisted therapy and activity have also been performed. Companion animals have been reported to provide health benefits to healthy children and children with disabilities (Spence & Kaiser, 2002). Spence and Kaiser (2002) examined the effect of animals on the adaptation and stress-coping processes of chronically ill children. They found that the pets have a role in stress reduction, providing support and coping for children who suffer from chronic diseases. Bach (2008) asserts that since companion animals in the home benefit chronically ill children, it is only logical to utilize these benefits when they are not at home. In this regard, Bach (2008) supports animal visitation programs in institutions such as hospitals.

Chronically ill children may spend much of their time in hospitals and the stress reduction and coping benefits of animal visitation may assist them. Animal-assisted activity programs can also be a valuable part of pain management with children (Sobo, Eng, & Kassity-Krich, 2006). In this sense, the presence of a dog or other animal distracts children from pain and encourages them to engage in cognitive schemas relating to the home and animal companionship (Sobo, Eng, & Kassity-Krich, 2006). The companion animal is there for the child in a non-judgmental manner with no regard for the stresses that the child's illness brings (Spence & Kaiser, 2002). Animals serve children by acting as a friend despite the difficulties and stresses the children undergo.

Animals and Mental Health

Not only has research found that animal-assisted interventions have positive effects on physical health problems such as high blood pressure, there also have been studies evaluating its effects on mental health. Akiyama, Holtzman and Britz (1987) comment on the positive impact of companion animals on the mental health patterns of, "social interaction as well as functional and mental health status" (p.188). In a quantitative study conducted with data from STARS (the Study of Transitions & Recovery Strategies), a longitudinal study of recovery of people with serious mental illnesses, the benefits of companion animals are illustrated (Wisdom, Saedi, & Green, 2009). The STARS participants reported that pets sense their owner's emotions and respond in an understanding manner (Wisdom, Saedi, & Green, 2009). These participants felt empowered by taking care of their pets. The animals gave them feelings of self-worth. (Wisdom, Saedi, & Green, 2009). Wisdom, Saedi and Green (2009) conclude that through companionship and the nonverbal communication and responsibility that pets

provide, direct benefits to recovery from serious mental illness are also provided. A study of animal-assisted therapy conducted with female inmates at Utah State Prison reported the beneficial impact of companion animals as the inmates reported feeling connected to the dog and more willing to engage in group discussions and activities through this type of therapy (Jasperson, 2010). These positive effects on mental health are important to the multiple areas of AAT/A.

The role of the animal in AAT sessions with children is discussed in the literature. Reichert (1998) asserts that when used appropriately, an animal participating in AAT can set the child at ease. If the child sees the social worker or therapist treating the animal kindly, the child will internalize that the therapist will also treat him/her with respect (Reichert, 1998). He/she may even view the animal involved in their therapy as a model or teacher and the non-judgmental nature of the pet can increase the child's self esteem and promote the open communication of feelings. Furthermore, the child can place their focus on the pet if their anxiety and feelings of stress become high (Reichert, 1998). Reichert (1998) explored the role of animals in AAT/A with children who had experienced sexual abuse. The researcher concluded that although animal-assisted therapy must not be used alone in treating children with this type of issue, it should be used in concurrence with other therapy methods such as play therapy. White (2010) goes so far as to claim that the main goal of animal-assisted activity programs such as the groups that performs AAA like Gabriel's Angels is to break the cycle of violence with children who are at-risk through this type of animal-assisted intervention.

Another study that exhibits how animal-assisted activity can have a positive effect on children who exhibit mental or emotional disorders is one conducted by Mallon

(1994). The researcher explored the occurrences that accompanied placing a dog in a residential institution for emotionally disturbed children. The dog conducted daily visitation with the children as he was not only a visitor but a resident. Mallon (1994) found that the placement of the dog in the residential treatment facility provided benefits emotionally and physically for the children. These effects also translated to the staff who worked with the emotionally disturbed children. Not only did the residential dog provide mental and physical benefits, but also exhibited nurturance towards the children who then reciprocated this nurturance to the animal. This study closely relates to White's (2010) contention that the goal of animal-assisted therapy and activity can be to break the cycle of violence with emotionally disturbed children. The placement of the dog in the residential treatment center worked to help children who may have acted out physically and violently in their past to control themselves and show love and affection.

Animals and the Elderly

The elderly are another population that have been found to benefit from companion animals. Lutwack-Bloom, Wijewickrama and Smith (2005) conducted a quantitative analysis in which they used the Geriatric Depression Scale and Profile of Mood Disorders to assess the effects of pets versus people visits with nursing home residents. Over a six month period, one patient group received visits from volunteers alone while the other group received visits from a volunteer with a dog. The results showed a significant, positive increase in mood for those who were visited with the volunteer *and* a dog although no significance was found for the link to depression (Lutwack-Bloom, Wijewickrama, & Smith, 2005). In a study by Ebenstein and Wortham (2001), the relationships that develop among the elderly recipient of AAT/A and the

social worker with the common thread of concern for the animal involved proved to serve as an opportunity for the elderly person to accept social services in other areas of their lives. Also, planned interventions that take into account the disease progression of Alzheimer's disease create opportunities to use the human-animal bond to its fullest therapeutic benefits for not only the elderly who suffer from the disease but also their caregivers (Baun & McCabe, 2003). Companion animals also can play a valuable role in end-of-life care (Geisler, 2004).

Safety Concerns

Although not a frequent theme throughout the literature on animal-assisted interventions, the concern of safety is mentioned. Morrison (2007) notes that a commonly used argument against implementing animal-assisted interventions with those who are ill or in institutions involves the fear of zoonotic diseases. These diseases are those that can be transmitted from animals to humans and vice versa. The fear lies in that the persons who are ill are already in a vulnerable state health-wise and any animal with a zoonotic disease who visits may cause more harm than good (Lefebvre et al., 2006). In a study of canine visitation programs involving hospitalized patients in Ontario, Lefebvre et al. (2006) discovered inconsistencies in screening and infection control protocols and communication among veterinarians, dog owners and hospitals. The authors also note that the canine visitation programs that were directly run by the hospitals had less rigorous safety requirements than those operated by outside agencies (Lefebvre et al., 2006). Another finding indicated that a high percentage of the animals visiting the patients were either the patient's dog or a pet of a friend or family member further reducing safety scrutiny (Lefebvre et al., 2006). The authors predict that although

necessary, more rigorous safety protocol may dissuade volunteers from taking their pets to these sessions due to monetary costs (Lefebvre et al., 2006).

Another safety concern regarding AAT/A is that of proper pet/human matching. Proper matching with the person receiving the intervention and the animal are crucial to ensuring the success of any AAT/A. As stated earlier, no matter what breed or type of animal is used, it must be good natured and deal well with humans. For example, an animal that is placed to work with a child who may be physically rough must be able to handle the child's actions in a well mannered way (Reichert, 1998). Interviewing processes can also be a way in which the right animals and clients can be screened. A short interview with the patient or client in which areas of concerns can be addressed is utilized to determine if an animal-assisted intervention should be considered for that specific person (Morrison, 2007). For example, children or adults with a history of aggressive acts towards animals should not take part in AAT/A for the safety of the pet, volunteer, therapist and client themselves (Reichert, 1998). Proper pre-intervention protocol can prevent an animal/client match-up that would be disadvantageous to the therapeutic goals of the intervention.

Role of the Volunteer

The ways in which volunteers have become integral components of these therapies has been noted throughout therapeutic changes and expansions in recent decades. (Savishinsky, 1992). In reference to companion animals, volunteers have come to play a key role in the use of these animals in therapeutic processes (Savishinsky, 1992). Visiting companion animal programs that conduct AAT/A provide a dedicated

group of volunteers (Geisler, 2004). Lutwack-Bloom, Wijewickrama and Smith (2005) note that in a technologically complex world with increased stressors, volunteers are willing to involve their pets in visiting people they have never met and would most likely never meet if not for their participation in AAT/A. This willingness to participate in helping others with their beloved pet speaks to the type of volunteer that takes part in these programs.

Not only have volunteers become essential to AAT/A, they have been found to foster relationships between humans through the love of animals (Ebenstein & Wortham, 2001). Companion animals serve as a means of conversation in AAT/A sessions (Geisler, 2004). In reference to the elderly population, Ebenstien and Wortham (2001) note that through love of animals, a bond forms between the volunteer and the senior which then encourages the senior to be more agreeable to accepting other sources of help in their lives. Through the roles of the volunteer in animal-assisted interventions, we hope to learn more about how these interventions work and why.

