

Man's Best Friend or Man's Best Therapist? Exploring the barriers to facilitating dog-assisted therapy.

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Abstract

Previous research has supported the efficacy of dog-assisted therapy, however, there continues to be a gap in the literature to explain why there are few opportunities to engage in this type of therapy. This research aimed to identify the perceived barriers to facilitating dog-assisted therapy to comprehend why few therapists choose to practice in this field. To achieve this, semi-structured interviews took place with three participants with varying experiences of dog-assisted therapy. These interviews were analysed using thematic analysis, generating three superordinate themes: Dog Welfare, Dog Suitability and No Regulation. This research concluded that the lack of regulation within the field of dog-assisted therapy provides little guidance for therapists when tackling tensions between Dog Welfare and Dog Suitability, which could discourage new therapists from entering the field.

Keywords: dog-assisted, therapy, barriers, animal-assisted therapy, facilitator

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Declaration: Use of Artificial Intelligence (AI)

I confirm that I have not used any AI tools in the research and creation of this assignment. I confirm that I have not presented any AI generated materials as my own work. I confirm I have copies of my drafts, notes, and other resources I used, which I may be asked to provide in evidence.

Signed: *A. Watts*

Date: 30/06/2025

Declarations

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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STATEMENT 1

This dissertation is being submitted in partial fulfilment of the requirements for the degree ofMA: Psychotherapeutic Practice, Humanistic.....

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STATEMENT 2

This dissertation is the result of my own independent work / investigation, except where otherwise stated.

Other sources are acknowledged by footnotes giving explicit references. A bibliography is appended.

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I hereby give consent for my dissertation, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

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Chapter One: Introduction

One in three individuals experience mental health problems. This increases to one in two for neurodiverse individuals (Contextual Consulting, 2023). Approximately 15% of the UK population is neurodiverse where many of these individuals could be unaware that they fall into the neurodiverse category (Contextual Consulting, 2023), and so many psychotherapists could be unknowingly working with neurodiverse clients which could have a negative impact on therapy. For example, individuals with autism spectrum disorder (ASD) experience difficulties with social communication (O'Keeffe and McNally, 2023) and so it is reasonable to anticipate that those with ASD could encounter difficulties in getting the most out of therapeutic interventions involving talking therapies. However, Tepper et al. (2022) found that the presence of a dog was associated with calmer behaviours amongst children with ASD and considered dogs to have a global calming effect on these individuals. This suggests that dogs could offer a bridge of communication between therapists and clients with neurodivergence.

This research will investigate the perceived barriers to facilitating dog-assisted therapy. By investigating the experiences of individuals associated with this profession, the hope is that common themes regarding perceived barriers to facilitating dog-assisted therapy can be identified. This will then prompt changes to occur, providing potential clients with improved accessibility to this form of therapy.

Animal Assisted Intervention (AAI) is defined as a structured intervention which incorporates the use of animals with the goal of therapeutic change in humans (International Association of Human-Animal Interaction Organizations, IAHAIO, 2014). Whereas Animal Assisted Therapy (AAT) is similar in its goal-oriented therapeutic approach, the difference is that AAT is facilitated by a formally trained professional (IAHAIO, 2014) and it is this component that provides the framework for this research.

Within the practice of AAT, dogs and horses have been identified as the most frequently used animals (Kamioka et al., 2014; Maujean et al., 2015). However, this research will focus

on dog-assisted therapy, as dogs are the most common pet in the UK (Petplan, 2018; Shahbandeh, 2024), it implies that dogs are easily accessible and affordable animals for much of the population in the UK. This research was motivated by the fact that existing research supports the efficacy of dog-assisted therapy (Baird, Grove and Berger, 2022; Chapman et al., 2024), however, opportunities to engage in dog-assisted therapies continue to be limited. Therefore, this research hopes to identify the perceived barriers that make this therapeutic domain challenging to penetrate.

The idea of dogs aiding humanity is not a new one, as it backdates to the 13th century, when dogs were utilised for leading the blind (Fishman, 2003). Although formalised guide dog training was considered in 1819, this was not put into practice until 1916 when dogs would assist blinded war veterans, which prompted the formation of training schools and broader public use (Ernst, 2014; Fishman, 2003; Jimenez, 2021). During the 1930s, the Swiss Army trained dogs for avalanche rescue which later included delivering messages and assisting soldiers. Upon retirement, soldiers often shared their dog training skills with civilians (Coleman, 2019). By the 1970s service dogs assisted individuals with physical, psychological and neurological disabilities, where they assisted with physical tasks, detected the onset of seizures or sensed impulsive behaviour (Ernst, 2014).

Throughout the evolution of service dogs, Levinson identified the therapeutic impact that dogs have on people. Levinson (1962) brought his own dog into sessions and found that children's engagement improved, and defensiveness dissipated. However, children were seen to disclose to the dog rather than Levinson, aiding him in gathering additional information. This raises ethical concerns as Levinson recorded information not directly shared with him. Levinson (1965) believed that children with maladaptive behaviours could have therapeutic benefits from dogs as they support them in adjusting their behaviours. Levinson contested that AAT had the potential to be more effective than play therapy as animals interact with the child's emotions and behaviours, where inanimate toys cannot. From this Levinson was labelled as the father of dog-assisted therapy (Ernst, 2014).

Increased comfort and motivation were identified as some of the outcomes when a child attended AAT. Levinson (1965) provided a case study where his dog, named Jingles, established an instant connection with one child, which enabled Levinson to form a working relationship with this child, something that no previous therapist had been able to achieve. This observation is supported by research which found that dog-assisted therapy is effective in helping individuals with attachment trauma to form therapeutic relationships (Lindquist, 2022).

This research will explore common themes regarding perceived barriers to facilitating dog-assisted therapy. Dog-assisted therapy continues to be utilised in a variety of contexts such as residential homes, schools, hospitals, therapy rooms and outdoors (Lewis et al., 2023; Pets As Therapy, 2024; VanFleet and Faa-Thompson, 2023). Whilst the terminology used is the same, the clients' experiences can be very different (Binder et al., 2024).

This aim of this research is to identify barriers to facilitating dog-assisted therapy, which will prompt discussions focused on overcoming these barriers. The hope is that this would result in improved access to dog-assisted therapy. To meet the aim of this research, the following objectives will be met; the first objective is to conduct between three to five semi-structured interviews, where the participants can share their knowledge and experience. The second objective is to analyse the qualitative data using the six steps of thematic analysis (Braun and Clarke, 2006), where the experiences of the participants can be organised into themes. From this, expectation is that this research will produce recommendations for future research to improve access to dog-assisted therapy. Therefore, the overarching research question is 'What are the perceived barriers to facilitating dog-assisted therapy?'

For ease of reference, this research will feature the following format: chapter one has introduced dog-assisted therapy, highlighted the need for greater accessibility for prospective clients, identified the aims and objectives for this research, in addition to outlining the research question. Chapter two will summarise the existing literature in the form of a literature review, highlighting the current gaps in the literature. Chapter three will outline

the methodology used within this research explicitly stating how this research has been conducted. Chapter four will explore the data produced within this research and then delve into the analysis and findings. Finally, chapter five will contain the discussion and conclusion, where the strengths and limitations of this research will be discussed, followed by future implications.

Chapter Two: Literature Review

This literature review was conducted using the following search terms, “dog-assisted therapy”, “canine-assisted therapy”, “animal-assisted therapy”, “animal-assisted interventions” and “barriers”. The five databases searched included ProQuest Central, Taylor & Francis Social Science & Humanities with Science & Technology, Sage Journals, EBSCOhost APA PsycARTICLES and JSTOR Arts and Sciences II. The literature search was conducted between February 2024 and April 2025. The inclusion criteria contained the following: quantitative, qualitative and mixed methods research, therapy dogs including extending to research on animal-assisted interventions and published in English. The exclusion criteria included research published in a language other than English, assistance dogs, service dogs and any other type of working dogs.

During the 1990s, the term ‘neurodiversity’ was coined by Judy Singer where the prefix ‘neuro’ relates to the nervous system and the suffix ‘diversity’ refers to being different (Gifford, 2023). Although neurodiversity is a relatively new term, it is estimated that more than 15% of the UK population are neurodivergent (The University of Edinburgh, 2024). However, the actual percentage could be much greater. Louise Taylor shared her own experience of seeking a diagnosis for ASD (Gifford, 2023). Here, she was unable to obtain a diagnosis for ASD through the National Health Service (NHS) as her General Practitioner (GP) questioned the need for this as they considered Louise to be successful, despite the difficulties that she encountered. Louise went on to receive a private diagnosis for ASD, which helped her to come to terms with the challenges she faced on a regular basis. Although this was an option for Louise Taylor, a private diagnosis will not be sought by all

individuals as some are likely to be discouraged from seeking a diagnosis by their GP and others will not have the financial resources to afford a private diagnosis (Independent Healthcare Providers Network, 2023). Therefore, it is reasonable to anticipate that there are many more individuals with ASD than the above statistic suggests.

Following her ASD diagnosis, Louise Taylor considered closing her counselling practice as she had concerns over the fact that her communication style was different from neurotypical clients (Gifford, 2023). Fortunately, Louise decided to stay in counselling and specialise in working with clients with ASD and has witnessed the benefits of her practice. This is unsurprising as clients with ASD are less likely to mask during sessions with their therapist if their therapist also has ASD (Belcher, 2022). This is particularly important because masking has been linked to burnout for those with ASD and is particularly damaging to the mental health of those with ASD (Ambitious about Autism, 2022; Bradley et al., 2021; Hull et al., 2019). There is also a theory that masking could be associated with suicidal behaviours (Cassidy et al., 2018). This raises the question whether clients with ASD would experience more effective therapy with ASD counsellors? However, this could be considered unethical as ASD counsellors could feel pressured to only work with ASD clients and ASD clients could be guided away from neurotypical counsellors, which could have resulted in a therapeutic relationship.

Individuals with ASD are more likely to experience mental health conditions such as depression and anxiety. There are a variety of reasons for this such as perceived negative attitudes from others, misdiagnosis, difficulties when interacting with society and encountering obstacles when attempting to access support (Mind, 2022). With this in mind, it is reasonable to assume that a counsellor with ASD could support clients with these difficulties as they are more likely to be able to empathise, having experienced these barriers themselves. However, Belcher (2022) suggests that spreading awareness of ASD amongst the neurotypical population is the key to more effective therapeutic relationships between neurotypical individuals and ASD individuals, as non-autistic people judge autistic people

less severely when they are aware of their diagnosis. Despite counsellors aiming to provide their clients with unconditional positive regard, it is understood that counsellors are also human with their own limits regarding how non-judgemental they can be of their clients (Pearson, 2021). This highlights the issue that clients with ASD could continue to pick up on the implicit negative attitudes of their neurotypical counsellor in sessions, despite actions being taken to mitigate this. Another possibility is that clients with ASD have perceived such negativity from others through their lives that they would assume that their counsellor would not be any different. Whilst this thought process could be worked on within therapy sessions (Žvelc, 2009), it has been acknowledged that individuals with autism can experience difficulties with social communication, particularly when they are in unfamiliar environments (NHS, 2020). Therefore, this raises the question as to whether anything can be done to ease ASD clients into therapy sessions, bridging the gap between client and counsellor to allow a therapeutic relationship to develop.

A collection of systematic reviews has supported the efficacy of animal-assisted therapy (AAT) for individuals with ASD when working to improve social interaction (O'Haire, 2013; O'Haire, 2017; Nieforth et al., 2023). Additionally, a recent systematic review went further to identify positive changes in emotional, social, behavioural, cognitive and physical domains when individuals with ASD engaged in AAT (Rehn et al., 2023). Whilst these findings are initially positive, Rehn et al. (2023) reported methodological concerns as the research reviewed lacked uniformity and therefore the results should be interpreted with caution.

