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UNDERSTANDING CHILD-CENTERED CANINE ASSISTED PLAY THERAPY:

A QUALITATIVE COLLECTIVE CASE STUDY

A Dissertation
presented in partial fulfillment of requirements
for the degree of Doctor of Philosophy
in the Department of Leadership and Counselor Education
The University of Mississippi

By

Jennifer Austin Main

August 2017

ABSTRACT

Children are often referred to counseling for a multitude of reasons (e.g. divorce, trauma, abuse, etc.). Given these challenges faced by so many children, counselors are charged with using evidence based forms of counseling to appropriately help children and their families address these issues. One highly researched and effective therapeutic intervention to working with children is play therapy, more specifically child-centered play therapy (CCPT). A recent trend in play therapy is the incorporation of animals into the play therapy process to facilitate healing and growth (Chandler, 2012; Parish-Plass, 2013; Thompson, 2009), in particular the use of canines in CCPT, known as child-centered canine assisted play therapy (CC-CAPT). Much of the foundational literature regarding CC-CAPT is anecdotal and/or conceptual in nature. In particular, the effectiveness of and guidelines for CC-CAPT has not been established through empirical research. More research is needed to identify the proper education, training, and competencies needed for play therapists to use CC-CAPT.

This qualitative collective case study explored through one on one interviews and non-confidential documents registered play therapist and registered play therapist supervisor's experiences and perspectives of using a canine in child-centered play therapy in a play therapy room with children under the age of 12. Results of this study revealed two major themes: Planning, Preparing, and Mitigating CC-CAPT; and Therapeutic Dynamics: "It's Not a Therapeutic Dyad Anymore." The results of this study reveal the importance of the intentional selection, training, and certification of a canine for therapy dog work. Results revealed ways in which participants mitigated risks associated with CC-CAPT. Participants used clinical

judgment, screening forms, and assessments to determine the goodness of fit between therapy dog and child. Results of this study articulated the importance of understanding canine communication as it relates to the therapist responding appropriately to the canine and the child during a CC-CAPT session. Results of this study revealed that incorporating a therapy dog into the therapeutic process changes the dynamics within the playroom. Thus, requiring the play therapist be responsible for ensuring the session remains therapeutic while also navigating and safeguarding the varying components. The relationship that exists between the child, the therapist, and the dog is critical. The presence and interactions the dog brings to the playroom are necessary because the child and the dog can interact in ways that the therapist and the child may not. Participants offered elaborated descriptions of CC-CAPT sessions, indicating that when all of the critical pieces are in place, CC-CAPT can have successful outcomes.

DEDICATION

To my beloved therapy dogs, Uno, Tonka, and Rook, who motivated and inspired me to devote my life and career to play therapy and canine assisted play therapy. To Uno and Tonka, it is impossible to forget the two of you because you taught me so much and gave me so much to remember. Uno, Tonka, and Rook your devoted companionship and unique personalities expanded my heart and opened my eyes to the love and understanding a person can have with a canine. Because of the three of you I will be forever grateful and my life will forever be changed.

“The dog was created especially for children. He is the god of frolic” – Henry Ward Beecher. To the many children who one day may experience the compassion, silent understanding, companionship, and love of a therapy dog.

LIST OF ABBREVIATIONS

AKC	American Kennel Club
AAPT	Animal Assisted Play Therapy
AAT	Animal Assisted Therapy
AAT-C	Animal Assisted Therapy in Counseling
CAPT	Canine Assisted Play Therapy
CGC	Canine Good Citizen
CCPT	Child Centered Play Therapy
CC-CAPT	Child Centered Canine Assisted Play Therapy
RPT	Registered Play Therapist
RPT-S	Registered Play Therapist Supervisor
RPT/S	Registered Play Therapist and Registered Play Therapist Supervisor
TDI	Therapy Dogs International

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outside of my comfort zone and helped me to be stronger and more confident in who I am and my abilities as a counselor educator, supervisor, play therapist, researcher, writer, and scholar. Thank you for the countless opportunities you have bestowed upon me as I have gained a wealth of knowledge, experience, and skills. Thank you for always taking the time to meet with me and talk things out, I would not have been able to navigate this journey without you. Thank you for believing in me and pushing me to not give up on my dream of offering CC-CAPT. If it was not for your dedication to Rook and I, I would have never had the opportunity to learn so much about myself as well as the opportunity to research CC-CAPT. Thank you for showing such support and genuine interest in CC-CAPT, and for allowing a woman you did not know two years ago to bring her dog to your presentation. That moment will always be instrumental to me and the relationship we now share. Rook and I will be forever grateful.

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Thank you to the participants of this study, as you have offered invaluable information to so many people and the children we work with. Thank you to everyone, I will forever appreciate and value the experiences, knowledge, skills, and relationships I gained while at Ole Miss.

TABLE OF CONTENTS

ABSTRACT	ii
DEDICATION	iv
LIST OF ABBREVIATIONS.....	v
ACKNOWLEDGMENTS	vi
LIST OF TABLES	xi
CHAPTER I: INTRODUCTION	1
CHAPTER II: LITERATURE REVIEW	13
CHAPTER III: METHODOLOGY	39
CHAPTER IV: RESULTS	66
CHAPTER V: DISCUSSION	140
LIST OF REFERENCES	170
APPENDICES	181
APPENDIX A.....	182
APPENDIX B	185
APPENDIX C	189
APPENIX D.....	191
APPENDIX E	193
APPENDIX F	195
VITA	200

LIST OF TABLES

Table 1	Background Data of Participants	69
Table 2	Background Data of Therapy Dogs	70
Table 3	Major Themes and Subthemes of Experiences and Perspectives of Using CC-CAPT	87
Table 4	Theme 1 – Planning, Preparing, and Mitigating CC-CAPT	88
Table 5	Theme 2 – Therapeutic Dynamics: “It’s Not a Therapeutic Dyad Anymore.” ...	109
Table 6	Summary of Major Themes and Subthemes of Experiences and Perspectives of Using CC-CAPT	143

CHAPTER I: INTRODUCTION

Play therapists counsel children and families struggling with a variety of issues and concerns including but not limited to divorce, domestic violence, neglect, complex grief, and sexual or physical abuse (Bratton, Ray, Rhine, & Jones 2005; Landreth, 2002). According to The National Child Traumatic Stress Network (2011), every year at least 10 million children experience some form of trauma with at least 4 million reports of abuse. Adding to this problem is the frequent divorce rate in the United States with at least 40-50% of marriages ending in divorce and subsequent marriages having an even higher divorce rate (American Psychological Association, 2016). Given such challenges faced by so many children and their families, it is imperative that counselors identify effective interventions (ACA, 2014). Play therapy interventions have the potential not only to decrease the negative impact these issues can have on children and their families but also to reduce the likelihood of further impairment and damage throughout the child's lifespan (Bratton et al, 2005).

Play therapy is a developmentally appropriate treatment for children with emotional and behavioral problems under the age of 12 (Bratton, et al., 2005; Landreth, 2002). Play therapists understand that children communicate and express themselves more naturally through the use of play to symbolically act out thoughts, feelings, wishes, or desires; compared to an adult who communicates through the use of words (Bratton et al., 2005; Landreth, 2002). This symbolic play provides children a conduit between concrete and abstract thought (Lin & Bratton, 2015). Children use toys as a way to communicate and re-enact an experience while the play therapist

bears witness to the child's play, thereby bridging that experience with understanding to foster insight, mastery, coping skills, and growth (Bratton et al, 2005; Gil, 2006; Lin & Bratton, 2015).

A recent trend in play therapy is the incorporation of animals into the play therapy process to facilitate healing and growth (Chandler, 2012; Parish-Plass, 2013; Thompson, 2009). Play therapists are using animals, such as dogs, in directed and non-directed play therapy to establish rapport with children and help them express feelings (Thompson, 2009). Dogs are accepting and non-judgmental, and they demonstrate affection and a desire to interact with children without regard to mood, appearance, or behavior (VanFleet, 2008). Emotional safety in the playroom is critical for a child to be able to freely express him or herself for growth and healing to occur (Landreth, 2002).

In child-centered play therapy (CCPT), the client-counselor relationship and the safe, therapeutic environment is considered the mediums that foster healing and change. Child-Centered Canine Assisted Play Therapy (CC-CAPT) is based on this same premise, with the addition that the therapeutic relationship and emotional connection exists not only between the therapist and child, but also between the dog and child and between the therapist and dog (Parish-Plass, 2008). Parish-Plass (2008) claimed that the presence of the therapy dog in play therapy provides a less threatening atmosphere and enhances feelings of safety for a child. A child's perception of the therapist's efforts to help the dog feel safe contributes to the child's impression he or she will be safe as well (Parish-Plass, 2008).

Despite the potential effectiveness and increased utilization of CC-CAPT, there has been little empirical research into this practice. A lack of an evidence-based framework regarding the appropriate training for CC-CAPT could potentially lead to unethical use; safety issues for the therapist, client, and canine; and practical issues on the part of the counselor (Evans & Gray,

2012). Although there is research documenting the positive effects of pet-ownership (Melson & Fine, 2010) as well as how using AAT-C is therapeutically beneficial for working with a variety of clinical populations including children and adolescents (Chandler, 2012; Chandler et al., 2010; Fine, 2010; Nimer & Lundahl, 2007), the use of canines in CCPT is still in its infancy.

Works by VanFleet (2008), VanFleet and Faa-Thompson (2010, 2015), Thompson (2009), Parish-Plass (2008; 2013), and Chandler (2012) lay the foundation for this work. These scholars have written extensively about their experiences of using animals in counseling and play therapy and are supportive of those interested in integrating animals into their counseling practice. However, much of this foundational literature is anecdotal and/or conceptual in nature. In particular, the effectiveness of and guidelines for CC-CAPT has not been established through empirical research. More clarity is needed as to which populations are best served using CC-CAPT and which issues are best addressed when using CC-CAPT. Play therapists interested in or already using CC-CAPT have a role to play in developing and refining the skills, education, and training needed to ethically incorporate a dog into CCPT.

Statement of the Problem

Although the practice of CC-CAPT is becoming more prevalent and numerous writings have been published professing opinions about how to engage and conduct CC-CAPT (Parish-Plass, 2013; VanFleet & Faa-Thompson, 2010, 2015), there is little research on this topic. A thorough review of the current literature revealed only one empirical study on the use of CC-CAPT (Thompson, 2009). This outcome study found that CC-CAPT is useful in establishing rapport, decreasing aggression, and improving self-esteem in children diagnosed with anxiety disorders. Although Thompson's study found support for using this innovative treatment approach in therapy with children, a need for additional research is apparent. In order for this

therapeutic modality to be recognized as a credible treatment approach, CC-CAPT requires further exploration.

As a discipline, the play therapy profession needs to fully embrace the use of evidence-based research. Unfortunately, with the exception of Thompson's (2009) empirical study, there is only conceptual literature on CC-CAPT and minimal research documenting its impact on children's mental health. A lack of CC-CAPT literature grounded in research leaves play therapists vulnerable to inconsistent and improper use of a potentially valuable treatment modality. More research is needed to identify the proper education, training, and competencies needed for play therapists to use CC-CAPT.

The quantitative study by Thompson (2009) is useful in providing empirical outcome research that has been lacking in the CC-CAPT literature. However, there is still very little known about the qualifications, education, or training of play therapists or therapy dogs needed for the efficacious use of CC-CAPT. Research, thus far, has focused on the outcomes of CCPT, animal assisted therapy in counseling (AAT-C), and CC-CAPT. Particularly in the case of CC-CAPT, however, the empirical literature lacks a thorough, rich description of the play therapist's experiences and perspectives of using a therapy dog in child-centered play therapy.

Significance of the Study

This study contributed to the literature in several ways. First, it produced foundational, empirical research about an emerging treatment modality not adequately studied. This is particularly important given the counseling profession's increased emphasis on evidence-based treatment (ACA, 2014). Second, this study formed a foundation for an emerging, innovative practice in the counseling of children. This qualitative research study identified the important components of CC-CAPT practices and the relationships among these components. These

findings may be used to develop a model to guide systematic research which can be used to guide improved CC-CAPT practices.

Third, an examination of the experiences and perspectives of play therapists using CC-CAPT can educate other play therapists interested in using CC-CAPT as part of their practice. Findings from this study will inform other play therapists about the use of this innovative therapeutic modality when working with children experiencing mental health issues. Finally, such a model may also be used to improve training provided by counselor education programs and professional development seminars. The findings from this study can be integrated into a model to guide future research.

Purpose of the Study

The purpose of this qualitative collective case study was to explore and describe how play therapists use canines in CCPT in a play therapy room. This research study explored, through interviews and documents play therapists' experiences and perspectives to gain a deeper understanding of how this approach is used as a therapeutic modality for working with children experiencing mental health problems.

Research Question

The following research question was derived from a thorough literature review:

What are the experiences and perspectives of play therapists using child-centered canine assisted play therapy with children in a playroom?

Conceptual Framework

Axline (1974) expanded and adapted the principles of client-centered therapy (a person's motivation to strive toward self-actualization) to working with children, thus developing child-centered play therapy. In the 1980's Landreth (2002) popularized Axline's approach resulting in

this framework being one of the most highly researched play therapy approaches in the U.S. with at least 110 outcome studies documenting CCPT's positive impact on children's clinical mental health issues.

Axline (1974) and Landreth's (2002) messages were consistent and both viewed play as the natural language of children and believed that play, when paired with an empathic and understanding adult, could serve as the medium through which a child's problems and issues could be resolved. In play therapy, a child's thoughts and feelings may surface, allowing the expression of behaviors. As the child experiences emotional relief, the child begins to realize his or her individualization and begins to gain acceptance of themselves (Axline, 1974).

CCPT emphasizes the importance of the relationship between the child and the therapist and considers this relationship as a critical factor in the success of therapy (Sweeney & Landreth, 2011). CCPT does not imply that the therapist should be passive with the child but instead calls for the therapist to allow the child to direct the play session. Throughout the session, the CCPT therapist is actively engaged through establishing rapport, establishing a sense of permissiveness, actively listening, recognizing feelings, and maintaining respect for the child (Landreth, 2002). The permissive relationship established between the therapist and child makes it safe for the child to fully open up to the therapist, and in the context of this acceptance, the child is able to grow in independence, acceptance, and confidence (Axline, 1974). Although Axline's framework has been widely researched and supported for the practice of CCPT, no similar framework currently exists for the integration of dogs into this practice and that one step toward establishing a framework for CC-CAPT was to explore and describe how play therapists use canines in CCPT.

Definition of Terms

Animal-assisted activities (AAA): The Pet Partners program, one of the largest animal assisted therapy certification programs in the country defines AAA as something an animal does through providing “opportunities for motivational, educational recreational and/or therapeutic benefits to enhance quality of life.” It should be noted that “while more informal in nature, these activities are delivered by a specially trained professional, paraprofessional and/or volunteer, in partnership with an animal that meets specific criteria for suitability” (Pet Partners, 2016, para. 11).

Animal-assisted interventions (AAI): “are goal-oriented and structured interventions that intentionally incorporate animals in health, education and human service for the purpose of therapeutic gains and improved health and wellness. Animal-assisted therapy (AAT), animal-assisted education (AAE) and animal-assisted activities (AAA) are all forms of animal-assisted interventions. In all these interventions, the animal may be part of a volunteer therapy animal team working under the direction of a professional or an animal that belongs to the professional himself” (Pet Partners, 2016, para. 8).

Animal-Assisted Play Therapy (AAPT): “The use of animals in the context of play therapy, in which appropriately trained therapists and animals engage with children and families primarily through systematic play interventions, with the goal of improving children’s development and psychosocial health as well as the animals’ well-being” (VanFleet, 2008, p. 19).

Animal Assisted Therapy: “is a goal-oriented, planned, structured and documented therapeutic intervention directed by health and human service providers as part of their profession” (Pet Partners, 2016, para.9). It should be noted that “a wide variety of disciplines may incorporate AAT. Possible practitioners could include physicians, occupational therapists,

physical therapists, certified therapeutic recreation specialists, nurses, social workers, speech therapists, or mental health professionals.” (Pet Partners, 2016, para. 9).

Canine Assisted Play Therapy: “the incorporation of a dog into a play therapy session to increase the amount of tracking behavior and reflecting feelings. The canine serves in the role of co-therapist in the session by engaging in the therapeutic powers of play” (Thompson, 2009, p.201-202).

Child-Centered Play Therapy: a non-directive form of play therapy involving a “dynamic interpersonal relationship between a child and a therapist in play therapy who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play” (Landreth, 2002, p.16).

Directive Play Therapy: A form of play therapy in which “the therapist assumes responsibility for initiating and structuring the client’s play activities in order to promote healing” (Schaefer & Peabody, 2016, p. 23).

Human-animal bond (HAB): “a mutually beneficial and dynamic relationship between people and animals that is influenced by behaviors considered essential to the health and well-being of both” (American Veterinary Medical Association, 2016, para. 2).

Human-animal interactions (HAI): “encompasses any situation where there is interchange between human(s) and animal(s) at an individual or cultural level. These interactions are diverse and idiosyncratic, and may be fleeting or profound” (American Veterinary Medical Association, 2016, para. 1).

Play: “An activity with the following key attributes: freedom from constraints of reality, positive affect, flexibility, intrinsic motivation, inner control, and a focus on the process of the

activity rather than the outcome” (Schaefer & Peabody, 2016, p. 23).

Play Therapist: “A licensed mental health professional who is credentialed as a play therapist by a national play therapy association” (Schaefer & Peabody, 2016, p. 23). A play therapist can be anyone who has completed certification through APT to become a Registered Play Therapist (RPT) or Registered Play Therapist Supervisor (RPT-S), jointly noted as RPT/S.

Play Therapy: An approach to counseling which involves “the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (APT, 2016, para. 5).

Positive Dog Training: A form of dog training that uses positive reinforcement by use of “praise and/or treats to reward your dog for doing something you want him to do. Because the reward makes him more likely to repeat the behavior, positive reinforcement is one of your most powerful tools for shaping or changing your dog's behavior” (The Humane Society of the United States, 2012).

Reflecting feelings: “The verbal response to emotions expressed by children in play therapy” (Ray, 2004).

Therapeutic powers of play: “The mechanisms in play that actually produce the desired change in a client’s dysfunctional thoughts, feelings, and/or behaviors” (Schaefer & Peabody, 2016, p. 24).

Therapy animals: animals that “provide affection and comfort to various members of the public, typically in facility settings such as hospitals, retirement homes, and schools” (Pet Partners, 2016, para. 1). Generally speaking, “these pets have a special aptitude for interacting with members of the public and enjoy doing so. Therapy animal owners volunteer their time to

visit with their animal in the community. A therapy animal has no special rights of access, except in those facilities where they are welcomed. They may not enter businesses with ‘no pets’ policies or accompany their handler in the cabin of an airplane regardless of their therapy animal designation” (Pet Partners, 2016, para. 2).

Therapy Dog: a canine that has been trained in basic obedience skills and works with a handler (typically the canines owner) together to provide interaction, affection, and comfort to people in need. A therapy dog can be any size, body shape, breed, mixture of breeds, color, coat type, or sex. The assistance may be emotional: by showing the person being visited that he is loved and lovable” (Love on a Leash, 2016, para. 5).

Tracking: a verbal communication in which the counselor states, in “a literal noninterpretive way, what is happening in the playroom by describing either what the child is doing or what the play objects are doing...the therapist concretely describes what is happening with the toys” (Kottman, 2011, p. 113).

Limitations

Limitations and delimitations are addressed for readers to consider when interpreting and generalizing the findings of a research study. Therefore, limitations and delimitations were considered for this qualitative research study.

Qualitative research requires training and experience, I completed a doctoral level qualitative research class and participated, as a co-researcher, in one qualitative research study. Since I am a novice researcher, my skill level may affect the trustworthiness of the study. Interviews required participants to openly discuss their thoughts and feelings regarding CC-CAPT, resulting in the participant needing to be honest and open about CC-CAPT. Bias exists in the data as a result of being collected from volunteers, due to the participant having a vested

interest in the topic and attempt to focus only on the positive constructs of CC-CAPT. Results of this study could have been influenced by my personal bias and past experience with CC-CAPT. I believe CC-CAPT to be a valuable treatment modality. To enhance the trustworthiness of the study, I documented and discussed in Chapter 3 ways in which bias was minimized (e.g. self-reflective journal, etc.). Findings of this study are unique and may not be generalizable to other populations or settings.

Delimitations

This collective case study was limited to play therapists who are members of the Association for Play Therapy (APT) and have used or are currently using a therapy dog in child-centered play therapy. In addition, participants must have identified the use of child-centered play therapy as their primary approach when working with children and canines. Although there are many therapists who routinely use animal-assisted therapy and animal-assisted therapy in counseling, this study specifically examined counselors who have routinely used a therapy dog in child-centered play therapy. Participants had a therapy dog they were currently using or have used in CCPT. All participants incorporated their therapy dog for at least six months into a CCPT session and worked with at least three different children using a therapy dog in CCPT.

Another delimitation was that participants must (a) be currently practicing with a license as a mental health counselor, psychologist, or social worker; (b) be working with clients on an outpatient basis; and (c) have a fully equipped playroom that contain categories including but not limited to: real-life toys, acting-out aggressive-release toys, and toys for creative expression and emotional release as suggested by Landreth (2002).

Assumptions

There are several assumptions underlying this research study. I assumed the participants interviewed are competent to answer the semi-structured interview questions. I assumed that participants had a vested interest in the topic and answered the semi-structured research questions honestly and as accurately as possible. To increase the likelihood of open and honest disclosures, I assured and preserved the confidentiality of all participants. I assumed that under supervision and with training I was able to maintain an adequately unbiased objective posture in collecting and analyzing the data to yield accurate results.

Overview of the Study

Chapter one of this dissertation proposal provides an overview of this research study and introduces literature and concepts associated with CCPT and CC-CAPT. Chapter one also identifies the research questions, the purpose of the study, the significance of the study, definition of key terms, limitations, delimitations, and assumptions. Chapter two includes a thorough review of the current literature on animal-assisted therapy (AAT), AAT-C, CCPT, and CC-CAPT. Chapter three details the qualitative methodology used, including the role of the researcher, trustworthiness, bias, population, purposeful sampling, data collection, and analysis.

CHAPTER II: LITERATURE REVIEW

Introduction

The use of animals, particularly dogs, in the treatment of mental health disorders is rapidly growing in the field counseling (Chandler, 2012; Fine, 2010). This phenomenon has expanded into counseling with children in the field of play therapy. Because this is an innovative treatment approach, it is important for counselors to understand the theory and best practices of using a dog in play therapy. However, there is limited research and conceptual literature on using dogs in child-centered play therapy. This chapter will explore the literature and empirical research that has been conducted on child-centered play therapy, animal-assisted therapy in counseling (AAT-C), animal-assisted play therapy (AAPT), and child-centered canine-assisted play therapy (CC-CAPT). This review of the literature will focus on the evolution of CC-CAPT and illustrate the need for more advanced research to further understand how to ethically incorporate CC-CAPT into practice.

Child-Centered Theory

Child-centered play therapy (CCPT) is a therapeutic modality for working with children. Deriving its foundation from Rogers' (1951) client-centered theory, CCPT was adapted by Axline (1974). Axline extended client-centered theory by applying Rogers' philosophy and beliefs to therapeutic work with children. She asserted that, when provided with the right therapeutic conditions, the child is capable of self-growth and healing and will naturally strive toward self-actualization. Modifying client-centered theory in a developmentally appropriate way, Axline created a therapeutic modality that was conducive to a child's natural ability to

communicate through play, thus developing CCPT.

Child-Centered Play Therapy

CCPT is a form of counseling developmentally appropriate for children aged 3 to 12 years (Landreth, 2002). CCPT utilizes a child's natural language of play in an environment with carefully selected toys to match the developmental communication level of the child (Landreth, 2002; Ray, Stulmaker, Lee, & Silverman, 2013). The therapist believes in the child's natural ability to self-direct the play and follows the child's lead through self-exploration on a journey toward self-discovery (Axline, 1974; Landreth, 2002; Ray, 2011; Sweeney & Landreth, 2011). Landreth (2002) defined child-centered play therapy as:

A dynamic interpersonal relationship between a child (or person of any age) and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child (or person of any age) to fully express and explore self (feelings, thoughts, experiences, and behaviors) through play, the child's natural medium of communication, for optimal growth and development.
(p.16)

CCPT reflects the premises of client-centered theory, in which the relationship between therapist and child, marked by empathic understanding, self-congruence, and accepting the entire person without judgment, is the central factor that facilitates change (Landreth, 2002; Ray et al., 2013; Rogers, 1951). Moustakas (1959) emphasized the relational component of CCPT by highlighting the importance of complete acceptance of the child, freedom of self-expression, respect for the individuality of the child, and a focus on the current state of the child (Ray, 2011). Within this type interpersonal relationship, children are able to explore various levels of cognitions, feelings, and attitudes while gaining coping skills, insight into their emotions, self-

control, and a feeling of importance and adequacy (Moustakas, 1955). The therapist believes children have the ability to achieve their full potential when provided a relationship and environment that facilitates growth and healing (Ray & Landreth, 2015).

As its name implies, the child is the central focus of CCPT play sessions and the therapist does not attempt to control the direction of the session nor attempt to interpret a child's play (Kottman, 2011; Sweeney & Landreth, 2011). The therapist is actively engaged throughout the play session by establishing rapport and a sense of permissiveness, listening actively, recognizing feelings, and maintaining respect for the child. The permissive relationship makes it possible for the child to fully open up to the therapist and, with the unconditional acceptance offered by the counselor, the child is able to grow in independence, acceptance, and confidence (Axline, 1974). According to Axline (1974), her CCPT approach to counseling children is "based upon a philosophy of human relationships which stresses the importance of the individual as a capable, dependable human being who can be entrusted with the responsibility for himself" (p. 62).

To fully understand the child, the play therapist must remain focused on understanding the child's cognitions, feelings, and behaviors. When the child's problems become the focus of therapy, the child is no longer seen as a complete human being capable of growth and self-discovery (Sweeney & Landreth, 2011). Therefore, the therapist must not be distracted by the child's reported emotional or behavioral problems (Landreth, 2002; Sweeney & Landreth, 2011). The therapist must attempt to understand the child's perspective in order to understand the behaviors and emotions exhibited in the playroom (Ray & Landreth, 2015). The therapist accepts, within reason, the child's expression of these emotions and behaviors. CCPT affirms a child's efforts to develop healthier ways of coping with future life events and trusts in the

direction and wisdom of the child's internal drive toward self-actualization (Kottman, 2011; Landreth, 2002; Sweeney & Landreth, 2011).

Within CCPT, it is the therapist's responsibility to facilitate a positive therapeutic climate within which the child determines the behaviors or emotions to be changed for a healthier self (Kottman, 2011; Ray & Landreth, 2015). Change is not driven by a cognitive process and does not have to be verbalized by the child (Kottman, 2011). Moustakas (1955) noted that the therapist should convey a belief in the child's abilities to work toward growth and healing, the therapist should see the child as a fully capable person, be respectful of the child's uniqueness, accept the child as they are, and communicate to the child that he or she is worthy and adequate. Growth is the result of the child discovering personal strengths and is driven by an intrinsic drive toward maturation, independence, and self-enhancement (Kottman, 2011; Ray & Landreth, 2015).

The therapeutic relationship allows the child to lead the way and to explore any underlying feelings, negative attitudes, or misbeliefs without any judgment or expectation from the therapist; the goal is for the child to be able to reach a place of self-acceptance and healing (Moustakas, 1955). The relationship aids the child in moving through what Landreth (2002) identified as the CCPT objectives, which allow for recognition of the child's inner value and strength (Ray & Landreth, 2015; Sweeney & Landreth, 2011). CCPT maintains the belief that, when they experience an environment free of constraints and expectations, children will (a) improve self-esteem, (b) accept responsibility, (c) trust in their decisions, (d) develop self-acceptance, (e) become more independent, (f) facilitate decision making on their own, (g) exhibit self-control, (h) develop positive coping skills, (i) learn to trust in themselves, and (j) gain insight and awareness (Kottman, 2011; Landreth, 2002; Sweeney & Landreth, 2011).

The play therapist provides an environment conducive to facilitating experiences of appropriate emotional expression and empathy (Ray et al., 2013). The playroom contains carefully selected toys that permit a child the freedom of self-expression through play (Ray, 2011). The child is permitted to express feelings verbally and nonverbally without expectation, judgment, or pressure from the therapist (Ginott, 1959; Ray, 2011). The child determines his or her level of participation in play, including how much to interact with the therapist and the intensity, frequency, and duration of such interactions. Play therapists avoid asking questions, as questions shift the focus from emotions to cognitive explanations, thus defeating the principle of play therapy being a developmentally appropriate intervention for children (Sweeney & Landreth, 2011). The therapist does not take the lead in the session, as this would deprive the child of the opportunity to explore and experiment with new ideas, behaviors, emotions, direction, and an ability to take responsibility (Sweeney & Landreth, 2011).

Empirical Support for CCPT

CCPT is recognized in the U.S. as being the most widely used forms of play therapy (Ray & Landreth, 2015). A survey completed by members of the Association for Play Therapy (APT) and the American Counseling Association (ACA) revealed that, among those who use play therapy, CCPT was the most frequently used theory-based approach to play therapy (Lambert, et al., 2007).

In addition to being widely used, CCPT enjoys a great deal of empirical support as a treatment modality (Lin & Bratton, 2015). To date, there have been at least 110 outcome studies that have demonstrated CCPT as an effective intervention for working with children (Lin & Bratton, 2015). CCPT research has shown that it improves relationships between parent and child, between child and peers, and between child and teacher (Lin & Bratton, 2015; Ray et al.,

2013; Ray & Landreth, 2015). Children engaged in CCPT have shown an increase in competence and confidence, an improvement in academics, and a decrease in aggressive behaviors. (Ray et al., 2013). Other research has found CCPT effective in helping children cope and alleviate symptoms associated with depression, anxiety, self-esteem, trauma, sexual abuse, medical conditions, academic problems, attention deficit hyperactivity disorder, aggression, and social behavior (Baggerly & Jenkins, 2009; Bratton et al., 2005; Ray, Blanco, Sullivan, & Holliman, 2009; Ray & Landreth, 2015).

Whereas CCPT has a sound theoretical foundation and ample empirical support, there is a paucity of theory and research guiding the current practice of child-centered canine assisted play therapy (CC-CAPT). However, literature and research related to the broader categories of animal-assisted therapy and animal-assisted therapy in counseling may have relevance to CC-CAPT.

Animal-Assisted Therapy

The use of animals has become an acceptable form of treatment in a variety of therapeutic settings (e.g., physical therapy, occupational therapy), but is a relatively new innovation in counseling and the field of play therapy (Chandler, 2012; Endenburg & Van Lith, 2011; Fine, 2010; Thompson, 2009). Although new, the utilization of therapy animals in conjunction with the treatment of children's emotional and behavioral difficulties is rapidly growing in the field of counseling (Chandler, 2012; Fine, 2010; Stewart, Chang, & Rice, 2013).

Levinson (1962) first brought attention to the use of animals in counseling with children when he observed an interaction between a resistant child client and his dog, Jingles. Levinson (1962) noticed that the resistant child became more engaged with the dog present by making more eye contact and more freely sharing stories. Levinson (1962) posited that the dog met the

child's initial need of nonverbal interaction and physical touch. The dog provided a bridge between Levinson (1962) and the child to engage in the counseling process. This discovery and documentation by Levinson (1962; 1964) sparked a trajectory of research into animal-assisted therapy within the helping professions, including nursing, physical therapy, psychiatry, and counseling (Endenburg & Van Lith, 2011; Fine, 2010; Kruger & Serpell, 2010).

Since then, the animal-assisted therapy literature has expanded significantly with more research documenting the value and benefits of human-animal interactions (HAI) as part of the medical and mental health treatment process. Some of these benefits include but are not limited to increased socialization, decreased somatic symptoms, decrease in depression and anxiety, increase in communication, decrease in post-operative pain, improved mood, and improved feelings of loneliness (Kruger & Serpell, 2010; Marino, 2012; Nimer & Lundahl, 2007; O'Callaghan & Chandler, 2011; Pet Partners 2016; Sobo, Eng, & Kassity-Krich, 2006). HAIs can have significant health benefits, including decreased stress level, reduced blood pressure, reduced instances of hypertension, improved pain management, and increased physical activity (Braun, Stangler, Narveson, & Pettingell, 2009; Friedmann, Son, & Tsai, 2010; Marino, 2012; Pet Partners, 2016), and HAIs may also have a positive impact on morale and feelings of self-worth (Rowan & Beck, 1994).

Animals have extended their utility outside of the medical and mental health fields and have traveled into the classroom with children. Kotrschal and Ortbauer (2003) discovered that the presence of a dog in an elementary classroom improved children's social skills and decreased episodes of aggression and acting out behaviors. Anderson and Olson (2006) reported similar findings; in classrooms with children suffering from severe emotional disorders, the presence of a dog improved students' emotional stability.

It is most common for counselors to select domesticated animals such as dogs (Glucksman, 2005; O'Callaghan & Chandler, 2011) for use in therapeutic settings. Sigmund Freud (1959) was one of the first to use and document the effects of a dog in the counseling room. Freud (1959) noted that dogs do not hide their emotions, are genuine with their feelings by expressing them in a direct manner, are unable to be deceptive to another being, and are often a loyal companion (Glucksman, 2005).

Dogs are the most commonly used form of animal in AAT-C by virtue of their ability to be easily trained and integrated into most forms of AAT-C (Boat, 2010; Chandler, 2012; Nimer & Lundahl, 2007; O'Callaghan & Chandler, 2011). A good therapy dog seeks out affection and has a desire to engage with others either through petting or playing (Chandler, 2012; O'Callaghan & Chandler, 2011; VanFleet, 2008). The use of dogs in therapy can be beneficial due to the dog's social nature, friendly demeanor, and ability to form an emotional bond with a person (O'Callaghan & Chandler 2011). Dogs are capable of social interaction because of their keen awareness of the subtlest cue or movement from another being. Dogs can sense even subtle signals (e.g., stress hormone changes, facial, behavioral, and verbal and non-verbal cues) that make them excellent communicators (Chandler et al., 2010; VanFleet, 2008).

O'Callaghan & Chandler (2011) discovered that dogs were found to be a more effective animal when used in therapy than other animals such as cats or horses. This may be due to the fact that dogs are commonly accepted in Western culture as a part of the family (Boat, 2010; Endenburg & Van Lith, 2011; O'Callaghan & Chandler, 2011) and because, as Levinson (1964) noted, children perceive their pet as a member of the family to the extent that, upon the death of the pet, a child will grieve the pet as a family member.

Therapists (e.g., Freud, 1959; Levinson, 1962, 1964) first began using their dogs in

therapy by simply having their pets present in the room; however, as this treatment modality became more popular and better researched, the field became more defined. Many new terms were introduced, including animal-assisted interventions, animal-assisted activities, animal-assisted therapy, and animal-assisted therapy in counseling (Chandler, 2012; Dietz, Davis, & Pennings, 2012; Kruger & Serpell, 2010). At times, the literature will use these terms interchangeably. However, each term has a different meaning and goal, and a clear distinction is imperative to understanding the approach used with a client (Chandler, 2012; Evans & Gray, 2012).

Therapy animals such as dogs provide comfort to people in the community, traditionally in facilities such as hospitals, nursing homes, medical offices, educational settings, and counseling facilities. The term animal-assisted intervention (AAI) is an interdisciplinary term that encompasses animal-assisted activities and animal-assisted therapy. AAIs are planned, goal-oriented activities that incorporate various species of animals (e.g., dogs, horses, cats). AAIs are delivered by health or human service providers to people in the community to improve quality of life (Pet Partners, 2016; Stewart, Chang, Parker, & Grubbs, 2016). Animal-assisted activities (AAAs) are conducted in settings such as nursing homes or hospitals. In contrast to AAIs, they are informal and socially based but not goal-oriented or supervised, and practitioners do not use a treatment plan or note taking when conducting AAIs (Evans & Gray, 2012; Pet Partners, 2016; Stewart et al., 2016). Animal-assisted therapy (AAT) involves a certified handler-animal team with specific goal-oriented tasks working within the area of the clinician's expertise and integrating the animal into the treatment process. In AAT, the animal is an adjunct to therapy, and the handler sets goals, documents progress, and directs the interaction between the animal and the client (Chandler, 2012; Evans & Gray, 2012; Pet Partners, 2016; Stewart et al., 2016).

