**Conflict of Interest Statement:** None.

**Abstract**

The therapeutic benefits of Animal Assisted Therapy (AAT) are well-documented and AAT research often involves dogs. Despite growing research into the therapeutic value of therapy dogs’ visitation within health and psychiatric contexts, research specifically into the integration of dogs into psychological therapies is limited. Current Dog Assisted Psychological Therapy (DAPT) research is novel and limited. DAPT research predominantly focuses on therapist perspectives and use quantitative or case study methodologies. Research into adults’ experience of DAPT is limited. Therefore, this research explored the experiences of adults receiving DAPT, who self-identified as experiencing mental health difficulties. Specific aims were to gain a broad insight into the experienced opportunities, challenges and factors impacting participants’ experience of therapy, to help inform the clinical implications of DAPT. Qualitative methodology was used by conducting semi-structured interviews with six participants sharing their experiences of DAPT. Interpretative Phenomenological Analysis (IPA) enabled exploration of important issues regarding participants’ experiences. Five themes emerged: 1) Relationship with dog(s); 2) Providing a safe therapeutic atmosphere; 3) Distraction; 4) Facilitating personal insights; and 5) Concern for the dog’s wellbeing. Relationships between the themes are illustrated, and the theoretical relevance to psychological models and clinical applications are discussed. This research demonstrated that, where clinically and ethically appropriate, DAPT can provide therapeutic opportunities to facilitate psychological therapies. The therapist’s skills in managing interactions and potential distraction, the client’s prior experiences of dogs and the dog’s wellbeing are all important considerations to manage some of the identified challenges within DAPT. Further research is needed to inform practice guidelines, specifically in terms of which psychological models and patient groups DAPT might be best suited to, and further exploration of DAPT practice within different clinical and cultural populations.

**Keywords:** animal-assisted therapy, clinical psychology, canine-assisted therapy, psychotherapy.

**Introduction**

The therapeutic benefits of human-animal interactions have led to the integration animals within professional therapies; known as Animal Assisted Therapies (AAT) or Animal-Assisted Interventions (AAI). AAT involves purposeful activities with animals, with the intent of helping patients achieve treatment goals (Waite et al., 2018). Extensive evidence demonstrates positive therapeutic outcomes of AAT within healthcare (Matuszek, 2010) and mental health contexts (Kamioka et al. 2014; Parshall, 2003). AAT can facilitate engagement within treatment, support education, empower individuals and enhance their quality of life (American Veterinary Medical Association, 2019).

A large proportion of the literature on AAT involves dogs, otherwise known as Canine/Dog-Assisted Therapy (CAT/DAT) (Lundqvist et al., 2017) or involves dog visitation to clinical populations. Research suggests that dogs provide greater effectiveness on therapeutic outcomes over other animals (Nimer and Lundahl, 2007). This may be due to an ‘emotional evolution’ whereby domesticated dogs have been positively reinforced for responding to human needs (Miklósi and Topál, 2013). Research has also demonstrated how domesticated dogs have chromosomal structures characterised by hyper-sociability (VonHoldt et al., 2017) and can respond to human facial expressions (Barber et al., 2016).

The biopsychosocial therapeutic benefits of interacting with dogs has been widely documented. Biologically, evidence suggests interacting with dogs can reduce physiological effects associated with stress (Barker et al., 2010), stimulate increases in dopamine (Horowitz, 2008) and mutual increases in oxytocin (Handlin et al., 2012). Psychologically, DAT has improved treatment outcomes with psychiatric (Marr et al., 2000) and geriatric clients (Matuszek, 2010), decreased negative symptomology for adults with schizophrenia (Calvo et al., 2016) and reduced post-traumatic stress disorder symptoms (Mims and Waddel, 2016), particularly within the veteran population (Yarborough et al., 2018). Interactions with therapy dogs have also facilitated improvements in behavioural difficulties and emotional distress associated with autistic spectrum conditions (O’Haire, 2013) and dementia (Hu et al., 2018). Socially, a dog’s presence can promote social interactions (Hall 2000), foster feelings of social acceptance (Aydin et al., 2012) and facilitate patient disclosure (Mason and Hagan, 1999).

Despite the evidenced psychological therapeutic benefits of human-dog interactions, there is little research of DAT specifically integrated within psychological therapies. This paper defines this as Dog Assisted Psychological Therapy (DAPT); the integration of dogs into structured, goal-orientated psychological models by a professional psychological therapist. Due to the wide-ranging way in which animals have been integrated into healthcare settings, as well as the varying levels of training and ways of integrating animals, there are numerous and no universally agreed definitions (Connor & Miller, 2000). This is one factor which means it is difficult to make conclusions into the efficacy of AAI, as well as the focus on the animal characteristics, as opposed to the mechanisms by which therapeutic changes can occur (López-Cepero, 2020). However, the definition of DAPT is used in this paper for clarity, to specify that it is a specific form of AAT involving dogs integrated within psychological therapy, and follows the format of current definitions within the AAT literature. It is important to acknowledge that the integration of the dog in psychological therapies is not an intervention in of itself, but instead a skilful modification of a therapist’s practice to assist within the therapeutic process. Given AAT more broadly has been linked to improve engagement and therapeutic alliance (Spattini et al., 2018), which is central to psychological therapeutic outcomes (Martin et al., 2000), exploring the integration of dogs within psychological therapies has exciting potential.

