

Animal-assisted therapy and equine-assisted therapy/learning in Canada: Surveying the
current state of the field, its practitioners, and its practices

by

Sarah Marie Schlotte
Bachelor of Arts, The University of Western Ontario, 2002

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of the Requirements for the Degree of

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Supervisory Committee

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Abstract

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Animal-assisted therapy (AAT) and equine-assisted therapy/learning (EAT/L) are innovative techniques in counselling, psychotherapy, mental health, coaching, and other personal growth interventions. Although this field has experienced tremendous growth in the United States, very little is known about its Canadian equivalent. The purpose of this study was therefore to examine the current state of AAT and EAT/L in Canada, by conducting a national, bilingual (English and French) survey of helping professionals who involve animals in their practices. A total of 131 questionnaires were retained for analysis. The results of this study suggest that the field is very diverse, with a multitude of confusing terms and expressions, varying levels of education and training, and disagreement on how different practices are defined, resulting in a fragmented, confusing and inconsistent appearance. Recommendations for the evolution of the field and suggestions for future research are provided.

Table of Contents

Supervisory Committee	ii
Abstract	iii
Table of Contents	iv
List of Tables	vii
List of Figures	ix
Acknowledgments	x
Dedication	xi
Chapter 1: Introduction	1
What are Animal-Assisted Interventions?	1
<i>The Role of Animals in AAT and EAT/L</i>	3
Issues Facing the Field	7
Statement of the Problem	11
<i>Lack of Visibility, Representation and Accessible Information</i>	11
<i>Attempts at National-Level Organizational Development</i>	13
<i>Provincial-Level Organizations</i>	15
<i>Training Programs in Quebec</i>	16
<i>Training Programs in the Rest of Canada</i>	17
Purpose of the Study	20
Research Questions	21
Definitions	22
Delimitations	25
Chapter 2: Literature Review	27
Historical Antecedents	27
<i>A Modern (Re)discovery</i>	30
<i>Additional Anecdotal Accounts</i>	31
Research on AAT and EAT/L	33
<i>Children and Youth</i>	33
<i>Adults and Seniors</i>	35
Defining the Field	36
Chapter 3: Methods	41
Quantitative, Qualitative and Mixed-Methods Research	41
<i>Study Design: Survey Research</i>	42
The Present Study	43
<i>Participants</i>	44
<i>Sampling Methods</i>	44
<i>Instrument</i>	49
<i>Pilot Testing</i>	51
<i>Procedures</i>	52
<i>Potential Issues</i>	52
<i>Preparing and Cleaning the Data</i>	53
<i>Steps Taken in the Data Analysis</i>	55
Chapter 4: Results	56
1. The Practitioners	56

<i>Gender</i>	56
<i>Age</i>	56
<i>Place of Residence</i>	58
<i>Cultural Background</i>	59
<i>Languages</i>	60
<i>Educational Level</i>	61
<i>Educational Field</i>	63
<i>Training in Animal-Assisted Interventions</i>	66
<i>Volunteer Work, Practica, Internships and Placements</i>	68
<i>Professional Memberships</i>	68
<i>Years of Professional Experience</i>	73
<i>Years of Experience in AAT and EAT/L</i>	75
2. The Practice of AAT and EAT/L in Canada.....	76
<i>Terminology</i>	76
<i>Work Hours</i>	79
<i>Work Contexts</i>	80
<i>Prevalence of Using AAT and EAT/L in Practice</i>	82
<i>Client Population</i>	83
<i>Issues Addressed in AAT and EAT/L</i>	83
<i>Source of Animal Partners</i>	84
<i>Species of Animals Partnered With</i>	84
<i>Selection of Therapy Animals</i>	85
<i>Theoretical and Practice Models</i>	87
<i>Referrals</i>	90
<i>Financial Aspects of AAT and EAT/L</i>	91
<i>Knowledge of the Field</i>	96
3. Challenges Faced by Practitioners and the Field	98
4. Needs of the Practitioners and of the Field.....	103
<i>Supports Required by Practitioners</i>	103
<i>What the Field Needs to Evolve</i>	104
Chapter 5: Discussion	105
1. Strengths and Importance of this Study	105
2. Interesting Results and Unique Findings	107
<i>Gender of Practitioners</i>	107
<i>Educational Backgrounds</i>	108
<i>Years Working in AAT and EAT/L</i>	108
<i>Prevalence of Using AAT and EAT/L in Practice</i>	109
<i>Terms and Expressions</i>	109
<i>Species of Animal</i>	110
<i>Selection of Therapy Animals</i>	111
<i>Models of Practice</i>	112
<i>Awareness of the Field and of the Literature</i>	114
<i>Challenges and Needs of Practitioners and of the Field</i>	115
3. Issues of Professional Identity	118
<i>Defining Animal-Assisted Interventions</i>	118
<i>AAT: A Technique or a Profession?</i>	122

<i>Additional Problems with Terminology</i>	124
<i>Education and Training</i>	127
4. Comparison of Results to Existing Studies.....	132
5. Limitations	134
6. Suggestions for Future Research	137
7. Implications.....	139
Bibliography	142
Appendix A English-Language Survey	156
Appendix B French-Language Survey.....	168
Appendix C Certificate of Approval.....	180
Appendix D Training Undertaken by English-Language Respondents	181
Appendix E Professional Preparation of Respondents	183
Appendix F Non-AAT or EAT/L Associations Listed by Respondents.....	187
Appendix G Additional Issues Addressed Using AAT and/or EAT/L.....	189
Appendix H Additional Supports Required by AAT and EAT/L Practitioners	190
Appendix I Additional Requirements for the AAT / EAT/L Field to Evolve	191

List of Tables

Table 1 <i>Distinctions Between Therapy Animals and Service Animals</i>	6
Table 2 <i>English Terminology in the Literature and in Practice (Schlote, 2008)</i>	9
Table 3 <i>French Terminology in the Literature and in Practice (Schlote, 2008b)</i>	10
Table 4 <i>Comparison of Seven AAT and EAT/L Certification/Training Programs in Canada</i>	18
Table 5 <i>Keyword Combinations Used in Online Search for Practitioners</i>	45
Table 6 <i>Discarded English-Language Surveys</i>	54
Table 7 <i>Reported Ages of Respondents</i>	57
Table 8 <i>Respondents' Stated Province of Residence</i>	58
Table 9 <i>Family Ancestry of Respondents (N=99)</i>	60
Table 10 <i>Languages Used in AAT / EAT/L Practice (N=99)</i>	61
Table 11 <i>Educational Levels of Respondents</i>	62
Table 12 <i>Fields of Study in the Helping Professions (N=90)</i>	63
Table 13 <i>Other Fields of Study Identified by AAT / EAT/L Professionals</i>	64
Table 14 <i>AAT / EAT/L Training Undertaken by Quebec Respondents</i>	66
Table 15 <i>Membership in AAT or EAT/L Associations</i>	68
Table 16 <i>Membership in Regulated Professions</i>	70
Table 17 <i>How AAT and EAT/L Professionals Self-Identify</i>	72
Table 18 <i>Years of Professional Experience</i>	74
Table 19 <i>Years of Experience in AAT or EAT/L</i>	75
Table 20 <i>Preferred Terms of Canadian AAT and EAT/L Professionals (N=111)</i>	77
Table 21 <i>Other Terms Used by AAT and EAT/L Professionals</i>	78
Table 22 <i>Hours a Week Worked Using AAT and/or EAT/L</i>	79
Table 23 <i>Work Contexts of AAT and EAT/L Professionals (N=104)</i>	81
Table 24 <i>Prevalence of AAT and EAT/L in Practice</i>	82
Table 25 <i>Populations Served Using AAT and EAT/L (N=103)</i>	83
Table 26 <i>Issues Addressed Using AAT and EAT/L (N=103)</i>	84
Table 27 <i>Species of Animal Partnered With (N=102)</i>	85
Table 28 <i>Therapy Animal Testing or Training Used (N=82)</i>	86
Table 29 <i>Theoretical Frameworks of Approaches Used in AAT and EAT/L (N=101)</i>	88
Table 30 <i>Additional Theoretical Approaches Used in AAT and EAT/L</i>	89
Table 31 <i>Role of Animal in AAT and EAT/L (N=101)</i>	90
Table 32 <i>Referral Sources (N=60)</i>	91
Table 33 <i>Hourly Rates for AAT and EAT/L Services (N=103)</i>	92
Table 34 <i>Descriptive Statistics for Hourly Rates (N=78)</i>	93
Table 35 <i>Hourly Rates by Respondents' Education Level (N=78)</i>	95
Table 36 <i>Types of Funding Received (N=25)</i>	95
Table 37 <i>Reasons for Not Receiving Reimbursement (N=75)</i>	96
Table 38 <i>Canadian Organizations Known to Participants (N=101)</i>	97
Table 39 <i>Journals Consulted by AAT and EAT/L Practitioners (N=101)</i>	98
Table 40 <i>Challenges Faced by AAT and EAT/L Practitioners (N=101)</i>	99
Table 41 <i>Challenges Faces the Field of AAT and EAT/L in Canada (N=101)</i>	100
Table 42 <i>Likert Scale Responses (N=99)</i>	101

Table 43 <i>Supports Required by AAT and EAT/L Practitioners (N=99)</i>	103
Table 44 <i>What Practitioners Identified as Being Necessary for the Field of AAT and EAT/L to Evolve (N=99)</i>	104
Table 45 <i>Overview of Mason and Hagan (1999) Study</i>	133

List of Figures

Figure 1: Animal-assisted interventions	4
Figure 2: Distribution of respondents based on their age.	57
Figure 3: Distribution of respondents based on their number of years of experience in their stated professions.....	74
Figure 4: Distribution of respondents based on their number of years of experience in AAT or EAT/L.....	76
Figure 5: Distribution of hourly rates charged for AAT and EAT/L.....	94

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Dedication

To all the animals, both wild and domestic, that have touched my life in their own unique ways... especially Sally, my Springer Spaniel rescue (and retired St. John's Ambulance Therapy Dog), whose constant companionship and immeasurable patience throughout the writing process have been so deeply appreciated.

Chapter 1:

Introduction

Animals and humans have long been known to affect each other in positive ways that facilitate health and wellness (Allderidge, 1991; Levinson, 1969; Serpell, 2006). And yet, the act of partnering with animals in interventions that foster human development is a relatively recent phenomenon. Since the discovery of the clinical benefits of animals as companions and partners in the therapeutic process in the 1940s and 1950s, practitioners worldwide have incorporated dogs, cats, horses, birds, rabbits, rodents, aquatic animals, farm livestock and even wildlife into the treatment of children, adolescents, adults and seniors (Souter & Miller, 2007). Animals have been considered invaluable ‘co-therapists’ when working with clients individually or in groups, in settings such as private psychotherapy and counselling practices, residential and/or psychiatric treatment centres, hospitals, schools, rehabilitation facilities, acute and critical care units, hospices, and prisons (Souter & Miller, 2007). Although animals are not, and were never, intended to be a “panacea for the world’s ills” (Mallon, 1992, p. 62), the various applications of animal-assisted therapy¹ make it a promising adjunct to other treatments and therapies in a wide variety of fields, ranging from the paramedical professions (such as physiotherapy and speech therapy) to the helping professions (such as counselling, psychotherapy, social work, and coaching).

What are Animal-Assisted Interventions?

Animal-assisted therapy (for all species of animal, including the sub-field of equine-assisted therapy/learning², or EAT/L) is but one of a number of animal-assisted interventions that are currently in use. To describe them all in great detail would be a lengthy task, one that would certainly be beyond the scope of this document. However, it is important to provide an overview of what animal-assisted interventions³ (AAI) include and, more specifically, the various ways in which animal-assisted therapy can be applied, so as to better understand the roles animals play in therapeutic practice.

¹ See definition page 22.

² See definition page 23.

³ See definition page 22.

The field of animal-assisted interventions is quite vast and there is considerable debate over how best to categorize the different practices that exist. For instance, the American organization The Delta Society, one of the field's largest groups promoting the improvement of human health through service and therapy animals, has put forward the notion that animal-assisted interventions fall into two main categories: animal-assisted therapy (AAT) and animal-assisted activities (AAA) (Delta Society, 2003; 2008). However, this dichotomy is overly simplistic and fails to consider the many practices that exist that do not meet the criteria for either category or that fall somewhere in the middle. Therefore, for the purposes of this discussion, AAI will be classified into three broad categories of intervention: animal-assisted activities (AAA), animal-assisted education (AAE), and animal-assisted therapy (AAT), a paradigm that has been adopted by other groups such as the Society for Companion Animal Studies⁴ in the United Kingdom.

The first of these categories, AAA, refers to any kind of activity involving animals and humans that tends to be mostly recreational in nature. The most common examples of this include both informal pet visitation (such as when, for personal reasons, someone brings the family pet to visit a relative in the hospital) and more structured activities where a trained volunteer brings a “certified therapy animal” to visit with patients in various care settings as part their recreational programming (Delta Society, 2003).

The second of these categories, AAE, refers to any number of practices where animals serve to facilitate learning, be it academic education or self-knowledge. For instance, this may take the form of reading assistance dogs that help students with learning disabilities practice their oral literacy skills (Intermountain Therapy Animals, 2008); humane education programs that teach children about animals and their care needs, which fosters the development of empathy (Ascione, 1992; Ascione & Weber, 1996; Thompson & Gullone, 2003); dog-bite prevention programs that teach children about animal communication and proper behaviour around dogs; prison-based programs where incarcerated offenders are paired with dogs or horses in order to help train or rehabilitate the animals; as well as equine-facilitated experiential learning programs that facilitate self-learning and self-awareness through interaction with horses (Rector, 2005).

⁴ The SCAS limits its definition of AAE to classroom settings with students. However, this is a narrow view of AAE; the writer will therefore promote a more comprehensive definition in this report.

It is important to note that these final two examples, as well as many AAA programs, often overlap⁵ greatly with practices that fall more clearly in the next category.

The final category, AAT, refers to the involvement of animals in the therapeutic treatment of humans, as seen in various medical, paramedical, and other professional fields. For instance, this might take the form of a physiotherapist working on developing fine and gross motor skills in a person who recently had a stroke, by getting them to practice petting and brushing a dog. This might also manifest as a speech therapist who helps build a child's vocabulary and pronunciation by having him or her talk to a cat, name the parts of the animal's body, list the colours in the animal's fur, etc. Finally, and more specifically to this report, AAT may take the form of a helping professional, such as a counsellor, psychotherapist, social worker, coach, or other such practitioner who partners with an animal to foster personal growth, learning, change, and healing in human clients (Gammonley, Howie, Kirwin, Zapf, & Frye, 1997). A more detailed listing of these categories may be found in Figure 1.

The Role of Animals in AAT and EAT/L

Although the role of the animal may seem evident in the context of physiotherapy and speech therapy, it is a little more difficult to define within the helping professions. In fact, as "co-therapists", animals wear many hats in the context of counselling, psychotherapy, personal coaching and other such interventions. For instance, animals frequently serve as icebreakers, helping to ease the initial anxiety of starting therapy and providing a point of discussion from which to build rapport (Arkow, 1982; Fine, 2000; Levinson, 1962, 1964), a role that may be particularly crucial when working with clients who are "difficult to reach" or survivors of abuse or trauma, for whom opening up to another human may be especially daunting and threatening (Parish-Plass, 2008). Indeed, because animals are sources of unconditional love, positive regard and acceptance, they may often act as non-judgmental confidants for clients (Levinson, 1962; Mallon, 1994a, 1994b; Ross, 1993). This initial bond and connection with an animal may lead to the animal serving as a transitional object or bridge between the helper and the client, which

⁵ The debate about the differences between "therapy" and other approaches that foster personal growth and learning, such as "experiential learning" and "coaching", is ongoing and will be examined further in the literature review and discussion sections. For the purposes of this study, however, all will be considered as "helping professions".

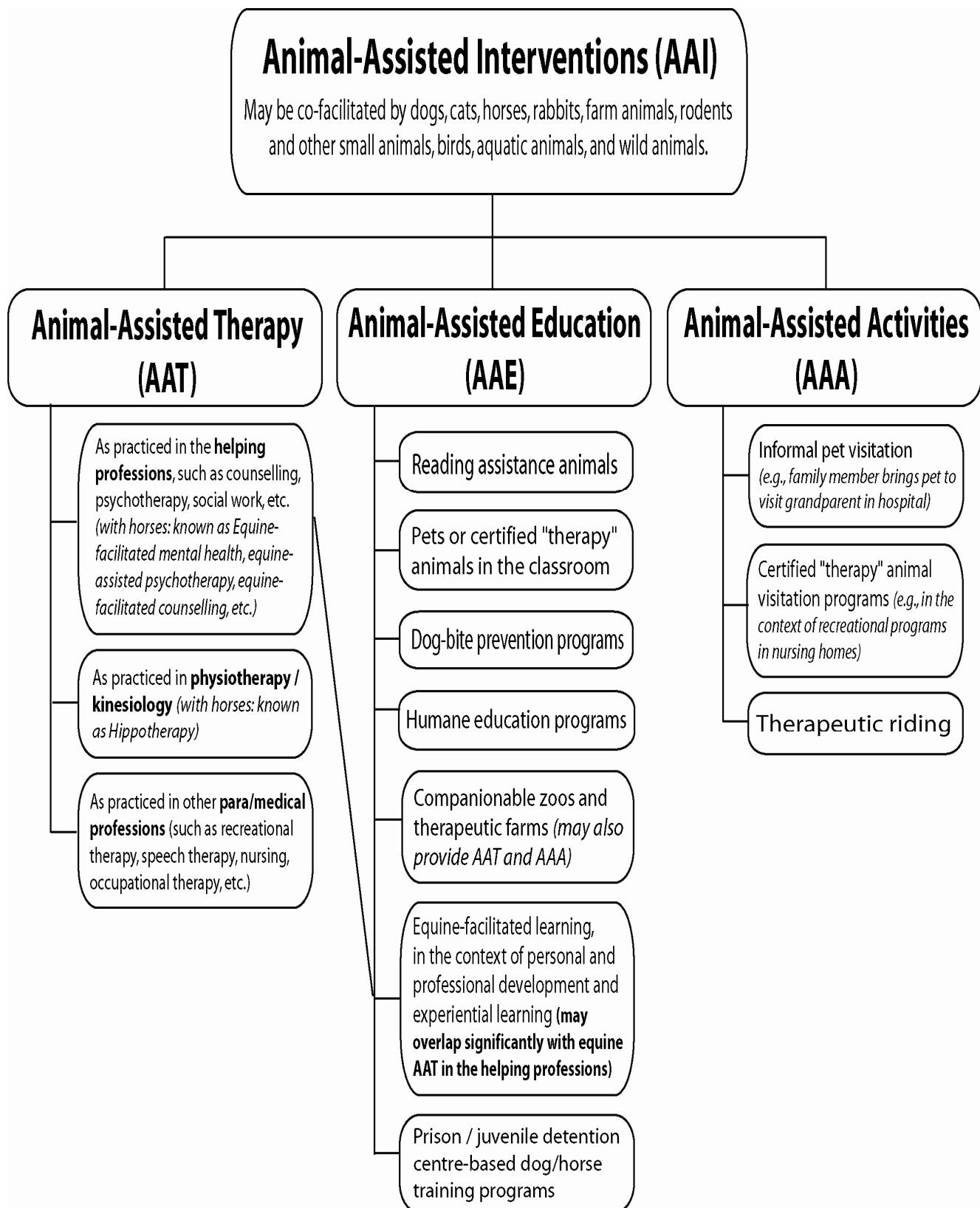


Figure 1: Animal-assisted interventions

then paves the way for renewed contact with others (George, 1988; Levinson, 1962; Mallon, 1994b; Phillips Parshall, 2003).

Animals may also assist in the assessment, evaluation and diagnostic process. As noted by Brooks (2006), Parish-Plass (2008), and Prothmann, Albrecht, Dietrich, Hornfeck, Stieber and Ettrich (2005), a great deal of information about clients can be gleaned from observing their interactions with an animal, such as how clients have been touched, nurtured or mistreated, what kind of interpersonal relationships and attachment they have experienced, what their boundaries are, and whether or not they are being congruent. Information about a client's style of relating may be also obtained from observing the animal's reaction to the client's behaviour or touch. In providing this kind of feedback, animals mirror aspects of the self back to the individual, thereby facilitating awareness (Ewing, MacDonald, Taylor & Bowers, 2007; Fine, 2000; Karol, 2007; Levinson, 1962; Rector, 2005). This kind of feedback in the here-and-now allows opportunities for growth and change; in this way, animals often serve as experiential learning partners that, in collaboration with a human professional, provide "teachable moments" about one's relationship with self and with others.

Furthermore, many authors have documented that the presence of animals in therapy often serves to facilitate therapeutic dialogue, especially about topics or issues that may be uncomfortable. Animals often act as a projective device⁶, providing a less threatening way for clients to externalize and discuss aspects of themselves or of their experiences, through storytelling, narrative, or play (Chandler, 2005; Fine, 2000; Karol, 2007; Levinson, 1962; Parish-Plass, 2008; Reichert, 1994, 1998). In a similar way, animals also serve as metaphors, the animals or animal-human interactions in session representing other individuals or interactions in the client's life (Levinson, 1962; Parish-Plass, 2008; Rochberg-Halton, 1985). Speaking to and about an animal can often bypass a client's defenses and serve as a catalyst in the therapeutic process, often with dramatic effects - especially in clients with selective mutism or who are extremely withdrawn (Levinson, 1962, 1964; Fine, 2000). Finally, animals play a host of other roles, such as providing a

⁶ I wish to note that the use of the term "projective device" in this document is merely in keeping with the terminology used in the literature. I by no means wish to reduce animals, who are sentient beings, to the level of "devices". I use this term in reference to the animals' role only, and not in reference to their intrinsic value or worth.

source of calm and relaxation (Kruger & Serpell, 2006; Lefkowitz et al., 2005), being a source of physical grounding in the present moment and connection with reality in the here-and-now (Levinson, 1962; Mallon, 1994a, 1994b), serving as a source of motivation or as incentive in behaviour modification programs (Rice, Brown & Caldwell, 1973), and serving as an attachment figure (Parish-Plass, 2008), among others.

When considering the role of “therapy animals”, it may be helpful to distinguish them from other kinds of animal helpers, such as service animals, assistance animals, and guide dogs, the latter three of which are not considered within the scope of this report.

Table 1 provides a brief overview of these differences for clarification purposes.

Table 1

Distinctions Between Therapy Animals and Service Animals

Therapy Animals	Service Animals
<ul style="list-style-type: none"> • Do not have a legal designation or have laws mandating their access to public buildings or to transportation • Partner with a professional to deliver an intervention; the animal is handled by the professional or by another individual (volunteer, animal handler) • Typically work with more than one individual (not owned by the client, but usually belong to the professional, the volunteer / handler, or another source) • Do not require training to perform specific tasks <i>for</i> clients • May be selected based on particular characteristics or personality / temperament traits, but are generally allowed to “be animals” while participating in interventions 	<ul style="list-style-type: none"> • Most service animals have the legal right to accompany their owners and are allowed access to public locations • No third-party professional facilitates the intervention; the animal directly serves the human client⁷ • Only work with one person, their owner • Assist an individual with an illness or disability with performing physical tasks, or function as an extension of that individual (e.g., sight, hearing) • Service animals, due to the nature of their work, are not “allowed to be animals” while working (considered to be “assistive devices” while on the job)

⁷ Although the term AAT has often been used when referring to service animals, this is technically incorrect. The use of a service animal, while certainly therapeutic, is technically not “therapy” since it does not involve the presence of a professional.

Issues Facing the Field

In spite of the growing popularity surrounding AAT and EAT/L, and in spite of the increasing number of research studies on AAI, the field is still struggling with a lack of credibility. As forwarded by Hines and Fredrickson (1998) over a decade ago,

Establishment of certification for practitioners of AAA/T is an important next step to increase professionalism in this field. The existence of professional credentials, continuing education requirements, and peer review will provide practitioners with guidelines for quality practice. It will serve to reduce the confusion of services offered and assure the health care community of measurable standards of practice for those providing services. [...] However, one of the greatest challenges in the field is convincing [...] professionals to adopt standards, use standardized terminology, and require training of volunteers/staff and screening and retesting of animals involved in programs. Such procedures must become routine and not exceptions if the field is to gain respect and grow (p. 34-35).