Boggs, Tedeschi and Ascione (2011) speak of the role of the volunteer/handler in animal-assisted therapy sessions in which there are specific therapeutic goals to be reached with the client by a licensed professional therapist. The authors consider the interaction between client, therapist, animal and volunteer. A triangle-shaped figure represents the therapist acting as the handler, the client and the animal. The relationships between the client, animal, therapist and volunteer can be represented by a diamond-shaped figure as each person/animal participating illustrates the four points of a diamond. The advantages of this diamond-figure interaction include the facts that the therapist's attention lying solely on client, the animal has someone directly focused on their needs,

and the therapist must only worry about the animal for the session it is needed. Some of the disadvantages of the diamond figure of AAT are that the client must learn to trust two people, the handler must be trained in AAT skills and not interject in the therapy process, the animal, handler and therapist must devote much time getting to know one another and the therapist must spend time getting to know the non-verbal cues of the animal. (Boggs, Tedeschi, & Ascione, 2011). The presence of the volunteer handler in these sessions affects the session in its entirety.

CHAPTER III

GAPS IN THE LITERATURE

The major component of animal assisted therapy and activity that is neglected in the literature is the perceptions of the volunteers who participate with their pet in these programs. Although much of the literature covers the ideas of academics, therapists, social workers and other professional persons on AAT/A, non-professional voices have not been expressed. There are even narratives depicting the stories of clients who receive animal-assisted interventions. The missing factor in this realm of study is that of the volunteer. The volunteer/handler's thoughts will enhance the literature by providing more views on the subject and further knowledge of the ways in which these processes occur and what is both advantageous and disadvantageous about them. Sociological underpinnings of the processes that occur in AAT/A will also be uncovered. Understanding the motivations and perceived benefits of the volunteer will also help with future volunteer recruitment efforts.

CHAPTER IV

METHODOLOGY

For this research study, qualitative methods are utilized. Qualitative research provides a method of capturing information that is both open-ended and descriptive (Berg, 2009). By employing this form of research in the project at hand, the feelings of the volunteers can be fully expressed. In contrast, quantitative research methods would not fully capture the depth of the participants' feelings (Berg, 2009). The qualitative method of in-depth interviewing exposes the ideas, thoughts and feelings of the participants about the processes of animal-assisted therapy and activity sessions in their own words. Qualitative research is also appropriate when subjects have not been extensively studied (Berg, 2009). This more exploratory approach is an important first step in understanding the perspectives of AAT/A volunteers. Although qualitative study does not allow for the generalization of findings (Berg, 2009), the benefits of understanding these processes through the eyes of those who are a vital part of them outweighs this disadvantage.

Participants were found through purposive sample recruiting from organizations that provide AAT/A. The organizations offer a variety of animal-assisted interventions that range from training service animals, providing AAT and implementing AAA visitation programs. Organizations that offer animal-assisted therapy/activity sessions

were contacted by the researcher and four of those contacted communicated their interest assisting with the recruitment of participants for this study. Interviews continued until redundancy of themes occurred resulting in theoretical saturation. Agencies eager to participate in this study helped recruit participants by contacting volunteers directly and posting fliers that advertised study participation in their facilities when appropriate. The number of respondents utilized in this study amounted to seventeen. All but one of the respondents participates in pet therapy organizations with their dog. The one participant who differs takes his cat to AAA sessions. Table 1 exhibits the breakdown of the number of participants from each organization and the type of pet therapy animal they handle:

Table 1: Participant Demographics

Organization	Dog	Cat	Total
Organization A	5	1	6
Organization B	9	0	9
Organization C	1	0	1
Organization D	1	0	1
Total	16	1	17

The in-depth interviews followed a semi-structured interview guide. The interview guide was assembled in a way in which the interview transitions from one topic to another seamlessly. The goal was to make the interview flow with ease so that the respondent felt comfortable in answering the questions in order to truly capture their thoughts and feelings. The interview guide was approved by the Institutional Review Board at Texas State University as was the project in its entirety. The questions began

with basic inquiries of the volunteer's participation in AAT/A programs such as the length of time they have volunteered, the type of pet they take to volunteer and the population they work with along with other questions. By beginning the interview with these basic questions, the researcher hoped to establish rapport with the respondent and also allow for them to become comfortable with being interviewed. The interview guide then moved into questions that accompany the themes of *visits and responses*, *language and touching*, *expectancy* and the *volunteer-patient bond*. To conclude, the researcher asked some concluding questions ending with allowing a moment for the participant to voice any matter that they felt they may have skipped during the interview or that may be useful to the topic at hand. If respondents raised issues not included in the interview guide which seem relevant, the researcher explored these additional issues as well (Appendix A).

For those who agreed to participate in the study, interviews were scheduled at the convenience of the participant. The researcher and respondent met at local coffee shops, participant's homes and in some cases at the sites at which the participant takes part in AAT/A. Unless otherwise indicated by the participant, privacy was not of great concern as the subject matter of the interviews does not cover sensitive topics. The researcher offered no compensation for the respondent's participation in the study except to cover the costs of the coffee, sandwich or whatever the volunteer ordered to eat or drink at the time of the interview. The researcher dressed in a business-casual manner as to appear professional but also not intimidate or offend any participant.

Before the interviews began, a consent form which included an explanation of the recording of the interview was presented to the participant. Time was allotted for the

participant to fully read the consent form and ask questions if needed. The researcher and participant signed two copies of the form and dated them. One copy was given to the respondent and one copy was kept by the researcher. All consent forms or any paper with identifying information of the participants were kept in a locked file cabinet in the home of the researcher until the completion of the study at which time they were destroyed.

All recorded interviews were transcribed by the researcher as true as possible to what was said by both parties. These transcriptions were kept in a file on the interviewer's computer that was locked by a password that only the transcriber knew. No real names or identifying places were transcribed by the researcher. Instead, pseudonyms for both names and identifying places were used. In the final written report, the participant has been referred to by a pseudonym that in no way relates to their actual name. Any printed versions of transcriptions were kept in a locked file cabinet in the researcher's residence along with the consent forms. All documents were destroyed upon the completion of the written project.

The interview transcripts were analyzed by the researcher. The transcriptions were first read and analyzed for reoccurring themes. Open coding was utilized to identify initial themes and then identify patterns in these themes (Esterberg, 2002). Coding was structured in a way in which similar ideas that respondents shared and also those whose thoughts differed could be identified and investigated (Berg, 2009). Coding in qualitative studies allows the researcher to decipher information that adds to the study . Coding also identifies what may have been said in conversation but is not a critical aspect of answering the research questions of the study (Esterberg, 2002).

The estimated harm and benefits to the participants must be discussed. Minimal harm was anticipated to occur to the participants due to the nature of the subject matter of the project itself. The interviews were centered around their commitment to a volunteer organization in which they most likely take part in due to their belief in its benefit to those helped. In the case there is psychological harm to the participant caused by the interview process; contact information for mental health professionals was included in the consent form. The consent form for this project received the necessary approval from the Institutional Review Board at Texas State University-San Marcos.

There were potential benefits to the volunteer of participating in this study. The interviews allowed for a forum for the thoughts and ideas of the volunteers about their perceptions of animal-assisted therapy to be unveiled. The participants were anticipated to experience psychological benefits from sharing their thoughts that may be overlooked when exploring this type of therapy in lieu of the professional ideas of social workers and therapists. This study is also beneficial to the realms of therapy, counseling, sociology, social work and other related fields by adding the perceptions of volunteer pet handlers to the known work on the subject. This study is estimated to add to the knowledge on animal-assisted therapy by exploring the ideas of the volunteers who allow for these programs to be in existence.

CHAPTER V

FINDINGS

The Volunteer's Role: More Than a Handler

We are able to comprehend how the volunteer's role affects the overall AAT/A process by understanding their perceptions of this role. Similar and multi-dimensional themes emerged amongst the respondents when asked how the volunteer views their role in AAT/A. To begin, the participants largely agreed that one aspect of their role is of merely playing the "driver" in the pet therapy sessions they take part in. The volunteers are present, but not the main focus for the client or of the session as a whole. Janie, the handler of a six year old Great Dane named Annie explained how Annie is the star of the show by exclaiming, "Well it's all about Annie! I mean I'm just the driver. (laughs)." Janie admits that her dog is who everyone is there to see during her time participating in AAA sessions. Barbie shared similar sentiments when she described interactions with her AAA clients at an assisted living facility for the elderly and her Cocker Spaniel, Joey by saying:

...we're just the people that bring the dogs as far as the residents are concerned. They know the dogs and they don't know us. Even this woman I see all the time, she doesn't know my name. She calls me 'Joey's Mom.

By describing how the clients at the assisted living facility refer to her as “Joey’s Mom,” Barbie illustrates that in her view, she takes the backseat to her dog in importance as it pertains those receiving the therapy. Jen, mother to a Pitt Bull named Skippy, voiced the almost invisible nature the role of the handler takes on by stating, “You’re kind of there but you’re kind of not. I mean, you’re just there to hold the leash sort of.” Janie, Barbie and Jen report that their roles involve allowing the pet to take center stage and that their dogs are the main concern of both the person receiving AAA visits and themselves.