In an attempt to improve consistency across the field, Pet Partners (2019) released definitions to describe the different roles that animals can take when working with people. Animal-Assisted Interventions (AAI) is an umbrella term for AAT, Animal-Assisted Activities (AAA) and Animal-Assisted Education (AAE). AAT is defined as a structured, therapeutic intervention which is directed by a health provider as part of their profession. Examples of professions that can use AAT include nurses, occupational therapists and mental health professionals. AAA offer opportunities for educational, motivational or recreational benefits,

which could be delivered by volunteers, professionals or paraprofessionals. Examples of AAA practice includes dogs attending residential homes or hospitals to support residents. AAE is an intervention directed by general or special education professionals. Here, the focus is on academic, cognitive and social goals for students. Examples of AAE programs includes dogs attending schools to support students with reading and literacy. Despite these definitions, there continues to be many misconceptions around the differences between AAT, AAA and AAE (Sori and Hughes, 2014), resulting in confusion around the different interventions and expectations.

Misconceptions around the terminology in the AAI domain is understandable considering the names given to organisations. Pet Partners (2019) stated that the term 'pet therapy' should be avoided as it could be considered misleading. Despite this, the term 'pet therapy' continues to be used to describe AAA (Cariad Pet Therapy, 2024; The University of Edinburgh, 2023; Paws for People, 2016).

The lack of consistency around the terminology in the AAI domain could explain the issues around poor research methods in this area. This idea is supported by Santaniello et al. (2020) who conducted an umbrella review of a collection of systematic reviews. Here, it was stated that the scientific research in this domain is excessively diverse, raising concerns around the studies and applications of the interventions. To conclude, it was suggested that future research should utilise the acknowledged terminologies to allow for more effective comparison.

Despite the lack of clarity around the terminology used in AAI, there is a growing body of evidence to suggest that AAT is effective in the therapy room. Earlier research was carried out by Levinson (1962) who noticed that children's engagement increased, and defensiveness decreased when a dog was present in therapy sessions. This led to more frequent disclosures in sessions when the children spoke directly to the dog. This raises the question of whether this is ethical as Levinson recorded and worked with information that was not directly shared with him.

The presence of a dog in therapy is also believed to support individuals with insecure attachment. Levinson (1962) witnessed this first hand when one of his clients had been unable to form a therapeutic relationship with any previous psychotherapists but the presence of Levinson's dog, Jingles, provided Levinson with an opportunity to form a positive relationship. This finding was supported by more recent research that found AAT to be effective when working with individuals who had experienced attachment trauma (Lindquist, 2022). Therefore, AAT could be highly effective when attempting to work therapeutically with clients who have not experienced secure attachment.

Weber et al. (2022) investigated the link between psychotherapy usage and gender. Here, it was recognised that females were more likely to experience attachment anxiety whereas males were more likely to experience attachment avoidance. Another finding revealed a positive correlation between attachment anxiety and psychotherapy usage. Whilst male participants generally experienced avoidant attachment, if they also experienced attachment anxiety, this was a predictor for therapy usage. However, the small effect sizes and the fact that this research only looked at gender in a binary (male/female) format suggests that these results should be interpreted with caution.

Slade and Holmes (2019) stated that the client-therapist relationship in psychotherapy was reflective of an attachment relationship. From this, it is reasonable that higher levels of attachment avoidance could result in lower usage of psychotherapy (Weber et al., 2022). Individuals with avoidant attachment expect others to be insensitive, unavailable and punitive (Mikulincer and Shaver, 2005; Mikulincer and Shaver, 2013). These expectations incite insecurities in potential clients, where they only manage to attend therapy once they have either built up the courage or willpower to attend or their psychological distress has become too much to manage (Weber et al., 2022). This raises the question as to whether clients with avoidant attachment tend to enter psychotherapy in later stages when they have heightened levels of distress. From this, it is imperative that therapists find a way to engage

more effectively with avoidant individuals in a timely manner to enable them to benefit from the therapy that they are in great need of.

Seminal research has linked stronger avoidant attachment with rejection of treatment providers, which results in reduced levels of self-disclosure and less effective use of treatment (Dozier, 1990). Whereas, secure attachment has been associated with a more effective therapeutic alliance, heightened levels of engagement and greater levels of compliance (Dozier, 1990; Diener and Monroe, 2011; Mikulincer and Shaver, 2013). This emphasises the importance of forming therapeutic attachments with avoidant clients, so that they can form a more optimistic view of the therapeutic relationship.

The presence of dogs in the therapy room are thought to be effective due to two main elements: touch and attachment-formation (Levinson, 1984). When clients can physically touch the dog in session, it prompts the release of endorphins. This eases feelings of detachment and anxiety, whilst encouraging feelings of security, relaxation and love. This has been supported by more recent research which discovered that oxytocin is released when participants stroked a dog (Olmert, 2010). Further support has also been provided by Holder et al. (2020) whose research indicated that physical touch in addition to animal personality, distraction, physical movement and increased human interaction were associated with favourable outcomes as a form of oncology treatment. Levinson (1984) believed that clients who usually struggled to form secure attachments with other people often did not experience the same difficulties when forming relationships with dogs and so the presence of a dog in session enabled clients with insecure attachments to transfer feelings of security onto the dog. This relationship would then form a base that the therapist could build on in sessions. VanFleet supported this idea in an interview with Sori and Hughes (2014) by stating that the relationship between the facilitator and dogs in AAT should be reciprocal and equal, which models what the therapeutic relationship should look like to clients who are experiencing avoidant attachment. Furthermore, Levinson (1984) believed that dogs could be supplementary to therapists, but they could also act as a sole

therapist, provide a connection to nature and act as a catalyst for positive change. Even though much of Levinson's research was conducted with participants during their childhood, it could be argued that feelings of attachment would be beneficial to clients of all ages.

More recent research has highlighted that dog-assisted therapy has been effective in working with the following client groups; Foetal Alcohol Spectrum Disorder (FASD; Vidal et al., 2023), ASD (Hill et al., 2020; Hüsken et al., 2022; London et al., 2020), Attention Deficit Hyperactivity Disorder (ADHD; Schuk et al., 2015; Schuk et al., 2018), depression and anxiety (Ambrosi et al., 2019) and Post-Traumatic Stress Disorder (PTSD; Hediger et al., 2021; Mims and Waddell, 2016). The benefits can include improved self-esteem, stress reduction and improvement in overall mood (Slade, 1995; Barker et al., 2003). Guzmán et al. (2022) found that the presence of a dog in therapy tends to improve children's motivation to attend and supported socialisation behaviours, as fewer emotional and behavioural outbursts were observed. However, it was noted that these positive changes were not seen outside of sessions. Whilst this could be viewed as a criticism of dog-assisted therapy, it raises the question of how the parents were supporting their children outside of sessions. The idea that dog-assisted therapy helps to facilitate social interactions is supported by Yordy et al. (2020). Given that many individuals have struggled to re-integrate into society after the coronavirus pandemic (Einav and Margalit, 2023), it suggests that a greater proportion of the population could benefit from dog-assisted therapy than was first thought. Despite this, there appears to be few opportunities for potential clients to engage in dog-assisted therapy in the UK. This raises the question of why more UK-based therapists are not engaging with dog-assisted therapy given the reported benefits.

Baird et al. (2021) conducted a systematic review to measure the impact of therapy dogs on the emotional and social wellbeing of students. Whilst some studies suggested that therapy dogs had a positive impact on student wellbeing, other studies found therapy dogs to have no significant impact. Baird et al. (2021) concluded that the current research in this field is over-reliant on the perceptions of students and teachers, as opposed to interdisciplinary

health professionals. Methodological limitations were also found to be problematic in this domain, as the existing research focuses on small sample sizes and lacked control groups. Considering that research into AAT has been found to have methodological limitations, it would be reasonable to assume that this is followed by a lack of funding in this area. However, Krouzecky et al. (2019) reported that funding for AAT has been seen to exceed the funding provided to scientific animal studies. Whilst funding in this area continues to be limited, it is possible that research into AAT is underfunded, where underfunding does not appear to be linked to issues with methodology.

Ladds (2020) states that statutory regulation is essential in protecting the public. Regulation helps to ensure the right individuals are in the right roles, where they are suitably trained and continue to be fit to practice throughout their careers. However, there are currently no occupational standards or regulated qualifications for AAT (Society for Companion Animal Studies; SCAS, 2019a). This suggests that therapists could be less inclined to train in this domain as they cannot guarantee the quality of the training programme they would be signing up to. This idea is supported by Hartwig and Pliske (2023) who found that the absence of structured competencies to guide them, animal-assisted play therapists have been left to navigate the complex integration of animal welfare, animal behaviour management, human-animal interaction, zoonotic infection control and integrating therapeutic skills into animal-assisted sessions. Here, it was also reinforced that the absence of structured competencies resulted in no guidance for ethical standards. On the other hand, documentation has been put in place to aid ethical practice in AAI in the past few years as the SCAS (2019b) have written a voluntary Code of Practice for the UK. Given that the Code of Practice covers AAI, it raises the question of whether it is detailed enough for AAT practitioners to feel supported by this document.

Within the SCAS (2019b) Code of Practice, six ethical principles have been outlined. These include application of the AAI Code of Practice, facilitators working within their knowledge and expertise capabilities, confidentiality and consent, equal importance of human

participants' and animals' physical, psychological and emotional wellbeing, adherence to ethical principles of respective discipline or membership organisation and obtain ethical approval prior to engaging in research. There are similarities to the BACP's (2018) ethical framework such as working within competencies and maintaining integrity. However, the BACP's (2018) principles state that the client must be the primary concern whilst working together, whereas the SCAS's (2019b) Code of Practice states that clients and animals must be of equal importance. This raises the question of whether it is possible to always maintain the animal's and client's best interests?

To maintain the dog's and client's best interests throughout sessions, it appears the facilitator would be required to multitask in continuously observing the dog's body language along with the client's verbal and non-verbal communication. Marzo and Bhattacharya (2022) reported that counsellors considered multitasking to be a hindrance as it results in fatigue and frustration, in addition to increasing cases of anxiety and depression. This suggests that additional steps would need to be taken to ensure the wellbeing of AAT facilitators. For example, this could include longer breaks between clients.

During an interview with Sori and Hughes (2014), VanFleet raised a concern regarding dogs being used as "tools" during AAT sessions, where dogs have appeared to be unhappy during the session. It could be argued that the dog's level of contentment or engagement during sessions has a direct impact on the facilitator and the client because a dog who is happy and engaging well in the session implies its needs are being met, so the facilitator can focus on meeting the needs of the client. VanFleet made recommendations to plan sessions around what the dog enjoys doing, as they will be more motivated and therefore more likely to enjoy the session (Sori and Hughes, 2014). However, this suggests that not all dogs who are experienced in AAT will be suitable for all clients, as they might not have compatible interests.

This literature review has outlined the potential benefits of engaging in AAT for clients, therapists and dogs such as improved engagement, motivation and more frequent

disclosures during sessions (Levinson, 1962; Guzmán et al., 2022), physical touch releases endorphins and oxytocin, which has positive effects on self-esteem, stress and clients' overall mood (Levinson, 1984; Slade, 1995; Barker et al., 2003; Olmert, 2010). This review has also identified client groups where AAT has been successful, such as clients with FASD, ASD, ADHD, PTSD, avoidant attachment, depression and anxiety (Levinson, 1984; Sori and Hughes, 2014; Schuk et al., 2015; Mims and Waddell, 2016; Schuk et al., 2018; Ambrosi et al., 2019; Hill et al., 2020; London et al., 2020; Hediger et al., 2021; Hüsken et al., 2022; Vidal et al., 2023). In addition to these client groups, the benefits of AAT could be even further reaching as many individuals have experienced difficulties in reintegrating back into society after the coronavirus pandemic (Einav and Margalit, 2023) as AAT can act as a social lubricant where it helps to facilitate social interactions (Sori and Hughes, 2014; Yordy et al., 2020). Even though the UK public could benefit from AAT, there continues to be few opportunities for the public to engage in this type of therapy. From this, a gap in the current literature has become evident regarding why more counsellors and psychotherapists are not offering AAT. This is what this research will address.