This concern was echoed by Kruger, Trachtenberg and Serpell (2004) six years later: "AAI are [still] currently poorly defined. The lack of a unifying set of practice guidelines or a shared terminology is hampering efforts to evaluate and gain acceptance for the field" (p. 2). To clarify both these statements, it must be noted that practice guidelines have *indeed* been established in the United States for the practice of AAT (Delta Society, 2003 Hines & Fredrickson, 1998), and that a code of ethics has been created for the practice of equine-assisted psychotherapy (EAP; Equine-Assisted Growth and Learning Association, 2007). Furthermore, in Canada, codes of ethics and conduct have been created for the practice of equine-assisted learning (EAL; Cartier Equine Learning Center, 2008), and are in the process of being developed for the practice of equine-facilitated wellness (a catch-all term referring to all types of EAT/L) (EFW-Canada, 2009). However, what Hines and Frederickson, and Kruger, Trachtenberg and Serpell are likely referring to is that there is no *mandatory* credentialing process being enforced by an over-arching regulatory body. These are voluntary standards (as in the case of AAT) or standards limited to those who seek out membership and certification with the aforementioned organizations - a situation that grows more and more confusing

as other “certifications” continue to pop up without any apparent attempt at collaborating with existing credentialing programs⁸.

With regards to a lack of shared terminology, at least sixty different expressions in English and over thirty different expressions in French can be found in the literature and in other sources (see Tables 2 and 3), which hints at a general lack of agreement and philosophical differences among researchers and practitioners about the nature of the work being done in AAT and EAT/L. Please note that these lists are by no means exhaustive; many other terms exist, quite often permutations of expressions listed in the present document.

According to others, another challenge facing this field is the lack of methodologically-sound outcome research proving the efficacy of these techniques (Beck & Katcher, 1984; Beck & Katcher, 2003; Wilson & Barker, 2003; Parish-Plass, 2008). While there have been recent meta-analyses confirming the benefits of AAT and AAA (Nimer & Lundahl, 2007; Souter & Miller, 2007), and while there is at least one experimental study supporting the efficacy of equine-facilitated counselling with children and youth (Trotter, Chandler, Goodwin-Bond & Casey, 2008), there are many reasons that further research is still required. For instance, the majority of the literature on the topic still consists mainly of anecdotal reports, undocumented projects, unpublished master’s theses and doctoral dissertations, and case studies. Furthermore, articles and reports typically fail to account or control for the novelty factor of AAT and EAT/L programs when attempting to establish efficacy in comparison to more traditional (non-animal-based) interventions. At the very least, additional research would be crucial, if only to convince the funders and insurance companies that continue to limit their support to so-called “empirically-validated treatments.”⁹

⁸ It is important to note that this is separate from the “certification” that many therapy dogs and their handlers must pass in order to take part in certain AAT, AAA or AAE programs; such certification mostly concerns the temperament and behaviour of the therapy animal, and does not regulate the specific practice of AAT (as a therapeutic modality) by human professionals *per se*.

⁹ The debate surrounding empirically-validated treatments is beyond the scope of this report; however, an overview of the arguments against EVT can be found in Elkins, 2007. This is not to say that research into AAT and EAT/L is not necessary or useful. However, articles like this one may help shift the focus away from the technique being used and towards the qualities/skills of the therapist and the therapeutic alliance itself, which are stronger predictors of therapeutic outcome. Techniques mean little if there is no alliance or rapport between helper and client, and research has demonstrated that animals can strengthen this alliance.

Table 2*English Terminology in the Literature and in Practice (Schlote, 2008)*

<u>Animals in general</u>	<u>Horses</u>
Pet therapy	Equine-facilitated psychotherapy
Pet-assisted therapy	Equine-assisted psychotherapy
Pet-facilitated psychotherapy	Equine-facilitated counselling
Pet-oriented psychotherapy	Equine-facilitated personal development
Pet-oriented child psychotherapy	Equine-facilitated experiential learning
Pet psychotherapy	Equine-assisted experiential learning
Pet-mediated therapy	Equine-facilitated mental health
Pet visitation	Equine-facilitated wellness
Human/companion animal therapy	Equine-facilitated life coaching
Animal-facilitated therapy	Equine-assisted coaching
Animal-assisted therapy	Equine-assisted growth and learning
Animal-assisted psychotherapy	Equine-assisted learning and coaching
Animal-assisted counselling	Equine-guided education
Animal-assisted social work	Equine-guided coaching
Animal-assisted education	Equine-assisted self-improvement
Animal-assisted learning	Equine-assisted therapy
Animal-assisted nursing	Equine-assisted learning
Animal-facilitated counselling	Equine-facilitated learning
Animal-assisted activities	Equine-guided learning
Animal-assisted interventions	Hippotherapy
Animal-assisted support services	Therapeutic riding
Animal-assisted support measures	Riding therapy
Animal-assisted crisis response	Horse-assisted therapy
Co-therapy with an animal	Horse-assisted learning
Four-footed therapy	Horse-assisted coaching
	Horse-guided learning
	Equine experiential learning
	Equine experiential learning and coaching
<u>Other species</u>	
	Canine-assisted therapy
	Dog-assisted therapy
	Cat-assisted therapy
	Bird-assisted therapy
	Llama-assisted therapy
	Bovine-assisted therapy
	Farm animal-assisted therapy
	Dolphin-assisted therapy
	Elephant-assisted therapy

Table 3*French Terminology in the Literature and in Practice (Schlote, 2008b)*

<u>Animals in general</u>	<u>Horses</u>
Zoothérapie	Thérapie facilitée par le cheval
Thérapie assistée par l'animal	Psychothérapie facilitée par le cheval
Thérapie facilitée par l'animal	Psychothérapie assistée par le cheval
Psychothérapie assistée par l'animal	Santé mentale facilitée par le cheval
Animalothérapie	Apprentissage expérimentuelle facilitée par le cheval
Activités assistées par l'animal	Croissance personnelle guidée par le cheval
Zoo-animation	Coaching assisté par le cheval
Visites animalières	Thérapie avec le cheval
Animation animalière	Thérapie équestre
Education assistée par l'animal	Bien-être par le cheval
Zoo-éducation	Sociothérapie assistée par l'équide
Zoo-récréologie	Aide médiatisée par le cheval
<u>Other species</u>	Equitation thérapeutique
Thérapie assistée par le chien	Equithérapie
Thérapie assistée par les dauphins	Hippothérapie
Delphinothérapie	
Asinothérapie (donkeys)	
Lamathérapie	
Multothérapie (sheep)	
Caprathérapie (goats)	
Eléphant-thérapie	

In spite of the issues identified in the field, there have nonetheless been some advances. Early calls for research and “possibly a journal devoted to the exchange of experiences and research findings on the use of pets as therapy aids” (Levinson, 1964, p. 248) have not only spawned the development of three topical, peer-reviewed journals (Anthrozoös, Society & Animals, and, since the time of this study, Humanimalia) and generated considerable anecdotal reports and research (see Chapter 2), but have also led to the development of numerous private, college and university-level training programs and organizations, that seek to promote the various practitioners and treatment centres that use animal-assisted interventions in their work with clients.

Statement of the Problem

It is interesting to note that the aforementioned advances in the field of AAI are generally limited to the United States. Indeed, most research articles, clinical anecdotes, program descriptions, publications, organizations, and training in the area of AAT and EAT/L are American in origin. By comparison, while the field of animal-assisted therapies in the United States has been in development since the 1950s (Levinson, 1962) and appears to be thriving, *relatively little is known about its Canadian counterpart*. A review of the current situation in Canada is therefore required to justify the present study.

Lack of Visibility, Representation and Accessible Information

For instance, as of January 31, 2009, a search using the EBSCO host research databases¹⁰ with the key words “animal-assisted therapy” and “Canada” yielded a mere seven results, only two of which pertained to the involvement of animals in counselling, psychotherapy or mental health (Nielsen & Delude, 1994; Sockalingam, Li, Krishnadev, Hanson, Balaban, Pacione & Bhalerao, 2008). In contrast, repeating the same search without the word “Canada” produced 504 results, the majority of which were American in origin. Additional searches using the older term “pet-facilitated therapy” and “Canada” revealed similar results, with only one article deriving from Canada (Draper, Gerber & Layng, 1990) and 46 coming from the United States and elsewhere. This method of locating pertinent articles, while logical, is flawed in that it fails to locate articles that are known to exist that contain relevant key words. For instance, Canadian research published by Schneider and Harley (2006), Yorke, Adams and Coady (2008), and by Dell, Chalmers, Dell, Sauve and MacKinnon (2008), have not turned up using this search method, in spite of using terms like “equine-facilitated counselling/psychotherapy,” “animal-assisted therapy” and “Canada”. Scanning journal databases also fails to turn up other Canadian research that has been conducted but that has not been published via academic or scientific sources, such as a study conducted by the Chimo Project in Edmonton, Alberta that was later reviewed by an independent evaluator (Chimo Project, 2003). This highlights a major shortcoming of database search engines, and implies that

¹⁰ The following individual databases were used: Academic Search Premier, Alt HealthWatch, Canadian Reference Centre, CINAHL with Full Text, EBSCO Animals, ERIC, Health Source: Nursing/Academic Edition, MEDLINE, PsycARTICLES, PsycINFO, and Social Work Abstracts.

while Canadian research does exist, it may not always be easily accessible or retrievable. Furthermore, even a simple search for “animal-assisted therapy” and related key words in the Google and Google Scholar internet search engines, as well as in the Canada.com news and media network, did not come up with much that is relevant to Canadians, making it nearly impossible for members of the general public to find out more about this approach or to identify a practitioner or centre that offers this kind of service in their geographic area.

Not only was it a challenge to find Canadian research that spoke to the use of AAT and EAT/L as techniques, it was equally difficult to locate research that discussed AAT and EAT/L as a professional field. A scant two articles were found that surveyed the field as it exists in the United States, one dating from the early 1970s (Rice, Brown & Caldwell, 1973), and one from almost 30 years later (Mason & Hagan, 1999). However, the writer was unable to locate any research studies that addressed the field of AAT and EAT/L in Canada.

Contributing to this lack of information about the field is that non-academic (and more broadly accessible) sources such as magazines, newsletters and newspapers do not frequently profile Canadian AAT and EAT/L programs. One such example consists of the Pet Therapy Program at Douglas Hospital in Verdun, Quebec, which incorporates animals into a traditional psychodynamic therapy approach (Centre for Addiction and Mental Health, 2004/2005). Another anecdotal report, published in Readers Digest Canada, describes the efforts of three separate programs focusing on the benefits of the human-animal bond in counselling and personal development: Project Pawsitive for Kids in Moncton, New Brunswick, which teaches at-risk youth to build life skills and emotional regulation skills as they train shelter animals; the private therapy practice of Peggy Mayes, a social worker in Calgary, Alberta whose dog helps her build rapport with and gain the trust of her young clients; and the Lambs for Children program in Picton, Ontario, which includes lambs and baby rabbits in the counselling of children who are grieving the loss of family members (Keating, 2001). More recently, Le Bel Agneau, a therapeutic farm in Quebec’s Eastern Townships offering AAT and therapeutic riding to children and youth with autism-spectrum and other developmental disorders, was profiled in the Montreal Gazette (Schwartz, 2007). Also, the programs and services offered at

Spirit Gate Farm, an educational retreat centre offering equine-facilitated experiential learning programs, were described in a cover story in the Victoria Times Colonist (McCall, 2008). Such articles are helpful in stirring interest in AAI; however, they are sporadic at best and, as with research articles and service programs, difficult to locate.

This lack of visibility was further compounded by the absence of a centralized source of Canadian information that clients, practitioners and the general public could refer to. Although practitioner directories and lists of resources existed in the United States, no such equivalents could be found in Canada. In order to address this issue, during the course of this thesis, the writer developed Canada's first national website representing the fields of AAT, EAT/L and nature-assisted therapies. The Natural Connection¹¹ (and its sister site, *La connexion naturelle*) provides information about various animal-, equine-, and nature-assisted interventions; pet loss and bereavement; training and professional development opportunities in Canada, the United States and abroad; a list of research articles, books and other resources; and a directory of Canadian practitioners using these techniques. The response to this website, launched in July 2008, has been overwhelmingly enthusiastic. Individuals across Canada and throughout the world have provided feedback about programs and services to add to the site, and have expressed appreciation for creating such a comprehensive resource to educate the public on these techniques. Although this website has been beneficial and filled a major gap, there is still a lack of a united, independent professional organization representing animal-assisted interventions, practitioners and programs to further bolster the image of the field in Canada.

Attempts at National-Level Organizational Development

An attempt at increasing the visibility of and developing the profession was made almost a decade ago, through the development of the Canadian Alliance for Animal-Assisted Services (CAFAAS) (Sibbald, 1998). Although CAFAAS sought to attract a broad membership, to provide a voice for "Canada's 'fragmented and unmonitored animal-assisted services'" (Sibbald, 1998, p. 213), and to "help establish standards and accreditation, raise funds, increase awareness, initiate research and improve client

¹¹ www.thenaturalconnection.ca and www.laconnexionsnaturelle.ca

services” (p. 213), it was unclear from the association’s website whether it was making any visible progress on reaching any of these goals. This may have been partially due to the fact that the website (Moss, 2003) did not appear to have been updated since 2003 and there was very little information available about the work that was being done. This association, which was renamed the Canadian Foundation for Animal-Assisted Support Services (CF4AASS) in recent years, appears to have shifted its mandate, and intends to become a philanthropic organization that will offer grants to charities in the animal-assisted support services sector (Moss, 2009).

Although it is an admirable initiative, Moss’ foundation does not address the field of AAT and EAT/L specifically, and does not serve as a professional association¹². One body that could have represented this field was the Human-Animal Bond Association of Canada (HABAC), an organization about which obtaining information has been difficult. According to Draper, Gerber, and Layng (1990), HABAC was founded in 1987; however, the only available contact information for the association (Canadian Abilities Foundation, n.d.) was clearly outdated, since the phone numbers have been disconnected and the email address is no longer functioning. Attempts by this author to access both the old and newer versions of HABAC’s website have also failed, since the earlier version¹³ no longer exists and the more recent site¹⁴ has been appropriated by an association promoting arthritis home remedies. In an informal conversation, a past member of the HABAC clarified that the association folded in 2007 due to a combination of the challenges posed by the geographic distance between board members and a lack of funding necessary to improving country-wide communication. A similar fate may have befallen the North American Association of Pet-Facilitated Therapists, which was said to have formed in Toronto, Ontario in 1989 (Draper, Gerber & Layng, 1990), but no longer exists.

The few exceptions to the lack of professional representation at the national level are specific to EAT/L: the Canadian branch of the Equine-Assisted Growth and Learning

¹² It is noteworthy that, at the present time, there are no *professional* associations in either Canada nor the United States that represent the practitioners who involve animals (other than horses) in their work.

¹³ <http://pages.istar.ca/~habac>

¹⁴ <http://www.habac.ca/>

Association (EAGALA), the Cartier Equine Learning Center (affiliated with Equine Canada and the Saskatchewan Horse Federation), and the Equine-Facilitated Wellness – Canada Committee (formerly Equine-Facilitated Mental Health – Canada), which is governed by the Canadian Therapeutic Riding Association (CanTRA). The first, EAGALA, is an international organization founded in 1999, which has developed a training program, certification and practice standards, and a code of ethics for individuals wishing to practice equine-assisted psychotherapy or EAP (EAGALA, 2006). The association's website also provides a directory of practicing members, categorized by province. However, one of the limitations of this resource is that it only represents individuals and programs that use the EAGALA practice model; practitioners partnering with horses who abide by other theoretical models (and practitioners partnering with other animal species in general) are not represented by this group. A similar situation exists with the Cartier Equine Learning Center, which has developed a training and certification program as well as a code of ethics and code of conduct for the practice of equine-assisted learning or EAL (Cartier Equine Learning Center, 2008); however, this is again limited to individuals who have completed the CELC training and who wish to work with horses using the Cartier model. Finally, the EFW-Canada Committee, was established in 2005 to develop national standards, guidelines and certification procedures that are *independent* of any one organization or theoretical model, and encourages training and exposure to a variety of EAT/L theories and approaches (EFW-Canada, 2009). While promising, this project is still in its initial stages (see Table 4 for a comparison of these and other Canadian credentialing programs).

Provincial-Level Organizations

The province of Quebec is a noteworthy exception to the lack of professional representation faced by the field of AAT in Canada (known in French as *zoothérapie*), in that it is home to two professional associations. The first, the Association Québécoise de Zoothérapie (AQZ) [loosely translated as the Quebec Association for Animal-Assisted Therapy], was founded in 2001 as a non-profit association seeking to unite AAT practitioners in order to network, share resources, provide insurance, create a common voice and work collectively to promote and develop the field (AQZ, 2007). The second, the Corporation des Zoothérapeutes du Québec (CZQ) [loosely translated as the

Corporation of Zoothérapeutes/Animal-Assisted Therapists of Quebec], also offers professional representation and insurance for individuals doing this kind of work, seeks to increase the visibility of the field, and supports the future regulation of the profession of “*zoothérapeute*” (CZQ, n.d.).

Training Programs in Quebec

Quebec is also unique in Canada in that it is home to one continuing education college diploma program, as well as four private institutions/clinics and a non-profit organization offering professional development programs in AAT (see Schlotte, 2008c for a detailed list of such programs). Similar institutes do not exist in the other Canadian provinces and territories at this time, making Quebec a key resource in obtaining information about AAT. However, there are a number of limitations to this resource. First of all, based on informal conversations with practitioners, the field of AAT in Quebec appears to lack unity and collaboration, each organization and institute its own “ivory tower.” This underlying sense of competition is evidenced by the existence of the two aforementioned professional associations and by the fact that none of these organizations’ and institutions’ websites links to any of the others. This division is also demonstrated by the differing views on professional identity and on the educational prerequisites required in order to pursue training in AAT. For instance, the Ecole Internationale de Zoothérapie (EIZ) trains “animal-assisted therapists” (*zoothérapeutes*), and only requires that applicants be at least 20 years old and have a high school diploma (EIZ, 2008). In contrast, the CEGEP de la Pocatière trains “AAT practitioners” (*intervenants en zoothérapie*), and requires a minimum of a college diploma in the social sciences or education with related practicum experience (Gouvernement du Québec, 2007). It is clear that the “fragmentation of the field” alluded to earlier is also a reality in Quebec, making obtaining information about the field a challenge and acting as a barrier to developing standards of practice and a unified vision so crucial to increasing the credibility of the profession (see Table 4 for a comparison of these and other Canadian credentialing programs).

A second limitation concerns language barriers. Due to the language of instruction and professional communication, the majority of English-speaking practitioners across Canada would be unable to pursue these as training options, and any information about the

field (however limited it may be) available through these institutes and organizations would, for the most part, only be accessible to French speakers. The language barrier also functions in the other direction in that most research and manuals in AAT and EAT/L have been written in English and are not available in French. Through informal conversations, a number of professionals have indicated that this has had an effect on the development of the field and the training and practice of AAT practitioners in Quebec, which may not be greatly informed by the literature as a result. Information about the field is therefore lacking even *within* the field, as in situations where materials have not been translated, which only compounds the obscurity surrounding AAT and EAT/L.

Training Programs in the Rest of Canada

As previously stated, educational institutions are generally known to be sources of information about different professions, professional standards and career opportunities. However, compared to the United States, there are relatively few options available to individuals who wish to pursue English-language training in AAT and/or EAT/L in Canada, which further limits the accessibility of information about the field. Although educational opportunities in AAT do exist, they appear to be few in number and seem to mainly consist of individual courses or short-term workshops (see Schlotte, 2008c for a list of training options in AAT), as opposed to the more fully-developed diploma programs offered in Quebec and in the United States¹⁵. Interestingly, while there seems to be a lack of English-language AAT diploma and certificate programs in Canada, there do appear to be a number of well-developed EAT/L programs available through various organizations (see Schlotte, 2008d for a list of training options in EAT/L). However, these trainings are only being offered in British Columbia, Alberta, Saskatchewan and Ontario at this time. It is to be hoped that, as a more formal, unified credentialing system is developed and standardized, that these will become available in more provinces, as well

¹⁵ It is worth noting that Eileen Bona of Dreamcatcher Association is partnering with Lakeland College in Alberta to develop Canada's first English-language college diploma program in AAT (Dreamcatcher Association, 2009).

Table 4*Comparison of Seven AAT and EAT/L Certification/Training Programs in Canada*

Organization	Equine-Assisted Growth and Learning Association	Cartier Equine Learning Center	Equine-Facilitated Wellness – Canada	Ecole Internationale de Zoothérapie	CEGEP de la Pocatière	Corporation des Zoothérapeutes du Québec	Horse Spirit Connections
Name	EAGALA Certification	Certified Equine-Assisted Learning, Building Block™ Program	EFW Training and Certification Process	Not specified	Stratégies d'intervention en zoothérapie	N/A	“FEEL” Facilitator Certification Program
Title Used	Not specified	Certified EAL Facilitator, EAL Assistant Facilitator, EAL Advanced Facilitator, and EAL Master Facilitator	Not specified	Zoothérapeute	Intervenant(e) en zoothérapie	None specified	FEEL Facilitator
Species of Animal	Horses	Horses	Horses	All species	All species	All species	Horses
Terminology Used	Equine-Assisted Psychotherapy (EAP)	Equine-Assisted Learning (EAL)	Equine-Facilitated Wellness (EFW)	Zoothérapie / Thérapie assistée par l'animal	Zoothérapie	Zoothérapie	Facilitated Equine Experiential Learning (FEEL)
Type of Credential	Certification	Certification	Certification	Not specified	Attestation d'études collégiales	Membership	Certification
Who is Offering the Credential	Professional Association	Private vocational school	Professional Association	Private institution	Public institution	Professional Association	Private centre

Educational Pre-Requisites (for the helping professional)	University-level training and degree in a mental health field. Registration with a governing body or professional association in the mental health field.	None specified	Training and certification in a mental health/ education/ human services profession	20 years of age, completed high school	Professional studies diploma (DEP), or college diploma (DEC) in a biopsychosocial field, or an animal health technician diploma, or any other training deemed sufficient	Related training and practicing AAT (interventions must be documented)	None specified
Standards of Practice / Code of Ethics	Yes	Yes (uses those of Equine Canada)	Yes (uses those of the Canadian Therapeutic Riding Association)	N/A	N/A	None specified	None specified
Scope of Practice Statement	Yes	Not specified	Yes	Not specified	Not specified	Not specified	Not specified
Renewal of Certification	Every 2 years	Every 3 years	Continuing education required	N/A	N/A	Not specified	Not specified
Model Promoted	Diamond model (mental health professional and horse professional)	Not specified	Diamond model or triangle model	Triangle model	Not specified	Not specified	Not specified

Note: This is not meant to be an exhaustive list. Indeed, there are other programs or organizations offering training or “certification” that would be interesting to add to the comparison, such as the Association Québécoise de Zoothérapie, and some American-based centres offering training, such as the Epona Equestrian Center and Adventures in Awareness. These other groups were left out due to lack of space. The seven organizations included in the table were compared for informational purposes only, to give the reader a sense of the variety of training options available, and also to highlight the fragmentation and confusion inherent in the field.

as in French. Moreover, similar to the situation in Quebec, there does not appear to be much communication or collaboration among the various training or certification programs available in English, as evidenced by the absence of links to each other's websites and vastly different pre-requisites and requirements (see Table 4 for a comparison of these and other Canadian credentialing programs). It is important to note that these details about the current status of AAT and EAT/L in Canada were not easily obtainable. The previous information was gathered over years of painstaking online research, networking, tracking down outdated sources, and communication with key stakeholders and other practitioners in the field. Indeed, with the exception of the writer's website, this is likely the first time that a review of the field as it exists in Canada has been compiled into one comprehensive document. It would be unrealistic to expect the average individual, who may not have the time, ability, or access to the same resources as the writer, to undertake the same endeavour in order to simply find out more about the profession. Furthermore, it is important to realize that this information also does not shed any light onto the practitioners themselves and the work that they do. It is unclear just how many people are doing this kind of work, with what training or experience, in which settings, with which clients and client issues, with which animals. Information on the challenges faced by these practitioners and the field, as well as what would be required to surmount these challenges, is also lacking.