Though the handlers initially seemed to minimize their role by describing their pet as the main focus of the therapy sessions, the respondents eventually highlighted the important functions of their role. For one, the participants concurred that they largely facilitate the interaction between their pet and the client and even referred to themselves as “facilitators.” The client or patient’s focus may be on the pet but the handler assists in enabling the necessary interaction between the animal and client. Esther, the president of one pet therapy organization that participated in this study takes part in AAA sessions with her Grey Hounds Wally and Diggy. She explained, “My other role is to be the introducer (laughs) and be the person that sets up whatever is going to transpire...not what it is but put the actors into position.” Esther illustrates that she doesn’t attempt to control what occurs between the person visited and her dog/s, but instead fosters their interaction by introducing her pet to the person. The volunteer also facilitates interaction by assuring that their pet and the AAA clients are behaving in ways that best suit the possibility of meaningful

interaction. Jen explained how she assists in directing her Pit Bull Terrier, Skippy, and the juvenile clients at a children's home so that this interaction can occur in the best way for both parties:

My role is to keep him (Skippy) engaged and to keep him from getting overexcited...or keeping him reigned in if one of the little, bitty kids wants to walk him so he's not dragging him all over (laughs). My role is to help the kids get him to do a trick because they just light up if they can make Skippy cross his feet or play dead or whatever.

By preventing Skippy from becoming overexcited Jen is enabling him to interact with the children in a way in which both parties will enjoy their time together. She insures that the children interact with Skippy by helping them have Skippy perform tricks. The role of assisting both pet and client in interacting with one another is immensely significant to the overall success of AAA as indicated by the volunteers themselves.

Thirdly, the volunteers also revealed their role in establishing a connection between themselves and the client or patient receiving AAT/A. Although the pet plays the major function in terms of attention, connection and interaction, the volunteer also attempts to connect with the clients. Oftentimes the "connection" the volunteers spoke of is that of working to have the client or patient communicate and interact verbally with them. In an attempt to have the clients open up, the volunteers wish to facilitate meaningful interaction and "create a connection" between the client and themselves. The respondents overwhelmingly

described the isolation that many of their clients experience living in nursing homes, children's homes, soldier transition facilities and the like. In attempting to connect to their clientele, the volunteers hope to reach them in ways that not many others attempt to do. Heather, a volunteer who participates in AAA sessions with her Rhodesian Ridgeback mixed breed named Stassney, described her goal in connecting with AAA clients by saying, "Um, my role is to connect with that person that can't otherwise be connected to. And just be someone who is there to listen or to talk and just be a friend to that person." By explaining that she believes the people she visits with Barbie are more or less unreachable, Heather reveals that she takes it upon herself to establish a connection with them and even become their friend when they might not have many. Heather went on to illustrate her role in connecting to her pet therapy clients by describing a situation in which she and Stassney visit children who suffer from dyslexia:

They come from a public school system where they've been called stupid for years and years and years and years. So my role there is just to be patient and understanding and encouraging. And encourage the behavior that we want to see which is a building of confidence in that child.

By describing the isolation that the dyslexic children experience from their peers and teachers who have put them down, Heather establishes that it is important to her to connect with the children and attempt to undo some of the lowering of self esteem the children have endured. The connections that are made in AAT/A sessions are described by the participants as occurring from not only pet to human but from human to human.

Almost unanimously mentioned throughout the participants' responses was the role of serving as their pet's advocate. The respondents spoke of acting as the handler for their dog as exemplified in Jen's description of how she prevents Skippy from becoming overexcited. A large part of acting as the pet's handler for the volunteers is also protecting their pet. This role of protecting their pet seemed to work in conjunction with protecting the client from their pet. Rick, the father of the only therapy cat in this study (Sophie) and also of a therapy dog named Petey, explained his role in guarding both pet and client during AAA sessions by saying:

My role is to make sure nothing bad happens to either the pet or the person. So I watch the person and make sure they are appropriately petting Sophie or Petey. I watch the pet to make sure they either like what's going on or they're fine with it.

Rick illustrates how he views his role as the pet's advocate by explaining that he keenly observes the situation as a preventative measure from something going terribly wrong for either pet or client. A number of participants also voiced their role as an educator about their pets and animals in general to the client or person receiving the therapy. They spoke of how they will direct a person where to pet their dog or cat in a way in which the pet enjoys. Also, when allowing a client to treat the pet, the volunteer will instruct them on the safest way to do so without accidentally getting bit by the pet.

Another theme that emerged from the respondents' answers in terms of stepping in as the pet's advocate was that of identifying when the pet is feeling

stressed and acting to alleviate this stress. Although animals may not be verbal with explaining to their owner that they are not feeling well, are uncomfortable or are unhappy, the volunteers made clear that they watch for their pet's physical changes that signify stress which Laura described as "licking their lips or yawning or doing the cuttin' the eyes towards you." The volunteers explained the way they "read" their pets signals as something that happens naturally between them and their pet. Lana described this "handler intuition" in the ways in which she reads her Golden Retriever's signals during a therapy session:

But it is also to always be aware that I am the dog's advocate and if there is ever a time that the dog is being handled improperly, or for one reason or another the dog is feeling stressed, that I cue in on that. And as his team take him for a break or remove him from the situation or demonstrate to someone how to appropriately pet a dog or handle a dog.

By recognizing her dog's signs of stress and removing him from the situation Lana is not only doing what is best for her dog but also for the person receiving the therapy. The experience for the client or patient receiving therapy from a volunteer's pet must be as calming and enjoyable as possible. A volunteer fulfills their promise to foster positive interaction between a client and their pet by reading their animal's signals of stress and preventing a troubling situation from occurring.

The Pet's Role: Fetching Interaction

The respondents expressed what they believe to be their pet's role in animal-assisted interventions. It is clear that a pet's role in AAT/A sessions is to lift the spirits of the client or patient receiving the intervention. This is a major function of pets in these sessions but when asked about what the volunteers believe to be their pets' role, they expressed specific duties the animals perform. First, the respondents stated that their pet's job is to interact with the client and provide joy to the person or patient receiving the intervention. The pet is expected to be "entertaining" and perform tricks, play and give attention to the client or patient. Cassie illustrated her Great Dane Luke's ability to entertain children during a program in which children read to a dog to strengthen their reading skills by saying:

Um, and then Luke's job is pretty much to interact with the patient or whoever we're visiting. If we're doing a [reading session] he will lay beside the child while they're reading. Sometimes they'll lay over on him by his head. They'll show him pictures in the book and he'll look at it because I've trained him to do that. Yeah, he looks at the book like that kind of thing.

Luke's ability to peer at the book being read to them reading to them provides joy and excitement to the child while performing an activity that can normally produce anxiety or stress in a child who struggle with reading. The trick that

Cassie taught Luke assisted in the entertainment that Luke provided for the child and the session as a whole.

An important role the pet plays is the way in which the pet acts as a “bridge” for interaction to take place between the volunteer and the client. As expressed earlier, the volunteer believes one of their major roles is to connect to the client they are working with. A number of respondents expressed that their pet is the “ice breaker” for them to begin a conversation with the person in need. The pet sets the client at ease and allows the interaction between the client and the volunteer. Charlene participates in AAA through children’s reading sessions and at an elderly home with her Australian Shepherd named Ollie. She disclosed how Ollie assists in beginning conversation by explaining:

...he is the icebreaker. He opens the door. He lets people relax. When people see an animal, they don’t get uptight like they do with people. Like, ‘Oh my gosh this person’s coming. I might really not want to see or talk to this person.’ But when they see a dog it’s like, ‘Oh a dog! I can pet the dog. I can remember the dogs I’ve had.’ Or like with children, ‘Oh I love dogs! I can’t have one but I love dogs.’ So it’s a way to open the door so that the adult, or the pet therapy member, can get in and then start talking or interacting with the person that we’re visiting.

Ollie serves to relax the client by reminding them of their past dogs or their love for dogs and by setting the client at ease it is easier for the volunteer to begin conversation with the person receiving therapy.

A number of respondents not only felt as though their pet breaks the ice in the meeting but also assists them in interacting with a group or groups of people they may not normally associate with. Debra expressed the way in which her Toy Poodle, Antoinette, assists in bridging interaction between her and the client by revealing:

I feel that Antoinette's role in the visit...she's more of a conduit to get the person more connected to me. Normally if I would meet some of these people on the street and then not have anything to talk to them about or no common interest or spark. So Antoinette helps get that common interest and a spark going.

Debra makes clear that she may not have anything in common with the people she visits if it weren't for the common interest that Antoinette provides. The pet in an AAA session allows for the focus of both volunteer and client to be placed on it resulting in fostering conversation. This conversation can evolve into talking about other things and ultimately build a connection between the volunteer and the client or patient. The social processes that form animal assisted interventions revolve around the pet but in the end produce friendship and association between people who may not have come into contact in another situation or environment.