Chapter Three: Methodology

This research was conducted under the philosophical lens of critical realism. This enabled the researcher to identify perceived barriers by the participants when they have considered engaging with AAT. The low number of dog-assisted therapists working in the UK suggests that barriers exist to discourage therapists from working in this domain, and so this research intended on obtaining further data to identify what these barriers are.

Research Design

Qualitative data were gathered to gain a detailed insight into the barriers perceived by the participants. This data was gathered during online semi-structured interviews. Once all the data had been gathered, it was then analysed using Thematic Analysis (TA; Braun and

Clarke, 2021). Prior to engaging in data collection, ethical approval was obtained from the ethics board at the University of Wales, Trinity Saint David (UWTSD).

Participants

The participants were recruited utilising a purposive sample, where at least one participant of each group was required. This research required the following participants: a psychotherapist with professional experience of AAT, a psychotherapist without professional experience of AAT and an individual without therapeutic training but with experience of offering a therapeutic experience with a suitably behaved dog. Methods for participant recruitment included an online advertisement on the BACP website (Appendix A), the researcher contacting them directly via their professional websites and through the researcher's professional counselling network.

Prior to engaging in the semi-structured interview, the participant without therapeutic training was required to complete a ten-item questionnaire known as the Clinical Outcomes in Routine Evaluation (CORE-10; Appendix B) assessment via Microsoft Forms to determine if the participant was experiencing any psychological distress. CORE-10 has been found to be a valid and reliable measure of psychological distress (Steverson et al., 2024). Any interested participants who do not meet the criteria, such as obtaining a score higher than 5 on the CORE-10, would, if necessary, be referred on to appropriate organisations. This participant achieved a clinical score less than five, so was suitable to continue with the research. Given that the other participants were practicing psychotherapists, it was accepted that they were able to assess their own levels of psychological distress, prior to engaging with the research, as this is required for their therapeutic work.

All participants were required to complete the Coleman Dog Attitude Scale (C-DAS; Coleman et al., 2016; Appendix C) via Microsoft Forms to assess each participant's feelings towards dogs prior to engaging in the research. The C-DAS is a measure of twenty-four items, where each participant responded to each of the items using a five-point Likert scale

ranging from “strongly disagree” to “strongly agree”, where two items included reverse scoring. The C-DAS was chosen for this research as it is considered to have good psychometric properties (Rothkopf and Schworm, 2021; Gardiner, 2021). Each participant’s score was calculated by finding the total score for their responses. Higher scores indicated more positive attitudes towards dogs and so participants who scored 100 or more were deemed suitable to continue with this study. The C-DAS enabled the researcher to control for pre-existing attitudes towards dogs. This was essential because participants with negative attitudes towards dogs would be unlikely to find dog-assisted therapy effective. Consequently, individuals who feel negatively towards dogs are unlikely to have experience of dog-assisted therapy and therefore would not have much to contribute in the context of the perceived barriers of facilitating dog-assisted therapy. Including these participants had the potential to skew the results for a participant group that would be unlikely to engage and therefore it was deemed appropriate to target participants with positive attitudes towards dogs.

Procedure

During recruitment, participants were considered eligible to partake in the study if they belonged to one of the specified groups outlined above, aged 18 or over and were residing in the UK at the time of the study. Data collection began in October 2024 and ended in January 2025.

Prior to the interview, each participant was sent an information pack including a cover letter summarising the purpose of the research and providing contact information (Appendix D), a consent form defining the risks and necessities of the research (Appendix E) and an interview schedule outlining the topics to be discussed in the form of sample questions (Appendix F). Participants were required to return the signed consent form with full approval before they would be able to progress with the research. Once consent had been provided, all participants completed the C-DAS and the CORE-10, where appropriate, via Microsoft

Forms. Once participants were found to have obtained scores in the appropriate ranges, outlined above, a time for the online interview was arranged.

The researcher met with each participant individually at the agreed time and date on Microsoft Teams. Prior to the commencement of the first interview, the researcher held a pilot interview with an MA Psychotherapy student from UWTSD. This ensured that the interview questions were appropriate, open and clear when gathering in-depth data related to the research question, regarding the perceived barriers to dog-assisted therapy.

At the start of each interview, the researcher reminded the participant that the interview would be recorded, to ensure that the participant still consented to being recorded. Once consent was re-confirmed, the interview began and lasted between 40 and 60 minutes.

Following the interview, the researcher contacted each participant again to check if they had been affected by the research, to provide the debrief document, informing them of the goals for the research, reminding the participants of their rights and the contact information for the researcher and their supervisor (Appendix G).

After each interview had taken place, the researcher generated a transcript from Microsoft Teams. The researcher then edited the generated transcript, using the recorded interviews to check the accuracy of each transcript. Once each transcript was re-written accurately, the researcher was then able to analyse the whole dataset using TA. From this point onwards, the researcher engaged in the six steps of TA (Braun and Clarke, 2021) which are outlined in the next chapter.

Chapter Four: Analysis and Findings

Analysis

The transcripts from the semi-structured interviews were analysed using thematic analysis (Braun and Clarke, 2021). Initially, the researcher became familiar with each transcript in line with the recordings to ensure the accuracy of each transcript. Next, the researcher read through each transcript again, this time including annotations to code meaningful elements

of the data in the margins of each transcript. Upon completion, the codes were organised into a table, where they were grouped into subordinate themes. Finally, the subordinate themes were organised in Microsoft Excel which enabled the generation of the superordinate themes, where they could be defined and named in relation to the original dataset. From this, links could be made to the research question and future implications (Braun and Clarke, 2021).

Findings

Through the process above, three superordinate themes were generated: dog welfare, dog suitability and regulation.

<u>Superordinate Themes</u>	<u>Subordinate Themes</u>	<u>Supporting Quotations</u>	<u>Superordinate Themes and Theory</u>
	Bad Practice & Consent	<i>"That is all [Americans] do is dress their dogs up. You know, the dog hasn't got a choice in it"</i> (Participant 1, p.19).	Audrestch et al. (2015) Faulkner (2021)
	Basic Needs	<i>"...having adequate facilities, so making sure the dog has everything they need in sessions or maybe having a good dog bed or a water bowl"</i> (Participant 3, p.10).	Griffin et al. (2023) Kotrschal (2018) Maslow and Lewis (1987)
	Body Language	<i>"[Someone] that is in tune with that dog can recognize the signs when</i>	

Dog Welfare		<i>their dog is not happy.</i> " (Participant 1, p.7).	Mellor and Beausoleil (2015)
	Equality	<i>"Make sure that everything is done in an ethical way and that there's no harm to any of the parties."</i> (Participant 3, p.11).	Parish-Plass and Oren (2013) Salmon et al. (2022)
	Safeguarding	<i>"Those questions need to be asked, is the dog happy?"</i> (Participant 1, p.27).	
	Transference	<i>"You see a lot of dogs now in shopping areas and things and you know people, it just makes you smile."</i> (Participant 2, p.7).	
Dog Suitability	Dogs' Personalities	<i>"...understanding dogs' personalities, each dog as an individual being..."</i> (Participant 2, p.25).	Amirhosseini et al. (2024) Collier et al. (2022)
	Matching	<i>"...if you get the right dog for the right audience. With the right handler, it's so powerful...the impact is huge"</i> (Participant 1, p.32).	Hartwig and Pliske (2023)

			Kerulo et al. (2020)
	Training	<i>"I can only kind of speak for the training I've done...it's as robust as it can be"</i> (Participant 2, pp.17-18).	Kubinyi et al. (2009)
	Age	<i>"...they brought them in as puppies. The dogs are just, you know, tearing up the place"</i> (Participant 1, p.10).	Kulak et al. (2024) Markham (2018) Stevens et al. (2021) Wells (2022)
No Regulation	Accessibility	<i>"I was really wanting to try it because I feel like it's quite niche, like there's hardly any therapists that offer that"</i> (Participant 3, p.4).	Audrestch et al. (2015) Cobb et al. (2015)
	Awareness & Expectations	<i>"... because they have the poster, and it says that on the poster as well about the duration...people aren't disgruntled"</i> (Participant 1, p.16).	Miller (2004) Muhammed and Alege (2025)
	Terminology	<i>"...people get confused about the terminology"</i> (Participant 2, p.25).	

	Consistency	<i>"...those that join us now and those that are with us all on board with our sort of animal welfare directives"</i> (Participant 1, p.14).	Patrick et al. (2020) Pet Partners (2019)
	Ethics	<i>"Adhering again to insurance and ethical bodies. I don't know if there's like a specific ethical body for working with dogs..."</i> (Participant 3, p.10).	SCAS (2019b) Shahriah et al. (2019)
	Advertisement	<i>"We've raised the profile of therapy dogs because we're quite good on social media and we've been on telly quite a few times..."</i> (Participant 1, p.18).	
	Funding	<i>"... like any kind of specialist, training is expensive"</i> (Participant 2, p.22).	

Superordinate Theme One: Dog Welfare

The first superordinate theme, dog welfare, incorporates six subordinate themes: basic needs, bad practice and consent, body language, equality, safeguarding and transference. These underpin various aspects that facilitators need to be aware of to ensure the wellbeing of dogs utilised in this context.

Therapists often consider the basic needs of the client and their own basic needs, in line with Maslow's hierarchy of needs (Maslow and Lewis, 1987). As a living being, the needs of the dog present in dog-assisted therapy also need to be considered (Griffin et al., 2023). These needs were referred to when discussing the appropriate amount of time dogs should be

present during AAI, as one participant stated, “...*that's why we go for a short amount of time because, you know, it's a lot for the dogs, they are tired... We have had feedback where the dog is quite drained after a visit, you know, emotionally drained. Hence, we only go for, you know, an hour. You imagine dogs that are in schools all day or go for longer visits...*”

(Participant 1, p.20). This statement reinforces the importance of dogs only working for short periods of time, as they do not have the mental stamina to work for longer time periods.

Here, concern is also expressed for dogs that are used for AAI in other contexts, when the dog's basic needs are either not fully understood, or not a priority. However, humans often misunderstand dogs' basic needs as they often confuse dogs' needs with their own (Serpell, 2019). This raises the question as to whether the dogs are the ones who are tired after these therapeutic interactions or if the humans are projecting their needs onto their dogs.

Other comments looked at the more practical elements of dogs' basic needs. As one participant considered “...*what if they [must] go outside to potty during the session? Like, are you going to ignore it and...put the dog under stress that they can't go?*” (Participant 3, p.11). As participant 3 does not have any experience of dog-assisted therapy, this quote highlights some of the concerns that could prevent more therapists entering the field, as they are unsure how to navigate these obstacles. However, it appears that AAT that is planned for appropriately can alleviate these concerns, “...*the way I kind of use [my dog], surely that's a more humane method, where a dog can come in and out*” (Participant 2, p.24). This way of working enables the dog's basic needs to be met, whilst the dog's presence contributes to the therapeutic experience. This implies once the client's, therapist's and dog's basic needs are met, everyone can relax into the session and reap the benefits. On the other hand, the fact that the participant describes their way of working as “humane” suggests that this is purely for the dog's benefit, but it could be argued that this method provides the dog with the autonomy to meet their own needs during sessions. Whilst this way of working allows for the dog's second level of need to be met (Griffin et al., 2023), this

also allows the therapist to focus more on their needs and the client's needs, which could reduce the risk of burnout for the therapist.