Purpose of the Study

As has been demonstrated, the field of animal-assisted interventions in Canada appears to be fragmented, inconsistent, and lacking in any clear direction. Until this study, there was no research on the state of the field of AAT and EAT/L in Canada. Furthermore, with the exception of The Natural Connection website, there is very little accessible information, in either of our official languages, about AAT and EAT/L in Canada, which affects not only members of the public who may wish to access such services, but also future practitioners, for whom little guidance, professional direction and training exists. These deficiencies compound the lack of credibility that the field has laboured so hard to improve, and merely serve to perpetuate the obscurity surrounding what have been shown to be promising techniques (Nimer & Lundahl, 2007; Souter & Miller, 2007; Trotter, Chandler, Goodwin-Bond & Casey, 2008). Furthermore, it is

important to note that the information compiled in this chapter does not shed much light on the practitioners themselves, only the structures that are currently in place.

The purpose of this research was therefore to conduct a mixed-methods survey of English- and French-speaking AAT and EAT/L practitioners across Canada (focusing specifically on the involvement of animals in the helping professions¹⁶), in order to document the current state of the field and provide valuable information to stakeholders and the public, which is presently lacking. The focus of this research was on discovering, describing and understanding the practitioners, practices and the field as a whole as they exist in Canada, as well as achieving a better understanding of the challenges and needs of this unique community. Ultimately, the hope is that these efforts will help to not only educate the public about the field of animal-assisted approaches, but also to increase collaboration and perhaps initiate a coming-together amongst the individuals practicing this kind of work who are scattered across our country.

Research Questions

The central question this research seeks to answer is: What is the current state of the fields of AAT and EAT/L in Canada? This broad question will be divided into a number of sub-questions, which include:

1. Who are the practitioners that use this approach? This question will be reflected in the survey by asking questions about the practitioners' ages, genders, cultural backgrounds, language(s), main field of study and educational level, profession, training and experience in the field of AAT and EAT/L, and membership in professional associations and/or a regulated profession.
2. What are the practices of these practitioners and what services are being offered? The survey will seek to discover the practitioners' number of years of experience, the terms they prefer to use to describe their practice (may be different from AAT/EAT/L), how much of their work involves animals, the setting in which the practitioners work, the number and species of animals they partner with, if the animals were trained for this work, whether the

¹⁶ See definition page 23.

practitioners work solo or with an animal handler, how the animals are involved in the work, the practitioners' client load, the fees they charge for AAT or EAT/L services, if they receive funding or grants, if they receive referrals, and if they are reimbursed by insurance companies.

3. What are the challenges being faced by these practitioners, and what are their impressions about the challenges currently facing the field as a whole?
4. What are the needs of these practitioners? The survey will use a combination of Likert scales and open-ended qualitative questions to assess the challenges and needs of AAT and EAT/L practitioners.

Definitions

The following definitions are included for clarification and to ensure proper interpretation of the terminology used in this study.

Animal-assisted activities (AAA): “provide opportunities for motivational, educational, recreational and/or therapeutic benefits to enhance quality of life. AAAs are delivered in a variety of environments by specially trained professionals, paraprofessionals, and/or volunteers in association with animals that meet specific criteria. Key features include absence of specific treatment goals; volunteers and treatment providers are not required to take detailed notes; visit content is spontaneous” (Delta Society, n.d., as cited in Kruger & Serpell, 2006, p. 23). The most common example of AAA is that of recreational pet visitation programs in hospitals, nursing homes and long-term care facilities. While the distinction between AAA and AAT can be blurry at times (Souter & Miller, 2007), AAA are not officially intended to be within the scope of this study.

Animal-assisted intervention (AAI): “Any therapeutic intervention that intentionally includes or incorporates animals as part of the therapeutic process or milieu” (Kruger, Trachtenburg, & Serpell, 2004, p. 4).

Animal-assisted therapy (AAT): “is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with specialized expertise and within the scope of practice of his/her profession. Key features include specified goals and objectives for each individual and measured progress” (Kruger & Serpell, 2006, p. 23). Although AAT has been used as an adjunct in numerous health-

related fields, such as speech-language pathology, physiotherapy, and occupational therapy, this study will focus specifically on the application of AAT in counselling, mental health, psychotherapy and other helping interventions that foster therapeutic growth and personal development/learning. Furthermore, although many terms have been used over the years to refer to the involvement of animals in therapy (see Table 1), the term AAT will be used to simplify this text.

Biophilia. Forwarded by E.O. Wilson, the biophilia hypothesis is a foundational theory of animal-assisted interventions, which purports that “humans possess a genetically-based propensity to attend to, and be attracted by, other living organisms [... In other words, an] innate tendency to focus on life and lifelike processes” (Kruger & Serpell, 2006, p. 26).

Counselling: A process involving “a trained person who practices the artful application of scientifically-derived principles for establishing professional helping relationships with persons who seek assistance in resolving large or small psychological or relational problems. This is accomplished through ethically-defined means and involves, in the broadest sense, some form of learning or human development” (Somers-Flanagan & Somers-Flanagan, 2004, p. 9). Generally, counselling is considered to focus on helping individuals handle, cope with, adapt to or resolve developmentally normal personal, relational and life transition issues and challenges (Ivey & Ivey, 2003; Somers-Flanagan & Somers-Flanagan, 2004). However, as will be seen in this document, the differences between counselling and psychotherapy are difficult to identify, as there is considerable overlap between the two practices.

Diamond model: A model of practice in AAI that involves a helping or health professional, an animal handler/volunteer, an animal, and a client (Brooks, 2006).

Equine-assisted therapy/learning (EAT/L): An umbrella term devised for the purposes of this study. Although other terms are currently used to refer to the same or similar approaches (see Table 2), the term EAT/L will be used in this study¹⁷ in order to simplify matters. With the exception of therapeutic riding and hippotherapy, all forms of EAT/L fall within the scope of this study.

¹⁷ The use of the term EAT/L in this document occurred after the research study was completed. At the time of the study, the term EFP (or equine-facilitated psychotherapy) was used to refer to all equine-assisted approaches.

Equine-facilitated psychotherapy (EFP): A specific form of AAT involving horses. As defined by the Equine Facilitated Mental Health Association (EFMHA), “EFP is an experiential psychotherapy that includes equine(s). [...] EFP is facilitated by a licensed, credentialed mental health professional working with an appropriately credentialed equine professional. EFP may be facilitated by a mental health professional that is dually credentialed as an equine professional. EFP denotes an ongoing therapeutic relationship with clearly established treatment goals and objectives developed by the therapist in conjunction with the client” (Kruger & Serpell, 2006, p. 23). EFP falls within the scope of this study. However, as with the example of counselling and psychotherapy listed above, the differences between EFP and other forms of EAT/L can be difficult to distinguish.

Helping professions: For the purposes of this study, the helping professions include those professions that foster personal growth and therapeutic development, including: counselling, psychotherapy, social work, psychology, psychiatry, education, school counselling, psychiatric nursing, family therapy, child and youth care, child and play therapy, life coaching, personal and professional coaching, energy healing, shamanism, etc.

Hippotherapy: “a physical, occupational and speech therapy treatment strategy that utilizes equine movement. Hippotherapy is utilized as part of an integrated treatment program to achieve functional outcomes. In hippotherapy, the patient engages in activities on the horse that are enjoyable and challenging. Specific riding skills are not taught, but rather a foundation is established to improve neurological function and sensory processing” (Green Chimneys, 2005). While similar to therapeutic riding (as defined below), hippotherapy is a separate technique with different goals and exercises (see Champagne, 2007 for a comparison of both practices). It will not be considered in this study because it falls under the domain of physiotherapy and other paramedical professions as opposed to the helping professions.

Human-animal bond (HAB): The American Veterinary Medical Association’s Committee on the Human-Animal Bond (1998) defines this term as “a mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviours that are essential to the health and well-being of both. This includes, but is

not limited to, emotional, psychological, and physical interactions of people, other animals, and the environment” (as cited in American Association of Human-Animal Bond Veterinarians, 2001, p. 8).

Psychotherapy: While in many ways similar to counselling, psychotherapy is generally held to be “a more intense process, focusing on deep-seated personality or behavioural difficulties” (Ivey & Ivey, 2003, p. 19). However, in practice, there may be significant overlap between both approaches.

Therapeutic farm: According to Roberts (2007), therapeutic farm communities “help residents manage their psychiatric symptoms and illnesses, develop life skills, and gain the confidence to move on to independent living through hard work and social interaction” (p. 32). However, not all therapeutic farms subscribe to the psychiatric rehabilitation model. As a broader concept, therapeutic farms could be defined as “encompass[ing] a variety of locations and practices, which all have in common the provision of therapeutic programs for humans in a natural setting. Services and programs [...] range from residential treatment, day programs and/or camps; horticultural therapy; animal- and equine-assisted interventions, therapeutic riding; farming and sale of organic produce; traditional counselling and psychotherapy; vocational training; rehabilitation; outdoor activities, etc.” (Schlote, 2008d).

Therapeutic riding: As defined by the North American Riding for the Handicapped Association (NARHA), therapeutic riding involves “the use of the horse and equine-oriented activities to achieve a variety of therapeutic goals. This is accomplished by combining instruction in traditional horsemanship skills with concepts of physical activities to improve the strength, balance and self-esteem of children and adults who are physically and/or mentally disabled” (Hearts Astride, 2007, para. 2). Therapeutic riding differs from hippotherapy (see Champagne, 2007), and is also not considered within the scope of this study.

Triangle model: A model of practice in AAI that involves a helping or health professional, an animal, and a client (Brooks, 2006).

Delimitations

The following statements set out the boundaries of this study:

1. The study was limited to data collected between the months of June 16 and September 15, 2008.
2. The study was limited to practitioners of AAT and EAT/L across Canada who apply these modalities within the context of counselling, psychotherapy, mental health, education, social services, coaching, and other practices that foster personal growth and therapeutic development.
3. The study was limited by the investigator's abilities in the area of research and data analysis. However, consultation on research methods and statistics were sought by this author to address key limitations.
4. All populations, approaches and concepts not so specified in this study were considered to be beyond the scope of this investigation.

Chapter 2:

Literature Review

The purpose of this section is to review the literature relating to the involvement of animals in the helping professions. A description of the incorporation of animals in psychiatric facilities prior to the 20th century will be provided, followed by an examination of the literature documenting this novel approach, beginning from the earliest axiological writings and anecdotal reports in the 1960s, through qualitative and quantitative studies conducted with various client populations, to present-day meta-analyses on the effectiveness of AAT.

Because AAT and EAT/L draw from numerous fields, such as education, psychology, medicine, psychiatry, veterinary science, social work, child and youth care, and nursing, among others, a thorough cross-disciplinary search involving the following databases was required in order to locate pertinent articles: Academic Search Elite, Academic Search Premier, Canadian Reference Centre, CINAHL with Full Text, EBSCO Animals, ERIC, Health Source - Consumer Edition, Health Source: Nursing/Academic Edition, MEDLINE, PsycINFO, PsycARTICLES, and Web of Science. Furthermore, due to the inconsistency in terminology used in this field, the following search terms (and various combinations thereof) were used: animals, dogs, horses, therapy, psychotherapy, counselling, mental health, intervention, animal-assisted therapy, pet-facilitated therapy, pet-facilitated psychotherapy, pet therapy, equine-facilitated psychotherapy, equine-assisted psychotherapy, and human-animal bond, among others. Finally, since AAT is used in a variety of fields (including speech pathology and physiotherapy), and since the term AAT has at times been used indiscriminately to refer to AAA (such as pet visitation programs), the database search results had to be narrowed down to identify articles and sources that looked at AAT and EAT/L as specifically applied in counselling, psychotherapy, mental health and other personal growth and development settings.

Historical Antecedents

The relationship between humans and animals is a complex one dating from time immemorial. Although animals have provided psychological, emotional, social and spiritual benefits to humans for thousands of years (Levinson, 1969; Serpell, 2006), the

purposeful incorporation of animals in clinical therapeutic settings is a fairly recent phenomenon. In her review of archival documents at The Bethlem Royal Hospital in England, Allderidge (1991) found evidence that animals played a role in the otherwise miserable lives of inpatients at what were then known as ‘madhouses’ or ‘insane asylums’. Prior to the 19th century, deplorable conditions in such institutions were standard, and patients were normally confined and shackled in cells, neglected, or subjected to cruel, painful, and questionable medical treatments (Davison, Neale, Blankstein & Flett, 2005). However, there are documented cases of isolated and largely abandoned patients interacting with the odd cat or wild rabbit, which appear to have been the only source of affection and interaction these patients ever received (Allderidge, 1991). At the end of the 18th century, following the recommendation that patients be treated humanely, morally and with compassion (a view which revolutionized psychiatric asylums and created a new standard of care), a number of institutions began freeing patients from their chains, approaching them with dignity and understanding, and providing them with recreational activities that would give them a purpose and sense of comfort (Davison, Neale, Blankstein & Flett, 2005). Among such changes was the purposeful exposure of patients to natural settings, the outdoors, plants, birds, and a variety of animals, as evidenced by newly developed “asylum farms” found at such locations as Bethlem Hospital and the York Retreat in England in the 1800s (Allderidge, 1991). At these institutions, the wards and grounds were replete with greenery, aviaries, and free-range dogs, cats, squirrels, rabbits, and ducks, among other species, which appeared to “possess much power in raising the sometimes drooping spirits and soothing the troubled minds of the unhappy persons who dwell[ed] [there]” (*The Illustrated London News*, 1860, as cited in Allderidge, 1991, p. 259-260). The patients would tend to the needs of the animals, which were also said to have served as confidants when there was no one to listen.

England was not the only country where animals were being involved in therapeutic interventions. In 1867, a residential treatment centre for persons with epilepsy (“Bethel”) was founded in Germany, where dogs, cats, horses, birds, and a wild game park were made available to patients (Fine, et al., 1996). The trend of partnering with animals in therapeutic contexts appears to have eventually made its way to North

America, where, in 1911, the Brockville Psychiatric Hospital in Brockville, Ontario, purchased more land to “begin significant farming operations, [...] which included] fully equipped farms, with barns, poultry barns, milking parlours for the hospital’s herd of prize Holsteins, [and] horse stables” (Royal Ottawa Health Care Group, n.d., para. 5); however, although this constitutes another example of an asylum farm, it is unclear whether the patients were involved with these animals. An asylum farm was also in existence in Kingston, Ontario in 1891 (Archives of Ontario, n.d.) and, in 1919, dogs were included in the treatment of psychiatric patients at Elizabeth Hospital in Washington, D.C. (Centre for Addiction and Mental Health, 2004/2005). Moreover, dogs, farm animals and wildlife were included in a rehabilitation program at Pawling Air Force Convalescent Hospital in New York during World War II (Fine et al., 1996; Levinson, 1969). Shortly thereafter, in 1947, the Green Chimneys residential treatment centre was founded in Brewster, New York, with the goal of offering farm programming and ‘pet therapy’ as part of an eclectic milieu therapy to children and youth with behavioural, emotional and academic challenges (Ross et al., 1984).

As with all trends, however, asylum farms and the involvement of companion animals in psychiatric or rehabilitative care waned around the mid-20th century, when the model shifted from asylums, which were places “of refuge and support for the afflicted”, to “the more sterile environment of the hospital, where scientific medicine holds sway” (Allderidge, 1991, p. 761). Unfortunately, asylum farms largely disappeared¹⁸ just as the shift towards empirical research occurred, meaning that the involvement of animals in the treatment of mental health missed out on being the focus of early scientific studies (Katcher & Wilkins, 1998). However, the therapeutic contributions of animals have made an impressive comeback in the last 40 years (some might say they never fully disappeared in the first place), and efforts have been made to make up for lost time on the research front.

¹⁸ The few asylum farms that have survived and that adhere to traditional notions of asylums as natural, calming sanctuaries (“therapeutic landscapes”) and of milieu therapy (“notion of place-as-therapy”) are privately-run institutions that are accessible only to those who are able and willing to pay for these types of services (Moon, Kearns & Joseph, 2006, p. 134). Homewood Health Centre in Guelph, Ontario, is one such example.

A Modern (Re)discovery

While it is important to acknowledge its early roots in psychiatric institutions, the purposeful involvement of animals in counselling, mental health and psychotherapy in its present form stems more directly from Dr. Boris Levinson, an American professor of Psychology at Yeshiva University in the 1960s. In his groundbreaking first article on the topic, “The dog as a co-therapist”, Levinson (1962) sought to share his discovery of the clinical benefits of pets in child therapy, especially with children with behavioural or emotional disorders who were considered to be hard to reach, or for whom traditional therapies were unsuccessful. Levinson’s article was also unique in that, in his review of the literature published up until that time, “no reports could be found of the planned use of the dog as an aide in therapy with disturbed children” (p. 60). While his ideas were certainly unconventional – indeed, he later reported his first article was initially met with ridicule by some of his colleagues, who “asked whether [his] dog shared in the fees” (Levinson, 1969, p. 42) – he, and others, nonetheless believed their time had come. Indeed, this shift was characteristic of the prevailing zeitgeist in the mid-20th century, where the profession, which was “once dominated by psychoanalysis”, changed to “one broken up into many warring psychotherapeutic factions”, due to “growing dissatisfaction with the reach and effectiveness of past traditional ways” (Levinson, 1984, p. 131). During that time of change, alternatives to traditional psychoanalysis were being developed at a rapid pace, as evidenced by the introduction of behaviour therapy, cognitive- and cognitive-behavioural therapy, humanistic and client-centred therapy, and existential and Gestalt therapy on the scene (Somers-Flanagan & Somers-Flanagan, 2004). Although what later came to be called “animal-assisted therapy” did not enjoy the same notoriety as these other well-known approaches, it was nonetheless born of the same spirit and time as the others.

Levinson’s first article (1962) is by no means an empirical study; it consists instead of an anecdotal account of how he accidentally stumbled upon this “new”, as yet unnamed, therapeutic approach. Some eight years prior, Levinson had been preparing for an initial session with a withdrawn child who, due to having not made any progress with other therapists, was going to be hospitalized. The family of the child arrived early to the session, before Levinson had the chance to remove his dog from the office. The

ordinarily withdrawn child was immediately interested by the animal, named Jingles, and asked Levinson numerous questions about him while petting and cuddling with the creature. The child requested to be able to return to play with the animal and, as sessions progressed, the child began to include Levinson in his play with Jingles, eventually leading to a strong working alliance through which the child was able to be rehabilitated and avoid hospitalization. Through this and other similar experiences, Levinson (1962, 1964, 1965, 1969) observed that animals offer a number of valuable benefits to clients, such as unconditional positive regard, affection and acceptance, and acted as confidants who would listen attentively without judging. He also found that animals were often less threatening and ‘safer’ than the human therapist, especially in the beginning stages of therapy with vulnerable children who had been abused by, and were therefore wary of, humans. Furthermore, Levinson discovered that animals provided clients with a connection to reality and the here-and-now, and that they helped clients develop a connection with and empathy for others outside themselves. Animals also acted as playmates with whom to play out internal conflicts and freely express difficult feelings; indeed, Levinson found that his clients often projected their emotions and desires onto the animal in the sessions. Finally, Levinson noted that animals provided rich symbolism and served as examples from which to draw parallels with his clients’ affect, behaviour, and experiences, as a way to gently foster insight. In total, Levinson described 19 different cases in which he partnered with his dog in child therapy, and accumulated 49 anecdotes of similar experiences from various sources, which he published in his articles and book (Beck & Katcher, 1984).

Additional Anecdotal Accounts

Other anecdotal accounts of practices similar to Levinson’s, as well as of larger-scale programs, began to gradually pepper the literature. While the most well-known example, the animal- and nature-based programs at Green Chimneys Children’s Services residential treatment centre, has certainly been well-documented (Brooks, 2006; Golin & Walsh, 1994; Melson, 2001; Ross, 1993), there are nonetheless other examples of AAT and EAT/L programs and services. Rossiter (2006) described a similar program at Forget Me Not Farm in Santa Rosa, California, which involves AAT with farm animals in the treatment of abused, traumatized, neglected and at-risk children and youth. Additional

trauma interventions using AAT include the accounts by Reichert (1994, 1998), who included AAT in her treatment of girls and young teenagers who have experienced sexual abuse, and Parish-Plass (2008), who combined play therapy and AAT to help traumatized children from abusive home environments acquire new internal working models of relationships, work through attachment issues, externalize difficult experiences and feelings, and develop more positive and adaptive interpersonal behaviours and strategies. AAT has also been useful in helping adult survivors of trauma, such as with the case example of a male assault survivor who reported improvements in mood, a more positive outlook on life, decreased anxiety and agitation, increased physical health and social contact as a result of working with a dog in the context of AAT (Sockalingam et al., 2008). Another form of trauma intervention comes in the form of animal-assisted crisis response teams, developed to provide emotional support to individuals who have survived traumatic events such as natural disasters, vehicular accidents, terrorist attacks, and other crises (Nolan, 2006). Furthermore, animals have assisted individuals facing life-threatening, chronic or terminal illnesses, such as in the Healing with Horses pilot program for cancer survivors (Haylock & Cantril, 2006), and other hospital-based therapy programs involving both AAT and AAA (Connor, 2000; Jalongo, Astorino & Bomboy, 2004; Lally, 2007; Stanley-Hermanns & Miller, 2002). Working with horses has also been found to help clients identify core issues such as shame, perfection, control, difficulty accepting help, setting boundaries, spirituality, and healthy relationships in the context of eating disorders (Christian, 2005).

Other examples include the inclusion of dogs and horses in a number of psychosocial, emotional and occupational rehabilitation programs for prison and correctional institution inmates (Deaton, 2005; “Prison Program Takes a Hint from John Wayne,” 1998); the use of individual and group interventions involving horses in the treatment of child, youth and adult mental illnesses and addictions (Dell, Chalmers, Dell, Sauve, & MacKinnon, 2008; Evans, 2006; Vidrine, Owen-Smith & Faulkner, 2002); and various individual therapy practices involving dogs, rabbits, goats, lambs, calves, even feral cats (George, 1988; Hoelscher & Garfat, 1993; Wells, Rosen & Walshaw, 1997).

Research on AAT and EAT/L

Anecdotal reports such as these often suggest fruitful areas to be explored through more rigorous, scientific methods of enquiry (Stanovich, 2004). Indeed, numerous qualitative and quantitative studies have been conducted over the years in response to anecdotal reports, in order to document both the observable changes in the behaviour and symptoms of individuals in AAT and EAT/L, as well as their subjective, internal experiences. The following summary is of studies that have focused on AAT and EAT/L; studies on AAA, therapeutic riding, and hippotherapy will not be reviewed in this report.

Children and Youth

Research has shown that children with emotional and behavioural disorders tend to show higher involvement with animals than with humans or tasks, and that high involvement with animals, as well as with people and tasks, is associated with higher overall adjustment (Ross, Vigdor, Kohnstamm, DiPaoli, Manley, & Ross, 1984). This provides support for including animals in therapy with emotionally-disturbed clients, since these individuals tend to find it easier to become involved with animals than with people (as in traditional therapy scenarios involving a human therapist). Other studies involving AAT or EAT/L with children and youth in residential treatment have found that this type of intervention is associated with a decrease in behavioural problems (such as violence and aggressiveness, impulsive and erratic behaviour, tantrums, acting out and emotional dysregulation), improved relationships, and an increase in adaptive behaviours (such as emotional modulation, positive comments, eye contact and self-control), in boys diagnosed with behavioural challenges such as ADHD and oppositional defiant disorder (Granger, Kogan, Fitchett & Helmer, 1998; Katcher & Wilkins, 1998; Katcher & Wilkins, 2000; Kogan, Granger, Fitchett, Helmer & Young, 1999).

Mallon (1994a, 1994b) found that children and youth in residential treatment enjoyed visiting with animals, which calmed them down when they were angry or distressed, provided tactile stimulation that had a grounding effect, and offered them love, affection, and a sense of connection with another living being. Aside from offering nurturance to the children, the animals also provided an opportunity for them to nurture and care for another being in return. The children frequently relied on animals as

confidants and companions, and experienced nonjudgmental acceptance and love when in their presence.