Nimer and Lundahl (2007) conducted a meta-analysis indicating that AAT was an effective adjunct treatment when compared to other forms of stand-alone treatments. For example, AAT was used in an emotional support program for children in kindergarten through 12th grade who all qualified for an individualized education plan (IEP) due to emotional and behavioral problems at school. As part of the IEP, the student was allowed to retreat to the therapy dog in the social worker's office during times of emotional crisis. The therapy dog provided temporary emotional relief for the student and helped de-escalate behaviors through nurturance and non-verbal communication, resulting in the student being able to return to the classroom and remain at school for the remainder of the day (Geist, 2011).

Animal-Assisted Therapy in Counseling

AAT-C is rapidly growing in the mental health field as more counselors are incorporating this treatment modality in order to facilitate client growth and change (Chandler et al., 2010; Glucksman, 2005). AAT-C is not a stand-alone form of counseling, but rather it is used to supplement the therapeutic process (Dietz et al., 2012). AAT-C incorporates a specially trained and appropriately evaluated animal with a credentialed mental health professional into the therapeutic process to facilitate client growth and recovery (Chandler, 2012; Stewart et al., 2016). Incorporating a trained animal into a counseling setting is intended to provide an additional dimension to the session and to enhance the goals of counseling rather than to serve as a form of distraction (Chandler, 2012; Dietz et al., 2012; Levinson, 1964).

AAT-C is not used to replace human social interaction—it is designed to aid the counselor in achieving results with a client that otherwise may be difficult to achieve (Endenburg & Van Lith, 2011; Mallon, 1992). For example, George (1988) observed that while in the presence of a therapy dog, children appeared to be more open and willing to engage in

counseling. The dog provided warmth and acceptance while reducing tension and allowed the child to engage with the therapy dog in both verbal and non-verbal capacities. This provided an avenue of building trust between therapist and child, resulting in easier self-expression (George, 1988).

Because the therapy animal has an ability to cross a barrier with a client by demonstrating physical empathy and comfort while the therapist is able to maintain a professional boundary (Stewart et al., 2013), AAT-C may provide the therapist an opportunity to address an issue with a client that is better addressed through the use of an animal (Endenburg & Van Lith, 2011). For example, a therapy animal provides a unique opportunity for the client to experience nurturance and therapeutic touch with the animal (Stewart et al., 2013), which is often inappropriate between therapist and client.

The application of AAT-C is increasing in the counseling community, as this therapeutic modality can impact a variety of mental health concerns (Chandler et al., 2010). Research supports the positive impact animals have on the counseling treatment process (Dietz et al., 2012) and some research, albeit limited, has demonstrated it to be effective with improving self-esteem, self-concept, client motivation, eye contact, improved peer relationships, enhanced insight and decreased aggression, and anxiety and depressive symptoms (Chandler, et al., 2010; Geist, 2011; Lange, Cox, Bernert, & Jenkins, 2007; Reichert, 1994). More specifically, animals have shown to have an impact on children and adolescents with issues such as attachment disorders, attention deficit hyperactivity disorder, conduct disorder, post-traumatic stress disorder, depression, and anxiety (Dietz et al., 2012; Endenburg & Van Lith, 2011; Geist, 2011; Nimer & Lundahl, 2007), as well as behavior problems, medical illnesses, overall wellbeing, and symptoms of autism (Nimer & Lundahl, 2007).

Demonstrating the diverse applicability of this therapeutic intervention, AAT-C is used in a variety of settings and with various populations (Chandler, 2012; Melson & Fine, 2010). For example, animals have shown to be beneficial in working with children and adolescents in settings such as pediatric hospitals, residential treatment facilities, group homes, schools, community agencies, and private practice (Chandler, 2012; Dietz et al., 2012). The use of AAT-C varies depending on the type of animal (e.g., dog, horses), the setting (e.g., private practice, school), the duration of counseling, and whether or not AAT-C is used in an individual, group, or family format (Endenburg & Van Lith, 2011).

Animals can be a transitional object for a client and provide different benefits than an inanimate object (Chandler, 2012; Glucksman, 2005). Chandler (2012) stated, “As transitional objects, therapy animals combine the best therapeutic attributes of both toys and humans while avoiding the obvious limitations that toys and humans may present” (p. 136). The therapy animal may provide interactions similar to what the client experiences in the outside world. This challenge offers the client a unique opportunity to experiment with new behaviors and choices, as the therapy animal is less threatening than others in the client’s world. This affords the client an opportunity to accept responsibility for choices, behaviors, and actions, resulting in the client applying these new skills with more confidence (Chandler et al., 2010).

The therapeutic relationship between client and therapist is one of the strongest positive predictors of therapeutic growth and change in counseling (Rogers, 1951; Shelton, Leeman, & O’Hara 2011). The human-animal bond (HAB) between a therapy dog and its handler is a special connection that is vital for AAT-C to be effective (Chandler, 2012; Pet Partners, 2016). The client can benefit from the HAB as the relationship demonstrates mutual trust and respect for one another.

In AAT-C, the client is inclined to form a connection to both the animal and the therapist, resulting in a stronger bond among the counselor, client, and dog (Chandler, 2012). AAT-C is intended to enhance the therapist-client relationship by establishing rapport and building a sense of safety and trust within the therapeutic environment (Arkow, 1982; Chandler, et al., 2010; Dietz et al., 2012; Glucksman, 2005). O’Callaghan and Chandler’s (2011) research investigated therapists’ purpose of using animals, including dogs, in counseling and found that one of the primary reasons was to help establish rapport with clients. Dogs have an ability to slip under a person’s defense mechanisms, allowing engagement between therapist and client to facilitate a smoother process (Evans & Gray, 2012; Melson & Fine, 2010).

The interaction between a client and dog, within the counseling environment, can be therapeutic on its own and can assist the client in being more receptive to the intervention offered by the counselor (Nimer & Lundahl, 2007). Clients may interact with the therapy dog in several ways, such as touching, petting, playing, or telling stories to the dog (Lange et al., 2007; O’Callaghan & Chandler, 2011; Reichert, 1994; VanFleet, 2008). Lange, Cox, Bernert, and Jenkins (2007) discovered that adolescent boys were more motivated to attend group therapy sessions when the therapy dog was present. The adolescent boys were more comfortable disclosing difficult feelings in the presence of the therapy dog. Rather than sitting awkwardly in silence, clients may find dogs comforting during silent moments, as they may pet or focus on the dog rather than on the counselor or on the silence. This distraction may provide an emotional break and relief to the client (Glucksman, 2005; Lange et al., 2007).

AAT-C can be incorporated into a range of theoretical orientations and is complimentary to various counseling techniques (O’Callaghan & Chandler, 2011). Chandler et al. (2010) speculated that AAT-C can be more effective if a counselor can conceptualize and apply AAT-C

within their own theoretical orientation (Stewart et al., 2013; VanFleet, 2008). Fine (2010) suggested that the counselor must know how the dog fits within the theoretical framework being used. For example, AAT-C has shown to fit with client-centered theory, gestalt theory, cognitive behavioral theory, Adlerian therapy, reality therapy, and logotherapy (Chandler, et al., 2010; Fine, 2010).

The client-centered approach to counseling is ideal for AAT-C as the therapist uses no directives but instead allows for spontaneous interaction between the therapy dog and client (Chandler, 2012; Chandler et al., 2010). The client-centered counselor uses reflective listening to empathically understand and clarify the verbal and non-verbal messages of a client. The therapist works with clients to gain insight and understanding into their behaviors so that clients can focus on the present and move toward self-acceptance (Chandler et al., 2010). A purpose of using AAT-C within the context of client-centered therapy is to encourage the client to share feelings which the counselor can then accurately reflect back to the client (Chandler et al., 2010).

Holding onto the notion that the relationship is the catalyst of change for the client (Rogers, 1951), Chandler (2012) suggested that the relationship between the therapy dog and client is a conduit to the development of a bond between the therapist and the client (Stewart et al., 2013). Chandler et al. (2010) demonstrated how AAT-C could support the same facets (e.g. unconditional positive regard, non-judgment, establishing rapport, etc.) as client-centered therapy. Using a therapy dog in the counseling environment can enhance feelings of safety and security, heighten trust, and facilitate rapport; therefore, encouraging the client to openly share thoughts and feelings eventually leads to greater insight and understanding (Chandler, 2012; Chandler et al., 2010).

Education and Training

According to the 2014 ACA Code of Ethics, when a counselor decides to practice in a new specialty area, it is necessary for counselors to take appropriate measures to ensure their competence in using the newly acquired skills and to protect clients from any potential harm (C.2.b). With regard to AAT-C, standards of practice, training requirements for the therapy animal, and competencies and evaluations of the human-animal team have been defined by Chandler et al. (2010), Chandler (2012), Fine (2010), and most recently, the ACA's Animal Assisted Therapy in Mental Health Interest Network (Stewart et al., 2016).

AAT-C has the potential to positively impact a client's overall health and wellbeing when conducted by a mental health professional with adequate education and training (Stewart et al., 2013). When exploring the experiences and perceptions of counselors who regularly use AAT-C, Stewart et al. (2013) found that one of the four overarching themes related to the importance of education. Specifically, they found that effective practice of AAT-C requires that the practitioner possess an advanced set of skills exceeding the general skill level of a counselor. In addition to having a strong foundation in counseling skills, counselors wanting to integrate AAT-C must also develop AAT-C specific skills, including understanding animal communication and behavior, properly integrating an animal into a counseling or play therapy session, facilitating therapeutic interactions between client and animal, understanding the interaction in therapeutic terms, and knowing how to turn an unintentional interaction into a therapeutic encounter or intervention (Chandler, 2012; Fine, 2010; Stewart et al., 2016; Stewart et al., 2013; VanFleet, 2008). These skills are necessary for the therapist to incorporate an animal appropriately into a counseling session and to strengthen the bond between counselor and animal (Fine, 2010; Stewart et al., 2013). This bond results in the therapist and animal trusting one another by learning to communicate non-verbally (Stewart et al., 2013).

Animal Advocacy

Counselors conducting AAT-C have a responsibility to protect the safety and well-being of all involved; this includes the client, themselves, anyone else who comes into contact with the animal, and the animal itself (O’Callaghan & Chandler, 2011; Serpell, Coppinger, Fine, & Peralta, 2010). The therapist takes on the role of animal advocate and keeps the animal’s welfare in mind at all times (Stewart et al., 2013). Chandler (2012) challenged handlers to ensure the health, safety, and happiness of the animal with which the therapist chooses to work.

Traditionally, counselors are taught about burnout and ways to mitigate these factors through wellness and self-care. Literature stresses the need for counselors to not only monitor their own stress level and feelings of burnout, but also consider the welfare of the therapy animal (Haubehofer, 2009). The counselor remains cognizant of what occurs during sessions and the effect this can have on the animal. The intensity of work, the number of hours worked, the work environment, and the client’s age may impact a dog’s stress level (Endenburg & Van Lith, 2011; O’Callaghan & Chandler, 2011; Serpell et al., 2010). It is vital for the counselor to be able to recognize the impact this work can have on the animal and the animal’s ability to sustain this form of work. Refusal to accommodate or alleviate the stress for the animal brings into question the counselor’s ability to recognize the signs of stress, as well as their willingness to remove the animal from the environment. The animal may demonstrate stress signals during the counseling session and, if ignored, the stress on the animal could have devastating effects, including avoidance of people, physical injury to others, refusal to work, exhaustion, or health problems (Haubehofer, 2009). An opportunity for the animal to seek respite needs to be accessible at all times (Serpell et al., 2010).

Over the past several decades AAT has permeated throughout the medical and mental

health fields. Research documents the positive effects animals have on the treatment process, so much so that mental health counselors are embracing this form of treatment. More specifically dogs are becoming an addition to the counseling room and to the counseling relationship.

Counselors have applied AAT-C concepts to working with adults, adolescents, and children.

AAPT is a specific application of AAT-C when working with children in play therapy.

Animal-Assisted Play Therapy

Animals have a calming effect on children in which they help reduce anxiety in stressful situations. When a child's anxiety is reduced, the child is able to easily engage more easily, make better eye contact, feel safer and more comfortable to explore an environment, and display more motivation to interact with others (Evans & Gray, 2012). Prothmann et al. (2005) investigated children receiving treatment in an inpatient psychiatric facility and discovered that youth who received AAT-C in addition to their standard treatment were more open and communicated more than the youth who did not have a therapy dog present. Prothmann et al. (2005) concluded that children responded better to treatment due to the therapy dog being present and, according to the researchers, this gave the impression of the environment being safer and more accepting.

Despite the extensive research on the use of AAT within professions such as nursing, psychology, and counseling, there is minimal research on specifically within the play therapy community (Evans & Gray, 2012). Although there is a strong interest in using dogs in play therapy, there is a recognized need for research into this practice to guide education in best practices, competency, ethics, and skills (Evans & Gray, 2012; Thompson, 2009). Risley-Curtiss (2010) highlighted this concern when they surveyed social workers across the U.S. and found that close to 25% use companion animals in their treatment process. A concerning finding was that those using companion animals in their counseling work had never received formal

certification training in AAT or AAT-C, nor had they received any certification, training, or education on how to use AAT within social work (Risley-Curtiss, 2010). VanFleet (2007) noted an additional concern in which 58% of participants in a pet play therapy study indicated they were self-taught in the use of AAT-C.

As previously discussed, research shows the benefits of using animals in counseling and the benefits of children having a relationship with an animal (Chandler, 2012; Fine, 2010). Recently, there has been an attempt to integrate the two well-established fields of AAT-C and play therapy in order to create animal assisted play therapy (AAPT) (VanFleet & Faa-Thompson, 2010). VanFleet (2008) defined AAPT as:

The involvement of animals in the context of play therapy, in which appropriately trained therapists and animals engage with children and families primarily through systematic play interventions, with the goal of improving children's developmental and psychosocial health as well as the animal's well-being. Play and playfulness are essential ingredients of the interactions and the relationship. (p. 19)

Like AAT-C, AAPT techniques (e.g. non-directed play therapy or directed play therapy) can be used in a variety of counseling forms such as individual play therapy, family counseling, group counseling, and psychoeducation (VanFleet & Faa-Thompson, 2015). Reflective of its versatility, AAPT has the potential to be used as an adjunct in a variety of play therapy modalities, including child-centered play therapy, object relations play therapy, cognitive behavioral play therapy, or directed play therapy (Thompson, 2009; VanFleet & Faa-Thompson, 2010, 2015).

A play therapist may utilize AAPT by incorporating a trained animal into the play therapy setting in which the animal can serve a variety of therapeutic roles to facilitate progress

during a counseling session (VanFleet & Faa-Thompson, 2015). Several species are often used in AAPT; however, dogs and horses tend to be the most widely used. In one of the first qualitative studies exploring ways in which play therapists use animals in their work with children, VanFleet (2007) found that 42% of the respondents used an animal in the majority of their play therapy work and 75% of the participants used dogs as their animal of choice.

VanFleet and Faa-Thompson (2015) discussed principles, competencies, and ethical considerations for play therapists using AAPT. According to these authors, AAPT must be conducted in an ethical and theoretically-grounded manner that supports the premise of play therapy and AAT-C as well as protecting the welfare of all involved. VanFleet and Faa-Thompson also offered suggestions as to the competencies needed to conduct AAPT, including a) competence in play therapy; b) competence in knowledge of animals; c) competence in animal selection, husbandry, training, and handling; d) competence in facilitating client-animal interactions and relationships; and e) competence in the unique challenges in AAPT.

To further elaborate on each of the competences VanFleet and Faa-Thompson explained that a play therapist interested in AAPT must first have experience as a counselor and adequate play therapy training and supervision before incorporating AAPT into their practice (Mallon, 1999; VanFleet & Faa-Thompson, 2015). Substantial knowledge of the animal, intentional selection, positive training methods, and understanding the body language of the animal are ways the play therapist may reduce risk of injury to those involved in AAPT (VanFleet & Faa-Thompson, 2015). Including another living creature in the play therapy session provides the child the opportunity to witness the healthy relationship that exists between therapist and dog (Parish-Plass, 2008, 2013; VanFleet & Faa-Thompson, 2015). This relationship between therapist and dog can “serve as a metaphor for the therapeutic relationship” (VanFleet & Faa-

Thompson, 2015, p. 202) between counselor and child. The child witnesses respect and nurturance between the therapist and dog, and then has an opportunity to experience this relationship.

AAPT has five primary objectives: (a) self-efficacy, (b) attachment/relationship, (c) empathy, (d) self-regulation, and (e) problem resolution (VanFleet & Faa-Thompson, 2010). AAPT promotes self-efficacy by educating children about animal training and welfare. Children learn ways to protect themselves and the animal with which they are working. Through this interaction between child and animal, children build a relationship with the animal. For children who have experienced poor relationships in the past, the animal poses a corrective experience for the child. The child can trust the animal before trusting the therapist. The child can also experience nurturing and comfort from the animal and learn about reciprocal relationships (VanFleet & Faa-Thompson, 2010). For example, the child may experience nurturing through feeding the dog, which inherently heals the child's feelings that were once harmed due to neglect, rejection, or abuse (Parish-Plass, 2013). This highlights the child's ability to strengthen the skills used to recognize emotions and feelings and refine behaviors needed to act on this knowledge. AAPT can help children develop more effective ways to regulate their emotions and behavior. Children learn how emotions and behaviors can impact relationships, evidenced through the authentic reaction of the therapy animal (VanFleet & Faa-Thompson, 2015).

Although the identification of these competencies and objectives may be beneficial to the field of AAPT, it should be noted that they are based on VanFleet and Faa-Thompson's own experiences and are not grounded in empirical research.

Child-Centered Canine Assisted Play Therapy

Although VanFleet and Faa-Thompson (2010, 2015) have started a much-needed

dialogue for play therapists interested in incorporating animals into play therapy, little is known about the competencies, goals, or best practices of using canines specifically within child-centered play therapy. Additionally, because horses and canines are two different species, it is difficult for a play therapist to generalize all AAPT competencies and goals specifically to the use of canines in child-centered play therapy.

The use of a therapy dog brings a new dimension to the play therapy process and helps solidify new concepts. The inclusion of a therapy dog in the play therapy context introduces a new facet into the therapeutic relationship (Mallon, 1999; Parish-Plass, 2013). Dogs may be able to connect with and reach children in ways that a human cannot (VanFleet & Faa-Thompson, 2015). Dogs can be used to create an environment free of expectations and pressures to communicate, yet still permit the child to have a connection with a living being (Levinson, 1964). Due to a therapy dog's ability to communicate in nonverbal ways, their ability to be nonverbally attuned to a child's needs may have a significant impact (Geist, 2011).

Words and feelings can be confusing and overwhelming to children and those who do not have the ability to verbally communicate their thoughts and feelings need other outlets (e.g., child-centered play therapy) to do so. (Geist, 2011). The combination of child-centered play therapy and the presence of a therapy dog give children the opportunity to express themselves and have a companion capable of emotional attunement in a safe non-verbal manner (Geist, 2011). The dog can be used to initiate communication, establish rapport, and can be used as a social facilitator. The dog plays a critical role by helping the child form a connection with the therapist through a common aspect—the relationship with the dog (Parish-Plass, 2013).

Therapists and canines work together in child-centered play therapy. Thompson (2009) described this as child-centered canine assisted play therapy (CC-CAPT). Parish-Plass (2013)

emphasized the non-directed component by which the dog “cannot be completely directed because animals themselves initiate interactions, create situations, and move of their own free will” (p. 93). Because dogs are living creatures, their behaviors are less predictable and create situations that do not always arise in other forms of play therapy (Parish-Plass, 2008, 2013). In VanFleet and Faa-Thompson’s (2015) opinion CC-CAPT is the most difficult form of AAPT for a therapist to properly conduct due to the therapist having to split attention between the therapy dog and child. In CC-CAPT, just as in CCPT, the child selects the activities, toys, and materials, while the therapist follows the child’s lead and complies with the child’s requests. VanFleet and Faa-Thompson (2015) suggest the play therapist help the dog follow the child’s lead and at times help the dog fulfill an imaginary role created by the child (VanFleet & Faa-Thompson, 2015). To remain consistent with the child-centered principles of consistency and predictability, the therapist attempts to have the therapy dog attend every play therapy session with the dog’s role being the co-therapist (Thompson, 2009). Even though Thompson (2009), Parish-Plass (2013), and VanFleet and Faa-Thompson (2015) have years of experience and offer opinions to guide play therapist’s use of CC-CAPT, these suggestions lack consistency and are not grounded in research.

Thompson (2009) suggested that the therapist will need to keep in mind the frequency of use of the therapy dog and the energy required of the dog to participate in CC-CAPT. The dog used in CC-CAPT must have the appropriate temperament to work with children and must be able to remain engaged with and curious about the child throughout the session (VanFleet & Faa-Thompson, 2015). The therapy dog must be properly trained for this form of work (Mallon, 1999) and be able to tolerate a child’s engagement with the dog or lack thereof (VanFleet & Faa-Thompson, 2015). However, the CC-CAPT literature lacks a consistent description of the

appropriate training the canine should have in order to appropriately engage in this form of work. The therapy dog does not have to be involved in all play therapy sessions, but the therapist must intentionally decide with which child clients the dog will work and for what reasons the dog is chosen as part of the treatment (Mallon, 1999). For example, Chandler (2012) suggested that aggressive children or children who have harmed animals should not engage in CC-CAPT. However, Parish-Plass (2008) contends that aggressive children could gain valuable insight and understanding into their behavior if given an opportunity to work with a therapy animal. Chandler (2012) and Thompson (2009) suggested using screening forms to assess the appropriateness of the child for AAPT and recommended counselors use this form for CC-CAPT. A play therapist may choose not to include a therapy dog in a session due to a child's allergies, history of animal abuse, fear of animals, previous traumatization by an animal, or problems with impulsivity. Maintaining an awareness of these contraindications is critical when choosing to implement CC-CAPT (Chandler, 2012; Evans & Gray, 2012; Glucksman, 2005; Thompson, 2009).

Little is known of the CCPT skills and dynamics involved in CC-CAPT. Thompson (2009) incorporated her therapy dog into play therapy sessions by using CCPT skills such as tracking and reflecting. Thompson (2009) suggested the therapist engage the dog by making tracking or reflecting statements through the dog. Thompson (2009) speculated that by tracking through the therapy dog, the child is more open to receiving messages about their behaviors and feelings (VanFleet & Faa-Thompson, 2015). Additionally, using the skills of limit setting models humane treatment of the dog and provides some structure to what the child is allowed to do or not do with the dog (VanFleet & Faa-Thompson, 2015). Establishing boundaries or setting limits ensures the wellbeing and welfare of the dog and safeguards the physical and emotional stress

the dog may endure (Parish-Plass, 2013) and may help the child develop empathy and impulse control.

Spontaneous interactions between child and dog may serve as a catalyst for the child to express thoughts and feelings the child is unable to verbally communicate (Levinson, 1964; Parish-Plass 2008, 2013). The therapist actively observes the interaction between child and dog; as the child incorporates the dog into his or her play, the therapist learns more about the child and gains a deeper understanding of the child's perceived world (Levinson, 1964; Mallon, 1999). Children are capable of attributing life to their play materials; however, children find it more gratifying to project life and characteristics onto a dog and will parallel their life with the dog's life (Evans & Gray, 2012; Levinson, 1964). The dog is a living creature that responds to the child's fantasy play, and the child senses the dog as being able to have the same experiences as the child (Levinson, 1964; Parish-Plass, 2013).

Engaging the dog in play poses several opportunities for the child (e.g., role-play, projection, transference of thoughts or emotions, identification and empathy, and the recreation of experiences), allowing issues to surface and be worked through (Mallon, 1999; Parish-Plass, 2008). Issues that arise may consist of nurturance, anxiety, trauma, family dynamics, divorce, abuse, neglect, separation, and death (Evans & Gray, 2012; Parish-Plass, 2013; Thompson, 2009). During play, the dog can aid the child in problem solving, alleviating stress, providing comfort, exploring past events, coping with problems, and enhancing the child's self-image (Levinson, 1964; Parish-Plass, 2013; Thompson, 2009).

Research

Thompson (2009) completed the first experimental study using CC-CAPT in non-directed play therapy. Results showed that the therapy dog had a positive impact on the child's

aggressive behavior as indicated by fewer outbursts and decreased need to set limits when the therapy dog was present. The therapy dog aided the child in establishing rapport with the therapist, the child's mood improved, and children engaged more readily in thematic play. Indicative of their sense of safety in the playroom, children disclosed their sexual abuse only in the presence of the therapy dog (Thompson, 2009). After an exhaustive search of the literature, this was the only empirical study found on CC-CAPT.

However, other research has explored the role of the therapy dog in a structured AAPT session with children diagnosed with autism. The researchers compared two groups of children—one group utilized a therapy dog in the session and the other used an inanimate dog (Fung & Lung, 2014). Results of the study demonstrated that children receiving AAPT with structured play therapy activities were more social and communicated more than the children without a therapy dog. Children seemed to seek out the dog more than the children with the inanimate dog (Fung & Lung, 2014). Kaminski, Pellino, and Wish (2002) investigated the efficacy of play and pet-facilitated therapy with 70 hospitalized children. Results of the study showed support for both forms of therapy, but the children who interacted with the therapy animal showed greater signs of improved mood and affect and lower heart rate.

Conclusion

Play therapists interested in using CC-CAPT may not consider this a valid form of treatment due to the lack of empirical research and literature identifying the proper ways to conduct this form of treatment. Thompson (2009) VanFleet (2008) and Chandler (2012) stressed the importance of conducting more research in the area of CC-CAPT to strengthen it as a valid form of treatment and to describe best practices when using a dog in play therapy. Aside from the conceptual literature and single empirical research study by Thompson (2009), the research

validating this treatment modality is significantly lacking. Therefore, the purpose of this study is to explore the best practices, competencies, goals, and varying dynamics of CC-CAPT as an intervention used to treat children's mental health issues. The following chapter will address how the researcher will examine cases involving play therapists using CC-CAPT to strengthen and fill in the literature gap.

CHAPTER III: METHODOLOGY

Introduction

This qualitative collective case study explored play therapist's experiences and perspectives of using canines in child-centered play therapy. Qualitative research explores social problems and seeks to develop a holistic description of a shared phenomenon (Creswell, 2015). Research is severely lacking in the literature regarding CC-CAPT (Thompson, 2009); therefore, further exploration of this phenomenon is needed to identify specific variables to guide future research (Creswell, 2015). In this case, the experiences and perspectives of play therapists was revealed through multiple data sources including documentation, field notes, and one-on-one, in-depth interviews with Registered Play Therapists (RPT) and Registered Play Therapist Supervisors (RPT-S) who practiced CC-CAPT.

To gather participants' point of view, data was collected through interviews with a small number of purposefully selected individuals (Creswell, 2015). Individual in-depth interviews and member checks following the interviews allowed the researcher to delve into the participant's complex experiences of the CC-CAPT process (DiCicco-Bloom & Crabtree, 2006). Open-ended questions allowed participants to generate responses without expectations from the researcher (Creswell, 2015). Utilizing open-ended questions allowed RPT/S to expand upon more meaningful answers using their experiences and knowledge of CC-CAPT. Requesting documents (e.g. informed consent, information pamphlets, etc.) from participants that pertain to CC-CAPT allowed the researcher to explore the written words of the participant. In particular, how the participant described their practice and goals of CC-CAPT to potential client parents and

professionals.

To identify themes, inductive analysis was used through the qualitative computer software program NVivo 11. During the analysis the researcher looked for repeated words, phrases, quotes, and vivid descriptions. The researcher used inductive analysis and micro-level coding to identify categories. The codes were organized into categories and eventually generated into themes of the case study. To enhance the trustworthiness of this study the researcher used member checks, thick descriptions, clarification of researcher bias, a peer debriefer, an audit trail, and described the limitations of this study.

Research Questions

The purpose of this qualitative collective case study was to explore and describe how play therapists use canines in CCPT in a play therapy session with a child under the age of 12. This research study explored, through interviews and documents play therapists' experiences and perspectives to gain a deeper understanding of the education, training, and clinical practice of using this approach as a therapeutic modality for working with children experiencing mental health problems.

Qualitative research questions are exploratory and open-ended questions, allowing the researcher to gather information from the participant's perspective (Creswell, 2015). The purpose of the study was narrowed down to form the research question:

What are the experiences and perspectives of play therapists using child-centered canine assisted play therapy with children in a playroom?

Qualitative Research

A qualitative research methodology was employed to gain insight into the experiences and perspectives of play therapists using canines in child-centered play therapy. The research

design for this study was a collective case study. Qualitative research is appropriate for this study due to a significant lack of research in CC-CAPT (Thompson, 2009; VanFleet & Faa-Thompson, 2015). More information and clarity (e.g. education, training, and clinical practice) is needed in this emerging field to gain insights not possible through the use of quantitative studies, because of the lack of known variables (Yilmaz, 2013).

Qualitative research is dependent on the subjective experiences of the participant and the researcher and is sensitive to the phenomenon being explored (Choudhuri, Glauser, & Peregoy, 2004). Qualitative research is inductive, flexible, holistic, and emerging and allows for the participant's perspective and experience to reveal the meaning behind what is being studied (Yilmaz, 2013). Researchers study a small number of participants by extensively engaging with them to unearth patterns and relationships of the experience (Creswell, 2009). Therefore, this qualitative research study allowed the researcher to engage with a limited number of experienced RPT/S to enrich our understanding of CC-CAPT.

The researcher must set aside any preconceived ideas to fully understand the depth of the phenomenon experienced by the individual (Creswell, 1998). To understand the participants in the study, the researcher used *bracketing* to ensure that the researcher did not impose any preconceptions or personal bias onto the study (Creswell, 1998; 2009). The researcher also relied on intuition and imagination to gain a clear picture of each participant's experience. This collective case study used semi-structured interviews and open-ended questions and allowed the researcher to gain an in-depth understanding of play therapist's subjective understanding and use of CC-CAPT with child clients.

Qualitative Collective Case Study as Research Design

A qualitative collective case study was fitting for this research as it sought to explore in-

depth a central phenomenon through an intense examination of multiple cases (Baxter & Jack, 2008). Case studies are complex and pose multiple layers that depict differing perspectives or opinions of an individual and provide an explanation of a process (Rossman & Rallis, 2003). Using a case study approach allows the researcher to hear and understand a variety of opinions which later enhance a reader's understanding of a complex phenomenon. Because case studies provide a wealth of varying opinions and perspectives the researcher strives to maintain respect for the individuality of each case while seeking commonality across all of the cases (Baxter & Jack, 2008; Rossman & Rallis, 2003). Collective case studies use thick descriptions generated by participants and allows the reader to formulate their opinion and applicability of the phenomenon, potentially lending insight into a similar case (Rossman & Rallis, 2003).

This qualitative research study was a collective case study in which a number of individual cases were studied to unearth the phenomenon of CC-CAPT. The individual cases that were studied were similar in that they all held an RPT or RPT-S and used a therapy dog in their practice of CCPT. However, the cases were different because of their experiences, background in training, and education of CC-CAPT. The collection of cases aided the researcher in gaining a thick description of this multifaceted phenomenon through the use of non-confidential documents and semi-structured, open-ended, one-on-one interviews.

The Role of the Researcher

Qualitative research is evolving and interpretive, and the researcher is intensely involved with the participant (Creswell, 2009). In qualitative research the researcher is the instrument that gathers data; thus, the interpretations and findings can be influenced by the researcher's personal and professional life. It is important for qualitative researchers to routinely engage in self-reflection, to be sensitive to their biography and report any subjectivity that could skew

interpretations (Creswell, 2009; Rossman & Rallis, 2003). Rossman and Rallis recommended acknowledging this “unique perspective as a source of understanding rather than something to be cleansed from the study” (p.10). In this way, my professional experience as a Registered Play Therapist Supervisor using CC-CAPT provided a meaningful perspective from which to conduct this study.

Personal Biography and Bias

I first learned about the use of canines in child-centered play therapy in 2007 when searching for an internship site for my master’s degree program. Prior to my internship I had heard of therapy dogs used in hospitals and nursing homes, but never in counseling. My supervisor at the time had three Shetland sheepdogs and puppies for sale. I always wanted a sheltie and decided to purchase my first therapy dog, Uno. My supervisor educated me on training Uno and incorporating him into play therapy. However, as my knowledge of play therapy and CC-CAPT grew, I knew I wanted more specialized training in the field.

Unfortunately, as motivated as I was to be trained in this field, I quickly discovered a significant lack of available education, training, and research on this topic.

Over the past several years, more clinicians have begun professing their ideas, opinions, and beliefs regarding the training necessary for professionals to use CC-CAPT. The degree to which there are differing opinions and varying requirements was highlighted as a major issue when I started working at The University of Mississippi’s Child Advocacy and Play Therapy Institute (CAPTI), which later became the Counselor Education Clinic for Outreach and Personal Enrichment (COPE), with my therapy dog Rook. The university’s Institutional Review Board (IRB) and legal team were uncertain of the qualification and credentials that Rook and I held.

This situation was frustrating but enlightening. By working with the IRB and the university's legal team, I became motivated to investigate the phenomenon of CC-CAPT.

As the researcher, I need to report that I am a white middle-class married female living in the South. I am currently a licensed professional counselor and registered play therapist supervisor with a registered therapy dog, and I actively use CC-CAPT in my clinical work with children. I have raised and trained three registered therapy dogs. I have also experienced grief and loss with my first two, Uno and Tonka. As I have grown in the field of counseling, I have learned of the therapeutic value of using dogs in play therapy. I was drawn to this form of therapy because of the emotional connection afforded to me by my dogs, often reflecting on the benefits of interacting with dogs when I was a child. The benefits I experience from having a dog and the value I find in the human-animal relationship does not necessarily mean that others will hold the same value. Even though I believe the relationship between myself and my therapy dog is critical, I am mindful that others may not have the same connection with their therapy dog.

Remaining cognizant of my subjectivity and bias helped me remain aware of who I am and how my experiences could shape the research. Therefore, I remained aware of my assumptions and biases by staying as objective as possible during the research process and did not allow this to infringe on my ability to collect data. Creswell (2009) suggested using multiple validation strategies (e.g. participant reviews, researcher journal, etc.) to ensure accurate interpretations of participant disclosures.

There are several assumptions underlying this research study. The researcher assumed the participants being interviewed are competent to answer the semi-structured interview questions. The researcher assumed that participants had a vested interest in the topic and answered the semi-structured interview questions honestly and as accurately as possible. To increase the

likelihood of open and honest disclosures, the researcher assured and preserved the confidentiality of all participants. It was assumed that the researcher, under supervision and training, maintained an adequately unbiased, objective posture in collecting and analyzing the data to yield accurate results. The researcher assumed that canines contribute to the therapeutic experience and relationship; however, some clients have fears and phobias of canines or may be allergic. Additionally, the researcher assumed that in our Western culture dogs are regarded as members of the family; however, in other cultures dogs are seen as unhygienic or used to hunt and gather food.

Assumptions

To enhance the confirmability of this qualitative research study, Shenton (2004) suggested the researcher identify and disclose any assumptions regarding the research study. Knowing the results of this qualitative collective case study were derived from the participant's experiences and not from the researcher's preferences can enhance the reader's confidence in the results. The assumptions listed below arose from the researcher's personal and professional experiences with CC-CAPT. These assumptions were identified prior to conducting the interviews.

Initially, I assumed that participants know what the American Kennel Club's (AKC) Canine Good Citizen (CGC) program is and that participants and canine have at the minimum been evaluated and certified through the AKC's CGC program. I assumed participants were using a canine they personally owned and the canine was at least 6 months old. I believed participants used a canine that enjoys working with children and do not force the canine to participate in a play therapy session. Additionally, I believed participants gave their canine the freedom to choose whether to participate in a play therapy session or not.

A play therapy room can vary in size and space and I assumed participants used a canine that is an appropriate size for the play therapy space (e.g. the dog is not too large or too small for the area being used). Play therapist's use a variety of toys in their playroom, many of which make different sounds and movements. These stimuli may be overwhelming or frightening to a canine, therefore, I assumed participants have desensitized the canine to the toys in the playroom. Many of the toys in the playroom are for only for the child's use, I believed it could be helpful for there to be dog toys in the playroom for the dog and child to use together.