A systematic literature review was completed and highlighted limited research exploring the use of DAPT with adult (Table 1). Existing research predominately focuses on measuring intervention effectiveness via randomised controlled trials, or therapists’ perspectives via case study reports and other qualitative methodologies. Results highlight the need for research exploring potential challenges of DAPT, particularly as AAT research has been criticised as being occupied by pro-animal researchers (O’Haire, 2010), which may downplay negative experiences. Qualitative studies of therapists’ views often report more positive findings compared to quantitative research, where significant differences between dog and control groups are not always found (Henry and Crowley, 2015). This raises the question of whether AAT is perceived as more helpful by therapists than clients and thus research representing service users’ experiences is required.

This research aimed to explore adults’ experiences of DAPT to identify factors impacting their experiences of psychological therapy, as well as the perceived therapeutic opportunities, benefits and challenges. Findings provide preliminary theoretical understanding of the mechanisms underpinning therapeutic change in DAPT, which can inform clinical practice.

**Method**

Ethical approval was granted by the University of Plymouth Research Ethics Committee (Reference:16/17-775).

***Design***

This qualitative study employed Interpretative Phenomenological Analysis (IPA) (Smith 1996). IPA is recommended for the exploration of under-researched phenomena (Smith et al., 2009).

***Public involvement***

An initial scoping questionnaire was sent to therapists with experience of DAPT nationally, to provide insights into DAPT practice and to inform recruitment and interview questions. A consultative group (all six participants and five other interested individuals and professionals) informed study information and final semi-structured interview questions.

***Recruitment***

Participants were recruited through snowball and purposeful sampling. The research was publicised via organisational websites and social media. Information was disseminated to relevant organisations, therapists, and authors who forwarded information to relevant parties as appropriate. All participants were screened to ensure they met the inclusion/exclusion criteria (Table 2) and provided informed consent.

[Insert Table 2]

***Study participants***

Six participants were interviewed. Demographic information is provided in Table 3. As this is a novel and preliminary area of study, the research was interested in the shared intrinsic experiences of DAPT across a range of self-identified mental health difficulties. Therefore, official diagnosis of mental health difficulties was not a required inclusion criterion Similarly, the nature of who owned the dog and the dog’s level of training was not stipulated, so that data was not skewed to one variation of the experience of DAPT. Pseudonyms are used for both participant and dog names to ensure anonymity.

[Insert Table 3]

***Data collection***

Semi-structured interviews, lasting 45-90 minutes, were conducted face-to-face (n=3) or via Skype (n=3), according to participant preferences (Heath et al., 2018). Participants were invited to bring or send photos, journal entries and/or video excerpts to facilitate the interview process (Harper, 2002).

***Analysis***

Interviews were anonymised and transcribed orthographically. Analysis was conducted using IPA, informed by guidelines from Smith et al. (2009) and Ahern (1999). Notes were made of thoughts and observations of individual interviews, generating initial codes. Subsequently, codes and associated quotes were organised into themes and subordinate themes. Member checking was also utilised, whereby participants confirmed summaries of the main themes represented their experiences accurately. Where appropriate, summaries were edited. Summaries of the agreed themes for each participant were strategically merged into a diagrammatic summary. Reflective feedback from supervisors and the consultative group informed the final themes (Figure 1).

**Results**

IPA identified five super-ordinate themes which were: 1. Relationship with dog(s); 2. Providing a safe therapeutic atmosphere; 3. Distraction; 4. Facilitating personal insights and 5. Concern for the dogs’ wellbeing. Figure 1 represents the super and sub-ordinate themes and relationships relative to the study aims: whether they were predominantly experienced as a therapeutic opportunity (yellow), challenge (orange) or other factors impacting participants’ experiences of therapy (blue). Super- and sub-ordinate themes are described below with supporting quotes.

[Insert Figure 1]

***Theme 1- Relationship with dog(s)***

All participants spoke of how their relationship to the dog impacted their experience. Five participants communicated what the dog represented to them through anthropomorphising language, whereby the dog was described like a human, or as communicating to them. Susan explained how her dog was *"like taking a support person into your therapy with you only it is a million times better".* Within group therapy, Mike described his dog as “*a mascot to everybody…she was the central matriarch*". Sheila described her dog as “*like having a mindfulness tutor*”. Louise echoed this, describing the dog as having a “*therapist personality*” and being “*an extension of her (therapist)".* The dog was referred to as a child by five participants; Louise explained “*he’s basically like her (therapist’s) little baby*”.