Studies involving adolescent psychiatric patients have shown that AAT and/or EAT/L are associated with increased alertness and attention, and a desire for social contact and relationships (Prothmann, Bienert & Ettrich, 2006). Other studies have found that animals facilitated therapeutic self-dialogue in sessions with youth (Ewing, MacDonald, Taylor & Bowers, 2007; Rochberg-Halton, 1985), acted as symbols representing family problems, and provided a way for patients to externalize their emotions and thoughts in order to reflect on and resolve them (Rochberg-Halton, 1985). Interacting with the animals has also allowed patients to “experience unthreatening interactions, filled with positive emotions and warmth” (Rochberg-Halton, 1985, p. 187); was associated with increased self-esteem and self-confidence (Ewing et al., 2007); and led patients to openly discuss their fears and anxieties, smile, trust others, and learn the self-control and emotional/behavioural regulation skills needed for working with animals as well as interacting with people (Ewing et al., 2007).

Trotter, Chandler, Goodwin-Bond and Casey (2008) found that equine-facilitated counselling surpassed traditional school counselling in a comparative pre-test post-test study that paired students who were at risk for social and academic failure (grades 3-8) with horses. Participants in the EFC program experienced statistically significant improvement in 17 behaviour areas as measured by the Behavioral Assessment System for Children (BASC) and the Psychosocial Session Form (PSF), as compared to only 5 with the school counselling program. Areas of improvement included emotional and behavioural symptoms, internalizing and externalizing problems, adaptive social skills, hyperactivity, aggression, conduct problems, anxiety, depression, somatization, sense of inadequacy, self-esteem, relationships with parents, social stress, and adaptability.

Other benefits of using AAT and/or EAT/L include decreased heart rate, improved mood, and increased displays of positive affect in hospitalized children (Kaminski, Pellino & Wish, 2002); increased awareness of social environment, playful mood, and pro-social behaviours in children with autism-spectrum and other pervasive developmental disorders (Martin & Farnum, 2002); and increased ability to manage

anger, willingness to be vulnerable to one's emotions, and verbalization in adolescents (Hanselman, 2001).

Adults and Seniors

Research on AAT and EAT/L with adults with a range of issues and mental health diagnoses (including both in- and out-patient psychiatric patients) has also provided support for these modalities. These approaches have been associated with increased socialization, helpfulness, friendliness, and cooperativeness (Burgon, 2003; Corson, Corson & Gwynne, 1975; Marr et al., 2000); decreased anhedonia, or the inability to experience pleasure (Corson, Corson & Gwynne, 1975; Nathans-Barel, Feldman, Berger, Modai, & Silver, 2005); increased motivation (Burgon, 2003; Nathans-Barel et al., 2005); decreased psychological distress (Klontz, Bivens, Leinart, & Klontz, 2007); increased ability to focus on the present moment and awareness of one's inner experiences (Burgon, 2003; Klontz et al., 2007); less emotional lability and increased verbalization (Corson, Corson and Gwynne, 1975); decreased worrying and increased confidence, social stimulation, self-concept, motivation, feelings of achievement and competence from working with animals successfully (Burgon, 2003). Berget, Skarsaune, Ekeberg and Braastad (2007) found that psychiatric patients with various mental health diagnoses increased the intensity and exactness of their work with farm animals during an AAT intervention in occupational therapy, and that the individuals with mood disorders (such as depression and anxiety-related illnesses) also experienced greater self-efficacy and a decrease in anxiety. Using AAT/EAT/L has also been associated with improvement in aspects of nonverbal communication, such as use of space, movements and gestures (Kovacs, Bulucz, Kis & Simon, 2006), decreased use of pain medication and increased quality of life (Lust, Ryan-Haddard, Coover & Snell, 2007); and improvement in life skills and activities of daily living (Kovacs, Kis, Rozsa & Rozsa, 2004). Finally, recent meta-analyses of studies involving AAA and/or AAT demonstrated the effectiveness of these approaches in treating depression (Nimer & Lundahl, 2007; Souter & Miller, 2007), in treating autism-spectrum symptoms, in decreasing heart rate and blood pressure, in addressing behavioural problems (such as aggression, violence, and noncompliance with rules), and in decreasing anxiety and fear (Nimer & Lundahl, 2007).

Although some studies have found inconclusive results or no benefits from using AAT and EAT/L (Bowers & MacDonald, 2001; Folse, Minder, Aycock & Santana, 1994; Ewing, MacDonald, Taylor & Bowers, 2007; Marino & Lilienfeld, 2007), it is interesting to note that research generally supports what practitioners have known anecdotally to be true from the beginning: that the healing power of animals can serve as an important adjunct to other therapeutic interventions with children, youth and adults. However, the purpose of this study is not to establish the effectiveness of AAT and EAT/L as interventions. The focus of this study is on the status of the discipline as it exists in Canada. Although the field of animal-assisted interventions has been studied and documented in the United States (Mason & Hagan, 1999; Rice, Brown & Caldwell, 1973), no such research exists in Canada, hence the reason for this study.

Defining the Field

As described above, animal-assisted interventions have been used in the context of numerous disciplines. However, how AAI are defined in the context of these disciplines is an unresolved issue that continues to impact the field. To begin, a review of how the helping professions are defined is in order, which will be followed by how AAI are defined, with a particular focus on practices involving horses, as this appears to be the area experiencing the most contention.

Although the various helping professions seem to have their own identities, as evidenced by the existence of various professional associations and educational programs, distinguishing these disciplines from one another in practice may be more challenging to do. For instance, psychologists and psychotherapists are not the only professionals to offer “therapy”; in fact, it is not uncommon for counsellors and social workers to also self-identify as therapists and offer services that, in practice, may resemble one another to a large degree. Indeed, what one person calls “counselling” may very well be what another person calls “psychotherapy” and vice versa. Even the job titles of “counsellor” and “therapist” may at times depend more on the employer’s choice of words than the specific nature of the process or intervention being used. Plus, both counselling and psychotherapy are often treated simultaneously in many university textbooks (Corey, 2005; Sommers-Flanagan & Sommers-Flanagan, 2004). Moreover, in British Columbia and Nova Scotia, there is a move towards regulating the crossover term

“counselling therapist” (Bryce, 2008; *Counselling Therapists Act*, S.N.S. 2008, c. 37) and the Canadian Counselling Association is currently considering changing its name to the Canadian Counselling and Psychotherapy Association to be more inclusive and more accurately reflect the practices of its members (De Cicco, 2009). There are even misconceptions about these terms at the highest levels of professional regulation. For instance, the Health Professions Regulatory Advisory Council (HPRAC) of Ontario’s working definition of psychotherapy is as follows:

Psychotherapy is the treatment of a person or persons (who have cognitive, emotional, behavioural or social dysfunctions) through psychological, psychosocial or interpersonal methods. The nature of psychotherapy is often probing and intensive, and a specific treatment plan guides the application of these procedures. The practice of psychotherapy can be distinguished from both counselling, where the focus is on the provision of information, advice-giving, encouragement and instruction, and from spiritual counselling, which is counselling based on religious or faith-based belief systems (as cited in Task Group for Counsellor Regulation in British Columbia, 2005, p. 14).

This definition of psychotherapy not only could apply to many counselling practices, but also provides an inaccurate and limiting description of what counselling consists of (information and advice-giving, encouragement and instruction).

Similarly, the distinction between coaching and counselling is also blurry. For instance, the International Coach Federation (2008) defines coaching as “partnering with clients in a thought-provoking and creative process that inspires them to maximize their personal and professional potential” (p. 1), a vague definition that could also apply to some counselling practices. Similar to the perspective taken by the HPRAC, Coaches Canada (2009, January 13) states that:

Coaching is not counselling or therapy. In coaching, the client is not broken and, thus, does not need fixing. Not to over-generalize, counselling and therapy often focus on the past. Coaching is very much focused on what can be done today to move towards a more satisfying future [...] Coaches help clients find their own solutions (para. 4 & 5).

Unfortunately, this statement does indeed over-generalize, by equating (and therefore confusing) modern counselling and therapy practices with psychiatry or the medical model (which tends to pathologize clients and client behaviours, focus on diagnoses, and establish “what is wrong” with “patients”), or with the practice of psychoanalysis (which typically focuses on the past). In fact, counselling and therapy practices go far beyond these limited categories, and often focus on the present moment (or the here-and-now), on the clients’ strengths, and on honouring the clients’ right to self-determination in making their own choices and finding their own solutions, as is done in coaching (Corey, 2005; Somers-Flanagan & Somers-Flanagan, 2004; Teyber, 2006).

Experiential learning, the field with the least amount of professional structure in this comparison, could also be argued as having similarities with coaching and counselling. Martin and Leberman (2005) describe the goals of experiential learning in the context of adventure-based learning other similar programs, thus:

One of the principal aims of experiential learning is that, as a result of direct experiences, individuals change, with this process leading to personal growth and social development. Personal and interpersonal development have also been identified as major objectives of adventure-based experiential education. The learning outcomes of adventure-based and outdoor experiential education programs, including Outward Bound, focus on change to both individuals and groups, from a variety of backgrounds and in a number of environmental settings (p. 45).

The overlap between practices and professions whose focus is on personal growth and development, not surprisingly, also extends to when these practices involve animals, especially horses. For instance, the Equine-Facilitated Mental Health Association (EFMHA, 2009) distinguishes equine-facilitated learning (EFL) from equine-facilitated psychotherapy (EFP) in a similarly arbitrary way:

EFL is an educational approach that includes equine facilitated activities incorporating the experience of equine/human interaction in an environment of learning or self discovery. EFL encourages personal explorations of feelings and behaviors to help promote human growth and development. [On the other hand,]

EFP is experiential psychotherapy that involves equines. It may include, but is not limited to, such mutually respectful equine activities as handling, grooming, longeing, riding, driving, and vaulting. EFP is facilitated by a licensed, credentialed mental health professional working with an appropriately credentialed equine professional. EFP may also be facilitated by a mental health professional who is also credentialed as an equine professional (para. 9-10).

The definition of the practice of EFL – that of fostering learning and self-discovery – is broad enough that it also encompasses EFP. The only true distinction between these practices, based on these definitions, is the level of training and credentials of the professional doing the work (many EFL practices involve the same “equine activities” listed under the EFP definition). This bodes true for the helping professions in general, where psychologists, social workers and, to a certain extent, counsellors and psychotherapists, generally have a certain amount of university education, whereas coaches and “experiential learning educators/facilitators” generally do not (at least, it is not a requirement), even though what they actually do in practice may be quite similar. To confuse matters more, the EAGALA’s description of EAP is similar to the EFMHA’s definition of EFL: “EAP is experiential in nature. This means that participants learn about themselves and others by participating in activities with the horses, and then processing (or discussing) feelings, behaviors, and patterns (EAGALA, 2007b, para. 2). Furthermore, the Equine Guided Education Association’s (EGEA) description of what an equine guided educator does also sounds remarkably like what counsellors, psychotherapists and other more formal helping professionals do when they use experiential approaches to helping and healing:

The Equine Guided Educator creates an experiential, supportive learning environment for participants to learn about themselves, heal what has been broken, and re-connect to what has heart and meaning through interactive experiences with horses. He/she allows the horse to 'guide' the process of learning, reflecting and exploration. He/she combines the process of kinesthetic learning and cognitive reflection in relation to the student's/client's mental, physical, spiritual, emotional and social well being. Through the process of evaluating an individual's current patterns of behavior, perceptions, and

performance, the Equine Guided Educator encourages the student/client towards a healthy self-image and supports the exploration of new practices for achieving personal and/or professional goals (EGEA, 2008c, para. 4).

Finally, the definition of EAL (as promoted by the Cartier Equine Learning Centre) is not inconsistent with definitions and goals of EAP/EFP and with counselling and psychotherapy in general:

EAL is an educational program that is facilitated within a group format and focuses on ground activities rather than riding. In EAL programs, participants engage in structured, facilitator-led sessions that include constant feedback related to participants' experiences. The sessions provide opportunities for participants to become involved in situations that require interaction with the horse and the group, and to reflect on these experiences. The overall intent is to create opportunities whereby participants, through direct experience with the horse, learn about self, internalize this awareness within the sessions, and generalize it to other life situations (Dell, Chalmers, Sauve, Dell, & Mackinnon, 2008, p. 91).

Clearly, how AAI (particularly EAT/L) are defined appears to be largely dependent on how the helping professions in general are defined; fuzzy lines and unclear distinctions in the one seem to translate into the same in the other. Even the varying educational requirements in the various helping professions¹⁹ are echoed in AAI, as was described in Chapter 1. Although this particular scenario is not the sole focus of the present study, this study nonetheless seeks to document this situation and see whether or not participants also believe it is a major issue currently facing the field that needs to be addressed in order for the field to evolve.

¹⁹ For example, in most provinces, to become a psychologist requires a doctoral degree; however, a master's degree is the minimum requirement in Alberta. At the national level, the Canadian Counselling Association requires a minimum of a master's degree; however, the Canadian Professional Counsellors Association does not list any minimum educational requirement.

Chapter 3:

Methods

The purpose of this section is to delineate the research paradigm and design that was used in this study, as well as provide a description of the participants, procedures, instruments, and potential ethical issues. Limitations to the present study will be examined throughout this section, which will first be prefaced by a discussion about the advantages and disadvantages of quantitative, qualitative and mixed-methods research and the role each of these methods will play in the context of this study.

Quantitative, Qualitative and Mixed-Methods Research

Quantitative research is well-suited to studying “those things that can be pointed to and observed in some manner with the physical senses or extensions thereof,” such as changes in symptoms, behaviour, or bodily function (Black, 2008, p. 3). Indeed, quantitative research is selected when researchers wish to:

[...] Study populations or samples that represent populations, study behaviour and other observable phenomena, [...] use preconceived concepts and theories to determine what data will be collected, generate numerical data to represent the social environment, use statistical methods to analyze data, [and] use statistical inference procedures to generalize findings from a sample to a defined population (Gall, Gall & Borg, 2005, p. 15).

Quantitative research is often concerned with measuring variables, determining the correlation or causation between two variables (such as the relationship between a particular intervention and client symptoms), with establishing the effectiveness of one therapeutic approach in comparison with another, or with identifying trends (Creswell, 2008).

Quantitative research alone does not paint a complete picture, however. Because quantitative research relies on the researcher taking an objective, detached stance towards the participants, uses “numerical data to represent the social environment” (Gall, Gall & Borg, 2005, p. 15), and measures what is observable in the physical world, it fails to capture the depth and complexity of human experience, beliefs and relationships – a major shortcoming, given that most animal-assisted therapies rely on experiential

learning and process interactions. Qualitative research, on the other hand, has the distinct advantage of being able to study things that are *not* located in the physical world, such as the internal, subjective experiences (emotions, thoughts, beliefs, memories, meanings, experiences, etc.) of individuals. As argued by Black (2008),

The experience of sadness does not have a simple location in the world. One may observe tears, a downward turned mouth, and sobbing. One may measure the chemicals released in a tear, the angle at which the mouth turns down, and the increase in blood pressure with each heave and sob, but none of these can tell the observer about the individual's interior experience of sadness. [...] Sadness does not *feel* like the chemicals in a tear. [...] If you want to understand what the experience of sadness is like for an individual, you must ask the person and engage them [sic] in a dialogue. You cannot simply look at a person and claim to genuinely understand what their [sic] internal experience is like (p. 3).

Qualitative research generally seeks to describe and understand the experiences and perspectives (indeed, the stories) of usually a smaller number of individuals through interviews, textual data (open-ended questionnaires, journals/diaries, poetry, quotations, etc.), observations, and audio-visual materials (photographs, videos, music, etc.) (Creswell, 2008). As such, qualitative methods of inquiry often allow for these kinds of intangible experiences to be “enhanced and brought to life” (Anderson & Arsenault, 1998, p. 10).

In situations where numerical, census-like data and individual experiences and opinions are both sought, as in the present study, a mixed-methods approach is advantageous. Indeed, according to Creswell (2008), “the use of both quantitative and qualitative methods, in combination, provides a better understanding of the research problem and questions than either method by itself” (Creswell, 2008, p. 552).

Study Design: Survey Research

According to Creswell (2008), “survey research designs are procedures in quantitative research in which investigators administer a survey to a sample or to the entire population of people to describe attitudes, opinions, behaviours, or characteristics of the population” (p. 388). Although survey designs are indeed usually considered to fall within the broader category of quantitative approaches, they often contain open-ended

questions that allow participants to provide their own answers, which require a qualitative analysis. Survey designs are frequently used to identify trends and practices, and can assist with evaluating programs and services, often at a provincial or national level (Creswell, 2008). Surveys are most commonly associated with questionnaires (paper, email, or internet-based), but they can also be administered through individual and focus group interviews (in person, by telephone or by teleconference).

The use of surveys as a tool to assess educational and social issues originated in the 1800s, and evolved during the period between both world wars into the research design we know today (Creswell, 2008). Crucial to the development of surveys were [...] improvements in sampling techniques and the development of different scales of measurement. [...] Scales improved through the development of the Likert scale (e.g., strongly agree to strongly disagree). Also, guidelines were written for writing clear questions, standardizing interviewing questions, training interviewers, and checking for consistency among interviewers (p. 388-389).

Surveys further evolved as a tool with the development of social research organizations, such as Gallup and Ipsos-Reid, and government departments, such as Statistics Canada, which specialized in large-scale data collection as is found in national censuses and opinion polls (Creswell, 2008).

The Present Study

In order to assess the current status of the field of AAT and EAT/L in Canada, including the demographics, attitudes, practices, ideas, and needs of this professional community, a mixed-methods, *cross-sectional survey design* was used. Cross-sectional surveys collect data at a precise point in time, as opposed to longitudinal surveys, which collect data from the same individuals over a longer period of time (Creswell, 2008). Furthermore, since the goal involved assessing the field of AAT and EAT/L at a national level, questionnaires were used as opposed to individual interviews (which would have been too time-consuming with this large a sample) or focus groups (which would have been difficult to coordinate due to the geographical distance between respondents across the country).

Participants

The population of interest consisted of Canadian helping professionals that incorporate animals into their practice. These practitioners may or may not have identified themselves with the specific terms AAT and EAT/L as used throughout this text, but may have used similar and related terms to define themselves and their work. However, regardless of the titles they self-identified with, the defining criterion was that they involved dogs, cats, horses, donkeys, birds, rabbits, rodents, or other domestic, farm or even wild creatures as part of their work with clients.

To meet the goals of this study, a national sample spanning the provinces and territories was selected. Unfortunately, because the field is so fragmented and lacking a complete practitioner database from which to derive a comprehensive sample, defining the target population was a challenge. Therefore, the writer scoured existing resources and conducted an exhaustive online search in order to locate as many professionals as possible to participate in the study.

Sampling Methods

The writer's search for Canadian AAT and EAT/L practitioners actually began many years prior to the study. From approximately 2004 and onward, the writer had been casually documenting and compiling lists of practitioners and resources in order to eventually create a comprehensive website where all this fragmented information could be found in one location. Once ethical approval for the study had been received, the writer became more systematic in her approach to tracking down professionals in this field. The writer conducted hundreds of rigorous keyword searches in the Google search engine (www.google.ca) in order to locate individuals and centres across Canada that offered AAT and EAT/L. The writer selected various combinations and permutations of the following keywords (see Table 5), and examined every page of search results (depending on the keywords used, Google would often produce upwards of 50 pages of results) in order to track down possible study participants. The writer also attempted to conduct similar searches using the online Yellow Pages (www.canada411.ca), but ceased to do so because the searches yielded few to no results.

Table 5*Keyword Combinations Used in Online Search for Practitioners*

Species / Animal	+ Root Verb	+ Intervention / Field	+ Location
Animal	-Assisted	Therapy	Canada
Pet	-Facilitated	Counselling	Each of the provinces
Equine	-Guided	Psychotherapy	Each of the territories
Horse		Learning	Each of the major cities
Dog		Experiential learning	
Cat		Education	
Various farm animals		Coaching	
Nature		Life coaching	
		Personal coaching	
		Professional coaching	
		Business coaching	
		Social work	
		Leadership	
		Personal development	
		Mental health	

Once the writer located as many professionals as possible (which was established when she noticed that different combinations of keywords were not resulting in any new hits), this list was posted on The Natural Connection / La connexion naturelle, the Canadian AAT and EAT/L website she was developing concurrently with this study. At this point, snowball and convenience sampling methods were used.

Firstly, in *snowball sampling*, “the researcher asks participants to identify others to become members of the sample” (Creswell, 2008, p. 155); in this way, the writer’s present contacts in the field, as well as those newly identified and posted on The Natural Connection website, were both approached to participate in the study and asked to refer their own professional colleagues to do the same. This approach was also used with individuals listed in other online directories for equine-assisted interventions known to include Canadian practitioners:

- Canadian Therapeutic Riding Association (national): www.cantra.ca
- Cartier Equine-Assisted Learning Centre (Saskatchewan):
www.cartierequinelearningcenter.com

- EAGALA Canada (Equine-Assisted Growth and Learning Association, national): www.eagalacanada.org/
- Epona Equestrian Services (Arizona, USA): www.taoofequus.com/

In addition, this approach was used with individuals meeting the writer's criteria who were discovered after searching various online directories in the helping professions. The following online directories²⁰ were consulted to locate professionals who identified themselves as involving animals in their practices:

- British Columbia Association of Clinical Counsellors (BCACC): www.bc-counsellors.org
- Canadian Counselling Association / Association canadienne du counseling (CCACC): www.ccacc.ca
- Canadian Professional Counsellors' Association (CPCA): www.cPCA-rpc.ca
- Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (OACCPP): www.oaccpp.ca
- Psycho-Ressources (Quebec): www.psycho-ressources.com
- CounsellingBC: www.counsellingbc.com

Secondly, in *convenience sampling*, “the researcher selects participants because they are willing and available to be studied” (Creswell, 2008, p. 155). This took the form of advertising the study in places that had a high likelihood of reaching individuals who met the writer's research criteria. In many of these instances, the writer relied on key individuals in each organization to distribute the questionnaire to their contacts and remind them of the deadlines. This method, known as a “pyramid network”, has been known to produce higher levels of returned questionnaires (Anderson & Arsenault, 1998). Although multiple organizations and training programs were approached with the proposal of advertising the study, only the following groups replied and consented to the writer's request:

- *Association Québécoise de Zoothérapie (Montreal, QC)*: The organization's secretary forwarded information about this study to the members of this

²⁰ The websites for professional associations and Colleges of other helping professions across the country were also consulted, but only those listed above were found to have online directories that were searchable by keyword. The same keywords listed in Table 5 were used in this search.

professional association, which unites individuals and practitioners interested in the field of animal-assisted interventions.

- *The Canadian Foundation for Animal-Assisted Support Services (Winchester, ON)*: The study was advertised on the organization's website (www.cf4aass.org).
- *The Chimo Project (Edmonton, AB)*: This organization is a pioneer in the field of AAT in Canada, which helps develop and implement AAT programs in local facilities as well as offer training to professionals and certification for therapy animals. The Program Managers at Chimo forwarded details of the study to their AAT facility contacts.
- *Ecole Internationale de Zoothérapie (Montreal, QC)*: This school offers training programs in *zoothérapie*. The coordinator of student relations forwarded details of the study via email to their past and current students.
- *EAGALA Canada Message Board*: The study was advertised through EAGALA's online group, which was dismantled not long after the data collection for this study was completed (<http://groups.msn.com/eagala>).
- *The Natural Connection*: The survey was advertised in both languages on the writer's website (www.thenaturalconnection.ca / www.laconnexionsnaturelle.ca).
- *The Ottawa Therapy Dogs (Ottawa, ON)*: This organization presently certifies volunteer therapy dog-handler teams for placement in local facilities, including with helping professionals who wish to incorporate AAT in their practice. The Chair of the OTD Board of Directors forwarded details of this study to the OTD facility contacts (the helping professionals).
- *The Animal Behavior Institute (Durham, NC)*: Because this is the only online AAT training program currently available in North America, it is possible that it may have had some Canadian students at the time of the study. The director of admissions emailed details of this study to the Institute's Canadian students.
- *The Delta Society (Renton, WA)*: This organization is internationally known to be a leader in promoting the field of animal-assisted therapy and animal-assisted interventions. The study was listed on its website (www.deltasociety.org).
- *Prescott College (Prescott, AZ)*: This school offers the only Master's degree program in Counseling Psychology with a concentration in Equine-Assisted

Mental Health. One of the instructors in the program forwarded details of this study via email to the Canadian students currently enrolled in the program.

- *Veterinary Social Work Listserv*: The director of Clinical Social Work Services at the Ryan Veterinary Hospital, University of Pennsylvania, forwarded details of the survey to the listserv, which includes Canadian members.