Counselors often require breaks throughout the day, therefore, I assumed participants provided the canine frequent exercise and bathroom breaks throughout the day too. Equally important to frequent breaks for the dog, I assumed participants knew how to recognize and appropriately respond to the canine's calming signals (e.g. panting, pacing, whining, shaking, etc.). If counselors are able to recognize their dog's calming signals, I assumed participants would excuse the canine from a play therapy session when calming signals were demonstrated. If the dog does not require removal from the room I assumed participants had a special place (e.g. area with a dog bed and water bowl) in the playroom for the canine to retreat to when stressed or when the canine wanted to relax.

I assumed participants do not use their therapy dog in every play therapy session with every child. To assist in selecting the appropriate children for child-centered canine assisted play therapy, I assumed participants used a screening form to decide whether CC-CAPT is an appropriate treatment modality for working with the child. Counselors are charged with being multiculturally sensitive to their clients and using a canine in play therapy requires play therapist's to be more sensitive to client's backgrounds. In addition to being multiculturally sensitive, I assumed participants do not use the canine with children who have allergies or

phobias of canines. Utilizing a screening form aids the counselor in reducing harm, in addition to this I assumed participants have liability insurance for using the canine in child-centered play therapy.

In order to incorporate a canine into play therapy, I assumed participants had a knowledge base regarding how to use a canine in child-centered play therapy. Since participants proclaimed to use child-centered play therapy, I assumed participants used child-centered play therapy tracking and reflecting skills when talking through the canine. CCPT. Just as a play therapist would set limits in a regular CCPT session, I assumed participants set limits when a child attempted to do something to the canine that could be harmful, intimidating, or scary. Also, I assumed participants give the dog a voice in the play therapy session. CAPT is more than having a dog be present in a room with the child, therefore, I assumed the canine is actively involved in the CC-CAPT session (e.g. the canine tracking with its eyes, the canine standing or sitting next to the child during play, etc.). Many times, children engage the play therapist in a variety of roles, I assumed participants allow the canine to play imaginary roles with the child during a CC-CAPT session. Since the theoretical foundation is CCPT, I assumed participants are not directing the canine or the child's play during the CCPT session.

This qualitative research study focused on play therapists who identify as using CCPT as their primary theoretical orientation, I assumed participants practicing child-centered play therapy are consistent with their identified theoretical orientation. Therefore, I assumed participants use a play therapy room containing a wide range of toys as conceptualized by Landreth (2002).

It was imperative that I keep my biases in check, therefore I used several techniques, as suggested by Shenton (2004) to address these concerns. For example, I used frequent debriefing

sessions after each interview with a peer debriefer. The debriefing sessions allowed my peer to probe ideas and challenge thoughts and opinions I had about the interview. Participating in a debriefing session aided me in keeping my biases in check and helped me recognize when I was demonstrating preferences (Shenton, 2004).

Disclosing my background, qualifications, and experiences, was used to enhance the credibility of this qualitative research study. Additionally, I wanted to enhance the credibility and confirmability of the analysis and results therefore, I discussed my assumptions, the researcher's role, and biases. To challenge any biases or preferences, I used member checks with all participants. Participants were given an opportunity to read and confirm their transcripts. Four of the eight participants responded by confirming the accuracy of their transcript. Once the data analysis was complete the researcher shared key findings with participants and requested feedback regarding the results. Participants were asked if the results resonated with them and captured the essence of their experience with CC-CAPT (Shenton, 2004). Three participants responded indicating the results captured their experience and perspective of CC-CAPT.

Readers often want to know if the results of a study can be generalized to their situation or circumstance. Within qualitative research the investigator is responsible for providing sufficient information regarding the context, participants, limitations, and delimitations of the research study (Shenton, 2004). To enhance the transferability of this qualitative research study the investigator provided a thorough description of each participant, their therapy dog, professional background and training, and the therapy dog's training and certification. Shenton (2004) suggests the researcher reveal other factors such as the number of participants, the data collection time period, restrictions of population and sample, method of data collection, and limitations and delimitations. All of these key factors are discussed in the following sections.

To enhance the dependability and confirmability of this qualitative research study, the researcher provided a methodological description of the steps and techniques that were completed. Shenton (2004) suggests that this will provide future researchers the ability to replicate the study, with hopes of coming to similar results. To enhance confirmability of the results, the researcher provided graphs and tables in Chapter 4 to demonstrate how the researcher arrived at the themes.

Piloting the Interview

An important step prior to the start of the research study was to pilot test the interview questions. Pilot testing the interview questions allowed the researcher to identify any limitations or weaknesses of the interview design or questions (Turner, 2010). The pilot test was conducted with an expert in the field of play therapy with a strong interest in CC-CAPT. The participant of the pilot test was asked to give verbal feedback as to the structure of the interview, the flow of the questions, and whether or not any of the interview questions need to be reworded, replaced, or modified (Turner, 2010). The interview questions (Appendix A) and interview script (Appendix B) were piloted with the volunteer expert. I used the feedback from the volunteer to modify the interview questions. The following list represents the final interview questions used for this qualitative research study.

This list of questions sought to explore the participant's and the participant's dogs background:

1. Tell me a little about yourself and your professional background.
 - a. Tell me about your academic preparation, licenses, certifications, and years of experience.
2. Do you use CC-CAPT and how long have you used it?
3. Were you trained in Canine Assisted Play Therapy or Animal Assisted Play Therapy?
 - a. Describe your training and education for CC-CAPT.

- b. What elements of the training/education were most beneficial?
4. Tell me a little about the therapy dog you use in CC-CAPT.
 - a. Describe to me your dog's certification and/or training for CC-CAPT.
 - b. Describe the personality traits of your dog?

This list of questions seeks to explore the participants' experiences related to CC-CAPT:

5. Through your experiences of using CC-CAPT, what knowledge have you gained?
6. Describe to me a typical CC-CAPT session.
 - a. How would I see you and the child interacting, separate from the dog?
 - b. How would I see you and the dog interacting?
 - c. How would I see the child and the dog interacting?
 - d. Are you all interacting together? If so what would that look like?
7. Tell me about a successful case where you used CC-CAPT.
8. Tell me about an unsuccessful case where you used CC-CAPT.
9. Based on your experiences what are the benefits and/or challenges of using CC-CAPT?

This list of questions seeks to explore the participants' perspective related to CC-CAPT:

10. What do you believe are the goals of CC-CAPT?
11. What is the role of the counselor, therapy dog, and child in CC-CAPT?
12. Tell me about when you choose to use or not use CC-CAPT.
 - a. What factors influence your decision?
13. What advice do you have for play therapists interested in doing CC-CAPT?
 - a. What kind of training is needed to effectively employ CC-CAPT?

Population, Sample, and Participants

Population

The population for this qualitative research study were members of the Association for

Play Therapy (APT). The target population consisted of RPT/S currently residing in the United States and were currently counseling children in child-centered play therapy. According to the APT (2016) there are at least 2,500 RPT/S in the United States. RPT/S are an appropriate population for this study since they have met all requirements (e.g. years of experience, numbers of clinical hours, supervision, and continuing education credits) to become certified as a RPT or RPT-S.

Sample.

Participants for this study were RPT/S using a therapy dog in CCPT. Creswell (2009) suggests involving as many participants as possible to provide ample saturation of data, which occurs when the collection of new data no longer produces new insights into the phenomenon. Utilizing several participants allowed the researcher to hear multiple perspectives and helped the researcher get to the core meaning of an experience to deepen our knowledge of the phenomenon under investigation (Polkinghorne, 2005). This study focused on using interviews and collecting documentation; therefore, the researcher interviewed and gathered as much documentation as possible to fully answer the research question and reached the point of ample saturation of information.

The researcher used purposeful sampling to intentionally select individuals for interviews to gain a deeper understanding of the phenomenon being researched (Choudhuri et al., 2004; Creswell, 2015). Purposeful sampling allowed the researcher to carefully select participants who previously practiced or currently practiced CC-CAPT (Polkinghorne, 2005). Because purposeful sampling is appropriate for qualitative research, the researcher specified the sampling strategy that was used for this study. The researcher used snowball sampling type 1 to generate a list of potential participants. Snowball sampling was used because the researcher “may not know the

best people to study because of the unfamiliarity of the topic or the complexity of events” (Creswell, 2015, p. 208).

This researcher identified several professionals in the CC-CAPT field that met the qualifications for the study. However, this researcher did not know every professional in the United States; therefore, the researcher expanded her list of professionals by using the snowball sampling strategy type 1. Snowball sampling strategy type 1 allowed the researcher to obtain qualified individuals who provided credible information (Turner, 2010). The list was expanded by asking participants to recommend others who also had extensive knowledge and utilized CC-CAPT. In the next iteration, those added to the list were asked if they knew other people who are knowledgeable about the topic (Polkinghorne, 2005). The list remained open during the study, and new members were added throughout the study. This list created a diverse group of potential participants from which the researcher purposefully selected (Polkinghorne, 2005). This researcher used the specific criteria listed below under *participants* to purposefully select the appropriate individual. From those recommended this researcher made initial contact via e-mail introducing the study and gave a follow up e-mail requesting participation in the study.

Participants.

Participants included adults who have earned a master’s, educational specialist, or doctoral degree in a mental health or related field. At the time of the study all participants held an RPT/S and were in good standing with the APT. Participants currently and previously used a therapy dog in their play therapy practice with children. Participants worked with at least three children in CC-CAPT and routinely used CC-CAPT for at least six months. Ensuring participants have worked with a therapy dog for at least six months and with at least 3 children allows time for skill development, variety and range of children, and experience for the participant to draw

upon.

Data Collection

Qualitative research allowed the researcher to pose broad questions to participants in order for his or her views of a phenomenon to surface and be openly shared with the researcher (Creswell, 2015). To add depth to this study, Creswell (2015) suggested using multiple points of data to provide ample saturation of the phenomenon under investigation. This researcher used a collective case study design to gather data through one-on-one interviews and documentation. Participants were initially contacted via email. Email was the primary method used to schedule the date and time of the interview and to maintain contact with participants throughout the study.

Interviews

One form of data collection for this collective case study was through one-on-one interviews (Creswell, 2015). To collect data, the researcher conducted one individual face-to-face interview via Facetime and eight telephone interviews with RPT/S who practiced CC-CAPT. Interviews provided an opportunity for detailed investigation of the participant's perspective, clarification, and understanding (Ritchie & Lewis, 2003). The participants' experiences of the phenomenon were revealed as the interview progressed (Marshall and Rossman, 2006).

The interview required the researcher to develop rapport with the participant, actively listen to what the participant was saying, and focused on the participant's perception of the world (Polkinghorne, 2005). In particular, the researcher used a semi-structured interview because semi-structured interviews allow the researcher to be flexible, modify questions, and prompt the participant when new information emerged (Baskarada, 2014). If the participant's answer was vague or brief, the researcher used gentle prompts (e.g. silent probe, gentle encouragement,

clarification, reflection, or paraphrasing) (Baskarada, 2014) to solicit more information from the participant.

Prior to the start of the interview, the researcher sent a recruitment email (Appendix C) to solicit participation in the study. Due to a lack of participant response the researcher completed a Protocol Amendment Request form by the IRB. Once this request was approved the researcher sent another recruitment email (Appendix D) to the CESNET listserv. Participants were also solicited via snowball sampling strategy type 1 (Creswell, 2015) and were solicited using a request for participation email (Appendix E).

Once participants agreed to participate in the study a follow-up email with attached interview questions (Appendix A) and consent form (Appendix F) was sent to the participant for review. The consent form was intended to inform the participant of his or her rights regarding research, rights to decline or drop out of the study at any time without penalty, additionally the form served as an indication of agreement to participate in the study (Rossman & Rallis, 2003). Providing the interview questions beforehand allowed participants time to reflect on their answers leading to more enriched responses (Creswell, 2015). The researcher coordinated with the participant to schedule a day and time for the interview. Participants agreed to engage in a 45 to 90-minute facetime or telephone interview that was digitally audio-recorded. In addition, the researcher reminded the participant to email any non-confidential documents related to CC-CAPT to the researcher. The day prior to the interview, the researcher sent a reminder e-mail to the participant reminding them of the date and time of the interview.

On the day of the interview, the researcher reviewed the consent form and once permission was verbally granted to proceed with the study by the participant, the interview was digitally audio recorded for transcription. The researcher informed each participant when she

would turn on / off the digital audio recorder. The researcher used the list of interview questions and script (Appendix B) for the semi-structured interview. Throughout the interview, the researcher took reflective notes regarding thoughts, feelings, or statements the participant said. At the end of the interview the researcher asked the participant again if she would share any non-confidential documents with the researcher for analysis. The participants agreed the researcher could use the data from the interview to generate results for the dissertation and possible future publications. The researcher allowed time at the end of the interview for participants to ask any questions or share any concerns, which there were none. The researcher informed the participant the process of having the interviews transcribed. Once the transcripts were complete the researcher sent each participant their transcript to review the document for accuracy. At the end of the interview, the researcher asked each participant if she would be willing to recommend anyone who currently or previously used a therapy dog in CC-CAPT.

The researcher conducted the interviews at her home in Oxford, Mississippi. The interviews were scheduled during the hours of 8 am and 6 pm central standard time. Conducting the interviews at home allowed for minimal distractions and was located in a quiet area.

The interviews were digitally audio recorded and kept on this researcher's personal computer that is password protected. The researcher kept a backup of the audio files using The University of Mississippi's Box, an online file storage service that meets HIPAA requirements. All digital files will be kept until the research study is complete and then all audio files will be destroyed. Due to time efficiency, a professional transcriptionist was hired to transcribe verbatim each of the individual interviews. The transcriptionist was made aware of the sensitivity of this research and the researcher ensured confidentiality of participants by assigning a pseudonym in place of their real name and their dog's real name. Because the interviews were audio recorded,

it was imperative to become familiar with the interviews by listening to them numerous times. The researcher listened to the audio files several times prior to reading the transcript. To ensure accuracy of the transcript, the audio files and transcripts were read and listened to simultaneously. The researcher corrected any misspelled or missed words in the transcript. Once this step was complete the researcher e-mailed each individual participant their transcript and asked for feedback as to whether their experience and perspectives were accurately captured. Four participants responded with confirmation of the accuracy of their transcript. These steps helped to enhance the validity of this study. The researcher allowed time to thoroughly and repeatedly read through and listen to the files for clarification and to further familiarize herself with the information. Participants and their canine were assigned a pseudonym to maintain confidentiality.

After each individual interview, the researcher spent time quietly reflecting on the interview and wrote process notes detailing the setting, rapport between researcher and participant, observations of how the participant reacted to the questions (e.g. facial or body language, intonation in her voice), and the quality of the information offered by the participant. The researcher used these process notes to determine the quality of the interviews, data elaboration, and clarification (Patton, 2002). These notes, along with discussion from the dissertation committee members, were helpful in deciding to eliminate one participant due to lack of years of experience in CC-CAPT. In addition, these notes combined with the journal entries formed an audit trail to help document the steps taken in the study.

Limitations.

Limitations exist in interviews and transcripts. Participants were asked to be interviewed via Facetime or Skype; however, only one participant agreed to this request, whereas the

remaining participants completed the interviews over the phone. This limited the researcher's ability to accurately capture emotions and facial expressions throughout the conversation. A limitation to interviews is that the researcher did not observe the play therapists in their natural setting (i.e. in the playroom with their therapy dog), thus requiring effective communication and active listening skills (Creswell, 2009). Transcripts pose limitations by which the information is passed from oral to written form potentially losing the effect, pacing, or intonation with which a word or phrase was said (Polkinghorne, 2005). Thus, it was imperative for the researcher to familiarize herself with the interviews by listening to them as much as possible. Once the interview was completed and while the researcher waited on the audio file to be transcribed she began listening to the audio recordings. Each interview was listened to several times prior to reading the transcript. The researcher continuously reviewed the audio files and transcripts throughout the study and if further clarification was needed at any point, this researcher would follow-up with the participant within one week (Baskarada, 2014), however no clarification was needed.

Documents

Documents are another valuable resource for this qualitative case study, such that documents are a good source for text data. Documents used by participants can be valuable information that lends insight into the phenomenon for the researcher (Creswell, 2015). The researcher requested non-confidential documents and artifacts (e.g. professional website, certifications, blank progress note, informed consent, information pamphlets, newspaper stories, etc.) for additional qualitative data. This text data provides "the advantage of being in the language and words of the participants, who have usually given thoughtful attention to them" (Creswell, 2015, p. 222). This researcher sought permission from participants to use the

documents in this research study. The researcher hoped to collect more non-confidential documents; however, only two participants were willing to share their documents. Once permission was granted from the participant, this researcher thoroughly read the documents searching for usefulness of the information to answer the research question for the study. The researcher analyzed the documents in the same manner as the transcripts.

Data Analysis

Inductive Analysis

As previously discussed, prior to the interviews the researcher bracketed her preconceived ideas, bias, and assumptions; and disclosed her biography. The researcher used an iterative process and through inductive analysis systematically derived meanings directly from the themes reflected by the raw data without any imposition of the researcher's bias (Thomas, 2006). The purpose of inductive analysis is for the researcher to generate ideas from those being interviewed (Lichtman, 2006). Detailed steps of the analysis process are provided so others can determine the validity of the results

Throughout the interviews the researcher made notes about what the participant said and what the researcher observed. For example, the researcher noted how one participant's intonation in her voice changed when asked to talk about her therapy dog. The researcher noted how the participant sounded happier and elated to talk about her therapy dog. Thus, providing the researcher the ability to offer a thick description of the participant and canine. These audio files and notes became useful during the analysis process. The researcher used the notes to cue certain parts of the interview to listen to the participant's tone of voice and how the participant communicated the material to the researcher.

As soon as the interviews were complete, inductive data analysis began. While the interviews were being transcribed, the researcher listened to the audio recordings to become even more familiar with the interview and continued making notes about the interview. Once the transcripts were complete, the researcher read the interview transcripts, observation notes, reflective journal, and documents. During these readings, the researcher made note of any hunches, relationships, and reflections that began to surface in the raw data. Afterwards, the researcher listened to the audio recordings and read the transcript simultaneously to check for misspelled words or missed information. The researcher utilized member checks by emailing each individual participant her transcribed interview and asked for feedback as to the accuracy of the interview. Four of the eight participants responded, confirming the accuracy of their interview.

Once this step was complete, the researcher used the qualitative computer software NVivo 11 as a data management tool to help with coding, searching, organizing, and retrieving large amounts of data. Using this software for the first time required the researcher to invest time in learning how to properly use NVivo 11. The researcher completed training videos and read the manual to expand her knowledge of the software. NVivo 11 allowed the researcher to link the audio recorded files to the program for storage. The researcher utilized this as a means to listen to the audio recordings while reading the transcript.

The researcher uploaded the audio files, transcripts, and non-confidential documents into NVivo 11. Initially, the researcher created a folder for each individual transcript, labeling the folder with the participant's pseudonym (e.g. Rebecca, Liz, Ashley, etc.). Each transcript was coded line by line, coding specific words, phrases, and chunks of texts. This resulted in the researcher identifying 1,639 codes. NVivo 11 aided the researcher in organizing and linking the

codes to the participant. Codes were then arranged into categories to establish a clear link between the research question and the interpretation (Thomas, 2006). Category folders such as: Voice and Choice, Challenges, Risks, Benefits, Emotions, Success, Failure, etc. were used to catalogue all of the codes. The researcher re-read all of the codes then moved the codes from the participant's folder to the corresponding category folder (e.g. Goodness of Fit, Expectations, Failure, etc.). Once all of the codes were allocated into a descriptive category, the participant folder was deleted, leaving the new category folders. Originally, there were 34 categories, the researcher cleaned the categories by repeatedly reading, reflecting, and discussing with the peer debriefer and rearranging the codes into a category that captured more of the essence of the participant's experience. For example, the codes from "Improves Self-Esteem" and "Establishes Rapport" were moved to "Benefits of CC-CAPT." The researcher continued to reorganize and combine categories. For example, the category "Problems in CAPT" was merged into the category "Risks." The researcher looked for multiple perspectives and evidence, both within and between transcripts and documents. The researcher used triangulation of data sources in which each participant's viewpoints, perspectives, and experiences were compared to one another.

After spending a significant amount of time using NVivo, the researcher recognized a disconnect between herself and the data. To reconnect with the data, the researcher printed off the categories, cut the categories into strips, and manually organized the categories into themes. The researcher continued this organic process of moving and arranging categories until she reached four preliminary themes. The researcher engaged with several of her dissertation committee members and peer debriefer to process the emerging themes. The researcher continued this evolving process by merging and rearranging categories, eventually developing six categories and two themes that underlie the meaning of the participant's experiences and

perspectives. The researcher followed up with the participants to discuss their perspective of the results and whether or not the results captured their experiences and perspective of CC-CAPT. Three participants responded and confirmed the themes and categories reflected their experiences and perspective of CC-CAPT.

When writing the analysis, the researcher included words and phrases from the participants as evidence of how the researcher came to the results. In the results section of Chapter Four, the reader will see the process of moving from codes to categories to themes, see participant phrases, and be able to distinguish the participants' experiences from the researcher's experience, thus enhancing the validity of the study (Choudhuri et al., 2004).

Methods for Verification and Establishment of Trustworthiness

The terms reliability and validity are not used often in qualitative research as these words do not capture the essence of what the researcher seeks to find. Instead, Creswell (1998; 2015) suggests the words *verification*, *trustworthiness*, and *authenticity* instead of *validity* to establish credibility and rigorousness of the study (Creswell, 1998; 2015). Creswell (1998) proposed eight techniques to use to establish credibility, trustworthiness, and verification of the research study, indicating that use of at least two of the eight techniques is highly encouraged. The researcher used thick descriptions, member checks, peer debriefing, clarification of the researcher's bias, assumptions, triangulation of informants, in-depth methodological description, description of the limitations and delimitations, and reflexivity to enhance trustworthiness of the study. Employing a thick, rich description of the participants' experiences ensures transferability from participants to the reader. The researcher clarified her bias by being honest with the readers about any biases, past experiences, and orientations that may have impacted the interpretations of the research findings.

Conducting qualitative research takes the researcher into the field to engage in complex interactions leading the researcher to gather data and interpret the findings. The findings are filtered through the researcher's lens; therefore, it was crucial the researcher was sensitive to her biography, biases, and opinions when arriving at interpretations. This researcher engaged in ongoing self-awareness through the use of reflexivity to acknowledge and keep in check biases, interests, beliefs, assumptions, and values. This researcher engaged in reflexivity by maintaining a self-reflective journal to include thoughts and feelings about the research process, interviews, experiences, reactions, feelings, what was learned from the participants, and an awareness of assumptions or biases that emerged during the research process (Morrow, 2005; Rossman & Rallis, 2003).

Member checks enhanced the credibility of the study by allowing the researcher to solicit the views of the participants to ensure accuracy and credibility of the findings (Creswell, 1998; 2015). Once the transcripts were complete the researcher disseminated the transcripts to the original participant to allow them the opportunity to clarify, contend, or elaborate on the interview (Rossman & Rallis, 2003). The researcher followed up with the participants to discuss their perspective of the results and whether or not the results captured their experiences and perspective of CC-CAPT.

An additional reflexive strategy the researcher used was peer debriefing, as needed, as a way to maintain the credibility of the research process. Peer debriefing ensured researcher honesty by asking questions regarding the methods used, the meanings and interpretations generated by the researcher, and provided an opportunity for the researcher to process her thoughts, feelings, and emotions related to an interview and emerging themes (Creswell, 1998; 2015; Rossman & Rallis, 2003). Morrow (2005) describes the peer debriefing as serving as

“devil’s advocate, proposing alternative interpretations to those of the investigator” (p. 254) The researcher enlisted one of her colleagues who was familiar with qualitative research to offer external reflection and input of the research study.

Ethical Considerations

Discussing and acknowledging ethical issues when conducting qualitative research enhances the trustworthiness of the study. The American Counseling Association’s (ACA) Code of Ethics (2014) offers guidelines for conducting quality research. The researcher’s professional affiliation is with ACA; therefore, to ensure research is conducted in an ethical manner the researcher used these guidelines.

Interviews for this qualitative study generated data originating from participants’ professional lives, requiring the researcher to be sensitive to this confidential information (Polkinghorne, 2005). Of foremost importance is the welfare and confidentiality of the participants involved in the study as well as the clients the participant may discuss (ACA, 2014, G.1.b). The researcher protected each participant’s identity by assigning a pseudonym to the interview (ACA, 2014, G.2.d.; Creswell, 1998; Rossman & Rallis, 2003). Additionally, prior to the start of the interview the researcher asked the participant not to disclose any confidential information about a current or former client.

The researcher used precautions to avoid physical, emotional, or psychological harm to participants (ACA, 2014, G.1.e.). Before the start of the interview, the researcher thoroughly explained the purpose of the study, acknowledged that the individual is voluntarily participating in the interview, and the researcher did not engage in any form of deception. The researcher obtained informed consent verbally and ensured the participant that she may withdraw from the study at any point (ACA, 2014, G.2.a). The researcher was open to answering any inquiries

about the procedures, described the risks or discomfort that may be involved in the study, acknowledged and explained limitations to confidentiality, and shared the researchers intended target audience for the dissemination of the research findings (ACA, 2014, G.2.a.).

The process of participant selection, interview setting, research questions, data collection, and analysis need to be transparent to enhance the trustworthiness of the study as well as to increase the integrity of the data presented (Choudhuri et al., 2004; Creswell, 1998). Once the data collection process was complete, the researcher ensured the accuracy of the reported results and used appropriate measures as described above to ensure the results were not biased (ACA, 2014, G.4.a.). After intense immersion in the data, the researcher used her best judgment on how the data best represented the participants' stories and clearly articulated the essence of the phenomenon in the results and discussion section (Creswell, 1998).

The researcher did not experience any errors during the course of this research study, therefore no errors need to be reported (ACA, 2014, G.4.b. & G.4.c.). As previously discussed, the researcher provided participants with a consent form, which contained her contact information, institutional affiliation and program of study, and dissertation chair contact information.

To conduct qualitative research with humans, approval for research is required from The University of Mississippi's Institutional Review Board (IRB). This committee ensures that research carried out with human subjects is done in an ethical manner. The request for approval and all necessary completed forms were sent to the Office of Research and Sponsored Programs IRB review committee before starting the research study. Once the research study began, the researcher found difficulty in recruiting participants. Therefore, a request to amend an IRB protocol was completed and sent to the IRB. The form requested the researcher recruit additional

participants using a listserv.

Conclusion

This qualitative collective case study explored the experiences and perspectives of RPT/S who use therapy dogs in CCPT. Interviews were conducted with RPT/S who currently and used a therapy dog in CCPT for at least six months with at least three different children served as a purposeful sample. Data was collected through interviews and non-confidential documents. The qualitative data management software, NVivo 11, assisted the researcher in analyzing the data. To enhance trustworthiness of the study triangulation, member checks, peer debriefing, in-depth methodological description, discussion of assumption and bias', discussion of limitations and delimitations, thick descriptions, and the researchers background were used. Chapter four provides the results of this qualitative research study and chapter five discusses implications and recommendations.

CHAPTER IV: RESULTS

Research Findings

The purpose of this qualitative collective case study was to gain a better understanding of registered play therapists (RPTs) and registered play therapist-supervisors (RPT-Ss)—jointly noted as RPT/Ss—who use child-centered canine assisted play therapy (CC-CAPT) with children under the age of 12 in a play therapy room. The following research question guided this research study: What are the experiences and perspectives of play therapists using child-centered canine assisted play therapy with children in a playroom?

The phenomenon of using canines in child-centered play therapy (CCPT) was explored through one-on-one interviews and a review of non-confidential documents that participants provided. This collective case study used Axline's (1974) theory of child-centered play therapy as the conceptual framework. In this chapter, a thorough rich description of the participants and their therapy dogs is presented to aid the reader in gaining a greater understanding of the participants. A description of the participant's therapy dog they use in CC-CAPT is provided to clarify the working relationship between the two. Finally, the themes and subthemes that emerged from the data are identified and discussed in detail.

Participants

Thirty-two potential participants were contacted for participation in this study; of these 32 participants, six participants did not respond and 16 participants did not meet the qualifications for the study. As a result, nine participants completed interviews. One interview was eliminated due to the participant's lack of enough clinical experience to meet the pre-

specified qualifications for participation in this study. Although the participant met qualifications for having a therapy dog for at least six months, it was discovered that the participant had not used her therapy dog for at least six months in a clinical setting; therefore, this interview was eliminated from the study. Thus, data from eight participant interviews were analyzed for this research study.

Initially, the proposal included recruitment of participants using snowball sampling strategy type 1 (Creswell, 2015). However, the lack of data saturation and low participation required submission of an IRB addendum, which allowed recruitment of participants using the Association for Play Therapy (APT) and the Counselor Education and Supervision Network (CESNET) listservs, which resulted in increased participation.

The remainder of this section regarding the participants will address demographic data and provided participant descriptions which emerged from the following interview questions:

1. Tell me a little about yourself and your professional background.
 - a. Tell me about your academic preparation, licenses, certifications, and years of experience.
2. Do you use CC-CAPT and how long have you used it?
3. Were you trained in Canine Assisted Play Therapy or Animal Assisted Play Therapy?
 - a. Describe your training and education for CC-CAPT.
 - b. What elements of the training/education were most beneficial?
4. Tell me a little about the therapy dog you use in CC-CAPT.
 - a. Describe to me your dog's certification and/or training for CC-CAPT.
 - b. Describe the personality traits of your dog?
5. Through your experiences of using CC-CAPT, what knowledge have you gained?
6. Describe to me a typical CC-CAPT session.

- a. How would I see you and the child interacting, separate from the dog?
 - b. How would I see you and the dog interacting?
 - c. How would I see the child and the dog interacting?
 - d. Are you all interacting together? If so what would that look like?
7. Tell me about a successful case where you used CC-CAPT.
8. Tell me about an unsuccessful case where you used CC-CAPT.
9. Based on your experiences what are the benefits and/or challenges of using CC-CAPT?
10. What do you believe are the goals of CC-CAPT?
11. What is the role of the counselor, therapy dog, and child in CC-CAPT?
12. Tell me about when you choose to use or not use CC-CAPT.
 - a. What factors influence your decision?
13. What advice do you have for play therapists interested in doing CC-CAPT?
 - a. What kind of training is needed to effectively employ CC-CAPT?

Demographic Data

To protect the identity of each participant, a pseudonym was used for each participant and therapy dog. Additionally, to preserve the identity of each participant, this study provides limited demographic information. Table 1 identifies participants' pseudonym, highest degree earned, training in CC-CAPT, credentials, and years of experience in CC-CAPT. Table 2 includes the participants' pseudonym and their dogs' pseudonym, age, breed, and completed certification. To further ensure the confidentiality of participants, the names of specific trainers and training programs were omitted and instead referred to with a lettering system (e.g. Trainer A, Training Program A).

Table 1

Background Data of Participants

Pseudonym	Highest Degree	Credentials	Experience
Ashley	Ed.D. Counseling Psychology	LPC-S RPT-S CPCS	15 years
Charlotte	Master's in Mental Health Counseling	LPC RPT	2 years
Katherine	Master's in Marriage & Family Therapy	Licensed MFT RPT-S	15 years
Khloe	Master's in Education Counseling Psychology & Doctoral Candidate Forensic Psychology	LPC RPT School Counselor Certified Humanistic Sandtray Therapist	1.5 years
Liz	Master's in Community Counseling	LPC RPT	2.5 years
Margaret	Ed.D. Counseling Psychology	LPC-S RPT-S	13 years
Rebecca	Ph.D. Clinical Psychology	Licensed Psychologist RPT-S	20+ years
Tempest	Master's in Vocational Rehabilitation Counseling	LPC RPT	3 years
Interviewee who did not meet the criteria			
April	Master's in Mental Health Counseling	LPC RPT	2 months

Table 2

Background Data of Therapy Dog

Pseudonym	Dog's Pseudonym	Age	Breed	Completed Certification
Ashley	Taboo	2.5 years old	Mini-Shetland Sheepdog	Service Dog Registry of America AKC's CGC
Charlotte	Versailles	3.5 years old	Maltese Poodle	AKC's CGC Pet Partners
Katherine	Garnett	4 years old	Goldendoodle	AKC's CGC
	Patchoulli	10 years old	Shih-Tzu	None
	Nickles	15 years old	Shih-Tzu	AKC's CGC
Khloe	Willa	1+ years old	Great Pyrenees	Service Dog Registration Pet Partners
Liz	Samson	2 years old	Shetland Sheepdog	AKC's CGC Therapy Dog Certification
Margaret	Jade	12 years old	Shetland Sheepdog	AKC's CGC Therapy Dogs International (TDI) Pet Partners
	Price	6 months old	Shetland Sheepdog	In training
	Prince	12 years old (deceased)	Shetland Sheepdog	AKC's CGC Therapy Dogs International
	Beau	14 years old (deceased)	Pomeranian	AKC's CGC Therapy Dogs International
Rebecca	Kira	11 years old (retired)	Border Collie/Beagle Mix	AKC's CGC
	Jazzy	17 (deceased)	Beagle	AKC's CGC
	Pablo	16 (deceased)	Beagle Mix	AKC's CGC
	Ranger	2 years old	Border Collie/Beagle Mix	AKC's CGC
Tempest	Molly	7 years old	Border Collie	Pet Partners

Description of Participants

Participants in this study were willing to openly share their thoughts, opinions, feelings, and experiences regarding CC-CAPT. This section provides a rich and thorough description of the participants and their therapy dogs, with quotes to further capture the essence of their experience with CC-CAPT. The narratives are arranged alphabetically according to participant pseudonym and include the participant and therapy dog's pseudonym, along with non-identifying information. Participants discussed their training experiences, including the trainer and the program.

Ashley and Taboo. Ashley is a registered play therapist-supervisor (RPT-S) and a certified professional counselor supervisor (CPCS). Ashley balances her time between supervising and seeing children, ages three to 12, in play therapy. Ashley initially started in the field of counseling with a master's degree in professional counseling. Upon receiving her degree, Ashley was motivated to further her education and pursued a doctorate in counseling psychology. After this, Ashley worked toward professional counselor licensure. Ashley has immersed herself in the field of counseling and play therapy for the past 16 years. Her passion for working with clients led to the opening of her private practice 11 years ago. Over the past decade, her practice has grown significantly. Her practice includes 13 licensed counselors and associate counselors on staff along with her therapy dog, Taboo.

Ashley became interested in animal assisted play therapy (AAPT) and canine assisted play therapy (CAPT) 15 years ago and, over the past several years, she completed 40 hours of training in both specialty areas. Ashley gained experience and knowledge of AAPT and CAPT by attending animal assisted therapy (AAT) and CAPT workshops, watching training videos, observing live demonstrations, receiving supervision, and understanding how to use a dog to

address various diagnostic issues such as anxiety, adjustment disorder, and trauma. She described her training as “extensive,” as it included “everything from care and maintenance of a dog” to “the theoretical orientation with the dog.” She further added that her training helped her learn how “to utilize it with a current caseload, but with a theoretical orientation attached to it.”

Prior to getting Taboo, Ashley felt confident with her training and was ready to incorporate a therapy dog into play therapy. However, even though watching videos, observing demonstrations, and attending workshops were helpful, Ashley stated she did not fully understand how to utilize Taboo as her co-therapist. Ashley emphasized that one of the most beneficial components of her CAPT training was learning how to incorporate Taboo into the play therapy process as her co-therapist and link their work with CCPT. In the beginning, Ashley felt that Taboo “was just kind of there,” but being able to “bridge that gap” where “he [was] an avid part of the play therapy session” profoundly enhanced her understanding of CC-CAPT.

Ashley’s background and training in AAPT and CAPT prepared her for working with a therapy dog. Ashley carefully contemplated the breed she wanted and considered how it could be incorporated into her personal and professional life. After speaking with colleagues about their experiences with various breeds, she decided to get a Shetland sheepdog, also called a Sheltie. Ashley stated that she chose a Sheltie due to this breed’s “small stature, long coat, and expressive and outgoing personality.” Ashley’s registered service dog, Taboo, is a 2.5-year-old miniature Sheltie.