A latent role that the pet plays in pet therapy sessions is that of bringing clients closer to one another and providing them with something in common to supply connective interactions. Although not a direct function of AAT or AAA sessions, connecting clients with each other emerged as a significant outcome of

this non-traditional therapy throughout the participants' responses. Gwen recounted how her Golden Retriever Maggie brings residents at an assisted living facility closer to one another:

I notice, especially in the group situations like at the assisted living, that it's very quiet before we start interacting with people. And then as we start to interact, people start to interact with each other. And the conversation seems to increase and so I think people that normally wouldn't have conversations with each other...now they've got Maggie in common. So they can talk about her to each other, they can talk about dogs they've had. And it just seems to prompt interaction between the residents too. Not just with us but as a whole.

Maggie's visits ignite conversation at the assisted living facility amongst its residents. The residents have something exciting and out of the ordinary to discuss and focus on. A pet also provides a facet of life that adults, children, soldiers, people with disabilities and others can have in common. Different cultural backgrounds, socio-economic statuses, family life, ailments and other identifying characteristics of people involved in these programs may not have allowed for them to have commonalities and grounds for interaction before taken part in an AAA program.

A Furry Friend, A Visiting Comfort

The premise of animal-assisted interventions revolves around the comfort that the animal is projected to bring to those involved. The question is as to why

and how these visiting animals bring comfort to the elderly person, child, soldier or whoever is receiving their therapeutic/visiting services. The volunteer pet handlers in this study revealed some poignant ways in which they believe their animals provide comfort to their AAT/A clients. To begin, when asked if they believed their pet comforts a person in a way another person cannot, the overwhelming responses were that the pet is “non-judgmental” and “accepting.” The respondents described the pet as non-judgmental in the way it does not take notice of someone’s physical abnormalities that may have been caused by illness, birth defects or other reasons. The pet pays no attention to what someone looks like. In a society ruled by the importance of appearance, humans judge each other continuously on looks alone. Animals differ from this human-like quality. Charlene illustrated the non-judgmental way in which her dog Ollie interacts with clients who are physically different by saying:

Yeah. I think pets, because they are non-judgmental and they don’t care. They don’t care if you...we have a client at the nursing home who’s lost her arm. He don’t care. He nudges that arm anyways and she uses the stump to pet him. He doesn’t care. He doesn’t care if the other one has his foot swollen. There’s one clientele, this is funny, I stop going in to see because the odor was bad for me. I know he’s more sensitive but he would go in. He would lead the way to go visit him. And I’m like, I don’t really want to go in! (laughs) I’m not gonna let my dog show me up! (laughs) I went in because he did.

Charlene depicts the way in which Ollie takes no notice of a client's physical impairment such as a lost arm or of someone's foul odor. The handler, on the other hand, revealed her own prejudice against visiting someone whose scent was not pleasant. Her admittance of her own inability to look past someone else's differences and her dog's acceptance of these differences reveals that through self reflection Charlene is able to illustrate the comfort her pet provides that she cannot. Charlene's placement in social society and the norms and values she adheres to including that of judging others who are different from her prevents her from being as non-judgmental and accepting as her dog.

Another way in which the participants felt as though their dog or cat provides acceptance to those receiving AAT/A is the way in which the animal is able to just "be" with the person without further thought or judgment into another's life issues. Human interaction naturally produces thoughts, feelings and judgments about the state of the other person's life, condition and status for those participating in the interaction. Reflection on one's self in terms of another's life situation can also occur. Animals do not think of others in these terms nor do they self-reflect based on what is happening in another dog or human's life. Abbie, the mother and handler to her Pitt Bull Rocky, explained the different interaction with an animal versus a human:

You're a person, like when you see somebody all hooked up to medical equipment or something or just looking really sad or you can tell that their life is tough right now for them...dogs don't look at them like that. You look at them like that. That's ingrained in us. We can't help that. It's just

how we are, especially seeing a person, knowing you're a person and that could happen to you one day. Dogs don't do that. They don't look at another dog who's sick and say, 'I'm going to be sick one day.'

Abbie testifies to the point that although it is natural for a person to see another and reflect on themselves, her dog provides the solace of not only providing acceptance to someone who is different but also the comfort that the patient or client knows the animal is not thinking of them in any way as "different" or unfit as a friend and companion.

The participants agreed that pets provide comfort to those in need in ways that people cannot by allowing the client or patient to accept help from others. In this way, volunteers voiced that the pet allows someone to be comfortable in accepting their help, kindness and good intentions without the fear of an expected return of the favor. In today's very skeptical society accepting the help of a stranger produces suspicion of what the other person wants from us and fear of receiving their assistance. The client or patient knows that the pet wants nothing but some attention in return. Great Dane Luke's handler Laila voiced this lack of expectation by saying:

There's something calming and there's not expectation from the dog or the pet. They're just there to be loved. You don't have to talk to them. You don't have to...there's no expectation that you're going to do this certain thing or that you have to entertain them.

The dog or cat provides their kindness because that is what they wish to do and it is their nature. For example, the handler of the Rhodesian Ridgeback named Stassney said:

So it's never, it never seems to be...I shouldn't say never...but it seems unlikely that pure kindness and goodness that somebody wants to help somebody else. But the dog is able to break down those barriers and be there in a way that is without judgment and without expected reciprocity and all these other kind of limits that we put on accepting help from another person.

Heather admits her own suspicion of the pure kindness and willingness of others to help one another and believes this fear is mimicked in her clients. She insists that not only are humans naturally resistant to accepting help from others but also that a dog can break through this resistance. The dog provides that sense of acceptance and normalcy that is lacking in much of human interaction and allows for the client or patient to accept their assistance in AAT/A.

A Break from Reality

The day to day routines and regimens of many of the people visited by therapy animals are structured and methodical. The populations of people visited by the volunteers and their pets included the elderly in assisted living facilities, nursing homes and Hospices, children in shelters, patients in the hospital, soldiers in therapeutic transition facilities and children in schools. Each of these groups is bound in institutions and situations in which their lives are scheduled and routine

is expected. The volunteers believed that their pet's visit along with their own provides reprieve for the clients or patients from structured daily lives. Oftentimes described as a "break" from their normal routine, the volunteers thought that their pet aides in providing a sense of spontaneity to regimented lives. Debra iterated this reprieve by describing her experience in a hospital setting:

Oh in the hospital I think it affects them so positively because it's not a great place to convalesce at all. It's very sterile. The nurses, the doctors, are kind of coming in and out of your room all the time. They're overworked. Very few of them have compassion left because their workload is so big. And to have something out of the ordinary come into your room during your like, boring-ass and possibly painful day, has just seemed to really brighten...uh put a smile on people's faces. And not only the patients but for their families I find that it's incredibly helpful because the families are just in there sitting and waiting. So it gives them something else to do and new experience and something to think about and then talk to their loved one about.

Debra describes the patient's day as "boring" and "sterile" and illustrates how a visit from someone special, a furry friend in the case of AAA, can really break up their day and bring joy. She also touches on the fact that the administrators in these institutions, including nurses, are oftentimes busy with many different patients and cannot spend quality time with them. The pet functions to fill the void of a lack of meaningful interaction. It affords a sense of excitement and

spontaneity that is not present in structured institutions and the schedules that are a part of them.

Besides allowing for the patient or client to have a “break” in their day, the handler volunteers also expressed how their pet visitation sessions act as a “diversion” from the client’s problems or worries. By serving as a diversion, the pet encourages the client or patient to focus on something outside of themselves and the current situation they are in. The participants iterated the importance of a diversion in someone’s life when they are going through difficult life situations such as living in a shelter, a nursing home, undergoing surgery or suffering with dyslexia or other learning issues. The animal provides not only the spontaneity that achieves breaking up the monotony of their day but also a joyous and happy being to focus on. Jen describes the distraction her dog Skippy provides for her AAA clients:

Well, and it’s a chance for them for an hour or two hours to forget everything that’s going on. They got a dog in front of ‘em that will do tricks for ‘em...that they can make roll over and rub his tummy and stuff and it’s unconditional love. It’s an hour of check out time to disengage from reality for a little while. I mean, what’s not to love?

Jen’s illustration of how time with Skippy provides “check out time” and “a time to disengage” captures the feelings the respondents expressed about the importance of a diversion from problems. Doing tricks with the dog and having someone to think about besides themselves affords a short time of escape from

thinking about physical pain, emotional pain, stresses and other realities those who are recipients of pet therapy experience.

