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What is it about Coda and Will? Exploring the experiences of school social workers using
canine-assisted therapy in their clinical practice with students.

by

Suzanne McDermid

Master of Social Work

Wilfrid Laurier University, 2020

A THESIS

Submitted to the Faculty of Social Work

in partial fulfilment of the requirements for Master of Social Work

Wilfrid Laurier University

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Abstract

This research project explores the experiences of school social workers partnering with trained, accredited facility dogs in an Ontario school board. A qualitative research methodology using an interpretative phenomenological analysis has been employed. Results reveal that organizational support is key to the successful integration of facility dogs in clinical social work practice within a school board. Environmental considerations allow for the establishment of therapeutic conditions that support positive interactions and interventions with a canine. Findings clarify three dimensions of canine-assisted therapy: connection, attunement and the handler-canine relationship. Connection is the ‘magic’ of canine-assisted therapy, the essence of an interaction between students, social workers and a facility dog. Attunement is the ‘magical ingredient’ that is a critical component of canine-assisted therapy and necessary for connections to develop and flourish. Finally, the handler-canine relationship is the ‘magician’ that facilitates a therapeutic interaction as it is through communications between a handler and their canine partner that canine-assisted therapy is facilitated. The presence of canine-assisted therapy in the schools contributes to enhanced feelings of community, brings together isolated and lonely students, and offers comfort and support when school communities are impacted by a traumatic event. Research findings also help to distinguish the work of a facility dog from traditional therapy and service dogs. Canine-assisted therapy is a unique, cost-effective way to support student mental health. This exploratory research will inform future therapy programs, practices and research.

Keywords: canine, canine-assisted interventions, canine-assisted therapy, school social work, facility dog

Dedication

This is dedicated to my dog Riley who passed away October 29, 2019. Riley was my buddy, my shadow, my greeter for over 30 foster kids, and my occasional companion at a group home in Peel. He was also my translator, offering insight into the emotional states of the kids I supported, and through his behaviour I gained a better understanding of how they were feeling. And, if he stayed away, that too told me plenty about what I needed to know. Riley was able to comfort these kids in ways I never could. And I think he grieved alongside me when each one moved on. Whether he felt the stress directly, or he just mirrored my own, I do not know. But I believe he carried it with him all of these years. Yet, always with a wag of his tail and a smile on his face. I didn't know it at the time, but this project began with him well over 10 years ago. I am pleased to share some of what he has taught me.

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Thank-you to all research participants who shared their experiences of working with Coda and Will, and to the school board that supported this project from the very beginning. What incredible luck it was for me to have my first student placement be with a high school social worker that partnered with a canine. I would also like to thank my students for supporting my decision to return to school to pursue my Master of Social Work degree. I am not sure I would have had the courage to walk away from teaching without all of your encouragement and gentle nudges.

I would also like to thank my advisor and committee. The kindness that you have shown has enriched my learning in ways that I cannot convey with words. To my advisor Dr. Nancy Freymond, this project would not have happened without you. Thank-you for asking tough questions and challenging me to dig deeper. You were absolutely the right person for me. To Dr. Shelley Walkerley, you have supported this project right from the very beginning and your insight has added an element of expertise that has challenged me to see what I may have otherwise missed. To Takhmina Shokirova, thank-you for teaching me how to move beyond the mind and into the heart to truly feel qualitative research. This is when I discovered there is a place for me in the research community. And to Halina Haag, I have worked hard my entire life to fit in and not be seen. I never had an example to show me that difference has a brilliance uniquely its own. It has been through the sharing of your experiences that I have learned it's ok to embrace my own.

Finally, thank you to Peggy Freymond. You know all the little things you have done to support this process and it would not have all come together without you.

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Chapter One

Introduction

Dogs can fulfil many working roles, in addition to providing emotional support to their human companions. Service dogs can calm an individual in the grips of a panic attack, assist someone to cross the street safely, and they can signal the onset of a seizure or warn of other medical concerns. There are several non-profit organizations that train service dogs for various working roles. National Service Dogs, for example, is an organization that specifically trains dogs to support individuals with autism and post-traumatic stress disorder (National Service Dogs [NSD], 2016). Other organizations, such as COPE (Canine Opportunity People Empowerment), train dogs to support individuals with physical disabilities (COPE, 2019). Assistance Dogs International (ADI) sets international standards for accreditation. The organization that trained Coda and Will, the dogs who are at the center of this study, has been a member of ADI since 2000 and received full accreditation in 2008. This accreditation process provides information sharing, oversight and accountability for organizations. Regardless of the organization, or the specific working role that a canine is trained for, the ways in which support is provided is endless and astonishing.

What can be confusing however, is understanding the difference between a service dog and a working facility dog. The distinction between the roles that service dogs and facility dogs fulfil is subtle, but important. Service dogs are trained to support one individual in a highly individualized capacity. Facility dogs' partner with a handler to fulfil a therapeutic role for a number of individuals and/or a group, and often live with the handler. Schools may be accustomed to seeing a service dog supporting an individual student, but not typically a working facility dog supporting more than one student. The coats that Coda and Will wear when they are

working in the school board illustrate this difference. Rather than a service dog jacket, which indicates that a dog is working and not to be touched or distracted from their task at hand, the jackets that Coda and Will wear say “Canine Assisted Intervention – Please Ask to Pet Me, I’m Friendly”. In the case of the school board that employs Coda and Will, access to these facility dogs is available to the vast majority of students supported by the school social workers that partner with a canine.

Canine-assisted therapies offer therapeutic interventions that support the mental health and well-being of students in a manner that aligns well with the brief service delivery models frequently found in schools. The team of school social workers who partner with canines not only offer individualized and group therapeutic interventions within several schools, but also critical incident and tragic event response throughout the school board. This inclusion of canines in school board tragic event response is a unique response to a Ministry mandated directive to support the mental health of students (Ministry of Education, Supporting Minds, 2011). The practice of facilitating canine-assisted interventions by social workers in an Ontario school board has yet to be explored in a research capacity. It is my hope that this project will enhance existing knowledge in the field of human-canine interactions and give voice to the experiences of these clinicians. This canine-assisted intervention program is as unique as the four-legged therapists that partner with these school social workers.

Chapter Two

Literature Review

The practice of using canines to assist humans in various ways is not new, nor is the practice of using canines to assist in clinical interventions. Boris Levinson, a psychotherapist, was the first to champion the practice of using canines in therapy in the mid 19th century (Mallon, 1994). This professional practice began by accident when a child client had an unplanned encounter with Levinson's dog and a positive therapeutic alliance developed as a result. Levinson referred to this interaction with his young client and his dog Jingles in later publications saying that "eventually, some of the affection elicited by the dog spilled over onto me and I was consciously included in the play" (Mallon, 1994, p. 38). Levinson initially referred to the use of his dog as an accessory to therapy, but later Jingles' role evolved to that of Levinson's successful co-therapist (Mallon, 1994). This chance encounter launched Levinson into an exploration of the ways in which canine-assisted therapy could enhance traditional psychotherapy.

Levinson recognized the contribution that Jingles made in terms of establishing trust and rapport with his young client. The trust established between the child and dog created a foundation which allowed for a deeper and more meaningful therapeutic rapport between the child and therapist. Levinson was also the first to document the ways that "companion-animals could hasten the development of a rapport between therapist and patient thereby increasing the likelihood of patient motivation" (Mallon, 1994, p. vii). Mallon (1994) writes of Levinson's beliefs about the usefulness of an animal in bridging the gap between the therapist and the inner world of the client: "it is only by coming back to nature, by developing respect for life in all its manifestations, that man [sic] develops respect for himself" (Mallon, 1994, p. xxii). Levinson

also acknowledged the challenges of psychotherapy, and that canine-assisted therapy offered an effective way to “cut down on cost and length of successful treatment” (Mallon, 1994, p. 27).

Today, Levinson is referred to as the father of canine-assisted therapy (Fine & Beck, 2015). It was Levinson who first called upon the research community to advance existing knowledge to “encompass the full richness of the animal-human interaction” (Fine, Tedeschi & Elvove, 2015; Mallon, 1994, p. xiv;). Since Levinson’s early observations extensive research has been done and the benefits of human-animal interactions have repeatedly emerged in the data (Balluerka et al, 2014; Fine, 2015; Finn-Stevenson, 2016; Friesen, 2010; Kruger & Serpell, 2010; Mallon, 1994; National Service Dogs, 2016). However, inconsistencies exist amongst researchers and practitioners in defining what constitutes canine-assisted therapy, and numerous definitions have been used since Levinson’s original work (Fine 2015; LaJoie, 2003). Fine (2015), as well as Kruger and Serpell (2010) elaborated on challenges that arose during their research as a result of researching in an area that lacks uniformity in guiding definitions to explain similar phenomena relating to human-animal interactions. When the research community uses several different terms to describe a similar experience, it may become difficult to develop broader theories or explanations of phenomena that could, in this case, explain the human-animal bond and the therapeutic benefits of canine-assisted therapy (Fine, 2015; Lajoie, 2003).

These same challenges were immediately apparent during my literature review. Searches were conducted using the terms “canine-assisted activities”, “canine-assisted interventions” and “canine-assisted therapy” and “facility dogs” and results revealed that several different definitions are used by practitioners. The widespread use of varying definitions illustrates the disparities that exist amongst practitioners who view canine-assisted therapy differently. For example, some practitioners bring their own personal companion animals to sessions with clients

and call this therapy. Others include the use of pictures and stories of animals, but facilitate ‘animal-assisted’ therapy without an animal being physically present. Teachers may include animal interactions in lessons with students and call this therapy. Friesen suggested in her work that canine-assisted therapies “are characterized by the supplemental inclusion of a trained therapy dog in reaching an intervention goal in therapeutic environments” (Friesen, 2010, p. 261). For the purposes of this project, canine-assisted therapy refers to those circumstances where intentional clinical interventions are being offered: (1) by an accredited social worker with graduate level training; (2) in a therapeutic school setting and (3) with a facility dog present and working as a co-facilitator.

Fine, Tedeschi and Elvove (2015) argued the need for consistent standards to guide practitioners in canine-assisted interventions to ensure that “professionals have functional knowledge of the principles of AAI [Animal Assisted Interventions], animal behavior, and animal welfare to integrate the scope of this practice competently and safely” (p. 33). They point out that Levinson argued for the same and was “cognizant that animals be carefully trained for psychotherapeutic work” (Fine, Tedeschi & Elvove, 2015, p. 29). Others take it a step further, pointing out ethical concerns in that “handlers have the potential for using animals simply as tools rather than as living entities with welfare needs” (Ng, Albright, Fine & Peralta, 2015, p. 370). Training must therefore be provided to handlers and clinicians using animals in their practice to ensure that animal well-being is considered alongside client needs.

Research indicates that canine-assisted therapy has the potential to enhance interpersonal relationships in several ways. Walters, Esteves and Stokes (2008) conducted a case study in an elementary school for students with developmental disabilities, reporting “increased positive initiated interactions toward the teacher and the dog” (p. 13) following interactions with a dog in

the classroom. Friesen (2010) reviewed the practices of canine-assisted therapy in elementary schools and observed that children are attracted to the “non-judgemental therapy dog” (p. 265) and the unconditional social support that they offer. Friesen argued that interventions with a canine also facilitated improved socialization and interpersonal relations for students with special needs. The presence of a dog improved spontaneous, positive interactions amongst students, and in student-teacher relationships. Friesen also explored the power dynamic that exists in a therapeutic relationship, or in relationships between students and teachers, and asserted that canine-assisted therapy helps to neutralize this imbalance of power.

Geist (2011) found that the integration of a dog into a residential treatment setting supported student mental health in several ways. Students demonstrated an improved ability to self-regulate and to de-escalate during moments of crisis. Geist’s research also explored attachment theory and elaborated on the ways that dogs facilitate the development of healthier attachments: “intervening in a student’s emotional state with animal-assisted therapy will break the sequence of negative automatic thoughts and help the student develop a healthier attachment and self-concept” (Geist, 2011, p. 248). Geist explained that a dog’s ability to be attuned with a student, a process essential to the formation of healthy attachments, facilitates the development or improvement of other relationships and secure attachments. Harkening back to the work of Levinson, these attuned, attachment behaviours that are first developed with a dog can then be transferred to the relationship with the therapist. Dogs essentially become the bridge that allows for the development or repair of other relationships.

Several studies also note some of the individual benefits that interactions with animals offer to humans and speak to specific, positive physiological changes that occur as a result of a human-animal interaction. Maharaj, Kazanjian and Haney (2016) explored pet ownership in their

qualitative study and found that participants felt that their dogs provided happiness, levity and companionship. Black (2012) researched the relationship between companion animals and loneliness in a quantitative study of 293 rural adolescents and found that high school students who owned a pet reported less loneliness than non-pet owners. Geist's 2011 study also explored the physiological effects on children and adolescents that had experienced trauma. She spoke to the nature of traumatic memories and the fact that traumatic memories are often "stored in the right hemisphere of the brain, making verbal expression of these memories difficult" (Geist, 2011, p. 254). She then inferred that, as traumatic memories are often not responsive to traditional cognitive approaches to therapy, it makes sense to access these memories through a non-verbal therapeutic modality like canine-assisted therapy (Geist, 2011). Mims and Waddell (2016) supported Geist's findings and elaborated on the positive benefits that animal-assisted therapy can offer trauma survivors by "reducing isolation, brightening moods and affects, addressing grieving and loss, and improving self-esteem and socialization, while decreasing overall anxiety" (p. 452).

Tedeschi et al. (2015) explored the potential for animals to facilitate therapeutic interventions amongst trauma survivors and individuals experiencing Post Traumatic Stress Disorder (PTSD) and noted several positive effects. These benefits included increased patience and impulse control, emotional regulation, improved sleep, decreased startle and pain responses, lower stress levels and an increased sense of calm (Tedeschi et. al., 2015). Their findings build on the original findings of Odendaal (2000), further exploring the ways in which canine-assisted therapy can offer both physiological benefits, as well as corresponding therapeutic effects. For example, increased oxytocin levels were found to calm the fight/flight/freeze reactions common to war veterans experiencing PTSD upon their return home. According to Tedeschi and

colleagues, “a study of the human brain revealed it has neurons that respond solely to animals” (2015, p. 315) suggesting there may be even more to the human-canine connection that has yet to be explored.

The elements of touch and close physical proximity also positively contribute to the experiences of individuals interacting with a canine. Odendaal (2000) identified that canine-assisted interventions lead to the production of ‘feel good’ chemicals like oxytocin in the brain. Interestingly, research suggest the dogs benefit as well. “Oxytocin is released in the presence of a dog, especially during a mutual gaze, and there is a reciprocal benefit: dogs, too, show increased levels of oxytocin when gazing at or interacting with people” (Finn-Stevenson, 2016, p. 438). Odendaal’s research also found that the encounter with a canine need not be long as oxytocin levels begin to increase after only four minutes, and blood pressure and cortisol levels in humans also decreased after contact with a canine. These findings support Levinson’s earlier assertion that canine-assisted therapies have the potential to facilitate brief therapeutic interventions and, as the physiological benefits that result from interactions with a canine are almost immediate, canine-assisted therapy may be well suited to clinical interventions and brief therapy models or modalities that are often limited in duration.

Research specifically exploring the therapeutic processes and experiences of individuals either facilitating or participating in canine-assisted therapy has increased over the last decade. For example, a qualitative study conducted by Galonski (2014) explored the experiences of child and adolescent mental health practitioners using canine-assisted therapy as part of their practice. Galonski’s research used a qualitative research design that “aimed to elaborate on the relational process and mechanisms of therapeutic change between the child/adolescent client and the dog within the therapeutic context” (p. 35). This exploration into the experiences of the practitioners

themselves offered insight into the relational therapeutic processes. Galonski's (2014) analysis revealed three dominant themes: (1) the significance of the human-animal bond allowed for therapeutic benefits through touch and distraction, (2) the capacity of dogs to function as an ally for the therapist facilitating treatment, and (3) the logistical and practical considerations when using animals in therapy sessions, such as walking the dog.

Several recent dissertations employed qualitative research methodology to explore the nature of canine-assisted therapy. Scott (2017) used grounded theory to explore the lived experiences of 12 mental health practitioners that used a canine as a co-therapist in their professional practice with adults in New York state. Two participants reported viewing their dog as a "working dog" (p. 42), one used a trained facility dog and nine referred to the dog being used as their companion dog. This study was the first of its kind to explore the lived experiences of practitioners working with individuals who have experienced trauma and to give voice to mental health workers using canines with individuals who have survived traumatic events (Scott, 2017). Scott's research offered a number of insights into the experiences of practitioners using what she referred to as canine-assisted therapy. All research participants felt that it is necessary to be an experienced clinician before bringing a canine into the therapeutic relationship as a co-therapist. All felt that the canine helped to facilitate a client's ability to have insight into their experiences and that the presence of a canine helped to build trust and a therapeutic rapport, and to increase communication and social skills development (Scott, 2017).

Similarly, phenomenological studies done by Soban (2008) and DePompeo (2017) explored the experiences of adult clients engaged in canine-assisted therapy, seeking insight into what the client experienced in a canine-assisted therapeutic intervention. Soban's (2008) study explored client experiences of canine-assisted therapy on a college campus. The canine that was

the focus of this study was not an accredited facility dog, but had undergone specific obedience training for 18 weeks in preparation for this research study. Soban's (2008) findings are also consistent with previous research, noting that the presence of a canine facilitated the establishment of a therapeutic alliance. "Many of the participants suggests that the presence of the dog assisted with establishing a trusting therapeutic relationship" (Soban, 2008, p.72). The aim of DePompeo's 2016 study was to "further investigate which aspects of AAP [animal assisted psychotherapy] with canines contribute to the overall therapeutic experience" (p. 47) and participants were recruited from the private practice of one practitioner who used canine-assisted therapy. Several positive experiences were reported by participants, including the fact that the presence of a dog facilitated a friendly atmosphere. "Clients shared unfailingly throughout the study the importance of the therapy dog being attuned to their vacillating emotions and responding appropriately" (2017, p. 48). However, she spoke to the challenges of sampling for her study stating that; "due to AAT being a relatively new treatment method it is not widely used, and therefore hard to locate therapists utilizing the technique in practice" (DePompeo, 2016, pp. 49-50).