Over the past two and a half years, Ashley spent time training Taboo in basic obedience commands; desensitizing him to sights, sounds, and smells; and exposing him to different people and situations. Ashley was motivated to continue this process because she wanted Taboo to become a registered service dog. Registering Taboo as a service dog was a personal choice

because Ashley wanted to expose Taboo to as many stimuli and as many environments as possible. She emphasized this decision stating, “I want him to be able to really listen is the main thing. To learn how to listen and learn how to behave, and to know what’s appropriate. Like how can you act in this environment? How can you act in this other environment?” Ashley felt it was important to have Taboo tested and certified through the American Kennel Club’s Canine Good Citizen (CGC). Once Taboo passed the CGC test, Taboo was tested and registered as a service dog through Service Dog Registry of America.

Charlotte and Versailles. Charlotte is an LPC and RPT with a master’s degree in mental health counseling. Charlotte was excited to receive her RPT a year ago. She stated that she has been working hard for 12 years “doing little pieces here and there” to earn this credential. During the time it took for her to gain her RPT, she gained valuable knowledge and experience working in a variety of clinical mental health settings. Prior to starting private practice a year ago, Charlotte worked for “nonprofit agencies, doing outpatient counseling with more at-risk and lower-SES families.” She gained experience in for-profit and county psychiatric hospitals diagnosing major disorders for mental health treatment. Charlotte was appreciative of the experiences she gained and described her journey by stating, “I’ve kind of had my hand in all these different little areas and stuff, and I’m finally doing what I really have wanted to do for a long time.”

Charlotte began using CAPT consistently two years ago when she started incorporating her 10-pound Maltese Poodle, Versailles, into her play therapy practice. She adopted Versailles three years ago from a family who severely neglected her. Charlotte immediately bonded with Versailles and dedicated time and attention to nurturing her, using positive dog training (which will be explained later in this chapter) to rehabilitate Versailles. Charlotte described Versailles’s

transformation from hunkering down in terror and crying when her leash or collar was brought out to “loving children and seeking them out when they are around.” Versailles responded well to positive dog training and basic obedience classes; with this, she passed the AKC’s CGC test. Charlotte decided to take the next step in dog training and therapy dog certification. She stated, “I just figured out what was needed to get her in Pet Partners and get her registered with Pet Partners. And then I trained her in those areas.”

Simultaneous with Versailles’ training, Charlotte personally focused on her training in animal assisted therapy in counseling (AAT-C) and CC-CAPT. Her training consisted of self-education, distance learning, hands-on experience, and supervision. Initially, her training started with a distance-learning program through the College of Education at the University of North Texas’ Consortium for Animal-Assisted Therapy. Charlotte continued her education at another major university and completed Training Program A. Charlotte described her hands-on education with Training Program A “as getting to actually practice child-centered play therapy techniques with clients, with mock clients, as part of the practicum.” According to Charlotte, the practicum and supervision helped solidify her education. She stated:

You know, we were using the techniques of child-centered play therapy and really just basic counseling techniques with the animal in the room with us and with the child. And you know, just being able to experience that and reading about it is very different from doing it.

Katherine and Garnett. Katherine is a licensed marriage and family therapist (LMFT), a RPT-S, and a state-approved LMFT supervisor. In addition to working in her private practice, Katherine also supervises interns and play therapists in training and teaches play therapy at a local university. Katherine’s private practice also consists of a play therapy training program in

which she works with local mental health agencies to train mental health and social work interns. Katherine currently has eight interns. She works with children, adolescents, and adults, stating that she “vacillates between 40 to 60% kids and adults.”

Katherine has been in the field of counseling and play therapy since the late 1990s but described herself as a “late bloomer in the field.” Prior to graduate school, she was a preschool teacher, director, and community college teacher. She returned to graduate school in her mid-40s and completed her master’s degree in marriage and family therapy. She received her state license and RPT certification simultaneously and shortly afterward received her RPT-S certification. Additionally, Katherine completed three years of training at the Somatic Experience Institute and also received training in Eye Movement Desensitization and Reprocessing (EMDR). Katherine’s primary theoretical orientation is CCPT, but her philosophy is a more prescriptive approach. According to Katherine, the most comfortable starting place is using a child-centered approach.

Katherine practices CC-CAPT and started with her first dog 15 years ago. She became interested in using dogs in play therapy after attending a training. After that training, Katherine was “hooked,” she bought a Shih Tzu she named Nickles, and started incorporating him into the playroom at 10 weeks old. She admitted to not having any formal training, stating that Nickles was there as “more of a support dog.” Nickles worked with Katherine for eight years. After owning Nickles for five years, Katherine purchased another Shih Tzu, Patchouli. Through her work with Nickles and Patchouli, Katherine could tell something significant was happening in session. She admitted, “I didn’t have the training to support what I was doing, but I noticed that—and I will tell you that they were extremely helpful in my practice with my clients.”

Katherine knew there was something special about this process and started seeking others like her who were interested in using canines in play therapy, and six years ago, she discovered

Trainer A. Katherine contacted Trainer A and began having conversations with her about AAPT and CC-CAPT. Four and a half years ago, she attended Trainer A's training course. Prior to attending the class, Katherine searched for another dog and decided to purchase a Goldendoodle after completing the training. Katherine decided she wanted to "do it different this time" with new education and a new therapy dog. She stated, "When I took Trainer A's class, it became really evident to me that what I was doing wasn't—I didn't really have a therapy dog. I had more of a support animal that was sometimes a therapy dog." Katherine also stated that Trainer A's training program was groundbreaking as "it became really evident to me that there were more things that I could do, more specifically and deliberately."

Driving home from Trainer A's training, Katherine picked up her newest therapy dog, Garnett the Goldendoodle, from a reputable breeder. Katherine used Trainer A's method of selecting a breed appropriate for play therapy. Katherine was looking for certain temperament characteristics and decided a Goldendoodle would meet her requirements. To train Garnett, Katherine used positive dog training and attended regular obedience classes. Garnett passed the AKC's CGC test and was evaluated by Trainer A. Katherine and Garnett attended Trainer A's level two training, and Katherine was about to start supervision with Trainer A within a few weeks after participating in this study.

Khloe and Willa. Khloe is an LPC and an RPT. Khloe earned her master's degree in educational psychology and, at the time of this study, she was a doctoral candidate in forensic psychology. Khloe has completed a 48-hour track in educational psychology. Due to the combination of her education and experience in teaching for five years, she was able to become a school counselor. Upon graduating with her master's degree, she passed the school counseling state boards and started working as a school counselor in 2006. Throughout her time as a school

counselor, Khloe completed the state requirement of 3,000 internship hours and became an LPC in 2012.

Khloe described herself as a highly motivated person and explained, “when I decide I’m going to do something, I want to do it all the way. I’m just one of those people.” Upon completion of her clinical hours, Khloe decided to open a counseling practice that includes play therapy, occupational therapy, physical therapy, speech therapy, and an eating disorders specialization. While working toward her RPT, Khloe recognized that she extensively used sand play and decided to become a certified humanistic sand tray therapist. Khloe’s professional development and identity is important to her, and she challenges herself to be good at whatever she does. Khloe highlighted this by stating:

Doing the same thing day in and day out, being okay with the ordinary is not okay with me. I want extraordinary. To me, being able to offer sand trays and being able to offer play therapy, neuro-feedback, animal-assisted counseling, and forensic knowledge. You know, that all is super important to who I choose to be as an individual and what I want to be able to offer to somebody else. Because people can go anywhere and I want their time to be well spent.

Over a year ago, Khloe incorporated her therapy dog, Willa, into her play therapy practice. She decided this due to her decision to conduct her dissertation research on the use of therapy dogs in courtroom settings. While constructing her literature review, she began thinking more about the use of therapy dogs with her play therapy clients and the positive impact it could have on the children. Khloe admitted “that [it] caused [her] to start thinking more about . . . if they can be that mighty in a court process, imagine what they could do in therapy. And that’s what drove [her] to start looking into the process.” Khloe also understood the importance of

safety and liability and expressed her awareness of the need for training before using a therapy dog in play therapy. Khloe stated, “I decided if I was going to do—use animals in therapy—that I was going to hold myself to a different standard, so to speak.” Through Khloe’s training in play therapy and active involvement in her local play therapy chapter, she formed a relationship with Trainer B, who developed an AAT-C and AAPT training program (Training Program B) at a major university. Khloe researched the program, reflected on her own needs, and took into account the liability risks of this specialty. She stated, “It’s pretty costly and I’m kind of a miser. So, for me to enroll and spend thousands of dollars on a program, I have to really feel vested in it.” Khloe recognized her training needs while also maintaining focus on her client’s needs. She stated:

I just wanted to make sure I was a good fit for using animals in therapy. I kind of needed to see that I could even do it, to be real honest with you. I love my dog, but do I have the skill set to be able to use a dog in a therapeutic modality? Something that I hold near and dear to my heart, it’s my whole world, is my clinical practice. And outside of my family of course. And so for me, like I didn’t want to do anything that could detour my direction within the therapeutic alliance.

By attending Training Program B, Khloe had the opportunity to practice her skills through a practicum and supervision course. Her confidence in using CC-CAPT grew, and she became eager to educate new play therapists on this modality. At the time of this study, Khloe was scheduled to speak for the first time about the use of animals in therapy at an upcoming play therapy conference.

Khloe uses her one-and-a-half-year-old Great Pyrenees, Willa, in her CCPT practice. Willa is large, fluffy, and white, weighing approximately 100 pounds. Khloe described Willa:

“She looks like a cross between what you would imagine a Golden Retriever mixed with a Pyrenees would look like.” Before purchasing Willa, Khloe searched for both a Great Pyrenees to use in therapy and a service dog for her daughter. A friend of Khloe’s called and offered her the opportunity to buy two Great Pyrenees puppies. Khloe and her family viewed the puppies and selected two to take home. Due to the pup’s mother being ill, Khloe brought Willa and Maverick home at four and a half weeks old. Khloe’s family bottle-fed Willa and Maverick until they were eight weeks old. Once Willa and Maverick were old enough, Khloe began service dog training. The service dog training aided Willa in learning obedience commands and appropriate behavior in various settings. Because Maverick was being trained through the service dog organization, Khloe placed Willa in the same training. Afterward, Khloe and Willa enrolled in the Training B program and went on to pass the Pet Partners examination.

Liz and Samson. Liz is an LPC and an RPT and was about to become an RPT-S and a CPCS at the time of this study. Liz completed her master’s degree in community counseling seven years ago and received her RPT three years ago. She completed the state requirements of 3,000 hours to obtain her license. She completed her licensure hours and play therapy hours concurrently. Throughout her training as a counselor, Liz always knew she wanted to work with children. She sought out a supervisor who specialized in working with children and play therapy. She had heard about play therapy and seemed it would be a good fit for what she wanted to do for her career. Upon graduation Liz worked for an agency who did in-home counseling. Liz knew this was not where she wanted to be so after six months of working for that agency Liz went into private practice. Since then, Liz remains happily in private practice working with other counselors who specialize in play therapy. Liz shared that throughout her career she has seen only a handful of adults, because “kids are where my heart is.”

She began incorporating her therapy dog, Samson, into her practice after she received her RPT. She has been training in the field of AAPT and CC-CAPT for two and a half years and has attended some local AAPT and CC-CAPT trainings, such as a workshop hosted by Training Program C. These trainings reinforced the importance of risk management, consent, and ways to incorporate a dog into play therapy sessions. Through her workshop attendance, Liz recognized her need for more information on AAT-C, AAPT, and CC-CAPT and invested in self-education by using the literature and reading research articles and books. Liz is motivated to continue training but is concerned about the lack of quality training in her area as well as the lack of supervision. Liz admitted that the field of AAPT and CC-CAPT are growing, but since there are so few people who are highly skilled in these areas it is difficult to attend quality trainings and receive affordable supervision.

Liz has one therapy dog named Samson, a 2-year-old Shetland sheepdog. She described Samson as “not a typical Sheltie because he is very quiet and very laidback.” Liz spent time researching the breed and exposing herself to shelties to ensure that was the breed she wanted for CC-CAPT. After spending a good amount of time considering her needs, Liz knew she wanted a Sheltie. Liz worked with a sheltie breeder and waited until the right one came along. When she met Samson for the first time, she approached the situation cautiously and with intention. However, upon meeting Samson, she fell in love with his personality and knew he would make a great therapy dog. Samson was playful, outgoing, and social, which was everything Liz was looking for. To help with selecting Samson and to ensure she had the right fit, Liz decided to use a temperament test on Samson and he passed with flying colors. As Samson ages, she continues to use a temperament test on him. Samson completed extensive obedience training, passed the AKC’s CGC test, and received his therapy dog certification. Liz spoke fondly of Samson and

expressed that he has added so much joy to her practice. She has even felt how his presence in the playroom has helped her to become more patient with children and understanding of their situations. Liz believes that Samson brought something special to the playroom and to the children, but to also herself.

Margaret and Jade. Margaret has a doctorate degree in counseling psychology; she is a LPC and RPT-S. Margaret has been counseling and using play therapy for the past 20 years. She spent 15 of those years in private practice, offering play therapy and CAPT to children, adolescents, and their families. Margaret has used a therapy dog in CAPT since 2004.

Margaret stumbled upon CAPT by accident when she decided to take her registered therapy dog, Beau, to work with her one day and “saw how it really matched what was already being tapped into in the playroom.” Margaret recognized the risks and sought training. However, at the time there were no trainings specific to using canines in play therapy. Margaret began attending AAT and AAT-C trainings. She used her knowledge of CCPT and AAT-C, blending the two into her playroom. Margaret continued to do as much reading and training as she could find. She received an email from Trainer A asking her to participate in a study about using animals in play therapy. Margaret contacted Trainer A, and the two began corresponding about CAPT. Over the past 10 years, Margaret has immersed herself in the field of CAPT through practicing, offering workshops and trainings, writing, and completing her dissertation focused on animals in play therapy.

Throughout the course of her career, Margaret raised and trained four therapy dogs. Her first therapy dog, Beau, was a Pomeranian. Beau passed his CGC and became a registered therapy dog through Therapy Dog’s International (TDI). Working with Beau in CCPT, Margaret witnessed the way Beau could engage children and interact with them differently than she could.

Even though Beau worked well with children, she decided to switch breeds and purchased a Shetland sheepdog. Her first Sheltie, Prince, was a CGC and a registered therapy dog through TDI. Margaret had a strong connection and relationship with Prince, and their teamwork inspired Margaret to complete her dissertation on animals in play therapy. For many years, Prince was the primary therapy dog Margaret used in CC-CAPT. Margaret loved Prince's temperament and personality and chose to get a second Sheltie, Jade. As Prince aged, Margaret invested time and energy into training Jade in obedience skills. At the time of this study, Jade was 12 years old and had the AKC's CGC. Jade was also registered through TDI and Pet Partners. Prince is deceased, and Margaret continues to work with Jade and her newest puppy Price.

Margaret utilizes Jade in directed and non-directed play therapy with children but also as a comfort and support dog in her adult counseling sessions. Margaret spoke favorably of Jade, describing her as "very laidback. She tends to have more of a calmer temperament and personality at this point. She is a very forgiving dog." Margaret values the benefits a therapy dog has to offer inside and outside of a counseling session. Margaret often takes Jade to visit patients at the cancer center and the children's hospital and also volunteers Jade at elementary schools and the reading program at their local library.

Price is a 6-month-old Sheltie who recently passed the AKC's Puppy Star test. To receive the Puppy Star, Margaret and Price attended a 6-week basic obedience puppy class and completed an obedience test at the end. Price is not involved in play therapy sessions. However, Margaret takes him to her office to be exposed to children and the playroom to help him become acclimated to the environment. Over the years, Margaret found it helpful to take the newest puppy to train with her oldest dog because "they seem to kind of teach each other and so he learns a lot of appropriate behaviors from [her] senior therapy dog." Margaret described Price as

“ a lot more hearty, in the sense that not much scares him at all. He doesn't have a lot of reactions to very many things and he is an extremely social dog.” Margaret plans to continue training Price in obedience and eventually have him certified with Pet Partners.

Rebecca and Kira. Rebecca has a doctorate in clinical psychology and is a licensed psychologist. She is an RPT-S and is a certified dog behavior consultant with over 30 years of professional experience. She currently owns her own business, has a part-time private practice, provides supervision, and offers play therapy training workshops. Rebecca has used four therapy dogs throughout her career: Kira an 11-year-old retired Border Collie/Beagle mix adopted as a puppy; Jazzy, a 17-year-old Beagle (deceased) adopted as a puppy; Pablo, a 16-year-old Beagle mix (deceased) adopted as an adult; and her newest therapy dog, Ranger, a 2-year-old Border Collie/Beagle mix adopted as a puppy. Rebecca's private practice colleague also has a therapy dog, a Labradoodle named Hubert that she sometimes borrows for CCPT sessions. The dogs with which Rebecca has worked have all received thorough obedience training. After researching Pet Partners and reading about what the organization was looking for in a dog, Rebecca deciding that the Pet Partners assessment was not a good match for her first dog, Kira. Therefore, Rebecca chose to have Kira and her other dogs credentialed through the AKC's CGC program.

Rebecca does a broad range of both canine-assisted and equine-assisted play therapy. She has been involved in this field “formally and systematically” for about 12 years. However, Rebecca first started reading about dogs and becoming interested in using animals in therapy around 20 years ago. Her knowledge of animals was enhanced in her doctoral program when she took elective courses on animal ethology. After her doctoral program, she began investing countless hours in self-education through reading books of how other psychologists such as Levinson and Freud used their dogs in sessions.

When Rebecca first began incorporating animals into her counseling sessions, the literature was sparse. What was available were descriptive readings of how to bring a dog into session and how to engage the client in petting the dog. Even with her foundational knowledge of animals in counseling, Rebecca knew there had to be more to it than petting. Rebecca stated, “Well, my route through this was very much driven initially by the dog that I had, Kira. And what she brought to it was a whole lot of playfulness.” Through her self-education and research, Rebecca began to discover other professionals doing similar work. Rebecca started making connections and collaborating with other professionals. Throughout the course of her training and education, she realized that using canines in play therapy was a “subset of play therapy in general.” Rebecca completed the Training Program A and found that having supervised hands-on training, where you can receive feedback on your work, was extremely beneficial.

Tempest and Molly. Tempest is an LPC and an RPT with a master’s degree in vocational rehabilitation counseling. Tempest worked toward her state licensure at a community mental health center as a paraprofessional, receiving supervision at the clinic. Tempest did not intend to become a play therapist or a therapist using CAPT. However, the only supervisor available at that time was an RPT. While completing training hours for her RPT, Tempest attended a state play therapy conference where Trainer A presented on AAPT. Tempest stated, “I’m a big animal lover, dog lover, and horses. So, I just knew that was something else that I wanted to do: incorporate everything I love into my career.”

Tempest currently uses one dog in her private practice: Molly, a seven-year-old Border Collie. Tempest adopted Molly from a family in her neighborhood. Before the adoption, Molly would join Tempest every morning when she went jogging. Tempest enjoyed this interaction, and their relationship grew from there. Tempest saw the potential in Molly to be a good therapy

dog and requested to adopt her. Tempest portrayed Molly as

very loving, I would consider her to be a—she’s not a typical border collie because she doesn’t have to be busy all of the time and she’s good at being still and quiet as well as being very playful. She’s very intelligent, very in tune to everything that goes on around her.

Tempest and Molly completed obedience classes and the Pet Partners evaluation to become a certified handler-dog Pet Partners team.

Tempest began using CC-CAPT three years ago and has attended several AAPT trainings with Trainer A, as well as local trainings on using canines in play therapy. Tempest shared that some of her training with Trainer A included an assessment component. This assessment consisted of Trainer A, Tempest, and Molly participating in a mock CCPT session. Trainer A assessed Tempest and Molly’s ability to communicate with one another in addition to how Tempest utilized CCPT skills. Tempest expressed relief when Trainer A spoke highly of Molly’s capabilities to be a good play therapy dog. This assessment enhanced Tempest’s confidence in Molly.

Results

In addition to gathering information about each participant, dog, and preparation to do CC-CAPT, the researcher asked participants to respond to the interview questions presented earlier in this chapter.

Data Analysis

In accordance with the data analysis procedures described in Chapter 3, the researcher used an iterative process to analyze the data. After the audio files were transcribed by a professional transcriptionist, the researcher repeatedly listened to the audio recorded interviews

and read the transcripts multiple times prior to analysis. The transcripts and audio files were read and listened to simultaneously to ensure the accuracy of the interview. The transcripts were individually emailed to each participant to confirm truthfulness of the interview. Afterwards, inductive analysis was used with the help of the qualitative data management software, NVivo 11. This software was used to aid the researcher in listening to audio files and confirming transcript accuracy, organizing data, searching data, highlighting and identifying codes, and developing categories. The remainder of this chapter will discuss the identified themes that emerged from the data analysis.

Analytic Themes

Two themes emerged from the documents and one-on-one interviews with participants about their perceptions and experiences using CC-CAPT. These two themes show a natural progression, building on one another to reflect the successful use of CC-CAPT. The two themes were: (a) Planning, Preparing, and Mitigating CC-CAPT and (b) Therapeutic Dynamics: It's Not a Therapeutic Dyad Anymore. Table 3 reveals the themes and subthemes of this qualitative collective case study.

Theme 1: Planning, Preparing, and Mitigating CC-CAPT

All of the participants gave careful thought and consideration into the therapy dog they used in CC-CAPT. Some participants learned through trial and error, and others learned from trainings or consultation. However, all discussed how they got started in CC-CAPT and offered suggestions and recommendations, resulting in the theme Planning, Preparing, and Mitigating CC-CAPT. The theme Planning, Preparing, and Mitigating CC-CAPT is comprised of three subthemes: (a) Planning: Selection of a Therapy Dog, (b) Preparing: Training and Certification of a Therapy Dog, and (c) Mitigating Risks: Intentionality and Clinical Judgment.

Table 3

Major Themes and Subthemes of Experiences and Perspectives of Using CC-CAPT

Theme 1 – Planning, Preparing, and Mitigating CC-CAPT
<u>Subthemes</u> Planning: Selection of a Therapy Dog Preparing: Training and Certification of a Therapy Dog Mitigating Risks: Intentionality and Clinical Judgment

Theme 2 – Therapeutic Dynamics: It’s Not a Therapeutic Dyad Anymore
<u>Subthemes</u> Triadic Roles and Responsibilities Therapeutic Relationships: Pet Partners The Child and Dog’s Relationship: Partners in Play

Table 4 provides a select number of codes and identifies the categories which comprise the theme of Planning, Preparing, and Mitigating CC-CAPT.

Planning: Selection of a therapy dog. Critical to participants was the intentional selection of their therapy dog; seven of the eight participants discussed in depth how they chose their therapy dog and what factors were included in their decision-making process. Overwhelmingly, all participants agreed that it was important to carefully select the dog with which they planned to work, highlighting the importance of using a dog who can do nondirective play therapy and be comfortable in that role. Rebecca stated, “You need to have a good match between the work and the dog.” It can be difficult for clinicians to accept that their wonderful pet does not make well for a therapy dog, let alone a play therapy dog. The dog can be a great fit for them and their family and have an outgoing, social personality. However, it may not be a good fit to be a play therapy dog, as this job requires the dog to be touched by a lot of people, be around a lot of noise, and handle stressful emotions. “It can be risky business if someone decides to take their nice dog to work one day without any training or assessment,” said Rebecca. Khloe strongly suggested, “If you want to be effective and you want to lessen your liability, the main

Table 4

Theme 1 – Planning, Preparing, and Mitigating CC-CAPT

Categories	Code
<p><i>Planning: Selection of a Therapy Dog</i></p>	<p>“The biggest thing I can tell anyone is to make sure that they do a good bit of research on the breed that they plan on using.” – <i>Liz</i></p> <p>“I had a conversation with her and I was talking to her about Shelties and trying to understand Shelties and figuring it out.” – <i>Ashley</i></p> <p>“It is so important what my dog is doing, I prefer to be able to be involved from the very beginning. So the earliest I have an opportunity to lay eyes on a puppy, the better.” – <i>Margaret</i></p> <p>“She just has that aura of love about her and I thought, you know, this dog is so fun, so smart, so caring.” – <i>Tempest</i></p> <p>“She likes kids, so she’ll seek them out.” – <i>Charlotte</i></p>
<p><i>Preparing: Training and Certification of a Therapy Dog</i></p>	<p>“And that you have the certifications that are necessary.” – <i>Katherine</i></p> <p>“Then I think too, you know, the training never ends for the dog.” – <i>Margaret</i></p> <p>“Things—you know, ‘wait,’ ‘leave it,’ you know, all of those ‘down’ commands and ‘shake’ and stuff like that.” – <i>Khloe</i></p> <p>“They need to be well-behaved and under control, but they just need to be themselves.” – <i>Rebecca</i></p> <p>“A well-trained dog, an obedient dog, one that’s going to listen and stop immediately if, you know, you need to get them to stop.” – <i>Liz</i></p>
<p><i>Mitigating Risks: Intentionality and Clinical Judgment</i></p>	<p>“I mean I wouldn’t rule out a lot of types of cases with the dog, but I’m going to look at that individual child.” – <i>Rebecca</i></p> <p>“I think that the main challenge is making sure that I’m watching the signs of my dog for stress and stress signs. That’s super important to me because it’s the longevity of my dog.” – <i>Khloe</i></p> <p>“You really need to do your homework and get educated about animal behavior and how to just read the dogs—the animals in the playroom” – <i>Charlotte</i></p> <p>“And some of the basic things that are really important like, you know, making sure that you have insurance.” – <i>Katherine</i></p> <p>“But you’ve got to know what the limitations are, what the expectations are, how you can handle and how you can manage that.” – <i>Ashley</i></p>

thing is [that] your pet partner has to be the right fit as a therapeutic animal.” Many times, people select a dog with the idea that their new dog could be a therapy dog. People put a lot of time and effort into selecting and training their dog only to be disappointed when the dog is not a good fit for therapy work. Margaret stated, “You can have a dog that’s a very good dog—you can have a dog that’s even a good therapy dog, that isn’t necessarily a good play therapy dog.” Khloe expressed that this requires the play therapist to be able to recognize the potential their dog has, but also the limitations of their dog. Most participants researched their intended breed for therapy dog work, and some participants also used temperament tests and screenings as well as their subjective impressions to determine if their dog was suitable for CC-CAPT.

Forcing a dog to do work it does not enjoy, or is not a good fit for, could lead to problems for the therapist and the dog. Rebecca and Katherine shared stories of their previous play therapy dogs and how they were not a good fit for non-directed play therapy. Rebecca’s dog enjoyed tricks and commands, whereas one of Katherine’s dogs was uncomfortable around rambunctious children. Even though their dogs were not a good match for CC-CAPT, they were able to capitalize on their dog’s strengths and found other jobs for them to do. Rebecca and Katherine openly shared how honoring the personality of their therapy dog helped them make the decision not to use them in non-directed play therapy.

Participants are often asked by other people, “What breed should I get?” Multiple participants suggest thoroughly researching the breed intended for therapy use and consulting with a positive dog trainer. According to Margaret, having an understanding of which breeds are traditionally more appropriate for therapy dog work can lend insight into selecting the right dog “rather than trying to force a dog into doing something that it may not be appropriate for.” Tempest expounded on this by encouraging people to consider what they want to do with their

dog (e.g., visit nursing homes or use in counseling), how they will use the dog (e.g., visitation, directed activities, comfort and support in counseling), and what type of temperament they want (e.g., interactive, quiet, or engaging).

Participants had a mix of rescued dogs and purebred dogs they used in CC-CAPT. Participants discussed using different techniques—including temperament tests—to select their dog for play therapy work. The majority of participants suggested using a temperament test on the dog regardless of whether the dog was a rescue or obtained from a breeder. Rebecca found it beneficial to use temperament tests on dogs with which she planned to work and used an animal appropriateness scale on her newest rescued dog, Ranger. Using an assessment and temperament test on the dog can enhance the play therapist's confidence in the dog's suitability for CC-CAPT. Rebecca stated, "Now I have a pretty good idea of what I'm getting. But I know what her appropriateness is and what cautionary areas might be."

Seven of the eight participants used a temperament test on their dogs. Liz found the temperament tests to be very valuable in selecting her dog Samson; she continues to temperament test him throughout his adulthood. Margaret implemented a temperament test on all four of the dogs she has used in CC-CAPT. Margaret understands the importance of selecting a good dog for CC-CAPT and wants to take "every opportunity to look at the litter in the beginning and evaluate for which characteristics and temperament characteristics are going to work best for what [she's] doing."

Khloe, Margaret, Liz, Ashley, and Katherine invested a lot of time into researching the breed they wanted. Khloe had a friend who bred Great Pyrenees. When a puppy became available that met Khloe's standards and expectations, she selected Willa. Katherine described a similar experience in which she was "looking for certain temperament characteristics" in a

Goldendoodle. Katherine stated, “I looked for her (Garnett) forever because I wanted to use [Trainer A’s] techniques for finding a dog and getting the right breed.” Katherine used a breeder who came highly recommended by someone who could attest to the breeder’s credibility.

Ashley and Liz had similar experiences in which they decided on a Sheltie by researching the breed and seeking a reputable breeder. Ashley consulted with a colleague who also owned Shelties and asked about temperament and personality of the breed. Ashley even declined one Sheltie because of concerns about the upbringing and temperament of the dog. Ashley was patient with the process, and it paid off when she found Taboo. Before Liz selected Samson, she approached the decision, thinking, “I’m not going to get him unless he passes every single one of these tests with flying colors and it’s just a perfect match. And he did.” Liz wanted to ensure the timing was right for the therapy dog she needed for her work and she “didn’t want to settle just because . . . there happen[ed] to be a Sheltie puppy that was born.” Margaret had a similar view on the selection of her therapy dogs; she invests time in selecting the right dog for CC-CAPT. She stated:

Because it is so important what my dog is doing, I prefer to be able to be involved from the very beginning. So the earliest I have an opportunity to lay eyes on a puppy, the better. And sometimes it takes years to find the right puppy.

Participants discussed in depth the importance of temperament testing the dog with which you want to work. Having a strong foundation and understanding of canine temperaments can aid an individual in selecting an appropriate dog for CC-CAPT. Many of the participants knew the type of personality they were looking for, including a dog that was engaging, laid back, sweet, calm, playful, and smart. In conjunction with this, participants discussed in depth the importance of temperament testing. Utilizing a temperament test enhanced several participant’s

confidence in their selection of a good therapy dog.

Personality and temperament of participants' therapy dogs. Participants shared stories and talked about the temperament and personality of their dog. Woven throughout the interviews, participants spoke fondly of their therapy dogs and described their dogs using words like engaged, attuned, calm, resilient, playful, quiet, loving, docile, accepting, and sweet. All participants agreed that one of the most essential requirements was the dog needed to love to play with children and enjoy being around them. It would be difficult to have a therapy dog that did not enjoy working with children or one that became easily frightened or anxious around children. Having a dog that engages in social interaction with children is an important quality of a good play therapy dog.

As the participants described their therapy dogs, the unique individuality of each dog's personality became apparent. A critical component for all of the participants was allowing their canine's unique personality to shine. Margaret stated, "I want [Jade] to be her, and because just like me, you want to be genuine." Rebecca said, "The dog needs to be well behaved and under control, but they just need to be themselves, too." According to Rebecca, allowing the dog to be imperfect and still be seen as a dog is a good thing. The dog is not always going to do what the therapist or the child wants them to do, and the play therapist does not force the dog to do so. Allowing the therapy dogs to be themselves provides an opportunity for genuine interactions to occur in the playroom.

It was important to participants that they had a dog that enjoyed engaging and interacting with others. Rebecca shared that her beagle, Jazzy, was a phenomenal non-directed play therapy dog because "she was very happy to do what people asked her to do, she was very sociable, and just liked to be touched and liked to touch." Participants' therapy dogs demonstrated pleasure of

social interactions by making eye contact, wagging their tail, being playful, seeking out the child, being near the child, wanting to be in the playroom, being eager to go to work, and having an increased energy level when seeing a child. Ashley shared her belief that therapy dogs “lend themselves well to this type of work due to the fact that they are social animals.”

A good play therapy dog enjoys going to work and interacting with children in a play therapy room. Charlotte explained that it is necessary that the dog’s experience in the playroom be as “healthy and enjoyable as possible.” As discussed in the previous theme, having a dog that enjoys and connects well with children is an essential factor play therapists should consider when determining if the dog is a good fit. Charlotte painted a picture of how her therapy dog interacts with children; she explained, “Versailles sits next to children, is eager to be close to them, and listens to every utterance.” Ashley shared how Taboo likes to be in the middle of everything a child is doing and “wants to be alongside them throughout the process.” Jade, Margaret’s therapy dog, engages with children by tracking with her eyes and moving her head.

CCPT allows the child to be in the lead and express themselves in a multitude of ways, using varying levels of emotions and behaviors. This could be frightening or unnerving to a therapy dog that does not have the personality to easily adjust to the situation or the ability to calm themselves down. Several of the participants described how their dog was “laid back” and tolerant of the play behaviors of children. Tolerating the child’s play seemed to translate into the dog accepting what the child needed to express while in the room. The combination of the dog’s temperament and positive dog training helped the dog to tolerate the child’s behavior in the playroom. For example, if the child needed to be rowdy or run around the room, the dog could follow along with the child. Likewise, if the child needed to be quiet or calm during the play therapy session, the dog could settle down with the child. Tempest described Molly as a dog that

does not need to be busy all of the time and is good at being still and quiet while also very playful. It might be difficult for a dog who likes to be the center of attention or has a high need for entertainment. Because the child is the focus of the session, the dog needs to be able to match the child's energy level and engage in what the child is doing and not to distract the child from the work he or she needs to do.

Preparing: Training and certification of a therapy dog. Even though the personality and temperament of the therapy dog is an important element of success with CC-CAPT, they are not sufficient. Because of the nature of CCPT, the therapist must also have confidence that the dog will behave appropriately in session, therefore the training of the therapy dog is also essential and represents a significant responsibility of the play therapist.

Through positive dog training, the play therapist molds and shapes the dog's behavior to work in play therapy appropriately. There are a variety of ways to train a dog, but the most suggested option by participants was to use "positive dog training." In positive dog training, there is no use of shock collars, prong collars, and forceful training methods, but rather praise and rewards for the dog. Positive dog training and certification increase the likelihood the play therapist has a good, stable therapy dog that is appropriate for CC-CAPT.

The first step in training a good therapy dog is for the play therapist to be knowledgeable in dog training. Participants discussed the training and certification of their therapy dogs and highlighted the training they needed. Several participants expressed frustration with the lack of training on how to train the dog. All of the participants chose to train their dog and did so by seeking a professional dog trainer, dog training club, or professional dog training organization such as Petco or PetSmart. Working with a professional dog trainer enhanced the play therapist's knowledge of dog training and how to communicate to their dog (verbally and non-verbally).

The play therapist is ultimately responsible for the dog's behavior in the playroom, and positive dog training increases the likelihood of pro-social interaction. Ashley described the importance of dog training "because [Taboo] has got to be in control of his behavior and I have to be in control of that as well... to make sure that he's not going to freak out or do anything inappropriate."

Training in group or individual formats was a personal preference, with participants utilizing both options individually or in combination. Individual dog training can help the play therapist focus on the obedience commands needed for the playroom and can target specific behaviors of the dog. Tempest found one-on-one dog training to be more beneficial because she was "able to focus on the areas that Molly needed work and not a broad range of things." Training in a group format allows the dog to learn how to handle distractions and loud noises. Khloe found group training helpful "because we were able to support one another, learn from one another, and we would meet up and go to public places together to expose our dogs."

Participants explained that positive dog training includes teaching obedience commands to the therapy dogs. Participants discussed the usefulness of obedience commands such as "leave it," "stop," "come," "touch," and "get back." Play therapists can use obedience commands to communicate to the therapy dog the desired behavior. Ashley stated, "Obedience commands can help teach the dog how to listen and learn, how to behave, and to know what's appropriate." Through obedience training and certification, the dogs have learned obedience skills and know how to respond to verbal cues from the therapist, such as wait, leave it, down, and shake. Liz stated, "Having a well-trained dog, an obedient dog, one that's going to listen and stop immediately if you need to get them to stop." Being able to communicate through verbal commands and visual cues (e.g., hand signals) allows the therapist to cue the dog on what to do

or when in an intense or stressful situation. Tempest stated “I’ve taught Molly hand cues, like visual cues. And so [if] I notice a child is doing something and she’s still wanting to play, I just use the hand signal for her to lie down.” Additionally, these signals give the dog direction of how to engage with the child. The therapist may ask the dog to sit or lie down next to the child or therapist while witnessing the child’s work.