After discussing the basic needs of dogs, this led to raised concerns regarding bad practice in the field, as one participant expressed, *"My belief process is not to be like using a dog like 5 hours a day to be going around different schools and being stroked because dogs get tired. You know, they sleep 10 hours a day, if not more..."* (Participant 2, p.5). Here, the concern was associated with the over-working of dogs to a point of exhaustion, which is supported by the fact that dogs might only be active for five hours each day, particularly as the dogs are unlikely to have a place for undisturbed rest in a school (Faulkner, 2021; Griffin et al., 2023). However, concerns have also been raised regarding bad practice within AAI organisations, *"...we had a few issues with some of our [facilitators]. When we've changed, to not having dogs being picked up. It's something we never considered when we first started...this dog's been put on beds here. My dog isn't choosing to do that. How did it get up there?"* (Participant 1, p.13). Concerns raised here were linked to dogs potentially being picked up by humans who lacked the strength or motor skills to ensure the dog was picked up safely, which could have a negative impact on the dog's safety needs (Griffin et al., 2023; Mellor and Beausoleil, 2015). However, this also led onto the second strand of this subordinate theme, consent.

One key factor in facilitating ethical dog-assisted therapy is the dog being a willing participant as one of dogs' safety needs is to have agency (Griffin et al., 2023; Mellor and Beausoleil, 2015), *"I very much favoured the person-centred approach. So, I very much took that with the dogs as well...the dog's got to come first"* (Participant 1, p.2). This feeling was echoed by Participant 2 (p.10), *"...if a dog doesn't want to engage that day he is allowed to go off"*. From this, it appears that the dog's ability to maintain their agency during therapeutic encounters is vital for ethical practice, as it helps to maintain a sense of safety during therapeutic interactions. This raises the question of how facilitators know when their dog does not provide consent to engage in AAI.

Dogs often communicate using their body language and this is how they can make social contact and receive support, which meet the third level of their basic needs (Griffin et al., 2023; Kotrschal, 2018). This enables facilitators to check-in with their dogs, *"[Someone] that is in tune with that dog...can recognise the signs when their dog is not happy"* (Participant 1, p.7). Reading dogs' body language is not just important at the start of a session, as one participant revealed *"I know situations where [dogs] are trained, but then because of the temperament and personality they actually get really anxious doing it...long term, you wouldn't be able to carry on"* (Participant 3, p.9). This highlights the need to continuously assess dogs for their fitness to practice as this can change in different contexts.

Facilitators are not the only individuals responsible for reading dogs' body language, *"...looking at dog's personalities, but also teaching young people and families how to read dogs' body language"* (Participant 2, p.9). This aids the process as it enables the client to identify the dog's boundaries during sessions (Salmon et al., 2022), *"...what the client can do and shouldn't do...to monitor the dog's behaviour and see whether you know they're becoming anxious or don't feel good"* (Participant 3, p.8). Participant 1 (p.16) provided further support stating, *"Everybody wants what's best for the dog ...and it says that on the poster as well about the duration...people aren't disgruntled."* This implies that when the boundaries are communicated clearly from the beginning, clients often support the facilitator in advocating for the dog's agency.

On the other hand, supporting the dog's wellbeing becomes more challenging to uphold during unplanned interactions, *"...walking down the corridor in the hospital and you get asked, 'Can you pop in the CR Ward?' you know, and we've got to be really sort of clear with our [facilitators] that going through a corridor in a hospital can take you, 20 minutes...they've got to really monitor their dog's well-being"* (Participant 1, p.15). In other situations, facilitators are required to direct non-clients into appropriate forms of interaction with the dog *"...[children] want to come up to them and ours are fine with that...the one that's not trained in animal assisted play therapy, he's big and he will jump up. So, you have to kind of tell*

children, you know, like, wait a minute...you need to get the dog to sit" (Participant 2, pp.9-10). This emphasises the need to continually pre-empt potential unplanned situations that could affect the dog, even outside of therapeutic interactions, so that the facilitator can offer the dog appropriate support (Griffin et al., 2023; Kotrschal, 2018).

Safeguarding is an essential part of counselling where focus is usually on the client and therapist, however, when there is a dog present this changes the dynamic *"...you've got to go a little bit equal on that to a certain degree. Because obviously you've got to consider the person you're visiting, but you'd have done that with your due diligence around the assessment and the dog joining"* (Participant 1, p.14). In this case, the participant appears to be focused on safeguarding from the point of selection and assessment of the dog.

However, suggestions have been made for more ongoing support, *"[dog supervision] should be in place, I think because we obviously have supervision as humans, as practising psychotherapists and you know, and it's necessary for practice to go well and, you know, to make sure that the clients are protected and we work ethically and all that but, what about the dog?"* (Participant 3, p.10). Participant 2 (p.13) highlighted how supervision for the dog works in practice *"...a client kind of like went like that to my dog's face when my dog was OK with it. But my supervisor said 'Well, you need to tell your client you know, just go to the side of the dog, not go straight on.' So, all those kinds of things are kind of managed in a supervision."* This reinforces the need for thorough and consistent safeguarding and support throughout the process for dogs, from the point of selection to regular supervision sessions, when they are involved in AAI (Salmon et al., 2022).

Following discussions around safeguarding, a sense of equality between client, therapist and dog emerged from the data, *"So, there are constant battles I have with other organisations, you could say other practice methods across the world, where dogs are often seen as secondary because it's all about humans and the human benefit"* (Participant 1, p.2). Whilst dogs are viewed as secondary to humans in certain settings, there appears to be a growing support for equality between dogs and humans during AAI, *"So, I think there's a lot to*

consider and I think just making sure, like I said, that everyone is safe...everything is done in ethical way. And that there's no harm to any of the parties" (Participant 3, p.11). This mentality is now being taught in training facilities, *"...we're taught to give dual attention"* (Participant 2, p.14), here the idea behind dual attention was to maintain the dog's and client's best interests throughout the therapeutic process. Although this idea promotes equality within the therapy room, concerns have been raised about how this works in practice, *"... I feel like it's a lot for a therapist in a way because not only do they have to watch out for the client...but also the dog as well, which I think is quite a lot"* (Participant 3, p.10). This raises the question about whether this way of working can result in therapist burnout.

Transference appears to play a big role in the relationship between dogs and humans (Parish-Plass and Oren, 2013), even outside of the therapeutic relationship, *"...being out and about, you see a lot of dogs now in shopping areas and things and you know people, it just makes you smile"* (Participant 2, p.7). The benefit of AAT was described as, *"... the presence of a dog or any animal in the room is really therapeutic...just being in the vicinity of an animal, it's giving out this calming aura in a way, this energy that sometimes you can't get that with humans because...animals are more innocent..."* (Participant 3, p.5). This sentiment was supported by Participant 2 (p.6) who stated *"...it's non-threatening. It's very person-centred."* Transference through the dog present in therapy could provide an invaluable opportunity for the therapist to observe this, as dogs are unaware of transference or countertransference, so they simply allow the process to run its course (Parish-Plass and Oren, 2013). Whilst transference appears to have a positive effect on the humans involved in the session, it is important to look at the impact of countertransference on the dog as *"...that's really hard for the dog, really, because some dogs feed off the human"* (Participant 1, p.21). This implies that the dogs can reap the benefits from humans if there are positive feelings, but they can also absorb negative feelings in the therapy room. Therefore, this

reinforces the concern regarding therapist burnout, as this could be passed on to the dog via transference.

The negative impact of transference raises additional concerns as facilitators have been known to struggle with their own wellbeing because of facilitating AAI, *"...we are looking at this sort of crisis response to give, you know, a more formalized support to [facilitators]...I think compassion fatigue is one. You know, there's elements of loss"* (Participant 1, p.12). More thorough support is thought to be needed for facilitators as *"...we're expecting people to go to some quite stressful situations at the moment, but with a crisis response, then we could be available if there was a bus, a bus crash in a school, or there was a suicide in school... [facilitators] need, you know, the support then afterwards in the debriefing, [facilitators are] not carrying on some of that, that sort of trauma as well"* (Participant 1, p.9). This suggests that by ensuring the facilitators are looked after, it also supports the wellbeing of the dogs as they will not be subjected to taking on their handler's emotions via transference. Whilst facilitators can protect themselves and their dogs by only offering AAI within their competency, there have been occasions where the work has been relatively unpredictable *"...how attached the young people are with the dogs. And there's one that even wants the dog present when she's, what she calls, 'dying dying'. Instead of a 'boring dying'... [the facilitator] is on call...we do lots of end of life. We get called at short notice"* (Participant 1, p.8). This can have a negative impact on the facilitator, and consequently the therapy dog, as they wait to be called to end of life situations without much notice.

Even though there are dangers that exist for therapists when working with clients face-to-face, this risk is complicated further when a dog is introduced into the therapy room, *"You could have a client that's having a bad day anyway without a dog...You could have a client that is aggressive, I suppose. Or kind of gets dysregulated and your dog kind of senses that...getting in that kind of protective manner"* (Participant 2, p.12). This highlights the unpredictable nature of therapy, and the more variables involved, the more complicated it becomes during risk assessments and contingency planning. This concern is reinforced by

Participant 1 (p.34), *"I think a thing to remember as well, you know, they're called therapy dogs, and they stick on a bandana or a tabard, but they are dogs first and foremost...we mustn't forget that."* This implies that dogs can be thought of differently when they are labelled as therapy dogs, however, they are still dogs with the same instincts and needs as dogs that are not classed as therapy dogs (Griffin et al., 2023; Salmon et al., 2022). Ignoring that fact could cause more harm than good to therapists, clients and therapy dogs.

In the context of this superordinate theme, Dog Welfare, all three participants were seen to advocate for dogs' needs. This is understandable as each participant has engaged within helping professions, where they have been required to advocate for the needs of others. In the UK, the role of assistance dogs has been said to be recognised by the public but not by government social policy (Audrestch et al., 2015). From this, it appears as though there is a moral obligation for those in helping professions who are associated with dogs to voice the needs of the voiceless.

Superordinate Theme Two: Dog Suitability

The second superordinate theme, dog suitability, contains four subordinate themes: dogs' personalities, matching, training and age. These aspects help to outline what makes an individual dog suitable or unsuitable for this line of work. When determining whether a dog is suitable, the needs of the dog, therapist and client are considered.

When selecting a dog to take part in AAI, it is important to assess each dog's personality to deem whether they are suitable, *"we [assessed] seven people and didn't take on one and that's with having an hour's conversation that their dog is happy to meet new people, then comes in and it isn't..."* (Participant 1, p.7). Here, the participant expressed value in dogs who are suitable for AAI without any need for persuasion. Further support was provided by Participant 3 (p.5) who stated, *"They primarily sort of act on the instincts and not they're not like obviously you can teach them how to behave and train them but at its core, they are animals with instincts."* This reinforces the idea that not all dogs are necessarily appropriate

for therapeutic settings, as it depends on each dog's instinctual behaviours. Therefore, it is reasonable to suggest that dogs used in AAI settings would be expected to score highly for calm/agreeable personality traits but low for excitable/hyper attached, anxious/fearful, aloof/predatory and reactive/assertive (Amirhosseini et al., 2024). On the other hand, another viewpoint includes working with each dog's personality, *"...so you're working with the animal's personality as well...believe processes to use our dog, for example, ...[our] dog that you wouldn't use with somebody that can't tolerate loud noise because he does bark"* (Participant 2, p.3). This suggests that there is no 'one-size fits all' approach to dog-assisted therapy. In the way that different counsellors have different personalities, which suits a variety of clients, the same appears to be true for dogs in a therapeutic context.