The therapeutic benefits for adolescents participating in canine-assisted therapy were also explored by Bach-Gorman in her 2015 dissertation entitled *Capturing the Essence of Canine Animal-Assisted Therapy in Counseling*. Bach-Gorman, a practicing clinical social worker that uses canine-assisted therapy, explored the experiences of adolescent clients that participated in both individual and group therapy sessions at a ranch-style residential treatment centre in the U.S. (2015). The canine used in her study was a not a trained service dog, but rather a permanent resident at the ranch where the study participants lived. Bach-Gorman explained; "None of the animals were registered with a national therapy organization or possessed any other

additional credentialing” (2015, p. 33). Bach-Gorman’s findings noted significant improvements in the adolescents “relating with others”, “concrete skills training” and “opportunity creation” (2015, p. 46). Bach-Gorman’s observations support previous findings of the benefits of canine-assisted therapy with adolescents, and offer possibilities for future research on canine-assisted therapy and the practice of canine-assisted therapy with school social workers.

Despite the foregoing knowledge, there is limited literature about canine-assisted therapy within Canadian schools. There is also little knowledge regarding the individual experiences of social workers using canine-assisted therapy with students in a mainstream school setting. The practice of using a trained, accredited facility dog as a partner or co-therapist with a registered social worker in an intentional way, as part of an overall mental health strategy, remains unique. These clinicians bear witness to numerous interactions between a canine and students. The first-hand accounts of their experiences are a source of rich information for the field of social work, and for any practitioners that currently partner with a canine or are considering bringing a canine into their professional practice. This canine-assisted intervention program, the experiences of these social workers, and the policies that allow for this innovative approach to support student mental health in schools remain unexplored territory. This project addresses this gap, providing new knowledge and understanding in the field of canine-assisted therapy research.

Chapter Three

The Research Project

Research rationale.

The practice of using canine-assisted therapy with students by trained social workers in an Ontario school board is less than a decade old. It is, therefore, timely to explore the experiences of school social workers to gain an in-depth understanding of the work that they do with students. What have these clinicians observed when a canine interacts with a student? How do they describe their experiences of partnering with a canine? What meaning do they assign to these experiences? Currently a great deal of research exists on the benefits of human-canine interactions (Fine, 2015). However, what is yet to be explored is what meaning do clinicians make of a therapeutic intervention between a young person and a canine when these interventions occur in a school setting? This research project seeks to address this gap.

Purpose statement.

The primary purpose of this research project is to learn about the experiences of school social workers who partner with accredited facility dogs and use canine-assisted interventions in their clinical practice with students.

Research project goals.

This project has three main research goals. First, to contribute to an emerging body of literature in a field of study that is relatively new to clinical social work, and to add to the limited Canadian data on canine-assisted interventions in social work. Second, to explore the work specifically being done by, and the experiences of, school social workers who are using canine-

assisted therapy in their clinical practice with students. Third, to explore the possibilities that canine-assisted therapy can offer to school-based social workers and the students they support.

Primary research questions.

This research project asks two primary research questions: (1) what do social workers using canine-assisted therapy observe when their clients interact with a facility dog? (2) what meaning do social workers using canine-assisted therapy ascribe to interactions between a canine and a young person during a clinical intervention?

Conceptual framework.

The theoretical paradigm that informed the development of this research project is social constructivism. Using a constructivist, interpretative framework assumes that the nature and meaning of participant experiences is influenced by interactions occurring amongst individuals, and between individuals and the environment, and that the meaning that is ascribed to these moments in time is constantly evolving as a result of this ongoing interplay (Cresswell & Poth, 2018; Larkin, Watts & Clifton, 2006). Individual research participants influence, and are influenced by, dynamics that are present in a variety of contextual situations and environments. This assumption then, that there is an interrelatedness that exists amongst school social workers, the canines they work with, and the students they support has guided the research methodology throughout this exploratory, interpretative phenomenological analysis. It is the essence of this interrelatedness, the *it* of canine-assisted therapy, that is being explored.

Phenomenology as a research methodology allows for an explorative inquiry where the researcher “describes the lived experiences of individuals about a phenomenon as described by

participants” (Cresswell, 2014, p.14). Phenomenology seeks to understand the essence of these experiences and to essentially “give voice” to these experiences (Larkin, Watts & Clifton, 2006, p. 104). Interpretative phenomenological analysis (IPA) then offers the opportunity to “think about ‘what it means’ for the participants to have made these claims” (Larkin, Watts & Clifton, 2006, p.104). The intent of this project has been to capture the experiences of school social workers facilitating canine-assisted therapeutic interventions with students and to convey their experiences as accurately as possible. The interpretative component of IPA extends a typical phenomenological analysis, without bracketing out the experiences of the researchers, as in descriptive phenomenology. (Cresswell & Poth, 2018). Using IPA, the researcher is simultaneously seeking to convey the experiences of research participants as accurately as possible, while reflecting upon their own experiences as a researcher in relation to research participants and in relation to an object of inquiry. IPA extends the focus of the analysis to situate the experiences of research participants in a broader context, in this case as school social workers practicing in an education system that is bound by legislative directives to support the mental health and well-being of students. An IPA analysis is about “making sense” of these experiences in a broader, contextualized understanding of participant experiences (Larkin, Watts & Clifton, 2006, p.104).

IPA allows for a more in-depth exploration of the meaning that these social workers ascribe to the clinical work that they do to support student mental health. What is *it* about working with canines in a school setting that participants feel is special or unique? How do social workers describe their experiences and what do they observe occurring with students? IPA recognizes that descriptive representations of participants’ experiences are always balanced against researcher “interpretation and contextualization” (Larkin, Watts & Clifton, 2006, p.113).

Further, constructivist researchers “recognize that their own backgrounds shape their interpretation” (Cresswell, 2014, p.8). As a social constructivist, I approached this work from the point of view that all individuals, including myself as primary researcher, seek an understanding of the social world and the subjective experiences of this world (Creswell, 2014). As a researcher using an interpretative phenomenological framework that is consistent with Heidegger’s concept of ‘person-in-context’, reflecting on my own personal engagement with the data has been crucial as “any discoveries that we [researchers] make must necessarily be a function of the relationship that pertains between researcher and subject-matter” (Larkin, Watts & Clifton, 2006, p. 106-107).

This project first asked what do social workers observe when their clients interact with a facility dog and second, what meaning do social workers ascribe to these interactions between a canine and a young person during a clinical intervention? Exploring the answers to these original research questions has involved both exploring what workers explained of their experiences, as well as interpreting the meaning that participants ascribe to these experiences, and then situating these findings within the context of social workers supporting students in an Ontario school board. “A two-stage interpretation process, or a double hermeneutic, is involved. The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world” (Smith & Osborn, 2007, p.53). Throughout this project, I have engaged in a reflexive process as primary researcher. I recognize that my experiences inform the way that I respond to and interact with data, and have therefore engaged in pre-study reflections, journaling and ongoing reflections. This personal engagement with data gathered for this project has been an essential component of my methodology.

Positionality statement.

During the proposal stage of this research project I wrote the following pre-study reflection.

I would like to identify at the outset a number of embedded understandings that I bring to this project. I have always been an avid pet lover and currently have dogs of my own. I have also been a high school teacher, child and youth worker and treatment foster parent for over 15 years. My experiences in all of these environments inform my curiosity and desire to explore the ways that canines can support and enhance child and adolescent mental health. I have seen the positive effects that my own dogs have had on my foster children. I have seen anxious students become calm. And I have seen oppositional, angry teenagers become loving caregivers.

My interest in researching canine-assisted therapy began during a student placement I had while completing my Master of Social Work degree. My first internship was with a school social worker who partnered with a facility dog named Coda. I was able to observe first-hand how she and Coda interacted with students and I wondered what it was exactly that I was seeing and sensing. This led me to the literature on canine-assisted therapy. It quickly became apparent that little research had been done on the experiences of clinicians using canine-assisted therapy with trained and accredited facility dogs in school-based settings and none on Canadian school-based social workers. I believed what I was observing in my internship was unique.

As I learned about canine-assisted therapy I also started to make some connections to my own personal experiences. On many occasions I have watched young people interact with animals in ways that they do not with people. For example, during my early teaching days I also worked as a child and youth worker at a group home for children in the care of a Children's Aid Society during school breaks. I frequently worked holidays and for most of those years my dog

Riley joined me at work on Christmas day. It was generally not a good day for youth that did not have family to visit. The peers that they lived with, and usually had around for company and support, were often out with their own family. The staff that were normally working, their de facto family, were also usually off for the holidays. Instead they had occasional staff like myself in the home and, while we may have had a positive relationship, it was not the same. However, bringing Riley with me during those difficult days was always well received. The youth enjoyed taking him for walks and would follow him around the house and make a fuss over him. And Riley loved it. He seemed to have an innate gift to seek out anyone that was self-isolating and needed a little extra care and attention. I think he somehow knew that they needed him. And I think the loneliness for those young people was not quite as poignant when they were busy taking care of him.

I believe something special happened on those days at the group home and over and over again during encounters between my foster children and my own dogs. I also saw it happening in interactions between Coda and students. I was able to work with Coda during weekly lunchtime puppy petting sessions and to also observe her working individually with students. I saw how some students sought her out during moments of dysregulation and I witnessed the calming effect that she seemed to have on them. In addition to my direct experience with Coda, I was also able to attend a training when the organization that trained her graduated a new generation of facility dogs and were training the new handlers on how to work with the dogs. These combined experiences ignited my curiosity. It was through discussions with my placement supervisor that the idea for this project developed.

Data analysis.

The analysis for this project was guided by phenomenologist Colaizzi's seven steps to data analysis. Colaizzi outlined the following steps: (a) the "reading and re-reading" of data, (b) followed by "identifying significant statements pertaining to the phenomenon", (c) then to a process of "formulating meanings", (d) and the generating of "overarching themes or meanings", (e) followed by a process of "integrating themes into exhaustive description including bridging gaps in the data through the use of intuitive understanding and coding segments", (f) the "paring down [of] the exhaustive description into a statement of the phenomenon, when is then validated by participants", and (g) finally, the seventh step which "allows the researcher to incorporate changes based on participants' feedback and to present themes representing universal features of the phenomenon" (Phillips-Pula, Strunk & Pickler, 2011, p. 68 – 70). Further, "all research [occurs] through dialogue and asking the right question" (Phillips-Pula, Strunk & Pickler, 2011, p.68). Thus, it has been important that individual interviews were only conducted by myself to allow for an engagement with participants in the manner consistent with Colaizzi's methodology.

I have used Colaizzi's steps to data analysis as guidelines, with additional steps added as part of the reflexive, interpretative process that informed my engagement with data. First, I transcribed individual participant interviews. While listening and transcribing I simultaneously paused to record any words that stood out during this preliminary engagement with interview data. These initial codes are displayed in Appendix I. Next, after transcribing all interviews I returned to read and re-read individual transcripts. This involved an interpretative process which allowed my initial codes to become the "prompts or triggers for critical thought and writing" (Saldana, 2016, p.123). It was during this stage of my analysis that I began to experience some strong reactions to what I believed was the result of my immersion in participant data. I

suspended further rounds of coding while I engaged in a deep, and rather unsettling reflexive process.

My third stage of data analysis was in response to reactions I was having as I immersed myself in participant interview data. I engaged in extensive reflexive writing as I thought about what it all meant. It was during this stage of the analysis that I began to move beyond simply describing participant experiences to begin an initial integration of all forms of data, engaging with the broader interpretative element of an IPA analysis. What did it all mean? I had my own thoughts, and I also checked in with the participants to see if my “intuitive understanding” (Phillips-Pula, Strunk & Pickler, 2011, p.68) aligned with worker experiences. This reflexive process continued throughout all stages of data analysis and additional researcher reflections were written. The process is revealed in the reflexive writing segments that are included throughout this project.

My fourth step in data analysis, after endeavouring to separate my own personal reactions from what I was learning of participant experiences, involved my return to the data for further rounds of reading and re-reading of participant interviews. During this stage of the analysis I began to cluster codes and refine what it was that I was learning of participant experiences facilitating canine-assisted therapy. Then, during the fifth step in my data analysis I integrated codes to develop preliminary themes, which was followed by an extensive member checking process. My sixth step then involved the formulation of tentative statements of phenomenon, further refinement of themes, again followed by additional member checking. What was *it* about canine-assisted therapy? It was during this stage of the analysis that I engaged with an intentional process of member checking with the participants to see if I was reflecting their experiences accurately. Once this final member checking stage was complete, I returned to the interpretative

part of my IPA analysis. What does it all mean in terms of the broader context that the participants work in? How does their work facilitating canine-assisted interventions with students support the overall mental health and well-being of students? Finally, once member checking stages were complete the universal themes were refined and presented in the findings section of this research project.

Research participants.

The research participants for this project are four social workers that partner with either Coda or Will. All are seasoned social workers with several years of school-based experience and are currently registered with the Ontario College of Social Workers and Social Service Workers. Workers partner with one of two trained and accredited facility dogs, and function as either their primary or secondary handler. Participants were part of informal discussions during the proposal development stage of this project and were formally invited to participate via a designated staff person who forwarded invitations. All have had opportunities to actively participate as co-creators throughout this project, providing most input during the proposal, data co-construction and analysis stages. Some have chosen to provide feedback more actively than others, but all have been encouraged to contribute whenever they wished to do so. Participation has been voluntary throughout and participants have been free to decline or withdraw from this study at any time.

The selection of participants for this project evolved as discussions with the workers that partner were Coda and Will progressed during the proposal stage of this project. Ultimately, a purposive sampling strategy (Cresswell, 2018) was used. The intention was to explore the experiences of school social workers that I observed during my student practicum. During the

initial development stages for this project both myself and participants also considered the possibility of including other social workers that use facility dogs in their clinical practice. Initially, a snowballing technique was therefore proposed as well. However, it became clear that the work that these four social workers do is unique, and no additional names were put forward by participants. It was agreed to by both myself, and by all participants, during this co-planning stage that this research project would explore canine-assisted therapy in the school board alone. By the end of planning discussions for this project participants were committed to this research project. Formal invitations were issued, and all four understood they were free to withdraw at any time, but no one expressed a desire to do so.

Ethical considerations.

Ethics approval for this research project was received from both the school board that employs participants, as well as Wilfrid Laurier's Research Ethics Board (File # 5703). Development of the initial research proposal occurred in consultation with the school board and with Coda and Will's primary handlers. Since the number of practitioners using canine-assisted therapy in Ontario is limited, and participants were selected using a purposive sampling strategy, this posed a challenge in terms of protecting the identity of individual research participants. Efforts have been made throughout this project to maintain confidentiality. In particular, no information has been shared that could potentially identify students. Rather than using identifying names each participant provided a pseudonym, and pseudonyms that were selected by participants were also used for their canine partners. Direct names and information that could potentially identify research participants, such as specific school names, have not been used. Nor has the name of the school board that employs these workers been used, or the name of the organization that trained Coda and Will.

Data co-construction.

Data for this project was co-constructed through participant interviews, researcher memos and reflections, and participant feedback. First, semi-structured interviews were conducted individually with each participant. Each interview was facilitated, audio-recorded and transcribed verbatim by me. While transcribing individual interviews, I simultaneously engaged in a reflexive process that involved recording researcher memos comprised of reflections and preliminary thoughts. Following each interview, the participant was provided with a copy of their transcript. Numerous member checking opportunities, both formal and informal, were also provided to participants on an ongoing basis allowing participants to read, edit, comment on, retract or further explain anything that arose throughout this project. This process made central the voice of participants, allowing for participants to take a more active role in the co-construction of meaning regarding their experiences facilitating canine-assisted therapy.

Data storage.

Data has been stored on a password protected USB key, one for each participant, and kept in a locked safe in my home. All print transcriptions and research notes have been stored in a locked filing cabinet that only I have access to. Upon completion of this project all data will be destroyed after two years. All print materials will be shredded and all USB's and audio recordings will be deleted. The physical USB's will be disposed of once all files have been deleted. All storage and destruction of the research data will be the sole responsibility of myself as primary researcher.

Chapter Four

Findings

Canine-assisted interventions can take many forms when facility dogs are present in schools. First, there are individual interventions that workers facilitate with their canine partners. This is the ‘therapy’ component of canine-assisted therapy, the clinical work that school based social workers do with their canine partners on an individual basis with students. Second, there are group interventions that workers facilitate in the schools to allow other students informal access to the therapeutic benefits that contact with a facility dog can provide. These group interventions can occur on a daily or weekly basis, such as during lunchtime puppy petting sessions, or as needed when a traumatic event occurs that impacts one of the schools.

The following section outlines four major themes that emerged during the analysis of participant interview data. The first theme explores key environmental considerations that are important when facilitating canine-assisted therapy. The second theme discusses practice recommendations for practitioners that are considering partnering with a facility dog. The third theme explores three dimensions of canine-assisted therapy: connection, attunement and the handler-canine relationship. Finally, the fourth theme explores the work of the facility dog and the role that these canines play in fostering connections and community. The presence of facility dogs in the schools facilitates the development of positive relationships, allows for therapeutic encounters to occur in safe and physically appropriate ways, and fosters strong connections and community building within an education system.

Theme One

Environmental considerations set the stage.

The first theme that emerged during the analysis of participant interview data was the importance of environmental considerations when facilitating canine-assisted interventions. A therapeutic space, for example, must be provided by schools that wish to access canine-assisted interventions. A workspace must be available that is large enough to allow for workers, their canine partners, as well as students to interact. Further, canine-assisted interventions and therapy typically allow for students to pet Coda or Will, often on the floor. Yet school buildings usually have tiled floors that can be cold and uninviting which means that occasionally a carpet needs to be purchased to create a warmer, welcoming space to interact with a facility dog. Alternatively, schools may need to purchase or provide additional furnishing to create a therapeutic environment. For example, one worker purchased two beanbag chairs for her office so that students can sit in a beanbag chair while interacting with Coda, and she can sit alongside them at the same level.