How participants related to the dogs gives insight into how this impacted their experience of therapy. For instance, when viewing the dog as a maternal figure, the dog provides nurture and compassion. Describing the dog as a baby positions client or therapist within a quasi-parental role. Therefore, how the participant related to the dog can link to the theme of providing a safe therapeutic atmosphere. For example, Mike described how the physical touch was as if the dog was saying “*I’m here Daddy and everything is fine*”. This relationship also links to the subordinate theme of the dog facilitating personal insights and provides therapeutic opportunities to explore this; Mike explained “*Thinking about projection of emotions and transference… they can be a fantastic mirror to hold up*”.

All participants’ relationships with the dog were influenced by previous experiences. Carl described how the therapist’s dog *“brought back so many good memories when I had my own dog when I was young… it started to make me think more positive about going home”,* which wassignificant as he was residing in a homeless hostel. Katie, who had overcome her childhood phobia of dogs, was more ambivalent and stated *"it means it has to be a special dog to win me over"*. Two participants spoke about how the dog’s representation could impact or symbolise the relationship with the therapist: *“The only thing I get nervous about is that they won’t like me… he’s precious to my therapist…if he didn’t like me, I am not worth liking*" [Kirsty]. Therefore, whether the participant experienced their relationship with the dog as an opportunity or challenge depended upon their relationship with the dog and what it represented to them based on their past experiences.

***Theme 2- Providing a safe therapeutic atmosphere***

Four participants described the dog’s presence as changing the atmosphere and dynamics within therapy, creating a sense of safety and comfort. Louise described how *“it is less clinical in a way when the dog is there”*, and Mike referred to his dog as his *“comfort blanket”*. Sheila explained, "*Because of the sense of comfort you get from being around an animal…you can have a conversation and there is still a lot being said but you are not sitting across like you are being interviewed".* All participants described the dog’s perceived ability to identify and respond to their emotions and “*understand people’s feelings”* [Carl]. Kirsty described that, *“It’s nice to have that bit of validation if you’re experiencing something or feeling something, for the dog to kind of come up and go ‘I recognise this’*”.

The dog’s perceived ability to recognise emotions was described as facilitating the management of emotions. This is one possible mechanism underlying how the dog contributed to a sense of safety: *“Whatever he’s bringing to the table is essentially from me because he is reading me so well...in that respect he gives me more ownership because I feel more capable of managing my own feelings and symptoms during that session”* [Susan]. Although this is seen as an opportunity, there is a link to the theme of distraction, as it can prevent engagement with emotions, as Sheila explained, *“I couldn’t concentrate on trying to get back into the true memories…, so I found it really difficult to concentrate on me because I was worried about him and how he was behaving*."

Participants explained how the dog influenced the sense of safety within the therapeutic atmosphere through facilitating grounding and by deescalating emotions. This was notable among three participants who described trauma-related symptoms (e.g., dissociations and flashbacks). Sheila described, *"Having the dog there I think breaks that panic cycle…I am like ‘It’s alright Charles is here*’ *and it is much quicker to get out of it and back into reality*”. Metaphorical language used by three veteran participants described how the dog provided *“decompressio*n” [Sheila], and enabled emotions to *“come down to a manageable level”* [Susan]. Similarly, Mike linked the grounding experience of stroking the dog with enabling participants to further open up: *"I think the biggest thing is enabling people to open up… the grounding definitely*". The dog helping people ‘open up’ was echoed by all participants, but possible mechanisms by which the dog facilitated this varied.

One potential mechanism, described by three participants, is how physically interacting with dogs facilitates emotional recognition and expression. Sheila expressed how it was “*the equivalent of someone holding your hand when you are having a bad time*”. The significance of the dog offering physical contact, not bound by the same boundaries of therapist interactions, was emphasised by Susan; *“it is a straight throw back to being a kid falling over bashing your knee and being given a hug by your mum...it’s non-sexual, it is purely comforting”.* This embodied experience of interacting with dogs appeared to contribute to a sense of safety to engage more with emotions.

All participants spoke about how the dog’s presence provided safety and thus facilitated human interactions. Mike described the dog as a power-leveller, promoting cohesion within group therapy*: “it is that level between people, the dog doesn’t care about your status, the dog doesn’t care less if you are a doctor or a bin-man and that helps*". Five participants spoke about being able to talk through the dog to the therapist; four suggested this helped communication as dogs could not reflect back emotions or judgements: “*When you talk to the therapist it is basically coming back at you and you are talking about yourself the whole time, but when you are talking to George it seems much easier and not so stressful…I am not frightened of what I will see in his face because he just loves me” [Susan].*

Kirsty suggested how talking to the therapist through the dog felt safer, facilitating personal insights into how to respond to human emotions. This links to the subordinate theme: inspires a less inhibited way of being. She explained: *“It’s how we as human beings should respond to someone’s feelings, but often we don’t, and we shut them down or whatever. It sort of shows the right way to do something”.*