Furthermore, while animal-assisted activities (AAA), such as pet visitation programs, were not considered as part of this study, the boundaries between AAT and AAA often overlap. Therefore, the study was advertised with associations that certify therapy animals for the purpose of AAA, in the event that some of their members also practiced AAT. Also, the writer originally intended to advertise the study through provincial and national professional associations and regulatory bodies in the helping professions (such as the Canadian Counselling Association, the Ontario Society of Psychotherapists, and the College of Psychologists of British Columbia, for example). However, budgetary restrictions limited her to advertising the study through free sources, such as those listed above.

Given the situation, a meticulous online search, in combination with snowball and convenience sampling, was the best possible sampling strategy for this study. However, it is important to note that the sampling methods used in this study limit the ability to generalize based on the results. Since the participants were not randomly selected, it is possible that those who responded were not representative of the target population (Creswell, 2008). This phenomenon, known as self-selection bias or sample selection bias, is common in most social science and educational research, which relies on volunteer samples (Gall, Gall & Borg, 2005, p. 130). Because non-respondents are under no obligation to participate, their data remains unknown and it becomes difficult to tell whether or not those who did respond were representative of the total population. To assess the measure of representativeness of the sample, one must compare the sample statistics to those of the larger population. Unfortunately, this is not possible in the case of AAT and EAT/L practitioners in Canada, a population for which no data was available for such comparison purposes. However, the goal of this study was less about assessing generalizability than about documenting and describing a population which was, at the time of the study, unboundaried and ill-defined. Therefore, any attempt at defining this

population is of valuable importance. Also, it bears remembering that the first study of any kind is, by definition, also the most limited of its kind, because it seeks to break new ground. This study serves to help define the population at hand, which will facilitate the task of future researchers that wish to study this group of professionals.

Instrument

The survey consisted of a 50-item, self-report questionnaire, divided into five parts (see Appendix A for the English version and Appendix B for the French version). The first section of the survey focused on the practitioners' professional development. The second section covered aspects of the practitioners' professional practice. The third section elicited the perspectives and opinions of the practitioners about the challenges both they and the field are facing, and the fourth section sought to find out more about their needs and what they believe would be required for the field to continue to evolve. The fifth section consisted of a brief demographics inquiry into the characteristics of the practitioners themselves. The demographics section was placed at the end following the recommendation of Anderson and Arsenault (1998): "[The instrument] should begin with easy, non-threatening questions. Questions about age, gender, annual income can be threatening and are generally best asked at the end rather than the beginning" (p. 177).

The questions that were developed for the instrument were based in the writer's broad knowledge of the literature on AAT and EAT/L. Each of the questions on the survey were developed in reference to one or a number of research or theoretical articles, book chapters or manuals, or in reference to descriptions of AAT and EAT/L programs found on the internet. To provide one such example, question 30 sought information about the model of practice used by practitioners (triangle model, diamond model, or either model depending on the circumstance), which was based on the descriptions of these models as provided by Brooks (2006), the Equine-Assisted Growth and Learning Association (2007b), and by Equine-Facilitated Wellness – Canada (2009). Other questions in this instrument mirrored questions asked in the studies conducted by Rice, Brown and Caldwell (1973) and by Mason and Hagan (1999).

The questionnaire was prefaced by a cover letter describing the study and inviting the practitioners to participate.

Anderson and Arsenault (1998) provide a list of six rules to follow in designing a questionnaire, which, where possible, were followed in constructing the instrument for this study:

1. Lay out items to avoid confusion ([...] do not change pages in the middle of a question; give instructions on what you want the respondent to do for each type of question; number the questions consecutively).
2. Use a booklet (to make it professional; to facilitate flip side French/English versions.)
3. Include a title and introductory explanation (to let your clients know what you are doing; to help them fill it out properly).
4. Organize into sections, each with a title (to help structure thinking; to facilitate analysis.)
5. Group similar types of items together (especially rating scales; fill-in-the-blank and multiple choice can be mixed).
6. Use all available space (try to limit it to 4 pages; use space for comments to fill in the pages; ensure it is visually appealing to the eye) (p. 179).

In this study, it was not feasible to create a bilingual questionnaire (with one language on the flipside of the other), which is more appropriate and potentially less confusing when the instrument is one page long or in booklet format. Instead, both the English and French versions of the questionnaire were made available to each participant as separate documents, as opposed to assuming the preferred language of the respondents and sending either one or the other. According to Anderson and Arsenault (1998), some respondents might find the practice of assuming one's preferred language and sending only one version of the survey to be “offensive and this can bias the results. Respondents, regardless of their linguistic preference, should be treated identically and should be able to respond in the language of their choice” (p. 178).

The survey was primarily available in an online format. Respondents could access both versions of the survey through the Survey Monkey website²¹. Due to unforeseen technical difficulties with this site, a PDF version of the survey generated from the site

²¹ www.surveymonkey.com

was also made available to participants via email, which they could then fill out and mail back to the writer.

Pilot Testing

In spite of the steps and precautions taken in developing the survey, self-developed questionnaires such as this one often lack the credibility of other, more standardized instruments that have been tested and proven to be both valid and reliable. In order to identify possible issues such as ambiguity and clarity of wording, nonsensical or unanticipated responses, omissions, and determine the time required to complete the survey, a pilot test was conducted (Anderson & Arsenault, 1998; Creswell, 2008).

The questionnaire was pilot tested in two phases. In the first phase of pilot testing, the writer asked three key professionals in the field of AAT and EAT/L in Canada (1 English speaker and 2 French speakers) to review the questionnaire for readability, comprehension, and to identify any problems with the instrument. The feedback received from this first phase of pilot testing was then taken into consideration and the instrument was corrected and modified accordingly to resolve the concerns identified by the testers. Although individuals who take part in pilot testing are traditionally excluded from the final sample (Creswell, 2008), doing so in this case risked reducing the number of individuals eligible to participate in this study, which was problematic given that the size of my target population was unknown. Therefore, these individuals were not excluded from the final sample and were approached to participate in the actual study as well. The second phase of pilot testing was conducted by the writer and her thesis supervisor, and involved running through both online versions of the survey to fix any glitches, problems with question formatting, skip logic, and ensure that each question had a “decline to answer” option. The online survey was also set up so that each question required a response before a participant could proceed to the subsequent question, to reduce the possibility of missing data. In spite of these precautions, the writer later discovered that Survey Monkey retains all surveys that are started, whether they are completed or not, which means that there is a significant amount of missing data from incomplete response sets. These incomplete surveys were nonetheless retained for data analysis.

Procedures

After obtaining a certificate of approval from the Human Research Ethics Board (HREB) at the University of Victoria on June 5, 2008 (Protocol No. 08-115; Appendix C), the study was officially opened on June 16, 2008. All individuals identified by the writer as meeting the criteria for the study were contacted by email, which consisted of an invitation letter that included the links to both versions of the survey. All individuals referred to the writer through snowball sampling received a similar invitation email and were added to the contact list and notified with the rest of the respondents. A deadline was not specified in the first round of emails, because the writer wanted to gauge the initial response to the study. Doing so would help determine how long to keep the study open so as to maximize the number of responses. As per Creswell's recommendations (2008), a second (and, in some cases) a third round of emails was sent out to the entire list of contacts. These reminder emails included a tentative deadline of September 1st, 2008. The study was also advertised in the various places as described above. Individuals who found the study via these third-party advertisements were not required to contact the writer and could simply complete the survey online by clicking on the links provided.

Due to some unforeseen technical difficulties with the survey, it was necessary for some respondents to complete a paper copy that they could then mail in. A total of four respondents requested to complete paper surveys (1 English speaking and 3 French speaking). In order to accommodate these respondents, the deadline of the survey was extended to September 15, making the timeframe for data collection to be 13.5 weeks (3 months).

Potential Issues

There were no potential risks associated with participating in this study. However, there was a possibility that some respondents may have felt obligated to participate due to a pre-existing relationship with the writer or due to the snowball recruitment/pyramid method. A statement to this effect was included in the cover letter accompanying the questionnaire, informing such individuals that they had the right to withdraw. Furthermore, although the surveys were anonymous, it was possible for the writer to identify some respondents based on their answers. The identities of these individuals will nonetheless remain confidential.

Furthermore, it is important to remember that “the data obtained through survey research are likely to be distorted or incomplete to an unknown degree” (Gall, Gall & Borg, 2005, p. 180). This is because surveys are self-report measures, on which respondents may deliberately conceal information or provide inaccurate information. However, in order to ensure more accuracy in responses, the writer attempted to establish good rapport with the respondents and reassured them that their responses would remain confidential (Gall, Gall & Borg, 2005). Unfortunately, this meant that it was not possible to triangulate the qualitative answers to verify whether or not the writer’s coding methods and themes identified accurately reflected the respondents’ experiences.

Preparing and Cleaning the Data

To begin, the four completed paper copies of the survey were manually entered into Survey Monkey in order to compile them with the rest of the responses. Then, survey data from both the English and French surveys were exported from Survey Monkey into a Microsoft Excel file, where they each received a code (case) number corresponding with a number on the data entry table. Surveys numbered 1-105 came from English-speaking respondents; surveys numbered 106-143 came from French-speaking respondents.

Then, each survey was read to determine whether or not it met the criteria for the study. As defined earlier, the main criteria for the study were as follows:

- The study was limited to practitioners of AAT and EAT/L across Canada who applied these modalities within the context of counselling, psychotherapy, mental health, education, social services and other practices that foster personal growth and therapeutic development.
- Since the study sought to document the current state of the field, only professionals currently involved in the field of AAT and EAT/L were invited to participate.

Surveys that did not meet these criteria were discarded. Interestingly, none of the French-language surveys were discarded, since all met the study’s criteria. In sum, although a total of 143 surveys were returned, 131 were kept as part of the final sample. Table 6 provides a description and rationale for all discarded surveys.

Table 6
Discarded English-Language Surveys

Case Number	Rationale
12, 18	Respondents identified as a St. John Ambulance Therapy Dog handlers in AAA/pet visitation programs. Since the survey did not target AAA/pet visitation programs, these respondents were not part of the sample.
13	There were multiple “test” responses, as well as “decline to answer” responses, which called into question the validity of the responses.
20, 36, 38, 73	Respondents identified as Americans living/working in the United States. Since the survey targeted Canadian practitioners, these respondents were not part of the sample.
31	Respondent identified that he or she was not currently practicing AAT or EAT/L. Since the survey sought to document the current state of the field, this respondent was not part of the sample.
78	This survey was the duplicate to a paper survey that was submitted. The paper survey was inserted manually and took the case #105.
86, 99	Respondents identified themselves as the animal handler or horse professional within the diamond model of AAT/EAT/L. Since this survey targeted the helping professional, these respondents were not part of the sample.
90	Respondent indicated that he or she did not use AAT or EAT/L. Since the survey targeted individuals who used these approaches, this respondent was not part of the sample.

It is worth documenting that one individual who experienced technical difficulties with the online survey requested a paper version to complete. Once her paper questionnaire was submitted, it was compared against all the other questionnaires to identify which online response set was likely to be hers. Based on a question-by-question comparison, only one of the response sets matched this individual’s paper survey. This response set was also discarded. Three other individuals submitted paper surveys after experiencing similar difficulties with the online instrument; however, it was impossible to

establish which electronic response sets corresponded to their paper versions, so there are at least three doubled responses in the data.

Next, each questionnaire was searched for invalid responses (such as nonsensical filler answers, like “nnnnn”, “ppo”, etc.); such responses were replaced with a period or with IR, in order to be treated as missing data in the analysis. The data were then imported into the Statistical Package for the Social Sciences (or SPSS version 17.0, grad pack). Multiple response questions were recoded so that each possible response was analyzed as a separate question, resulting in a data file of 207 variables. Data for each respondent was then verified to ensure that no mistakes were made in the data entry process, as per the recommendations of Anderson and Arsenault (1998).

Steps Taken in the Data Analysis

Creswell (2008) provides a checklist to assist with the analysis of data collected from surveys and questionnaires. In the first step, Creswell recommends identifying the response rate and response bias of the sample. Unfortunately, because no statistics about this population existed at the outset of the study, and because of the sampling methods used, it was impossible to identify what the response rate was (suffice it to say that the total number of returned questionnaires far exceeded the writer’s initial expectations). Response bias, defined as “when the responses do not accurately reflect the views of the sample and the population” (Creswell, 2008, p. 403), is also impossible to determine, for these reasons and those identified previously.

In the second step, Creswell directs survey researchers to “descriptively analyze the data to identify general trends” (p. 411), which constituted the major form of data analysis for this study. Tables of descriptive statistics (percentages, measures of central tendency, and standard deviations) were generated for each of the questions on the instrument, including the demographics information. Content analysis was conducted for the qualitative responses, which included analyzing for trends and themes, and grouping responses into logical categories. Finally, the third step concerns the actual writing of the research report, using descriptive results or inferential statistics. Since the research questions identified at the start of the study could be answered by descriptive statistics, inferential analysis (such as comparing groups and running cross-tabs analyses to provide a deeper understanding of the data) was not necessary for the purposes of this report.

Chapter 4:

Results

The results of the study will be separated into four categories based on the initial research questions identified in Chapter 1. In some cases, questions will be further categorized or grouped based on topic, as opposed to the order in which they appear on the instrument, in order to facilitate the reporting of results.

1. The Practitioners

As previously stated, in order to better understand the target population – Canadian helping practitioners who involve animals in their professional practices – a number of questions were asked about their ages, genders, cultural backgrounds, language(s), educational field and level, profession, experience, and membership in professional bodies.

a) Demographics Questions

Of the total 131 individuals whose surveys were retained following the cleaning of the data, demographics information was only available for 99 respondents. Although Anderson and Arsenault (1998) recommended that demographics questions be placed at the end of a survey, this meant that we only have statistics representing the individuals who completed the entire instrument for these particular questions. Demographics information for the incomplete response sets (that were nonetheless retained for statistical analysis) is not available. Questions 46 to 50 in the survey concerned demographics and can be found in Appendix A.

Gender

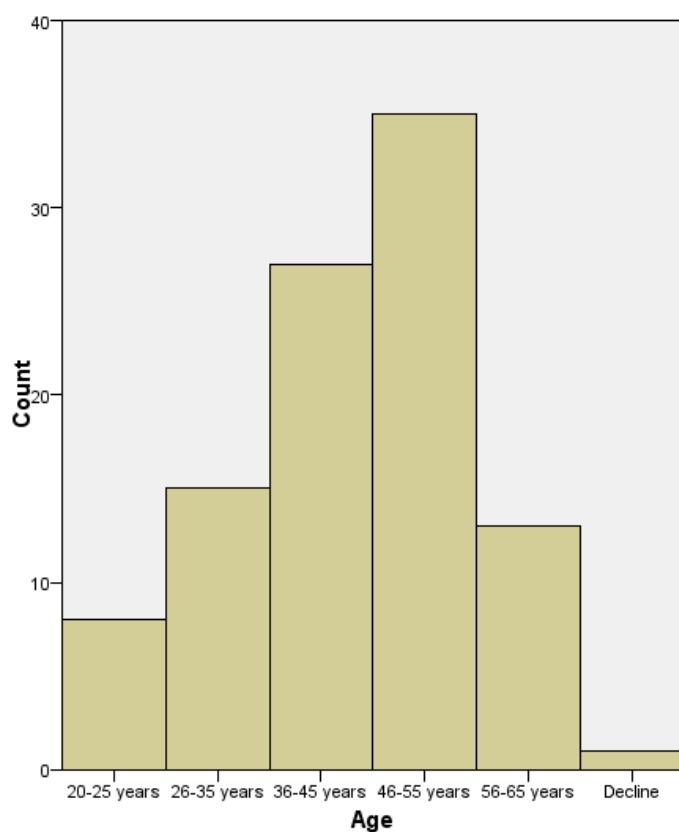
Of the 99 individuals who completed the entire survey, 89 were women (89.9%) and 9 were men (9.1%), with one person declining to answer (1%).

Age

The ages of the respondents approximated a normal curve, with the majority of individuals being between the ages of 36 and 55 years ($N = 62$ or 62.7%). No respondents reported being above the age of 65; as a result, this category does not appear in Figure 2. One individual declined to report his or her age (see Table 7).

Table 7*Reported Ages of Respondents*

Age	Frequency	%
20-25 years	8	8.1
26-35 years	15	15.2
36-45 years	27	27.3
46-55 years	35	35.4
56-65 years	13	13.1
Over 65 years	0	0
Decline	1	1
Total	99	100

**Figure 2:** Distribution of respondents based on their age.

Place of Residence

For question 48, the majority of respondents indicated they resided in Canada (see Table 2), with the largest concentrations of professionals living in the Western (British Columbia and Alberta: N = 37 or 37.4%) and Central (Ontario and Quebec: N = 50 or 50.5%) regions. It is not surprising that the province with the most respondents was Quebec (N = 29, or 29.3%), given the number of training programs in *zoothérapie* available in that province compared to the rest of Canada. With the exception of one respondent from Newfoundland and Labrador, and one from the Yukon, there were no other respondents from either the Maritime Provinces or the Territories (Table 8).

Table 8
Respondents' Stated Province of Residence

Province	Frequency	%
British Columbia	19	19.2
Alberta	18	18.2
Saskatchewan	5	5.1
Manitoba	2	2
Ontario	21	21.2
Quebec	29	29.3
New Brunswick	0	0
Nova Scotia	0	0
Prince Edward Island	0	0
Newfoundland and Labrador	1	1
Yukon	1	1
Northwest Territories	0	0
Nunavut	0	0
Decline	0	0
Other	3	3
Total	99	100

Originally, 4 respondents had selected the “Other” category; however, one of the respondents fit a pre-existing category and was recoded (this individual had stated “pour le moment Québec mais bientôt Alberta”, meaning that he or she was currently living in Quebec but was planning to move to Alberta. This response was recoded as “Quebec”). Another respondent indicated that he or she would be moving as well: “moving to BC in Fall 2008”. Interestingly, two individuals indicated that Canada was not their official place of residence. The third respondent to select “Other” specified that he or she lived in Washington State, but worked in British Columbia. Similarly, the fourth individual indicated that his or her official place of residence was Austria, but this person’s answers throughout the questionnaire seem to indicate that he or she is Canadian and also presently working in British Columbia (this person disclosed being “Russian Canadian born,” as well as being a member of 2 professional associations in British Columbia). Their surveys were retained because they nonetheless are part of the targeted population, that of the field of AAT and EAT/L professionals in Canada.

Descriptive statistics were also obtained for this question by splitting the responses based on which version of the survey people answered (English or French). This analysis established that only people from Quebec answered the French-language questionnaire (despite the large proportion of French speakers outside that province), whereas the English-language questionnaire was filled out by people from across Canada (including one from Quebec).

Cultural Background

Individuals were able to select more than one response to this question, and the categories most frequently selected were that of “British Canadian” (39.4%), “French Canadian” (28.3%) and “European Canadian” (24.2%).

Table 9*Family Ancestry of Respondents (N=99)*

Ancestry	Frequency	%
British Canadian	39	39.4
French-Canadian	28	28.3
Aboriginal / First Nations	3	96.96
European-Canadian	24	24.2
African-Canadian	0	0
Middle-Eastern-Canadian	1	1.01
Asian-Canadian	0	0
Decline to Answer	6	6.1
Other	13	13.1

In the raw data, 16 people had originally selected “Other”; however, 3 of these individuals fit the category “European-Canadian” and were therefore recoded. A number of other individuals also indicated European ancestry; however, because it was not clear from their responses whether they were Canadian citizens or not, these were not coded as “European-Canadian.” Similarly, the individual who indicated he or she was “Jewish (Israeli born), immigrated to Canada” could not be added to the “Middle-Eastern-Canadian” category because it was unclear whether or not he or she was a citizen or a permanent resident. A total of 6 respondents avowed an American heritage.

Languages

Of the total 131 surveys returned, 93 were completed in English (71%) and 38 (29%) were completed in French. When asked about which language(s) they used in their AAT / EAT/L practice, practitioners responded as follows (respondents were encouraged to check all that apply):

Table 10*Languages Used in AAT / EAT/L Practice (N=99)*

Language	Frequency	%
English	83	16.2
French	36	36.4
Other	3	3.03
Decline	0	0

The three “other” responses consisted of Spanish, Hebrew and non-verbal communication. It is interesting that one individual chose to specify non-verbal communication as a “language”, since therapy, counselling and other approaches generally rely heavily on this form of communication (and animal-assisted approaches even more so, because this is one of the main means by which animals communicate); however, none of the other respondents identified this as a language, likely because it is implicit in the work they do.

b) Professional Development Questions

Questions 1 to 17 on the survey pertained to the respondents’ professional development. It is important to note that, from this point forward, there are more extensive qualitative data to analyze (in response to open-ended questions or “Other – please specify”). In order to gain a sense of the variety of answers provided, answers will be listed with a count number (if more than one respondent mentioned a particular item) in parentheses. In many cases, respondents mentioned multiple items (for instance, listing multiple training programs, not just one); however, this will not be immediately clear based on the count system selected for analysis, which breaks items down by count, not by respondent.

Educational Level

All 131 respondents indicated their educational level (see Table 11). The category with the most respondents was that of master’s degrees (N = 39, or 29.8%), with bachelor’s degrees and college/CEGEP close behind.

Table 11*Educational Levels of Respondents*

Level	Frequency	%
High School	9	6.9
College / CEGEP	29	22.1
Undergraduate / Bachelor's	34	26.0
Master's	39	29.8
Doctorate	6	4.6
Post-Doctorate	4	3.1
Decline	4	3.1
Other	6	4.6
Total	131	100

In the raw data, 10 individuals originally checked “Other”; however, 4 of these individuals were recoded because they fit existing categories provided on the questionnaire. Three of these individuals identified as students: two were in the process of completing a master’s degree in counselling psychology, and one was an individual with a college diploma working on a bachelor’s degree in an unspecified field. These individuals were therefore recoded as having bachelor’s degrees (2) and a college diploma (1), respectively. The fourth individual indicated he or she had a high school diploma and a “DEP” or *diplôme d’études professionnelles*, which consists of a vocational training diploma from a college-level institution in Quebec (Commission de la Construction du Québec, 2008); this person was therefore recoded as having completed a program at the college level. The remaining “Other” responses²² consisted mainly of diploma or certificate programs offered through universities or private institutions:

- Diploma in Traditional Chinese Medicine / Diploma in Advanced Energy Healing
- Diploma of Educational Psychology
- Applied Counselling Certificate

²² Note that of the remaining 6 respondents listed under “Other” there are more than 6 responses listed; this is because some respondents indicated more than one educational level under “Other” (for e.g., “almost completed Masters in Counselling Psych - I have B.Ed, Dip Edpsych.” In this example, one respondent provided 3 responses). This discrepancy between the number of “Other” respondents in the tables and the number of responses described in the text will apply to all “Other” questions in the survey.

- Bowen Therapy, Bowen for Animals and Reflexology

Finally, one individual indicated he or she was a “Fellow in Thanatology” through the Association for Death Education and Counseling (ADEC), a level of professional certification requiring a minimum of a master’s degree (ADEC, 2008), and another indicated he or she was “self-educated.”

Educational Field

When asked whether their formal education was in a social service, education, health or helping discipline (N = 131), 90 individuals (68.7%) indicated yes, 30 individuals indicated no (30.5%), and one person declined to answer (0.8%). Of the individuals who answered yes, the breakdown was as follows (individuals were encouraged to check more than one answer, if applicable):

Table 12

Fields of Study in the Helping Professions (N=90)

Field	Frequency	%
Counselling / Psychotherapy	43	47.8
Psychology	40	44.4
School Counselling / Guidance Counselling	8	8.9
Teaching	23	25.6
Social Work	5	5.6
Psychiatry	5	5.6
Nursing	8	8.9
Child and Youth Care / Psychoeducator	8	8.9
Personal / Professional Coaching	16	17.8
Recreational Therapy*	8	8.9
I am presently a student in one of these fields	7	7.8
Decline	1	1.1
Other	23	25.6

*Recreational therapy (or therapeutic recreation) was not originally an option on the survey instrument. However, enough individuals indicated this professional field under “Other” that a separate variable was created.