Joy (research participants chose the pseudonyms Ann, Annie, Joy and Lisa) shared that she had to change the physical set-up of her room when she began to partner with a canine. She said: “One of the things that I found was even the set-up of your room is key. Because when I was at [a different school] I had a table and chairs and they were high up away from the dog. And it’s much harder to interact”. Lisa also needed to make adjustments to her office, saying she needed a physical space where students could comfortably get low to the ground to interact with her canine partner. She said: “I definitely need a soft space. Like I bought this carpet just to put in here because it was half tile, half carpeted”. Lisa explained that creating an environment that is

physically inviting allows a place for a student to physically get on the same level as a canine. This removes barriers to therapeutic interactions that may otherwise be missed opportunities.

Annie explained that there are several environmental considerations she makes when facilitating canine-assisted interventions. In particular, she spoke about the importance of allowing space for the canine to retreat. She explained that this creates an environment that is both safe for students, as well as the canines. It creates a physical separation where students are free to initiate an interaction with Coda or Will, or not. They are in control of whether or not they interact with a facility dog. She explained: “And I always try to find a space that she can [lie down] if she’s not interacting with a student. And there’s some students that don’t want to interact with her, believe it or not, and then some students who are all over her”.

Annie also spoke about the importance of ensuring that students have equal access to her canine partner. She shared an example to illustrate the importance of controlling the numbers of students that interact with a facility dog at any given time:

[Do] not let too many people around her all at once. I remember there was a teacher who let his whole class out, and I don’t remember what the situation was but, we were in the hallway and this teacher was like, ok class, go and pet [the dog]. And everybody was swarming all at once. I didn’t expect this to happen and I was like woah, woah, woah!

Everybody go back!

Thus, adjustments often need to be made before students even interact with a facility dog to create a safe and controlled environment for students and the canine.

Workers must also consider the needs of the broader school community when partnering with a canine. This often involves making assessments of the environment to ensure the needs of both students and a facility dog are accounted for. Workers must, for example, be aware of how

students and staff feel about having a facility dog in the building before they introduce Coda or Will. Handlers must recognize which students (or staff) want to interact with the dogs and those who do not. Joy explained that, for her, it is important to have a sense of how a student feels about dogs. Are they afraid of dogs or are they drawn to interacting with a canine? She explained that she wants to know: “what kind of things are going on with people in terms of their relationship to the dog”. It is, therefore, part of the participants daily practice that they inform schools ahead of time if they plan to bring their canine partner with them to the school.

Further, the inclusion of a canine in an intervention is never imposed on a student. Instead students are always offered the choice about interacting with Coda or Will. Joy explained that she would never go into a hallway where a particular student with autism had his classroom because he was afraid of dogs. Joy said that this adjustment was easily arranged via communication with his education assistant. Joy also shared that she found that it was important to let students self-initiate contact with either Coda or Will. Lisa echoed Joy’s sentiments and emphasized the importance of being aware of students’ comfort level and allowing them to initiate contact with a facility dog. She said: “You [the student] get to decide how you want to interact with the dog, the dog doesn’t interact with you”. All participants emphasized that this is important because not everyone is immediately comfortable interacting with a canine.

Creating a physical environment that is warm and welcoming is important when partnering with a canine. Ideally, it is a space that is accessible to all students, and large enough for workers to control who has access to the canines. Further, the space must allow for the physical safety of both the canine and the student(s). There must be space to allow for either a student, or the canine, to step away from an interaction. Environmental considerations must also account for concerns such as individuals with allergies and ensure that there is a space in the

school for the canine to work in that is separate, thus allowing space for those who do not wish to interact with a facility dog. Finally, physical spaces must be provided that allow room for workers to facilitate any interactions with a canine. Workers must be free to control the numbers of students that interact with Coda or Will at any given time, as well as how, where and when these interactions will occur to ensure that all canine-assisted interactions are safe, positive and therapeutic for students.

Theme Two

Practice considerations when partnering with a facility dog.

Participants were asked during their interview if they found it easy to integrate a facility dog into their clinical practice and if they had any suggestions for other practitioners that would like to use canine-assisted therapy or bring a facility dog into their organization. Annie spoke about the importance of having what she called a “champion” in the school board, someone who supports the program, explaining that this is key if an organization is looking to implement a canine-assisted intervention program. “Find a champion”, she said. “Like, you have to find a superintendent. I think that was our saving grace”. Lisa also spoke to the support workers have had since its inception within the school board: “It was so easy. Really, it was”.

Participants also emphasized that it is critical that trained handlers are matched with facility dogs that possess a particular skill set and temperament. Annie explained that the organization that trained Coda and Will doesn’t specifically train canines to work as canine-assisted intervention (CAI) dogs. Instead, they typically begin training the dogs to fulfill a working role as an autism or PTSD dog, but as their personalities develop it sometimes becomes apparent that they would be better suited for the role of CAI dog. She noted: “It’s like, ok the

dogs, they can probably take on anything. They like being pet, they like being around people. Like they're very easy going". It is important that their personality and temperament can accommodate such a challenging work environment.

Ann explained that she had questions about how the day-to-day life of partnering with a dog works: "So working out the logistics was what I was concerned about and it's been fairly easy. The custody. The drop off. Like child custody races". Meanwhile, Lisa explained that one of the adjustments that she had to make in her regular routine was to accommodate the needs of her canine partner. She explained: "And it's just juggling all the equipment associated when you go in and out of schools, um, associated with having a dog with you. Like [carrying] the water dish, you know, on top of all your files".

Participants further discussed the importance of having trained handlers, both primary and secondary, that are willing to make the long-term commitment to their canine partner. These canines are technically owned by the organization that trained them, and the school board, and should the workers ever choose to leave the school board there is no guarantee that Coda and Will would remain with them. Workers emphasized that Coda and Will are not pets, and that there is an added responsibility that they each assume when agreeing to partner with a canine. Annie explained: "I worry about her more than I did with a pet. Because it feels like there's an added responsibility of being given this dog to work with".

Participants also spoke about the training available to them and gaps that existed when seeking to educate themselves about doing clinical social work with a canine partner. Lisa called these the "soft skills" and "hard skills" that are required when partnering with a canine. She explained that the organization that trained Coda and Will provides hard skills training, which is essentially the dog handler training. However, canine-assisted intervention dogs are not

specifically trained for social work and organizations do not provide any clinical handler training. Lisa further explained that the soft skills training, the clinical piece of therapeutic work with a canine, was not provided in any organized fashion anywhere in Canada. Coda's handlers pursued additional training in Animal Assisted Social Work at the University of Denver. Both handlers then developed their own training program which they brought back to Canada. Coda's handler explained: "so that's where [handler] and I developed our own course, because there was such a gap. Like there was nowhere in Ontario to find that [clinical training on partnering with a canine] for a long time". This model of peer teaching has continued in the school board. It has been offered to the new handlers that joined the team when it expanded to include Will. It is also offered to new handlers when the organization that trained Coda and Will graduate new canine-assisted intervention dogs from their program.

Theme Three

Dimensions of canine-assisted therapy.

A magical connection.

Connection is central to the 'magic' that is the essence of canine-assisted interventions. Research participants were each asked how they would explain the essence of canine-assisted interventions. What was the *it* that they observed occurring between their canine partners and a young person? How would they describe it? Workers explained that what they intuitively feel when facilitating canine-assisted interventions is difficult to put into words. Yet, each participant specifically mentioned connection and the different ways that connections are established and enhanced during a therapeutic encounter with a canine. These connections can occur with an individual on an emotional or physical level, and they can also occur amongst a group of

individuals, as the benefits of interacting with a canine extend beyond an individual encounter with a facility dog.

Lisa described the interaction between a canine and a young person as facilitating connection and engagement in a way that is different from traditional therapeutic practices. She said that in her experience, canine-assisted interventions allow for students to move through the “trust and engagement stage” more quickly, which helps them to connect to her because of her relationship with her canine partner. She explained that students seem to trust her more easily when a dog is present. She further explained that the tactile connection that students make with a canine is significant. She said that physically connecting with a social worker is not possible in a professional relationship between a social worker and a client. It is however, both acceptable and therapeutic to engage with a canine in this way.

Other participants referred to the importance of the element of touch and the tactile component of canine-assisted interventions. Each talked about the positive effects they observed happening with students when a physical connection with a canine is made, and how physical touch facilitates connection and enhances the emotional engagement of students in therapeutic interventions. Annie spoke about the comfort that her canine partner brings to an intervention for students. She said: “Especially when kids are struggling. There’s not that need to talk”. She explained: “I’ve had kids just like, put their head on her and just cry. You know, and that was so much more therapeutic than anything I probably ever could have offered that student”.

Participants shared stories and experiences of partnering with Coda or Will that allowed for instances where canines offered positive, non-threatening touch and silent comfort to students in ways that a human therapist cannot. This sense of safety is critical as it enhances a student’s willingness and ability to engage in therapeutic work that is often emotionally challenging.

Attunement: the magical ingredient.

Attunement, the ability to notice another's needs and respond accordingly, is the second dimension of canine-assisted therapy that emerged from the data. It is often through the non-verbal communication between a handler and a canine that much of what constitutes canine-assisted 'therapy' occurs. Attuned communications between handlers and their canine partners enhance the development of rich and meaningful therapeutic connections. Lisa describes attunement as "that ability to have some of your most inner emotions perceived and seen by another living being". Participants all mentioned that both Coda and Will exhibit an innate ability to sense emotional states in students that are intangible to handlers. It is through changes in a facility dog's behavior that student signals are communicated to the handler and the therapeutic encounter is enhanced.

Workers, who are attuned to their canine partner, adjust their responses and interventions according to what has been communicated to them by their canine partner. For example, Lisa shared a story of when her canine partner climbed onto a student she knew well to lie across her lap, which was not at all how the student and canine typically interacted. Lisa explained that in that moment it was an attuned response to the emotional needs of the student. She said:

[This was] after a student had suicided in ... and, one of [their] friends came back to the school. And this person was having a really hard time catching [their] breath and [they were] crying hard. And [the canine] actually climbed onto [this student] on the beanbag chair and lay on [them]. And that calmed [them] down. And that was the first time I had ever seen her do that. None of what the other things she was doing to try and relieve the pain [for the student] was working. [I thought] it was really profound in terms of dogs being able to pick-up cues that are non-perceivable to humans.

Lisa then shared another example of when her canine partner responded in an attuned way to a student's change in emotional state that was not immediately obvious. She shared:

I had a student come in whose dad had recently suicided. [It was the] first time I had met this student and we were sitting in the beanbag chairs. And, at first [they] didn't want to be there. And, so [they're] talking and [the canine] is just sleeping on the floor. And then [the student] starts to describe [their] dad's death and finding him. And as [they] did, to me nothing had changed in [their] voice. It was just the words. But, [they weren't] visibly showing emotion. But, as [the student] started describing that [the canine] comes over and places her head on [the student's] shoulder. And [the student] kept talking, but [they] smile at me and we have this sort of exchange around what happened. It was clear that [the canine] knew that something changed in the emotional content of the conversation.

Lisa explained that her canine partner's attuned response comforted this student in response to a change in the student's emotional state that was otherwise imperceptible.

The handler-canine relationship: the magician.

The relationship between the handler and the canine is what sets the stage for attuned connections to develop during canine-assisted therapy. Handlers must possess the ability to attend to both the needs of students, while also attending to the needs and communications of a canine partner. Maintaining this dual attention can be difficult for workers that partner with a canine. Lisa shared that initially the hardest part for her was learning how to balance the needs of students she supported while simultaneously being attentive to her canine partner. She said that this was in part due to a need for her to increase her comfort level in partnering with a canine

during a clinical intervention, and also in part because her canine partner was young at the time and new to the role. She explained:

Because sometimes, especially in the beginning, you know, you want to be present with the client, right? And give them your undivided attention. That's a big piece of doing effective social work. And you can't when you have a dog. Because you have to divert your attention to make sure that they're [the facility dog] doing what they're supposed to be doing.

However, Lisa explained that over time as she and her canine partner lived and worked together, their relationship deepened. This enhanced their ability to respond in attuned ways to one another without having to speak. This enabled a relationship characterized by mutual attunement.

Handlers must also be attuned to signals from their canine partners and recognize what Coda and Will are communicating to them through their responses to students. For example, Coda's handlers both explained that when she is stressed she will yawn, and when she is overwhelmed she will hide under a desk and retreat from students. This signals to her handlers that she may need a break or that something else may be occurring with students that workers need to attend to. Participants further explained that if Coda or Will step away from a student to get closer to their handler, this communicates a lot of information to the handler without a word being said. They are saying that there is a threat, or they feel unsafe, or they need their handler to pay attention to something that is occurring for a student. Lisa explained that dogs frequently pick up on cues or signals that adults miss. Annie explained during her interview that when her canine partner does this it gets her attention: "So I'm like, ok, what was she picking up on that I'm not picking up?" Similarly, Will's handlers both gave examples of how Will remains physically close to them during emotionally charged situations and said that when their canine

partner is stressed she keeps her eyes on them. Ann explained that trust is an essential element in the relationship between canine and handler: human trust that the canine partner will stay with her and canine trust that the human will protect them.

Lisa shared a story about guest speaking in a class with her canine partner as an example of working together. One of the students was exhibiting some disruptive behavior during her talk. This student had a formalized intervention plan which outlined the school team's plan to ignore what they felt were 'attention seeking behaviours'. However, when this student began to act out, Lisa's canine partner disrupted her talk to get her attention. Lisa described her partner's reaction:

I wasn't doing my job. That's what [the dog] was telling me. You're not doing your job right now. And she knows that I'm going to keep her safe. And if I'm not doing it, she's got to point that out. That she feels there is a discrepancy.

Lisa used this story to illustrate the significance of an attuned handler-canine relationship and explained that she adjusted her talk to the group in response to her canine partner's cues. She shared that she felt this handler-canine communication created an opportunity for her to have a conversation with the class about feelings and personal safety. In addition, the canine's reaction offered an immediate validation of this particular student's feelings, an attuned response rather than one that simply ignored how this student was feeling. It was the relationship between the handler and the canine, and their ability to communicate with one another non-verbally, that allowed this therapeutic connection with students in this class to occur.

Theme Four

The work of the facility dog: building connections and community.

Building connections: individual interventions in canine-assisted therapy.

Participants were asked during their interviews if there were particular modalities and interventions that they used in their clinical work when partnering with a canine. It became clear as participants spoke about their experiences facilitating canine-assisted therapy that there was no specific, privileged modality framing their responses. Instead, a variety of interventions can easily be adapted to include working with a canine. They explained that canines have the potential to enhance any therapeutic relationship by supporting the development of the relationship itself. Workers first explained that the presence of Coda or Will creates a welcoming environment that allows for the establishment of therapeutic rapport to develop more quickly than it otherwise would. For example, Annie explained that her ability to establish rapport with a client is enhanced when she partners with a canine, and that this is essential for her as she often has limited time with students. She said: “The rapport building is so important”. Quickly establishing a rapport with students allows her to immediately begin assessing the needs of students as she feels that “kids open up a bit more [when her canine partner is present]”.

Participants shared experiences using modalities that included brief therapy approaches, narrative therapy, nature therapy, mindfulness, attachment focused therapies, positive psychology and group interventions. Lisa, for example, spoke about the power of nature therapy and how she wanted to “have that nature therapy piece in my work”. While talking she pointed to a painting on the wall of her office and explained that a picture of trees was not the same as actually being outside. She explained that she believed there is something powerful about

interacting with the natural world and other living beings. She felt that partnering with a canine allowed her to bring some of the natural world into her work.

Annie spoke about doing a lot of mindfulness work with students and explained that the presence of a canine can really enhance this practice. For example, she noted that a student can put their hand on a canine's chest to feel them breathe and can practice regulating their own breathing to match that of the canine's. Joy also shared an example of some work she did with a student:

She had a lot of trauma history. She had a lot of difficulties sort of regulating emotions. She had some attentional concerns. She had some sensory things. And [Annie] did a lot around, laying on the dog and mimicking the breathing. And even walking the dog back to class. She would have to slow herself down in order to slowly walk the dog back. And, if she [student] started to run she'd have to come back and practice again. And so she got into a rhythm of what that felt like and could gauge then how to regulate herself. Even when the dog wasn't there.

Joy then explained that the following school year this student transferred to her during a time when she was not partnering with a canine. Joy said that she was able to practice skills with this student that Annie introduced, but it was challenging to do so without canine assistance. For example, Joy explained that facilitating physically connected skill practice, like the breathing work that this student had done with a canine, was difficult to do without a canine present. Joy was therefore able to share insight into the advantages, and the challenges that can accompany canine-assisted therapeutic work, particularly for students with complex needs.

Ann commented during her interview that partnering with a canine enhances the strengths based, positive psychology approach that she uses in her clinical work with students. She

explained: “The dog is the focus here. It’s not your problem. They’re connecting to me through [the dog] and it’s positive”. Ann explained that often in school social work, where interventions are typically brief, there is a dominant focus on what is wrong with students. However, in partnering with a canine, Ann explained that this easily allowed her to structure interventions in a manner that was not driven by a need to focus on what a student was doing wrong in a situation. Instead she was able to focus on the strengths of students and develop a therapeutic relationship that centered around their interest and love for her canine partner. For example, Ann explained that lunchtime puppy petting sessions offered the perfect opportunity to facilitate group canine-assisted interventions that were not focused on fixing deficits in students. She explained:

That is the positive psychology way of saying let’s connect over lunch with this beautiful dog. There’s no identification of problems. I don’t take any case notes. No, no, no. This is not a clinical [individual intervention]. I am doing a drop-in on your lunch. But I connected a whole group of little grade nine boys who didn’t have any friends and now [they do]. Over a shared love for a dog. And they say it’s the highlight of my day. I was feeling bad but now I am happy. It’s through the dog.

Additionally, group interventions allowed Ann to identify students that would benefit from individual support in a non-threatening way. Once identified she can then follow-up with them individually outside of the group.