Animal-Assisted Activity and Dementia: A Friend to Remember

Several of the respondents in this study work with elderly populations suffering from Alzheimer's disease and other forms of dementia. Many visit Alzheimer's units in nursing homes with their pets on a weekly basis. A significant theme that emerged amongst the participants about their experiences with those with advanced stages of Alzheimer's or other dementia related diseases is the way in which their pet assists in bringing these people out of their introverted state. The pet serves as a force that seemingly pulls these patients out of their internal state of thinking. Ester illustrated the awe-striking affect her Grey Hound Diggy has on a woman in an Alzheimer's unit who they have visited for four years:

Um, there's a woman I've been visiting for four years and she has progressive dementia...She can't talk...But she formed a bond with Diggy the very first time he met her at [city] State Hospital. And as she was losing touch she has never lost touch with him. Never in four years. We were going every week for almost four years to see her...But she knows she is going to give him a treat. She knows he's coming. You see a teeny change in her face, she doesn't have facial expression the way we normally do. You just see and she can make motions and let us know what she wants with respect to Diggy. Well there's no questions that this dog

has been a lifeline to her and one of the only faces she seems to really recognize.

Ester's illustration of how her pet can bring someone who is non-verbal and has difficulty with facial expression and movement out of their shell is indicative of other stories the respondents relayed about the same phenomenon. The pet serves as a point of recognition whether it be a trigger for remembering a past pet or a being of non-judgment that allows for the comfort described before. The Great Dane Luke's handler described a similar situation with a man in an Alzheimer's unit:

Um, I've seen the Alzheimer's patient who we go to visit and he won't even look at us, just stares straight ahead. The next visit, still again stares straight ahead, won't move his hands, won't even look sideways to see this gigantic dog that's standing next to him. The next visit he turns and makes eye contact with the dog, reaches out his hand and touches him. The last visit that we went to I see him, the minute we walk in the room he looks. We go up to him and he smiles that big beaming smile and pets him with both hands. So that's a progression over time. And when we leave that day he's smiling, we're smiling and everybody's happy. When I leave I think, that's why I do this.

Luke had much the same affect that Diggy did with the man who was almost completely introverted and came out of himself progressively with visits from the dog. This phenomena described by the volunteers exhibits the significance of

AAA for those with Alzheimer's and dementia. Though an answer as to why their pets bring these people out of their shells was not provided by the respondents it is worthy to note the effect their animals have.

Triggering Memories

Pets involved in AAT/A not only assist elderly persons in remembering the animal and their visits but also proffer persons from all age groups to recount pets from their past and establish connections with the pet in their present state. The participants often accounted that interactions with their pets act as “triggers” for the clients’ memory recollections of past pets and experiences with pets. These accounts of remembering and thinking about past pets were mostly explained as a joyous and happy occurrence for the client or patient. Many of the people worked with in these AAT/A programs live in institutions in which their pets from home are not allowed. Others, such as the children in the reading program, have pets at home or are not allowed to have pets and therefore enjoy talking about experiences they have had with pets in their lifetime. Memory “triggers” assist in breaking down interaction barriers between the client and the handler and eliciting conversation about matters other than pets.

Recalling good memories of past pets acts as one way to break down interaction barriers between the client and handler. As mentioned before, the client or patient may be suspicious of opening up to a new person in fear of judgment and/or non-acceptance. The respondents spoke to the power that their pet has in triggering memories of past pets the client has had in their lifetime.

These recollections can set the client or patient at ease and aid in their involvement in interaction with the volunteer. Heather recounted how her Rhodesian Ridgeback named Barbie acts as the “trigger” for soldiers with PTSD and students suffering from dyslexia to recall their past pets:

...to [army base] as a reference...or even the reading program, you could say the same thing. You’re dealing with people that are very insecure, that don’t trust other people, that aren’t really connected with other people. And so the dog is something that I think triggers some nostalgic memories in somebody’s brain because a lot of people have really good memories of dogs. And I think in some way that lets your deep brain let down guard and then allow for connection to happen. I think without that...you know we talk about negative triggers all the time but I think the dog is a positive trigger.

Barbie serves as a reminder of a time when the soldier or child was happy with their past dogs and allows for them to feel comfortable in the therapy session. Heather touches on the insecure nature of her clients and the way that remembering past pets acts as a positive “trigger” versus a negative one. Remembering past pets is just one process in which the interaction can be fostered and the awkward experience of meeting someone new is made easier and more comfortable.

Memory “triggers” brought on by visits with AAA animals also aid in beginning conversation about things other than pets between the client and

handler. The memories of past pets that the therapy animal elicits lead to a flow in conversation and talk about a variety of matters. The spark created by becoming comfortable with the therapy animal leads the person to remember a variety of situations in their life and open up about their experiences. Barbie related how visits with her Cocker Spaniel Joey extract memories that lead to conversation with her elderly AAA clients:

Some of the people in the retirement place who I have more of a relationship with, they'll start petting him and talk about memories and talk about other circumstances that they've had in their life before. And it's just a good way to draw those kinds of things out.

By petting the dog and relaxing with their animal friend the elderly clients open up about their lives to Barbie. The memories the animal draws out provide fodder for conversation and ultimately interaction between the handler and the client.

Anticipated Interaction

For the clients involved in AAT/A sessions, the anticipation of future visits and interaction plays a large role in the process as a whole. This anticipation has an impact on the person receiving the services. Respondents largely agreed that their AAA clients express their excitement in seeing their pet again after an initial visit. Almost all of the participants spoke of how their clients are verbal about their interest in seeing their pet again and when this next encounter would be. Esther even scoffed at the question when asked if she believes her AAA clients look forward to her and her Grey Hound Diggy's visits by retorting, "Is

that even a question?!” Esther’s joking manner over the absurdity of such a question is tell tale of the overall consensus of the respondents that without a doubt, their pet therapy clients look forward to their pet’s visit and their own. The mixed reviews on the subject from the participants were on how this anticipation of future visits affects the clientele.

The expected visitation of both animal and handler becomes a routine focus for adults and children alike. In expecting a visit, the clients and patients have something to look forward to. They not only experience that “break” in their routine while the animal and volunteer are present but can also focus on the expectation of a future visit as a point of happiness in their day. Laila and her Great Dane Luke visit an assisted living facility in which one elderly client makes sure to see Luke each week and Laila described this anticipation by telling:

There’s a woman at the assisted living facility that marks on her calendar when we’re coming back. The last time we went and visited she wasn’t in her room and I asked [the facility worker]. She had to go to the hospital. We were disappointed because we knew she would’ve enjoyed a visit. And as we came back down the hall she was just coming back and she was so happy, ‘Oh I thought I was going to miss Luke’s visit ! Luke, come in here, come in here!’

Laila’s description of the elderly client marking her calendar and then proceeding to be overjoyed when she realized she wasn’t going to “miss Luke’s visit...” illustrates the importance the anticipation of pet therapy visits plays. The

regularity of these visits is a serious matter to those who enjoy them and need them most. In fact, the greatest amount of advice that respondents gave about getting into volunteering with a pet therapy program is that it is a “commitment.” The participants remarked that if they must miss a visit they will either alert their clients of their future absence or have another volunteer take their place that week. The respondents understand the importance of the anticipation theirs and their pet’s visits and do not wish to disappoint their AAA clients.

Some of the volunteers voiced the complexity that the anticipation of future visits can bring. Many stated that a client looking forward to their next visit can be a positive focus for the person to have to take their mind off their routine schedule or problems. In comparison, others explained how this expectation may be detrimental. For example, Rick described the anxiety-ridden anticipation of his cat Sophie *leaving* an AAA visit that AAA clients have expressed:

Oh yeah. When you go to leave they say, ‘When are you gonna be back? When can you come back?’ So it’s almost one of those things you start to see after about forty-five minutes when you know you are only going to be there about an hour you can start to see them...you see the euphoria go up and then you start to see the dread of Sophie’s going to leave start up... So you don’t get the entire enjoyment out of it because you are already dreading what’s going to happen.

Rick illustrates that the client so looks forward to seeing his therapy cat Sophie that they begin anticipating her departure before the visit even ends. The client’s

worries of when the next visit will be and the looming “dread” that characterizes this anticipation is seen here as a detriment to the visit as a whole. The purpose of AAA is slighted when a person cannot fully enjoy their time with the pet and volunteer. The end of an AAT/A visit is inevitable and a part of the therapy process but this end may cause harm by inducing anxiety in the client or patient receiving the therapy. The question is whether this risk serves as a deterrent to conducting pet therapy sessions or do the meaningful results outweigh this possible harm? Respondents in this study would mostly likely believe the benefits outweigh the negatives but critics may take a different stance.

The Volunteer-Client Bond

The relationship between the volunteer and the client or patient involved in AAT/A is an association that has an effect on the overall process of the sessions. As the respondents explained, one of their roles is to establish a connection with the client or patient. This connection is determined to create meaningful interaction between the handler and the person. The type of interaction created between the dog or cat and client differs in that there is not true conversation and communication as there is with human to human interaction. This study aimed to discover what the relationship is between the volunteer and the patient or client and what this connection means to AAT/A.