In response to the “Other” category, individuals indicated a wide range of fields of study that they considered to be “helping professions,” including various animal-assisted interventions (such as *zoothérapie*, equine-assisted mental health, and therapeutic riding); other educational professions (such as adult education and educational assessment); work with children and families (such as early childhood education and daycare work); other medical and paramedical fields (such as medicine, biofeedback, speech-language pathology, occupational therapy, and gerontology); healing professions (such as “healer”, “energy healing and body work”, and “helping people and animals to heal”); and other miscellaneous fields (such as criminology and “registered animal health technologist”).

The 30 individuals who answered no (that their formal education was not in a social service, education, health or helping discipline) were asked to indicate their field of studies prior to their career in AAT and/or EAT/L. Their responses were as follows (with counts above 1 indicated in parentheses):

Table 13

Other Fields of Study Identified by AAT / EAT/L Professionals

Category	Answers Provided
Business / Management Training	Business administration (3) Management consulting Conference planning Accounting (2) Fund development Human resources Non-profit / volunteer management Public and media relations Corporate studies Marketing Program development
Animals and Farming Training	Veterinary science Groomer Zoology Riding instructor / coach (3) Horse husbandry / equine management (2) Livestock production Horse trainer

	Equine studies Rancher's wife Kwantlen Equus program
Other School Subjects Studied	Political science History (2) Humanities College courses (bio, chem. and math) Science Film Sociology Anthropology Folklore
Other Professional Fields Studied	Horticulture Daycare / childcare Translation Graphic design Engineering / Industrial Design (4) Urban planning Computer software Project management Journalism Health (herbalist, nutritional consulting, iridologist, medical intuitive) Coaching (personal, life, professional) (4)
Animal-Assisted Interventions Training	Equine-Assisted Learning Equine-guided development courses
Other	Personal experience

Note: While the various trainings undertaken by respondents were listed separately in this table, it is important to note that many individuals had a combination of trainings. For instance, the individual who wrote "Rancher's wife" also held a distance education diploma in life skills coaching and completed training in EAL.

It is interesting that only two individuals listed education in animal-assisted interventions as their field of studies prior to their career in AAT/EFP. Given the overwhelming affirmative response to the next question in the survey (Do you have training related to AAT/EFP?), it is surprising that so few individuals thought to mention this fact in relation to question 4. However, this may be because the earlier question was asked in context of education in the helping professions and it may not have occurred to the majority to include AAT/EFP training in their answers.

Training in Animal-Assisted Interventions

Of the 129 individuals who responded to the related question, 98 (or 76%) indicated that they had training related to AAT or EAT/L, 27 indicated that they did not (20.9%), and 4 declined to answer the question (3.1%). The responses of those who had AAT / EAT/L training will be divided into two categories (Quebec and the rest of Canada), since the educational opportunities available in that province differ significantly from that available in the rest of the country.

Quebec. This province is home to a number of certificate and diploma programs in animal-assisted therapy, which is reflected in the responses. Table 14 provides an overview of the answers provided (with counts above 1 in parentheses):

Table 14

AAT / EAT/L Training Undertaken by Quebec Respondents

Category	Answers Provided
Diplomas or Certificates in “Zoothérapie”	Ecole Internationale de Zoothérapie (21) CEGEP La Pocatière (2) Institut de Zoothérapie du Quebec (2) Zoothérapie Québec (2) Diploma in Zoothérapie (school not specified)
Other Training in Animal-Assisted Interventions	Therapeutic riding (4) Epona (2)
Professional Experience Cited as “Training”	Years of experience as an administrator of an equine studies program Experience as a training coordinator for therapeutic riding and as a therapeutic riding instructor

Since program lengths were not provided by every respondent (and the units of measurement specified changed with each respondent, with some answers provided in days, weeks, months or years), it was not possible to run a basic descriptive analysis in order to gauge the mean length of training completed by the participants. However, content analysis established that training ranged from 4 days to 525 hours of training over the course of three years, depending on the program. One individual who was trained at the Ecole Internationale de Zoothérapie specified that he or she also completed a minimum of 40 hours of psychotherapy as part of the program, which is required of all

students (EIZ, 2008). Another respondent discussed the inadequacy of one particular training program, and how he or she bolstered the training with practical experience: “formation brève par l’Institut de Zoothérapie du Québec (avec stages pratiques) + bénévolat (en complément de formation vu mon impression d’avoir une formation insuffisante)” [*“brief training by the IZQ, with work placements + volunteering to enhance my training, given my impression of having received insufficient training”*].

The rest of Canada. The fact that there are no structured post-secondary diploma programs in AAT or EAT/L available in English is reflected in the sheer number and variety of responses provided by participants. Through content analysis, it was possible to divide the responses into three broad categories: training in equine-assisted interventions, training in animal-assisted interventions, and other training (such as being self-taught, consultation with other professionals, etc.). The responses were further broken down into where the training was obtained: either in Canada, the United States, or an undisclosed location. For a breakdown of responses, see Appendix D (counts above 1 in parentheses).

Similar to the surveys from Quebec, reporting program lengths and units of measurement used to indicate program length were not consistent across respondents from the rest of Canada, so running descriptive analyses was not possible. However, content analysis identified that trainings ranged from brief (“2 hour AAT training at Chimo Project” and “Ottawa Therapy Dogs testing and orientation – not sure if this qualifies as ‘training’ per se”), to multiple trainings, workshops and internships over the course of numerous years. For example, the English respondent with the most varied and extensive list will be provided here to give a sense of the variety of training modalities sought out by English-language practitioners:

“Epona Approach, AZ, 2002, 5 days; EPONA yearlong apprenticeship [sic], AZ, 2003, 1 year; Epona Power of Authenticity, WA, 2003, 5 days; Chiron’s Way with Linda Kohanov, BC, 2004, 5 days; EAGALA, WA, 2002, 3 days; EAGALA, WA, 2003, 3 days; Adventures in Awareness, BC, 2005, 7 days; Horses and Healing, NH, 2004, 5 days; Horses and Healing, NH, 2005, 5 days; Natural Horsemanship and equine behaviour trainings ongoing for the last 7 years (Parelli, Jonathan Field, Chris Irwin, Josh Nichol, Richard Shrake); Trainings in Psychological Type, EI and EQ, Leadership, Brain Theory, Brain Gym, Applied

Kinesiology; PSYCH-K Basic, BC, 2007, 2 days; Advanced Training, WA, 2007, 4 days; Instructor Training, CO, July 2008, 6 days.”

Volunteer Work, Practica, Internships and Placements

Of the 119 individuals who answered whether they had any practical experience related to the field of AAT or EAT/L or not (aside from their actual career experience), 81 said yes (68.1%), 36 said no (30.3%), and 2 declined to respond (1.7%). The 81 individuals who responded yes were then asked to list their experiences. The responses provided were so detailed, numerous and diverse that it was impossible to create any meaningful categories from them. A complete list of the responses is provided in Appendix E.

Professional Memberships

Of the 117 individuals who answered whether or not they held memberships in associations, groups or organizations related to AAT and/or EAT/L, 67 said yes (57.3%), 48 said no (41%), and 2 declined to respond (1.7%). The breakdown in responses for those who answered yes is as follows (with counts above 1 provided):

Table 15

Membership in AAT or EAT/L Associations

Category	Answers Provided
Canadian Organizations	Equine-Assisted Growth and Learning Association (EAGALA): 18 Canadian Therapeutic Riding Association (CanTRA): 13 Corporation des Zoothérapeutes du Québec (CZQ): 13 Association Québécoise de Zoothérapie (AQZ): 12 The Chimo Project: 6 La Fédération Québécoise d'équitation thérapeutique (FQET): 4 Equine-Facilitated Wellness – Canada (EFW-Canada) : 2 Pet Therapy Society of Northern Alberta: 2 Ottawa Therapy Dogs: 2

	Chris Irwin
	Cartier Equine Learning Centre
American Organizations	North American Riding for the Handicapped Association (NARHA): 5
	Equine-Facilitated Mental Health Association (EFMHA): 4
	Equine Guided Education Association (EGEA): 2
	Epona Equestrian Center
	Delta Society
	Horse Sense of the Carolinas
	EAGALA online forum and message board
Non- AAT/EAT/L Organizations	Horse Council of BC : 2
	Latham Foundation
	Sea Shepherd Conservation
	Dolphin Research Center
	World Wildlife Federation

When these answers were examined based on the two previous categories (Quebec and the rest of Canada), it was interesting to note how Quebec respondents only listed organizations from Canada or Quebec, whereas respondents from elsewhere in Canada listed Canadian, American and international organizations. This could reflect any number of things. It could be that Quebec respondents are less interested in memberships in English-language associations (due to the language barrier), or it could be that there is less awareness within Quebec of associations that exist outside their province and country. Or it could be that Quebec respondents are satisfied with the organizations that currently exist in their province and country and do not feel the need to look elsewhere. Alternately, the fact that so many individuals in the rest of Canada (largely English-speaking) listed American and international organizations could reflect the lack of such English-language organizations in our own country and the need to look elsewhere for professional affiliation.

When asked whether they were a member of a College in a regulated profession, such as a provincial College of Psychologists or College of Social Workers (N = 116), 37

said yes (31.9%), 77 said no (66.4%), and 2 declined to respond (1.7%). The responses provided by individuals who answered yes are as follows (with answers greater than 1 listed):

Table 16*Membership in Regulated Professions*

Category	Answers Provided
Regulated Professions	College of Psychologists (8) College of Nurses (5) Teacher's College (5) College of Social Workers: 3 Collège des Médecins du Québec Alberta College of Occupational Therapists College of Audiologists and Speech-Language Pathologists of Ontario Registered Veterinary Technician [<i>this is a legally-protected title in Ontario, where the respondent is from</i>]
Other Professional Associations Named (not regulatory bodies)	Psychologists' Association of Alberta (3) Alberta Therapeutic Recreation Association (3) BC Association of Clinical Counsellors (2) Ontario Association of Consultants, Counsellors, Psychometrists and Psychotherapists (2) Autism Society (2) Family School Liaison Workers Association (2) Ontario Association of Child and Youth Counsellors (2) Canadian Counselling Association Ontario Association of Professional Social Workers American Psychological Association Canadian Association of Occupational Therapists Walden University BC Psychological Association College of Registrants in Health Psychology [<i>note: the</i>

writer could not find any evidence of such a body; however, there is a “Canadian Register of Health Service Providers in Psychology”, which is not a College]

Although the question asked specifically for Colleges (regulatory bodies), many participants listed professional associations or other professional affiliations instead. This may simply be due to a limitation of the survey (that participants did not know a follow-up question would be asked about professional associations (indeed, one person wrote “already listed in previous question” in response to the follow-up question), or it may reflect a general confusion about the differences between professional Colleges and professional associations.

When asked whether they were a member of any other professional association (aside from any AAT or EAT/L association previously mentioned) ($N = 116$), 47 said yes (40.5%), 64 said no (55.2%), and 5 declined to answer (4.3%). The responses have been broken down into categories and are provided in Appendix F. Once again, individuals responded by providing examples of organizations not requested by the question. In this instance, aside from professional associations, respondents listed Colleges or AAT / EAT/L associations, which had been asked for in previous questions. Since by this point, all questions about professional memberships had been asked, it is possible that this reflects confusion about the differences between these kinds of professional organizations. However, it may also be due to inattention and skimming through questions quickly, without really understanding what was being asked, in which case revising how these particular questions were asked would be useful in future iterations of the survey.

Individuals who were not a member of a regulated profession or a professional association were asked to state how they identified themselves professionally (by listing their job title). The answers provided are listed below:

Table 17*How AAT and EAT/L Professionals Self-Identify*

Category	Answers Provided
AAT and EAT/L	Zoothérapeute (8) Intervenante en zoothérapie (2) J'ai étudié en zoothérapie [<i>"I studied AAT"</i>] Je suis psychologue et j'utilise l'assistance animale en thérapie [<i>"I am a psychologist who uses animal assistance in therapy"</i>] Psychothérapeute assistée par l'animal [<i>"animal-assisted psychotherapist"</i>] Fercilitater [sic] for "eal" [<i>equine-assisted learning</i>] Facilitator of Equine Learning Certified EAGALA professional Educator in the Epona Approach to EFL Equine Assisted Learning Facilitator Equine Guided Facilitator Life Coach - Equine Guided Development I am a Mental Health Assistant staff under a registered Psychologist for [an animal-assisted therapy practice]. I am a Researcher for The Chimo Project as well as a volunteer animal handler.
Helping Professions	Conseillère en formation [<i>"Counsellor in training"</i>] Thérapeute en relation d'aide [<i>"Helping relations therapist"</i>] Technicienne en travail social [<i>"Social service worker"</i>] Éducatrice en garderie et accompagnatrice pour enfants ayant des besoins particuliers [<i>"Daycare educator and aide for children with special needs"</i>] Personal Development Counsellor, Therapist Intensive Child and Family Service Worker or Child and Youth Worker MA candidate, student, counsellor, addictions youth counsellor

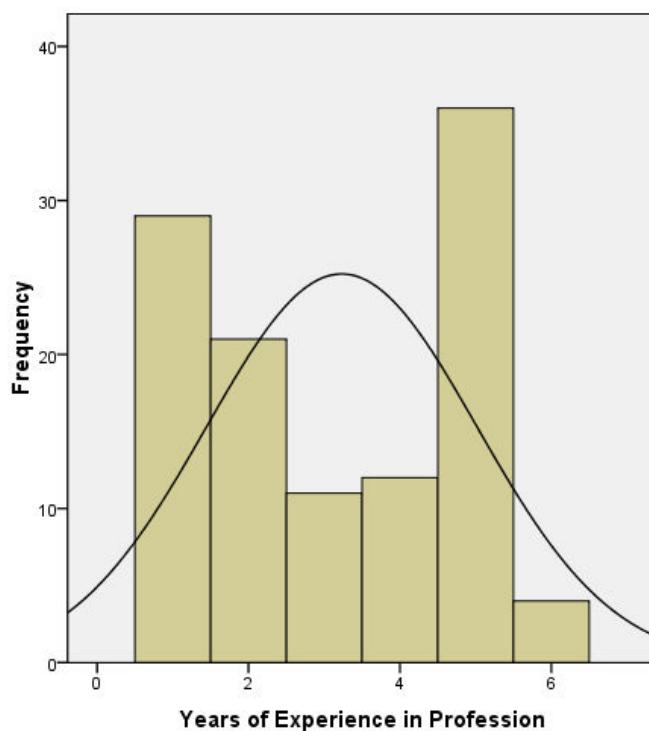
	Addiction counsellor is my current job title. I will be a member of the Canadian Addiction Counsellors Certification Federation in the new year, also eligible for Canadian Association of Rehabilitation Professionals
Coaching and Other Informal Helping Professions	Coach Facilitator and coach Facilitator (3) Educator; Coach; Facilitator Group facilitator Coaching NCCP Life skills coach (have certification through YWCA)
	Educator and Therapeutic Riding Instructor Personal & Professional Development Coach
Other Health and Healing Professions	Wellness Coordinator / Recreation Therapist Recreation Coordinator Energy Practitioner Bowen and Animal Bowen Therapist Energy Healer Quantum Touch Healer
Animal Professions	Certified Riding Coach, trainer Cert. coach cef / Professional horse trainer/ judge Coaching Equine Canada
Other Job Titles Listed	Receptionist, waitress, independent consultant Group Home Owner Owner Coordinator, Volunteer Services Teacher

Years of Professional Experience

The years of experience respondents had in their profession at the time of the survey appears to be a bi-modal distribution, with the highest numbers of professionals being either early or late in their chosen careers. Note that in Figure 3, each of the columns corresponds to the range of years in Table 18, in that order.

Table 18*Years of Professional Experience*

Number of Years	Frequency	%
0-5 Years	29	25.7
6-10 Years	21	18.6
11-15 Years	11	9.7
16-20 Years	12	10.6
20+ Years	36	31.9
Decline	4	3.5
Total	113	100

**Figure 3:** Distribution of respondents based on their number of years of experience in their stated professions.

Years of Experience in AAT and EAT/L

Contrary to the respondents' years of professional experience, their number of years of experience in AAT and/or EAT/L shows a positively skewed distribution, with most individuals having 10 years of experience or less (see Figure 4). This might explain why less is known about the field of animal- and equine-assisted interventions in Canada. Compared to the United States, where the field has been in development since the 1950s, the majority of practitioners using these approaches in Canada have only been doing so for approximately a decade. Note that in Figure 4, each of the columns corresponds to the range of years in Table 19, in that order.

Table 19

Years of Experience in AAT or EAT/L

Number of Years	Frequency	%
0-5 Years	75	66.4
6-10 Years	28	24.8
11-15 Years	5	4.4
16-20 Years	1	0.9
20+ Years	3	2.7
Decline	1	0.9
Total	113	100

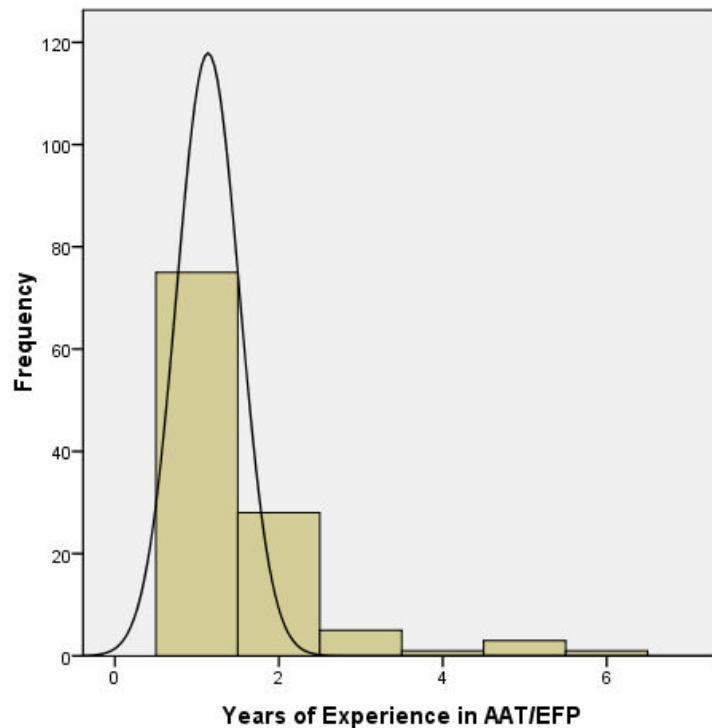


Figure 4: Distribution of respondents based on their number of years of experience in AAT or EAT/L.

2. The Practice of AAT and EAT/L in Canada

The second research question pertained to the practices of AAT / EAT/L practitioners and the services being offered. Survey questions 18 to 40 were asked in order to better understand the work these individuals do.

Terminology

As described in Chapter 1, one of the characteristics of the field of AAT and EAT/L in general is the number of expressions or terms currently in use. In order to identify which terms were more popular than others, respondents were asked to identify which terms or expressions they preferred using when describing their work (multiple responses were possible). In order to ensure that both versions of the survey were equivalent, both English and French terms were included on both versions, allowing respondents to select expressions in either language.

Table 20*Preferred Terms of Canadian AAT and EAT/L Professionals (N=111)*

Term	Frequency	%
Animal-assisted therapy (AAT)	46	41.4
Pet-facilitated therapy (PFT)	6	5.4
Animal-assisted psychotherapy	8	7.2
Zoothérapie	21	18.9
Thérapie assistée par l'animal (TAPA)	22	19.8
Psychothérapie assistée par l'animal	6	5.4
Equine-facilitated psychotherapy (EFP)	8	7.2
Equine-assisted psychotherapy (EAP)	13	11.7
Equine-facilitated counselling (EFC)	10	9
Equine-facilitated experiential learning (EFEL)	24	21.6
Equine-facilitated mental health (EFMH)	11	9.9
Thérapie assistée par le cheval	11	9.9
Equine-assisted learning (EAL)*	8	7.2
Decline	1	0.9
Other	24	21.6

*EAL was not originally a category on the survey; however, enough respondents mentioned it under “Other” that a new category was created.

A range of other expressions were described in the “Other” category, and will be described in a separate table below (Table 21).

Table 21*Other Terms Used by AAT and EAT/L Professionals*

Category	Answers Provided
Animal-Assisted Interventions	Activité assistée par animal (AAA) Intervenante en Zoothérapie [<i>zoothérapie practitioner</i>] Le type d'intervention + assistée par l'animal ex. enseignement assistée par l'animal ou réadaptation assistée par l'animal ou psychothérapie assistée par l'animal [<i>animal-assisted + the type of intervention. For e.g., animal-assisted education, or animal-assisted rehabilitation, or animal-assisted psychotherapy</i>] Pet Visitation Animal Humane Bond [sic]
Equine-Assisted Interventions	Equine Guided Development (2) Facilitated Equine Experiential Learning (FEEL) (2) Horse guided learning (2) Equine Assisted Personal Development (2) Equine Facilitated Personal Development Equine Facilitated Emotional Agility Equine Facilitated Learning Equine Facilitated Bonding Horse Guided Coaching Horse Coaching/Coaching assisté par le cheval Psychothérapie facilitée par le cheval [<i>equine-facilitated psychotherapy</i>] Apprentissage facilité par le cheval [<i>equine-facilitated learning</i>] Equitation thérapeutique [<i>therapeutic riding</i>] Equitation adaptée [<i>adapted riding</i>]
Other	“I don't get hung up with a definition or acronym” Therapeutic Recreation Youth Counselling Nature assisted therapy

Work Hours

Practitioners were asked how many hours a week they worked using AAT/EAT/L, which resulted in the following responses.

Table 22

Hours a Week Worked Using AAT and/or EAT/L

Number of Hours	Frequency	%
0-10 Hours	40	38.5
11-20 Hours	12	11.5
21-30 Hours	8	7.7
30+ Hours	1	1
Seasonal*	9	8.7
Currently Building Practice*	7	6.7
Contract Work*	3	2.8
Depends on Demand*	8	7.7
Not Actively Seeing Clients*	5	4.8
Number of Hours Varies	8	7.7
Decline	3	2.9
Total	104	100

*These categories were not included in the survey but were added as a result of the content analysis of the “number of hours varies” category.

The category most often selected was “0-10 Hours” (38.5%) which makes sense in light of the clarifications provided in the “number of hours varies” option. First of all, a total of 8 people mentioned that their hours were limited by the weather and seasons. One participant’s work hours were reduced by half during the winter months, and two others indicated that they only worked between the spring and the fall. One participant clarified that the winter was a more challenging time of year for equine-assisted interventions if one “doesn’t have an indoor arena or covered round pen” in which to facilitate activities or sessions with the horses. Conversely, for one individual, work was only available from the fall to the spring, during the months of the year when students (his or her population of interest) were in school. For those who worked seasonally, the hours a week in which

they used AAT and/or EAT/L ranged from 8 to 40, depending on the number of clients or groups they had scheduled (with two people stating that they only did weekend workshops and retreats, and therefore used AAT / EAT/L only sporadically).

Secondly, the low number of hours could depend on whether or not one lands AAT and/or EAT/L contracts or clients. At least 4 individuals mentioned this fact specifically, with one adding that “few people are ready to pay, so I have few contracts and, as a result, few hours... Of course, [people] don’t know much about [AAT] and Mira²³ offers a similar service free of charge, so why pay when you can get it for free?” (translated from a French response). Thirdly, 8 individuals mentioned that their hours of work varied depending on the demand for their services (which depended on the clients’ needs, whether enough people could be recruited for a workshop or group, whether there were enough requests for services, or whether or not there were referrals). Fourthly, 7 people mentioned they were in the process of building their AAT and/or EAT/L practice, and also had limited or variable hours of work as a result. For instance, two people mentioned that some weeks they had no hours whereas other weeks they had anywhere from 10-30 hours. Finally, 5 people stated they were not actively seeing clients at this time for various reasons, such as being in school, on break from private practice, or unable to access a facility in which to provide AAT.

Among the remaining responses, 4 individuals mentioned that their work hours were divided between clients, consulting, coordinating services, and/or teaching, meaning that client hours were “extremely variable.” Others indicated that their AAT and/or EAT/L work was integrated into their private counselling/therapy practices.

Work Contexts

Respondents were asked about the settings or contexts in which they used AAT and/or EAT/L, the responses of which were as follows (Table 23). Individuals were encouraged to select all that applied.

²³ Likely a reference to the Mira Foundation, a French-Canadian organization that trains and places guide dogs with individuals with disabilities.