All participants also shared stories of how working with a canine offers opportunities to create parallels for students that align well with narrative therapy. Annie explained during her interview: There’s always stories that you can talk about with the dog that will help kind of mirror what kids are going through”. Joy also shared an example during her interview:

I was meeting with a girl who had ADHD and she was really struggling in her class [with] paying attention and focusing. And I was telling her the story of when Coda is home and her coat comes off and she is wild. And the girl said, “That’s what I need. I need a coat”. So [the student’s] strategy was to think about this invisible coat that she could put on when she was in class. And when she comes out of class, she knew that she could take it off.

Joy further spoke about how the presence of a canine helps to support a safe emotional environment for her to engage therapeutically with students. She explained: “I think maybe it becomes safer for the client to be able to project what’s going on with them onto the animal. And then you can use a lot of that material to create some self-awareness”.

One caution raised by participants was the need to be mindful of closings and the ending of any therapeutic work that has included a canine. The reality of school based social work is that interventions are often short-term. Annie explained: “We always close our files in June. So, I’m always working towards closure”. Nonetheless, she shared that working with canines was particularly challenging because students become attached to Coda and Will. She explained: “The transitions when the kids don’t get to see the dog anymore, those are much more difficult”. Participants shared that they often use transitional objects in canine-assisted therapy which help to facilitate endings in a therapeutic way. For example, workers have had stuffed animals made to look like Coda and Will and give these to students when it is time to end the therapeutic relationship.

Photographs and artwork are also used by workers to represent the ending of therapeutic relationships. Annie explained that she often uses artwork with the students she supports. “And, I would say, probably 85% of the kids would draw themselves with [the dog]. And it, it just

surprised me every [time]. Well, it started not surprising me. But I just thought, how interesting is that”. These transitional objects allow for the connection with a canine to continue beyond the canine-assisted intervention itself which helps to facilitate an ending that is different than traditional therapeutic endings. Students can then decide if they would like to make a shift from working individually with a canine to interacting with Coda or Will in a group setting. Students choose whether their connection to Coda or Will is going to end, or whether it will simply be the nature of their relationship and the manner of their interactions that changes. Choice is important in canine-assisted therapy. Students choose whether they want to interact with a canine, and students again choose how they would like to transform their relationship with a canine when it’s time to end or transform a therapeutic connection.

Creating community: group interventions in canine-assisted therapy.

The work of a facility dog also includes supporting large numbers of students simultaneously to allow for the broader school community to interact with Coda or Will. Ann explained that it is often through these canine-assisted interventions and canine-assisted activities that relationships and feelings of community are enhanced. She explained that these informal interactions remove the stigma that is often associated with seeing a social worker. She said: “You’d be surprised how much you can do if you can create an energy that’s less stigmatizing”. Ann shared that connecting with a canine in this way allows students to interact with teachers and administration in a positive, non-threatening way over a shared love of a dog. Isolated students get to know some of the adults in the building, as well as some of their peers. These connections then strengthen the feelings of community within the school which contributes to a positive school climate. She explained that with the assistance of her canine partner she is:

“Finding threads to build on. Threads. It’s a community. That’s what I’m creating, a community”.

Ann further elaborated that the power of a physical connection with a canine can extend beyond the individual encounter. She explained that canines also facilitate connection amongst a group. She spoke specifically about the element of connection and what she referred to as the “group potential” in canine-assisted interventions. She shared stories of friendships that she has observed developing in students that share a mutual fondness for her canine partner. She recalled instances where socially isolated high school students came together because of the presence of a facility dog in their school. Ann explained that the power of developing strong and positive peer relationships is much more meaningful for students than time spent individually with a clinician. She said: “No time with me is going to replace a friend. A friend is priceless”. For Ann, the essence of the connection in these examples of canine-assisted interventions stemmed from the initial connection to either Coda or Will, which then becomes the “accelerant” to building connections both to her and to the group through a process that she referred to as “mutual aid”. Ann explained it by saying that the interaction with the facility dog becomes the catalyst for creating community. Isolated, lonely students developed friendships over a shared interest and love for a dog. In Ann’s words, the essence of the canine-assisted intervention: “It’s like magic”.

Further, school social workers are often called to offer support to students and staff during difficult times. Sometimes there may have been a death of a teacher or a parent, or occasionally an unanticipated and traumatic event impacts an entire school or community. If a student has died, or several students, or the community suffers a loss whose impact extends beyond the walls of the school the resulting grief for many can be immense. It is particularly during these times that the presence of Coda and Will has brought immense comfort and support

to students and staff. Participants all spoke of difficult events that they responded to and how principals consistently requested that the support of Coda and Will be extended to their school. Canine-assisted interventions that include facility dogs, offer comfort and bond groups of people in ways that help to buffer the impact of difficult life events. Ann explained that mutual aid “is easier through a dog” and that students, by coming together to gather around a dog, engage in a dynamic where peers can support one another. A school community that comes together to grieve in this way becomes a stronger, more connected community, even during times of loss.

The presence of Coda and Will during what participants referred to as “tragic event responses” provides an additional layer of comfort for students and staff during times when this is particularly needed. For example, Coda and Will can be found in the care room of a school following an unexpected loss or difficult event. This is a room that is set aside to allow those impacted to have a private, contained space to gather, process and mourn a loss. Annie described her perspective on the benefits of having a dog available to students in the care room. “We would have a care room even without the dogs. But the dog, you know, they can hug the dog. And they can get close to the dog”.

Participants emphasized the importance of partnering with an accredited, trained and predictable dog, particularly during tragic event responses within the board. Lisa explained: “Like, they’re very, very predictable dogs but no dog is 100% predictable. So, if you don’t create a safe environment for them [both students and canines] then, and if one thing goes wrong, the whole program is shot”. Participants explained that this is one of the reasons why it is important that facility dogs are always partnered with trained handlers. It is not only to protect students, but also the integrity of the canine-assisted therapy program.

Workers also discussed some of the challenges inherent to critical event responses when they partner with a canine. For example, the dual role that participants play as both handler and clinician can be difficult to balance when they are responding to a critical event. Joy explained:

Because when you're the lead you're doing things organizationally that doesn't always need to incorporate the dog. The dog might need to be in the care room. You can't sit in the care room for eight hours because you have all these other pieces that you need to coordinate.

Additionally, the presence of a canine during a tragic event response sometimes means that students compete for time and attention with the dog. Lisa explained: "The problem with too many people is they, if they don't have access to her then emotions start running high. So, I try to monitor the numbers so that everyone has a piece. To access her". Joy explained that workers often don't announce that Coda or Will are in the building when they are responding to a critical event for this reason.

And we work with staff around what is appropriate use of the dog and who should come to the care room. It's not an open invitation for a dog visit. There's a specific purpose that the dog is there for and trying to create some structure around how that happens so that you avoid that.

Annie explained that balancing the needs of the students with the needs of her canine partner is a critical responsibility for the handler that is facilitating canine-assisted interventions, particularly during a crisis. Lisa agreed: "[Coda/Will] is trained to put up with everything. It's not fair to expose her to everything".

Participants shared that partnering with a facility dog during critical events has resulted in some adaptations in school board policies. Lisa explained that the presence of Coda and Will has

been so well received across the school board that when a tragedy or crisis occurs in a school the workers/handlers are asked to respond with Coda and/or Will. Lisa explained that one of the primary roles of a facility dog in a school board is to assist during these events. It is assumed that the facility dogs will be there. Ann explained: “Every single principal says I want a dog. I want a dog. I want a dog”. This also means that these handlers must also respond to significant number of schools that request a facility dog, whether it is a school that they regularly support or not. These workers, and their canine partners, support all schools when a tragedy occurs. Thus, the inclusion of facility dogs requires a commitment from an organization, and also the social workers that partner with these dogs, to support school communities. The presence of Coda and Will in the schools during difficult times supports school communities in the grieving process. The comfort that these dogs bring fosters the development of supportive relationships within the schools, reduces feelings of isolation, buffers the impact of grief and loss, and enhances feelings of connection. Coda and Will foster connection and community in all interactions, but never is this more important than during times of tragedy when schools are grappling with feelings of grief, fear and loss.

Chapter Five

Research Reflections: Before, During and After Data Analysis

At the outset of this project it felt like my experiences as a teacher, foster parent and child and youth worker all intersected in a wonderful way when the opportunity arose for me to work with Coda. I was going to be able to learn about the work that facility dogs do from a social work perspective, bridging my love for animals with the work that I was feeling drawn to. I had never imagined a time would come that would allow me the opportunity to research canine-

assisted therapy. Yet, there I was. Life has had a funny way of pulling all the various threads of my experiences together in a way that somehow makes sense. My arrival as a student intern with this particular worker, and this facility dog, was one of these moments. So off I went to begin this adventure, terrified of the research process, but eager to dive into something that I believed was important.

Prior to the MSW program I taught in various Ontario school boards. Not once had I witnessed a program that in any way resembled what was being offered by participants. I believed what I was observing during my student placement was unique. This awareness led to the formulation of tentative research questions. And, with the support of my supervisor and the school board, this research project began to take shape. I was excited to explore the experiences of the social workers that partner with Coda and Will. I wanted to share the experiences of these workers and explore in greater detail what it is about Coda and Will that is so special. And in so doing I was ready to dive into my own experiences with animals, particularly dogs, to see if I could articulate what it is about these human-animal interactions that have been so powerful in my own life.

I began with thinking about what I had observed with my own students, or my foster kids when they interacted with a dog. I could easily list countless stories of positive interactions between a dog and a young person. I could describe how my dog Riley greeted each and every new foster child that came into my home and how he seemed to lean into the kids that needed a little extra support. It was then, and continues to be now, my opinion that interactions with dogs are truly special things for the people drawn to them. Particularly for young people that have experienced trauma and/or mental health challenges. There is simply something special about

the way that dogs are able to be present with an individual in pain that I believed deserved a closer look.

I also began this research project thinking about the ways that dogs interact with others, rather than with me personally. Dogs helped my students, or my foster kids, but I hadn't needed the same kind of help growing up. Or had I? Had my own dogs brought to my life the same things that I had observed in others? If so, how do I put this into words? What was it, that special thing about dogs? As I delved into my own reflections, and explored themes that emerged, one has stood out from the rest: connection. For me, dogs have meant connection with another living being. Connection that I desperately needed because oftentimes I felt deeply disconnected.

The realization that I am 'the other' was unexpected. I recall reading in preparation for this project that; "Phenomenology projects and their methods often have a transformative effect on the researcher himself or herself. Indeed, phenomenological research is often itself a form of deep learning, leading to a transformation of consciousness, heightened perceptiveness, increased thoughtfulness" (Cresswell & Poth, 2018, p.82). Now, I believed what I was reading. Yet, little did I know that the reflexive process that I engaged with would take me on a journey looking back at my life. And what was unexpected was where this process then took me. What I thought would bring up memories of puppy snuggles and good times was not the case. I began to notice things that I never did before, and with this insight came some very difficult realizations. The process was more than simply unsettling. In some ways, I re-experienced traumas that had long since been forgotten. I had no idea that as I immersed myself into an exploration of the healing power of dogs I would also learn much about myself.

This awareness itself took several months for me to assimilate and delayed the progress of this project a great deal. It was after the first stage of engaging with participant data that I began to notice that I was experiencing some difficult emotional reactions. At the time I would write down some questions and then take a break. My initial thought was that I was reacting to immersing in data that talked about critical responses in a school system that had experienced tragic events. At the beginning of the data analysis, for example, I found myself feeling depressed. I thought this was because I was deeply immersed in interview data that talked about incidents of students dying by suicide. Again, I thought it was about the other.

When I experienced these reactions I would take a step back, avoid doing the analysis and get busy doing other things. And I felt better. But time would pass by and I had work to be done. So once feeling better I'd get back to this project and return to the data. And each and every time I engaged with the material I would begin to feel the same way. Take a break and I felt fine. Dive in and I began to feel depressed. A very clear pattern had emerged and I started to question why it was that I was struggling so much. I would look at my own dogs and ask myself what it was about them that I knew had always been so good for me. But was this the only reason?

Was the discomfort that I was feeling when engaging with the material for this project trying to tell me something? I was being triggered by what I was learning, and I felt this needed to be explored before I continued with any analysis of interview data. It was during the initial stages of coding that I chose to suspend doing further rounds of data analysis until I could put my finger on what it was that I was feeling and experiencing. I wanted to sort out my own reactions. It felt important that I clarify what it was that I was feeling before I tried to articulate what participants were telling me of their own experiences.

First, I thought about when dogs had been in my own life. Where did my love for them come from? And I remembered that dogs have been present for most of my life since I was quite young. They have been my playmates, my companions and in some ways, my early caregivers. They comforted me when I was upset and, as a young child, it felt like I had much to be upset about. This often led to a response from the adults around me telling me that I was being too sensitive. I imagine these assurances were meant to shush me. But I internalized these responses to mean that I must have done something wrong. If I was upset and they were telling me to get over it, then I must be overreacting. I can still remember the flooding feeling of shame, the heat rising up my neck toward my face, when I misread cues or made mistakes that brought negative attention my way. I tried and tried to get it right. Never once did it occur to me that I was innately good enough, or that I didn't need to earn or prove my worth. And each and every time this dynamic played out in my early years it was a dog that would comfort me. They somehow knew that I needed a little extra cuddling, and never seemed to care if I had said something wrong or cried when I should have been quiet.

I began to wonder if this is when the role that dogs played in my life began to serve a critical function? Did the dogs I grew up with help to ensure that I am now able to connect emotionally to another being as an adult? Were they some of my most important teachers? These are some of the countless questions that began to swirl in my head every time I sat down to 'think about what it means' (Larkin, Watts & Clifton, 2006) and analyze data for this project. Alongside this growing insight into my own experiences came a profound feeling of sadness. I often felt disconnected to some of the adults in my world growing up. I've always known this, but I never admitted it or said it out loud. My deep emotional connections were most often with

animals instead. And this too felt like I was doing something wrong. Should I not be able to connect with people the same way?

I have spent years searching for the answers to what it was that is wrong with me. Spending most of my life attempting to fix whatever this inherent brokenness in me was. For example, I was often berated growing up for not saying hi to someone if I passed them on the street or if I looked at someone with 'dirty looks'. It wasn't until I was in my late twenties that I even made the connection: I wouldn't wave to someone if I didn't see them. I have a vision impairment. It's so much a part of who I am that I forget about it. It just is how it is. But it impacts the way that others see me, and if I don't notice and explain, it isn't always positive. And my dirty looks, an idiosyncrasy that has served me well as a teacher when students would be up to something and think I knew what it was, was really about me squinting to see someone or read something. Even in the Master of Social Work program I have been penalized for these same looks. The difference? Now I can stand up for myself. Well, at least a little bit more than I could growing-up.

But I believe my vision issues led to difficulties when I was young that I could never put into words until this project. When I started out in school I had to wear a patch on my strong eye for several years to strengthen my weak eye. This meant that my good eye was covered, and I had to bumble about with an eye that was sending mixed messages to my brain. My vision issues led to difficulties learning many things and I think I must have begun to internalize challenges as inherent failings that added up to being not good enough. It was quite normal for me to hit my head on a cupboard or walk into things. It was like living in an amusement park with the fun mirrors that distort images. It was hard to see. This meant that it was hard to read, and I was slow to learn. I also imagine I missed a lot of non-verbal cues from my parents that are

important for communication and learning. Doctors even told my parents I would never graduate high school, drive a car or get a job. What did this all mean?

The academic in me knows that as children we are socialized to seek out our primary caregivers when we are in need of reassurance or support. However, comfort is not always what I received. Sometimes it felt like criticism. Often it was criticism. This then led to emotional distancing and overwhelming feelings of shame. And over the years I just learned to accept the truth, it was because I was bad. This is what I was told so it must be true. These dirty looks, my squinting, wasn't something anyone connected to a vision impairment. Instead it was a personality trait that was ascribed to me. This, for me, is where the dogs I had growing up began to buffer what was, unbeknownst to me, emotional abuse at times. My dogs saved me. Each and every time I didn't receive comfort from an adult in my world, an attuned response, I did from my dog. They never cared if I was squinting, or walking into things, or failing to say hi or smile the right way. It didn't matter to them that I couldn't read. That I struggled to see.

Could this be part of what it was that I have been exploring in this research project? Is what I felt growing up part of 'it', the essence? I know that when I was crying as a young girl my dog Tara would come to me. I knew that if I felt the hot flush of shame when I was corrected or insulted, she would just lick my face. Once the patch was gone, and I could use my good eye, I did start to learn how to read. Slowly. And I knew that when I was hiding in my room, escaping into the endless stack of books that took me on adventures to other places, that Tara would lean against me or lie on top of me. Getting lost in books became one of my favourite things to do, and as I immersed myself in endless stories the journey to prove my worth and be good enough was well underway. And Tara, that little dog, was my constant companion throughout my grade school years. She offered physical comfort, connection and company. She would never run from

whatever emotional state that I was in. Instead she would respond innately in a way that gave me whatever it was I needed in that moment. I was not alone. It was just not human comfort that I was receiving. But whatever it was, it was enough.

As I continued to progress through this project, I began to experience a shift in how I viewed my own experiences growing up. A quiet revolution was occurring within me as I started to realize that what I had heard and always believed to be true about myself may not, in fact, be true. Worse, I began to believe that it was abuse. And how could I not have noticed? Yet, with all that I know, not once until this project did I consider the possibility that some of the circumstances that were commonplace during my childhood were in fact abusive. If I could have just learned to get it right, then adults wouldn't need to always be saying something. This is what I truly believed. I never saw that what I know to be true also applies to me. Again, the other resided within me. I AM the other. And I didn't like it. Not one bit. And with this growing insight came the familiar feelings of shame. How did I not know this? Who was I kidding thinking I had any right to work in social work? I hadn't even clued in to the obvious in my own life. And worse, what if others can see what I never did? What must they think of me?

The shame was overwhelming. And it took some time to process. I had to sort out my own feelings and experiences before I returned to look at the data. I wanted to be clear about what it was that I was learning of participant experiences, and what it was that was being triggered in me. I wanted to be able to tell the difference. I felt that it was important to approach the analysis with a solid understanding of my own triggers and biases, so that I didn't project my own baggage onto what I was finding in the data. Not a minor undertaking given the methodology I've chosen for this project, and the not so little reactions I was having when I reflected upon concepts like attachment, attunement, trauma and connection.