***Theme 3: Distraction***

Distraction predominantly related to a challenge of DAPT, where the dog was a potential distraction to both the client and therapist: *“I think it made everyone a bit happier which I think obviously can be good, but it can also mean that you don’t actually get to the real stuff”* [Kirsty]. Three participants highlighted how focusing on the dog too much detracted from the therapeutic agenda and subsequently threatened recovery: *“You might go in there with an agenda…and then it kind of gets a bit messed up because there is a dog in the room”* [Kirsty]. The dog’s ability to identify and respond to emotions also sometimes distracted participants from accessing the depths of emotions required within therapy. Sheila only took her assistance dog to therapy once because "*it was so obvious that he wasn’t going to allow me to get that upset at anything”.*

Two participants felt intimidated and preoccupied by the dog’s ability to respond to emotions. Louise commented how, particularly in a group setting, *“You’re not sure why they are going to them as opposed to you…and it’s like ‘Wow have I done something wrong? Or why won’t he come to me?’”.* However, two others felt the dog’s ability to identify emotional escalation before it felt unmanageable was more of an opportunity. This meant they could take a break to reflect on triggers. Susan explained, *“It hasn’t been so often I have felt the need to leave”* and how her dog offered *“a strategy at level one and even at level two makes it possible to come back”.* This also links to the dog providing a safe therapeutic atmosphere, illustrating how distraction is both an opportunity and a challenge.

Three participants admitted they purposefully distracted themselves from emotions by focussing on the dog: *"I know damn well that I would divert some of my energy into making a fuss of the dog so that I wouldn’t have to make eye contact or be seen to be avoiding the therapist"* [Sheila]. Four participants mentioned how thinking about the dog’s needs was also a distraction: *“I was a little bit bothered by him in as much as you know wanting to make sure that he was OK”* [Susan]. All participants who took their own dog expressed concerns about their dog’s behaviour and how the therapist might view this: *“Don’t show me up now in front of my therapist!”* [Sheila]. Two participants expressed feeling the therapist was preoccupied with the dog’s needs, as it “*can give the message that the dog’s more important than the client"* [Kirsty]. Distraction, for either party, by the dog’s needs represents the link to the theme of concern for the dog’s wellbeing.

***Theme 4: Dog as facilitating personal insights***

Mike explained how useful the dog was in "*thinking about projection of emotions and transference…they can be a fantastic mirror to hold up*". The dog providing opportunities for self-reflection was echoed by the three participants who engaged with their therapist’s dog: *“You get an opportunity to explore different things”* [Katie].

The idea that the dog’s nature inspired a less inhibited way of being was spoken about by three participants. Carl reflected on how seeing the dog overcome anxiety mirrored his own recovery: *“She was like that cooped up all the time before, I think she’s sort of opening up like I am”*. Louise reflected on taking her own dog to therapy: *“My therapist pointed out how easy going he seemed to be, and how I could perhaps try to see him as a gift and use him as a guide for less black and white thinking”.* These perceptions suggest how the more easy-going, less inhibited nature of a dog can enable engagement with emotions [sub-theme], permitting participants to lower inhibitions and defence mechanisms.

Four participants said how the dogs’ presence facilitated feelings of compassion and how considering the dog’s needs provided a bridge to thinking about their own: *"Just showing that within your way of thinking you can offer compassion and recognise needs and give them because you are not able to do with yourself...seeing that you’ve got that part of your brain that can do things a healthy way and that’s the part of your brain that needs to be strengthened”* [Kirsty]. This sub-theme of the dog activating compassion links with the theme of concern for the dog’s wellbeing.

***Theme 5: Concern for the dogs’ wellbeing***

All participants acknowledged the needs of the dog, which brings opportunities for encouraging compassion [sub-theme]. However, three participants explicitly mentioned the risk of emotional burnout: "*My biggest worry is when people use animals in those situations is that the dog is forgotten…I didn’t want Charlie absorbing that distress*” [Mike].

Mike expressed sadness and regret around not noticing his dog’s distress after an intensive residential therapy program: “*She rejected the harness and that shocked me because I was like ‘What have I done?*’”. Sheila explained, *"The primary thing was that he was so distraught about seeing me upset”*. In addition, three participants highlighted the importance of the dogs opting in to training and the therapeutic environment through having their own space and choice within interactions during therapy: *“They are dogs and not machines”* [Sheila]. The participants who took their own dog to therapy also highlighted the importance of the therapist having training and taking responsibility for the dog’s wellbeing and considering the appropriateness DAPT with certain people or sessions: *“I think you have to choose your sessions very carefully as to who you take the dogs in with”* [Susan]. This highlights the need for specific and tailored training and assessment in DAPT so therapists can work both efficiently and ethically *“You aren’t allowed to practice in mental health without being examined…so why shouldn’t we extend the tests into using those tools that you have used in your environment?”.* Therefore, concern for dogs’ wellbeing is linked to the sub-theme therapist’s role and skills.