Several respondents believed that they do form a bond with their clients and that this bond assists in growing a more personal relationship with the client than what their role as “volunteer” entails. Several participants described

becoming close to their clients and worrying about them if they were to get sick or not be present during one of their visits. Liz provided an example of a bond she formed with her AAA client and their family by telling:

Oh, yeah you do. Especially when you see the same person for a two year period you do get to know their family because Sergeant and I would be there when a daughter or a son would be visiting them. We had one client whose daughter lived in North Dakota and she came in every 12 weeks and she always made it a point to be there so she could talk to Sergeant and I. And yeah you do. And I have to watch that because I get emotionally involved with them and you try not to because...well, just because.

Liz's relationship with her AAA client expanded to the client's family member and the bond formed over the lengthy period of time of visitation. She illustrates what she considers to be a drawback of becoming close to a client by declaring that she must monitor herself because she tends to become emotionally involved with the client. Liz alludes that this can be a problem for her. Emotional attachment can be a drawback for any volunteer as they work with populations of people who may be ill and pass away or live in a temporary shelter or facility where contact can be lost when the client moves on.

The volunteers spoke of anticipating seeing certain clients in much the same way the clients look forward to seeing their therapy pets. The respondents described having "favorite" clients who they felt a special attachment to and who

they look forward to seeing each visit. Jen explained the expectancy and bond that she has with an autistic boy living at a children's shelter:

You definitely do. I look forward to my visits. Again, I told you, there's one at every...or more than one actually, that tugs on your heart strings, that you look forward to...I look forward to Zeke. There are ones that just, you seem to latch onto and you want to see how they're doing, you want to check their well-being each month. And you want to make sure that Skippy gets plenty of time with them at each visit.

As Jen exhibits, there are certain clients the volunteer forms a bond with. The volunteer looks forward to seeing these clients each visit and creates an attachment to them.

Bonding with AAT/A client was not a universal occurrence amongst the respondents. In fact, some were skeptical of the possibility of this bond or believed it occurred rarely. These participants expressed that their therapy animal is the one who always forms a bond with the patient or client and if they do it is a secondary bond. Samantha affirmed this finding by telling how her Golden Doodle Nelly is starting to establish a bond with the client and that she may or may not:

I think Nelly and the person are always going to form a bond. And I think sometimes I will. It just is gonna depend. If the person is in pain, they may not feel like talking. But it puts the person in a state of mind of just being open and receptive. So yea, I think the opportunities are there to form a

bond with the person you are visiting but it's not as certain as it is with Nelly.

Samantha's reference to the "opportunities" that are present to form a bond with the client are indicative of some of the respondents' feelings on the matter. While many believed they may form a bond with a client it was not spoken of as a sure thing. The bond the client forms with their pet was of more importance to the volunteer than any possible bond that may occur between them and the client. Also, these volunteers spoke of the possibility of a bond being up to the client.

The bond that may form with AAT/A clients was thought to be a bond that would be totally different if no pet were involved as the respondents stated that they would not have even come into contact with the populations they work with if not for their pet. Malachi illustrated this fact when speaking about how his Labrador Retriever named Heineken serves as the reason for him to associate with the AAT/A populations he works with:

It definitely would be because if wasn't for her, I wouldn't be going to those places. Aside from that, I'd say yes because in some cases, I might not even have had a chance to have an interaction with them if it wasn't for the dog, that being the common bond. It's my dog. I'm letting you enjoy her, so that's the kind of neutral link that we have. They may have had no... interest in me other than that, but over time, they ask about the dog, they learn about the dog.

The pet provides the common ground that the volunteer and the client connect on. The pet also brings people together that would not have come into contact with one another if not for the AAT/A programs. By having a familiar interest, the volunteer and the client are able to relate and may or may not form a lasting bond. As stated earlier, the pet also “breaks the ice” and allows for interaction to begin amongst two people who might have difficulty relating in another setting due to differences in life circumstances.

The participants spoke of the possibility of a bond with their AAT/A clients and many recounted stories of bonds they do share but almost all of the respondents indicated that that would not continue relationships with their therapy clients if they were to end participation in AAT/A programs. The major reason for ending these relationships was that it would be “inappropriate” to continue contact with their clients outside of AAT/A sessions. The respondents stated that without the reasoning of volunteering for a pet therapy program as the basis of their visits with their clients, they would not deem it appropriate to visit them outside of the realm of these sessions. Jen explained that she wouldn’t have an opportunity to interact with the clients and that the volunteers aren’t “suppose to acknowledge” a client outside of the visitation unless acknowledged by the client first. This lack of acknowledgement is due to privacy concerns and rules that their pet therapy organization implements. On the other hand, the respondents overwhelmingly declared that if they had to end participation in a pet therapy program due to a reason involving their pet such as death or illness, they would more than likely train another pet to continue AAT/A sessions with.

Third Party Influences

The majority of the participants in this study participated in AAA sessions. There were few who had had the experience of acting as the handler in AAT. The respondents that did have this experience had been involved with their pet with physical therapy sessions in a nursing home or hospital setting or in one case speech therapy at a school. In these cases, they assisted the client in reaching physical or speech-related therapeutic goals set out by the therapist. Other respondents spoke of a licensed social worker's presence during their time with children at a shelter or soldiers at a post-war transition facility. These visits are not considered to be AAT sessions as the pet and volunteer were not knowingly assisting the client reach therapeutic goals prescribed by a licensed professional. The respondents' input about the effects the presence of the licensed professional during their AAA visits is significant nonetheless as this third party presence could affect their time with the client in handler's view. The participants felt like the presence of licensed social workers or therapists who were only observing had no effect on the visit as a whole. Barbie described the social worker's presence by stating, "The social worker introduced us to the client and then stepped back." Observations by a licensed professional during the sessions did not play a significant role in altering the dynamic of interactions between the pet, handler and client.

Physical therapists utilized the volunteer's pets to assist the client in tasks such as walking, arm mobility and hand strength and the therapist guides what is to occur during the session. Liz explained that physical therapy can be made more

fun for the client by having her Labrador Retriever, Sergeant, provide motivation, “I think it makes their therapy easier and more enjoyable...It’s a lot more fun if I put Sergeant in front of them and they walk towards them because of his gait and he’s wagging his tail.” In these sessions, the therapist guides what is to occur during the visit and the handler and pet follow their lead. This inherently alters from the dynamic of AAA visits in which the volunteer, handler and client are the only ones involved. Esther clarified this change in dynamic and how it causes role strain for the handler by describing the structured visit she experienced with children undergoing speech therapy:

Um, there was this speech therapist who worked at a school for autistic children. Now, it’s a little unique but she also believed in the use of dog therapy to work with these kids...once a week other teams like myself would go and work with the kids. She had a very structured program. Um, and so she was more in charge of the interactions. There was a little bit of, and to be honest, it was like, it takes away some of what my role is but not really. Because with that population...I’m not an expert like she is. You know, if we were doing exercises with kids to help them to speak better and recognize words and so I don’t know if I’m capable for that...But that’s my stuff. It has nothing to do with her. It’s that I want to be in charge here.

Esther exhibits role strain by mentioning how the speech therapists conducted the entire visit following her own structure and that Esther was left to follow her lead. She refers to this strain by mentioning that the structure “takes away” from her

own role. In AAA, Esther has more active role in guiding what is to occur during the visit as the volunteers assist in fostering interaction, handling the dog and protecting both pet and client. In AAT, the volunteer is not in charge and though they are there to act as their pet's handler, they do not fulfill the same roles as they do in AAA. As seen here, Esther does not wish to undermine the effectiveness of the therapist's plan as she states that the role strain she experiences is "...my stuff" and that she is not an expert in speech pathology and could not assist the children in the way the therapist did.

The Effectiveness of Language and Touch

Language and touch among AAT/A clients and therapy animals was explored in this study to determine what functions these processes play in the overall effectiveness of this non-traditional therapy method. The pet handlers revealed that language and touch do in fact have significant roles in the effectiveness of AAA sessions. AAA clients were described as oftentimes telling the visiting therapy animals about their own pets. Sandra illustrated this process of language when she described an encounter she and her Chihuahua Giggles had with a woman in a nursing home:

They'll tell our pets about their pet... Um, one of the things that I alluded to earlier is that we visited a woman, this was about a year ago, that was the saddest lady I've ever seen... So we sat on the bed and she starting telling Giggles, my little dog, about her dog Cocoa...She use to have him there [at the nursing home] with her but she couldn't have him anymore.

So she started telling Giggles about Cocoa... next thing I know she is laying there on her bed with Giggles and she was roughing him up. And she was telling him, 'this is what I do to Cocoa!' It was just amazing to watch her transform from being so sad and lonesome to talking to Giggles...

Sandra describes how talking to her dog Giggles elicited fond memories of the client's pet and led to the woman playing with the therapy animal in the same way she played with her own pet previously. There is transference of positive emotion and interaction between the client and the therapy pet brought forth by speaking to the animal about her pet at home. The therapy pet may not respond in English but through playing and giving attention to the woman, Giggles brightened her sad mood. The participants spoke of this type of occurrence often and referred to the communication set forth from the client to the pet as being somewhat of a transference of what the person would say to their own pet if they had the opportunity to.