I instinctively believed going into this project that objectivity was not possible. Given my personal reactions, yep, I don't believe it is. My subjective experiences inform how I approach life, pursue academic achievements, engage with data and think about dogs and the work being done in canine-assisted therapy with Coda and Will. I enjoy doing projects like this tremendously. School is fun for me and learning is something that I hope to do whether I have to or not. But the 'getting it right' part; the fear of failure; the fear of feeling ashamed or of getting it wrong. Well, I have internalized rather extensive avoidance mechanisms. I will do just about anything to avoid feeling ashamed. And this included avoiding engaging with data for this project. An interesting process for me, because with my avoidance came personal reflections about why it was that I would gravitate to my dogs to comfort me during these moments. Which in turn led to more personal insights, furthering triggering and then even greater avoidance coping skills. If nothing else, this project has demonstrated for me the power of internalized responses to trauma and the potent effects that dogs can have on transmuting the feelings of shame that come with triggered traumatic memories.

With growing insight and awareness into the significance that dogs have played in my own life I began to return to the analysis of data for additional rounds of coding and further contemplations on the themes that appeared to be emerging in the data. And, as the analysis progressed, so did my reflections. Increasingly I began to ponder the possibility that I am not innately bad. Were the things I had grown up hearing wrong? Did the messages speak more to the failings of others than it did to my own? And what does this mean? These reflections became part of the data analysis as I went back and forth, between the data from participants, and my own thoughts and experiences. If I am correct, and dogs facilitate connection, what does this mean for students being supported by social workers that bring this to them through their canine

partners? Will I uncover similar experiences and themes through the voices of research participants? Does the presence of Coda and Will in a school system enhance the school board's ability to be responsive to students in a way that enhances feelings of connection and community? And, if so, does this offer a creative way for a school board to implement a legislative directive that requires them to support the mental health of students?

Chapter Six

Discussion

Connection and the development of community.

An essential component of the therapeutic work of school social workers is the ability to quickly establish a connection with a young person they are supporting. This is particularly challenging in a school setting because school social workers have to juggle a variety of organizational responsibilities with ever changing demands on their time. What emerged very clearly in both researcher memo and reflections, participant interview data, and in the existing literature is that canines facilitate connection in formal, informal, intentional and unconscious ways. Research consistently indicates that canine-assisted interventions have the potential to enhance interpersonal relationships (Fine, Tedeschi & Elvolve, 2015; Friesen, 2010; Walter, Esteves and Stokes, 2008) which leads to improved connections amongst humans. Several researchers refer to the key role that canine partners play in establishing therapeutic rapport (Galonski, 2014; Odendaal, 2000; Soban, 2008; Tedeschi et al., 2015; Wilkes, 2007). The findings of this study support the idea that the inclusion of a canine in an intervention assists with establishing a trusting, positive therapeutic rapport (Mallon, 1994).

Tedeschi et al. (2015) indicate that the human brain has neurons that respond solely to humans which may help to explain the innate ability for humans and canines to connect. The biophilia hypothesis posits: “[that] the human brain was structured to pay selective attention to other kinds of life, and, as a result, contact with other species, plant and animal, may have important influences on cognition, health and well-being” (p. 23). Researchers exploring animal-assisted therapies have extensively written about the positive benefits that often stem from interactions with animals and often refer to the biophilia hypothesis. “Biophilia, however, does not mean that humans are instinctively kind to animals, but that they are attuned to animals”. (p.23). This would support the observations made by participants during this study. Human beings are attuned to animals and, for the handler that partners with a canine, attuning to the communications of their canine partner enhances the process of connection. Canines help to build trusting therapeutic relationships (Soban, 2008). Additionally, Odendaal (2000) revealed that simply interacting by touching, petting or even gazing into the eyes of a canine, results in an increase in oxytocin levels for both the human and the canine. Results from this project support the work of Odendaal, with participants reporting positive benefits that they observed occurring with students that were able to touch, pet, hug and cry with either Coda or Will.

Further, the work of Odendaal (2000) offers additional support in favour of canine-assisted therapies in schools, as school-based interventions are often time limited, and interactions with a canine only require minutes for individuals to experience positive physiological benefits like increases in oxytocin levels, and decreases in stress hormones like cortisol and adrenaline. Additionally, the inclusion of a canine in a therapeutic intervention “appears to be particularly effective at activating oxytocin and the ‘calm/connect’ brain system (Beetz, Uvnas-Moberg, Julius, & Kirtshall, 2012; Neumann, 2009; Olmert, 2009 Yount et al.,

2012)” (Tedeschi et al., 2015, p.314). As Odendaal’s findings indicated in 2000, interactions with a canine increase the production of oxytocin for both humans and canines. Oxytocin enhances the positive benefits of canine-assisted therapy, facilitating the process of connection, thus enhancing an individual’s feeling of safety and connection. “Oxytocin is important to the social brain network because it is the key brain chemical that detects and responds to positive social signals and behaviour” (Tedeschi et al., 2015, p.315).

Findings from this project demonstrate that not only are positive connections fostered and developed between students, social workers and canines, but also amongst individuals that comprise a group. These connections may form amongst a group of students in a school, between students, teachers and administration, or amongst a grieving school community that has experienced the love and support of a canine in the wake of difficult experiences. Participants in this study explained that the presence of a canine contributes to a social environment that is comforting, welcoming and non-judgemental. Social barriers that may otherwise exist between groups, such as between students and school administrators, are dissolved as people gather around a shared love of a dog. Thus, social bonds are formed amongst individuals that may be isolated (Black, 2012; Mims and Waddell, 2016). The findings in this project supports the work of Putnam who asserts: “social bonds are the most powerful predictor of life satisfaction” (Arkow, 2015, p. 44). As Ann said in her interview, “no time with me is going to replace a friend”.

If this is the case, as participant suggested, the impact of canine-assisted interventions may potentially extend far beyond the encounter itself. Arkow (2015) explores the concept of social capital and raises questions about the possibilities that dogs can offer to communities,

suggesting that “animals may contribute to the social fabric of communities in ways that are not specific to culture or place” (p. 44). Not only that, but Arkow further suggests:

If community engagement, the development of trust, a sense of safety, and social interactivity can be fostered through dogs and other animal companions, than the possibility that positive interactions with pets may improve community health as well as individual functioning warrants further exploration (p. 45).

The findings from this project offer support for Arkow’s speculations. As Ann said during her interview, with the assistance of her canine partner she is creating community. Arkow’s work suggests that the work that participants do with Coda and Will supports the broader health of school communities by fostering connections, decreasing feelings of isolation, and building community. Not only that, but findings from this study indicate that the presence of Coda and Will in the schools promotes feelings of trust, safety and comfort. Friendships have formed through shared common interests over a dog.

Attunement and the handler-canine relationship.

This project further reveals that attunement, the second dimension of canine-assisted therapy, is very much key to making positive, therapeutic connections. This is consistent with findings in the literature that began with Levinson’s assertion that the presence of a canine in a therapeutic intervention helps to bridge the gap between a therapist and the inner world of a client (Mallon, 1994). Geist (2011) reported that the presence of a dog during a therapeutic intervention increases an individual’s ability to self-regulate and de-escalate. Further, Geist (2011) explored attachment theory and found that the presence of a canine during a therapeutic intervention helps students to develop healthier attachments. Geist specifically referred to the

impact that attuned connections with a canine and the positive connections that emerge from these therapeutic interactions. Soban (2016) also referred to the importance of attuned connections, stating: “clients shared unfailingly throughout the study the importance of the therapy dog being attuned to their vacillating emotions and responding appropriately” (p. 72). Scott (2017) indicated that it is through attuned relationships that canines assist therapists with the establishment of a therapeutic rapport, the deepening of connection, and assisting clients in having insight into their own thoughts, feelings and behaviour.

Interactions with a canine can be a positive experience for any individual that is drawn to them. Feelings of connection and the development of attuned attachments frequently occur between humans and their canine pet companions. Positive interactions also stem from canine-assisted activities such as puppy petting sessions with service dogs such as St. John’s Ambulance dogs. However, the third dimension of canine-assisted therapy, the handler-canine relationship emerged in this project as the critical element that distinguishes canine-assisted therapy from otherwise positive, but not therapeutic, interactions with a canine. The interaction with a clinician and a canine becomes therapy through the attuned communications between the handler and their canine partner. This is consistent with other research findings and Fine’s work emphasizes this point. Fine (2015) reminds the research community:

Many have pointed out that, although the utilization of animals may be highly appealing, it needs to be understood that just because an interaction with an animal is enjoyable does not imply that procedure is therapeutic (Katcher, 2000; Serpell, 1983). To say that the therapeutic changes occur solely in isolation would perhaps be quite misleading (p. 142).

It is through the handler-canine relationship that canine-assisted interactions become therapy.

This project reveals that it is important to distinguish the work of the facility dog from that of other service dog roles. The role of the facility dog is distinct, and the handler-canine relationship is a critical dynamic that manifests during canine-assisted interventions. The handler lives with their canine partner and it is through the handler-canine relationship that the essence of canine-assisted therapy begins and thrives. What appears to occur quite naturally to an outside observer is in fact a multi-layered, nuanced interaction between human and canine for the purposes of enhancing a clinical interaction. This is not an easy task and consistently research has shown that it is important that canine-assisted interventions be facilitated by an experienced clinician (Fine, 2015; Fine, Tedeschi and Elvolve, 2015; Scott, 2017). It is the attuned communications between handler and canine that allow non-verbal signals and communications to evolve into therapeutic interactions.

The practice of partnering a clinician with a trained facility dog is quite new and little research has been done to explore the work that this different class of working canine does. Further, no research has been done to date on the work that facility dogs do in education when a trained social worker is partnered with an accredited facility dog to facilitate canine-assisted therapy with students. There is also limited Canadian data exploring Canadian programs or organizations that have incorporated a facility dog in their professional practice. Would facility dogs enhance connections and foster the development of relationships in other settings as well? Findings from this project offer several possibilities for the practice of social work, and for possibilities that exist within education for practitioners that wish to partner with a facility dog.

Limitations

The sample size for this study has been both a challenge and a limitation. There are very few social workers using canine-assisted therapy in school settings. Protecting the confidentiality of both participants, and the students they support, has required that several additional measures be taken to protect the identity of the workers partnering with a canine. An extensive member checking process has also been both a strength and a limitation. It allowed for rich data and participant engagement that positively contributed to research findings. The limits of this member checking process, however, were related to time as it significantly slowed the pace of the project. However, taking extra care to allow for extensive member checking was seen as essential because, regardless of efforts taken throughout this project to protect the privacy of participants, the work being done with canine-assisted interventions is unique which means there is an inherent risk that the identity of participants (or a group of individuals) may be revealed. This has also meant that some contextual information, such as details about the organization and the training the canines received could not be included. Further, it has been a challenge to protect the identify of participants within the group of workers that partner with a canine and information that could potentially identify other participants to one another has not been included. However, the small sample size has allowed for a rich, in-depth and strong collaboration with participants in the co-construction of meaning and the sharing of their experiences facilitating canine-assisted therapy.

Chapter Seven

Implications

Ethical considerations when deciding to partner with a canine.

Partner or tool?

There are several considerations that practitioners must account for when deciding to partner with a canine in their clinical practice. First, as participants mentioned during this study, adjustments must be made to accommodate for the physical needs of a canine partner. Space must be allocated for them in the workplace, as well as a location to place things like a dog's water dish. Time must also be designated throughout the day to meet the physical needs of a canine, which include exercise and 'potty breaks'. In addition to the daily adjustments practitioners must make to meet the physical needs of their canine partners, there must also be a long-term commitment to provide care for the animal for the duration of the canine's lifetime. This is a modality that must be given a great deal of thought and consideration before being brought into clinical practice. As both participants for this study mentioned, as well as the participants in Scott's (2012) study, canine-assisted therapy is best suited to experienced practitioners. Handlers must be able to balance the needs of their canine partner, with the needs of their clients, and this requires practitioners to maintain a dual attention that can be challenging.

Partnering with a canine also requires a significant commitment of time and financial resources over the lifetime of the canine. This is not a modality that can be easily tested out and discarded if a practitioner does not feel that it meets their needs. Further, it is critical that handlers are clear on what it is that they hope to facilitate while partnering with a dog. What is the role and intended purpose of the dog? And what is their role and responsibility with regard to

their canine partner? Ng, Albright, Fine and Peralta (2015) warn practitioners to be thoughtful of the purpose and scope of the work that they wish to do with an animal partner. “Handlers have the potential for using animals simply as tools rather than as living entities with welfare needs” (p. 370). As participants pointed out during this study, handlers must be aware of the signs of stress in their canine partner, and must make adjustments as needed to ensure the well-being of their canine partner. To do otherwise places an animal at risk of being overworked or exposed to stressful situations that may be harmful. Further, “in the case of the therapist, conflict may exist if financial gain plays a role in the determination of the welfare status of the animal” (p. 370). The clinician that chooses to partner with a canine, acting as both the handler as well as practitioner, must maintain an ongoing effort to balance the needs of the clients against the needs of their canine partner. These clinicians assume dual ethical responsibilities, to both client and canine, and must act in the best interest of both at all times.

A sentient being?

Practitioners that choose to partner with a canine must also make several ethical considerations in determining the role of the canine within their clinical practice. Foremost is a consideration of how a practitioner views a canine. As previously mentioned, is a canine a tool, an adjunct to therapy? Or is a canine a living, feeling being that is able to perceive things and make its own unique contributions during a therapeutic encounter as co-therapist? Participants for this project each shared insight into contributions that Coda and Will make during a therapeutic encounter that enhance clinical interventions in ways that participants found difficult to put into words. The essence of these encounters, the innate connections that these canines facilitate, support the idea that canines are in fact sentient beings and contribute to therapy in

ways that other therapeutic ‘tools’ cannot. The attuned relationship between a canine and the handler/clinician is therefore critical in ensuring ethical canine-assisted interventions that recognize the unique contributions these animals make to a therapeutic intervention.

The attuned connection between a canine and a human is also reciprocal. The biophilia hypothesis, which posits that “the human brain was structured to pay selective attention to other kinds of life... which may have important influences on cognition, health and well-being” (Fine, Tedeschi & Elvove, 2015, p.23), supports the concept that humans unconsciously tune into signals that animals transmit. Not only that, but “a study of the human brain revealed it has neurons that respond solely to animals” (p. 315). In addition, research has shown that canines can also show positive benefits from interacting with humans. For example, “human contact has shown to influence cardiovascular and hormonal outcomes that can be perceived as beneficial to the animal” (Ng, Albright, Fine & Peralta, 2015, p. 361). These findings support what participants shared of their experiences during this study. Their canine partners attune to the signals of the handlers, and the handlers attune to the signals of the canines, and both attune to the needs of students. It is through the interconnectedness of these attuned relationships that the essence of canine-assisted therapy is revealed and therapeutic encounters are enhanced.

Qualitative research and canines.

What does it mean when our co-facilitators cannot tell us what they are thinking?

Research findings for this project indicate that canines function as co-facilitators during clinical interventions with students, in partnership with the social workers that are also their handlers. This raises some very unique challenges for researchers seeking to understand these interactions. If canines are regarded as therapeutic tools to be used and exploited by the social

worker, it would follow that the outcomes of these interventions could be easily measured, progress tracked and outcomes assessed. However, it is my position that this is not the case, and canines are not simply tools to be used by the therapist. Instead, I argue that they are sentient beings that possess innate capacities to sense and respond to human emotional states, and through attuned responses these animals offer humans a variety of therapeutic benefits during these encounters. This belief provides the foundation upon which much of my analysis rests.

The essence of an interaction with a canine is something that exists beyond words. It eludes definition and research participants struggled to put it into words. Ultimately, I decided to draw upon an article earlier written by Odendaal (2000), who posed the question, “*Magic or Medicine?*” (p.275), as well as the words of a participant who summed up the essence of canine-assisted interventions by saying “It’s like magic”. When this participant used the word magic to describe her own experiences in partnering with a canine she knew nothing of Odendaal’s 2000 article. I found it quite interesting that both a researcher and a participant, decades apart, chose the word magic to describe the essence of canine-assisted interventions. I therefore adopted this language and used the analogy of ‘magic’ and a ‘magician’ to describe the three dimensions of canine-assisted interventions that emerged in the findings for this project.

Using an analogy to describe participant experiences of a phenomenon leads to some interesting possibilities for the field of qualitative research. Martin (2011) discussed the nature of phenomenological research, stating that research for him:

[It] has to be about how people experience and make sense of their lives rather than attempt to say something about presumed objective ‘truth’ which emanates from a close investigation of phenomena (p.13).

In the case of this project it has involved learning of participant experiences, and then reflecting upon what these experiences mean in a broader context. By extension, what does it mean for the research community more broadly if we regard animals as co-facilitators and co-constructors of meaning? How do we situate these understandings amongst the research community when we are simply speculating on what it is that we think they are trying to tell us through their behaviour, or through the words of their handlers who have formed bonded relationships with these animals, and possess the ability to communicate with their canine partners non-verbally? I can only imagine what those who argue ‘true research’ must be objective, quantifiable and measurable would say. How do we measure that which we can’t even describe? Researchers can do as Odendaal did, and measure levels of hormones like cortisol and oxytocin, but does this accurately reflect the indescribable essence of these interactions? How do we measure outcomes in an intervention involving a canine when these very outcomes are determined by the behaviour and responses of an animal, or by the relationship between a canine and their handler, and may not at all be what we envisioned they would be? If we try to define and measure that which cannot be described, do we not miss much of what qualitative research contributes through its rich contextual understandings and descriptions? If only we could simply ask these animals what they are thinking, and why they do what they do, but we cannot. But this does not mean that it is not real. It is simply beyond our capacity to fully understand and explain at this particular moment in time. It is often in this uncharted territory of qualitative research that the most remarkable discoveries reside.

Handler training and risk management.