**Discussion**

This research aimed to explore the therapeutic opportunities, challenges and factors impacting adults’ experiences of DAPT. Five key themes with sub-themes were identified including: 1) Relationship with dog(s); 2) Providing a safe therapeutic atmosphere; 3) Distraction; 4) Facilitating personal insights; and 5) Concern for the dog’s wellbeing. Findings support existing research in AAT practice including animals (Fine, 2006) regarding animals being a ‘social lubricant for therapy’, ‘a catalyst for emotion’, ‘role modelling’ and ‘creating a therapeutic environment’. Themes and sub-themes are discussed in relation to the research aims. Theoretical and clinical implications of findings for DAPT practice are considered across multiple psychological models and future research is suggested.

***Therapeutic opportunities and benefits of DAPT***

One opportunity was how the dog can provide a safe therapeutic atmosphere for participants to engage with emotions. Possible mechanisms by which the dog facilitated this included the sub-themes: the dogs’ perceived abilities to identify and respond to emotions, providing a physical grounding presence, the client feeling more able to “open up”, and facilitating human interactions. Attachment theory might explain how a dog provided a secure base from which participants felt safer to explore emotions (Zilcha-Mano, et al., 2011). Levinson (1984) suggested that comfort from physical interaction with dogs parallels how children gain comfort from caregivers. Thus, procedural childhood memories could be triggered where the dog is associated with comfort, protection, and nurture. Understanding that the dog can provide grounding opportunities might encourage therapists to employ mindfulness and grounding techniques, particularly at times of heightened emotional distress or dissociation within trauma-focussed therapies.

The perception that dogs can recognise human emotions and that this provides feelings of safety is supported by research suggesting dogs can recognise emotions (Albuquerque et al., 2016) and respond to people crying in a manner consistent with empathetic concern (Custance and Mayer, 2012). An important factor influencing whether this is seen as a therapeutic opportunity or challenge is how participants interpret and receive the dog’s behaviour; whether it is empathetic and validating, intimidating or distracting.

Physical interactions with dogs were described as calming and grounding; offering a physical comfort unbound by the constraints of the client-therapist boundaries. This complements research indicating that human-dog interactions can bring about calming physiological responses to individuals who like dogs (Kruger & Serpell, 2006). Ecopsychology theories, such as the Biophilia Hypothesis (Wilson, 1984), can explain how there can be an innate affiliation when interacting with the natural world, such as animas. These interactions could buffer feelings of disconnection and emotional numbing, which can underlie human distress (Sewall, 1995). Furthermore, participants spoke of how physically interacting with the dog enabled more focus on the embodied experience of emotions, helping “*open up”* and supplementing the requirement to cognitively understand and verbalise within talking therapy. This is important given increased focus on the psychophysiology of emotions and somatic techniques within talking therapies (Rothschild, 2000) and Emotion-Focused Therapy approaches focusing on the embodied experience to facilitate emotional processing (Greenberg, 2004).

The finding that dogs facilitated human interactions is supported by research suggesting that people, regardless of their attitude towards dogs, were more likely to disclose information to psychotherapists accompanied with a dog (Schneider et al., 2006), and that dogs mediate social interactions (Mason and Hagen, 1999). The Social Support Hypothesis (Hupcey, 1998) is applicable to how interactions with dogs can build confidence and act as ‘social lubricants’ facilitating interactions between humans (Gunter, 1999). However, how the dog eases human interactions remain unclear. A possible mechanism is that the dog buffered transference and countertransference (Breuer and Freud, 1957) within the therapeutic relationship: participants may have felt safer to speak to therapists through the dog where emotions were not reflected back at them through facial expressions or questions. Therapists can therefore invite individuals to communicate with or talk to the dog as a bridge to building confidence in human interactions. This has particularly useful implications for social anxiety and social skills training in Autism Spectrum Conditions (ASC).

The second theme, the dog facilitating personal insights and enabling self-reflection, offered a therapeutic opportunity. Psychodynamic principles of projection (Freud, Strachey and Richards, 1911) could help to explain how the dog can provide “*a mirror*” whereby projection of the persons’ internal worlds are reflected on through interpretations of meaning made from interactions with the dog. Furthermore, Levinson (1982) suggested humans learn from animals and achieve some measure of acceptance of their own mortality. It might be that the dog offers opportunities to inhabit a less inhibited way of being through enabling people to connect with the purity of life; unbound by the complexities of human social and cognitive abilities which can underlie emotional distress through rumination and fear of judgement. Supporting research demonstrates how integrating dogs into cognitive behavioural exposure therapy facilitated changes in thought patterns (Mims and Waddell 2016).