What is said from the client or patient to the therapy pet is oftentimes useful to the volunteer in aiding them in striking conversation with the person receiving the visit. Visiting a client for the first time or being unfamiliar with a particular client can prove to make conversation difficult between the volunteer and the client. As the respondents stated, they believe their role encompasses communicating with the client and possibly forming a bond. When the client speaks to the animal the volunteer is able to pick up on key phrases and remarks that they can build on to learn more about the client, set them at ease and foster

interaction between themselves and the client. Charlene explained this function of language between the client and her Australian Shepherd Auzzie:

And you know, you would have a leading question like, “What kind of dog did you have?” And then she would so ‘Oh, I had a...and I lived in Ohio and we had a farm dog just like you.’ She was petting him [and] talking to him but through that I got to pull out key words. ‘Oh where did you have a farm? My father had a farm!’... And she was talking and petting to the dog and I was able to pull out key words to get her to expand more on the conversation.

The “leading question” the handler may propose to the client can be answered by the client to the pet. The avoidance of speaking to the volunteer and instead to the animal may be linked to the reserve produced from fear of judgment from another human being. Instead, the animals “breaks the ice” by serving as the recipient of conversation for the client until the volunteer and client reach a state of comfort in which conversation can emerge.

According to the participants, language serves as a force of healing for those who are unable to speak due to physical incapacities such as strokes, severe dementia or trauma. The incapacity to speak does not serve as a deterrent for these clients to attempt verbal communication with the visiting therapy animal. The respondents spoke of incidents in which their desire to speak to the pet overshadowed the inability to do so and the attempt was still made. Blaire

described how a client who had suffered a stroke attempted to speak to her

Golden Retriever:

I can remember another lady who had a stroke and she had lost function on one side of her body and so she would, with her arm that was still functional, grab Cadillac and bring his head right up near her face and try and talk with him. It was quite an experience.

This is but one example of how speech is such a significant part of the therapy process. Again, the animal does not judge someone who has physical or verbal disabilities and therefore provides for a comfortable environment for interaction and the attempt at language.

Petting the animal also adds to the interaction processes that make up AAA in significant ways. Many of the participants determined that the physical touch between the client and the therapy pet is the “most important” aspect of interaction that occurs. First, the participants felt that the action of petting the therapy animals serves as being “relaxing” for the person receiving the visit. The stroking or petting of the therapy pet calms the client’s nerves and sets them at ease for the duration of the session. Charlene described the relaxing effect stroking Ollie has for the children who read with him and for the elderly clients they visit:

With the petting, especially with children, the petting calms them down.

Especially if you have a student that’s agitated, the petting itself will calm a child down. It’ll also let them...they can multitask. They can pet and

they can read. With the senior citizens, the petting seems to calm them also...not to do another task, but in that moment. It calms them in that moment.

Another function of stroking the therapy pet revealed by the volunteers was that of the client feeling as though they are giving something back to the pet. A dog or cat generally likes to be petted and scratched. The respondents deemed the stroking of their pets to be rewarding for the clients as they feel like what they're doing is something special for the pet and makes them happy. In other words they are "giving back" to the pet for what the animals does for them. Abbie explained the feeling of accomplishment petting her Pit Bull Skippy provides for her elderly AAA clients by saying:

They're petting the dog, and the dog is wagging his tail and showing that obviously he is enjoying it. It kind of makes them feel like they're doing something good for him, too. I guess if you're in a nursing home, what do you really get in your life that you get to do for other people?...You can't really do a whole lot, and to know that you're making this animal really happy... A lot of them, depending on their physical abilities, will scratch him and like, "Where's his favorite spot? Where does he like to get scratched?" They'll ask me that. That's his neck. He'll walk over there and pick his head up, and they'll scratch him on his neck. You can just tell they want to make the dog happy.

Volunteer Benefits and Drawbacks

The ways in which participation in AAT/A affects the volunteer are important in comprehending the motive to take part in it and the implications for future volunteer recruitment and training. The volunteers voiced both benefits and drawbacks to taking part in AAA with their pets. According to the participants, the greatest benefit of acting as an animal handler in AAT/A is that of gaining internal satisfaction from helping another person and adding to the positive interaction that person receives in their life. Jen described this satisfaction by saying:

It's the most humbling, gratifying...I couldn't believe after my first visit how much my ignorance on what it meant to have a therapy dog meant.

You do it for every reason other than yourself because you go in there and you walk out just humbled and grateful for your life.

Sandra explained how she enjoys sharing the joy that pets bring to her with those who cannot have pets of their own:

People who aren't in institutions, who aren't in the hospital, we have stress in our lives. I mean, we have times when there aren't enough hours in the day. We have sadness, we have too much work, too much school work problems in the workplace. When we get home, our pets make us feel better. So we share that with people who aren't able to have a pet anymore. That should tell you right there how much good it would do.

By explaining how pets help people cope with everyday stresses, Sandra illustrates the gratification that sharing this stress reliever with others brings to her. The majority of the participants resonated with these notions. The satisfaction and gratification of participating in volunteering with those in need with their pets acts as a driving force for their involvement.

A potential drawback of participation in AAT/A is the strenuous time commitment that is required of a volunteer. The respondents overwhelmingly agreed that a person interested in participating in a pet therapy program must be fully committed to visit their clients on a regular basis and keep up with their pet's training and grooming. The anticipation experienced by a client for seeing the pet therapy animal and volunteer is something the respondents did not take lightly. Heather illustrated this time commitment by saying:

...when you begin to serve certain populations you have to know that you can be there consistently. And life changes but you can't...sometimes you're put in a position where you cannot let somebody down because the rest of the world has let them down.

Charlene discussed the commitment to grooming and training of a therapy pet that is necessary to have them participate in an AAT/A program:

...it does involve a lot of time, a lot of commitment. He has to have his ears cleaned, his teeth cleaned. He has to have his nail trimmed. He has to be brushed. He has to be bathed. And that's just getting him ready for the visit.... The time involved with yourself, the time of yourself going places.

The time with your pet. Because it's not just one time training, okay we're certified for two years. We can rest now for this year and hustle up next year. It's constantly training, constantly working with your dog.

The time and energy that is required of a volunteer in AAT/A is significant can be viewed as a drawback of volunteering in this way. The volunteers must be committed to not only the clients they visit but also their pet. It is an ongoing process and one must be willing to fulfill their duties as such.

CHAPTER VI

CONCLUSIONS

Conclusions and Theoretical Application

This study aimed to uncover the perceptions of the volunteers who participate in Animal Assisted Therapy/Activity (AAT/A) with their pets about the processes that make up this non-traditional therapy. Hearing from the volunteers themselves revealed information that is not provided in existing literature on the subject. First, the volunteer's role in the AAT/A session was explained in greater detail. Their duties include serving as the pet's driver, facilitating interaction between their pet and the client, serving as their pet's advocate in terms of safety, and in some instances, using their pet as an ice breaker in order to establish a connection between themselves and the client.

Researchers have noted the potential for a bond to form between the volunteer and the client through the common interest of an animal (Ebenstein & Wortham, 2001). However, the volunteer respondents had mixed views on this subject. Several stated that they did form close ties with their AAT/A clients and discussed how this is facilitated by the pet. However, others stated that the

opportunity is there but that they do not always form a bond. Almost all agreed that a bond is sure to form between their pet and the client. The respondents confirmed research finding that AAT/A has a positive influence on clients (Akiyama, Holtzman & Britz 1987). Visitation from the pets and volunteers serve as a “break” in the monotonous routine many of their clients experience staying in shelters, hospitals, transition facilities and nursing homes. The importance of the anticipated interaction supports current research on the decreased anxiety and distraction pet visits provide to those in institutions (Lutwack-Bloom, Wijewickrama, & Smith, 2005). The respondents revealed a potential drawback to this anticipation as it can cause stress to the client due to worry about when and if they will see the pet the next time. The pet’s calming effect and the way in which they lift the client’s spirits were agreed upon by the respondents. The participants’ perceptions of the relaxing effect of petting and speaking to the pet support Spence and Kaiser’s (2002) research. Though the thoughts of the handler volunteers on the effects of the third party presence of a licensed professional counselor or physical therapists are not discussed in existing literature, the respondents’ views on the matter were to be expected. They believed that during actual AAT sessions the licensed professional changed the dynamic of the visit as they lead what was to occur. The presence of a social worker or therapist who is merely observing the visitation had no effect on the visit from the perspectives of the volunteers.

The respondents illustrated Wijesickrama and Smith’s (2005) notion that involving pets in volunteerism allows volunteers to meet people they would never

otherwise come into contact with. The findings of the present study support this assertion as the participants made it clear that if there were no pet involved in the session, no bond would have formed. The majority stated they would not continue to keep in contact with their clients if they were to lose their pet and stated that interaction with their AAT/A clients outside of the realm of volunteering in a pet therapy program would be “inappropriate.”