Margaret is currently working with her youngest therapy dog, teaching him to understand when he is in use and when he is not in use during a play therapy session. This can be confusing and be challenging for a dog to learn, which is why Margaret began the process early in his development. Utilizing positive dog training and obedience commands helped Charlotte rehabilitate Versailles. Initially, Versailles would cry and hide when Charlotte brought out her leash. Through persistence and positive interaction, Charlotte worked with Versailles, and both successfully passed the Pet Partners therapy dog test. Just as play therapists should engage in continuing education throughout their careers, obedience training should never end for the dog. Many of the participants reported that they attend obedience classes every once in a while for a refresher and to help the team stay spry.

Not only does training represent a necessary component of preparing a therapy dog, but it also results in exposure to diverse people and places. This exposure helps reinforce positive behaviors in the therapy dog and reinforces communication skills between owner and dog. Participants strongly recommended training in controlled environments, such as the playroom and public places like Petco. Early exposure to the playroom—combined with hands-on training—allows the puppy the opportunity to be desensitized to many of the toys in the playroom. Margaret emphasized this by stating early exposure is important “so that [Price] gets accustomed to some of those noises and those sounds and doesn’t have major reactions to them

that we wouldn't want to happen later on.”

Although the participants used a mix of service dog training and therapy dog training, testing, and certification, they all discussed the training benefits of exposing their dogs to a variety of environments and stimuli. Ashley highlighted this by stating, “I was able to help him understand noise and people and different genders, and ethnicities.” Participants exposed their dogs to a multitude of sights, sounds, and people, which could all be potentially disruptive factors in the playroom. Positive dog training and repeated exposure helped the therapy dogs become desensitized to these stimuli, and participants believed this generalized to the playroom.

An overwhelming number of participants and their dogs completed the American Kennel Club's CGC test, followed behind the Pet Partners registered therapy dog certification. Even though there were a high number of participants who followed through with the CGC and Pet Partners test, there were mixed feelings regarding the adequacy of the tests and certification for play therapy work. Therapy dog organizations, such as Pet Partners, offer a behavior-based test requiring the handler-animal team to know and pass certain commands and behaviors. If the team can pass the requirements, then the organization assumes the team is safe to visit in the community. Margaret, a strong supporter of national therapy dog organizations, stated, “Those national organizations that are certifying animals are there for a reason. They've done a lot of research; they know what kinds of things these therapy animals need to do to be appropriate.” Margaret prefers to use Pet Partners as it requires her and her therapy dog to re-certify every two years, adding an extra layer of accountability for the dog's behavior. Khloe finds the Pet Partners training and certification helpful, but recognizes that it is not an entirely well rounded examination for what play therapists are asking these dogs to do. Khloe stated, “The certification is really only for volunteering your animal for two hours at a time and not really for using them

as a therapeutic entity in your practice all day.” Rebecca firmly believes “there should be a therapy dog assessment geared toward mental health professionals who are involving their animals in their work, and more specifically for play therapists.”

Using positive dog training enhances the play therapist’s confidence in the behavioral expectations of the dog while in the playroom. This can also help reduce the likelihood of unwanted or problem behaviors during a play therapy session. Katherine highlighted this by stating, “You need to have a well-behaved dog and your dog needs to be able to do what you ask the dog to do and be contained and behaved and appropriate with your clients.” Excusing the dog from the session happens regularly, requiring the dog to stay in another room alone, in their kennel, or with someone else. The dog must be able to handle separation from the handler. This results in the participants being able to stay focused on the child’s session without increased anxiety or concern that the therapy dog is being mischievous or getting in trouble. Every participant had some degree of expectation for their dog’s behavior in and outside of the playroom, including the dog’s tolerance, the dog’s ability to follow commands, and the dog’s ability to properly interact with the child.

A child’s play during sessions can become intense, requiring a therapy dog to be able to handle varying levels of emotions and behaviors. For example, Tempest described an interaction in which a child attempted to sit on Molly and pull her ears. Even though these interactions are not desirable between a child and therapy dog, the dog should be able to handle the difficult interaction until limits or removal from the situation can take place. Margaret stated the importance of Jade being able “handle that level of stress” and “be able to handle heavy petting. . . [so] that if a child does bear hug [her] dog, [her] dog is not going to have an aggressive reaction immediately.” Margaret works diligently to prevent inappropriate interactions between

the child and dog but wants her therapy dog to have a high tolerance threshold. Liz highlighted this by stating:

Because a kid might do something right before I catch it—they might just be a little bit too fast for me to set the limit, and he's got to be able to at least take it once, depending of course on what it is. But, you know, he's got to be okay if they pet him a little bit too roughly that first time.

All of the participants described the necessity of having their therapy dog be stable and reliable. To increase the likelihood of having a stable and reliable therapy dog, participants employed positive dog training methods combined with the personality and temperament of the therapy dog. Having a stable and reliable therapy dog enhances the play therapist's confidence in the therapy dog's abilities as well as the play therapist's abilities to effectively manage the canine.

Mitigating Risks: Intentionality and clinical judgment. An overwhelming number of participants shared their opinions about the seriousness of CC-CAPT, expressing that it was more than “just bringing your dog to work.” Khloe expressed the importance of being intentional with CC-CAPT, challenging play therapists to reconsider whether they are prepared to do CC-CAPT if their motivation for doing this type of therapy is because “this is your dog and you love being with your dog and [they] just want to use [their] dog.” Instead, play therapists need to implement CC-CAPT with a purpose, understand what the dog is doing in the session, and understand how the dog is beneficial to the play therapy process. Furthermore, play therapists must utilize good clinical judgment when implementing it. The play therapist carefully decides when and with whom to use CC-CAPT. Depending on the circumstances, the decision-making process may occur within or between sessions. Without this careful consideration, CC-CAPT

could have unsuccessful outcomes

Three subthemes comprised Mitigating Risks: Intentionality and Clinical Judgment: (a) Goodness of Fit Between Therapy Dog and Child, (b) Canine Communication, and (c) Liability and Risk Management. (See Table 4 for an example of the codes extracted from the interviews.)

Goodness of Fit Between Therapy Dog and Child. Parents select play therapists for a variety of reasons; sometimes this reason is that the therapist has a dog. Several of the participants shared that many parents contact them because they use a dog in play therapy, and the parents believe their child will respond better to counseling if they have a dog in the playroom. Even though parents have good intentions, the play therapist is ultimately responsible for determining whether the child and the dog are a good match for CC-CAPT. Tempest described an incident in which a parent felt her child would respond well to having a dog in his play therapy session. However, when the child arrived for his first session, he was afraid of Molly and did not want to work with her. Khloe discussed a similar experience in which a child told her she did not want Willa in the playroom. Khloe believes this was because the child did not want Khloe to share her company or attention with Willa. Khloe recognized that it was important for that child to have that one-on-one attention, respected the child's request, and did not force the child to have Willa in the play therapy session. As these scenarios demonstrate, the children should have a choice of whether or not they would like to have the dog in their session. The therapist does not force the dog onto the child but instead allows the child to have control of the sessions.

Many children are brought to play therapy to help cope with life stressors, adjustments, or traumas. Participants discussed working with a multitude of cases, including anxiety, depression, obsessive-compulsive disorder, physical and sexual abuse, trauma, domestic violence, and dog

bites. A few participants preferred to specialize in specific issues such as trauma, anxiety, or sexual abuse. Regardless of the diagnosis or presenting problem, it was important for the play therapist to ensure the dog and the child were a good match for one another in the playroom. Tempest captured the essence of providing a good fit for the dog and the child through her description of Molly's first CC-CAPT session. Tempest did not feel her first CC-CAPT session was a good session because she "had an ADHD child and an ADHD dog." Tempest recognized that she needed to learn how to use Molly in those types of situations and be more intentional when pairing Molly with a child.

Several participants do not completely rule out the use of CC-CAPT with a child, but will slowly introduce the concept to the parents and child and may slowly integrate the dog into the sessions. Margaret explained that in her experience, if there is a child with a history of aggressive behaviors or a history of aggression toward animals, then she would not start with CC-CAPT. She and several other participants indicated they would not discount these children; instead, they would first work with the child, get to know the child, and later introduce the dog in smaller increments. For example, Liz has had to remove Samson from a session because the child became unpredictable and did not want to listen to or follow limits. Even though this child was unable to work with Samson for a while, Liz thought it would be therapeutic to integrate Samson slowly back into the play therapy sessions.

Participants discussed factors that could help with the decision-making process, such as the age of the child, presenting problems, cultural and religious considerations, needs of the dog, and needs of the child. Several of the participants do not use their dog with every child for every session. Overworking the dog can lead to exhaustion and a lack of enjoyment. Some of the participants have multiple dogs to help balance the work. All of the participants use their clinical

judgment, assessments, or forms to pair the child and dog carefully. Margaret and Khloe utilize a screening form to determine if the child is appropriate for CC-CAPT. The forms include questions about animal fears or phobias, allergies, history of aggression or abuse toward animals, currently or previously owned pets, and any cultural or religious beliefs. Rebecca also takes into consideration the child's treatment goals. She then considers the priority of the treatment goals and whether the dog will enhance the goals.

Play therapists have to make a judgment call and decide whether they feel like the child is appropriate to work with the dog. There have been times when participants chose not to use their dog in CC-CAPT. For example, Liz described her experiences of not using Samson with a child because it was not an appropriate match due to the child's physical issues, history of hurting animals, and impulse control problems. Liz and other participants do not use their therapy dog in a play therapy session in which a particular child is too stressful for the dog. Tempest discussed working with a child diagnosed with reactive attachment disorder (RAD), in which the child was very bossy, demanding, hyper, and distracted. Tempest knew that most children loved Molly and treated her with kindness, but this particular child never seemed to form an attachment with Molly. Tempest decided to remove Molly from future interactions because it was too stressful for her and was not a good fit. Rebecca had to make a tough decision to end a session early after a child repeatedly violated limits. Rebecca described the situation as the child becoming very frustrated with Kira because she was not doing what he wanted. The boy wanted Kira to play the role of a dragon, but Kira was unable to perform this accurately. Even though Rebecca was able to get Kira to carry out a few of the child's requests, they were not to the child's satisfaction; as a result, the child directed his frustration toward Kira.

Canine Communication. A topic repeatedly verbalized by participants was the

importance of the play therapist's ability to understand "canine communication." Participants described canine communication as a dog's way of using its body (such as calming signals) to convey information to another being. Rebecca articulated the importance of canine communication stating, "It is an ability to really try to understand the animal in context and what they're trying to say to us, and to listen to that, so they can tell us what they need." There are a variety of calming signals a dog may exhibit, including but not limited to a tucked tail, laid back ears, panting, whining, barking, and pacing. Play therapists need to know the particular signals their dog uses and exhibits to decrease their stress level.

Expanding one's knowledge about canine communication is crucial in this line of work, but understanding one's particular dog is more important. Margaret emphasized this when she said, "You really need to understand your animal specifically. You can read a lot of different books on working with animals, but the key is really to understand what's happening with your dog." Tempest provided an excellent example of this when she explained that panting could be a stress signal for many dogs; however, Molly pants when she wants to play. Therefore, when Tempest notices Molly panting, she does not react protectively and watches for other indications that Molly is stressed. Liz has learned that when Samson makes "a huff noise that sounds like a sneeze," he is indicating that he is uncomfortable with what is happening. Other indicators Liz looks for from Samson are "whale eye" and laying back his ears to let her know he is not feeling comfortable with what is going on in the playroom.

Participants provided strong recommendations on reading books, attending workshops, and watching videos about dog behavior. For example, Rebecca has attended numerous dog-training conferences, Charlotte trained through the university Training Program B, and Ashley has attended workshops focused on animal behavior. During Tempest's training with Trainer A,

a section of the training consisted of practicing the identification of stress signals. To solidify Tempest's understanding of Molly's stress signals, Trainer A sporadically asked Tempest to identify the stress signals Molly was exhibiting in that moment. Tempest found this helpful and beneficial for her to learn how to monitor Molly's signals throughout a play therapy session while simultaneously being attuned to the child's play. When Margaret is supervising play therapists on CC-CAPT, she has them identify their particular dog's stress signals and provide examples of this during supervision. Rebecca firmly believes by "listening and paying attention to the dog," the play therapist "should be able to make decisions in real time for the dog" by responding appropriately to the dog's needs.

Canine communication is a way play therapists can advocate for their dog by limit setting or removing the dog from the session. Khloe expressed how important it was for her to know Willa's communication signals and be able to quickly respond to these "because it's the longevity of my dog and I want my dog to be able to do this work for a long time." If the signals are ignored, safety issues for the child and dog can arise and potentially have an adverse impact on the therapeutic relationship. Paying close attention to these signs can help avoid a preventable incident. Understanding canine communication allows therapists to use their clinical judgment to make decisions on behalf of the dog.

Liability and Risk Management. Working with a dog in CC-CAPT can provide numerous benefits (e.g., increased happiness, decreased anxiety, lowered stress, ease in establishing rapport with clients), but it also poses potential risks (e.g., physical or emotional harm to the dog, physical or emotional harm to the child, an increase in a child's fear of dogs). Participants expressed the belief that risks increase as a result of inappropriate assessments, screening, planning, or supervision. Incorporating risk management strategies can aid therapists

in minimizing risks to themselves, the therapy dog, and their clients. Ashley shared her opinion regarding liability issues by suggesting play therapists know the limitations of themselves and their dogs, know the expectations of parents and children, and know how to handle and manage difficult or unexpected situations that may arise. Participants discussed several strategies they use to manage and mitigate the risks when using a dog in play therapy; these strategies are discussed in this section.

Before working with any child in CC-CAPT, all of the participants meet with the child's guardian to receive consent and discuss risks and benefits of using CC-CAPT. As previously discussed in *Goodness of Fit Between Therapy Dog and Child*, some participants use a screening form to help decide which children should participate in CC-CAPT. Not only is this beneficial to ensure a good working relationship between the child and the dog, but it also lessens the likelihood of a problematic interaction. The screening process has a lot to do with what the play therapist is going to do with the child. Margaret explained, "If I have a child who's terrified of a therapy dog, then I'm not going to initially start with that mode of therapy."

Liz experienced a situation earlier in her career when she did not use Samson initially with a child, "Richard," who suffered from severe allergies. Richard's anxiety regarding his allergies grew so large that the child believed that any animal was going to cause a severe allergic reaction resulting in anaphylactic shock. Richard had generalized his fear of an allergic reaction to many situations and circumstances. Liz consulted with Richard's parents, and he did not have a severe allergy to dogs, but dog dander would make him itch if he did not wash his hands. Liz used her better judgment and did not include Samson directly in their play therapy sessions; however, Liz saw an opportunity to help Richard address his anxiety. Initially, Richard was fearful of Samson and did not want to be near him; Richard would crawl onto the top part of

the couch shrieking and afraid he was going to have an allergy attack. Liz worked with Richard in CCPT and gradually exposed Richard to Samson. After a significant period working with Richard, he was able to look at Samson, interact with Samson in the lobby by talking to him, give him treats, and pet him. Liz continues to utilize a thorough online screening form for parents to fill out before coming to the intake session and continues to talk with parents about the risks and benefits of CC-CAPT.

Some of the participants do not use a screening form but instead ask during the intake about the child's allergies, history of aggression, fear of animals, or any negative experiences. Charlotte plans to implement an information sheet outlining potential issues that could happen in a session and ways she would handle these problems. Tempest reviews an information sheet with parents, including information on how play therapy works, how play therapy is used, and how she incorporates Molly into CCPT. Tempest requires the child's guardian to sign a release of information and a release of liability before working with Molly. Ashley uses an information sheet in her intake packet about how the dog may interact with the child and what the parent and child can expect from working with the therapy dog.

Although a play therapist can indeed implement strategies before a play therapy session to help improve the fit and direction of the session, issues can still occur within a session. The play therapist may feel confident in what the dog can handle. However, the dog may exhibit behavior for which the play therapist did not prepare. For example, the dog may bark and startle the child. Margaret strongly suggested that play therapists prepare for an unexpected interaction to occur and know how to handle this with the child and the therapy dog. Liz explained a situation where a child felt rejected by Samson because he wanted to leave the playroom. Liz handled this unexpected issue by processing the child's feelings of rejection and emphasizing

respect for Samson's choice for wanting to exit the playroom.

Overwhelmingly, all participants discussed proper supervision and the importance of never leaving the dog alone with a child. In one of Margaret's forms, she includes the statement: "Your child will never be left alone with the therapy dog," and reinforces the following: "If the dog appears fatigued or stressed by the session with your child, he will immediately be removed from the play session." Khloe includes the statement: "The therapy animal cannot be used in therapeutic interactions without the practitioner present." Khloe explained that she does not allow anyone else to work with Willa as they have not been trained in understanding Willa's communication signals and may not know how to respond to Willa's needs. Charlotte feels strongly about Versailles' ability to be a good CCPT dog. However, she admitted during one of her play therapy sessions that she turned her back "for a split second," and when she turned back, the child had picked up and hugged Versailles. Charlotte shared, "I know that you cannot turn your head at any moment, even with the best dog in the world."

As participants have discussed, there are risks involved when including a canine in counseling. Participants strongly believe the risks associated with CC-CAPT can be lowered with educating and training the play therapist and therapy dog, being intentional with the selection and pairing of client and therapy dog, and having clear policies and procedures the play therapist implements for CC-CAPT.

Theme 2: Therapeutic Dynamics: "It's Not a Therapeutic Dyad Anymore"

The previous theme has outlined the building blocks for CC-CAPT, including detailed steps of planning and preparing for CC-CAPT, and mitigating risks of CC-CAPT. These dynamics are critical steps, laying the foundation for the theme Therapeutic Dynamics: "It's Not a Therapeutic Dyad Anymore." Play therapists need to embrace these steps as they are

paramount to understanding the varying dynamics within a play therapy session. The theme Therapeutic Dynamics: “It’s Not a Therapeutic Dyad Anymore” consists of three subthemes: (a) Triadic Roles and Responsibilities, (b) Therapeutic Relationships: Pet Partners, and (c) The Child and Dog’s Relationship: Partners in Play. Table 5 provides a select number of codes and identifies the categories which comprise the theme Therapeutic Dynamics: “It’s Not a Therapeutic Dyad Anymore.”

Triadic Roles and Responsibilities. CC-CAPT consists of three beings all working simultaneously, but carrying different roles and responsibilities. The subtheme Triadic Roles and Responsibilities is comprised of four subthemes: (a) Therapist: Facilitator, (b) Technical Aspects of CC-CAPT, (c) Therapy Dog: Connector, and (d) Child: Director.

Therapist: Facilitator. Throughout the interviews, it became clear that the play therapist is the facilitator of the play therapy session, thus requiring several critical factors for the therapist to maintain, including theoretical orientation by staying true to child-centered theory, an understanding of the therapist’s role and responsibility, an identification of the goals, animal advocacy, and recognition of the challenges within CC-CAPT.

All participants were asked to describe the play therapist’s role in CC-CAPT. Responses indicated the necessity of understanding the role and responsibility of the play therapist to facilitate the play therapy session. Play therapists are responsible for being fully present with the child by paying full attention to the child while using specific play therapy skills. “Play therapists now need to be attentive to another dynamic, this new dynamic that’s there in the playroom,” Charlotte pointed out. Not only is the play therapist responsible for paying attention to the child, but also to what is happening with the therapy dog. Even though the therapy dog is an active

Table 5

Theme 2 – Therapeutic Dynamics: “It’s Not a Therapeutic Dyad Anymore”

Categories	Code
<i>Triadic Roles and Responsibilities</i>	<p>“It’s my job and responsibility to pay attention to the child, track the child, track the child’s behavior. But I also have to pay attention to what’s happening with the therapy dog.” – <i>Margaret</i></p> <p>“Play therapists now need to be attentive to another dynamic, this new dynamic that’s there in the playroom.” – <i>Charlotte</i></p> <p>“So my role is to make sure that the session stays therapeutic and that we’re not just engaging in regular play with a dog.” – <i>Liz</i></p> <p>“The child is the most important thing in the room, but so is the interaction, and the whole dynamic is important.” – <i>Khloe</i></p>
<i>Therapeutic Relationships: Pet Partners</i>	<p>“Probably seeing just the benefits versus the—because there’s, you know, some risk involved of having a dog in the room or even just another being in the room. And but seeing the benefits outweigh those, just like astronomically in my opinion. Just it was very enlightening.” – <i>Liz</i></p> <p>“But I like to think of the dog as a partner in the sense that the dog is no less than any other human that’s in the room.” – <i>Rebecca</i></p> <p>“The fact that um just naturally dogs—some dogs naturally do have that connection. So many teaching opportunities. I just always feel like when I don’t have Versailles here, I feel like it—something’s really missing, a dynamic that you can’t replace it with anything else.” – <i>Charlotte</i></p> <p>“I don’t know what I’m going to do when his time is up, because (laughs)—I can’t replace him.” – <i>Ashley</i></p>
<i>The Child and Dog’s Relationship: Partners in Play</i>	<p>“The benefit is when all of those things are working well, it’s beyond anything I could have ever imagined, as far as the progress we can make and, you know, and the things that we can uncover and stuff like that.” – <i>Khloe</i></p> <p>“And you know, with her being so playful that you forget about being nervous in the playroom and the next thing you know, you’re in therapy.” – <i>Tempest</i></p> <p>“I think he helped him. I don’t think I could have gotten that far with that child without Taboo there.” – <i>Ashley</i></p> <p>“Sometimes Samson will just come and just lay next to the kid if they’re really emotional about something. And he just acts like a calming presence.” – <i>Liz</i></p> <p>“It’s amazing to me what information they’ll disclose to the therapy dog.” – <i>Margaret</i></p>

member of the play therapy session, the responsibility of the session rests on the therapist.

Rebecca stated, “The dog is there to help me, so I’m not expecting a dog to make decisions; I make the decisions. I am the therapist, so really the job of the therapy is still mine.” Even though another dynamic exists in the room, it does not absolve the play therapist of the responsibility for the process of the therapy. Liz added, “My role is to make sure that the session stays therapeutic and that we’re not engaging in regular play with the dog, but the play has a purpose, and it is therapeutic.”

As in CCPT, play therapists may play a role for the child and be whatever the child needs them to be at that moment. Incorporating the dog into the playroom offers an additional dimension to the play therapist’s role. Therefore, at times, the role of the therapist may be helping the dog to play a role or character for the child or to cue the dog on what to do next. As previously discussed, communicating to the dog aids in facilitating the session by helping the dog perform a child’s request, play a role, or avoid interfering with the child’s healing process. Tempest uses hand signals as a visual cue to help Molly know when to give the child space, lie down, sit, and look where she points. Having good visual cues lets the dog know what needs to happen in the session. For example, Molly knows to look where Tempest points, and this helps Molly pay attention to what the child is doing. Rebecca will try to help Kira play a role, but if it is not physically possible or something unfamiliar to the dog, then Rebecca will use pretend play to try to make it happen. For example, a child wanted Kira to raise her paw; however, Kira was uncertain of how to do this, resulting in Rebecca putting her arm under Kira’s paw and lifting Kira’s arm up for her.

Throughout the interview process, several participants referenced the importance of staying true to the theory of CCPT. Even though participants are incorporating a dog into the

CCPT process, Khloe offered an important reminder: “The child is the most important thing in the room, but so is the interaction, and the whole dynamic is important.” This statement emphasizes how the child is the focus of the session in which the play therapist follows the child’s lead and works with what the child brings forward. Ashley highlighted this when she said, “It’s not about my agenda; it’s about the client and the client’s agenda and what they are going to do and how they are going to do it.” Frequent statements of “letting the child lead the session,” “let the child lead the way,” and “it’s not about me, it’s about the child” were made by participants, emphasizing their theoretical foundation in CCPT. The therapist does not have an agenda for the child because “the natural state of play is good enough,” said Khloe.

All of the participants expressed that they are the same play therapist whether or not the therapy dog is in the room, and if someone were to observe the session, they would not see anything different with their interaction with the child. The play therapist continues to embody the client-centered core components of being genuine, authentic, and empathic. Khloe stated, “I am always authentic with the child in that I show empathy and genuine understanding and that I am wholly present with the child throughout the process.” Tempest added, “My role is to continue to be present for whatever the child needs.” Khloe explained that she feels her role is to be a counselor who can “offer a non-judgmental setting where a person can be free to express themselves the way they feel is necessary.”

Many of the participants strongly believed in respecting the unique direction of the child and not having any preconceived ideas of how the child should address their issue. Honoring the individuality of the child was mirrored when participants discussed the therapeutic goals and treatment goals of CC-CAPT. The overall therapeutic goals may consist of establishing trust and building rapport, developing empathy, and enhancing self-efficacy and self-regulation. Tempest

expressed that the child may learn compassion and understanding of another's perspective because "they not only realize that there are other children like them, but there are dogs like them too and they see the dog's reactions." Margaret expressed how nurturing and taking care of the dog can enhance the child's empathy for another living being. She went on to say, "We want kids to be able to identify and recognize feelings of their own and others' feelings and be able to put those into words." Children can learn how to regulate themselves, how to slow down, think, and pay attention. Rebecca explained the idea of self-regulation: "The idea of play with not many rules, but boundaries around the outside, helps the child adjust to how do we play within these boundaries, but have a lot of choices."

CC-CAPT may offer some universal therapeutic goals; however, several of the play therapists expressed not having a universal set of treatment goals for the child because the treatment goals change depending upon the case. Katherine explained she has a unique treatment plan and set of treatment goals for every child with whom she works, whether the child uses the therapy dog or not. Participants explained that the therapy dog is used to help children reach the treatment goals they already have set. Incorporating a therapy dog into CCPT should not change the treatment goals; instead, the therapy dog is there to help accelerate and enhance the treatment process for the child. Charlotte expressed this idea stating, "It should stay the same, it shouldn't change because the dog is there." Margaret also expressed a similar viewpoint saying, "Whether I had a therapy dog or not, the goal is going to be the same."

Animal Advocacy. Overwhelmingly all of the participants discussed the idea of being an animal advocate for their therapy dog. Rebecca described advocating for the therapy dog stating, "It's about watching the body language and making decisions on behalf of the therapy dog." As previously discussed in *Goodness of Fit Between Therapy Dog and Child*, the therapist is

making decisions between sessions and within sessions. Within the session, the therapist continuously monitors the interaction between the child and dog. The play therapist is watching the child's interactions with the therapy dog while simultaneously watching the therapy dog's interactions with the child. Liz described this as her "personal screening" throughout a session.

According to several participants, part of their role is to be an animal advocate throughout the play therapy session by communicating with the child what they can or cannot do with the therapy dog. One way of doing this is by setting limits to ensure the safety of the therapy dog and the child. This is similar to when play therapists set limits to protect the toys, the child, or the therapeutic relationship in a CCPT session. Margaret shared that she will tell the child, "Jade is part of our playroom and there are things Jade can do and cannot do, and I will let you know as we go along." Margaret explained that she feels this is a necessary component, just like introducing the child to the playroom for the first time. Tempest takes it a step further and talks with the child about how to approach Molly and some of the rules like, "Molly is not for sitting on." Charlotte stated, "My role is to be a mirror and be reflective [and] nonjudgmental, but to also set the therapeutic limits when necessary." During a play therapy session, the play therapist may need to set necessary limits or boundaries around what a child can or cannot do with the therapy dog. For example, Rebecca shared that she informs the child that "it is ok to be frustrated, but Kira is not for hitting." Rebecca provides options and redirects the child to what they can hit.

The therapist has to pay attention to the dog and keep the dog's best interest in mind. Therefore, there are going to be some limits on the play that may not have to be set if not for the dog (e.g., intense aggression). There are some global sets of limits, such as aggression or sexual acts toward the therapy dog; however, some limits may be unique to each dog regarding what the

dog can or cannot tolerate. For example, Margaret's therapy dog, Jade, enjoys being dressed up in hats, glasses, and capes; however, another dog may prefer not to have anything put on them. Many participants felt it was important not to hinder the play of the child, but rather excuse the dog from the play therapy session to allow the child to do what they need to do therapeutically. Garnett and Jade do not like sword fighting in the playroom and will bark at the swords. Rather than stopping the play, Katherine excuses Garnett from the session to allow the child to continue sword fighting, and Garnett can return to the session after the swordplay.

Several participants expressed that if they notice a child not listening, not following the limits, or making the therapy dog uncomfortable, then they allow the dog to retreat to a safe place (e.g., the dog's kennel, another room, or with a coworker). If the play therapist feels the child is not treating the therapy dog with kindness or respect, there is an option to excuse the therapy dog from the play therapy session. Tempest stated, "If children cannot follow the rules or work with the dog, and if you see that your dog is tired, stressed, or overloaded like we get, then you have to let them leave the room." Rebecca admitted that if a child cannot follow the limits, then she will end the session for the day. A play therapist can excuse the therapy dog from a play session if the dog appears tired, stressed, overwhelmed, overworked, or bored. Tempest has witnessed Molly become tired and worn out and tells the child, "I think Molly needs to go lay in her bed for a while, and she can decide if she wants to come back out to play." If the play therapist determines the dog needs to be removed from the session or sent to their bed, it is the play therapist's responsibility to manage the dynamics of the child wanting to bring the dog out. Charlotte emphasized how the play therapist will need to "maintain setting up the boundaries to the dog as well as the child."

It can be a challenge for the therapist to balance the needs of the child and the therapy

dog. Khloe stated, “The challenge is to make sure that I’m being a good pet partner to Willa and an advocate, and at the same time being a really great therapeutic alliance with the person that’s hired me to do so.” This emphasizes that not only does the play therapist have to be an animal advocate, but also they have to be a child advocate. This provides protection for the therapy dog and protection for the child because, as Liz explained, play therapists “don’t want to set either of them up for failure.” Several of the participants believed the dog is more vulnerable than the child; therefore, play therapists must consider how to keep the dog safe and protected. Rebecca expressed that if something severe was happening in the playroom, then the therapist could immediately remove the dog from the session. She further emphasized, “Nothing can’t be handled very quickly in that way, that takes both of them (child and dog) into account.”

Play therapists need to monitor not only the therapy dog’s comfort level throughout a session, but also the child’s comfort and interaction with the dog. Margaret described a situation in which one of her therapy dogs was comfortable with the child’s play; however, Margaret witnessed the child become increasingly annoyed with the therapy dog. Margaret recognized how the child’s behavior and affect changed, thus signaling the need to intervene at that particular point in time. Kira, Rebecca’s therapy dog, enjoyed being next to children and liked to lick. During a play therapy session, a child was working with Kira, and she licked him, leading the child to have an adverse reaction and proclaim how he did not like that. Rebecca honored the child’s dislike of this behavior and gave the child options for how to deal with Kira’s behavior.

In addition to protecting the safety and welfare of the child and dog, play therapists must also meet the basic needs of the therapy dog. For example, therapy dogs need constant access to fresh water, frequent bathroom breaks, and opportunities to rest. As part of their daily routine, play therapists should incorporate bathroom breaks for the dog. Margaret admitted that her older

therapy dog becomes easily tired and cannot work as many hours. Liz often has back-to-back play therapy sessions; therefore, she has to make sure Samson's needs are getting met. Play therapists have to "make the time" to tend to the needs of the therapy dog or potentially experience an embarrassing moment like when Willa, Khloe's therapy dog, attempted to use the bathroom during a session. Rebecca solidified the point that if play therapists are going to involve therapy dogs in play therapy, then this should be a pleasurable and "enjoyable experience for a therapy dog and should be something they really love to do."

Challenges. Although CC-CAPT has many benefits, it also comes with challenges as well. Many of the participants discussed challenges they faced both as novice and experienced practitioners of CC-CAPT. Some of the challenges these play therapists have faced include splitting attention, balancing the child and dog, and experiencing counter-transference.

Having a therapy dog in the playroom brings about the challenge of having to split the therapist's attention between the dog and child. Charlotte captured this challenge stating, "Your attention and your mindfulness and your connection has to be split away from the child to also include the animal." Play therapists have to divide their attention between what is happening with their dog, what is going on with the child, what is going on within all of these relationships, and having to pay attention to all of these interactions and subtleties in real time. Rebecca stated that this is important, "not just because [they are] looking out for the welfare of the animals and the children and the safety, but actually for the real therapy to take place."

Rebecca reiterated that if a person is not very skilled in CCPT and does not have the right dog, proper training of the dog, or knowledge of how to handle the dog in a play therapy session, the therapist "can end up being more focused on other things other than the therapy." Charlotte provided an example of a novice play therapist using a therapy dog for the first time in a

counseling session. Charlotte observed the counselor trying to split her attention between the client and the dog, but felt the counselor was focusing the majority of her attention on the dog, resulting in the dog being the center of attention for that session. Charlotte further stated, “I felt that was a little backward, because I feel like the person is the center, they are important, and we are there for them.” Splitting attention was a challenge identified by many of the participants because the client should be the focus of the session, but having a dog in a session requires them to divert attention to the dog. Katherine expressed the challenge of splitting attention and the difference she felt when she was working with an angry, assertive child. Katherine stated, “I had to focus on how the play was affecting Garnett as opposed to being there to support the child. I had to split my attention between the child and my dog, and I could feel my anxiety rising because I knew my dog was uncomfortable.” Participants strongly encouraged other play therapists to understand the importance of being able to split attention effectively and practice balancing the dynamic of shifting attention from child to dog and from dog to child, so they do not lose sight of the focus of therapy.

Notably, all of the participants expressed the importance of balancing the play therapy skills, the therapy dog, and the child all at once. Ashley described this as being “exhausting work” because she is using every skill she has been taught: “everything from communication skills with [the] dog, maintaining a theoretical orientation, and making sure that needs are being met—with the client and [the] dog.” Many of the participants believed that it is harder to be a therapist with a dog than without a dog. Tempest asserted, “It is more difficult to be a therapist using a dog because you have to do that balancing act; it’s about what’s good for the child and what’s good for the dog.” She further went on to say, “it is the awareness of both of their states of mind.” Multiple dynamics are playing out in the playroom, and the therapist has to be able to

manage all of the dynamics. Having a dog in the playroom takes the play to an elevated and advanced level that is not easy to balance.

An additional challenge several of the participants recognized involved the issues of transference and counter-transference. Some participants described situations that arose in the playroom where a child became aggressive with the therapy dog. Margaret explained that for the child she was working with, the dog represented a significant figure for the child resulting in the child directing her frustration and anger toward the dog. Rebecca had a similar experience with her therapy dog, Kira. Rebecca admitted, “I had my own counter-transference to deal with in between sessions, because I thought, ‘Well maybe this isn’t so good for this kid. I don’t like this kid very much. I don’t want to work with him anymore.’” Rebecca sought consultation for this issue, and it took Rebecca several days to work through these feelings. After seeking consultation, she realized “this [was] counter-transference, which is much stronger with this kind of work.” Tempest has heard other play therapists make comments such as, “I could never let that happen,” or, “I would have to stop the child.” Some people have expressed they could no longer have a relationship with a child who was harmful to their dog. Several of the participants discussed what it is like to balance counter-transference issues and how it can be difficult to maintain an empathic, nonjudgmental relationship with the child when their beloved therapy dog has been threatened. Challenges and issues can arise in a CC-CAPT session, and play therapists need to consider strategies to handle these problems when they surface. These strategies may include setting limits, excusing the dog from the playroom, or not allowing the dog to work with the child anymore.

Technical aspects of CC-CAPT. The planning, selection, and training of a therapy dog, goodness of fit, and canine communication are several factors that are critical to the success of

CC-CAPT. Additionally, the play therapist's experience, understanding, and skills in CCPT are core components to the success of CC-CAPT. The play therapist must understand how to appropriately use CCPT skills, simultaneously witnessing the spontaneous interactions between child and therapy dog and knowing how to capitalize on those therapeutic moments.

Skills. Play therapists utilize the same CCPT skills in CC-CAPT. The therapist continues to use skills such as tracking, reflecting content, reflecting feelings, enlarging the meaning, and limit setting. The therapist can track and reflect what the dog is doing, how it is interacting with the child, or project a voice from the dog. Margaret shared, "I have the ability to reflect feelings and emotions not just for the child, but the therapy dog, too." All of the participants shared how they use many of the CCPT skills to speak through the dog by giving the dog a voice. For example, several play therapists use skills such as tracking and reflecting through the perspective of the therapy dog. Tempest provided an example of how she does this: "Molly saw how you threw that all of the way over there" and Liz will say to a child, "Samson saw how hard you worked on building that." Participants explained that tracking and reflecting through the therapy dog is another way to enhance tracking what the child is doing or reflecting the child's feelings.