Participants for this study all emphasized the importance of having trained handlers partnering with Coda or Will. Both facility dogs have primary and secondary handlers which supports the school board's ability to offer canine-assisted interventions, facilitated by trained handlers/clinicians, in a safe and accessible way to school communities. However, systemic challenges remain for the workers that partner with Coda and/or Will. The school board that employs participants is very supportive of the canine-assisted intervention program. So much so that there is a great demand amongst the schools for the presence of Coda and Will. This in turn places increasing demands on workers' time as they must respond to requests for Coda or Will as their handlers. Workers must therefore balance the needs of the students they support, the needs of their canine partners, as well as the system needs of an education system that supports thousands of students. This requires a great deal of clinical and organizational skill to meet the needs of this canine-assisted intervention program.

This was challenging for participants in this study as little formal education and training was available to them when they first decided to partner with a facility dog which highlights an important consideration for practitioners. The inclusion of animals in therapeutic interventions is increasing and growing in popularity. However, a lack of training opportunities and professional guidelines overseeing the inclusion of animals in therapeutic practices exists and has not increased to meet this growing demand. Practitioners must take it upon themselves to seek out training opportunities and to educate themselves on canine-assisted therapy and interventions. Yet, "Tedeschi (2014) questions if the field is ethically prepared to investigate the potential pressures on the animals that are integrated into the interventions" (Ng, Albright, Fine & Peralta, 2015, p. 357). Several animal welfare concerns, including stress and animal fatigue (Ng,

Albright, Fine & Peralta, 2015), must be considerations that practitioners and handlers are not only mindful of, but trained to recognize and respond to. Handlers must notice and respond to animal behaviour to ensure both the integrity of a program, but also the well-being of the animals they have chosen to partner with. Not only does this help to ensure that animals are ethically cared for, but also that programs that choose to include animals are acting in a professionally responsible manner. It would be ill advised at best, to include canine-assisted interventions in a program such as the one participants in this study have done, without making corresponding efforts to ensure predictability in animal behaviour that assures that every effort is being taken to ensure the well-being of individuals supported by these animals.

Facility dogs and education.

In 2013 the Ministry of Education released a document entitled *Supporting Minds, An Educator's Guide to Promoting Students' Mental Health and Well-being*. This document outlines in detail common mental health challenges that young people face and offers information and guidelines for both teachers and professional staff. It states:

Most estimates suggest that 15 to 20 per cent of children and youth struggle with a mental health problem. This could mean that in a classroom of thirty students, five or six students may be experiencing a mental health problem, and three or four of them may have a problem that significantly interferes with their daily life. (Ministry of Education, 2013, p.11)

The implications of these statistics for the school system are staggering. This could potentially mean that in a school of 1000 students up to 200 students may be experiencing significant mental health concerns. The challenge for those working in education is how best to support the mental

health and well-being of students? And for school social workers the difficulty often lies in the sheer numbers. How can school social workers support the mental health of all the students they support in an efficient but trauma informed way? How can they be responsive and attentive when they must juggle a large case load and several schools simultaneously? And how do they balance conflicting demands on their time when a crisis or traumatic event occurs?

The school social workers that facilitate canine-assisted therapy with Coda and/or Will work in both elementary and secondary schools. Workers, and their canine partners, typically support specific schools that are assigned annually at the school board level. The working role that facility dogs play in a system like education is intended to offer therapeutic benefits to a broader school community. Having canines accessible both on a daily basis, and during a crisis or traumatic event, allows for the therapeutic benefits of canine-assisted therapy to be extended to all. The challenge for the school board, and the social workers that partner with a canine, is in determining the role and purpose of having facility dogs working in the school board. Are they there to support individual student interventions? Are they to provide critical incident support? What role do they play if there is a traumatic event response that has brought in several community partners and supports for students? Or do they respond in all of these instances, as do their handler partners? And, if so, how is this managed within the board? School administrators recognize the benefits of having a canine present during critical and traumatic event responses and the facility dogs working in the school board are currently called upon to respond to all these tragic events. In addition, when critical incidents and traumatic events impact students it is frequently the social workers that provide the initial response and support to the schools. If the request is for Coda and Will to respond to a traumatic event, such as the death of a teacher or a student, both a canine and their handler will respond.

As school administrators recognize the benefits of having a canine present during tragic event responses, requests for support from Coda and Will in the schools are increasing, which in turn means that the handlers are also required to respond, placing additional organizational responsibilities on all workers that partner with a facility dog. Additionally, with this growing demand for the presence of a dog, workers cannot always respond (all four as a group) to every tragic event. Logistically, if more requests come in than they can physically handle, this raises some interesting organizational challenges. All social workers respond to critical events. This is a key component of the work that a school social worker does. Thus, the school board must be responsive to the needs of all school community members, balancing the needs of those immediately affected by a tragic event, while simultaneously assessing risk amongst the school community where the potential impact on others is unknown, alongside the needs of individual social workers. All of these considerations must be ongoing to protect the well-being of students, staff, workers and their canine partners.

Gubi, Strait, Wycoff, Vega, Brauser & Osmon (2019) emphasize in their research that schools are “increasingly being called upon to understand, acknowledge, and systematically address the impact of trauma exposure on behaviour and learning” (p.5). In Ontario, school social workers are currently being trained to implement Ministry initiatives that advocate for brief, but trauma informed interventions. This growing trend recognizes that the prevalence of children and youth that have been impacted by traumatic events is increasing. Gubi, Strait, Wycoff, Vega, Brauser & Osmon (2019) explore the experiences of professionals engaged in trauma informed practices in schools. “Trauma-informed (also known as trauma sensitive) schools systematically acknowledge the prevalence of trauma; recognize how trauma can impact children, families, educators, and school staff; and incorporate a comprehensive perspective on

trauma that enacts trauma-informed practices throughout the school system” (p.3). Yet, they emphasize that “there is scant information attesting to the knowledge, preparedness, or capability of schools or school professionals” (p.5) to implement these changes. Particularly when buy in from staff is a critical component when rolling out new initiatives. Returning to the work of research participants, given the high demand that they encounter on an ongoing basis, it appears that there is support and buy-in for their canine-assisted intervention program throughout their school board. Thus, the canine-assisted intervention program meets the criteria for a trauma-informed intervention.

Yohannan & Carlson (2019) explored the use of school-based trauma interventions, as well as the relationship between learning and trauma, and the need for safety in their research. If interacting with a canine facilitates connection, therefore mitigating the effects of traumatic experiences, then the presence of a facility dog in a school is a viable, and valuable, response to the legislative directives outlined in *Supporting Minds*. Further, the work of Peter Levine (2015) in *Trauma and Memory* suggests that “by changing our present-time sensations and images, the memories that are accessed will become more empowered” (p. 141). Thus, if students are able to hug and cry with a dog, experiencing a therapeutic intervention that accesses difficult memories or experiences in a sensory, somatic way the trauma that is often associated with the reliving or retelling of a difficult event is interrupted. From this perspective, interacting with a facility dog assists students to ground themselves and process difficult events, experiences or memories from a present-focused state of awareness. Levine states: “When we are able to ‘look back’ at a traumatic memory from an empowered stance, the recollection will be updated as though this agency has been available and fully functional at the time of the original trauma (p. 142). This allows for individuals to process their experiences in a way that minimizes the devastating

impact of trauma. The presence of facility dogs in the schools supports the mental health and well-being of students in this Ontario school system.

Facility dogs and social work.

Extensive research exists of the benefits of human-canine interactions, and on canine-assisted activities and interventions, but not on the work of the facility dog. Yet, interest in the inclusion of animals in clinical practice continues to grow. What emerged clearly by the end of this research project is that very little research has been done specifically on the role of the facility dog. An extensive literature review was done both at the outset of this project, and again prior to its completion, and only one article was found that specifically looked at the work of the facility dog. Krause-Parello, Thames, Ray & Kolassa (2018) examined the effects of the facility dog in reducing stress in children during forensic interviews and found that children had “significant decreases in stress biomarkers after the interview” (p. 16). This study is significant as it is the only study that explores the impact of a facility dog when the interviewer is also the handler. As is also the case for participants in this project, it is unique that the trained clinician is also the handler, and the canine is a trained and accredited facility dog. The work of the trained and accredited facility dog, when partnered with a trained clinician who is also the handler, is virtually unexplored territory in the research. As the practice of partnering with facility dogs continues to increase, the need for additional research that specifically explores the work of the facility dog will similarly increase.

It is also not uncommon now to see the inclusion of animals in programs in a variety of settings, such as hospitals or long-term care facilities, and it would seem prudent that the field of social work develop guidelines for practitioners to safely regulate such practices. I would suggest

that it is not the inclusion of animals that is problematic, but that a lack of understanding of the nuanced interactions that constitute canine-assisted therapies is. Further, ethical considerations must be considered by the field of social work more broadly as interest in the practice of partnering with animals continues to grow. Taylor, Fraser, Signal & Prentice (2014) go as far as arguing that “the ethical legitimacy of AAT [animal-assisted therapy] rests on their willingness to understand animals as sentient beings with needs of their own, not just possessions or tools for humans to use” (p. 135). I have no doubt that the practice of bringing animals into other clinical settings outside of education can offer several benefits for individuals supported by a variety of organizations. This project has demonstrated that the presence of a canine can transmute feelings of loneliness, grief and loss, while simultaneously facilitating connections and the development of stronger communities. However, I would argue that the welfare of animals must always be paramount, and that it is essential that animals be specifically trained and matched for any work that they do in a public or organizational setting. This helps to ensure the safety of both individuals, the animals, and also for the organizations that must function within service delivery models that emphasize the importance of risk management. The transformative power of canines on the mental health and well-being of individuals cannot be underestimated. However, additional research is needed to explore the work of the facility dog in a variety of settings. Professional bodies must explore the possibilities that animals offer, and begin a robust discussion on how the inclusion of these non-human, sentient beings in our clinical practices can take shape in Canada.

Chapter Eight

8 Key Recommendations for an Ontario School Board

The school board that employs participants asked at the outset of this project that a snapshot summary be provided at its conclusion. The following list of key recommendations can apply to a variety of practitioners and organizations, but is written with this specific school board in mind.

1. **The work of the facility dog:** it is important that school communities (teachers, students, staff, administrators, superintendents, trustees and parents) understand the difference between a facility dog and a service dog, and the role that a facility dog will play in their school community.
2. **Consent:** any interactions with a facility dog must be voluntary and initiated by the individual. Further, I would suggest that all interactions be facilitated and supervised by a clinician familiar with the principles of informed consent.
3. **Trained and predictable canine behaviour:** the accreditation and training of facility dogs is an integral component of a successful canine-assisted intervention program. This helps to ensure the continued safety for students in any canine-assisted interactions.
4. **Organizational support:** this project clearly illustrates the significance that organizational support has played in creating an inclusive climate allowing for the successful integration of canine-assisted interventions. Participants attribute much of the success of their program to the continued support of the school board.
5. **Environmental considerations:** schools that wish to have access to a facility dog must be in a position to allow for environmental accommodations, such as providing physical

space for the facility dog, so that students may interact with a canine in a safe and supervised manner.

6. **Back-up handlers:** given the high demand for canine-assisted interventions throughout the board, it is important that both primary and secondary handlers establish a working relationship with a facility dog. This will increase capacity for workers to meet internal demands within the board to respond to critical or traumatic events.
7. **Critical event response:** I would further suggest that the workload of social workers partnering with a facility dog be adjusted to reflect the increased likelihood that these workers will be called to respond to a disproportionate number of traumatic events.
8. **Handler training:** it is important to allow for continued opportunities for workers/handlers to collaborate as a team, and to pursue professional development opportunities as this is a new and developing social work practice.

Suggestions for Future Research

The inclusion of canine-assisted interventions with trained facility dogs as part of clinical social work interventions in a school setting is unique. As indicated in the literature review for this project, a lack of uniformity in defining what constitutes canine-assisted therapy contributes to confusion in understanding this work. Further, what has clearly emerged from the analysis of participant experiences for this study is that the work of a facility dog is distinct from other service animals. Yet, only one study (Krause-Parello, Thames, Ray & Kolassa, 2018) was found that specifically explored interventions that included a trained facility dog. What is needed is additional research that specifically explores the work of the facility dog and distinguishes the role of the facility dog from other service animals.

The work of the facility dog can then be situated amongst a broader field of study on animal-assisted interventions, and the unique contributions that facility dogs make can be explored in greater detail. Further, an exploration of the different roles that facility dogs fulfill is needed. It is unknown whether there are distinct differences amongst facility dogs that function in different organizational settings, or whether the essence of canine-assisted therapy is consistent across different working environments. Are therapeutic interventions and the benefits of canine-assisted therapy consistent amongst all working facility dogs or are there differences? Further, do considerations and adaptations differ according to the workplace and/or organizational setting?

The physiological benefits of canine-assisted therapy have been reported in several studies. However, what has yet to be explored is how the inclusion of canine-assisted interventions in a school setting are perceived and experienced by other professionals. Do administrators and teachers find the presence of a facility dog to be beneficial? What do they observe with students as they interact with facility dogs in their schools? How do students themselves experience canine-assisted interventions? Further, does the inclusion of canines in tragic event responses mitigate the impact of the event itself? Are there benefits to having a canine attend a tragic event that transcend the initial intervention? Do student experiences of canine-assisted interventions differ when the role of the dog is intended to facilitate crisis prevention, such as during puppy petting sessions and informal gatherings, versus crisis response? Do facility dogs feel the stress of supporting individuals in canine-assisted therapy and does this increase at all as the numbers of people interacting with them increase?

Additionally, future research exploring the difference between the working role of the facility dog versus the service dog has yet to be explored in a systematic way. Is there a

difference? Do canines innately facilitate interventions that are therapeutic? Or, does the inclusion of the trained clinician enhance a therapeutic intervention as was indicated in findings for this project? What are the risks of facilitating canine-assisted interventions with canines that do not have the training that both Coda and Will received? Does it matter whether a dog is trained or not? What are the legal obligations for organizations that employ working canines without accreditation? Does this place organizations, or individual clinicians, in a position of assumed risk if canine-assisted interventions are not facilitated by trained facility dogs? The inclusion of facility dogs in canine-assisted interventions is quite new and much research remains unexplored territory.

Chapter Nine

Final Reflection: Tying It All Together

The interpretative process that I have engaged with throughout this project has been ongoing. As I have thought about the work that participants do with their canine partners, I have thought about what dogs have meant in my own life. Perhaps what I had believed to be true about myself for most of my life wasn't entirely correct? And how do my dogs relate to it all? As I dug into the data I contemplated a question my advisor had asked me during the proposal stage - what is it about dogs that saved me? I remember thinking at the time, what did she mean? Had she seen something in me? Did she know that I'm not good enough to do this project? Old insecurities and feelings of shame arose in response to her question. She couldn't possibly see what others never did? I was embarrassed, deeply ashamed, and afraid that I wasn't hiding it very well. At the time I remember my response was to hunker down, immerse myself in books about methodology and think about the other. This project wasn't about me. Not that. No one

could know that I am only here because these dogs have been company for me during some rather difficult times. Certainly not a woman I had just met and was trying to impress.

Yet, much as I have tried to hide from the truth, the other, the 'it' about this project is also about me. The it for me is connection. My placement supervisor said it at the start of my second year placement. "First connection, then correction" (N. Gomez-Perales, personal communication, 2018). I heard this often during my time with her. She was talking about the children and youth that she worked with, kids that had experienced trauma. She wasn't talking about me. But she was, it just took a long time to see it. The 'it' about canines and humans? It is connection. At least, I believe that for me it is. My dogs have been about connecting to a being that shows pure joy when I come home from work. They are connection to beings that can sense when I am upset and will just lie beside me. They are about connection to a being that sees me with all of my flaws and still love me. It is connection to a being that always forgives me my mistakes with a wag of a tail and a certain look in their eyes that says "I get you". It is connection to a being that is a loving companion, but also won't hesitate to warn me of danger and intervene if my safety is ever at risk. It is a being that knows when I am happy, or sad, or angry, or hurt or lonely and I never need to say a word.

The connection between me and my dogs is the connection I always wished I had received more of growing up. It was then, and continues to be now, about attunement for me. How did my dogs save me? They buffered the relentless messages of failings, inadequacies and enduring feelings of shame that are embedded within many of my childhood memories. They somehow transmuted the shame I felt over things I have experienced, and things I have done, and traumas both past and present that continue to pop up when I least expect it. They have been my medicine. And yes, they have very much saved me, time and again over the years.

And, through all of this I have been reminded of just how invaluable my dogs have been for me. Each and every time I was flooded with a feeling of shame they were always there to go home to and connect to. They would lie beside me, on top of me when I needed it, and slowly my heart would stop racing and a feeling of safety would return to my body. They didn't see my shame, and if they felt it, all they did was cuddle a little more closely. They didn't run away from me. They were, and continue to be, attuned to me. It's as if they see the real me and like me anyway. There's a sort of non-verbal connection, a deeply visceral feeling of comfort that is difficult for me to find in adult relationships. It is hard for me to trust people. And now, as I think about this project and the work that Coda and Will do, I believe canines can reach the innermost broken part of a human and connect in a way that comforts and allows healing to begin. It starts with safety.

For me, I feel safe around my animals. They protect me emotionally, and also physically. I know that no one will break into my house and hurt me with three dogs around me. I know that my dogs have horrible manners, and will jump and bark at any new people, and I have never trained this behaviour out of them intentionally. While I know that they are gentle and would never hurt anyone, others don't and that's just fine with me. They keep me safe. And it's because of this feeling of safety that they can then help me when I am upset. If a trauma memory has been triggered in me they help me to regulate any embodied reactions to threats. So my dogs protect me emotionally as well. And, once calm, I am able to then process whatever it is that I am struggling with and engage the rational part of my brain again. Which brings me to a place where I am able to think clearly and re-connect with the world.

I began this project thinking about the other. About students who had experienced trauma in systems that can inherently foster traumatic experiences. About my foster kids that have

experienced traumas. I was thinking about the experiences of social workers that partner with canines and how wonderful it is that they do this work. I was even thinking a little about me and specific events that were traumatic. But never once did it occur to me that I would share out loud my own hurts and shames and experiences. That it was my heartbeat that they were regulating and my shame that they were transmuting. It was about the other, not about me.