If humans from all walks of life can become counsellors, does this apply to dogs in AAI? *"I very much preferred dogs to be who they are, [they are] fine as they are. They don't need to be represented as something different..."* (Participant 1, pp.22-23). If only calm and cuddly dogs can engage in AAI, it raises the question of whether there are missed opportunities for therapeutic experiences for dogs that are seen to be imperfect beings, *"...I use [my dog] to support young people to build their confidence...what are the obstacles? ...why doesn't he want to go through the tunnel? And use that kind of person-centred way of enabling the person to think about what the barriers are and kind of bond with a dog..."* (Participant 2, p.4). Therefore, dogs scoring highly for excitable/hyper attached and anxious/fearful could potentially be useful in the therapy room (Amirhosseini et al., 2024), as the therapist and client work together to identify ways in which they could support the dog in overcoming the barriers they face. From this, the client can then learn to navigate barriers in their own lives. These experiences also have the potential to deepen the therapeutic relationship between the human therapist and client, *"I think it brings people together...it's a bridge in communication"* (Participant 1, p.7). This implies that clients who are initially reluctant to discuss their thoughts and feelings with their therapist, could be supported here by introducing a dog into sessions. However, dog-assisted therapists need to plan the dog's

experiences and obstacles carefully to ensure safety in sessions, “[what] if their dog becomes scared or feels threatened because of something that happens? Or what if [the] client does something? That would make the dog feel uneasy and things like that”

(Participant 3, p.8). This suggests an element of unpredictability when the dog is scared, which could result in harm to the client, therapist and the dog. “It’s down to kind of like assessing... You know, and risk managing things...” (Participant 2, pp.15-16), therefore, careful planning is required to ensure the safety of all involved.

Although risk management is a key aspect of dog-assisted therapy, there are ways of minimising certain risk factors, “I suppose [you could be] bitten by a dog, but none of those things have happened [to me] because it’s about matching. It’s understanding your dog...” (Participant 2, p.12). This reinforces the idea that dogs who score highly for reactive/assertive personality traits would not be suitable for therapeutic work (Amirhosseini et al., 2024). Matching refers to pairing suitable dogs and clients together, in a similar way that clients select a therapist they believe to be suitable for them. However, this is equally relevant when matching dogs and therapists, “I suppose there are people that use rescue dogs as well to do the therapy. I don’t do that...if I don’t know where my dogs come from...I don’t potentially know what risks there are...But you know, different people see that differently” (Participant 2, p.12). This concern is supported by research that identified that dogs who were acquired by their owners after 12 weeks of age were less calm than their counterparts (Kubinyi et al., 2009). However, as some therapists are known to engage in AAT using rescued dogs, it highlights that different therapists are comfortable with different levels of risk, and therefore, not all dogs are suitable to work with all therapists.

In some situations, the dog might not be matched with a particular therapist because of the therapist’s beliefs around ethical procedures, “Some of the ethics are around understanding that you know a dog’s temperament...I’m a little bit nervous about using dogs that are kind of rehomed, but that’s my nervousness. Other people might be more competent in that than I am” (Participant 2, p.24). Here, the participant acknowledged their own level of competency

when working with rehomed dogs and so they would be unsuitable to work with these dogs, due to their anxieties around what they perceive to be unpredictable behaviour. On the other hand, dogs have also been known not to be used in therapy due to their breed, "...[we are] selective around the breed of dog...when you're going into a hospital setting, there's a lot of international staff...a dog going into a hospital isn't a done thing...some cultures are wary of dogs...we like to present dogs that are, have got a softer demeanour" (Participant 1, p.11).

This suggests that certain dogs should not be used in therapeutic contexts because of the transference that could be placed onto the dogs by individuals from other cultures. However, previous research has shown that transference of a negative nature does not tend to occur when the dog is presented as a facility dog (Kulak et al., 2024). Therefore, more focus should be placed on a dog's demeanour, as opposed to the breed of the dog.

One argument is that the relationship between therapist and the dog is more important than the dog's relationship with the client, "You know when it works, it's amazing. You know it's, if you get the right dog for the right audience. With the right [facilitator], it's so powerful you know the impact is huge" (Participant 1, p.32). This suggests that the relationship between the therapist and the dog provide the foundation from which the dog can offer a therapeutic experience. This is interesting as a systematic review found that only half of the six studies reviewed found that the presence of a dog had a positive impact on the therapeutic relationship (Collier et al., 2022). Consequently, Collier et al. (2022) concluded that other characteristics of the dog must have an impact on the relationship, but those characteristics currently remain unknown.

Although a strong relationship between the dog and therapist is arguably vital, this is not to say that the matching of dog and client is unimportant, "But if you get it right with a dog, you get it right [for] the audience...it's just like me. Now, if I was asked to go and sing in the West End, say Miss Saigon. OK. The lead act. I'm going to be really nervous because I can't sing...I'm going to be really stressed, they're going to be really feeling awkward. So, as I say, so get Michael Ball to do instead. So, it's about, you know, the right fit goodness of fit, at

point of entry” (Participant 1, pp.15-16). This implies that a dog either has the innate ability to work in a therapeutic context, or they do not, however, not all therapy dogs share the same traits “...my dog would not be suitable going into kind of like schools...he would want to get in the classroom and play with everybody. You know, he's a bit of a cheeky chappie”

(Participant 2, p.26). This highlights the fact that therapy dogs cannot be considered as ‘one-size fits all’ as dogs scoring highly for excitable/hyper attached could be better suited to different forms of therapeutic work (Amirhosseini et al., 2024). This prompts the question of how much training is appropriate for a dog to become a therapy dog?

One viewpoint is that very little training should be involved when assessing if a dog is suitable for a therapeutic environment, “Quite often, organizations have therapy dogs in training...to us, the dog has got it or it hasn't. You know, if it's the right age and it's matured and it's had the socialization alongside a really good owner” (Participant 1, p.10). However, it has been questioned whether this form of dog assessment is thorough enough “...another kind of way of going through animal assisted tests and that is where somebody kind of does an assessment of your dog and sees if it'll sit and not bark and not be playful. And I'm like [laughs and shrugs] ...they would have to be trained. But how do you prove that? ...one dog could respond really well on the day; another day something could happen, and it doesn't. So, it's difficult, isn't it?” (Participant 2, p.17). This implies that more thorough training and assessment is required in the field of AAI.

Although the level of training a dog requires is questionable, it has been recognised that dogs should have some level of training prior to therapeutic work, “[Schools] like small dogs so they can pick them up so they don't have to train them properly, but...they're yappy and they can become aggressive...” (Participant 1, p.31). One suggestion for possible training includes, “...training [at The Kennel Club] is quite cheap, quite accessible...you can go from your basic level to kind of gold level... [other training] can be expensive... but I also did some additional training with [my dog] with another trainer” (Participant 2, p.23). This highlights that there are various routes into dog training, which is arguably necessary to

ensure the safety of everyone involved in AAI. On the other hand, it appears that it is important to focus on only completing training that is necessary at first, as it can place strain on resources such as time and money, *"...the more you kind of work with different type of clients, the more training you might want to do with your dog, you know and it's so it's a time thing...how much you charge [clients] for kind of that kind of work...it's a double whammy..."* (Participant 2, p.23).

In addition to training for the dog, there are also training courses available for dog-assisted therapists in the UK, *"[my therapist] was training in it. So, I was kind of eager to try it... But we never got to that point. I finished [therapy] before she finished the training"* (Participant 3, p.4). Given that the training took place over a longer period, it suggests that this therapist was engaged in a more thorough form of assessment compared to a single assessment. On the other hand, Kerulo et al. (2020) found that more than a quarter of AAI practitioners do not document or measure their clients' progress, as recommended by professional standards. This suggests that improvements are needed within AAI training to improve interventions and professionalise AAI practice.

Training has also been known to include different strands, *"In terms of the training, there's two levels to the training. I've only done level one. I haven't done Level 2,"* (Participant 2, p.4). Despite having only completed the first level of training, it is still considered sufficient, *"I think the training medium that I've kind of gone through is quite robust..."* (Participant 2, p.17). This is supported by the fact that supervision is on-going post-qualification, *"...the training and kind of supervision as well. ... we kind of tape [record] our dogs"* (Participant 2, p.13). This enables therapists to continue to learn from more experienced therapists whilst practicing, where the supervisor reviews the needs of the client, therapist and the dog equally to support the goal of maintaining a positive and therapeutic experience for all involved. However, this type of support is not well known, *"...if there is such a thing as, you know, a dog supervision..."* (Participant 3, p.10). Here, the idea of supervision for dogs was well received as something that should exist, if it did not already. For supervision to be

effective, it is important that supervisors are trained in the same form of AAT as the supervisee (Hartwig and Pliske, 2023), to allow the supervisor to guide the supervisee in developing their practice whilst offering support to the dog.

It has been noted that some organisations are attempting to profit from training humans and dogs to work in AAT, *“[one organisation is] trying to corner the market on dog therapy dog training. And people are paying a lot, schools are paying a lot of money. To do this online training course then they assess the dogs afterwards...if the dogs are having issues, they have a dog trainer to try and fix the issue, but the issue might be that the dog is unsuitable...If you can get a puppy off a shelf and [say] this, this is going to be a therapy dog. You can't tell. You know, it's not going to nursery and saying that child is going to be a world class pianist...you could train that dog or train your child to be a pianist...Is that what [the dog] really wants to be doing...”* (Participant 1, pp.28-29). This raised concerns around the motives of these organisations who charge a lot of money to provide training when the dog it is intended for could be identified as unsuitable at the end of training. Further concerns were also raised around training dogs who were not naturally inclined to therapeutic ways of working, as they might not enjoy it. To promote professional standards amongst practitioners, it is essential that training providers support the establishment and maintain professional standards (Kerulo et al., 2020).

One concern is that certain training methods could mould unsuitable dogs into suitable dogs, *“...we don't allow treats on visits because quite often dogs that are not suitable, become suitable by people using treats...”* (Participant 1, p.6). Whereas the idea of not using treats in training is not something that is widely recognised, *“...I know that he gets excited to do training and work with somebody... as soon as he sees me going down to there, to the outdoor room he is like, ‘Oh my God, am I going to come, you know? Am I going to play?’ [The dog is] motivated by treats”* (Participant 2, p.19). Here, it appears that the dog enjoys the process of working with different people. The provision of treats could be viewed as a way of building a relationship between the dog and a new person. However, treats have

been viewed as a way of persuading dogs to engage with humans, *"People need to stop using treats on visits to lure the dog to show interest. They should be doing it naturally"* (Participant 1, p.21). This raises the question of when it is appropriate to use treats in training for therapy dogs.

Dogs can be unsuitable for therapeutic work for a variety of reasons. One reason is the age of the dog, *"...they brought them in as puppies. The dogs are just, you know, tearing up the place"* (Participant 1, p.10). During puppyhood, dogs often struggle to regulate their emotions (Kubinyi et al., 2009), similarly to children. Therefore, it could be considered unethical to expect puppies to support humans to regulate their emotions when they are still learning to regulate their own emotions. Further concerns were highlighted about puppies in schools when *"A Labrador [puppy] that went in and it had to be caged all the time because it was wild. It was nipping the kids...staff was screaming at it..."* (Participant 1, p.31). This sounds like a potentially traumatising experience for the puppy and the humans involved. This could have had an impact on the dog's psychological development, determining how well they are able to regulate their own emotions when they are fully grown. At the other end of the spectrum, dogs can also become unsuitable *"...if [the] dog passes away or it becomes unsuitable, or it becomes too old..."* (Participant 1, p.12). This reinforces the importance of continuing to check a dog's fitness to practice as this will naturally change over time.