The therapist can use the therapy dog to communicate messages. Tempest said, "It makes it a little safer for the child, using a little metaphoric, so it's not like me saying those things. It's easier coming from Molly." Margaret also highlighted how the child might be more receptive to hearing information from the dog's perspective than from the therapist's. Several participants believe that using these skills through the therapy dog "feels less intrusive" than when it comes from the therapist. Liz added, "I track how Samson might be feeling, because if I were to say a certain feeling, the child may shut down on me, but if I say it about Samson, then the child will go 'Oh, I feel the same way.'" Rebecca has noticed that when this happens, the

child seems to form a deeper connection with the therapy dog because it emphasizes how the dog has a relationship with the child and is not just another toy in the playroom.

The play therapist continues to be actively involved with the child throughout the session, whether it is using counseling skills or playing a role. Participants explained that you use the same skills and interact with the child in the same way, even if the dog is present in the room. For example, Katherine shared that if a child decided to check her heart, she would still do this, and if the child wanted to check the dog's heart, Katherine would track, reflect, and see if the dog would allow the child to check its heart. As previously discussed, play therapists continue to use the skill of limit setting to protect the child, dog, toys, therapist, and the relationship among all. For example, Liz has had to set limits and redirect children to use "pretend Samson" when they become somewhat invasive when using the medical kit on Samson. Similarly, Charlotte sets limits with children wanting to pick up Versailles due to her small stature.

Many of the therapists continue to introduce the playroom in much the same way they would in a CCPT session. Charlotte described how she continues to introduce the playroom in the same way by telling the child they can "say or do almost anything they want in almost any way they want in the playroom." In addition to this statement, several of the participants now include a phrase about the therapy dog. Katherine emphasizes to the child that she has "one rule in [her] playroom—no one gets hurt." Ashley introduces the child to the playroom and explains to them how Taboo will be involved in their play therapy session. Rebecca uses the phrase, "We're going into a special playroom. You can do just about anything you want. If there's anything you can't do, I'll let you know." A few participants felt it was important to help the child understand from the beginning how the therapy dog could be used in the playroom and institute boundaries around the dog for safety and protection. Margaret takes it a step further by

informing children what they can and cannot do with Jade, such as no hitting or kicking the therapy dog. During Tempest's first session with a child, she spends a few minutes introducing Molly, educating the child on how to approach Molly, and sharing ways they can interact with her in the playroom. Even though there were slight discrepancies in how each participant introduces the child and the dog to one another, all seemed to find value in communicating to the child about the dog.

Playroom Adaptation. Participants discussed adapting the playroom to accommodate the therapy dog. Some of the participants explained how they made significant adjustments and changes to their playrooms (i.e., building new structures for the room) or smaller adjustments (i.e., a dog kennel). All of the participants discussed having a special area in the playroom or office building for the therapy dog to retreat when needed. Margaret has a “cozy” area in her playroom dedicated as a space where the therapy dog can relax or for the child to sit with the therapy dog and talk. Ashley built Taboo a special den for him if he feels uncomfortable or does not feel well. Ashley understands that when Taboo retreats to his den, he typically does not feel well. Liz modified her downstairs window to allow Samson to jump in and out to go to the bathroom. Rebecca structurally rearranged a few things in her playroom to make it easier for the child and dog to interact and also helped her to have to set fewer boundaries with children. Several participants discussed how helpful it is to have stuffed dog look-a-likes in various sizes in the playroom. Liz described a child who was allergic to her dog Samson but used pretend Samson in his play by nurturing and cuddling the dog. The play therapist can redirect the child to the “pretend” dog in cases where the dog does not like something or is unable to comply with the child's request.

Voice & Choice. Adapting the playroom to fit the needs of the therapy dog can also

provide the dog an opportunity to have a “voice and a choice” in the play therapy session. Rebecca pointed out a powerful moment when children realize the dog voluntarily comes to them and wants to be involved in their play. Charlotte pointed out that it could be a very therapeutic moment “because the child picks up on what the dog is doing and what . . . that mean[s] to that child.” Giving the dog permission to freely walk around the room not only gives the dog freedom to make the decision to interact with the child, but also allows the dog to get away from an uncomfortable situation quickly. For example, Charlotte described how Versailles retreats to her “safe spot” underneath the table when she is frightened or startled due to a child being aggressive in the playroom. Charlotte feels this provides an opportunity for Versailles to get away from the situation and for the child to witness Versailles’ reaction to the aggressive behavior, providing a therapeutic moment. Katherine expressed that Patchouli does not mind when a child listens to his heartbeat but is uncomfortable when a child attempts to put Band-Aids on him. Patchouli will pull his leg or paw away or even walk off, and Katherine reinforces the boundary with the child.

Many of the participants believed giving their dog a voice and a choice and respecting this choice communicates to the child how to respect healthy boundaries and have healthier relationships. Charlotte firmly stated, “I do not control her. If Versailles decides she doesn’t want to participate, then I give her the space to do so.” By not forcing the dog to engage or interact, the play therapist is modeling respect for the dog’s choice. Through spontaneous interaction, the play therapist can seize the moment by using the information therapeutically with the child. Liz provided an example of this when Samson walked away from a child, resulting in the child feeling rejected. Liz utilized this moment to process feelings of rejection and brought the issue back to what the child was currently dealing with in his life.

Therapy Dog: Connector. All of the participants gained valuable knowledge and experience by first learning CCPT and only later incorporating a therapy dog into the playroom. All of the participants were able to recall their experiences and note the difference between CCPT and CC-CAPT. Overwhelmingly, all of the participants discussed the difference they could see and feel with a child when having a therapy dog present in the playroom. Margaret believes “adding a therapy dog just enhances the whole play therapy experience altogether.” Ashley stated, “Having a dog in the playroom takes it to a whole other place that I wouldn’t have known before. I don’t think you could have described it to me before I experienced it.” Children seem to be naturally drawn to and curious about animals, expressed Rebecca. She went on to say, “Developmental research shows how interested kids are in animals, so it’s taking something that kids are really interested in and bringing it into the playroom.”

Going to counseling can be stressful for a child, but all of the participants have noticed the therapy dog’s presence breaks the ice. When “the child sees the therapy dog, the new environment instantly becomes not so scary,” said Margaret. The therapy dog builds and creates a trust for the child and makes therapy a more pleasurable and enjoyable experience. Several of the participants expressed how the dog offers “comfort and support,” “instant rapport,” and a “connection” between therapist and child. The child’s anxiety appears to decrease, allowing them to be more open to connecting with the therapy dog and eventually the therapist. Several participants expressed how the therapy dog seems to provide a “bridge” or a “link” between therapist and child. Additionally, when children witness the therapist treating the therapy dog with kindness and respect, they begin to believe the therapist will treat them in the same manner.

Overwhelmingly, the participants perceived the therapy dog’s role as to help intensify and facilitate the relationship between all three. The mere presence of the therapy dog seems to

put people at ease and calms them down when they come into session. Even children who tend to be more resistant and closed off to counseling appear to open up more easily. Participants offered several stories highlighting how their dog helped a child to feel more comfortable in the playroom. For example, Tempest described an encounter between Molly and a new client, an 8-year-old girl named “Meredith.” Upon the initial meeting with Tempest, Meredith’s parents described her as a child with severe separation anxiety to the point of never leaving their side. Meredith’s parents admitted they were fearful she would not go back to the playroom with Tempest. Tempest explained her process of CC-CAPT and how “Molly’s presence brings calmness to children and is an incredible ice breaker.” Meredith’s parents were skeptical, but admitted that the idea of having Molly present helped them feel hopeful. Upon meeting Meredith for her first play therapy session, Tempest and Molly walked into the waiting room to greet her. Tempest allowed Molly and Meredith to interact with one another and gave Meredith time to pet Molly. Tempest looked at Meredith and asked, “Would you like to come play now?” and Meredith walked right into the playroom. Tempest believes that Molly helped take the focus and attention off of Meredith while also providing her comfort and support. Tempest shared, “With Molly being so playful, children forget about being nervous, and then the next thing you know, you are in therapy.”

Many of the participants described how beneficial having the therapy dog in play therapy has been for children. One of the biggest benefits is how the dog truly reacts to the child. As play therapists, they are trained to be accepting and tolerant of what the child is doing; however, the therapy dog does not hide its reaction, is not deceptive, and does not fake its response. Rebecca stated, “I think it’s that living, sentient being who has honest, truly honest reactions to the child.” The child witnesses and experiences a genuine response by another living being, providing a

therapeutic moment for the therapist to process. If children do something the therapy dog does not like, then the dog can move away from the situation, thus allowing them to experience the dog's true response to their behavior, potentially integrating that new information into their process.

All of the participants discussed the relational benefits a child gains from having a therapy dog in the playroom. The dogs are understanding and accepting of the child, including the child's emotions and behaviors. The canine affords the child the opportunity to "explore the world of attachment and relationship in a way that they couldn't experiment with people," explained Rebecca. Liz has witnessed manipulation play decrease and nurturing play increase. She believes this could be due to a child being able to nurture a living creature versus a doll directly. Children can begin to develop a relationship with the therapy dog that has healthy boundaries and experience what it feels like to give and receive empathy, compassion, and nurturance.

In addition to this relationship, the child can also experience "safe touch." Because play therapists have boundaries and limitations with touch, and dogs are social beings, the dog can offer something extra the therapist may not be able to offer. Khloe stated, "Just being able to pet, which is what research shows us, that it lowers blood pressure and pulse rate, and lowers cortisol levels." Participants expressed how having this sensory experience added an additional layer of healing for the child. "There is something about those long-coated dogs that I feel like helps with some of that self-soothing," stated Liz. Katherine watched how a significantly anxious child spent the entire session rubbing Garnett's belly. Katherine believes this sensory experience and touch "helps rewire" the child's "nervous system."

The perspective of the role of the therapy dog differs between therapist and child. For the

therapist, the therapy dog's role is to be a connector and partner in the therapeutic process. However, for the child, the dog's role in a play therapy session may differ. This role can range from an active participant, such as a villain or superhero, search and rescue dog, chef, and teacher to a less active role such as being a witness to the child's story. Charlotte explained the role of the therapy dog is to be a part of the child's process; the child may use the dog "to make sense of their world." Many of the participants made the statement, "My dog and I are whatever the child needs me to be at that moment." Khloe believes this is an important aspect of the role of the therapist and the therapy dog, for both to be whatever the child needs at that moment. The presence of the therapy dog may bring a feeling of calmness, comfort, or safety to the situation. Tempest explained how one child never used Molly in his play therapy session, but her presence was important to him. This realization was brought about during a session in which Molly was absent; the child repeatedly asked where Molly was and when she would be back. In CCPT, the child can decide what toy to use and how to use the toy. Khloe placed the therapy dog within a similar context in which the child had the choice to decide whether to use the dog or not. Children can determine if they want to use the therapy dog as a means of self-expression, as a partner, or as a witness to their work. Margaret shared how being present and "witnessing what's happening in the therapeutic space, such as watching a puppet show, is as significant as playing an active role."

Child: Director. Participants emphasized and articulated that the foundation for CC-CAPT is rooted in CCPT. As the name *Child-Centered Play Therapy* implies, the child is the central tenet of the play therapy process. With the play therapist being the facilitator and the dog the connector, the children naturally fall into the role of director of their play. The play therapist creates a safe environment where children can release and express what they need to

therapeutically. The child is an active partner in the process. “The child has the ability to control what’s happening in the session,” stated Margaret; they are in the lead to determine how they choose to do this, either directly or symbolically. Rebecca stated, “The child’s role is really to just be themselves and to explore, enjoy, play, and to start sorting through their problems.” The child determines if or when the play therapist or therapy dog has a direct role in the session and to what degree each entity participates in the play. Charlotte expressed that she wants the child “to feel free, to feel free to express whatever it is that’s in conflict for them, to feel empowered and become empowered and to make sense of what it is that’s causing problems for them in their lives.”

Therapeutic Relationships: Pet Partners. All of the participants expressed how critical the relationships are between all three dynamics—child, therapist, and dog. The researcher used the participant’s words to develop this category. (See Table 5 for an example of the codes extracted from the interviews.) The relationship between therapist and dog matters because the therapist aids in facilitating a connection between the child and dog; simultaneously, the therapist is facilitating their own relationship with the child. Rebecca stated, “All of these relationships intersect in the playroom with clients, and how we train our dogs, the way we treat our dogs at home, shows every minute that we are in the room with the client.” The play therapist and therapy dog demonstrate a positive bond and interaction between one another when working together in the playroom. Katherine commented, “The children are watching my relationship with the dog, and that gives them a reason to trust me, and I think it accelerates the process.”

A partnership exists between therapist and dog, with some play therapists referring to their dog as their “partner.” Rebecca stated, “I like to think of the dog as a partner in the sense that the dog is no less than any other human that’s in the room.” The play therapists have

nurtured this partnership through caretaking and using positive training methods. Khloe described Willa as being an important member of her family, Liz takes Samson with her everywhere she goes, and Ashley explained Taboo as her “right arm.” Woven throughout the interviews, participants joyously spoke of their relationship with their therapy dog and the special bond between them. Ashley commented on her relationship with Taboo: “He is so awesome and amazing. I don’t know what I’m going to do when his time is up because I can’t replace him.” Other comments such as, “I just fell in love with her,” “He is more than anything I could have ever asked for,” “She is an incredible animal,” and “There will never be another dog like him” were freely made.

All of the participants described how the child and dog could form a connection and develop a strong bond. The child and therapy dog interacting together enhances the connection and relationship. All of the participants described interactions between child and dog that highlighted the relationship between dog and child. Many of the children included the therapy dog in their puppet show by telling a story about the dog or having the dog play a main character. Several of the participants expressed how amazed they have been to witness the child disclose their abuse to the therapy dog. Having a therapy dog be a part of the therapeutic process helps the child not to feel alone. Ashley commented, “They don’t feel like it’s just them having to do this by themselves.”

Khloe shared a story that demonstrates the significance of the relationship between Willa and a child, “Alex,” who had severe behavior problems at home and school. Khloe felt Alex would respond well to CC-CAPT and began using Willa with him. Alex was closed off from talking to Khloe about his choices and behaviors. Khloe reflected to Alex, “I know sometimes it’s hard to tell an adult about your choices at school, but Willa does not judge that at all. And

Willa loves to hear what is going on in your world.” Over the course of several sessions, Alex began talking to Willa and opening up to her about his feelings. Khloe felt this was significant for Alex and decided to speak to the assistant principal at Alex’s school about Willa and Alex’s interactions. She informed the school stating, “Using Willa works well, and this child needs time just to calm themselves down.” The assistant principal and the school counselor were able to find a stuffed dog that looked a lot like Willa and placed it in the counselor’s office. Alex named the stuffed dog Willa, and whenever he was upset, he would go to the counselor’s office and tell Willa, the stuffed dog, what he was feeling. Khloe stated that the administrators and school counselor saw the power of CC-CAPT and how significant the relationship was between Alex and Willa.

The presence and interactions the dog brings to the playroom are necessary; Khloe stated, “You would see the child and the dog interacting in ways that might not have happened prior to that with the child and therapist.” Participants had several stories that demonstrated the relationship between the child and dog. The dog aids in developing the relationship through curiosity about the child and the child’s play by freely walking up to the child to investigate what they are doing, thus sending the message that the dog is curious about the child and interested in their play. Margaret overheard a child once say, “Oh look! Jade is right beside me; she wants to sit next to me to see what I am doing.” Margaret believes this also helps to build self-esteem for the child. Khloe shared that children will look for Willa’s approval by saying, “Willa, what do you think about this?” and, “Willa what do you think, should I do it this way?” Liz laughed when she recalled how, previously, children would come to counseling looking for her, but now they enter the building asking for Samson. Ashley stated that when children leave her office, they no longer tell her bye, but ensure they say goodbye to Taboo. Many of the participants have

overheard the child walk out into the waiting room and share with their parents what they did with the therapy dog during their session, often making comments about how the dog helped them, how they rescued someone together, or how the dog understood how they felt.

Several participants noted the difference in session, with themselves and with the child, when their therapy dog was not available. Charlotte commented, “When I don’t have Versailles here, I feel like something’s really missing, a dynamic that you can’t replace with anything else.” Participants noted that some children were quieter in the session, while other children's aggressive play increased. Some children expressed how much they missed the dog, how much they wanted the dog to be a part of the session, they drew pictures of the dog, and at times, they would plan for the next session that included the dog in their play. Tempest shared that when Molly has been out sick or is not feeling well, some of the children have made her “get well soon” cards. Some of the children Margaret worked with will use the stuffed Sheltie as a substitute or make a sand tray that includes a little Sheltie figure. Charlotte noticed a stark change in one child’s play; she stated, “I have one child who always plays doctor, but she won’t play doctor unless Versailles is here; she doesn’t process that without Versailles.”

The Child and Dog’s Relationship: Partners in Play. The researcher used the participant’s words to develop this category. (See Table 5 for an example of the codes extracted from the interviews.) As previously described, participants discussed the various play therapy skills used during a CC-CAPT session. Participants further elaborated and described a CC-CAPT session and what the interactions look like in the playroom. The play therapist is actively involved throughout the entire play therapy session, either through role-play or play therapy skills. The therapist can observe while the child and dog interact more with one another. The therapist may sit on the floor or in a chair watching the child and dog's interactions, continuing to

communicate what they are doing by tracking and reflecting the child and dog's interactions. If the dog is uncertain of what to do or how to engage, then the therapist can help by calling the dog over to what the child is doing.

The child and dog interact with one another upon the initial greeting of every session. The dog communicates happiness and excitement by wagging its tail and walking up to the child. It appears to be a brief bonding moment and exchanges of, "I missed you." During the play therapy session, the dog may interact with the child either in a calming manner or in a more excited and engaging way. For instance, several of the dogs enjoy playing fetch; the dog may pick up a toy, take it to the child, and engage the child in a game of fetch. The child may choose to engage the dog in role-playing by dressing the dog up in a Superman cape and mask or by using butterfly wings to help the child escape from danger. Several of the therapy dogs enjoy watching puppet shows. The child has the dog sit in front of the puppet stand to watch the puppet show. The therapist interacts by paraphrasing or reflecting what the child says during the show. Tempest stated that if something is going on during the puppet show, she would then track through Molly instead of her because the child has already engaged the dog in the play. Another common interaction with the therapy dogs was the use of the medical kits. Children can have the dog sit or lie down next to them while they non-invasively use the medical equipment. Garnett, Katherine's therapy dog, will comfortably lie down next to a child while the child uses the stethoscope to listen to Garnett's heart and the blood pressure cuff to take her pulse.

The dog may interact with the child by sitting next to them, listening to what they have to say, or checking out what they are doing. At times, the child may want to use the dog as support and have a conversation with the therapy dog. Tempest has a tent in her playroom, and many times Molly and the child will go into the tent together and sit quietly with one another.

Willa will lie down next to a child quietly working in the sand tray. When a child is emotional, Samson will go lie down next to the child and allow the child to pet him. Katherine described an interaction between Garnett and a little boy who had been diagnosed with autism and who was infatuated with birds. Katherine had a hummingbird feeder outside of a window, and during one of their play therapy sessions, the child sat in front of the window with a camera waiting on a hummingbird. With no direction from Katherine, Garnett went over and sat down next to the child patiently staring out the window.

Whether the dog is interacting with the child in an intense, playful way or through a calming presence, the relationship and interaction between the two are critical to the healing process. When all of these layers (e.g., selecting the play therapy dog, training, the goodness of fit, canine communication, play therapy skills) are working well together, tremendous success can be achieved. Having a strong foundation in CCPT helped lay the groundwork for the participants to incorporate the therapy dog. The play therapist's background and training, along with intentional selection and specific training of the dog, allowed participants to focus on the needs of the child. Overwhelmingly, all of the participants discussed the rapid change they noticed in the children and the relationships built between child and dog. Katherine noted, "The success comes in the relationship-building and the comfort that kids feel." All of the participants discussed a difference in the children with whom they work since using a therapy dog in CCPT. Ashley articulated this well when she said, "I've just seen a different side of kids that I don't think I would have been able to get to, to that place that's part of them, without him being there." Participants shared several of their success stories using CC-CAPT.

For the Love of Kira. Rebecca shared a story of a child, "Harper," with whom she and Kira worked with in CC-CAPT. Harper was in foster care, had a history of abuse and neglect,

ADHD, and poor self-regulation. Initially, Harper struggled with respecting boundaries and limits. He would become frustrated with Kira and at one point attempted to harm her. Rebecca was patient with Harper, helped Harper adhere to limits, and kept Harper and Kira safe. One day, Harper came into session and took out the veterinarian kit and asked Kira to lie down in her bed. Rebecca cautiously watched Harper as he pretended to give her a shot and listen to her heart. As Rebecca tracked and reflected what Harper was doing with Kira, she realized that Harper was “immersed” with Kira. Rebecca commented, “He was hearing what I was saying, but it was background music because he was just very caught up in creating his own relationship with her.” The play therapy sessions continued, and Harper began giving water and treats to Kira more frequently. Rebecca noticed how Harper and Kira were developing an attachment between one another, noting, “He had been enthralled with the fact that she would eat the treats and drink the water.” The play between Harper and Kira brought out a lot of nurturing and empathic behavior on his part. Harper continued with the veterinarian play and nurturing play with Kira, and slowly incorporated Rebecca into the mix. Rebecca stated he needed play therapy, “but I think the dog was what he really needed.” She went on to say, “He needed somebody to be responsive to him. And he needed to feel like he was cared for. And [Kira] made him feel that way, and at the same time, he could say, ‘Well, maybe I can care for her too.’”

Protecting Patchouli. Katherine worked with a child, “Callie,” in CC-CAPT who had experienced severe ritualistic abuse. Sarah easily connected with Patchouli and always included him in her play. Katherine could tell how Patchouli put Sarah at ease because Sarah was more relaxed in the playroom, often exploring the room with Patchouli. In Katherine’s playroom, there is a large chest filled with blankets, pillows, and other comfort features. Many children use this chest as a safety resource as a means of "safe containment." Callie used the chest in the majority

of her play sessions with Patchouli always nearby. Callie seemed to use Patchouli “intuitively,” recognizing when she needed him to be closer to her so much so that she would pull Patchouli into the chest with her. Often Callie would sit in the chest, drawing and petting Patchouli. During one of her play therapy sessions, Callie and Patchouli were sitting in the chest, Callie looked at Patchouli and said, “Don’t worry. I’ll never let him do that to you like he did it to me.” Katherine believed this was a profound therapeutic statement Callie needed to make, and with the comfort and relationship with Patchouli, she was able to say this aloud confidently. Katherine reflected on this case and felt it demonstrated how pairing the right therapy dog with Callie and the “powerful connection, that positive connection” between the two, lead to “an opportunity that just naturally occurred.”

Designing Versailles. Charlotte began worked with a 7-year-old girl, “April,” who suffered from severe school-related anxiety. April struggled with being a perfectionist at school, in her behavior, and in her schoolwork, always wanting to be the best at everything and always having to do everything perfectly. April found comfort in working with Versailles and would always make sure Versailles was nearby. April enjoyed creating things and focused a lot of her work on mastery play. Charlotte witnessed how April slowly started to come out of her shell in the playroom because she did not have the added pressure of “performing” in the playroom. April had the freedom to decide what she wanted to do and would freely make her own decisions. April started using various shapes and colors of cloth to design clothes for Versailles. Versailles would sit patiently next to April watching her every move. April would select colors of fabric and show them to Versailles as if Versailles were a part of the decision-making process. April would take the cloth, measure Versailles, and cut and glue the material together. Every week, April wanted to make something different for Versailles. She made Versailles capes,

scarves, and outfits to wear. Charlotte stated, “Versailles didn’t put that kind of pressure on April to make it perfect, or get it right the first time, or that it had to be done a certain way.” Charlotte believed Versailles was a critical component to April’s play by offering her a nonjudgmental and accepting witness to her play and a companion throughout the process.

Sailing Away with Prince. Margaret shared a success story of a 7-year-old boy named “Mark” who had a history of trauma and sexual abuse. Mark had worked with her therapy dog Prince for a while in CC-CAPT to address his history of trauma. One day, as Mark was walking to the playroom, he saw some moving boxes in the hallway, picked one up, and toted it into the playroom. Mark plopped the box onto the ground, grabbed two swords that he said were his oars, and jumped into the box. Mark looked over at Prince and said, “Come on, Prince. We’re going on a trip.” Margaret helped Prince get into the box with Mark, and the two sat side by side while Margaret sat, watching and listening. Mark began to engage in fantasy play, using the oars to paddle to the place where he had been abused. While Mark was paddling, he stated, “This is not a trip I can go on alone. I need Prince to go with me.” With Prince seated in the boat with him, Mark began to tell his story. Mark wanted to confront his abuser and let the abuser know that he cannot hurt him anymore. As Mark paddled, he stated, “I’ve got Prince with me, and I’m not alone. Prince is going to protect me.” With his companion by his side, Mark felt safe and empowered to confront his abuser. Margaret firmly believes the relationship between Prince and Mark was so critical to the healing process that it led Mark to feel confident and supported by not having to address his abuser alone. It was apparent to Margaret that through the context of Mark’s therapeutic play, by going on a trip to confront his abuser, that he had experienced tremendous growth and progress.

Derek & Taboo. When asked to share a success story, Ashley shared a case of a 4-year-

old boy, “Derek,” with post-traumatic stress disorder. Derek had been attacked and severely mangled by a dog, requiring countless plastic surgeries. Ashley chose not to use Taboo in the playroom immediately, but rather started Derek in CCPT to build trust and establish a safe environment. Taboo would sit outside the door and at times would scratch at the door. Derek could hear Taboo and would ask questions about him. Ashley capitalized on these moments and would process what it was like for Derek, knowing a dog was nearby. Derek gradually became more comfortable with the idea of Taboo being outside of the playroom door. Ashley would tell Derek, “When you are ready, we can let Taboo in.” Ashley had a plan of how to bring Taboo into the session and knew she had to temper him and ensure he stayed calm. One day Derek came into the playroom and heard Taboo scratch at the door. He looked at Ashley and asked if he could meet Taboo. Initially, Derek was nervous and anxious, but as the sessions progressed, Derek became more comfortable with Taboo. Derek started using the Sheltie figures in his sand tray, wanted Taboo near him, and eventually would hug and play with Taboo. Ashley witnessed Derek pushing himself outside of his comfort zone to address his fear of dogs and his past trauma. Ashley worked with Derek’s parents and encouraged them to expose him to more and more dogs gradually. Derek continued to make progress and would tell Ashley about the dogs he saw at the dog park, even claiming he saw Taboo at the park one day. Derek was able to address his trauma and find healing throughout the process, eventually getting his own dog at home.

Summary of the Chapter

The purpose of this qualitative collective case study was to gain a better understanding of RPT/Ss’ who use CC-CAPT with children under the age of 12 in a play therapy room. The phenomenon of using canines in CCPT was explored through one-on-one interviews and a review of non-confidential documents that participants provided. Participants were recruited via

e-mail using snowball sampling strategy type 1 (Creswell, 2015). Interviews were conducted with eight participants, and from the interviews two non-confidential documents were shared. Interviews were recorded then transcribed by a professional transcriptionist. Inductive analysis was used to generate codes, categories, and themes of this phenomenon under investigation. A thorough rich description of the participant's and their therapy dog was provided. Participants had a broad range of background, experience, and training. Additionally, the therapy dogs were equally diverse in age, breed, training, and certification.

With regard to a summary of the insights yielded by this study, the data collected and analyzed in this study reveal that CC-CAPT is a complex treatment modality requiring careful thought and consideration before implementing it into practice. Play therapists interested in CC-CAPT must plan for and prepare to use a therapy dog in a play therapy session appropriately. Participants detailed their experiences and perspectives of CC-CAPT with results indicating the importance of the intentional selection and training of the handler-dog team. Play therapists must take into consideration the temperament and personality of the dog. Additionally, using positive dog training and certification can enhance the play therapist's confidence in having a well-rounded play therapy dog.

CC-CAPT is a serious therapeutic intervention in which play therapists must utilize good clinical judgment when implementing it with children. The play therapist determines whether a therapy dog is a good fit with play therapy and then determines if the therapy dog is a good fit for a particular child. Additionally, the therapy dog must serve a purpose in the play therapy session, and the therapist needs to understand how the therapy dog can be beneficial to the therapeutic process. The play therapist is ultimately responsible for determining when and with whom the therapy dog will work within CCPT. Determining which children the therapy dog will

work with requires careful thought and consideration. Throughout a play therapy session, the therapist will need to monitor the therapy dog's stress level by being attuned to any calming signals communicated by the canine. When detected by the therapist, a quick response and action must be taken to ensure the safety of the dog and child. Understanding a dog's communication signals is one way to reduce risk in the playroom. Additional measures a play therapist can incorporate into their practice include assessments and screening forms, an information sheet, liability releases, and a consent for CC-CAPT.

Incorporating a therapy dog into the therapeutic process changes the dynamics within the playroom. The play therapist is responsible for ensuring the session remains therapeutic while also navigating and safeguarding the varying components (e.g., CCPT theory, the therapeutic relationship, using proper CCPT skills, role playing, and animal advocacy). The play therapist uses CCPT skills while simultaneously witnessing the spontaneous interactions between child and therapy dog and capitalizing on the therapeutic moments. Each entity has a particular role throughout the CC-CAPT session, including the therapy dog as the "connector" and child as the "director." The therapy dog builds and creates trust for the child and makes therapy a more pleasurable and enjoyable experience. The children direct their play therapy sessions, determining if or when the play therapist or therapy dog has a direct role in a session and to what degree each entity participates in the play.

The relationship that exists between the child, the therapist, and the dog is critical. A partnership exists between the therapist and the dog, with some play therapists referring to their dog as their "partner" or "co-therapist." In addition to the strong bond and connection between the therapist and the dog, a relationship begins to flourish between the child and the dog. The presence and interactions the dog brings to the playroom are necessary because the child and the

dog can interact in ways that the therapist and the child may not. The play therapist is actively involved throughout the entire play therapy session, either through role-playing or using CCPT skills. Participants offered elaborated descriptions of CC-CAPT sessions, indicating that when all of the critical pieces are in place, CC-CAPT can have successful outcomes.

Chapter 5 includes a more detailed discussion of the themes related to the literature, limitations of this study, implications for practice, policy, and future research.

CHAPTER V: DISCUSSION

Discussion

The purpose of this qualitative collective case study was to gain a better understanding of the experiences and perspectives of registered play therapists and registered play therapist-supervisors (RPT/S) who work with a therapy dog in CCPT. This study used a collective case study method and, through individual interviews and non-confidential documents, captured the unique experiences of RPT/Ss. This chapter provides a review of the research study, a discussion of the findings related to the literature, implications for practice and policy, and recommendations for future research.

Review of the Study

Children's mental health issues continue to rise in the United States with at least 10 million children experiencing some form of trauma each year (National Child Traumatic Stress Network, 2011). This requires counselors to identify and utilize effective treatment interventions to help facilitate healing and growth. Play therapy has been identified as a developmentally appropriate treatment for children's emotional and behavioral problems (Lin & Bratton, 2015). The field of play therapy has continued to grow, often providing new insights and innovations into play therapy practices. A recent innovation in play therapy is the incorporation of a therapy dog into directed and non-directed play therapy. More specifically, CC-CAPT has emerged as a new treatment modality to address children's mental health issues. Even though conceptual literature exists, there is a lack of empirical research on the specific components comprising CC-

CAPT.

The purpose of this qualitative collective case study was to explore and describe how play therapists use canines in CCPT in a play therapy room. This research study explored play therapists' experiences and perspectives through interviews and documents to gain a deeper understanding of how this approach is used as a therapeutic modality for working with children experiencing mental health problems. Participants were recruited using snowball sampling strategy 1 (Creswell, 2015), with nine participants identified as having an RPT/S who currently used a therapy dog in CCPT. After careful consideration and discussion, one participant was eliminated from the study due to insufficient experience. Participants for this study included four RPTs and four RPT-Ss. Of these eight participants, four held an LPC, two held an LPC-S, one held a license as a psychologist, and one held a license as a marriage and family therapist. One of the participants held a dual license as an LPC and as a school counselor. Participants' years of experience ranged from two years to 20 or more years. The primary research question for this qualitative collective case study was: What are the experiences and perspectives of play therapists using child-centered canine assisted play therapy with children in a playroom?

The researcher conducted one-on-one semi-structured interviews to gather participants' experiences and perceptions of CC-CAPT. Participants were given a list of interview questions to review prior to the interview. Throughout the interviews, participants provided rich, thick descriptions of their experiences with and perspectives of CC-CAPT as a therapeutic treatment modality for working with children in a playroom. Inductive analysis was used and two major themes emerged. The two themes that emerged were: (a) Planning, Preparing, and Mitigating CC-CAPT and (b) Therapeutic Dynamics: It's Not a Therapeutic Dyad Anymore. These two themes and annotated narratives for each participant were identified in detail in Chapter 4. The

subsequent sections provide a more detailed discussion of the themes related to the literature, limitations of this study, implications for practice and policy, and future research.

Discussion of Research Findings

Two themes emerged from this qualitative research study. The answers to the research question will be discussed by themes as they relate to the literature. The themes that will be discussed include: (a) Planning, Preparing, and Mitigating CC-CAPT, with the subthemes of Planning: Selection of a Therapy Dog, Preparing: Training and Certification of a Therapy Dog, and Mitigating Risks: Intentionality and Clinical Judgment; and (b) Therapeutic Dynamics: It's Not a Therapeutic Dyad Anymore, with the subthemes of Triadic Roles and Responsibilities, Therapeutic Relationships: Pet Partners, and The Child and Dog's Relationship: Partners in Play. A list of themes and subthemes are included in Table 6.

Planning, Preparing, and Mitigating CC-CAPT

The literature regarding AAT-C and AAPT provide guidelines for incorporating an appropriately trained animal with a credentialed mental health professional into the therapeutic process (Chandler, 2012; Stewart, Chang, Parker, & Grubbs, 2016; VanFleet, 2008). This suggests play therapists who use a canine in CCPT must also have an appropriately trained dog, along with proper certification and training to effectively conduct a CC-CAPT session. Results of this study strongly support the proper selection of a therapy dog based on the desired personality and temperament of a therapy dog along with proper training and certification.

Results of this study revealed how the selection, personality and temperament, and training of the therapy dog can help the therapist to determine the goodness of fit between therapy dog and play therapy.

Selection of a Therapy Dog. Whether selecting a particular breed or adopting a rescue

Table 6

Summary of Major Themes and Subthemes of Experiences and Perspectives of Using CC-CAPT

Theme 1 – Planning, Preparing, and Mitigating CC-CAPT
<p><u>Subthemes</u></p> <p>Planning: Selection of a Therapy Dog</p> <p>Preparing: Training and Certification of a Therapy Dog</p> <p>Mitigating Risks: Intentionality and Clinical Judgment</p>
Theme 2 – Therapeutic Dynamics: It’s Not a Therapeutic Dyad Anymore
<p><u>Subthemes</u></p> <p>Triadic Roles and Responsibilities</p> <p>Therapeutic Relationships: Dogs as Co-Therapists or Therapeutic Relationships: Pet Partners</p> <p>The Child/Dog Relationship: Partners in Play</p>

dog, the preference is up to the handler. However, results of this study demonstrated that the majority of participants gave careful thought and consideration into the therapy dog they currently use in CC-CAPT. The goodness of fit between canine and play therapy is an important factor when deciding to use CC-CAPT with children.

Many of the participants waited weeks, months, and years searching for the right therapy dog, even including their family members in the selection process. This suggests how important it is for the play therapist to take this step seriously. To help ensure a proper fit, the therapists researched breeds that worked well in therapy, spoke to breeders and dog trainers, exposed themselves to various breeds, considered how this breed of dog would fit into their family, and used temperament tests on the dogs. Additionally, participants revealed they knew what they were looking for in a particular dog and knew what kind of job they wanted their dog to fulfill. The results of this study revealed that participants had a mixture of breeds and sizes, indicating that there is not one breed of dog that works best for CC-CAPT. This suggests that the individual dog’s characteristics is more important than the breed, therefore it is essential the therapist not

only consider breed issues but also invest the time and energy into assessing individual dogs until they find one with the qualities needed to successfully engage in CC-CAPT. Going through a therapy dog evaluation can aid in determining whether or not the dog has the potential to do well in this line of work. The literature regarding CC-CAPT was significantly lacking in this area, leaving play therapists guessing on how to select an appropriate dog.