Feelings of compassion for the dog could provide opportunities for personal insight and to direct compassion internally. This also linked to the theme of concern for the dog’s wellbeing, as these feelings present opportunities to reflect on compassion to others through thinking of another being’s needs. As research findings have given insight into neurochemical increases in dopamine (Horowitz, 2008) and oxytocin (Handlin et al., 20212) that occur when interacting with dogs, Compassion Focused Therapy theory could explain how interactions activate the soothing and drive emotional systems (Gilbert, 2010). The dog’s potential to facilitate a client to activate their soothing system has implications to generate feelings of affiliation, contentment, and oxytocin release, which can help people access compassionate thinking to ease emotional distress. This is likely dependent on the client’s relationship to the dog, particularly as research suggests the release of oxytocin is not always present with unfamiliar dogs (Handlin et al., 2012). Nevertheless, these findings highlight the therapeutic opportunity and role of the therapist in naming and questioning such processes. Furthermore, integrating mentalisation-based approaches could be utilised; thinking about the dog’s needs and how they might think, feel, or behave and why.

***Therapeutic challenges of DAPT***

The main theme indicative of the therapeutic challenge of DAPT was the potential for distraction. This involved the sub-themes of the dog identifying and responding to emotions, purposeful avoidance of emotions, and concern for the dog’s wellbeing. Participant’s purposefully focussing on the dog to distract from difficult emotions could link to psychodynamic theories, where the dog represents a transitional object, providing a defence from emotions (Mende and Mende, 2011). The belief that the dog can identify and respond to their emotions at times can pose a challenge, whereby some participants felt intimidated by this or felt protective of the dog’s emotions. This could cause anxiety and act as a distraction disrupting the ability to express emotions, which might trigger defence mechanisms. It may sometimes be therapeutically beneficial to not include the dog during certain individual sessions (e.g., within trauma-reprocessing sessions with high levels of emotions, or where distraction might prevent therapeutic gains or pose a risk). Whilst this is presented a challenge, it could be an opportunity if the therapist can explore these processes and possible defensive behaviours. In order to manage the challenge of the dog as a distraction, therapists need to balance their focus on the dog’s interactions with the therapeutic agenda.

Another challenge highlighting ethical challenges of DAPT was the theme of concern for the dog’s wellbeing. Participants highlighted the potential for the dog’s emotional burn-out, mirroring growing recognition of the dog’s wellbeing within research (Iannuzzi and Andrew, 1991). Considering that dog handlers working within other contexts have extensive training, it is pertinent that psychological therapists working with dogs should also have the appropriate understanding/training to recognise and manage these issues. As there is no current formal training in the UK required within the broader work of AAT, further research and guidelines are required to provide ethical governance of DAPT, particularly given the emotional intensity of psychological therapies. Hediger et al. (2019) highlight the importance of AAI research focussing on measuring the wellbeing of the animal, to ensure there is not a trade-off in favour of the human’s wellbeing. They offer the One Health framework for AAI research to recognise how interconnected animals are to humans and the environments. Practical things, identified by research to promote the dog’s wellbeing can include; being off lead and able to go to a safe place, matching the dog to humans whom they are not stressed around and being aware of the duration a dog is within a highly emotional environment, as well as the amount of experience the dog has working within particular contexts (Glenk et al, 2021). It is essential therapists not only develop skills in integrating dogs into their psychological modalities but also in recognising dogs’ welfare and appropriate dog handling. Even in the terminology within the AA field, dogs or animals should not be ‘used’ as ‘tools’, but rather acknowledged as beings with their own needs, preferences and limitations.

***Other factors impacting DAPT***

The theme Relationships with dog(s) impacted upon participants’ experience of DAPT and was influenced by previous experiences. Yap et al. (2017) echoes the importance of individuals’ prior experience with dogs in AAT. Cultural schemas may also affect the client-dog relationship. For example, Islamic cultures often view dogs as impure (Jegatheesan, 2015), which differs from western views of dogs as pets and ‘man’s best friend’.

Anthropomorphising language was often used to describe how participants related to the dog. Bradshaw (2011) suggested this is due to the human tendency to project emotions, which provides a sense of control. This differs to complex unpredictable human relationships, which can be a source of emotional distress. Furthermore, research suggests that people often project their own personality and traits onto dogs (Brown, 2015) providing opportunities to explore identities and the potential distress client’s experience between perceived and desired selves.

The sub-theme of therapist’s role and skills to work with the dog was a key factor which determined whether issues were perceived as opportunities or challenges. This highlights the importance of the therapist’s skill in making use of opportunities for therapeutic conversations which the dogs’ presence and interactions can provide. Specifically, it would be important for therapists to screen and explore what the dog represents to people, and their previous experiences of dogs when considering the appropriateness of DAPT. There may be some people whereby DAPT would not be appropriate for, particularly if it was more of a distraction than a benefit. Nevertheless, even with people who maybe anxious of dogs, a CBT graded exposure approach could be helpful to build a trusting relationship with the dog to reflect on how to overcome other anxieties.

***Study strengths, limitations and implications for future research***

Inclusion of participants with any self-reported mental health difficulties and with different relationships to the dog yielded a broad awareness of shared experience, given the limited evidence of DAPT. It also contributed to the discovery of themes relating to the how the client’s relationship to the dog impacted their experience, plus the therapist’s skill in integrating the client’s experience of the dog’s presence and interactions with therapeutic intent. However, lack of specificity in inclusion criteria meant there were many different variables that may have impacted participants’ experiences, including the dogs’ differing personalities and levels of training, different therapists and models of therapy, and differing quantity and quality of interactions with the dogs.