Within the superordinate theme of Dog Suitability, a nature versus nurture debate unfolded. Participant 1 has placed great importance on the nature of a dog, including the dog's personality and natural behaviour, which will determine whether a dog is suitable for therapeutic work. These beliefs appear to come from a place of concern for dogs' consent, as a dog's willingness to engage with humans in a calm manner without training implies that the dog is engaging out of choice. This way of working attempts to avoid the risk of training unsuitable dogs to become suitable as this could result in unpredictable consequences, potentially resulting in harm to the dog, client or facilitator. However, this does not acknowledge that dogs are their own beings who can change over time in relation to their

own experiences. Participants 2 and 3 consider a balance between a dog's nature and nurture regarding a dog's trainability to determine how suitable that dog is for therapeutic work (Wells, 2022). The training of dogs is also viewed as a way of maintaining health and safety amongst humans and dogs (Stevens et al., 2021), so in this respect, training could be viewed as a critical element in relation to therapeutic work. Therefore, ethical work needs to be flexible to match the agency of the facilitator as a decision maker (Markham, 2018).

Superordinate Theme Three: No Regulation

The third superordinate theme, no regulation, includes seven subordinate themes: accessibility, awareness and expectations, terminology, consistency, ethics, advertisement and funding. These subordinate themes could be considered symptoms of the lack of regulation within dog-assisted therapy.

Dog-assisted therapy is considered to be inaccessible to certain parts of the country *"I was really wanting to try it because I feel like it's quite niche, like there's hardly any therapists that offer that"* (Participant 3, p.4). This suggests that if there were more opportunities to engage in dog-assisted therapy, potential clients are ready and willing to engage. This idea is supported by Participant 2 (p.5) *"It's, you know, it's quite rewarding. I don't think there's enough of it..."* who agreed that it is not as widely available as it could be. Concerns have also been raised as existing organisations struggle to keep up with the demand for AAI, *"It's not that widely available because there's a huge demand for it. You know we can't meet the demand..."* (Participant 1, p.18). This supports the idea that there is a clear need for this form of therapy but accessibility to dog-assisted therapy continues to be poor. However, it appears that not all dog-assisted therapy services are saturated with demand from clients *"I haven't got the client base to kind of go to the next level..."* (Participant 2, p.4) which raises the question of why certain providers are struggling to keep up with the demand, whilst others would welcome more enquiries.

Difficulties in accessing appropriate training has also been noted, *"[training for animal-assisted play therapy is] down in Northumberland..."* (Participant 2, p.4). Although, a newer organisation has begun to offer training in this domain *"There's a large training organization...They're trying to corner the market on dog therapy dog training...To do this online training course then they assess the dogs afterwards..."* (Participant 1, p.29). As this organisation is offering online training, accessibility to training has vastly improved. However, it raises the question of whether online training is sufficient for dog-assisted therapy, especially as dog-assisted therapy has not been viewed as particularly effective whilst working online *"And I've been working with somebody [online] that wasn't working for the, for the young person at about 16. So, I put them in touch with [a facilitator], who lives near them..."* (Participant 2, p.14). Moreover, concerns have also been raised regarding the difficulty in accessing appropriate supervision post-qualification *"It was tricky because of the time. I mean, the time of day that there's some supervisors in the states...doing it online like this and showing kind of videos... there are some [supervisors] in the UK, but it is a little bit tricky..."* (Participant 2, pp.13-14). To gain appropriate supervision, this participant found it easier to work with supervisors in the USA, as opposed to supervisors in the UK. This suggests that the low number of training opportunities in the UK has had an impact on the number of individuals willing to train as supervisors in this field.

Increased levels of research in dog-assisted therapy could be one way to boost the profile of the field, which could potentially result in more training opportunities, *"I feel like you know these things should be more researched... I think it's a massive lack of [knowledge]...how it [impacts] the client and therapist..."* (Participant 3, p.6). Although, it has been questioned whether it is purely down to a lack of interest in the field *"...I know who to access. I think leaflets go out. Flyers go out. So, I mean, possibly it depends on interest"* (Participant 2, p.22). The lack of interest in training could be explained by the fact that AAI are not viewed as a specialist services, *"...it's quite often you get teachers...I want to bring my dog into to school because we've had a visit from [an AAI organisation that] went really well...I can think*

of four dogs that have been tried within a 10-mile radius in Secondary schools, and it's all gone wrong" (Participant 1, p.10). Therefore, it is possible that fewer training opportunities are available because the public feel that dog-assisted facilitators do not require training, which has resulted in low motivation to engage with 'optional' training.

The expectations of clients have also been difficult to manage "...another private person who came with too much, too many high expectations... [the client's] mum kind of expected a quick fix and that's not the case..." (Participant 2, pp.2-3). These high expectations are thought to be linked to prior knowledge of other therapies that are widely available "*The numbers one [in, one out], another one and so on. So, I think that's one of the issues is that's why [Cognitive Behaviour Therapy] is so mainly used*" (Participant 3, p.17). However, good communication around managing expectations prior to sessions is believed to work well "...because they have the poster, and it says that on the poster as well about the duration...people aren't disgruntled" (Participant 1, p.16). This suggests that the public require more information around dog-assisted therapy so that they know what therapy they are signing up to, which will also help to manage their expectations.

Managing expectations of the public would come more easily if the terminology referring to each type of AAI was used accurately and consistently, "...dogs are going to hospitals to offer some comfort for the patients...that is quite known, but what [about] actual therapy with the dogs...I don't think that's well known. I think it's very niche..." (Participant 3, p.13). Here, the participant is describing the difference between AAI and AAT, which reinforces the fact that the wider public are not aware of the different AAI available, let alone the specific terminology (Pet Partners, 2019). This idea is supported by Participant 2 (p.18) who stated, "*People don't ask...They seem to be more compliant with the dogs that go into the schools...it's just something that I've kind of noticed...*". However, upon reflection, it seemed to be more of a lack of understanding the options available, rather than the public's compliance, "*No, not unless [AAT is] explained. I mean, unless they've experienced it, they wouldn't necessarily understand it*" (Participant 2, p.21). This suggests that the terminology

needs to be shared more widely so that the public are aware of the type of AAI that they have decided to engage with.

Whilst the correct usage of terminology will help the public recognise the different types of AAI available, a lack of consistency in practice across the field can mean that clients' experiences continue to be very different depending on the facilitator that they are working with, *"We have had issues in the past when someone's joined us from a different organisation, and they've got a certain way of doing things. Whereas if you're in a big organization, you tend to do things yourself and you've got your own way of working..."*

(Participant 1, p.14). This highlights that there can be differences in ways of working, even when the facilitators work in the same organisation. However, it is important to note that not all organisations operate in this manner *"...we want to formalise our support that we're giving our [facilitators]...we can do that because we are quite small"* (Participant 1, p.12). Although this suggests that consistency is a challenging concept when working with larger organisations.

In some situations, it appears very little effort has been put into ensuring a consistent experience for all involved *"...some organizations that don't do DBSs with their [facilitators], they don't get safeguarding training, confidentiality training, nothing like that. They don't get a handbook. You know, it's really sporadic"* (Participant 1, p.22). This highlights that more needs to be done to ensure a consistent experience for those engaged in AAI, to close the gap between suspected safeguarding concerns to reporting those concerns (Patrick et al., 2020). In some respects, increased regulation in the AAI field would be welcomed *"I would be looking at kind of doing some more regulation in terms of dogs' temperaments. I would be doing some more regulation around...how many hours a day you're working that dog..."*

(Participant 2, p.24). Some would like a lot more regulation in the AAI domain as a whole *"...the licensing proposal has gone in...I put together a 22-page document saying why I feel that the field should be licensed. So, it can be a standardised assessment, standardised support..."* (Participant 1, p.22). However, others are hesitant about what increased

regulation would look like *“...there's a double-edged sword to that and that the more you put regulations and restrictions, the more people may say, actually I don't want to use that intervention because it's too many restrictions on me...if you kind of regulate too much, you know, sometimes there's a cost to regulation...”* (Participant 2, p.24). One suggestion is to maintain certain levels of consistency in facilitators' approach to contracting prior to therapeutic engagement *“...there should be a lot of boundaries in place as well, like what the client can do and shouldn't do as well... and talking about what can potentially happen... It should be in there to protect both the therapist and the client and the dog as well”* (Participant 3, pp.8-9). This suggests that it is possible for AAI to benefit from greater levels of consistency, provided by the therapeutic contract (Shahriah et al., 2019), without the negatives that regulation can bring through greater levels of communication between facilitators and potential clients.

One thing that is generally consistent across the AAI domain is the beliefs around insurance, *“...you have to get indemnity insurance to kind of work with dogs”* (Participant 2, p.11). Ethical working often includes referring to professional bodies for guidance, *“Adhering again to insurance and ethical bodies”* (Participant 3, p.10). However, this is made more complicated as AAI can be combined with other modalities, *“... you might have some, some children that are quite traumatised. So, you use animal assisted play therapy...to build a relationship and build trust...break those barriers down where children with communication difficulties maybe wouldn't kind of like get involved with therapy. So, you can integrate it with other kinds of modalities...”* (Participant 2, pp.7-8). Whilst AAI have a code of practice (SCAS, 2019b) and other modalities have their own ethical frameworks, such as the BACP's (2018) ethical framework, it raises the question of how well these procedures blend in terms of working ethically.

One aspect that appears to be lacking significantly is advertisement of AAT, as opposed to just AAI, *“...it's not something that is advertised...I personally don't know any organisation that specifically offers dog-assisted therapy... Certainly not a lot that I've heard of. You*

know, I know they're probably out there, but I just don't think it's well known..." (Participant 3, p.13). The impact advertising can have has been felt by the AAI community, *"...we can't meet the demand. We've got a database of over 1000 enquiries on it. People want it because people see it...We've raised the profile of therapy dogs because we're quite good on social media and we've been on telly quite a few times and we've been also on the news..."* (Participant 1, p.18). This highlights that the demand for AAI exists but the public need to know how to access different forms of AAI. One point highlighted the importance of consistent terminology whilst advertising AAT, *"...that needs to be also clarified as well, putting out information out there... this is what a dog-assisted therapy is...a dog can also be therapeutic in other ways, but it's not therapy. It's just therapeutic..."* (Participant 3. p.15). Even though advertising is considered essential to promote dog-assisted therapy (Muhammed and Alege, 2025), financial constraints appear to be an issue *"...more advertisements but everything costs...how you would get maybe funding to do it..."* (Participant 2, p.20).

Funding continues to be an issue across the AAI domain, *"... that's one of the challenges for us...funding is an issue for us as an organisation and we [have] got to really look at where the benefit is...we have put in a funding application for a crisis response project"* (Participant 1, p.9). Even though this organisation is very much in demand, they continue to struggle to receive funding and so they must get creative on ways they can continue to maintain similar levels of funding to secure their service. One perspective is that AAT will continue to be underfunded, and consequently less accessible, until it can become more profitable as a service, *"...I think it's all about the money at the end of the day, isn't it? The more interest it's worth it for them to actually introduce more training. But if it doesn't bring the money, then it's not worth it for them, for the shareholders, whoever it might be..."* (Participant 3, p.15). This idea is supported by recent research which states that counselling services should be run more like business ventures (Muhammed and Alege, 2025). One concern is that there is money that could be used to better fund charities and organisations, including those offering

AAI, but the money is poorly managed, “...another big frustration of mine there is, within Wales, you have a voluntary centre in every county...they’ve got a massive wage bill. Must be about £1,000,000 a year, and all they do is sign post...the funding stops there with them...” (Participant 1, pp.25-26). This suggests that if the money in the voluntary sector was used more effectively, the charities and organisations would be able to improve their services to the public.