Using a dog that does not like working with children, that needs constant direction and instruction, or that becomes anxious around unpredictable behavior does not bode well for CC-CAPT. This adds to the literature regarding AAPT in which VanFleet and Faa-Thompson (2015) recommended that the animal be able to tolerate a child's engagement with the dog or lack thereof. Participants offered stories describing certain cases and circumstances that resulted in their therapy dog not being a good fit for CC-CAPT. One participant summed it up well when she explained how some people become upset when they realize their dog is not an appropriate fit for non-directed play therapy. The literature regarding AAPT or CC-CAPT does not discuss the importance of using clinical judgment to make this determination. Play therapists will need to work hard to objectively determine whether their dog is a good fit for CC-CAPT. If not, then the therapist could be putting themselves, the child, and the therapy dog at risk.

Personality and Temperament of a Therapy Dog. Identifying desirable personality and temperament traits of the canine was additionally helpful when selecting the canine for play therapy work. The temperament of the therapy dog was of particular importance to participants, and their requirements included attributes such as being playful, accepting, calm, engaged, resilient, and most importantly, enjoying working with children. Many of these identified qualities were from the participant being a play therapist, recognizing that a critical component to play therapy is playfulness, being accepting, non-judgmental, and engaging. Additionally,

many of these words are reflective of the core components of counseling. The therapist works to offer a safe therapeutic environment, free of judgment, indicating that the play therapist wants a therapy dog that can mirror these same qualities. Participants described how their therapy dog communicated joy for children by initiating play, wagging their tail, seeking out the child, and wanting to be near the child. This is consistent with suggestions offered by Chandler (2012), O’Callaghan and Chandler (2011), and VanFleet (2008) indicating that a good therapy dog seeks out affection and has a desire to engage with others, especially children, either through petting or playing.

Training and Certification. The review of the literature found several references to the idea of incorporating a “trained dog” into the counseling process. Mallon (1999) strongly suggested that, when using a therapy dog in counseling, the dog must be properly trained for this type of work. However, the literature regarding CC-CAPT lacked a consistent description of the appropriate training of the therapy dog. Results of this study lend valuable insight into participants’ experiences of selection, training, and certification of their therapy dog. Participants offered detailed explanations of the steps they employed in developing what they considered a “good therapy dog” for CC-CAPT. Participants revealed that exposing their dog at a young age to diverse people and places helped reinforce positive behaviors, communication (verbal and non-verbal), and trust between therapist and canine. Additionally, exposing the canine as soon as possible to the playroom helped to desensitize the canine to the sights, sounds, and smells of the playroom toys.

Play therapists must have their therapy dog properly trained in obedience skills and basic manners. Ensuring proper training of the canine allows the therapist to have a level of expectation of the canine’s behavior in the play therapy room. Participants utilized positive dog

training methods to teach their therapy dog proper behavior, obedience skills, and verbal and non-verbal commands (e.g., leave it, stop, stay, come, touch, and get behind). According to the participants, having a vocabulary list of commands and hand signals is imperative to communicating to the dog. Positive dog training serves as a catalyst for developing trust and a stronger bond between therapist and canine. As Stewart et al. (2013) highlighted in the literature regarding AAT-C, the therapist and animal learn to communicate verbally and nonverbally with one another. Nonverbal communication aids the therapist and canine in working as a team to be in sync with one another during a play therapy session, thus leading to less distractions and more focus on the child's therapeutic work. Additionally, this increases the likelihood of positive behavior and interaction with the therapy dog. Training teaches the dog what to expect in a session, how to cope with a situation, how to interact in a CC-CAPT session, and how to listen and behave in a play therapy session. The play therapist is responsible for the therapy dog's behavior and, through proper training, the dog learns how to be in control of its behavior and minimizes the possibility of distracting the therapist or the child from their therapeutic work. This supports the opinions offered by Chandler (2012), Dietz et al. (2012), and Levinson (1964) in which the therapy dog is there to enhance the goals of counseling and not as a form of distraction. Therefore, ensuring proper training and education increases the likelihood of pro-social interactions.

The literature regarding CC-CAPT does not specifically address whether the therapy dog should be certified by a national organization. Results of this study indicated that all participants, at a minimum, had their dogs certified through the American Kennel Club's CGC program. Additionally, Pet Partners appeared to be another popular therapy dog certification program used by several participants. These therapy dog assessments provided confirmation to participants that

their dog enjoyed being around others, could listen and follow directions, and was able to be in control of their behavior. The CGC and Pet Partners tests enhanced participant's confidence in their therapy dog and lent credibility to the team. Additionally, results indicated that proper certification added a layer of protection for the handler-dog team and communicated to parents and guardians that the therapy dog had undergone a significant amount of training. However, even though these organizations utilize behavior-based tests to assess the appropriateness of the handler-dog team for volunteering, they do not determine whether or not the dog will be appropriate for counseling, and more specifically, play therapy. Several participants spoke up regarding a proper handler-dog assessment for play therapy. Some suggestions included assessing whether the therapist is able to appropriately incorporate the dog into a session, how effectively the handler monitors and responds to calming signals, and how well the handler uses specific play therapy skills

Results of this study revealed that when the play therapist invests time in appropriately selecting and training the therapy dog then the play therapist has an idea of the behavioral expectations of the canine during a play therapy session. These expectations include the dog's stability, tolerance level, reliability in the dog's ability to follow commands, and the dog's ability to properly interact with the child. Because CCPT allows the child, within reasonable boundaries, to express themselves in a variety of ways, a therapy dog should be able to handle the ebbs and flows of emotional expression from the child and the child's fluctuation of involvement with the dog. Many participants found, through the combination of positive dog training and the dog's natural temperament, that the therapy dog was well equipped to handle the vacillation of emotions and behavior. VanFleet and Faa-Thompson (2015) offered this same suggestion, specifically recommending the canine be tolerant of the child wanting to engage or

not engage the therapy dog in their therapeutic play. The results of this study indicated that play therapists who engage in properly training their therapy dog can have some ability to predict their dog's behavior in a play therapy session. Additionally, these results suggest that, through proper obedience training, the therapist will become increasingly confident in the dog behaving appropriately in the play therapy session, thus reducing the therapist's anxiety about being distracted by inappropriate behaviors.

Mitigating Risks: Intentionality and Clinical Judgment

To properly implement CC-CAPT, participants in this study found executing clinical judgment and intentionality as critical components to the success of CC-CAPT. According to participants, goodness of fit between therapy dog and child, canine communication, and liability and risk management are crucial factors one must understand and embrace. Participants strongly believed that when this therapeutic intervention is properly matched, it will enhance the therapeutic outcome. This is consistent with and adds to the literature regarding AAT-C, in which Mallon (1999) and Chandler (2012) suggested the therapist must intentionally decide with which child clients the dog will work.

Goodness of Fit Between Therapy Dog and Child. This theme resulted in play therapists being able to employ good clinical judgment to determine whether the child and dog were an appropriate match for one another in CC-CAPT. If the play therapist intentionally approaches CC-CAPT with the proper knowledge and education, then determining when to use CC-CAPT can be an easier process.

A primary factor of determining the goodness of fit is the intentional pairing of the therapy dog and child, because every child may not be the best match for the therapy dog. Responsibility rests on the play therapist; however, using sound clinical judgment, assessments,

and questionnaires can aid the therapist in making an appropriate decision. Results showed that participants do not use their therapy dog with every child; factors such as age, culture, religion, history, and the needs of the child were used to pair the child and the dog. This supports Mallon's (1999) recommendation for not using the therapy dog with every child, but intentionally deciding with which children the dog should work and knowing the reason for this decision. Additionally, limiting the number of children with whom the dog works reduces the likelihood of the dog becoming exhausted or burnt out from this line of work.

The literature offered distinct differences of opinion on using a therapy dog with children exhibiting aggressive behavior (Chandler, 2012; Parish-Plass, 2008). Chandler (2012) suggested that play therapists should not engage children with a history of animal abuse or aggression, but Parish-Plass (2008) contended that children with a history of aggression can gain valuable insight into their behavior. Even though these scholars offer valid points, results of this study indicated that participants do not summarily rule out using CC-CAPT with specific categories of children (e.g., children with a history of animal abuse or aggression) and instead will use clinical judgment when determining when it is appropriate to use their therapy dog with any given child. Participants described additional steps they employ, such as first working with the child without the therapy dog, establishing rapport, and understanding what underlies the aggression. Play therapists may then slowly introduce the therapy dog to the child, eventually integrating the dog into the entire session.

An additional strategy participants used to determine goodness of fit was the incorporation of a screening form for CC-CAPT. Screening forms can include questions about presenting problems, history of animal abuse, aggression, allergies, problems with impulsivity, and fear of animals. This is consistent with screening forms used by Chandler (2012) and

Thompson (2009). Participants in this study note that screening forms are helpful not only in pairing the child and the dog, but also in providing an additional layer of protection from liability risk. Play therapists who have the parents' involvement, consent, and full case history of the child can make a better clinical decision while reducing their liability.

Canine Communication. Several scholars have urged counselors who want to engage in AAT-C to understand animal communication and behavior (Chandler, 2012; Fine, 2010; Stewart et al., 2016). VanFleet and Faa-Thompson (2015) also wrote about the importance of understanding animal communication in AAPT. Participants in this study embraced and emphasized the importance of understanding canine communication in CC-CAPT. Training their own dog, attending workshops on animal behavior and communication, and having a good relationship with their dog allowed the participants to know their dog's specific stress signals. Understanding how the dog uses its body to communicate stress and which specific signals the dog uses, in turn, allows the play therapist to make decisions on behalf of the dog, thus creating trust and a bond between canine and therapist. In the literature regarding AAT-C, Stewart et al. (2013) offered a similar notion; when the therapist-animal team communicate nonverbally with one another, this results in the therapist-animal team trusting one another. The play therapist maintains constant awareness of their dog's behavior and should immediately respond when a stress signal is identified. Responses to the dog's behavior can range from limit setting to allowing the dog to take a break, to removal of the dog from the play therapy session. Serpell et al. (2010) suggested the animal needs to have access to respite at all times. Results indicated that all participants agreed with this suggestion, were willing to remove their therapy dog from the play therapy session, and provided them with constant access to respite.

Participants recognized that this kind of work can have a significant negative impact on

the therapy dog if not adequately monitored and handled. When signals are ignored, safety issues for the dog and child rise; however, understanding, recognizing, and responding to these stress signals help reduce the likelihood of an incident, protect the child, and promote the long-term welfare of the therapy dog. Utilizing clinical judgment and responding appropriately allows the therapist to keep the child's and therapy dogs' safety and welfare in mind at all times. This supports the literature regarding AAT-C and AAPT, and adds to the literature regarding CC-CAPT that the play therapist is not only a child advocate, but also an animal advocate.

Liability and Risk Management. VanFleet and Faa-Thompson (2015) briefly discussed ways in which play therapist can mitigate liability issues, such as using positive dog training, understanding animal communication, and intentionally selecting the therapy dog. The results of this study not only support these suggestions, but also offer more detailed suggestions of what to do in CC-CAPT. Before CC-CAPT can begin, play therapists need to meet with the child's guardians to discuss whether or not this would be an appropriate treatment approach for the child. Prior to or during the intake, the play therapist can employ a thorough screening process to ensure the goodness of fit between the child and the dog. This supports Chandler's (2012) suggestion of having a screening form for parents to fill out. To add an additional layer of protection, play therapists should have parents or guardians sign the document indicating consent to participate in CC-CAPT. Incorporating a release of liability form can also add an additional layer of protection for the therapist and therapy dog. Within these documents, play therapists can discuss risks and benefits of using a canine in play therapy and communicate the level of training the therapist and canine have completed.

It can be frightening for parents or guardians to hear the risks involved; however, play therapists can alleviate this by discussing how the therapist would handle a potential issue and

what risk management steps the play therapist has already employed. Play therapists can take this time to discuss with parents how the therapist uses the dog in CC-CAPT, how the therapy dog may interact with the child, and what they can expect from CC-CAPT. During the initial intake, play therapists should discuss the benefits and risks of using a therapy dog in play therapy. To supplement this discussion, therapists may provide parents or guardians with an information sheet explaining the risks and benefits of CC-CAPT. Whether play therapists choose to use a screening form, an information sheet, and/or a conversation with the parents or guardians, the information they gather at intake should include the child's allergies, history of aggression, fear of animals, and any negative experiences or interactions with an animal. This supports suggestions from other scholars in the field of AAT-C (Chandler, 2012; Evans & Gray, 2012; Fine, 2010; Thompson, 2009; VanFleet, 2008) in which the therapist may choose not to include the dog in a child's play therapy session due to similar factors. The results indicated that the CC-CAPT field has adapted some of these same concepts and suggestions, indicating how the fields can offer support and guidance to one another.

Lastly, results of this study indicated that play therapists should never leave the therapy dog and the child unattended. Constant supervision of the child and the dog's interactions are imperative to the safety of all involved. A lack of supervision could have devastating effects on the child and the therapy dog, leaving the therapist open to liability issues. Additionally, one participant discussed the ethical responsibility play therapists have for only allowing those who are trained in CC-CAPT use their therapy dog, and all but one participant described their practice as never loaning their dog to other therapists for use in play therapy sessions. As this discussion progresses, it highlights how involved the play therapist and therapy dog are in training to competently, ethically, and appropriately participate in CC-CAPT. Allowing another person to

use the dog without regard to competencies or an understanding of the canine in the therapeutic process could lead to potential personal and professional issues, such as harm to the therapy dog or the child.

Therapeutic Dynamics: It's Not a Therapeutic Dyad Anymore

The individual counseling relationship traditionally consists of two people working together; however, including a therapy dog into the playroom changes this from a dyad to a triad. The participants in this study all reported that the therapy dog is more than an object or toy that exists in the playroom for the child to use—the canine is a crucial participant in the process of play therapy. The therapy dog is viewed and respected as a therapeutic partner to the therapist and the child. This addition to the playroom requires some adjustments and an understanding of the roles and responsibilities, the relationship, and the process of CCPT. The play therapist may have spent an appropriate amount of time investing in their therapy dog through proper selection, training, and certification. However, although these steps are crucial, the play therapist must still understand what is happening within a session, know how to capitalize on therapeutic moments, and continue to offer an environment that facilitates growth and healing.

Triadic Roles and Responsibilities. Results of this study revealed how each member of the play therapy session has a distinct role—the therapist as facilitator, the canine as connector, and the child as director. Understanding these distinct roles is crucial to the literature regarding CC-CAPT; this will aid play therapists in being consistent with their theoretical orientation while maintaining a therapeutic direction and environment. The participants' emphasis on the importance of understanding how CC-CAPT fits within the CCPT theoretical framework is consistent with the literature regarding AAPT in which VanFleet and Faa-Thompson (2015) suggested that AAPT must be conducted in a theoretically grounded manner that supports the

premise of play therapy.

Findings from this study are consistent with O’Callaghan and Chandler’s (2011) notion that AAT-C can fit into a range of theoretical orientations, one of which is client-centered theory. More specifically, VanFleet and Faa-Thompson (2015) suggested that AAPT can be used as an adjunct in a variety of play therapy modalities, including CCPT. Axline (1974) explained how the therapist believes in the child’s natural ability to self-direct the play. Participants revealed how they stay true to the foundation of CCPT and continue to allow the child to set the pace for the session. Child clients continue to have the freedom to express themselves in an environment free of expectations and judgments. Consistent with CCPT theory, the child determines if and when the therapist and/or the therapy dog has a direct role in the play therapy session. These findings are consistent with the theory of CCPT, reinforcing how crucial it is for the play therapist to understand and maintain their theoretical orientation. The theory allows the therapist to know within which boundaries to operate, while simultaneously understanding the role of the child. These results strongly reinforce when play therapists use CC-CAPT; they must stay true to CCPT as the theoretical foundation. The results of this study are important to the literature regarding CC-CAPT and help solidify play therapists’ understanding of this treatment approach while providing clear direction on how to remain within the CCPT theory.

The results of this study add to the literature regarding CC-CAPT by defining the role of the canine as the connector in CC-CAPT. Participants described the canine as their *partner* and *co-therapist*, a supportive adjunct to the play therapy session. This is consistent with the literature regarding AAT-C that defines the animal as an adjunct to therapy and supplement to the therapeutic process (Chandler 2012; Dietz et al., 2012; Fine, 2010; Pet Partners, 2016). Results of this study are consistent with the literature regarding AAT-C, reinforcing the play

therapist utilizes the therapy dog as a means to support the goals and direction of counseling and not as a deterrent. Additionally, the results of this study are crucial to the literature regarding CC-CAPT by informing play therapists of the therapy dog's role. This is consistent with Fine's (2010) recommendation that the therapist must know how the dog fits within the theoretical framework being used. Participants articulated how the therapist is ultimately responsible for ensuring the session stays therapeutic and does not shift into regular play with the canine.

There are two perspectives of the role of the therapy dog, one from the therapist's point of view and the other from the child's. The child's view of the canine varies; it may be to provide comfort and support or to be an active member of the child's play. The literature regarding AAT-C described the therapy dog as having the ability to cross a barrier with a child by demonstrating empathy, nurturance, and comfort (Stewart et al., 2013). This has now been shown to be true for CC-CAPT; participants in this study shared similar beliefs, reinforced by witnessing interactions between child and dog that may have not been possible if the therapy dog were not present. The therapy dog provides a deeper connection and interaction that may be difficult to gain from an inanimate object.

The literature regarding AAT defines the therapist's role as one that directs the interaction between the animal and client (Chandler, 2012; Evans & Gray, 2012; Pet Partners, 2016; Stewart et al., 2016). Results of this study indicated that the CC-CAPT play therapist does not overly direct or control the canine's interaction, but gently guides and cues the therapy dog on what to do. The play therapist allows the therapy dog to have a certain degree of freedom, permitting the dog to have a voice and choice in the session. The canine can freely interact with the child or can choose to retreat to a safe place. The therapist can aid the therapy dog in performing certain tasks such as lying down, watching the child's play, or helping the dog play

an imaginary role for the child. This supports Parish-Plass' (2013) perspective in which the dog "cannot be completely directed because animals themselves initiate interactions, create situations, and move of their own free will" (p. 93). In CC-CAPT, the therapist does not overtly direct the therapy dog, allowing windows of spontaneous interaction between the child and the dog to happen.

A critical component to the literature regarding AAT-C is the therapist's role of animal advocate and responsibility to keep the animal's welfare in mind at all times (O'Callaghan & Chandler, 2011; Stewart et al., 2013). Results of this study revealed that CC-CAPT play therapists also embrace the role of animal advocate and carefully consider how this work impacts their therapy dog. The CC-CAPT play therapists' concept of animal advocacy comes in many different forms: (a) meeting the basic needs of the dog (e.g., water, food, bathroom breaks); (b) providing a place for respite (e.g., a dog bed, kennel, or another room), (c) understanding their dog's stress signals (e.g., laid back ears, running away, licking, tucked tale, etc.), and (d) limit setting. This is significant for the literature regarding CC-CAPT in that play therapists can utilize these suggestions and implement them into their practice. Participants strongly suggested that therapists communicate to children what they can and cannot do with the therapy dog. A frequent suggestion offered by participants was to incorporate several stuffed look alike canines in multiple sizes. The participants discussed how helpful it was to have the "pretend" canine available when the child needed redirection or in situations where the therapy dog did not prefer an action take place with them (e.g. stethoscope used to check the dog's heart). Additionally, participants reported that it was imperative to have a safe space for their dog to retreat to when they notice fatigue or stress (e.g., a kennel, a dog bed, or another room). Therapists should not be timid in excusing the dog from the session as this work can be stressful for a therapy dog.

Therefore, ensuring adequate respite, breaks, and intervening when necessary is imperative for the longevity and safety of the canine.

Through research, the standards of practice, training requirements for the therapy animal, and competencies and evaluations of the human-animal team have been defined by the literature regarding AAT-C. However, the literature regarding AAPT lacks a research base for this. Although VanFleet and Faa-Thompson (2015) offered their opinion and guidelines regarding the necessary competencies of AAPT, one being that the therapist be competent in play therapy to be able to conduct AAPT, however, these opinions are based on their clinical experience. The results of this study offer a similar suggestion for CC-CAPT and are now based in research. The results of this study will expand the literature regarding CC-CAPT by describing the specific skills needed for the play therapist and the therapy dog. Results indicated that the play therapist must have a solid foundation in professional counseling skills and play therapy skills before incorporating CC-CAPT into their practice. Learning how to use a dog in play therapy while simultaneously learning how to do play therapy can be overwhelming to a counselor and can potentially lead to safety issues. Already having a strong foundation in CCPT allows therapists to focus their attention on using the canine in a play therapy session, while not trying to master basic play therapy skills. A common challenge participants described was splitting their attention between the dog and the child, while simultaneously balancing the needs of both. Even as seasoned counselors and highly credentialed play therapists, participants routinely identified this as being a difficult skill to master. This supports VanFleet and Faa-Thompson's (2015) notion that CC-CAPT is one of the most difficult forms of AAPT to conduct due to play therapists having to divide their attention between animal and child. The literature regarding CC-CAPT will benefit from these results as this will communicate the seriousness of this treatment

modality and help play therapists understand there are multiple dynamics playing out in the playroom that the play therapist has to manage.

Therapeutic Relationships: Pet Partners. CCPT scholars, such as Axline (1974), Landreth (2002), Moustakas (1959), and Ray (2011), have emphasized the relationship between the therapist and the child as a central tenet to facilitating change. This continues to be true in CC-CAPT, with the addition of the relationship between the therapy dog and the child.

Participants shared how the therapy dog appears to develop more quickly a relationship with the child while offering comfort, support, and nurturance. The significance of the relationship between the child and the dog was especially noticeable when the therapy dog was not present for some of the child's play therapy sessions. Participants described children as behaving differently, engaging in different forms of play, demonstrating different affect, and omitting certain forms of therapeutic play due to the dog not being there. Thompson (2009) found similar results in her experimental study: When the therapy dog was absent, children exhibited more aggressive behavior, but in contrast, children disclosed abuse only in the presence of the therapy dog.

Results of this study demonstrated how the therapy dog was able to interact and transcend to a different place therapeutically with the child, a place that the therapist may not have been able to reach without the dog. These results appear to support Levinson (1964) and Parish-Plass' (2013) explanation that the dog is a living creature that responds authentically to the child's fantasy play. The bond that is created between the child and the dog appears to be crucial to the therapeutic process. Participants described the therapy dog as having a crucial role in the child's play, whereby the child does not feel alone when addressing difficult issues.

A significant outcome of this study is an enhanced understanding of the relational

components within CC-CAPT between the therapist and the dog and between the dog and the child. The child has the opportunity to witness a healthy, respectful relationship between the therapist and the dog and experience how the therapist gently communicates with the dog, pays attention to the dog's needs, and even how the therapist keeps the dog safe in certain situations. This supports the literature regarding AAPT and adds to the literature regarding CC-CAPT, as previous scholars have indicated that when the therapist includes another living creature in the play therapy session, the child has the opportunity to witness the healthy relationship that exists between the therapist and the dog (Parish-Plass, 2008, 2013; VanFleet, 2008; VanFleet & Faa-Thompson, 2015).

VanFleet and Faa-Thompson (2015) speculated that during an AAPT session, the child has the opportunity to experience compassion, empathy, and nurturance with the animal. They elaborated, saying that an AAPT session offers a corrective experience for the child while learning how to give and receive nurturance and comfort. Results from this study indicated that the experiences afforded to the child in a CC-CAPT session allow the child the opportunity to experiment and explore within a safe environment and within another level of a relationship—one that may feel too risky with a human. As VanFleet and Faa-Thompson (2015) pointed out in the literature regarding AAPT, the child may trust the animal before trusting the therapist, allowing the child an opportunity to learn about reciprocal relationships. Findings from this study support this and add to the literature regarding CC-CAPT: participants described stories of the child taking care of and nurturing the therapy dog, opening up and sharing traumatic stories with the dog, and the child and the dog engaging in fantasy play.

The Child and Dog's Relationship: Partners in Play. The literature regarding AAT-C strongly suggested that, when therapists can conceptualize and apply AAT-C within their

theoretical orientation, AAT-C can be an effective intervention (Chandler et al., 2010; Stewart et al., 2013; VanFleet, 2008). The results of this study indicated that, when the play therapist remains true to the CCPT theory and skills, CC-CAPT has the potential to be an effective intervention and can lead to successful outcomes.

Participants routinely discussed how non-directed play therapy with a therapy dog is more challenging than using directed interventions with a therapy dog. Play therapists who do not understand how to incorporate their dog into a play therapy session may tend to rely on directing the dog and using tricks or interventions, or they might lose sight of the session. This is consistent with suggestions from the literature regarding AAT-C, in which the therapist must know how the dog fits within the theoretical framework being used (Chandler et al., 2010; Fine, 2010). The results of this study support the literature regarding AAT-C, and these results now add to the literature regarding CC-CAPT in which the play therapist must understand how to incorporate a therapy dog into their play therapy theoretical framework.

The literature regarding AAPT offers suggestions to practitioners of how to conduct an AAPT session. However, AAPT encompasses the use of many species, requiring more clarity regarding the specific skills needed to appropriately conduct non-directed play therapy with a canine. Results from this study shed light onto this issue. The literature regarding CC-CAPT was significantly lacking regarding the specific play therapy skills used in CC-CAPT. The review of the literature revealed only minimal suggestions by Thompson (2009), and VanFleet and Faa-Thompson (2015) briefly discussed setting limits to protect the safety of the therapy dog. As this study has revealed, the theoretical framework for CC-CAPT is rooted in CCPT; findings from this study revealed that play therapists continue to use the same CCPT skills. The significant difference is the therapist uses the same CCPT skills (e.g., tracking, reflecting feelings and

content, returning responsibility) through the perspective of the therapy dog. Originally, Thompson (2009) and VanFleet and Faa-Thompson (2015) postulated that the child may be more open to hearing certain phrases or statements through the therapy dog compared to the therapist. Results from this study support this proposition, with participants frequently discussing how the child was more open and receptive to this approach. Participants balanced the phrases and comments, bouncing back and forth between themselves and the therapy dog.

Results also revealed that while play therapists continue to set limits on a child's play, they now also set limits on the child's interaction with the therapy dog to protect the therapy dog from harm. A child's play may not always be harmful to the dog, but the child's play may represent a behavior that the dog does not like or want to participate in. Participants revealed that if the child needed redirection for a particular behavior (e.g., dressing the dog up in a costume), then using a stuffed look-a-like dog might be helpful in these moments. By doing so, the therapist does not hinder the child's play, but finds a creative way to allow the child to continue in therapeutic play. Participants also elaborated on their use of a limit setting technique whereby they ultimately remove the dog from the session or end the session if the child is unable to adhere to the boundaries or when situations become dangerous, unpredictable, or uncomfortable for the therapy dog.

Results from this study offer a glimpse into the working mechanisms of CC-CAPT. Participants offered detailed descriptions of the interactions of all members, with each member having an active role. The therapist is involved by using CCPT skills, allowing the child to determine to what degree the therapist will be involved. The child actively engages in therapeutic play, determining the intensity and direction of play. The therapist involves the therapy dog by using CCPT skills through the therapy dog. The dog also has the freedom to spontaneously

interact with the child while also receiving guidance and direction from the therapist and the child. The child also determines to what degree the therapy dog is involved in the play. However, ultimately the decision for the dog to engage or to not engage is left up to the dog. The dog may interact with the child by sitting and observing what the child is doing, playing an imaginary character (directly or indirectly), and being near the child while they work. The therapist uses CCPT skills to track and reflect what the child is doing, what the dog is doing, and also the interaction between the child and the dog. Results indicated that the therapist must know how and when to capitalize on therapeutic moments between the child and the dog and how to turn an interaction into a therapeutic one. These results are crucial to the literature regarding CC-CAPT, as there has not been any research explaining these interactions.

Limitations. Limitations existed in this qualitative research study. Although several limitations were identified prior to the study, other limitations surfaced. Qualitative research requires training and experience, and this researcher completed a doctoral-level qualitative research class and participated, as a co-researcher, in one qualitative research study prior to this dissertation research. Because this researcher is a novice in qualitative research, her skill level may have affected the trustworthiness of the study. Even though the researcher had experience analyzing data using traditional methods, she used the qualitative data management software, NVivo 11, to organize and analyze the data. This researcher was a novice to using NVivo 11, and it was the first time she used a data management tool to aid in data analysis.

Implications for Practice, Policy, and Future Research

Implications for practice. Enthusiasm surrounds the use of CC-CAPT as a therapeutic intervention to help children address mental health concerns. The purpose of this study was to gain insight into the practice of RPT/S using CC-CAPT in a play therapy room. This study

focused on the experiences and perspectives of RPT/Ss who use a therapy dog in CCPT. Because this was a qualitative research study, generalizations of the findings are limited. However, this research study yielded valuable information with clear implications for play therapists wanting to incorporate a therapy dog into their CCPT practice.

A significant implication for practice involves the identification of required competencies and skills for play therapists conducting CC-CAPT. Results of this study revealed that play therapists need to have a strong foundation in canine assisted play therapy (CAPT) including (a) therapy dog selection; (b) training, and certification; (c) canine communication; (d) liability and risk management strategies; (e) roles and responsibilities; (f) the goodness of fit between canine and child; (g) ways to incorporate a therapy dog into a play therapy session; and (h) specific play therapy skills used to successfully conduct a CC-CAPT session. The specific child-centered play therapy skills discussed by participants include (a) establishing rapport, (b) tracking, (c) reflecting feelings, (d) returning responsibility, and (e) limit setting.

The findings from this study can be useful to play therapists interested in CC-CAPT and to those who are looking to start using a therapy dog in CCPT. The results can aid the play therapist in navigating the necessary steps to appropriately use a therapy dog in play therapy. Results of this study can inform others how to appropriately select a therapy dog, what personality traits are useful for a therapy dog, and the necessary training and certification for the therapy dog and the therapist. The findings support the ACA's (2016) Animal Assisted Therapy in Counseling Competencies and add to the literature regarding CC-CAPT of having an appropriately trained therapy dog and credentialed mental health provider.

Counselors generally are cognizant of liability issues and attempt to use risk management strategies to reduce the likelihood of a problem. Therefore, the results of this study can inform

play therapists not only of the many benefits CC-CAPT offers, but also of the liabilities that exist. Play therapists can incorporate strategies to protect the therapist, the child, and the therapy dog, and these protective measures are critical to CC-CAPT. Play therapists can use the results from this study to protect all those involved in CC-CAPT. More specifically, therapists can utilize an information sheet, consent form, waiver, and liability release. In addition to these documents, the therapist can reduce potential harm within a play therapy session by removing the canine from the session and using the play therapy skill of limit setting. Additionally, play therapists should receive training in canine communication to understand the stress signals of the therapy dog so the play therapist can intervene appropriately.

Play therapists can use this study's findings to inform them of when to use CC-CAPT and with whom to use it. Results indicated that the therapy dog may not be a good match for every child with whom the therapist works. Having a strong relationship with their therapy dog and understanding their temperament and personality can aid play therapists in the decision-making process when pairing a child and a dog. The play therapist uses clinical judgment and an assessment or screening form to help determine which child will work well with the therapy dog. Appropriately pairing the child and dog can support the direction and goals of therapy and reduce the likelihood of a problem.

Practitioners and educators can use the results from this study to inform their training, their education, and their supervision of future play therapists. Because practitioners are being pushed to use more evidenced-based techniques, CC-CAPT is strongly in need of more research to validate its use. With these results, play therapists can begin to receive consistent information on the competencies, ethics, and skills of CC-CAPT. Play therapists can offer trainings and presentations educating play therapists on the necessary CC-CAPT skills and how to use them in

a session. The more consistent the message, the more reliable CC-CAPT practice will become. Although opinions offered by scholars (e.g., Thompson, 2009; Parish-Plass, 2013; VanFleet, 2008; VanFleet & Faa-Thompson, 2015) are helpful in starting a necessary dialogue, a more consistent and steady message grounded in research can provide this budding field the support it needs to be taken seriously. The ACA's (2014) Code of Ethics charges counselors to only specialize in a new area once they have received "appropriate education, training, and supervised experience" (p. 8, C.2.B). Practitioners of CC-CAPT may now use the results from this study not only to inform their practice, but also to guide them when offering supervision to new play therapists.

Implications for policy. In 2016, the ACA published the Animal Assisted Therapy in Counseling Competencies. This document is crucial to the field of AAT-C, lays the foundation for best practices, and calls for counselors using a trained animal in counseling to adhere to these competencies and guidelines. Although this document is valuable to the field of AAT-C as a whole, CC-CAPT is a subspecialty in need of specific guidelines. With regard to the ACA's Code of Ethics specialty areas, ACA (2014) states, "Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and to protect others from possible harm" (p. 8, C.2.b.). This study's findings may be utilized by the ACA, but perhaps equally important, by the Association for Play Therapy (APT). Because CC-CAPT is the combination of AAT-C and play therapy, it would be useful for the APT to recognize CC-CAPT as an innovative treatment modality and adopt more policies, guidelines, and best practices for the field of AAPT, and more specifically, CC-CAPT.

Future research. This qualitative research study is one of the first qualitative studies in

the field of CC-CAPT and preliminary evidence is promising, suggesting that further research into this field is warranted. In spite of the numerous studies on AAT and AAT-C, the studies on CC-CAPT are extremely limited. Although AAT-C has contributed valuable research and knowledge to the field of counseling and play therapy, CC-CAPT is a subspecialty that requires further exploration.

It would be useful for future research on CC-CAPT to include a higher number of participants who use CC-CAPT in their role as an RPT/S. Although this researcher reached the point of data saturation in this study, it is possible that the inclusion of more participants in a subsequent study could lead to new information not obtained in this research study. It would be relevant to conduct additional qualitative research using face-to-face interviews and to collect more non-confidential documents related to CC-CAPT. Additionally, all of the participants in this study worked in private practice; it would be helpful to include participants working in other contexts (e.g., schools, community mental health centers, hospitals). Such research could lend further insight into CC-CAPT by offering additional opinions, experiences, and perspectives.

Future qualitative research would be valuable, especially if the study included participants who would allow the researcher to engage in participant observation by reviewing recorded CC-CAPT sessions or observing live CC-CAPT sessions. Although this poses a risk to the confidentiality of the client, researchers would be able to witness the interactions of all of the therapeutic dynamics. This would help gain clarity of what occurs in a CC-CAPT session. This would also provide a richer description of the relational component of CC-CAPT, as we know the relationship is critical to the success of therapy.

This study identified the need for play therapists to execute sound clinical judgment throughout the course of CC-CAPT. Results of this study indicated that participants are using

their clinical judgment to determine if the therapy dog is an appropriate match for CC-CAPT; if the therapy dog and child are a good match for CC-CAPT; and whether or not the therapy dog should remain in a CC-CAPT session. Further research into practitioners use of clinical judgment could lend insight into the education and training competencies needed to effectively employ CC-CAPT. Research focused on exploring and evaluating play therapist's ability to accurately and objectively determine these factors could lead scholars to offer more specific training and education. Research could help expand the literature by offering more enriched descriptions and parameters around this treatment modality, thus offering better protection for the therapist, child, and canine.

More research needs to be conducted on the outcomes associated with CC-CAPT. Quantitative research will provide results that can be generalized to more populations and practitioners. Thompson (2009) was the first to conduct an experimental study focused on the impact of CC-CAPT on children diagnosed with an anxiety disorder. Although participants discussed working with a variety of diagnoses, research into the use of CC-CAPT for children with a specific diagnosis could aid in treatment recommendations and could potentially improve treatment for the child. Additionally, researchers may find it beneficial to use more objective methods to measure the impact of CC-CAPT on specific populations.