Many of the benefits discussed by respondent volunteers have been discussed in the literature (e.g. calming benefits of touch, reducing monotony). However, respondents also provided some unique insights regarding the reasons clients may enjoy (and even prefer) AAT/A to traditional volunteer/client visitation. Respondents noted that AAT/A provides support to clients in a way that allows them to circumvent the strain inherent in the social norms of interaction. Simmel (2008) suggested that humans need social interaction but that interaction is often characterized by superordination, subordination, conflict, and exchange. With pet therapy clients were able to avoid these aspects of human interaction, engaging in an experience that is more like Simmel’s ideal type of interaction one which is supportive, uncomplicated and joyful (Simmel 2008). For example, respondents stated that the clients perceived that with human interaction something would be expected of them. This is consistent with the tenets of exchange theory that individuals (even volunteers) engage in behaviors due to their expected benefits (Blau, 1964). Consequently, clients are wary of receiving help from volunteers due to the thought that the person wants to help them because they expect something in return. The clients understood that with pets,

there were no norms of reciprocity. In addition, symbolic interactionism posits that we come to see ourselves as we think others see us (Giddens, 1991). Many of the persons who participate in AAT/A have physical disabilities, are of a lower SES, or are living in shelters or transition homes, characteristics which make them feel self-conscious and inferior. However, pets pay no attention to their physical disabilities or life situations. The pet likes them and enjoys their company. The client's sense of self is improved due to the non-judgmental and joyful interaction with a visiting pet.

Implications for Practice

The volunteer's perspectives of the processes of AAT/A provide implications for practice. First, the ways in which the volunteer views their role as more complicated than that of solely animal handler should be taken into consideration while providing volunteer training. The intricacies of human interaction that are required from the volunteer such as facilitating interaction between their pet and the client and themselves connecting with the client add depth to their role. Also, some participants voiced their wish to receive further training in working with certain groups of people. The volunteers are extensively trained on handling their pet in the places they visit but have little to no education on working with distinct populations such as the elderly, children, mentally or physically challenged or other groups. These groups differ in ways of interacting and needs and the volunteer may feel more comfortable working with one group versus another. Proper training in what is to be expected pertaining to the volunteer's role and the groups in which they will work with will only enhance

the effectiveness of the volunteer for the client and the experience for the volunteer in their participation in AAT/A.

Strengths and Weaknesses

This study contained strengths and weaknesses that can lead to implications for future research. Learning about the detailed processes of AAT/A from the viewpoints of the volunteers who participate in these sessions with their pets is the main strength of this research study. The literature does not include the volunteer's voice which as seen here, is imperative to understanding why AAT/A works. The volunteers shed light on matters that were not covered by the professional voices of licensed counselors and social workers. Their experiences as non-professional volunteers revealed matters important to the volunteer process and how their viewpoints influence this non-traditional therapy method. A drawback of this study is that due to its qualitative manner, the findings cannot be generalized. Another drawback is that voices of the clients who receive AAT/A were not heard. Learning what the clients themselves think of the AAT/A process can only further assist in understanding it. Also, this study utilized seventeen volunteers who mostly participate in AAA and not AAT. All but one of the volunteers participated with dogs versus other animals in AAA. Future research should include the input of persons who take part in AAT/A with animals other than dogs such as horses and birds. Also, the realm of AAT/A would benefit from the cross-input of clients, volunteers and licensed professionals. By combining their input on the subject and comparing and contrasting their viewpoints, a more comprehensive and overall encompassing view on the matter can be obtained. The

effectiveness of AAT/A is clearly exhibited from the perspectives of the volunteers in this study and future research should only strengthen these notions and widen the acceptance of it as a viable and helpful therapy method.

CHAPTER VII

APPENDICES

APPENDIX A

INTERVIEW GUIDE

Animal-Assisted Therapy/Activity: A Volunteer's Perspective

I. Introduction

- A.** How long have you been involved with volunteering for a pet therapy program?
- B.** What made you first volunteer with your pet in pet therapy sessions?
- C.** Do you take your dog, cat, bird or other type of animal to these sessions?
- D.** Which group/groups do you work with? For example, do you and your pet visit the elderly, children, mentally or physically challenged persons or more than one group?
- E.** What organizations have you worked with?

II. Visit and Responses

- A.** How does a “typical” visit go? Describe from start to finish.
- B.** What is your role in the visit? What is your pet's role?
- C.** What kind of health issues do the people you and your pet visit experience?
- D.** How do the people visited tend to respond to your pet and you? Explain.
- E.** What do you think your pet adds to the therapy process specifically?
- F.** Do you think pets comfort a person in a way that another person cannot?

III. Language and Touching

- A.** Have you witnessed the people you visit talk to your pet? Describe some examples.
- B.** If so, how do you feel this communication affects the person?
- C.** Have you witnessed a person open up verbally to your pet when you knew that previous to the session that they had difficulty opening up to other people? If so, describe the situation and explain why you believe the pet provided an avenue for speech for the person when it may not have been available with other people.
- D.** What role does the stroking or petting seem to play in the therapy session? How important do you believe the client's stroking or petting your pet to be? Why or why not?
- E.** In what ways do you feel that physically touching your pet may differ in effect than just speaking to the pet for the client?

IV. Expectancy

- A.** What condition does the person seem to be in after having a visit with your pet?
- B.** After the initial visit with a client, you and your pet, do you feel as though the person being visited looks forward to seeing your pet again?
- C.** Do you feel as though your visit is as important as your pet's? Why or why not?

V. Volunteer-Patient Bond

- A.** Do you feel as though through pet therapy sessions you form a bond with the patient as well as the bond that is built between your pet and the patient? Why or why not?
- B.** Do you feel as though the relationship between you and your client would have been different if no pet were involved?
- C.** Does the presence of a therapist or licensed professional have an effect on the interaction between you and the client or patient?
- D.** If you were to end pet therapy sessions for a reason that involves your pet (the pet becomes sick, ages etc.) do you believe you would stay in contact with your pet therapy clients? Why or why not?

Concluding Questions

- A.** What advice would you give someone who was interested in volunteering with a pet therapy program?
- B.** Are there any ways in which you feel pet therapy can be improved?

APPENDIX B

CONSENT FORM

A Study of Animal-Assisted Therapy: A Volunteer's Perspective

IRB Application Number: 2011U1951

You are invited to participate in a study of volunteers' perceptions of the processes of animal-assisted therapy. My name is Jesse Rose Moorhead. I am a graduate student at Texas State University in the Department of Sociology working on a new research study for my final thesis project. My contact information is: 210-842-4471, or jm1659@txstate.edu.

You were selected as a possible participant in this study because you have volunteered in animal-assisted therapy programs, or because someone you know referred you to me. If you choose to participate, I will ask you questions about your volunteer experiences, for example, why you decided to take your pet to participate in animal-assisted therapy, your opinions of the processes in this therapy and the bonds that may result from it. My goal with this study is to write an analysis for my thesis.

If you decide to participate, you will take part in a one-on-one in-depth interview with me. The interview will be audio-tape-recorded and should take no more than one to one and a half hours of your time. The possible risk to your participation is psychological harm from talking about past experiences that may be negative. Agencies that might be helpful to you include The American Institute of Stress (www.strees.org/job.htm) and GoodTherapy.org (www.goodtherapy.org). If you choose to seek counseling, fees will be paid on your own. A possible benefit is discussing work experiences and voicing opinions animal-assisted therapy that you might not have described prior to participating in the study.

Any information that is obtained in connection with this study and that can be identified with you will remain **strictly confidential**. Audio files will be assigned a code number so your name will never be attached to the audio files. Only I, the interviewer will hear your interview on the digital recorder, and I will keep the recorder locked file

cabinet until the study is finished. At that time, I will erase the recordings of your interview. When I conduct the analysis a pseudonym will be assigned to your name and all identifying information. I will not transcribe any identifying information.

If you decide to take part in the interview, you are free to stop the interview at any time. You can withdraw from the study without prejudice or jeopardy to your standing with Texas State University. You don't have to answer any question that makes you uncomfortable. If you have any questions, please ask me. I can send you a summary of the study if you like. The Texas State University Institutional Review Board has approved this study.

You will be offered a copy of this form to keep. If you have questions in the future, please contact me. With questions or concerns about your rights or this research, you may also contact the Institutional Review Board chairperson at Texas State, Dr. Jon Lasser (512-245-3413, lasser@txstate.edu) or the Office of Sponsored Projects director, Ms. Becky Northcut, Compliance Specialist (512-245-2102). You may also contact my supervising professor, Dr. Toni Watt (tw15@txstate.edu, 512-245-3287) at any time.

You are making a decision whether or not to participate in this study. Your signature means that you have read the information provided above and have decided to participate. You may withdraw at any time after signing this form should you choose to do so.

Signature of Participant

Date

Signature of Investigator

Date

CHAPTER VIII

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VITA

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