I believe I know now at least part of why this project has been so important to me. Why I have always known, yet never spoken out loud, that I would one day share with the world why dogs are so special. I have always believed if I could just bottle and sell whatever it is that they do, I'd be rich. And that, for some reason, I will be a voice that talks about it. And the reason why, because I have encountered violence in many of its uglier forms, and it has been dogs that have comforted me during difficult times. And when I haven't had animals as companions I have struggled. My life is better when I have them with me. They comfort me when I hurt, help me to connect at a deeply emotional level when I struggle to do this with people, and have given me a reason to live when I've had quite enough. They get me through the days when memories are triggered. They comfort me when I feel broken. I have jokingly said to friends, "If only I liked people as much as I like my dogs" and I think they think I'm kidding. If they only knew. I believe my dogs are my healers and they connect with me on an emotional, spiritual and physical level.

I don't have the science background to explain the how and the why, but I believe that the connection and the attunement that an animal can offer to a human helps to heal and rewire a traumatized brain. I believe it begins with positive physiological reactions like increased levels of oxytocin and heart rate regulation (Odendaal, 2000), which then facilitates feelings of safety and trust, which allow for difficult emotional connections like attachment to begin. I believe that for someone who has experienced trauma, particularly complex trauma, that canines engage in a

non-verbal, sensory way that isn't possible with other human beings. They can reach that broken part inside that has been hurt. I think the level of safety that is required to engage in a deeply emotional way is difficult to establish because of neurological changes that can result when an individual has experienced trauma. But I also believe that there is something that canines innately do to facilitate repair of this damage. And through this connection, and their attuned response to a human being in pain, healing and rewiring of the brain to establish new, more functional neurological pathways can be established. It is my belief that healing is possible and that canines offer great potential as facilitators of this process. Whether my hunches are true or not is beyond the scope of this project, but this is what I believe.

As I draw near the end of this project, I find myself feeling both a relief and a sadness, as if I am saying good-bye to an old friend. To the old me; to the person I was before this project began. Engaging as researcher in such a deeply reflexive way has gone far beyond participating in an academic process. It has been at times both traumatic and transformative, and has culminated in a rewriting of much of my own narrative. I no longer look at experiences that were once quite difficult through the same lens. I also feel a profound sense of gratitude for the animals that have comforted me for most of my life. And I have learned much about the adults that once disappointed me. I see connections that I didn't before.

I also see similarities in sources of data for this project, both participant experiences and researcher reflections, with one significant difference. Dogs can offer comfort, caring and attuned connections to any human, but it is when these connections are facilitated and enhanced through the handler-canine relationship that it becomes therapy. My dogs were my comfort. Yet, what they brought to my life was not a clinical, therapeutic intervention. They were simply my four-legged friends. And, as Ann so aptly stated during her interview, "A friend is priceless".

What is it about canines for me? It is connection. It is attunement. It is about safety that allows for emotional regulation. It is all of the things I wish I had received more of growing up. Canines connect to humans. Canine-assisted therapy is about connection. Connection heals hurts and builds bridges that therapists can use to facilitate a process of reconnection. It follows that supporting an individual, and welcoming them to a school community that facilitates attuned connections, helps to decrease feelings of anxiety and isolation in young people. It begins with the friendship these canines extend to the individuals and communities they support. And this building of community allows for learning; the real learning that stems from intrinsic motivations to engage with a process and a community of peers. These school social workers have tapped into something special with the work that that they do with their canine partners. Coda and Will, through cuddles and a wag of their tale, support the mental health and well-being of the students they support.

Appendix A

Glossary of Terms

Accreditation

“The recognition of a program or institution that maintains standards of professional practice”. (Assistance Dogs International, 2017).

Animal-Assisted Activities (AAA)

“AAA is a planned and goal-oriented informal interaction and visitation conducted by the human-animal team for motivational, educational, and recreational purposes. Human-animal teams must have received at least introductory training, preparation, and assessment to participate in informal visitations.” (Jegatheesan, 2013, p.416).

Assistance Dogs

“Assistance dogs’ is an umbrella term to describe dogs supporting people with various disabilities, including guide dogs for the blind and the visually impaired, hearing dogs for the deaf and hard of hearing, and service dogs for people with disabilities other than those related to vision or hearing.” (Hart & Yamamoto, 2015, p.53).

Animal-Assisted Therapies (AAT)

“AAT is a goal-oriented, planned, and structured therapeutic intervention directed and/or delivered by health, education, and human service professions. Intervention progress is measured and included in professional documentation. AAT is delivered and/or directed by a formally trained (with active licensure, degree, or equivalent) professional with expertise within the scope of the professionals’ practice. AAT focuses on enhancing physical, cognitive, behavioral, and/or socioemotional functioning of the particular human recipient.” (Jegatheesan, 2013, p.416)

Canine-Assisted Therapy (CAT)

“A goal directed intervention delivered by a health/human service professional with specialized expertise and within the scope of practice of his/her profession. CAT is designed to promote improvements in human physical, social, emotional and/or cognitive functioning.”

(Donelan, 2017; Assistance Dogs International, 2017).

Emotional Support Animals (ESA)

“ESA’s usually have their relationship with one handler who has disabilities; these human-canine pairs live and spend time together.” (Hart & Yamamoto, 2015, p.53).

Facility Dog

“A specially trained dog that is working with a volunteer or professional who delivers a program. The work of a facility dog can include visitations and/or professional therapy in one or more settings. Public access outside the facility is permitted only when the dog and handler who is a trained volunteer or professional is directly working with a client with a disability.”

(Donelan, 2017; Assistance Dogs International, 2017).

Service Dogs

“Service Dogs assist people with disabilities other than vision or hearing impairment. With special training these dogs can help mitigate many different types of disabilities” (Assistance Dogs International, 2017).

Therapy Dogs

“Therapy dogs are introduced in affected areas of natural disasters or serious crimes, college campuses for stressed students, or airports for weary travelers. Exposure to animals is usually episodic, and the handler differs from the person being served the intervention” (Hart & Yamamoto, 2015, p.53).

Appendix B

Participant Demographic Information

1. What is your level of education?
☐ B.S.W.
☐ M.S.W.
☐ Other _____
2. Are you a registered social worker with the Ontario College of Social Workers and Social Service Workers?
☐ Yes
☐ No
3. How many years have you been practicing as a social worker? _____
4. How many years have you been a social worker with the school board? _____
5. Do you have any experience with canines prior to using canine-assisted therapy?
☐ Yes
☐ No
6. If you answered yes to #5, please elaborate. (i.e. experience as a pet owner, in different work settings, prior training etc.)

7. How many days a week do you partner with a canine? _____
8. Do you live with the canine you partner with?
☐ Yes
☐ No
☐ Occasionally
9. How did you prepare for using canine-assisted therapy with students?
☐ Peer training
☐ Personal reading/research
☐ Clinical/professional reading
☐ Professional development and/or training
☐ National Service Dog handler training
☐ Other

10. Do you have any personal companion animals? If yes, please list.

Appendix C

Participant Demographic Information – A Summary

To protect the identify of participants, numbers have been used instead of pseudonyms.

Participant Level of Education

- Participant 1 (BSW, MSW)
- Participant 2 (MSW)
- Participant 3 (MSW)
- Participant 4 (MSW)

*note all registered with the College

years practicing as a social worker

- Participant 1 (30)
- Participant 2 (13)
- Participant 3 (21)
- Participant 4 (14)

years as a social worker with the school board

- Participant 1 (18)
- Participant 2 (11)
- Participant 3 (21)
- Participant 4 (12)

Prior experience with canines?

- Participant 1 (no)
- Participant 2 (yes, dog owner)
- Participant 3 (yes, dog owner)
- Participant 4 (yes, dog owner)

days a week partnering with facility dog

- Participant 1 (1 day/week)
- Participant 2 (4 days/week, sometimes 5)
- Participant 3 (4 days/week)
- Participant 4 (1 day/week)

Do you live with the canine?

- Participant 1 (occasionally)
- Participant 2 (yes)
- Participant 3 (yes)
- Participant 4 (occasionally)

How did you prepare for using canine-assisted therapy with students?

- Participant 1 (handler training)

- Participant 2 (peer training, personal reading/research, clinical/professional reading, PD &/or training, handler training, other – backup handler before primary handler)
- Participant 3 (personal reading/research, clinical/professional reading, PD &/or training, handler training)
- Participant 4 (peer training, handler training)

Any personal companion animals?

- Participant 1 (no)
- Participant 2 (no)
- Participant 3 (yes)
- Participant 4 (yes)

Appendix D

Interview Guide and Questions

Interview Guide

Instructions to Interviewer:

- Introduce yourself and ask permission to audio record the interview session.
- Review the “Consent to Participate” form and the purpose of the research.
- Ask the participant if they have any questions.
- Take the time to answer any questions and address any concerns.
- Ensure that you have a signed consent form from all participants.

Script:

This research project is seeking to put into words what it is that a social worker experiences and observes when facilitating canine-assisted therapy. For example, what have your experiences been when working with students while you have a canine present? What are your perceptions of student experiences? I will ask you some questions about your experiences facilitating canine assisted therapy. Your feedback will help to inform the ways in which canine-assisted therapy can enhance clinical social work interventions. This interview will take approximately an hour and we can stop at any time.

Primary Research Question:

What are the experiences of school social workers using canine-assisted therapy with students?

Secondary Research Questions:

What do social workers observe in their clients when they interact with a facility dog?

What are they experiencing as practitioners working with a facility dog as a co-therapist?

Interview Questions (with interviewer prompts):

1. Can you please tell me a little bit about yourself?
 - What led to your partnering with a facility dog?
 - Personal/professional interest in working with a canine? Pet owner?
 - Professional experience and training prior to using canine-assisted therapy?
 - How did you prepare yourself and the canine for doing the work of canine-assisted therapy?
 - Did you feel sufficiently trained/prepared for doing this work?

- Suggestions or recommendations for other clinicians interested in partnering with a canine?
 - Length of time partnering with facility dog?
2. Can you tell me about your experiences since partnering with a facility dog?
 - Positive? Negative? Challenges? Expectations?
 - Changes to work routines?
 - Effect on worker themselves?
 - How does the dog respond to a student/client?
 - Interpreting behaviour/response of the dog?
 - Meaning-making of interaction between canine, student and/or handler?
 3. What were some of the reactions of others in response to your working with a facility dog?
 - Personally? Professionally?
 - Within the school community – teachers, administration, support staff?
 - Student responses?
 - Negative reactions?
 - Cultural differences in reactions?
 4. Can you tell me your experiences facilitating clinical interventions with a canine?
 - Similar or different to other therapies?
 - Does it align well with particular therapeutic approaches?
 - Dog's reactions/responses to students?
 - How does the dog contribute to/inform clinical response/intervention?
 - How does the canine help/hinder therapeutic relationship?
 - Any effect on you as the clinician? (i.e. protective factor vicarious trauma?)
 5. Can you elaborate on what you perceive to be the essence of canine therapy? How would you describe your experiences and what you observe is happening with your clients?
 - Positive? Negative?
 - What do you see/feel/believe is happening?
 - What have participants observed in students they are working with?
 - Do student reactions differ when they are interacting individually with the dogs?
 - How is canine therapy unique? How are the dogs trained? Prepared?

6. Can you tell me about your observations with regard to attachment experiences between the canines and your clients?
 - Does partnering with a canine facilitate attachment? If so, what have you observed?
 - How do you handle clinical issues such as client termination?
 - Have you observed any students experiencing loss/grief/separation issues following their involvement with a canine? If so, how do you respond?
 - Does the canine show any signs of loss?
7. What have your experiences been regarding ethical issues that relate to partnering with a canine? How do you attend to the needs of your canine partners?
 - Are there special considerations that you need to make as a clinician that are unique to partnering with a canine?
 - Experiences? Challenges? Difficulties? (Needs of the client v. the canine?)
 - What have you observed in your canine partners during canine-assisted therapy sessions?
 - Do your canine partners show any signs of stress? If so, how to you respond to this?
8. Is there anything you would like to add or is there anything that you would like to say to other social workers considering implementing canine-assisted therapy as part of their clinical practice?
 - Difference in amount of time partnering with dog & 'effectiveness' of CAT?
 - Advice for other social workers interested in canine therapy?
 - Gaps in training? Suggestions for future practice?
 - Implications for social work practice in general?

Appendix E

Informed Consent Statement for Research Participants

WILFRID LAURIER UNIVERSITY

Research Project Title:	What is it about Coda and Will? Exploring the experiences of school social workers using canine-assisted therapy in their clinical practice with students.
Principle Investigator:	Suzanne McDermid, B.Ed., OCT Master of Social Work Candidate Wilfrid Laurier University mcde6560@mylaurier.ca 905-220-6185
Research Supervisor:	Nancy Freymond, PhD Associate Professor/Associate Dean Wilfrid Laurier University nfreymond@wlu.ca 519-884-0710 ext.5266

Are you a school social worker using canine-assisted therapy in your professional practice?

My name is Suzanne McDermid and I am a Master of Social Work student at Wilfrid Laurier University. I would like to extend to you an invitation to participate in my study exploring the experiences of school social workers using canine-assisted therapy in their clinical practice with students.

STUDY INFORMATION

I am seeking to interview school social workers in the Ontario school board. The purpose of this study is to explore the experiences of practitioners currently partnering with a facility dog and using canine-assisted therapy in their clinical practice with students.

How much time will this require?

Participants will be asked to participate in one face to face interview which will take approximately one to one and a half hour(s).

Participants will also be provided with the opportunity to review individual interview transcriptions. Participants can then modify, clarify or retract information should they wish to do so. It is anticipated that this may an additional one to two hours.

Total time required will be approximately two to three hours.

Will I be compensated?

Participants will receive a small gift in appreciation for their participation in this study.

What will happen during the interview?

Participants will meet individually with myself as primary researcher for an interview. During this time, you will be asking some questions about your experiences in facilitating canine-assisted therapy. Interviews will be arranged at your convenience and will be conducted in person. Interviews will be audio-recorded, with participant consent, and these recordings will later be used to transcribe individual interviews. Should participants not wish to be audio-recorded, the primary researcher will take handwritten notes during the interview, after first obtaining participant consent to take notes.

Should I bring Coda or Will?

It is hoped that your schedules will allow for the canine that you normally partner with to attend the interview with you. However, should this not be possible it is not a requirement.

POTENTIAL RISKS AND BENEFITS OF PARTICIPATING

Participation in this study is voluntary and participants may withdraw at any time prior to study completion.

Potential risks of participating

Research participants are school social workers employed by the Ontario school board. There is a possibility that research participants may feel obligated to participate in this study. However, participation is entirely voluntary and participants may withdraw at any time prior to study

completion. Further, whether potential participants choose to participate in this research project or not will be kept confidential at all times.

It is also recognized that participants will be speaking to their lived experiences as social workers facilitating canine-assisted therapy. As school social workers, participants often engage with students that have experienced trauma(s) and significant mental health challenges. A possibility does exist that in recounting their experiences participants will re-engage with the traumatic stories of the students they support. This places participants at risk for experiencing negative emotional states. Further, participants may have had to facilitate critical responses within the school board during crisis situations. It is anticipated that in telling their stories of lived experiences in partnering with a facility dog the possibility exists for participants to engage in a conversation about how partnering with a canine may or may not have also supported their own well-being as school social workers. These discussions may contribute to unanticipated reactions or feelings in research participants.

All participants will be provided with relevant community and board related resources should the need arise.

Potential benefits of participating

This study is the first to explore the experiences of school social workers using canine-assisted therapy in an Ontario school system. Additionally, the practice of partnering with trained accredited facility dogs and registered social workers to support student mental health and well-being is unique worldwide.

This project gives voice to the lived experiences of social workers that are facilitating canine-assisted therapy. This will allow school social workers to inform the broader education and social work communities. Through the sharing of their experiences in facilitating this innovative clinical practice, this research can offer suggestion for practice recommendations in other school boards, and for social work practitioners practicing in other organizational and private practice settings.

The work being done by school social workers in the school board warrants the recognition and attention of the education, animal welfare and social work communities. The practice of using canine-assisted therapy with students by trained, clinical social workers is less than a decade old. It is therefore timely to explore the experiences of school social workers that have brought this practice to the school board.

This project also allows these practitioners the opportunity to voice any concerns and/or warnings they may wish to convey regarding animal welfare and how to sensitively implement therapeutic interventions that incorporate the use of living, sentient beings (Fine, 2012).

MAINTAINING PARTICIPANTS/ CONFIDENTIALITY

The unique nature of the work being done by school social workers employed in the Ontario school board presents unique challenges in this project. It is the intent of this project to bring

attention to the innovative work being done by school social workers. In this regard, this project hopes to share information and highlight the experiences of participants.

Yet, at the same time, every effort will be made to protect the individual identity of participants. Any identifying demographic information will be presented in aggregate (group) form. Direct names and any information that could potentially identify research participants, such as school names, will not be used. Identifying information will not be linked to any research participant quotes. Further, any quotes that will be used in the presentation of study findings will use a pseudonym provided by the corresponding participant. Research participants will also have the opportunity to decline being quoted directly in the final report. Through a member checking process, participants will be consulted prior to the inclusion of any direct quotes or identifying information in the final draft of the research report.

During the data collection process only the primary researcher (Suzanne McDermid) will have access to any data. All data will be stored on a password protected USB key and will be kept in a locked safe in my home office. All print transcriptions and research notes will also be stored in a locked safe in my home office. Upon completion of the study all print material will be shredded and destroyed. All electronic data will be encrypted and stored permanently in a secure, locked safe.

COMPENSATION

Research participants will be provided with a thank-you gift at the time of the interview in appreciation for participation in this research study.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate at any time without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled.

If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any question(s) or use of direct quotation(s) you choose.

FEEDBACK AND PUBLICATION

Participants will be provided with an electronic version of the final research report within two weeks of completion of this study. The anticipated completion date is on or before December 2018.

This research report may be published with Laurier's Theses and Dissertations and in online periodicals. The results of this study will also be shared with the Ontario school board and the organization that trained Coda and Will. It is also possible that the results of this study may be used in future grant applications and research project proposals.