Although this research attempted to include participants with varying attitudes to dogs, five of the six participants had positive views of dogs, hence findings must be considered in the context of this potential bias. As many individuals do not like dogs, the theme relationship with dog(s) reflects how this is pivotal to one’s experience of DAPT. Similarly, it is not known how representative this sample is of individuals experiencing DAPT due to the infancy of the research. Therefore, generalisability of the findings is limited and does not pertain to specific modalities or diagnoses. However, this research has made a seminal contribution to the DAPT evidence base, highlighting often overlooked issues which are important to people. Additionally, this research offers possible theoretical explanations of the mechanisms by which dogs can provide opportunities and challenges within psychological therapies; how dogs can facilitate useful personal insights through their less inhibited way of being, facilitate feelings of compassion, provide a sense of safety enabling emotional expression through the physicality of their interactions, and accentuate the core therapeutic conditions within person-centred therapy of non-judgemental, empathic and positive regard for people (Rogers, 1957).

Future research is needed to inform clinical guidelines for DAPT and to focus on more specific clinical populations and models of therapy. Triangulation of perspectives from therapists and their service users would be valuable to explore which psychological models DAPT might be best suited to. The importance of individuals’ relationship with the dog could be further explored within different clinical and cultural populations. It is also important that future research explores specific skills and competencies required for therapists, as well as how to ensure the dog’s wellbeing and ethical practice.

**Conclusion**

This research highlighted therapeutic opportunities, challenges and issues impacting on adult adults’ experiences of DAPT from the client perspective. Possible mechanisms underpinning the therapeutic opportunities and challenges were discussed. Further research is required to explore the experiences of DAPT within different clinical and cultural populations, and to which therapeutic models DAPT is best suited. This would inform guidelines for therapists to enable effective and ethical practice and further develop this exciting field.

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Table 1. Author’s systematic literature review findings of DAPT within adult client populations

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Study Ref | | Author and publication year | Aim | Type of study | Country of study | Study population | Data collection and methodology | Analysis | Main findings | CASP Score |
| 1 | (Breslau, 2015) | To describe how a dog has been integrated within individual and group psychodynamic psychotherapy. | N=2 Psychodynamic case study | United States | Two individuals, from within the psychodynamic group. One male in mid 40’s and one 35 year-old female. | N=2 Case Study. No outcome measures used. | Psychoanalysis | Presence of the dog enabled clients to express feelings about therapeutic relationship and for the therapist to observe clients' interactions with the dog to offer analysis and facilitate therapy. | 4 |
| 2 | (Hunt & Chizkov, 2014) | To test the impact of having a dog present on process variables relevant to cognitive behavioral therapy, including emotional arousal, the content of trauma narratives, and cognitive change. | RCT | United States | 107 undergraduates (71 females, 36 males) between the ages of 18 and 28. | A 2x2 experimental design with quantitative self-report measures as well as raters of essay content. | Repeated measures ANOVA | Presence of the dog did not alter the content of trauma essays written in an expressive writing of trauma paradigm but significantly reduced anxious arousal, dysphoria and depressive symptoms. More introverted participants seemed to benefit most from having dog present. Pet attachment appeared to have no impact on results. | 7 |
| 3 | (Mason & Hagan, 1999) | To explore the integration of pets (dogs) in psychotherapy. . | Qualitative | United States | 13 master and doctoral level practitioners in social work, clinical psychology, psychiatry, counselling or human services. | Semi-structured interviews | Thematic Analysis | Psychotherapists reported particular benefits to anxiety disorders, how their clients often spoke to the animal to indirectly communicate with the therapist, reducing anxiety and facilitating alliance. Common motivations to use dogs with their work included being able to take the dog to work, improve client engagement and bridge relationships. | 9 |
| 4 | (Mende & Mende, 2011) | To describe the special communication and contact skills that qualifies dogs among all animals to serve as co-therapists. | N=1 case study | Austria | 32 year old female experiencing severe dissociation and depersonalisation after traumatic bereavement | N=1 Case study. Therapy transcripts and own observations recorded. | Therapists own interpretations | Dog assisted the therapeutic process through providing comfort and elicit caring behaviour.  Dog facilitated building therapeutic rapport and became a positive transference object for the containment of overwhelming feelings. Through mirroring and projection the dog helped the client confront themselves in a positive way again. The reassuring physical presence and contact with the dog instilled a sense of unconditional responsiveness which encouraged client to confront trauma and help them take a safe observer position. | 5 |
| 5 | (Nathans-Barel, Feldman, Berger, Modai, & Silver, 2005) | To test the hypothesis that AAT may improve anhedonia in schizophrenia patients within psychosocial treatment sessions where a dog was an active participant with comparable sessions without a dog. | Controlled Pilot study | Israel | 10 schizophrenia inpatients (12 males and 8 females) diagnosed using DSM-IV criteria. | Quantitative self-report measures and therapist ratings. | Descriptive STATS, ANCOV and Pre, mid and repeated measures ANOVA. | AAT group showed significant improvements in hedonic tone compared to controls, improvement in leisure time and trend towards improved motivation. No significant differences found in negative symptoms, general psychopathology or positive symptoms. | 6 |
| 6 | (Villalta-Gil et al., 2009) | To assess the effectiveness of including a trained therapy dog in an intervention program applied to institutionalized patients with chronic schizophrenia. | RCT | Spain | Twenty-four inpatients with chronic schizophrenia. | Quantitative self-report measures and  Psychologist ratings. | Mann Whitney U, Wilcoxon signed-rank tests and non-parametric statistical tests were performed due to small sample size. | Introducing a dog produced some positive outcomes but no differences were found between the two groups before and after the application of the intervention. Patients in the dog group showed significant improvements in social contact score, in the positive and negative symptom dimensions and in quality of life related with social relationships. Non-personal social behaviour, assessed with the Living Skills Profile (LSP), significantly worsened. | 9 |
| 7 | (Wesley, Minatrea & Watson, 2009) | To evaluate the effect of animal- assisted therapy (AAT) on the therapeutic alliance with an adult, residential, substance abuse population in group therapy. | RCT | United States | 241 individuals who were enrolled in residential treatment at the designated facility during the research phase of this research project who had a diagnosis of substance dependence. | Quantitative self-report Helping Alliance Questionnaire (HAQ-II) | ANOVA | Confirmed the hypothesis that the experimental group with the therapy dog were significantly more positive about the therapeutic alliance than the control group. Significant differences were not found in sub-groups of the population including: individuals with dual diagnosis, clients with social service involvement and clients with alcohol abuse. | 9 |
|  |  |  |  |  |  |  |  |  |  |