All of the participants agreed that certifying a therapy dog through the American Kennel Club's CGC program offered confirmation of the dog's potential to be an appropriate therapy dog. Although the majority of participants also had their dog certified through Pet Partners, participants recognized this program was mainly for visitation purposes (e.g. visiting hospitals and nursing homes) and not a thorough assessment of the team's ability to appropriately conduct CC-CAPT. Currently, there is no assessment that exists to assess the appropriateness of the

handler-dog team for CC-CAPT. Research focused on the assessment of the handler-dog team could lend valuable insight into the handler's play therapy skills and abilities as well as the canines fit for CC-CAPT. A specific CC-CAPT assessment could help the play therapist determine if they are ready for CC-CAPT as well as to determine if their canine is ready to participate in a non-directed play therapy session. Future research into an assessment to certify the handler-dog team could provide more protection for the child, the dog, and the handler and more stringent boundaries on the use of the dog in CC-CAPT. Having a CC-CAPT assessment could lend further credibility to this field by identifying practitioners who have undergone rigorous training and certification to become certified in CC-CAPT.

Without further research into CC-CAPT, it will not be possible to offer evidence-based training and education. It is important to further investigate CC-CAPT, as this treatment modality is new to the field of play therapy and has the potential to help children cope with life stressors. Preliminary research is promising, but more research is needed to strengthen the knowledge base regarding best practices, competencies, and legal and ethical applications of CC-CAPT. More research is needed to expand and strengthen the foundation of CC-CAPT as an evidenced-based treatment. This study provided a foundation of knowledge that identified the importance of planning for and implementing CC-CAPT and elucidated how these intentional and well thought out steps can lead to successful outcomes. However, there are still many questions left to be discovered through future qualitative and quantitative research.

Conclusion

The research findings from this qualitative collective case study provide a foundation for understanding the proper ways to prepare for and implement a CC-CAPT session. These eight participants shared their experiences and perspectives of CC-CAPT to lend insight into the world

of CC-CAPT. Because CC-CAPT is a subspecialty of the fields of AAT-C and AAPT, these findings significantly add to the body of literature by contributing to the knowledge base for play therapists currently using or planning to use a canine in CCPT. Animals have slowly been integrated into counseling, but recent developments and strong interest in using canines in counseling have enlivened the counseling field and there has been a surge of interest in play therapists embracing the benefits of using canines in counseling. This posed a significant issue for play therapists because, although they are ethically responsible for proper education, training, and supervision, there was a lack of research and inconsistent messages about how to appropriately conduct CC-CAPT. Practitioners began writing and professing opinions of how to appropriately conduct play therapy with a canine; however, although these claims were helpful, they were not grounded in research. This research study fills a significant void in the literature by offering empirically derived recommendations for play therapists interested in appropriately using a canine in CCPT. Animals are changing the way we work with clients, and CC-CAPT is an opportunity to combine the health and relational benefits of canines with the developmentally appropriate approach of CCPT.

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LIST OF APPENDICES

APPENDIX A: INTERVIEW QUESTIONS FOR PARTICIPANTS

Appendix A

Interview Questions for Participants

1. Tell me a little about yourself and your professional background.
 - a. Tell me about your academic preparation, licenses, certifications, and years of experience.
2. Do you use CC-CAPT and how long have you used it?
3. Were you trained in Canine Assisted Play Therapy or Animal Assisted Play Therapy?
 - a. Describe your training and education for CC-CAPT.
 - b. What elements of the training/education were most beneficial?
4. Tell me a little about the therapy dog you use in CC-CAPT.
 - a. Describe to me your dog's certification and/or training for CC-CAPT.
 - b. Describe the personality traits of your dog?
5. Through your experiences of using CC-CAPT, what knowledge have you gained?
6. Describe to me a typical CC-CAPT session.
 - a. How would I see you and the child interacting, separate from the dog?
 - b. How would I see you and the dog interacting?
 - c. How would I see the child and the dog interacting?
 - d. Are you all interacting together? If so what would that look like?
7. Tell me about a successful case where you used CC-CAPT.
8. Tell me about an unsuccessful case where you used CC-CAPT.
9. Based on your experiences what are the benefits and/or challenges of using CC-CAPT?
10. What do you believe are the goals of CC-CAPT?
11. What is the role of the counselor, therapy dog, and child in CC-CAPT?
12. Tell me about when you choose to use or not use CC-CAPT.

- a. What factors influence your decision?
13. What advice do you have for play therapists interested in doing CC-CAPT?
- a. What kind of training is needed to effectively employ CC-CAPT?

APPENDIX B: INTERVIEW QUESTIONS AND SCRIPT

Appendix B

Interview Questions and Script Understanding Child-Centered Canine Assisted Play Therapy

Opening:

Hello, (Name of participant). Before we begin, I'd like to confirm that you have had an opportunity to read the informed consent document I emailed you and that you agree to participate in this qualitative collective case study.

(pending affirmative response to statement above):

Thank you. As a reminder, the purpose of this qualitative research study is to explore the experiences and perspectives that Registered Play Therapists (RPT) and Registered Play Therapist Supervisors (RPT-S) have had in using a therapy dog in child-centered play therapy. I am interested in hearing about your experiences and perspectives as a RPT/S utilizing child-centered canine assisted play therapy (CC-CAPT).

I want to assure you that your participation in this interview is voluntary and that you can discontinue the interview at any time. Also, I will protect your confidentiality by assigning you a pseudonym. Only my dissertation chair, methodologist, transcriptionist and myself will have access. Recordings will be kept until the end of the study – which is expected to be April 2017. Recordings will be stored on a jump drive and kept in a locked filing cabinet in a locked office. In addition to protecting your confidentiality, I want to ensure that the confidentiality of your clients is maintained. Specifically, I want to ask you to not disclose any confidential or identifying information about a current or past client.

One of the first things is that we are going to clarify your trainings and where you fit into the status of the training.

QUESTIONS AND PROBES:

1. Tell me a little about yourself and your professional background.
 - a. Tell me about your academic preparation, licenses, certifications, and years of experience.
2. Do you use CC-CAPT and how long have you used it?
3. Were you trained in Canine Assisted Play Therapy or Animal Assisted Play Therapy?
 - a. Describe your training and education for CC-CAPT.
 - b. What elements of the training/education were most beneficial?
4. Tell me a little about the therapy dog you use in CC-CAPT.

- a. Describe to me your dog's certification and/or training for CC-CAPT.
 - b. Describe the personality traits of your dog?
5. Through your experiences of using CC-CAPT, what knowledge have you gained?
6. Describe to me a typical CC-CAPT session.
 - a. How would I see you and the child interacting, separate from the dog?
 - b. How would I see you and the dog interacting?
 - c. How would I see the child and the dog interacting?
 - d. Are you all interacting together? If so what would that look like?
7. Tell me about a successful case where you used CC-CAPT.
8. Tell me about an unsuccessful case where you used CC-CAPT.
9. Based on your experiences what are the benefits and/or challenges of using CC-CAPT?
10. What do you believe are the goals of CC-CAPT?
11. What is the role of the counselor, therapy dog, and child in CC-CAPT?
12. Tell me about when you choose to use or not use CC-CAPT.
 - a. What factors influence your decision?
13. What advice do you have for play therapists interested in doing CC-CAPT?
 - a. What kind of training is needed to effectively employ CC-CAPT?

CONCLUSION

This concludes our interview. Are there any comments that you would like to make or any questions that you would like for me to answer at this time?

Thank you again for your time and willingness to share your unique perspective about child-centered canine-assisted play therapy. As we finish our conversation today, I wonder whether you could recommend any other play therapists who also conduct CC-CAPT and whom I might contact to request their participation in this study. You do not have to nominate anyone and you will not be penalized for declining to do so.

(if yes, gather name and email address)

Do I have your permission to share with these individuals that I received their names and contact information from you?

Your insight has been very helpful and I am very grateful for your participation in this study. Once the transcripts have been completed, I will email your interview transcript to you for review. If you feel there are any errors or if any corrections need to be made, please contact me at 662-417-2824 or jaustin1@go.olemiss.edu. After I have completed my analysis of the data, I will follow-up with you by telephone and/or email to clarify accuracy of the data and to gain participant input regarding proposed findings and themes.

APPENDIX C: INITIAL RECRUITMENT EMAIL

Appendix C

Initial Recruitment Email Understanding Child-Centered Canine Assisted Play Therapy

Dear [*Insert name*],

My name is Jennifer Austin Main and I am a doctoral candidate in the Department of Leadership and Counselor Education at The University of Mississippi. I am writing to invite you to participate in my dissertation research study about child-centered canine assisted play therapy (CC-CAPT). You're eligible to be in this study if you are a Registered Play Therapist or Registered Play Therapist Supervisor who is working or who has worked with a canine in child-centered play therapy for at least six months with at least three different children in a play therapy room.

If you decide to participate in this study, you will engage in a 45-90-minute interview via Facetime, Skype, or telephone and respond to questions regarding your experience and perspective of child-centered canine assisted play therapy. Additionally, I would like to ask you to share any form of documents or artifacts (newspaper articles, blank consent forms, blank progress notes, pamphlets, blank screening form, professional website, etc.) you use to educate or inform the public, professionals, or potential clients of CC-CAPT. If you are comfortable sharing this information, please email the documents to me. I will use this information to explore common themes among participants.

I will audio record your interview to be transcribed by a professional transcriptionist. To ensure your confidentiality you will be assigned a pseudonym.

This is completely voluntary, and you can choose to participate in this study or not. If you would like to participate or have any questions about the study, please email or contact me at

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Thank you for your consideration.

Sincerely,

Jennifer Austin Main

APPENDIX D: RECRUITMENT EMAIL FOR LISTERV

Appendix D

Recruitment Email listserv Understanding Child-Centered Canine Assisted Play Therapy

Good afternoon (*insert listserv name here*)

My name is Jennifer Austin Main and I am a doctoral candidate in the Department of Leadership and Counselor Education at The University of Mississippi. I am writing to invite you to participate in my dissertation research study about child-centered canine assisted play therapy (CC-CAPT). You're eligible to be in this study if you are a Registered Play Therapist or Registered Play Therapist Supervisor who is working or who has worked with a canine in child-centered play therapy for at least six months with at least three different children in a play therapy room.

If you decide to participate in this study, you will engage in a 45-90-minute interview via Facetime, Skype, or telephone and respond to questions regarding your experience and perspective of child-centered canine assisted play therapy. Additionally, I would like to ask you to share any form of documents or artifacts (newspaper articles, blank consent forms, blank progress notes, pamphlets, blank screening form, professional website, etc.) you use to educate or inform the public, professionals, or potential clients of CC-CAPT. If you are comfortable sharing this information, please email the documents to me. I will use this information to explore common themes among participants.

I will audio record your interview to be transcribed by a professional transcriptionist. To ensure your confidentiality you will be assigned a pseudonym.

This is completely voluntary, and you can choose to participate in this study or not. If you would like to participate or have any questions about the study, please email or contact me at

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Thank you for your consideration.

Sincerely,

Jennifer Austin Main

APPENDIX E: RECRUITMENT EMAIL SNOWBALL SAMPLING

Appendix E

Recruitment email Snowball Sample Type 1 Understanding Child-Centered Canine Assisted Play Therapy

Dear [*Insert name*],

My name is Jennifer Austin Main and I am a doctoral candidate in the Department of Leadership and Counselor Education at The University of Mississippi. I am writing to invite you to participate in my dissertation research study about child-centered canine assisted play therapy (CC-CAPT). (*Insert name*) provided your contact information and recommended you as a professional in the field of CC-CAPT. You're eligible to be in this study if you are a Registered Play Therapist or Registered Play Therapist Supervisor who is working or who has worked with a canine in child-centered play therapy for at least six months with at least three different children in a play therapy room.

If you decide to participate in this study, you will engage in a 45-90-minute interview via Facetime, Skype, or telephone and respond to questions regarding your experience and perspective of child-centered canine assisted play therapy. Additionally, I would like to ask you to share any form of documents or artifacts (newspaper articles, blank consent forms, blank progress notes, pamphlets, blank screening form, professional website, etc.) you use to educate or inform the public, professionals, or potential clients of CC-CAPT. If you are comfortable sharing this information please email the documents to me. I will use this information to explore common themes among participants.

I will audio record your interview to be transcribed by a professional transcriptionist. To ensure your confidentiality you will be assigned a pseudonym.

This is completely voluntary, and you can choose to participate in this study or not. If you would like to participate or have any questions about the study, please email or contact me at

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Thank you for your consideration.

Sincerely,

Jennifer Austin Main

APPENDIX F: CONSENT FORM

Appendix F

Consent to Participate in Research

Study Title: Understanding Child-Centered Canine Assisted Play Therapy: A Qualitative Collective Case Study

You are invited to participate in a qualitative research study to investigate the experiences and perspectives of registered play therapists (RPT) or registered play therapist supervisors (RPT-S), jointly noted as RPT/S, who have used child-centered canine assisted play therapy (CC-CAPT). You were identified as a potential participant who is a practicing RPT/S and who uses a canine in child-centered play therapy (CCPT). Participation in this study is restricted to persons aged 18 or older and counselors with at least a master's degree or higher in counseling or another mental health field. The study is being conducted by Jennifer Austin Main, a doctoral candidate under the direction of Dr. Suzanne Dugger. This research is a component of the researcher's doctoral degree requirements.

Informed Consent

In accordance with the Office of Research and Sponsored Programs at The University of Mississippi and with the codes of ethics, the following information provides you, the potential participant, with an explanation of the purpose of the study, the voluntary nature of the study, measures taken to ensure anonymity, and any potential known risks and benefits of participation.

The purpose of this study

The purpose of this qualitative collective case study is to gain a better understanding of child-centered canine assisted play therapy. The phenomenon of using canines in child-centered play therapy will be explored through one-on-one interviews and a review of non-confidential documents provided by participants.

What you will be asked to complete for this study

Participants will be interviewed via Skype, Facetime, or telephone. The duration of each interview will be approximately 45 to 90 minutes based on the depth of discussion. Participants will be asked a series of exploratory questions. The interviews will be digitally audio-recorded. Following the interview the researcher will participate in an oral peer debriefing with one of her colleagues. The peer debriefer will not have access to any confidential information or the transcripts. The peer debriefer is held to the same confidential standards as the research team. The researcher will use peer debriefing to enhance the trustworthiness of this research study as well as to help the researcher remain aware of her bias. The audio recordings will then be transcribed by a professional transcriptionist and participants will be assigned a pseudonym to maintain confidentiality. Once this process has been completed, each participant will then be given an opportunity to review his/her transcript via e-mail. After the researcher has completed analyzing the data, the researcher will follow-up with each participant through telephone

interviews to clarify accuracy of the data and to gain participant input regarding proposed findings and themes.

Also, participants will be asked to share any non-confidential documents or artifacts (newspaper articles, blank consent forms, blank progress notes, pamphlets, blank screening form, professional website, etc.) he or she uses to educate or inform the public, professionals, or potential clients of CC-CAPT. Participants will be asked to email the documents to the researcher.

Confidentiality

Every effort will be made to ensure your confidentiality. The identities of the participants will be kept confidential through the use of pseudonyms created by participants or the researcher.

Confidentiality and Use of Audio Recordings

I hereby give consent to participate in this study and verify that I am at least 18 years of age. I hereby give the researcher consent to audio record my participation and appearance on digital audiotape ("Recordings"). Only the researcher's dissertation chair, methodologist, transcriptionist, and herself will have access. Recordings will be kept until the end of the study – which is expected to be April 2017, and then destroyed. Recordings will be stored on a jump drive and kept in a locked filing cabinet in a locked office.

I hereby give consent to use my biographical material in connection with these recordings (with the understanding that the researcher will maintain confidentiality). I hereby give consent to exhibit, copy, reproduce, display or distribute direct quotes from the recordings and transcripts in part without restrictions or limitation for dissertation manuscript, publications, and presentations for any purpose which The University of Mississippi, and those acting pursuant to its authority, deem appropriate. I release The University of Mississippi from any and all claims and demands arising out of or in connection with the use of such Recordings including any claims for defamation, invasion of privacy, rights of publicity, or copyright.

Cost and Time required to complete the study

The interview for this research study will take approximately 45-90 minutes to complete. The study involves answering open ended questions via Skype, Facetime, or telephone. Otherwise, there is no cost associated with this interview for the participant.

Incentives for study participation

There is no compensation for completing the interview.

Possible benefits from study participation.

The researcher does not guarantee or promise that you will receive any benefits from this study. Possible benefits of this study include participants becoming more aware of their attitudes and

beliefs, knowledge, and skills regarding child-centered canine assisted play therapy. Study results may also provide important information about, how and in what ways CC-CAPT is best used and the steps needed to be appropriately trained to provide CC-CAPT. The profession may benefit from this study because greater understanding of this new treatment modality will be derived, and this may influence the education and training process for future counselors and play therapists.

Possible risks from study participation.

The risks associated with this study are minimal and may be limited to discomfort sharing personal feelings. In the unlikely event that you become emotionally distressed during the interview, the researcher will allow you an opportunity to collect yourself. If at any time you begin to feel uncomfortable, you may withdraw your participation in the study with no penalty. If you do experience personal feelings that become uncomfortable, it is recommended that you seek counseling services.

Consent to participate

Your participation in this study is strictly voluntary and there is no penalty if you choose to not participate. If you have read this document and have decided to participate in this project, you understand that your participation is voluntary. Even if you volunteer to participate, you still have the right to withdraw participation at any time without penalty to you. If you start the interview and decide that you do not want to finish, you may end the interview. You have the right to refuse to answer any questions. Your participation or lack of participation will not impact your current or future relationship with the university and will not affect your reputation.

IRB approval

This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). The IRB determined that this study fulfills federal law, state law, and university policies to protect human research subjects. If you have any questions or concerns regarding your rights in regards to your participation in this study you may contact the IRB at (662) 915-7482 or irb@olemiss.edu.

The University of Mississippi Institutional Review Board has approved this document for use from December 19, 2016 to December 19, 2017. Protocol #17x-126.

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE WHETHER OR NOT YOU WISH TO PARTICIPATE IN THIS RESEARCH STUDY. YOU MAY PRINT A COPY OF THIS LETTER FOR YOUR RECORDS.

Please ask the researcher if you have any additional questions or if something is not clear.

Statement of consent

I have read the above information, and I have had the opportunity to ask questions pertaining to

the study and received answers. I consent to participate in this research study.

Contacts

Please direct any questions or concerns about this study to the principal investigator, Jennifer Austin Main (jaustin1@go.olemiss.edu); the co-investigator and faculty advisor, Dr. Suzanne Dugger (smdugger@olemiss.edu); or the Office of Research and Sponsored Programs at The University of Mississippi (irb@olemiss.edu).

Investigator

Jennifer Austin Main, M.S.
Department of Leadership and
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139 Guyton Hall
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(662) 915-7197
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Counselor Education
139 Guyton Hall
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smdugger@olemiss.edu

Contacts

Please direct any questions or concerns about this study to the co-investigator, Jennifer Austin Main (jaustin1@go.olemiss.edu); the principal investigator and faculty advisor, Dr. Suzanne Dugger (smdugger@olemiss.edu); or the Office of Research and Sponsored Programs at The University of Mississippi (irb@olemiss.edu).

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VITA

Jennifer Austin Main, LPC, RPT-S

Former Name: Jennifer R. Austin

Married Name: Jennifer Austin Main

Experiences prior to October 2012 will be listed with the maiden name of Austin

EDUCATION

Ph.D. in Counselor Education and Supervision, 2014 – present

The University of Mississippi, Oxford, Mississippi

- Housed in the Department of Leadership and Counselor Education
- CACREP Accredited
- Dissertation Committee Chair: Dr. Suzanne M. Dugger
 - Dissertation: Understanding Child-Centered Canine Assisted Play Therapy: A Qualitative Collective Case Study
 - Proposal Passed: November 2016
- Anticipated Defense: July 2017
- Graduation: May 2017

Master of Science in Clinical Psychology, 2008

Georgia Southern University, Statesboro, Georgia

Bachelor of Science in Clinical Psychology, 2006

Mississippi State University, Starkville, Mississippi

LICENSES & CERTIFICATIONS

Licensed Professional Counselor

- State of Mississippi, License # 2046
- State of Georgia, License # 006438

Registered Play Therapist Supervisor

- Association for Play Therapy, Certificate # S1842

COUNSELING / SUPERVISION TRAINING & EXPERIENCE

Counselor Education Clinic for Outreach and Personal Enrichment (COPE) 2015 – present
The University of Mississippi

Dr. Marc Showalter, Clinic Coordinator

- Clinical Therapist and Doctoral Student Supervisor
- Provide counseling and play therapy services to children and their families with an array of clinical issues including abuse, trauma, anxiety, and depression
- Provide canine assisted play therapy services to children
- Provide individual supervision for practicum and internship to counselors-in-training in skill development and professional identity
- Supervised graduate level students on counseling skills
- Organized guest speakers for staffing
- Organized and participated in outreach activities

Child Advocacy and Play Therapy Institute (CAPTI) 2014 – 2015
The University of Mississippi

Dr. Marilyn Snow, Clinic Director and Coordinator

- Clinical Therapist and Doctoral Student Supervisor
- Provided outpatient counseling and play therapy services to children and their families with an array of clinical issues including abuse, trauma, anxiety, and depression.
- Administered parent-child assessments
- Supervised graduate level students on counseling skills
- Assisted the clinical director in the daily clinic functions

Pawsitive Counseling Center, Statesboro, GA 2007 – 2008
Georgia Southern University

Dr. Mary Thompson Rottier, Private Practice, Statesboro, GA

- Provided outpatient individual counseling services to adults and play therapy services to children
- Conducted initial assessments, developed treatment plans and goals
- Provided attachment based therapy to children and their families.
- Conducted ADHD assessments and provided written reports and recommendations to families

TEACHING EXPERIENCE

The University of Mississippi ♦ Oxford, MS

Instructor of Record

- COUN 776 Supervision in Play Therapy
- COUN 780 Play Therapy Practicum 2016 Summer Residency

Co-Teacher in the Department of Leadership & Counselor Education

- COUN 770 Introduction to Play Therapy (*Online*) Fall 2015 Dr. Franc Hudspeth

- COUN 776 Supervision in Play Therapy (*Online*) Summer 2015 Dr. Marilyn Snow
- COUN 643 Group Procedures Spring, 2015 Dr. Marc Showalter
- COUN 690 Counseling Skills Fall 2014 Dr. Alex Kerwin
- COUN 686 Child and Adolescent Spring 2017 Dr. Suzanne Dugger
- COUN 693 Practicum in Counseling Fall 2015 Dr. Marc Showalter
- COUN 695 Internship in Clinical Mental Health Spring 2016 Dr. Marc Showalter
- COUN 695 Internship in Clinical Mental Health: Play Therapy Specialization Spring 2017 Dr. Marc Showalter
- COUN 694 Choice Theory and Reality Therapy Summer 2016 Dr. Marc Showalter
- COUN 696 Grief and Loss August 2015 Dr. Marc Showalter

TEACHING EXPERIENCE: GUEST LECTURER

- *Introduction to qualitative research: A doctoral student's perspective.* April, 2017. Introduction to Research in Counseling, The University of Mississippi.
- *Play therapy in clinical mental health.* April, 2016. Practicum in Clinical Mental Health, The University of Mississippi.
- *Clinical mental health and private practice.* March, 2016. Organizational, Administration, and Consultation in Mental Health Counseling, The University of Mississippi.
- *The clinical mental health counselor in private practice.* September, 2015. Introduction to Clinical Mental Health, The University of Mississippi.
- *Child centered-canine assisted play therapy.* March, 2015. Child and Adolescent, The University of Mississippi.
- *Canine assisted play therapy.* October, 2013. Child and Family Development, Georgia Southern University.
- *Utilizing therapy dogs in counseling with children.* September, 2012. Child and Family Development, Georgia Southern University.

PUBLICATIONS

- Dugger, S.M., & **Main, J.A.** (2017). Play therapy with abused children: An all-too-common case of unmet needs, unanswered questions, and unfinished business. In B. Jones, T. Duffey, & S. Haberstroh (Eds.), *Child and adolescent counseling case studies* (pp. 81-90). New York, NY: Springer.

- Winburn, A., Dugger, S.M., & **Main, J.A.** (2017). Toy guns in play therapy: An examination of play therapists' beliefs. In R. L. Steen (Ed.), *Emerging research in play therapy* (pp. 140 - 157). Hershey, PA: IGI Global.

RESEARCH & PUBLICATIONS IN PROGRESS

- **Main, J.A.** (2016-current). (Defense in preparation). *Understanding Child-Centered Canine Assisted Play Therapy: A Qualitative Collective Case Study*. A qualitative investigation of play therapist's experiences and perspectives of using a canine in child-centered play therapy.
- **Main, J.A.**, Terrell, K., & Therthani, S. (2017). (Manuscript Submitted). Enhancing research competencies to promote social justice and multiculturalism. In M. Pope, M. Gonzalez, E. Cameron, & J.S. Pangelinan (Eds.), *Experiential Activities for Teaching Social Justice and Advocacy Competence in Counseling* (pp. TBD). Routledge.
- Terrell, K., **Main, J.A.**, & Therthani, S. (2017). (Manuscript Submitted). Exploring cultural stereotypes, deepening understanding and empathy. In M. Pope, M. Gonzalez, E. Cameron, & J.S. Pangelinan (Eds.), *Experiential Activities for Teaching Social Justice and Advocacy Competence in Counseling* (pp. TBD). Routledge.
- Therthani, S., Terrell, K., & **Main, J.A.** (2017). (Manuscript Submitted). Movie night: Exposing students to different cultural values and traditions. In M. Pope, M. Gonzalez, E. Cameron, & J.S. Pangelinan (Eds.), *Experiential Activities for Teaching Social Justice and Advocacy Competence in Counseling* (pp. TBD). Routledge.
- Kerwin, A., & **Main, J.A.** (2015 – 2016). (Data collection and conducting analysis). *Bullying in the Ivory Tower*. A qualitative investigation of counselor educator's experiences of workplace bullying.

OTHER RESEARCH EXPERIENCE

- **Austin, J.**, Dallas, D., & Jacquin, K. (2006). Research Project Leader. *Jury decision making in a child sexual abuse case: Gender and juror attitudes*. Oversaw research assistants, organized data, and maintained files and participated in weekly meetings.
- **Austin, J.**, Dallas, D., & Jacquin, K.M. (2006). Research Project Leader. *Juror perceptions of child eyewitness testimony in a sexual abuse trial: The influence of eyewitness age and involvement*. Oversaw research assistants, organized data, and maintained files and participated in weekly meetings.
- **Austin, J.**, Dallas, D., & Jacquin, K.M. (2005 - 2006). Primary Researcher. *Juror perceptions of child eyewitness testimony in a sexual abuse trial: The influence of eyewitness age and involvement*.

- **Austin, J.**, Clark, K., Johnson, L., McDaniel, C., & Lupfer-Johnson, G. (2004). Primary Researcher. *The influence of victim attractiveness and ethnicity on jury decision making in a rape trial.*

PRESENTATIONS

INTERANTIONAL / NATIONAL CONFERENCE PRESENTATIONS

- **Main, J.A.**, & Rottier, M.J. (2010, March). *Unleashing the power of canines in play therapy.* Presentation at a Learning Institute at the annual American Counseling Association Convention, Pittsburgh, PA.
- Rottier, M.J. & **Main, J.A.** (2008, October). *Animal assisted play therapy.* Presentation at the annual Association for Play Therapy International Conference, Dallas, TX.

STATE / REGIONAL CONFERENCE PRESENTATIONS

- **Main, J.A.** & Strickland, J. (2017). *The investigative and therapeutic process: Play therapy and more helping children heal.* Invited consent session presentation at the annual Guardian Ad Litem training in Jackson, MS.
- **Main, J.A.** (2017, February). *Speaking without words: Therapy dogs and children in play therapy.* Invited content session presentation at the Mississippi Association for Play Therapy annual conference, Oxford, MS.
- **Main, J.A.**, & Strickland, J. (2016, November). *Foundations of play therapy: Learning to speak the child's language.* Content session presentation at the Mississippi Counseling Association Annual Conference, Biloxi, MS.
- Terrell, K., **Main, J.A.**, & Therthani, S. (2016, October). *Enhancing the infusion of cultural diversity in core CACREP courses.* Content session presentation at the Southern Association for Counselor Education and Supervision, New Orleans, LA.
- Kerwin, A., & **Main, J.A.** (2016, October). *Workplace bullying experienced by counselor educators.* Roundtable presentation at the Southern Association for Counselor Education and Supervision, New Orleans, LA.
- Kerwin, A., & **Main, J.A.** (2016, September). *Bully in the ivory tower: Workplace bullying in counselor education.* Content session presentation at the Rocky Mountain Association for Counselor Education and Supervision, Steamboat Springs, CO.
- **Main, J.A.**, & Terrell, K. (2016, February). *Enhancing multicultural competencies in core CACREP courses.* Presentation at the National Youth-At-Risk Conference, Savannah, GA.

- Strickland, J., **Main, J.A.**, & Dunagan, M. (2015, November). *Securing the attachment from a neurobiological perspective*. Content session presentation at the Mississippi Counseling Association Annual Conference, Biloxi, MS.
- Perryman, M., **Main, J.A.**, & Pohto, P. (2015, November). *Threat assessment: Exploring dangerous minds*. Content session presentation at the Mississippi Counseling Association Annual Conference, Biloxi, MS.
- **Main, J.A.**, & Pohto, P. (2015, April). *Canine assisted play therapy*. Presentation at the Delta State University, F.E. Woodall Annual Spring Conference, Cleveland, MS.
- Rottier, M.J., & **Main, J.A.** (2014, June). *Paws for healing: Child-centered canine assisted play therapy*. Invited by Paws for Healing and South Georgia Association for Play Therapy, Statesboro, GA.
- Rottier, M.J., & **Austin, J.** (2011, January). *Directive play therapy: Easy interventions that promote therapeutic growth*. Presentation at the South Georgia Association for Play Therapy Annual Spring Conference, Savannah, GA.
- Rottier, M.J. & **Austin, J.** (2008, September). *Canines as co-therapists: Canine assisted play therapy*. Presentation at the South Georgia Association for Play Therapy Annual Spring Conference, Savannah, GA.

CLINICAL EXPERIENCE

Private Practice, Statesboro, GA

07/2011 – 07/2014

Licensed Professional Counselor and Registered Play Therapist

- Provided counseling to children, adults, and families; specializing in trauma, depression, anxiety, abuse, and neglect
- Offered canine assisted play therapy to children
- Provided attachment based therapy to children and their families
- Provided directed and non-directed play therapy services to children and adolescents
- Provided trauma based counseling for children and adolescents
- Conducted assessments and provided recommendations for children with Attention Deficit Hyperactivity Disorder (ADHD)

Dr. Mary Thompson Rottier, Private Practice, Statesboro, GA

5/2008 – 07/2011

Licensed Counselor, Play Therapist, and Psychometrist

- Provided outpatient counseling services, formulated treatment plans, and goals for adults
- Provided directed and non-directed play therapy services to children and adolescents
- Offered canine assisted play therapy
- Evaluated and provided recommendations for children with Attention Deficit Hyperactivity Disorder (ADHD)

Joseph P. Kropp, Licensed Psychologist, Statesboro, GA 10/2008 – 07/2014
Psychometrist

- Conducted assessments and provided recommendations for children with Attention Deficit Hyperactivity Disorder (ADHD) and learning disorders (LD)

Family Intervention Specialists, Hinesville, GA 10/2009 – 08/2012
Licensed Counselor and Registered Play Therapist

- Provided initial assessments to families, participated in treatment planning, and developed treatment plans and goals
- Offered non-directed and directed play therapy services to children and adolescents

Department of Juvenile Justice, Sylvania, GA 06/2009 - 06/2009
Contracted Counselor / Instructor

- Taught conflict resolution classes to at-risk youth and consulted with the Department of Juvenile Justice on youth's progress and mental health issues

Ogeechee Behavioral Health Services, Swainsboro, GA 07/2008 – 10/2009
Mental Health Counselor and Child and Adolescent Clinical Supervisor

- Provided group therapy and case management to children, adolescents, and their families
- Conducted initial assessments, developed treatment plans and goals to aid children and their families in the therapeutic process
- Provided play therapy and outpatient counseling services to children and adolescents
- Supervised staff members and signed off on documented notes
- Participated in routine audits of charts and documentation

Forensic Psychology Research Lab, Mississippi State University 08/2004 – 05/2006

- Forensic Psychology Research Assistant
- Conducted experimental research 10 hours per week with human subjects, collected and processed data, and participated in weekly research meetings

HONORS AND AWARDS

- Chi Sigma Iota Professional Leadership Award The University of Mississippi, 2017
- Outstanding Doctoral Student in Counselor Education Award The University of Mississippi 2017
- Dissertation Fellowship Award The University of Mississippi, 2017
- Chi Sigma Iota Honor Society The University of Mississippi, 2015 - 2016
 - President Epsilon Mu Chapter 2016 – present
 - President Elect 2015 – 2016
- Omicron Delta Kappa Honor Society Georgia Southern University, 2007 - 2008
- National Scholars Honor Society Mississippi State University, 2005 - 2006

- Dean's List Mississippi State University, 2005
- Sigma Alpha Lambda Honor Society Mississippi State University, 2004-2006
- Phi Sigma Pi Honor Society Mississippi State University, 2004-2006
- President Scholars List Mississippi State University, 2004

PROFESSIONAL MEMBERSHIPS

- American Counseling Association 2006 – present
- Association for Counselor Education and Supervision 2014 – present
- Association for Creativity in Counseling 2015 – present
- Association of Child and Adolescent Counseling 2015 – present
- Southern Association for Counselor Education and Supervision 2014 – present
- Mississippi Counseling Association 2014 – present
- Chi Sigma Iota 2014 – present
- President 2016 – present
- Association for Play Therapy 2008 – present
- South Georgia Association for Play Therapy 2009 – 2014
- Membership Chair 2009 – 2014
- Conference Planning Committee Member 2009 – 2014
- Mississippi Association for Play Therapy 2014 – present
- Love on a Leash Therapy Dog Organization 2014 – present
- Therapy Dogs International 2007 – 2013

COMMUNITY SERVICE

- Chi Sigma Iota Honor Society, The University of Mississippi, MS 2015 – 2017
 - President of the local chapter of CSI
 - Designed a Counselor Education t-shirt and sold the t-shirts at the 2016 Mississippi Licensed Professional Counselor Association annual conference. The funds raised from this advocacy project were donated to The University of Mississippi's Violence Prevention program.
 - Promoted CSI and raised awareness for The University of Mississippi's Violence Prevention program at the 2016 Mississippi Licensed Professional Counselor Association annual conference.
 - Organized an information booth at the 2016 Mississippi Counseling Association's annual conference, to promote and raise awareness about CSI, to inform professionals about the graduate programs offered at The University of Mississippi, promoted the 2017 Mississippi Association for Play Therapy annual spring conference, and informed professionals about the Counselor Education Clinic for Outreach and Personal Enrichment.

- Organized a 2016 Thanksgiving Basket fundraiser. CSI members donated ingredients for a Thanksgiving meal and baskets were donated to a local family.
 - Organized a CSI booth at the 2017 Mississippi Association for Play Therapy annual spring conference and sold cookie to raise funds to purchase toys for the Counselor Education Clinic for Outreach and Personal Enrichment.
 - Designed a 2017 Counselor Education t-shirt and sold to faculty, staff, and graduate students in Counselor Education. Funds will be donated to the local Humane Society.
- Love on a Leash Therapy Dog Organization, Oxford, MS 2015 - present
 - Certified therapy dog team visits nursing homes, hospice, community libraries, The University of Mississippi's annual Pet-A-Pup at the J.D. Williams Library, elementary schools, and mental health facilities
 - Therapy Dogs International, Statesboro, GA 2007 - 2014
 - Assisted the Therapy Dogs International Evaluator with the assessment of potential therapy dogs
 - Therapy Dogs International, Statesboro, GA 2009 - 2014
 - Certified therapy dog team visited nursing homes, hospitals, libraries and mental health facilities
 - Humane Society, Statesboro, GA 2008 - 2012
 - Participated in fundraising events, coordinated meetings, and provided support to the local animal shelter
 - Omicron Delta Kappa, Project Iraq, Statesboro, GA 2007 - 2008
 - Raised funds for care package materials and constructed care packages to send to soldiers in Iraq
 - Service for Sight, Starkville, MS 2002 - 2006
 - Assisted Optometrist with free eye testing at local elementary schools and provided eyeglasses to children in need. Constructed hymnals for the Lutheran Braille for distribution at local community churches