Table 23*Work Contexts of AAT and EAT/L Professionals (N=104)*

Context	Frequency	%
In private practice / self-employed	68	65.4
At an agency / organization	26	25
In a school (such as a school psychologist, counsellor or social worker)	10	9.6
As an instructor of AAT/EFP	14	13.5
In a hospital	13	12.5
At a residential treatment centre	15	14.4
In specialized or long-term care programs/centres*	7	6.7
In other school or academic contexts*	5	4.8
At my own equine facility/farm*	3	2.9
As a private consultant*	2	1.9
In research*	2	1.9
Decline to answer	3	2.9
Other	15	14.4

* These categories were not included in the survey but were added as a result of the content analysis of the “Other” category.

The 5 responses under “other school and academic contexts” could not be added to the existing school category, because this original category specified working “as a school psychologist, counsellor or social worker.” Based on the responses of these 5 individuals, it is not possible to establish what capacity they were working in: 3 provided vague responses (“student programs,” “school settings,” and “schools”), whereas the other 2 indicated specialized work in schools not covered in the original school category (“junior kindergarten with children with learning disabilities” – translated from French response; and “nursing education and university student wellness”). Similarly, a number of individuals indicated they worked in other specialized care settings that did not quite fit under the category “residential treatment centres” (which may imply psychiatric treatment or substance abuse rehabilitation). Responses in specialized care included day

centres; a rehabilitation centre for persons with mental disabilities; nursing homes or other centres for persons at risk of losing their independence; a social reintegration program; and other non-specified long-term care centres.

The “Other” contexts provided included: jail/penitentiary; addictions counselling; 4H clubs; a non-profit charitable organization; workshops, retreats and conferences; a student practicum; and integration programs for foreign-trained professionals. As well, 4 individuals indicated that they did not yet have a work context (3 were currently building their practice, and one student was preparing to start his or her practice). One person indicated she was working, but was also in the process of developing an AAT training program that she would be starting soon.

Prevalence of Using AAT and EAT/L in Practice

The descriptive statistics concerning the percentage of clients that practitioners reported using these techniques with were as follows:

Table 24

Prevalence of AAT and EAT/L in Practice

Percentage of Clients Seen Using These Techniques	Frequency	%
0-25%	26	25
26-50%	14	13.5
51-75%	13	12.5
76-100%	37	35.6
Decline	14	13.5
Total	104	100

The two most frequently selected percentage categories were at either end of the range, with “0-25%” and “76-100%” receiving 25% and 35.6% of responses, respectively. This implies that the majority of AAT / EAT/L practitioners appear to either be using these techniques sporadically with some clients (for instance, by practitioners

who include AAT / EAT/L as part of a greater repertoire of interventions used), or are only making exclusive use of these approaches (such as some *zoothérapeutes* in Quebec).

Client Population

The populations most commonly worked with using AAT / EAT/L were that of adults (68.9%) and adolescents (60.2%), although this by no means implies that animal-assisted interventions are not used with other groups (see Table 25). Individuals were encouraged to select all that applied.

Table 25

Populations Served Using AAT and EAT/L (N=103)

Population	Frequency	%
Children (ages 0-12 years)	54	52.4
Adolescents (ages 13-19 years)	62	60.2
Adults	71	68.9
Seniors	32	31.1
Couples / Families	24	23.3
Corporate Groups	22	21.4
Decline to answer	2	1.9
Other	10	9.7

Other populations specified by respondents included professionals and students in the helping professions who wish to experience AAT or EAT/L first-hand.

Issues Addressed in AAT and EAT/L

Professionals involving animals in their professional practice identified a number of areas that they work on with clients (see Table 26). Individuals were encouraged to select all that applied. Responses described in the “other” category can be found in Appendix G.

Table 26*Issues Addressed Using AAT and EAT/L (N=103)*

Issue	Frequency	%
Mental Health (depression, anxiety, personality disorders, etc.)	76	73.8
Grief and Loss	54	52.4
Trauma	43	41.7
Interpersonal Relationships	66	64.1
Personal Growth and Self-Awareness	77	74.8
Self-Regulation	45	43.7
Eating Disorders	17	16.5
Self-Esteem	72	69.9
Group Development and Team Building	46	44.7
Decline to answer	1	0.9
Other	26	25.2

Source of Animal Partners

When asked whether they partnered with their own animal(s) in their work (N=102), 51 individuals answered yes (50%), 20 answered no (19.6%), and 30 indicated that some of the animals belonged to them and that some belonged to a different source, such as an agency, shelter, farm, stable or sanctuary (29.4%). 1 person declined to answer.

Species of Animals Partnered With

Dogs and horses were the two most commonly-involved species, with ratings of 59.8% and 58.8%, respectively. Other animals specified by practitioners included snakes and other reptiles, and rodents and other small animals, such as Guinea pigs, chinchillas, ferrets, and hedgehogs. Individuals were encouraged to select all that applied (Table 27).

Table 27*Species of Animal Partnered With (N=102)*

Species	Frequency	%
Dogs	61	59.8
Cats	23	22.5
Horses	60	58.8
Rabbits	10	9.8
Birds	9	8.8
Farm Animals (other than horses)	16	15.7
Wild Birds or Animals	4	3.9
Decline to answer	1	0.9
Other	10	9.8

Selection of Therapy Animals

When asked whether any of their animals had been tested or trained for this type of work (N = 102), 82 respondents said yes (80.4%). These respondents were asked to further specify what this testing or training consisted of (Table 28). Individuals were encouraged to select all that applied.

Table 28*Therapy Animal Testing or Training Used (N=82)*

Selection Method	Frequency	%
I have carefully selected and/or trained the animals myself	64	78.0
A veterinarian tested the behaviour and suitability of my animal(s)	19	23.2
St. John Ambulance Therapy Dog Evaluation	4	4.9
Delta Society Pet Partner training and evaluation	1	1.2
Canine Good Neighbour training and evaluation (Canadian Kennel Club)	13	15.9
Tuskegee Behavior Test for selecting therapy dogs	1	1.2
Evaluation for therapeutic riding horses	14	17.1
Chimo Project evaluation*	8	9.8
Decline to answer	1	1.2
Other	15	18.3

* This category was not included in the survey but was added as a result of the content analysis of the “Other” category.

A range of responses was provided for the “other” category. A number of individuals indicated their animals were evaluated by other professionals, such as dog trainers, an instructor in an AAT training program, colleagues, and Barbara Rector (originator of equine-facilitated experiential learning). Others described other evaluation programs, such as that offered through the Ottawa Therapy Dogs, the Pet Therapy Society of Northern Alberta, the Pacific Animal Therapy Society, Therapy Dogs International, the humane society, and the Canine Good Citizen (American Kennel Club), as well as the evaluation used for police horse training.

The 20 individuals (19.6%) who answered no were asked how they selected animals to partner with in their work. Of the 17 responses that were retained as valid, three broad categories were formed. Firstly, some participants chose animals based on their personality, temperament or other qualities. Smaller breeds of animals were chosen

based on their calm demeanor and ability to tolerate being handled. Horses were chosen for other characteristics, such as being gentle, aware, interested, and loving people. The second group of participants implied that it was the *animal* that chose to do the work (as opposed to the professional choosing the animal). These participants referred exclusively to horses and described them as sentient beings that seemed “called” to do this kind of work. One individual stated that she worked with rescue horses that were “highly sensitive with their own issues, committed to this work, and able to understand the difference between a training session and a healing or learning/coaching session.” Others stated: “I feel my own horses have gravitated to me through various coincidences since I made the commitment to do this work” and that the horses “present themselves to me.” The third category consisted of individuals who had other means for choosing animals, such as selecting shelter dogs, horses involved in riding lessons, or having the animal evaluated by a horse professional or volunteer coordinator. Finally, one individual did not specify any criteria, stating that “any animals were ok.”

Theoretical and Practice Models

Two specific models of practice have been documented in the literature: the triangular model (helping professional – animal – client(s)) and the diamond model (helping professional – animal handler/professional – animal – client(s)). When asked which model they used in practice ($N = 101$), 59 individuals indicated that they used the triangular model of practice (58.4%), 14 individuals indicated they used the diamond model of practice (13.9%), and 18 individuals stated that they used either model depending on the circumstance (17.8%), with 10 persons declining to answer (9.9%).

In addition, AAT and EAT/L practitioners described a number of theoretical frameworks that they use in their practices (Table 29). Individuals were encouraged to select all that applied.

Table 29*Theoretical Frameworks of Approaches Used in AAT and EAT/L (N=101)*

Issue	Frequency	%
Person-centered / Rogerian therapy	42	41.6
Psychodynamic therapy	13	12.9
Cognitive-behavioural therapy (CBT)	48	47.5
Solution-focused therapy (SFT)	34	33.7
Emotion-focused therapy (EFT)	41	40.6
Mind-body approaches	43	42.6
Attachment theory	26	25.7
Biopsychosocial approach	16	15.8
Interpersonal psychotherapy	31	30.7
Biophilia theory	8	7.9
Decline to answer	10	9.9
Other	21	20.8

Within the “other” category, 5 respondents indicated that they used an eclectic or integrative approach. The rest of the responses could be broken down into at least 14 additional theoretical approaches, with 3 individuals whose responses seemed to imply a lack of theoretical focus (see Table 30).

Table 30*Additional Theoretical Approaches Used in AAT and EAT/L*

Category	Answers Provided
Other Approaches Theoretical Approach Not Specified	Humaniste, semi-directive [<i>Humanistic, semi-directive</i>] Aproche humaniste et approche non directive créatrice [<i>Humanistic, creative, non-directive approach</i>] Gestalt (2) Structural and systemic-based therapies Somatic Experiencing/Self-Regulation Shamanic, dream work, spiritual focus Expressive therapies, holistic expressive therapy Process group Transference Strength based Use an ontological coaching model Our focus is on experiential learning opportunities, with positive reinforcement Adlerian Energy work Narrative This is a non-clinical setting using the animals in leadership development and also to explore emotional intelligence Don't do therapy I'm not a social worker ... or trained in mental health.

When asked to describe the role their animal partner(s) played in their work with clients, practitioners responded as follows (Table 31). Individuals were encouraged to select all that applied.

Table 31*Role of Animal in AAT and EAT/L (N=101)*

Role	Frequency	%
Icebreaker	67	66.3
Transitional object	48	47.5
Assessment tool	56	55.4
Projective device	53	52.5
Confidant	66	65.3
Metaphor/symbol	60	59.4
Experiential learning partner	68	67.3
Source of calm and relaxation	80	79.2
Mirror	76	75.2
Teacher of how to be in relationship	73	72.3
Decline to answer	2	1.9
Other	15	14.9

Within the “other” category, three individuals specified that their animal(s) played the role of co-therapists, teachers, facilitators, healers and/or coaches that “truly guide the process.” It was not possible to categorize the remaining responses given their variety. Other responses included “animal comme objet de contact avec la réalité (ici – maintenant) [*animal as point of contact with reality (the here-and-now)*]”, “animal as modality for physical therapy (e.g. grooming the dog for gross or fine motor control)”, “animal as source of conversation, reminiscing”, “animal as motivation”, “animal [...] used in classroom and lab for students to de-stress”, and “animal as energy reflection magnifier.”

Referrals

When asked whether or not they received referrals for AAT and/or EAT/L (N = 101), 60 participants said yes (59.4%), 32 said no (31.7%), and 9 declined to answer (8.9%). Of those who indicated to the affirmative, the following referral sources were listed:

Table 32*Referral Sources (N=60)*

Role	Frequency	%
Social workers	45	75
Doctors	18	30
Psychologists	25	41.7
Psychiatrists	11	18.3
Counsellors	41	68.3
Decline to answer	0	0
Other	22	36.7

A range of responses were provided within the other category, including other medical professionals (recreational therapists, occupational therapists, speech pathologists, nurses, etc.), educators (teachers, special education teachers, psychoeducators, early childhood educators, etc.), the legal profession (probation officers, police, court), and other miscellaneous sources (past clients, family members, treatment centres, colleagues, etc.).

Financial Aspects of AAT and EAT/L

The survey required participants to disclose the hourly rates of their AAT / EAT/L services. Frequency rates are provided in Table 33.

Table 33*Hourly Rates for AAT and EAT/L Services (N=103)*

Rate (\$)	Frequency	%	Rate (\$)	Frequency	%
0	25	24.3	80	2	1.9
20	1	0.8	89	1	0.8
24	1	0.8	90	3	2.9
25	2	1.9	100	10	9.7
30	1	0.8	115	1	0.8
35	1	0.8	120	1	0.8
40	6	5.8	125	4	3.9
44	1	0.8	130	1	0.8
45	6	5.8	140	1	0.8
50	14	13.6	145	1	0.8
55	1	0.8	150	2	1.9
58	1	0.8	155	1	0.8
60	5	4.9	175	1	0.8
65	3	2.9	200	1	0.8
75	4	3.9	250	1	0.8

That “0” would be the most frequently occurring hourly rate (N = 25, or 24.3%) was unexpected. Based on respondents’ answers to other questions in the survey, one likely explanation for this is that many practitioners receive a salary and offer AAT and/or EAT/L as part of their services, and therefore do not charge a fee for service (or hourly rate) to their clients. For instance, one person stated: “I needed to comment on the hourly rate, but that box wouldn’t let me comment, so I am putting it here. I am paid as a recreation therapist and use AAT (occasionally) as part of my treatment plan. So therefore am not paid for providing AAT specifically.” It is also equally possible that a small number of the respondents who answered “0” currently offer AAT and/or EAT/L services to clients free of charge as part of their learning, internship or apprenticeship process as students within the field. In order to more directly answer the question,

however, all 25 cases where “0” was selected were removed and descriptive statistics concerning the response set were obtained.

Table 34

Descriptive Statistics for Hourly Rates (N=78)

Mean	77.81
Median	60.00
Mode	50
Std. Deviation	43.413
Range	230
Minimum	20
Maximum	250

*These categories were not included in the survey but were added as a result of the content analysis of the “number of hours varies” category.

In symmetric distributions, such as the normal curve, the mean, median and mode will be close, which is not true of asymmetric distributions (Howell, 2004). In this case, there are significant differences between these three measures of central tendency, which point to a (positively) skewed distribution (see Figure 5), with the majority of rates falling between \$20-150 per hour.

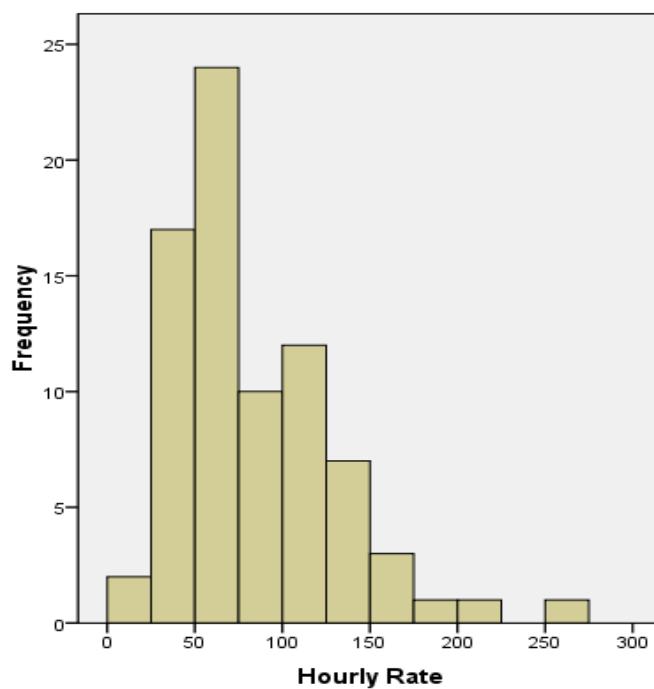


Figure 5: Distribution of hourly rates charged for AAT and EAT/L.

A cross-tabs analysis was conducted and found that professionals partnering with horses in their work were more likely to charge more per hour than professionals with smaller animals, such as dogs, cats or rabbits. This result was expected, since the cost of maintenance, housing, and care of horses and other large livestock is generally greater than for smaller animals. Furthermore, it would be reasonable to assume that individuals with higher levels of education would charge higher rates. However, this only appeared to be true for the upper end of the range; there did not appear to be a consistent trend at the lower end of the range (Table 35).

Table 35*Hourly Rates by Respondents' Education Level (N=78)*

Level	Rate Range (\$)
High School (N = 6)	40-100
College / CEGEP (N = 16)	20-150
Undergraduate / Bachelor's (N = 19)	40-200
Master's (N = 23)	24-250
Doctorate (N = 4)	50-250
Post-Doctorate (N = 3)	50-100
Other (N = 4)	55-120
Decline to Answer (N = 3)	25-125

When asked whether they or their program received funding or grants (N = 101), 25 individuals said yes (24.8%) and 70 said no (69.3%), with 6 declining to answer (5.9%). Of those who said yes, the breakdown in funding types is shown in Table 36 (individuals could select all that applied). The single “Other” response was invalid.

Table 36*Types of Funding Received (N=25)*

Role	Frequency	%
Government / non-profit funding	19	76
Private foundation grant	9	36
Donations	12	48
Decline to answer	2	8
Other	1	4

Respondents were also asked whether or not they received reimbursement from clients' insurance companies. Of the 101 individuals who answered this question, 18 said yes (17.8%), 75 said no (74.3%), and 8 declined to answer (7.9%). The individuals who answered no were asked to describe why they did not receive reimbursement for their services. Their answers were as follows (multiple responses were possible) (Table 37):

Table 37*Reasons for Not Receiving Reimbursement (N=75)*

Reason	Frequency	%
The majority of my clients do not have extended health coverage	13	17.3
Insurance companies will not cover AAT / EAT/L	22	29.3
I've never asked clients	21	28
Decline to answer	5	6.7
Other	29	38.7

Broad categories could be formed based on the responses provided for the “Other” response. The main reasons provided for not receiving reimbursement included that the professional was salaried (and therefore did not charge fees for their AAT or EAT/L services); that the professional was not yet charging for services (as a result of being a student or piloting AAT and/or EAT/L), or that the clients were paying for the service. Other reasons included that there were other sources of funding available, or that insurance companies did not cover individuals with master’s degrees.

Knowledge of the Field

Two questions were posed in an attempt to gauge both the practitioners’ awareness of the field in Canada as well as how informed they were of the literature on AAT and EAT/L. Participants were asked which of a number of national- or provincial-level organizations they were aware of prior to participating in the survey. Multiple responses were possible (see Table 38):

Table 38*Canadian Organizations Known to Participants (N=101)*

Organization	Frequency	%
St. John Ambulance Therapy Dog Division	43	42.6
Equine-Facilitated Mental Health – Canada committee (CanTRA)*	49	48.5
Association Québécoise de Zoothérapie (AQZ)	32	31.7
Corporation des Zoothérapeutes du Québec (CZQ)	27	26.7
Equine-Assisted Growth and Learning Association (EAGALA), Canadian division	47	46.5
Canadian Foundation for Animal-Assisted Support Services (CF4AASS)	15	14.9
Canadian Association for Natural Leadership and Equine Assisted Development (CANLEAD)	5	4.9
I was not aware of any of these organizations prior to participating in the study	14	13.9
Decline to answer	3	2.9

*This organization has been renamed Equine-Facilitated Wellness – Canada since the time of the study.

Participants were also asked whether they subscribed to and/or regularly read academic or scholarly journals that publish articles related to AAT and EAT/L (Table 39). An overwhelming majority of respondents (67.3%) indicated that they do not consult such journals for articles related to their work:

Table 39*Journals Consulted by AAT and EAT/L Practitioners (N=101)*

Journal	Frequency	%
Anthrozoös	10	9.9
Society & Animals	6	5.9
I do not subscribe to or regularly read academic/scholarly journals on the topic	68	67.3
Decline to answer	7	6.9
Other	14	13.9

Within the “Other” category, participants listed non-academic publications such as organization newsletters (EGALA, EGEA, the Latham Newsletter, Chimo Project), animal-related magazines (*Passionément Chien*), other academic sources (such as Science et Nature), and books. Two respondents from Quebec indicated that this was the first time they had ever heard of Anthrozoös or Society and Animals, and another stated “si j’en connaissais en français j’en ferais probablement la lecture” [*if I knew of any in French, I would probably read them*].

3. Challenges Faced by Practitioners and the Field

Questions 41 to 43 pertained to the challenges facing both AAT and EAT/L practitioners as well as the field as a whole. Table 40 provides a breakdown of the responses provided by practitioners as to the difficulties they currently faced (multiple responses were possible).

Table 40*Challenges Faced by AAT and EAT/L Practitioners (N=101)*

Challenge	Frequency	%
I do not currently face any challenges	10	9.9
Insufficient funding	53	52.5
Not being taken seriously	26	25.7
Lack of referral sources	28	27.7
Lack of available resources (books, articles, journals) in my language	18	17.8
Lack of standards of practice and ethical guidelines	27	26.7
Difficulty finding professional liability insurance that covers AAT / EAT/L	28	27.7
Decline to answer	4	3.9
Other	25	24.8

Major themes in the “Other” category included a lack of understanding of animal-assisted interventions (practices are not well-known or people are skeptical about them), challenges with marketing (time-consuming, difficulty developing marketing tools), lack of time (to build one’s practice, to develop programs), the high cost of professional insurance, not having enough staff or volunteers, and concerns about the competency and education levels of individuals doing this kind of work.

When asked what they believed were the key challenges facing this field in Canada, participants responded as follows (Table 41). Multiple responses were possible.

Table 41*Challenges Faces the Field of AAT and EAT/L in Canada (N=101)*

Challenge	Frequency	%
I do not believe there are any challenges facing the field.	3	2.9
Lack of infrastructure or independent, national professional association	49	48.5
Lack of agreement over terminology	33	32.7
Lack of professional standards and codes of ethics	52	51.5
Lack of research	60	59.4
Lack of accessible information and public education about AAT / EAT/L	70	69.3
Decline to answer	5	4.9
Other	15	14.9

Broad response themes within the “Other” category included a lack of understanding or familiarity with regards to animal-assisted interventions (not being taken seriously, lack of openness by other professionals, finding clients who are open to using these techniques); challenges within the AAT and EAT/L field (fragmented community; more opportunities to network); and perceived conflicts with regards to educational requirements, standards of practice, and the monitoring of ethics. Other individuals spoke about the importance of lobbying for AAT and EAT/L services at the government level, and the need for graduate-level education in this field. Two individuals indicated that they did not know enough about the situation to answer the question.

Question 43 consisted of a 5-point Likert scale (ranging from strongly disagree to strongly agree, plus a “decline to answer” option) that sought answers to 10 different sub-questions pertaining to possible challenges faced by both practitioners and the field. Each sub-question will be treated separately (see Table 42).

Table 42*Likert Scale Responses (N=99)*

Statement	Mode	Median	Mean	Percentages (%)					
				Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Decline (6)
I believe that there is a lack of accessible information about the field of AAT / EAT/L in Canada	5	4	4.27	0	6.1	10.1	37.4	43.4	3
I feel confident in my current level of training/education in AAT / EAT/L.	5	4	3.97	1	12.1	18.2	29.3	36.4	3
I have no difficulty finding clients or obtaining referrals for AAT / EAT/L.	2	3	3.31	8.1	26.3	20.2	24.2	14.1	7.1
Graduate-level training in professional ethics should be required for all AAT / EAT/L practitioners.	4	4	3.46	15.2	12.1	16.2	29.3	22.2	5.1
I am satisfied with my work in AAT / EAT/L, and find it rewarding and fulfilling.	5	5	4.53	1	2	5.1	32.3	54.5	5.1
I feel self-conscious identifying myself as an AAT / EAT/L practitioner.	1	2	2.01	47.5	31.3	7.1	6.1	3.0	5.1
I feel isolated in my work as an AAT / EAT/L practitioner.	2, 3	3	3.04	12.1	26.3	26.3	22.2	7.1	6.1
I am viewed as having the same credibility as my colleagues who do not use AAT / EAT/L.	4	4	3.75	5.1	13.1	25.3	30.3	11.1	15.2

I keep abreast of the research on AAT / EAT/L by reading journal articles, books, or attending conferences.	4	4	3.71	7.1	12.1	21.2	30.3	21.2	8.1
I currently struggle with agencies, funders, insurance companies, policymakers and/or the government when advocating for AAT / EAT/L.	3	3	3.53	4	18.2	35.4	18.2	12.1	12.1

4. Needs of the Practitioners and of the Field

Questions 44 and 45 related to the needs identified by practitioners, as well as their opinions as to what the field of AAT and EAT/L as a whole requires in order to continue to evolve.