CONTACT

If you have any questions at any time about this study or the research process (or should you experience any adverse effects as a result of participating in this study) you may contact the primary investigator Suzanne McDermid, at mcde6560@mylaurier.ca or 905-220-6185. You may also contact the research supervisor Nancy Freymond at nfreymond@wlu.ca or 519-884-0710 ext.5266.

This project has been reviewed and approved by the University Research Ethics Board (REB 5703), which receives funding from the Research Support Fund. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the following:

Dr. Robert Basso, PhD
Chair, University Research Ethics Board, Wilfrid Laurier University
(519) 884-0710, ext.4994
rbasso@wlu.ca

CONSENT

Participant Information and Consent Signatures:

Participant full name (please print):

Participant email address (please print):

Copies of your individual interview transcription and the final research results will be sent to this email address.

Participant pseudonym (please print):

This pseudonym will be used in the final report to protect the individual identity of participants.

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature: _____ Date: _____

Investigator's signature: _____ Date: _____

I am aware that this interview will be audio-recorded and I consent to being recorded. I am aware that I can decline being recorded.

Participant's signature: _____ Date: _____

Investigator's signature: _____ Date: _____

I am aware that the researcher may take handwritten notes during the interview and I give my consent to allow the researcher to take notes during the interview.

Participant's signature: _____ Date: _____

Investigator's signature: _____ Date: _____

(Optional) I am aware that the researcher may include quotations in the final research report and I consent to including my quotations in the research report.

Participant's signature: _____ Date: _____

Investigator's signature: _____ Date: _____

Appendix F

REVISED - Informed Consent Statement for Research Participants

WILFRID LAURIER UNIVERSITY

Research Project Title:	What is it about Coda and Will? Exploring the experiences of school social workers using canine-assisted therapy in their clinical practice with students.
Principle Investigator:	Suzanne McDermid, B.Ed., OCT Master of Social Work Candidate Wilfrid Laurier University mcde6560@mylaurier.ca 905-220-6185
Research Supervisor:	Nancy Freymond, PhD Associate Professor/Associate Dean Wilfrid Laurier University nfreymond@wlu.ca 519-884-0710 ext.5266

Are you a school social worker using canine-assisted therapy in your professional practice?

My name is Suzanne McDermid and I am a Master of Social Work student at Wilfrid Laurier University. I would like to extend to you an invitation to participate in my study exploring the experiences of school social workers using canine-assisted therapy in their clinical practice with students.

STUDY INFORMATION

I am seeking to interview school social workers in the Ontario school board. The purpose of this study is to explore the experiences of practitioners currently partnering with a facility dog and using canine-assisted therapy in their clinical practice with students.

How much time will this require?

Participants will be asked to participate in one face to face interview which will take approximately one to one and a half hour(s).

Participants will also be provided with the opportunity to review individual interview transcriptions. Participants can then modify, clarify or retract information should they wish to do so. It is anticipated that this may an additional one to two hours.

Total time required will be approximately two to three hours.

Will I be compensated?

Participants will receive a small gift in appreciation for their participation in this study.

What will happen during the interview?

Participants will meet individually with myself as primary researcher for an interview. During this time, you will be asking some questions about your experiences in facilitating canine-assisted therapy. Interviews will be arranged at your convenience and will be conducted in person. Interviews will be audio-recorded, with participant consent, and these recordings will later be used to transcribe individual interviews. Should participants not wish to be audio-recorded, the primary researcher will take handwritten notes during the interview, after first obtaining participant consent to take notes.

Should I bring Coda or Will?

It is hoped that your schedules will allow for the canine that you normally partner with to attend the interview with you. However, should this not be possible it is not a requirement.

POTENTIAL RISKS AND BENEFITS OF PARTICIPATING

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Potential risks of participating

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completion. Further, whether potential participants choose to participate in this research project or not will be kept confidential at all times.

It is also recognized that participants will be speaking to their lived experiences as social workers facilitating canine-assisted therapy. As school social workers, participants often engage with students that have experienced trauma(s) and significant mental health challenges. A possibility does exist that in recounting their experiences participants will re-engage with the traumatic stories of the students they support. This places participants at risk for experiencing negative emotional states. Further, participants may have had to facilitate critical responses within the school board during crisis situations. It is anticipated that in telling their stories of lived experiences in partnering with a facility dog the possibility exists for participants to engage in a conversation about how partnering with a canine may or may not have also supported their own well-being as school social workers. These discussions may contribute to unanticipated reactions or feelings in research participants.

All participants will be provided with relevant community and board related resources should the need arise.

Potential benefits of participating

This study is the first to explore the experiences of school social workers using canine-assisted therapy in an Ontario school system. Additionally, the practice of partnering with trained accredited facility dogs and registered social workers to support student mental health and well-being is unique worldwide.

This project gives voice to the lived experiences of social workers that are facilitating canine-assisted therapy. This will allow school social workers to inform the broader education and social work communities. Through the sharing of their experiences in facilitating this innovative clinical practice, this research can offer suggestion for practice recommendations in other school boards, and for social work practitioners practicing in other organizational and private practice settings.

The work being done by school social workers in the school board warrants the recognition and attention of the education, animal welfare and social work communities. The practice of using canine-assisted therapy with students by trained, clinical social workers is less than a decade old. It is therefore timely to explore the experiences of school social workers that have brought this practice to the school board.

This project also allows these practitioners the opportunity to voice any concerns and/or warnings they may wish to convey regarding animal welfare and how to sensitively implement therapeutic interventions that incorporate the use of living, sentient beings (Fine, 2012).

MAINTAINING PARTICIPANTS/ CONFIDENTIALITY

The unique nature of the work being done by school social workers employed in the Ontario school board presents unique challenges in this project. It is the intent of this project to bring

attention to the innovative work being done by school social workers. In this regard, this project hopes to share information and highlight the experiences of participants.

Yet, at the same time, every effort will be made to protect the individual identity of participants. Any identifying demographic information will be presented in aggregate (group) form. Direct names and any information that could potentially identify research participants, such as school names, will not be used. Identifying information will not be linked to any research participant quotes. Further, any quotes that will be used in the presentation of study findings will use a pseudonym provided by the corresponding participant. Research participants will also have the opportunity to decline being quoted directly in the final report. Through a member checking process, participants will be consulted prior to the inclusion of any direct quotes or identifying information in the final draft of the research report.

During the data collection process only the primary researcher (Suzanne McDermid) will have access to any data. All data will be stored on a password protected USB key and will be kept in a locked safe in my home office. All print transcriptions and research notes will also be stored in a locked safe in my home office. Upon completion of the study all print material will be shredded and destroyed. All electronic data will be encrypted and stored permanently in a secure, locked safe.

COMPENSATION

Research participants will be provided with a thank-you gift at the time of the interview in appreciation for participation in this research study.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate at any time without penalty. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled.

If you withdraw from the study, every attempt will be made to remove your data from the study, and have it destroyed. You have the right to omit any question(s) or use of direct quotation(s) you choose.

FEEDBACK AND PUBLICATION

Participants will be provided with an electronic version of the final research report within two weeks of completion of this study. The anticipated completion date is on or before December 2018.

This research report may be published with Laurier's Theses and Dissertations and in online periodicals. The results of this study will also be shared with the Ontario school board and the organization that trained Coda and Will. It is also possible that the results of this study may be used in future grant applications and research project proposals.

CONTACT

If you have any questions at any time about this study or the research process (or should you experience any adverse effects as a result of participating in this study) you may contact the primary investigator Suzanne McDermid, at mcde6560@mylaurier.ca or 905-220-6185. You may also contact the research supervisor Nancy Freymond at nfreymond@wlu.ca or 519-884-0710 ext.5266.

This project has been reviewed and approved by the University Research Ethics Board (REB 5703), which receives funding from the Research Support Fund. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the following:

Dr. Robert Basso, PhD
Chair, University Research Ethics Board, Wilfrid Laurier University
(519) 884-0710, ext.4994
rbasso@wlu.ca

CONSENT

Participant Information and Consent Signatures:

Participant full name (please print):

Participant email address (please print):

Copies of your individual interview transcription and the final research results will be sent to this email address.

Participant pseudonym (please print):

This pseudonym will be used in the final report to protect the individual identity of participants.

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study. to enrich the overall analysis of participant experiences in facilitating canine assisted therapy.

Participant's signature: _____ Date: _____

Investigator's signature: _____ Date: _____

Appendix G

WILFRID LAURIER UNIVERSITY

This research project has received Research Ethics Board approval (REB 5703)

Are you a school social worker using canine-assisted therapy in your professional practice?

My name is Suzanne McDermid and I am a Master of Social Work student at Wilfrid Laurier University. I would like to extend to you an invitation to participate in my study exploring the experiences of school social workers using canine-assisted therapy in their clinical practice with students.

This will require approximately 2 – 3 hours of your time. Should you decide to participate you will be asked to meet with me (Suzanne McDermid, primary researcher) for one face to face interview. Following a transcription of your interview you will be provided with a copy for your review. You may offer additional clarifying information or feedback at this time should you wish to do so.

If you would like to participate in this research project please contact Suzanne McDermid directly at mcde6560@mylaurier.ca or at 905-220-6185.

Research Project Title:	What is it about Coda and Will? Exploring the experiences of school social workers using canine-assisted therapy in their clinical practice with students.
Principle Investigator:	Suzanne McDermid, B.Ed., OCT Master of Social Work Candidate Wilfrid Laurier University mcde6560@mylaurier.ca 905-220-6185
Research Supervisor:	Nancy Freymond, PhD Associate Professor/Associate Dean Wilfrid Laurier University nfreymond@wlu.ca 519-884-0710 ext.526

Preliminary Coding



responsibility
proximity
teamwork clinical
limited strengths
communication
comfort
clarity
temperament support commitment
dialed transitional group safety positive objects
demand bridge
pictures space differences aid critical community
attunement intention therapy prevention
building protectiveness team service crisis system
mutual focus protection
exercise attachment
accessible friendships
trauma
response
potential
trained
grief

WordItOut

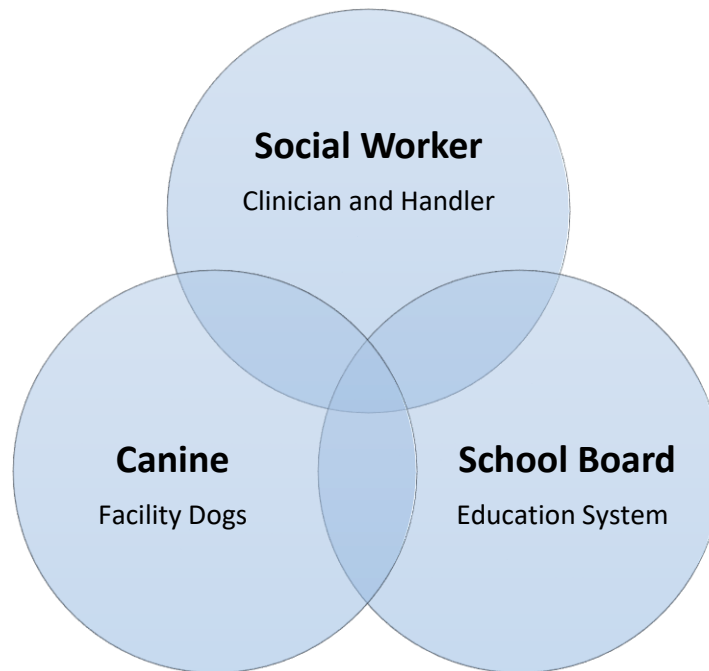
regulation generation sensory
kids attachment culture school
change/end life predictable
response elementary feeling essence self-regulation
suicide effecting engaging mute after shared
struggles while system CAI students
perspective interventions suicides interpretation endings
teacher attunement student
trauma bring reality immersing conflict closure
safer access like social room well practitioner
example worker role dog memories immerse transitional
represent tool critical dogs see set-up safety balancing
puppy emotional prevent canine single researcher allowing
Squad purpose between avoidant handler needs
lead commitment behaviour canines much
changing transcribe environmental tools energy
data environment difficult mood
accommodations work trained schools school's
useful

WordItOut

Appendix I

Preliminary Summary of Key Findings

Canine-assisted therapy in an Ontario school board



This *Summary of Key Findings* was provided to the participants in June 2018. This provided information to workers as part of the member checking process and allowed for workers to provide feedback and their thoughts regarding these initial findings. The information was also shared by workers with the school board to update the board on the research project and its initial findings.

1. **Connection** has emerged from the data as the central ‘magical’ ingredient that is the essence of a therapeutic intervention between a canine and a young person.

Participants explained that, for some students, engaging with a canine hastens and

facilitates the development of a therapeutic relationship with a social worker. One participant referred to the presence of a canine as the “accelerant to healing”. Given the nature of school social work, with ever increasing (and often conflicting) demands on workers’ time, the presence of a canine can enhance and deepen a key component of therapeutic engagement in a timely, efficient manner. Thus, supporting social work interventions and the overall mental health and well-being of students in an Ontario school board.

2. **Attunement** has also emerged from the data as a significant component of the canine-assisted intervention program. Attuned relationships amongst key players within the school board fosters a climate that allows for teamwork, positive communication and an environment that supports the mental health and well-being of students. Social workers are attuned to both the signals and messages their canine partner is communicating, as well as the individual needs of students, and the organizational needs of an education system. The canines are attuned to the commands of their handlers, as well the students they are engaging with. The students function in a system that is supported by the attuned responses of both the canine and the social workers. Finally, the school board itself is attuned and responsive to organizational needs at all levels.
3. **Teamwork** has also been specifically referenced by all social workers as critical to the successful implementation of canine-assisted interventions within the school board. A shared commitment and dedication to the program, the needs of the canines,

and the well-being of students clearly emerged in the data and was evident in all participant interviews.

4. **Experience**, in the form of seasoned social workers, is also evident in the canine-assisted intervention program. All four participants are registered social workers with the Ontario College of Social Workers and Social Service Workers (OCSWSSW) with a Master of Social Work degree. At the time of participant interviews, the number of years of social work experience each worker had ranged from thirteen to thirty years, and each participant had between eleven and twenty-one years of experience with the school board.
5. **Training** is another significant component of the canine-assisted intervention program. Each participant/social worker/handler has had specific handler training provided by an accredited organization. In addition, both primary handlers have participated in additional clinical training provided by the University of Denver, obtaining certificates in Animal-Assisted Social Work, and are instructors with Continuing Education at Wilfrid Laurier University. The curriculum for Canine-Assisted Interventions; a two-day, professional development course offered by Wilfrid Laurier University, was developed by the primary handlers as part of their animal-assisted clinical training at the University of Denver.

6. **Environmental** considerations are essential components of the canine-assisted intervention program and are made by participants on an ongoing basis to create and maintain **safe environment** for students interacting with a canine. Further, some distinctions between elementary and secondary schools became evident through the analysis of participant data. Environment considerations, and differences in elementary and secondary, included:
- a. **Physical space** that allows for safe and supported interactions with a canine is an essential component of ethical, informed and therapeutic canine-assisted intervention. This presents a challenge in elementary schools where dedicated space is not always available, particularly when workers are not at elementary schools as frequently as they are at their assigned secondary schools.
 - b. **Developmental capacities** of students in elementary vary significantly from secondary students. For example, younger students may not yet possess a fully developed capacity for self-regulation and impulse control. This creates additional challenges and supervision concerns for social workers facilitating canine-assisted interventions with younger students.
 - c. **Professional discretion** in facilitating canine-assisted interventions also emerged as a key component of the canine-assisted intervention program in the school board. Each social worker makes ongoing professional judgements based on their own comfort level partnering with a canine, their existing relationships with

various schools, and the needs of individual students. Exercising this professional judgement has, at times, informed decisions to not bring a canine into an elementary environment.

- d. **Implied consent** is an additional distinction that social workers must account for differently in elementary and secondary environments. For example, older students have a greater understanding of implied consent and will feel less compelled to interact with a canine if this is something that they are not comfortable with. Elementary students, on the other hand, are not legally old enough to consent and may or may not understand the complexities of implied consent.
7. **Ethical considerations** are inherent to programs that involve the participation of animals. In the school board, social workers that are partnering with Coda or Will make ongoing evaluations of their environment and the potential impact on the well-being of their canine partner. For example, workers offer dedicated space for the canine to interact with a student, but also a space for the canine to retreat and rest when they are not actively engaging with students. Workers also make ongoing environmental assessments to ensure that the well-being of the animal is always being considered during therapeutic interventions. For example, the number of students interacting with Coda or Will is monitored at all times.

8. **Risk management** also emerged as an important consideration that is an inherent part of all interactions with a canine in a school setting. For example, all four participants referred to the importance of having a well-trained, very predictable facility dog partner that interacts with students when accompanied by a trained handler only. Each participant gave examples of daily environmental considerations and adjustments that they make to provide a safe and therapeutic environment for canine-assisted interventions. This presents additional challenges for social workers when responding to tragic events within the school board. These incidents reinforce the importance of partnering these canines with trained, and very experienced social worker/handlers, and the benefits that stem from having trained secondary handlers as part of the social work team.
9. **Therapeutic interventions** used by participants partnering with a canine in the school board are diverse and individualized to suit the needs of students. All participants reported that a canine can be used in a variety of therapeutic interventions in both individual and group approaches. Specific clinical modalities used by workers include (but are not limited to) nature therapy, attachment and trauma informed modalities, mindfulness (an element of dialectical behaviour therapy), strengths based and narrative therapy approaches. What emerged clearly in the data was that canine-assisted interventions may enhance existing therapeutic approaches in a way that can be similar to other modalities such as art therapy, but can also go beyond these approaches to therapeutically engages students in ways that traditional therapies may miss. As one participant said: “Um, I guess in a nutshell, it’s like they’re not a tool for

your work. They're a partner in your work. I think that... respect that they have things to offer that you don't even know. That are, beyond your scope. So, creating an environment where that can happen I think is really, really key. Not just... I think you miss a whole bunch of stuff if you treat them like a tool. Like an art therapy approach."

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