Table 2: Participant inclusion and exclusion criteria

|  |  |
| --- | --- |
| Inclusion Criteria | Exclusion Criteria |
| * Adults aged 18 and above. * Adults with the cognitive capacity to understand and communicate their responses to interview questions. * Adults with experience of therapy with a dog present (group and/or individual) with a qualified psychological therapist. * Adults who identified themselves as receiving therapy due to ‘mental health difficulties’. | * Adults who did not identify themselves as receiving therapy due to ‘mental health difficulties’ or ‘emotional distress’. * Adults whose participation may pose a risk to themselves or others. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Table 3. Participant demographics | | | | | | | |
| **Pseudo-nyms** | **Gender** | **Described difficulty** | **Age** | **Relationship to dog(s)** | **Professional(s) seen** | **Details of DAPT (context, psychological model, duration, frequency and individual/group)** | **Experience of therapy without a dog present** |
| Mike | Male | ‘Post-Traumatic Stress Disorder (PTSD)’ | 43 | 1 own untrained and 1 own trained Assistance Dog (AD). | Clinical Psychologist. Psychiatrist | 6-week intensive daily group and individual trauma-focussed therapy at Combat Stress. NHS appointments over 1 year. | 10 sessions of individual therapy NHS. |
| Susan | Female | ‘Bipolar Affective Disorder’ | 47 | 1 own trained AD. | Psychiatrist. Psychiatric Nurse. | Individual therapy within NHS over two years. From 3 times weekly to once every six weeks. CBT, Mindfulness, and Schema Based Therapy. | 13 years within NHS. |
| Sheila | Female | ‘Repeated trauma’ | 38 | 1 own trained AD. | Clinical Psychologist. Counsellor. | One session of private individual trauma-focussed therapy. | 8 years intermittently in NHS with Psychologist. |
| Kirsty | Female | ‘Eating disorder’ and ‘PTSD’ | 29 | 1 therapist’s Pets As Therapy (PAT) trained dog. | Psycho-therapist. | Intermittently over a six-month weekly charity funded group therapy for eating disorders, and intermittently over two years of weekly private psychodynamic individual therapy. | 10 years intermittently with current private therapist. 6-week residential programme.  3-4 months NHS. |
| Louise | Female | ‘Depression and Anorexia’ | 29 | 1 therapist’s PAT trained dog and 1 own untrained dog. | Psycho-therapist. | Intermittently over a six-month weekly charity funded group therapy for eating disorders, and intermittently over one year of weekly private psychodynamic individual therapy. | 10 years of private counselling. 2 years with current therapist. 6-week residential programme. |
| Carl | Male | ‘Low mood and alcohol addiction’ | 45 | 1 therapist’s PAT trained dog | Clinical Psychologist. | Weekly individual Mentalisation Based Therapy (MBT) over the past 1 year 8 months. | Four years with current Psychologist in NHS. |

*Figure 1.* Diagrammatic representation of the themes and sub-themes

**Key:**

Yellow- Opportunities

Orange- Challenges

Blue- Other issues which impact the experience and governs whether or not other aspects are experienced as an opportunity’ or challenge