Within the superordinate theme of No Regulation, there were contrasting views on the benefits that regulation would bring. Participants 1 and 3 were strongly in favour of increased regulation, as it would encourage more consistency across the field. Participant 1 viewed regulation as beneficial as it would promote consistent dog welfare standards, and it would also encourage other organisations to follow the field as specialism. This would help to raise the profile of AAIs and help to secure future funding. Whereas Participant 3 believes that increased regulation leading to more consistency would be of benefit as potential clients would have a better idea of what to expect if they were to engage in dog-assisted therapy, which could result in increased client numbers within the field. Cobb et al. (2020) found that community attitudes tend to drive societal expectations which in turn influence government regulations. Given that the role of assistance dogs is currently not recognised by government social policy (Audrestch et al., 2015), it suggests that Participants 1 and 3 are part of a minority in their feelings around increased regulation. Participant 2 remains on the fence regarding increased regulation as they perceive potential benefits around more consistent guidelines regarding dog welfare but raised concerns around excessive monitoring of the field, in addition to the cost of regulation. This anxiety around expenses could be justified as ensuring dog welfare could come with additional expenses to meet the dog’s needs and so any additional costs would increase the price of AAT, therefore reducing accessibility to clients who could no longer afford dog-assisted therapy. This could also impact the viability of dog-assisted therapy businesses if they are unable to attract enough clients, they will be unable to meet the costs of their business. Consequently, this would put much more

pressure on the need to secure additional funding for businesses to remain viable, however, securing additional funding can result in therapists having to alter their ways of working to fit in with the requests of the funding provider (Miller, 2004). From this, Participant 2's concerns around regulation and maintaining their autonomy within their work are valid.

Chapter Five: Discussion

Previous research has highlighted the efficacy of dog-assisted therapy (Ambrosi et al., 2029; Baird et al., 2021; Guzmán et al., 2022; Hediger et al., 2021; Hill et al., 2020; Hüsken et al., 2022; London et al., 2020; Mims and Waddell, 2016; Vidal et al., 2023), but despite the extensive support for this therapy, there appears to be few opportunities for potential clients to engage in dog-assisted therapy. Until now, there has been a gap in the literature to explain this phenomenon. This research has now filled this gap in the existing literature by answering the question of what the perceived barriers are to facilitating dog-assisted therapy. This section critically addresses the superordinate themes of Dog Welfare, Dog Suitability and No Regulation.

The first superordinate theme of Dog Welfare referred to various elements that determined how well the needs of the dog defined by Griffin et al (2023) were met inside and outside of therapeutic sessions. Previous research has highlighted that engaging in AAI programs can be positive for dogs' wellbeing as it was shown to decrease basal cortisol concentrations over a two-month period (D'Angelo et al., 2021). However, it appears that the participants in this research were right to be cautious around the idea of dog welfare within AAT as engagement has also shown an increase in breath rate, heart rate, salivary cortisol and behavioural stress (Pirrone et al., 2017; Silas et al., 2019, De Carvalho et al., 2020). On the other hand, a positive correlation was also found between dog handler self-reported stress and dogs' stress levels (Silas et al., 2019), which suggests that a strong relationship between the dog handler and the dog is essential to monitoring dogs' wellbeing in sessions.

Within the context of critical realism, the superordinate theme of Dog Welfare links with social constructs of morality. Participants' views were shaped by the empirical, what they had observed whilst working in the field of AAI, such as bad practice. In relation to their actual experience, all participants advocated for dogs' basic needs within the AAI field. In reality, the root cause of the participants' beliefs could be prompted by a sense of moral obligation, given that they are associated with therapeutic roles where they advocate for the needs of those who cannot advocate for themselves (Trachsel and Gaab, 2016).

The second superordinate theme, Dog Suitability, was underpinned by a nature versus nurture discourse. This led onto the subordinate theme of training where one participant expressed their beliefs that minimal training should be involved when preparing dogs for therapeutic work, as not to change each dog's natural way of being. This concern is supported by Cimarello et al. (2021) who found that dogs who were not rewarded every time took longer to reach the desired outcome, which suggests that the dogs were only engaging in certain behaviours in anticipation of getting a treat at the end. However, the other participants viewed training as a way of educating dogs that enjoy spending time with people, how to behave in the therapy room so that all parties are kept safe (Stevens et al., 2021). When training humans in relation to AAT, all the participants viewed training as a necessity, however previous research implies that more valuable learning of AAT takes place via personal experience as opposed to structured training (Black et al., 2011; Kittay, 2023).

From a critical realist perspective, each participant's empirical concept was shaped by their experience within the field of AAI. Participants whose experiences included dogs who had endured training, held dog training in higher regard in comparison to the participant who maintained a focus on natural behaviours, who viewed higher levels of training as less desirable. However, it is possible that without training, dogs that could become suitable with some guidance could be turned away. Stevens et al. (2021) found that training completion could be predicted by owner-rated levels of disobedience, dog-owner cognitive measures

and time spent training. This suggests that success in dog training is more dependent on the owner than the dog in question. This raises the question if more dogs could be deemed suitable for therapeutic work if given the right environment to develop. On the other hand, it is possible that these thought processes are moulded by real structures of capitalism, as individuals perceive that money spent on training a dog to engage in therapeutic work would equal more effective therapeutic processes. This idea is supported by Díaz-Lago et al. (2023) who found that participants who were told that their treatment was more expensive judged their treatments as more effective, compared to participants who were told their treatments were inexpensive.

Within the final superordinate theme of No Regulation, all participants acknowledged positive aspects that increased regulation would bring to the field, as all participants agreed that regulation could bring more consistent standards for dog welfare, which was a concern for all participants. However, given that dog welfare has not made its way into governmental policies at this point, implies that dog welfare is not considered a priority within society at present (Audrestch et al., 2015; Cobb et al., 2020). On the other hand, Western countries have been seen to include some guidance around dog welfare in terms of pet ownership with regards to surgical interventions, minimum age when sold, breeding and meeting basic needs such as exercise, although there continues to be significant variation across Western countries (Andersen et al., 2021). This highlights further obstacles for the regulation of dog-assisted therapy, as Western countries are unlikely to be able to agree on a single approach to dog-assisted therapy if they cannot agree on fundamental principles such as dog welfare.

Two of the participants saw value in improving the consistency of the therapeutic service provided to clients, as this would raise the profile of dog-assisted therapy. Consistency across the field could support other organisations and clients to become more aware of what to expect during sessions, which would promote the use of dog-assisted therapy. This finding is echoed by previous research which highlighted the need for unambiguous standardised protocols that emphasise the role of the dog as an individual (Santaniello et al.,

2021). Consequently, regulation could support improved access to funding as organisations begin to view dog-assisted therapy as a specialist field (Challoumis, 2024).

Critical realism suggests that the participants' experience of frustrations around bad practice and lack of consistencies across the field at an empirical level has resulted in the participants' actual attitudes towards increased regulation. In reality, this is prompted by the real mechanisms around the ideas of professionalisation, defined by policy documentation, core competencies and reports motivated by policy makers (Nilsson and Hertzberg, 2022). However, there are conflicting concerns around professionalisation in terms of how this would impact practitioners' autonomy and the impact of increasing costs when paying for regulation. This would appear to have implications for individuals with a lower socio-economic status, as it could prevent individuals with lower incomes from being able to afford AAT, in addition to preventing potential counsellors with lower incomes from being able to afford to enter the field initially. These concerns are supported by the fact that accessibility and affordability already appear to be an issue within the counselling domain, as a growing number of potential clients have turned to artificial intelligence for psychotherapy (Aktan et al., 2022).

Implications for practice

This research suggests that practitioners need to pay particular attention to their relationship with the dogs that they use in therapeutic interventions, as this enables facilitators to understand their dog's communication and safeguard their welfare needs before, during and after sessions. To ensure the safety of all involved during dog-assisted therapy sessions, dogs' temperament and behaviours should be assessed by a suitably qualified third party, such as an animal behaviourist, prior to engaging in AAT to check whether each dog is suitable to engage in the type of therapy proposed by the facilitator. This will help to maintain standards across the AAT field and safeguard dog welfare. Finally, the AAT field would benefit from more thorough documentation which outlines how AAT could be expected to be integrated with a variety of therapeutic modalities. At present the SCAS (2019) states that

facilitators should follow the code of practice and the ethical guidelines for the facilitators chosen modality without consideration of how well the documentation blends.

Suggestions for future research and limitations

Within this research, concerns around dog welfare within the AAT field was common for all participants. Previous research has shown that the welfare of dogs is important to the public, but this is yet to be reflected in governmental policies (Cobb et al., 2020; Audrestch et al., 2015). Future research needs to investigate why this shared value of the public is not being addressed by the government, which could prevent future bad practice within AAI. This could be researched more closely if future research included the recruitment of a more random sample of participants, so the data collected would be more representative of the public, rather than purely focused on participants with positive attitudes towards dogs, which could help to identify the gap between the shared values of the public and governmental policies. This research could also be extended to include reviewing dog welfare in relation to dog training and the impact on dogs' natural behaviours. In addition, future research could include a repetition of this study whilst including participants outside of the UK to obtain a larger sample, which could also include a variety of dog-assisted therapists with various ways of working. This could help to identify aspects that need to be introduced within the UK to promote further development of the AAT field.

One of the limitations in this research was that Microsoft Teams frequently misunderstood one of the participants, which resulted in the transcript that was generated being very inaccurate initially. However, this prompted the researcher to listen carefully to the recording multiple times to ensure accuracy, which resulted in a more in-depth understanding of the participant's interview. Another limitation stems from the fact that very few dog-assisted therapists currently operate within the UK in comparison to other countries, such as the United States of America. Consequently, only a small sample could be obtained to ensure a balanced dataset across all participants. On the other hand, a smaller sample allows the complexities or contradictions from participants across the dataset to be retained within the

analysis (Braun and Clarke, 2021). Given the nature of the research, there is also a risk of researcher bias as the single researcher involved began the research with their own experiences and biases. However, the researcher attempted to limit the effect of this by remaining curious about others' experiences throughout the process and by familiarising themselves with existing theory prior to data collection to avoid theoretical assumptions being imported into the data (Braun and Clarke, 2021).

Conclusion

This research explored the perceived barriers to dog-assisted therapy to identify why few opportunities are available for the UK public to engage in this type of therapy. Despite dogs having a long history of supporting humans (Coleman, 2019; Ernst, 2014; Fishman, 2003; Jimenez, 2021) dog-assisted therapy continues to be an aspect of therapy that is difficult to access by potential clients and those who desire to train in this field, despite the existing evidence supporting the efficacy of dog-assisted therapy (Baird et al., 2022; Chapman et al., 2024).

Three participants with varying experience of dog-assisted therapy engaged in semi-structured interviews to share their experiences and concerns regarding dog-assisted therapy. Following the interviews the researcher engaged with thematic analysis where three superordinate themes were generated, these being: Dog Welfare, Dog Suitability and No Regulation. Overall, there appears to be tension between two of the superordinate themes, Dog Welfare and Dog Suitability. Dog Welfare focuses on dogs engaging in natural behaviours, whereas Dog Suitability reviews whether a certain level of training is required before that dog becomes suitable (Wells, 2022). From this research with participants recruited for their knowledge, experience and observations of dog-assisted therapy, the hope was to answer to the question 'What are the perceived barriers to facilitating dog-assisted therapy?' posed in the introduction, is that the absence of regulation results in a lack of support in navigating the tensions between dog welfare and dog suitability. This

offers an explanation as to why some therapists are discouraged from navigating the field of dog-assisted therapy, as there is little documentation to guide them.

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Appendices

Appendix A

Research – Call for Participants

Man's best friend or man's best therapist? Exploring the barriers to facilitating dog assisted therapy.

I am looking for two counsellors with an affinity for dogs. One participant would need to have experience of facilitating dog assisted therapy and the other would not have experience of this.

About the Researcher: Hello! My name is Aislyn, and I am currently studying the MA in Psychotherapeutic Practice: Humanistic at University of Wales, Trinity Saint David, Swansea.

About the Research: Despite the growing body of literature to support the efficacy of dog assisted therapy, opportunities for clients to work with dog assisted therapists, who hold a counselling qualification, continue to be limited. I am hoping to identify the barriers that prevent more counsellors offering dog assisted therapy, so that more can be done to navigate these barriers in future.

What to Expect: Initially, you will be asked to complete two multiple-choice surveys using Microsoft Forms. The data provided by these forms will be used to confirm your suitability for this research. Once this has been confirmed, you will be asked to take part in an online semi-structured interview, using Microsoft Teams, which will take up to one hour. This interview will be recorded to allow me to transcribe the interview after the interview has taken place.

This research is for you if:

- You are a qualified UK-based counsellor
- You are registered with a professional body
- You have an affinity for dogs
- One participant would need to have experience of facilitating dog assisted therapy

If you are interested in taking part, please contact me using the email below:

1152347@student.uwtsd.ac.uk

Appendix B

CORE-10

* Required

1. Over the past week, I have felt tense, anxious or nervous (4 Points) * 

Not at all      Most or all of the time

2. Over the past week, I have felt I have someone to turn to for support when needed (4 Points) * 

Most or all of the time      Not at all

3. Over the past week, I have felt able to cope when things go wrong (4 Points) * 

More or all of the time      Not at all

4. Over the past week, talking to people has felt too much for me (4 Points) * 

Not at all      Most or all of the time

5. Over the past week, I have felt panic or terror (4 Points) * 

Not at all      Most or all of the time

6. Over the past week, I made plans to end my life (4 Points) * 

Not at all      Most or all of the time

7. Over the past week, I have had difficulty getting to sleep or staying asleep (4 Points) * 

Not at all      Most or all of the time

8. Over the past week, I have felt despairing or hopeless (4 Points) * 

Not at all      Most or all of the time

9. Over the past week, I have felt unhappy (4 Points) * 

Not at all      Most or all of the time

10. Over the past week, unwanted images or memories have been distressing me (4 Points) * 

Not at all      Most or all of the time

Submit

Appendix C

Dog Attitude Scale

* Required

1. When I see a dog, I want to play with it (5 Points) * ☐

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

2. I love dogs (5 Points) * ☐

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

3. I like to walk dogs (5 Points) * ☐

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

4. I enjoy having a dog as a pet, or would if I had one (5 Points) * ☐

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

5. When I see a dog I smile (5 Points) * ☐

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

6. Dogs comfort me (5 Points) * ☐

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

7. I like to pet dogs (5 Points) * ☐

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

8. Dogs make me feel loved (5 Points) * ☐

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

9. I like to play with dogs (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

10. I wanted a dog when I was a child (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

11. I think dogs are cute (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

12. Dogs make me happy (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

13. I avoid dogs (5 Points) * 

Strongly agree ☆ ☆ ☆ ☆ Strongly disagree

14. I think dogs are fun (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

15. Dogs calm me down (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

16. I would like to live with a dog (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

17. Dogs reduce my stress (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

18. Interacting with dogs make me feel excited (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

19. I talk to dogs (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

20. I like being around dogs (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

21. I share my bed with my dog, or would if I had one (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

22. I think dogs are adorable (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

23. I like to cuddle with dogs (5 Points) * 

Strongly disagree ☆ ☆ ☆ ☆ Strongly agree

24. I hate dogs (5 Points) * 

Strongly agree ☆ ☆ ☆ ☆ Strongly disagree

Submit

Appendix D

COVERING LETTER/INFORMATION SHEET

Date: _____

Title of Study: Man's best friend or man's best therapist? An exploration of the barriers to facilitating dog-assisted therapy.

You are invited to take part in a research study to explore the perceived barriers which discourage trained psychotherapists from facilitating dog-assisted therapy.

Before you decide whether you wish to participate it is important that you understand why the research is being undertaken and what it entails. You should therefore read the attached information carefully and discuss it with others if you wish.

This MA research is supervised by Beverly Cole [UWTSD] and has been approved by the university's Research Ethics Committee. The research is bound by the ethical guidelines of the British Association of Counselling and Psychotherapy (BACP) and the National Counselling and Psychotherapy Society (NCPS) and it is hoped that this research will enhance understanding of what can be done to improve public access to dog-assisted therapy.

Taking part in this study is voluntary and the attached information should clarify any questions you may have. If you still have concerns, please feel free to contact me or my research supervisor using the contact details given in the information sheet.

Thank you for taking the time to read this information.

Name and contact details of Student: Aislyn Watts
1152347@student.uwtsd.ac.uk

Name and contact details of Supervisor: Beverly Cole
beverly.cole@uwtsd.ac.uk

COVERING LETTER AND PROTOCOL

You will have received an invitation to take part in a research interview and the following information will explain this process to you. Boundaries will be maintained in a similar format to counselling relationships, with open ended, general questions asked which identify and explore your views and perceptions. Discussion will flow from these and all interviews will be recorded and transcribed.

Format for the interviews will be as follows:

- Interviews will be relaxed and open in nature and will be conducted on Microsoft Teams at a time most convenient to you;
- Online interviews will last for approximately one hour and will take the form of a one-to-one conversation. If at any time you wish to draw the interview to a close you will be able to do so without giving a reason. No data supplied by you will then be used;
- You will be reminded at the start of the interview of the consent form you signed and returned [attached], the anonymity of information you share, the fact that the interview is being recorded and that the interview and participation in the study can be terminated at any time up to the cut-off point of one calendar month after the date of the interview;
- Although the interview will be recorded, the interviewer will take notes of the most relevant points. Only the researcher will hear the recording and have sight of the notes; recorded and written material will be kept securely and destroyed once research is complete. Involvement in the study will be confidential, data collected will be made anonymous and no comment or circumstance which could be directly connected to any participant, or person named in the research will be identifiable. This is in line with General Data Protection Regulation (GDPR) [<https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/>];
- Topics for discussion are provided on the interview schedule which is also attached. These will give some structure to the interview; however, the interview will be 'participant led' and go where you lead; you will not have to answer any questions which make you feel uncomfortable;
- The interview will close with the researcher thanking you for your time and participation and reminding you of the procedures should you feel distressed by taking part or have any concerns about the conduct or process of the research;
- There will be a short debriefing immediately following the interview where you will have the opportunity to reflect upon and discuss the research process.

Appendix E

CONSENT FORM

Consent Form: Research Project: Man's best friend or man's best therapist? An exploration of the barriers to facilitating dog-assisted therapy.

Please read this form carefully, initialling each box to indicate agreement as appropriate.

- ☐ I have read and I understand the information provided about this research, I have a copy of the covering letter/information sheet for future reference [dated: _____] and I have no reservations regarding content.
- ☐ I have had the opportunity to consider the information and ask questions. I have had these answered satisfactorily and I understand that there will be a further opportunity to address any questions at the end of the research period, just prior to the point where I am able to withdraw.
- ☐ I have an email address for the researcher, and contact details of the main project supervisor should I have any concerns.
- ☐ I understand that if email is the mode of communication, data will be exchanged, stored and retrieved, electronically. I am aware that the interview will be held and recorded on Microsoft Teams and I can find out more about Microsoft Teams' privacy policy using the following link (<https://www.microsoft.com/en-gb/privacy/privacystatement>). I also understand that actual quotations from my contributions may be used to support the research. My involvement in the study will be confidential and any data collected will be anonymised. Findings may be the subject of journal articles/conference presentations and/or any other related educational or research work. Data collected will be destroyed once the research project is finalised and the degree is awarded.
- ☐ I understand that I do not have to answer any question that may make me feel uncomfortable and that I can withdraw from this study at any time up to the designated cut-off point (one calendar month after the interview has taken place), without giving any reason, if I do so data collected relating to me will be destroyed and not used in the study.
- ☐ I consent to participate in a Microsoft Teams interview and to this being recorded.

Signature: _____

Date: _____

Tel Number: _____

Print Name: _____

Email: _____

Postal Address:

Student Number: 1152347

If you return this form via email, you may be able to sign it electronically. If this is not the case, please note that **receipt of this form via your email address will be taken as informed consent.**

Appendix F

INTERVIEW SCHEDULE

Project: Man's best friend or man's best therapist? An exploration of the barriers to facilitating dog-assisted therapy.

Date: _____ Time of interview: Start: _____ Finish: _____

Venue//Mode of interview: Online using Microsoft Teams

Interview with participant ____.

[Introductions. Briefly describe project and interview protocol (including purpose of study, recording, dissemination and withdrawal), ensure interviewee is comfortable, has copy of the information sheet and has signed consent form].

Topic 1: Your personal or professional experience of dog-assisted therapy (benefits Vs risks).

Topic 2: Current accessibility to dog-assisted therapy.

Topic 3: Ethical issues around dog-assisted therapy.

Topic 4: Similarities and differences between therapy with and without the presence of a dog.

Topic 5: Efficacy of dog-assisted therapy in different situations.

Topic 6: Motivation to train in dog-assisted therapy.

Topic 6: [We have ----- left] Is there anything you would like to add? [Please use this time to continue until you have discussed your thoughts/feelings as completely as possible]

Subsidiary questions may be asked.

[Thank interviewee for participating, assure them of anonymity of responses and advise what will happen next. Ask whether participant has any questions, wants sight of notes/meaning, etc. Cool down period, debriefing chat. Remind of the procedures in place (signposting) should any participant feel concerned about any issue which has arisen during research and the timescale for activating this].

Appendix G

DEBRIEFING/FEEDBACK FORM

TITLE OF RESEARCH: Man's best friend or man's best therapist? An exploration of the barriers to facilitating dog-assisted therapy.

Date: _____

Thank you for participating in this study. Your time and effort are appreciated.

This research explored the perceived barriers to facilitating dog-assisted therapy. This is important because it has been identified that current research supports the efficacy of dog-assisted therapy, however, supply continues not to meet the demand in this area as few psychotherapists offer this service. To date the accessibility of dog-assisted therapy has been under-researched and under-represented within academic literature and by taking part in this study you have contributed to the growing body of knowledge concerning this important topic. You are reminded, however, that you still have the right to withdraw at this point. Should you decide to do so you will not have to give any reason and collected data will not be used and will be sensitively destroyed. You will be aware that this study has received ethical approval from the UWTSD Research Ethics Committee and if you have any questions or concerns about your participation in this study, you can contact Aislyn Watts (researcher) by email at 1152347@student.uwtsd.ac.uk or Beverly Cole (supervisor) by email at beverly.cole@uwtsd.ac.uk

Although this study did not focus on any issues which would normally invoke emotionally sensitive reflection, sometimes the process of reflecting can prove to be disturbing. If answering any of these questions led you to feel distressed and if you would like to speak to someone about your thoughts, arrangements can be made for you to be provided with a list of helpful organisations so that you can talk about any aspect of the research which has caused you distress. Should this be the case, you will need to contact the researcher within seven days of the date of this form.

If you would like to learn more about dog-assisted therapy, you will find some excellent Information on the following websites;

<https://www.hugglepetsinthecommunity.co.uk/animal-assisted-therapy>

<https://iiaapt.org>

<https://petsastherapy.org>

<https://www.bacp.co.uk/about-therapy/types-of-therapy/animal-assisted-therapy/>

<https://www.canineassistedlearning.com>

<https://www.medicalnewstoday.com/articles/animal-therapy>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9597812/>