Supports Required by Practitioners

Respondents were asked what (if any) supports they would need to assist them in continuing to provide ethical and competent AAT and/or EAT/L services to clients. Multiple responses were possible (Table 43):

Table 43

Supports Required by AAT and EAT/L Practitioners (N=99)

Supports	Frequency	%
I do not require any further support	9	9.1
Access to grants or funding	52	52.5
Translation of AAT / EAT/L resources into my language	22	22.2
Standards of practice and ethical guidelines	40	40.4
More accessible information about the field	45	45.5
Education, training and/or continuing studies in AAT / EAT/L	60	60.6
National conferences	57	57.6
Networking opportunities	43	43.4
Decline to answer	2	2
Other	12	12.1

It was not possible to sort the “Other” responses into categories based on a common theme due to the variety of responses provided. These responses are listed in Appendix H.

What the Field Needs to Evolve

Respondents were asked what they believed was necessary for the field of AAT and EAT/L to evolve and become more credible and recognized; multiple responses were possible (see Table 44).

Table 44

What Practitioners Identified as Being Necessary for the Field of AAT and EAT/L to Evolve (N=99)

Supports	Frequency	%
I do not believe the field requires anything to evolve and become more credible and recognized	3	3
Standards of practice and ethical guidelines	60	60.6
National, independent certification process	56	56.6
National, independent professional association	64	64.6
More research	61	61.6
Agreement about terminology and clarity about terms commonly in use	34	34.3
Decline to answer	4	4
Other	12	12.1

As with the previous question, it was not possible to sort the “Other” responses into categories based on a common theme due to the variety of responses provided. These responses are listed in Appendix I.

For the purposes of this study, the writer did not proceed beyond basic descriptive analysis of the results, since this was all that was required to answer her research questions. However, as indicated at various points in this chapter, a more in-depth analysis, including comparing groups of respondents and other variables (such as cross-tabs or correlational analyses) would further extend the results of this survey and may be conducted for the purposes of publishing the results in peer-reviewed journals.

Chapter 5:

Discussion

The purpose of this study was to gain an increased understanding of the field of AAT and EAT/L in Canada, by surveying helping professionals who involve animals in their interventions with clients – a population and area of practice that little was known about until now. The specific goal of this groundbreaking research was to document the professionals who use these interventions, some of the particulars of their work, as well as their challenges, needs, and opinions about the future of the field. All four research questions, described in Chapter 1, were answered by the study.

This chapter will begin by highlighting the importance of this research as well as the particular strengths of this study. Then, interesting results and unique findings will be examined for their relevance and significance, followed by a more in-depth discussion of the issue of professional identity and how the field is defined. The implications this study has for practitioners, the practice of AAT and EAT/L, and the field in general will be woven throughout this chapter. Finally, the limitations of this study will be outlined and suggestions for future research and next steps will be provided.

1. Strengths and Importance of this Study

As previously mentioned, this is the first attempt at documenting Canadian helping practitioners who involve animals in their practices. In fact, from the writer's understanding, this is also the first such study on this topic to A) be administered in more than one language; B) to address so many different helping professions; C) to include all species of animal, with a deliberate attempt to seek out equine-assisted professionals; and D) to make use of such an extensive instrument (50 questions). As will be reviewed in greater detail later in this chapter, previous American surveys on this topic (interviews: Mason & Hagan, 1999; questionnaire: Rice, Brown & Caldwell, 1973) suffered from significantly smaller sample sizes and far briefer instruments. Interestingly, two other Canadian master's-degree-level studies on this topic were initiated as this present study neared completion, showing that studying this population is clearly part of the current *zeitgeist*. One student in Quebec is presently working on a study that focuses on *zoothérapie* practitioners in Quebec who have been practicing for at least 2 years, using

an interview format that addresses some of the questions the writer asked but that also seeks to go deeper on topics related to benefits and outcomes of AAI. Another student in British Columbia is working on a questionnaire and interview protocol for Canadian practitioners who involve horses in their interventions with clients, which includes some of the same questions as the present study as well as different areas of exploration. However, like the aforementioned American studies, these two studies are intended to have smaller sample sizes and be less broad in scope than the writer's, making the present study ($N = 131$) in all likelihood the first and largest of its kind so far.

Since there is very little accessible knowledge about the field of AAT and EAT/L in Canada, including no prior attempts at documenting the field through any means, this study (and the writer's website) fills a major gap in the literature and knowledge – which was the most prevalent challenge identified by participants (close to 70% of respondents believed this was an issue). This research sheds light on the work these professionals do, thereby increasing their visibility in the academic literature and hopefully generating more interest about their work. This study seeks to give them a voice – indeed, the people have spoken! Moreover, documenting the field and making the results publicly accessible will allow other individuals access to this information, including the general public (that may be interested in finding out more about these services for themselves or for their loved ones), other professionals (who might want to learn more about these techniques), policy makers and government officials, as well as individuals who would like to pursue this as a career path. Indeed, this study serves as a guide to current and future AAT and EAT/L professionals about aspects related to professional practice, such as ranges typically charged for hourly rates, the number of hours one could expect to work using these techniques, the likelihood of receiving funding or insurance reimbursement, possible settings in which to work and with which populations and issues, as well as potential challenges to expect. Finally, this study stands to have an impact on how the field of AAT and EAT/L in Canada develops and is conceptualized in the future. The responses provided point to a number of key issues, unanswered questions, and areas for future growth for the field, which will be discussed in this chapter.

2. Interesting Results and Unique Findings

Not all of the results of this study provide us with new information. In fact, some of the results replicate what has been identified elsewhere in the literature and through informal conversations with these practitioners, such as the contexts in which AAT and EAT/L are used, with which populations, and for which issues. However, a number of interesting results and unique findings have come out of this research that bear mentioning.

Gender of Practitioners

One striking characteristic of the respondents who completed the entire survey was that 89.9% were female. At first glance, this may seem to be a disproportionately large number; however, it is a known fact that the helping professions are commonly dominated by women. For instance, in 2007, women made up 73.4% of the membership of the Canadian Counselling Association (Gazzola & Smith, 2007). Similarly, 68.5% of respondents of a 2006 survey of psychotherapists in the United Kingdom were women, which was consistent with membership rates in the UK Council for Psychotherapy at that time (Tantam, 2006). However, the number of women respondents in the present study is still somewhat higher than for these other studies, which could be due to the added presence of animals in the helping professions. Interestingly, a 1999 survey of psychotherapists who involved animals in their practices found that 85% of respondents were women (Mason & Hagan, 1999), a number which approximates the rates of the present study more closely than the results obtained merely by surveying helping professionals in general. The high preponderance of women in both the Mason and Hagan study and the present study reflect what the writer has observed informally – that there indeed appears to be more women than men practicing AAT and EAT/L. However, because there are no pre-existing statistics for this population, it is impossible to establish with complete certainty whether the sample is representative of the target population.

Why this study (and, why this field – if the results are representative of the target population) would attract more women than men, however, is unclear. Interestingly, there are many anecdotal reports of the spiritual and emotional connections between animals, especially horses, and women (Hogan, Metzger & Peterson, 1999; Kohanov, 2001; GaWaNi Pony Boy, 2005). This connection may exist in part because they both share the

common characteristic of being oppressed, disadvantaged and vulnerable groups in society (Flynn, 2000). In fact, women historically have been the most prominent supporters of the animal protection, animal welfare and animal rights movements, in part because “their oppression parallels that of animal exploitation” (Munro, 2001, p. 47), which results in an increased empathy and affinity for non-human animals. This phenomenon is also supported by the literature examining the relationship between battered women and their pets, which are also often victims of domestic violence (Ascione, Weber, Thompson, Heath, Maruyama & Hayashi, 2007; Flynn, 2000; Strand & Faver, 2005). It would be plausible to assume that these reasons, at least in part, explain the large preponderance of women in this study. However, future research would be required to more accurately establish population statistics, and further explore what draws women specifically to this field (assuming that the majority of professionals in AAT and EAT/L are women).

Educational Backgrounds

As identified in the initial chapters of this report, this study found that AAT and EAT/L practitioners have varied educational backgrounds. The most common educational level in the sample was that of master’s degree (29.8%), with bachelor’s degrees (26%) and college/CEGEP (22.1%) not far behind. However, the full range included individuals with only a high school education as well as individuals with doctoral and post-doctoral degrees. There was also a wide range of educational fields represented in the responses, ranging from the helping professions to non-related fields, such as journalism and history. The sheer variety of educational levels and backgrounds of AAT and EAT/L practitioners, and the implications of this situation, will be further discussed later in the chapter.

Years Working in AAT and EAT/L

The majority of respondents (91.2%) have 0-10 years of experience in this field. The fact that so many participants are early in their AAI careers may help explain why the field is less well-known in Canada than in the United States, where it has been evolving since the 1940s (with places like Green Chimneys) and, more formally, since the 1960s (with pioneers like Boris Levinson). However, this could also be demonstrative

of a cohort effect – people who have been practicing AAT or EAT/L 10 years or less may also be more technology-savvy than later-career individuals and more likely to have access to the internet in order to complete the survey (which was almost exclusively made available online). However, this does not necessarily bode true given the fact that most participants identified themselves as being either early (25.7% have 0-5 years' experience) or late (31.9% have 20+ years' experience) in their chosen careers. It may be that people who are earlier in their careers adopt AAI because these techniques are starting to become more well-known ("trendy"), and that people who are older in their careers start offering AAT or EAT/L out of a need for a career change or because they are feeling more confident in their careers and ready to add another technique to their arsenal of therapeutic modalities. Furthermore, the fact that the field is still in its infancy in Canada may explain why it is still so fragmented, disjointed, and lacking the professional guidelines, consistency, and standards typically seen in more well-established techniques and disciplines.

Prevalence of Using AAT and EAT/L in Practice

More individuals stated they worked only 0-10 hours per week using AAT and/or EAT/L (38.5%) than for any other range of time. Interestingly, most people indicated that they only used these techniques with 0-25% of their clients (25% of respondents) and with 76-100% of their clients (35.6%). Given the low number of hours per week that people indicated they used these techniques, it seems that professionals are not getting much work (for a variety of reasons, such as doing seasonal work and weekend workshops, or being in the process of building one's practice), and likely have other sources of livelihood to support their AAT or EAT/L practices.

Terms and Expressions

A variety of terms were still in use by Canadian practitioners to describe AAI, with many individuals preferring more than one term in describing their work. Noteworthy is that some individuals identified terms for interventions that were not within the scope of this study (such as pet visitation, animal-assisted activities, and therapeutic riding). The fact that these expressions were mentioned may reflect the confusion that persists surrounding these practices (for instance, many people doing

animal-assisted activities and pet visitation inaccurately use the term “animal-assisted therapy”). Indeed, one individual who wrote “pet visitation” also checked off “animal-assisted therapy”. However, it may also be that these individuals provide both kinds of services. For instance, the individual who wrote “*activités assistées par l’animal*” (AAA) also checked off “animal-assisted therapy,” “*zoothérapie*” and “*thérapie assistée par l’animal*.” Similarly, the individual who wrote “*équitation thérapeutique, équitation adaptée*” (therapeutic riding, adapted riding) also wrote “*psychothérapie facilitée par le cheval, apprentissage facilité par le cheval*” (equine-facilitated psychotherapy and equine-facilitated learning), implying that both kinds of interventions were provided.

From informal conversations with practitioners, it has always appeared to the writer as though the confusion between the terms AAA and AAT was more prevalent among English speakers, and the survey responses seem to support this observation. This may be partially explained by the presence of formal diploma and certificate programs in *zoothérapie* in Quebec, which emphasize the distinction between AAA, AAT, and other animal-assisted interventions. However, although there may be more clarity between the terms “*activités assistées par l’animal*” (AAA) and “*thérapie assistée par l’animal*” (AAT) in Quebec, there is still confusion around the definition of the word “*zoothérapie*”, which at times is used to refer to the broad spectrum of animal-assisted interventions as a whole, and at times used to refer to AAT more specifically (Gosselin & Leblanc, 2008). Similarly, it is unclear whether the term “*équithérapie*” refers to therapeutic riding (“*équitation thérapeutique*”) or equine-facilitated therapy (“*thérapie facilitée par le cheval*”). Other issues related to terminology, language and definitions will be further discussed later in this chapter.

Species of Animal

Dogs (59.8%) and horses (58.8%) almost tied for being the most commonly-involved animals in animal-assisted interventions (by a wide margin: the next most common animals were cats, at 22.5%, followed by a range of other species). In contrast, dogs and cats were the most frequently-cited animals by the survey respondents in Rice, Brown and Caldwell (1973), a study in which the respondents did not mention horses whatsoever. This absence is intriguing, since the benefits of horseback riding with physically disabled people were acknowledged as early as the 1900s (with the impetus

towards developing therapeutic riding centres stemming from the 1950s onward; Island, 2004), and since farm animals, including equines, have been used in the treatment of children and youth at Green Chimneys since the late 1940s (Brooks, 2006; Ross et al., 1984). However, it may be that horses as therapeutic adjuncts in the helping professions was still not well-known by the 1970s, or it could reflect a limitation of the Rice, Brown and Caldwell (1973) survey, which may have used too narrow a sampling frame.

Selection of Therapy Animals

The majority of respondents (78%) indicated that they have carefully selected and/or trained their animal partner(s) themselves. Although most people selected or trained the animals themselves, there nonetheless seemed to be some reasoning or discernment behind their selections because many respondents gave specific criteria. It is important to note that, with the exception of some essential safety issues (such as not working with specific animals that are overly aggressive or are prone to attacking, or animals that are sick or not well), the range of criteria provided almost precludes the creation of one simple, generalized “standard” that would be enforced by any governing body. For example, some interventions require a stable and calm animal that has been previously trained for the purposes of the intervention, whereas others are open to working with animals that have not had any specific training. Furthermore, based on anecdotal accounts, some professionals will not select animals with “a past” (trauma, abuse, neglect) and would rather have animals that are well-adjusted. However, others prefer working with more “challenging” animals, such as shelter rescues. Aside from the desire to contribute to a humane cause and save an animal from euthanasia, these professionals appear to believe that the animal’s background can be “grist for the mill” in doing personal work with clients. Indeed, the informal literature on the subject is replete with stories where people make meaningful connections with animals that are faced with similar struggles to their own, or where clients are paired with “problem animals” as a way of rehabilitating the animal, which in turn leads to self-efficacy and confidence in the human client. In both cases, working with an animal “with a past” allows one to draw parallels with one’s own life, and provides an elegant analogy for the potential for healing – if the animal can cope and survive, so can the human client. However, some have voiced the concern that it may not be ethical or in a traumatized animal’s best

interests to participate in AAI, which may increase the stress and anxiety already being experienced by shelter or rescued animals (Hines & Fredrickson, 1998). Clearly, which kind of animal is best suited for the work obviously depends on the work being done, the wellness of the animal, the nature of the intervention, the context in which the animal will be involved, etc. Whatever national guidelines would be established in this regard should take these various issues into consideration.

How horses in particular are selected merits further exploration. Although it is generally accepted that animals are sentient beings, only the respondents who spoke about horses mentioned this fact specifically. Such individuals spoke of horses who “chose” to participate in equine-assisted practices or who serendipitously came into their lives, a spiritual component that was absent from the responses that addressed other species.

Models of Practice

Both the triangle model and the diamond model are used in practice, which is consistent with the literature (Brooks, 2006). It is interesting to note that there appears to be a trend in the kinds of professionals using either model. For instance, it is the writer’s understanding that *zoothérapie* training programs in Quebec promote the triangle model and that *zoothérapeutes* are encouraged to be cross-trained in the species of animal they wish to partner with, and that the diamond model is less-well known in that province. As stated by Pelletier (2008),

When the practitioner works with an animal, he is integrating a third “subject” into the therapeutic alliance. The animal is therefore an active presence in the relationship. The animal is not introduced as an instrument or as a simple tool: it’s the animal’s behaviour and “different” presence as a sentient being that is at the heart of the therapeutic effect. This is the primary reason for the animal’s presence in the therapeutic alliance between the helper and the person being helped: the animal also becomes, to a certain extent, a helper. [...] In fact, we propose that the moral responsibility of the *zoothérapeute* must be conceptualized as a triple responsibility. Like all other health professionals, the *zoothérapeute* is first and foremost responsible for his relationship with the client. He is also responsible for his relationship with the animal, and also of the relationship the

animal will develop with the client, since the animal itself is not capable of responsibility [*translated from French*] (p. 146-147).

Informal discussions with professionals in Quebec have clarified the reason for this preference: that the therapeutic “triad” (client – animal – helper) is “muddied” when another person (an animal handler) is added to the equation (as is done in the diamond model). In the view of some practitioners, to add another element to the mix complicates matters greatly. Not only does the helper need to be conscious of the emotions, behaviours, reactions and energy of both the client and the animal, as well as his or her own (the three elements in the therapeutic alliance of the triangle model), he or she would also be responsible for those of the animal handler. Should the animal handler not have the self-awareness and self-regulation skills to keep him- or herself in check, this would have the potential of negatively impacting the work being done in the therapeutic triad, not to mention the possibility of distracting the helper away from the client and animal. These concerns were echoed by Brooks (2006), who recommended that the following factors or dynamics be considered and addressed when using either model:

1. Knowledge of how to build a therapeutic relationship with animal and client.
2. Self-examination regarding the therapeutic process and what the therapist may unconsciously bring to it.
3. Concerns about the client’s energy or behavior and how that might affect the behavior of the animal.
4. Concerns about the behavior of the animal and how this might affect the behavior or feelings of the client.
5. Factors related to the other animal handler: What does this person need to know to assist in keeping the session therapeutic? (p. 206).

Both the literature (Brooks, 2006) and informal conversations with AAT and EAT/L practitioners have also highlighted the concern that helpers are not able to practice AAI effectively if they do not understand the species of animal they are working with (and instead rely on the animal handler for that expertise), which further lends support for the triangle model. On the other hand, many have advocated for the involvement of an animal handler when working with larger species to increase the physical and emotional safety of everyone present – a similar philosophy to having a co-

facilitator when running group programs. It is perhaps for these reasons that Equine-Facilitated Wellness – Canada advocates for both the helper and the animal handler to be cross-trained in each other's area – the helper to know the species of animal, and the animal handler to have an understanding of the technique and have a certain level of communication skills (EFW-Canada, 2009).

Awareness of the Field and of the Literature

In general, participants seemed to be aware of some of the main AAT and EAT/L organizations that exist in Canada. Interestingly, the Canadian Foundation for Animal-Assisted Support Services (CF4AASS) was not well-known in spite of having been founded over a decade ago, neither was the Canadian Association for Natural Leadership and Equine-Assisted Development (CANLEAD). However, partway during the study, the writer learned that CANLEAD was initiated by the founders of Horse Sense for Leaders, but never progressed beyond the development of a basic website and is not a functioning organization, which explains why so few people had heard of it.

What is perhaps of greater concern, however, is the lack of familiarity AAT and EAT/L practitioners have with the literature on the topic. A total of 67.3% of respondents did not consult or read academic or scientific journals or journal articles pertaining to AAI – a situation which remains largely unchanged since the Rice, Brown and Caldwell study of 1973. This could simply be due to the long-standing divide between academia and professional practice; however, it behooves any professional practicing in a particular area to be up-to-date on the latest literature in their area of competence and to make the effort to bridge that divide, even though journal articles are not as easy to track down or access as are books, association newsletters, and other informal resources.

The writer found it interesting that so few people (7.9%) picked biophilia as one of the theoretical frameworks that inform their AAT or EAT/L practices, especially since biophilia is a foundational premise of AAI and the human-animal bond (Kruger & Serpell, 2006). However, this low percentage makes sense in light of the fact that most of the respondents were not familiar with the literature on AAI.

Challenges and Needs of Practitioners and of the Field

The questions concerning the challenges being faced by practitioners and the field of AAT and EAT/L in general raised a number of issues, and confirmed many of the things the writer had learned through informal conversations with these professionals. Although it was encouraging that so many practitioners agreed or strongly agreed with the statement that they were satisfied with their work in this field and found it rewarding and fulfilling (86.8%), there were nonetheless a number of issues and challenges affecting their work as well. Interestingly, although the majority of individuals were quite vocal about these challenges, there were nonetheless a number of respondents who indicated that they personally did not face any challenges (9.9%), including some who did not believe the field in general was facing any challenges or needed anything to evolve (2.9%). Indeed, in response to this particular question, one individual wrote “you imply EAL is currently not credibly or recognized,” as though he or she disagreed with the reasoning for the question. However, the majority of respondents seem to agree with the writer that the field is in fact facing numerous challenges that need to be addressed, which supports the issues that have been written about in the literature and discussed in informal conversations with these professionals.

The biggest issue facing practitioners appears to be the lack of funding available for their programs or services (52.5%), whereas the biggest issue they felt was affecting the field was the lack of accessible information and public education about AAT and EAT/L (69.3%). For the most part, individuals were confident in their current level of training in AAI (65.5% agreed or strongly agreed with that statement), which was interesting given the sheer range of lengths of training undertaken by these practitioners (ranging from a few hours to a few years). Unfortunately, this survey was not successful in collecting consistent data about the lengths of trainings; otherwise, it would be interesting to see whether there is a correlation between the participants’ confidence in their level of training and the amount of training they had received. The fact that so many practitioners reported being confident in their current level of training is also strange in that the majority of individuals also indicated that they needed more education, training, and/or continuing studies in AAI (60.6%), including national conferences (57%). It might be that these practitioners are confident in their training as having laid the groundwork

for their professional practices, but that they also welcome opportunities for further growth and development.

A total of 51.5% of respondents agreed or strongly agreed with the statement that they keep abreast of the research on AAT and EAT/L by reading journal articles, books, or attending conferences. Given that 67.3% of respondents mentioned that they do not read journals or journal articles, one can only assume that their awareness of relevant research is obtained by reading books and attending conferences, which are less direct sources of information on the latest research.

The majority of respondents (51.5%) felt the lack of standards and guidelines was an issue *for the field as a whole* (with 60.6% believing such standards and ethical codes were required for the field to evolve, and with 51.5% of respondents agreeing or strongly agreeing with the statement that graduate-level training in professional ethics should be required of all AAT and EAT/L practitioners). However, what was peculiar was that only about half that number (26.7%) mentioned that a lack of standards of practice and ethical guidelines was a problem *for them personally in their work*. Furthermore, in light of the fact that the majority of the respondents did not read journals and research articles, it was interesting that so many of them believed that there was a lack of research on AAT and EAT/L (59.4%) and that more research was needed for the field to evolve (61.6%). If the practitioners are not reading the journals, how do they know there is a lack of research? And if more research was conducted, would they even read it at all? How worthwhile is research on this topic if the practitioners themselves are not familiarizing themselves with it and applying it to their work? These appear to be examples of where individuals do not believe that a particular issue affects them in their day-to-day work, but that it does affect the field in general (a kind of “not in my backyard” rationalization: “the field needs research and ethical standards and guidelines, but I do not”).

There are a few ways to make sense of this phenomenon. On the one hand, this curious discrepancy could reflect the dangerous belief held by certain practitioners that they are “above” the need for things like ethics, standards, and research. However, while this might be the case for certain individuals, it is more likely that this discrepancy reflects the general wariness that many professionals in non-regulated or non-monitored fields express with regards to external guidelines being imposed on them. While these

practitioners may believe that such structures would ultimately be beneficial to the profession as a whole, there may still be a lingering fear at having to change their individual practices to meet some standard, a fear that they will be limited in some way or that they will not have the freedom to be creative. Indeed, this concern and reluctance was echoed by one participant, who stated: “Je ne ressents personnellement pas le besoin de mettre une fois de plus le gouvernement et des règles qui vont m'embarrriquer dans des carcans. Pourquoi toujours vouloir réglementer et enlever les particularités et la créativité des gens!?” [*I personally do not feel the need to create government and rules that will leave me imprisoned in shackles. Why do we always want to regulate and limit the uniqueness and creativity of people!?*]”.

Yet, despite this possible hesitation and opposition, the biggest needs identified for the field to evolve were still the creation of a national, independent professional association (64.6%), the development of standards of practice and ethical guidelines (60.6%), and the creation of a national, independent certification process (56.6%). Although there exist a number of organizations and centres (especially in the EAT/L realm) that currently promote voluntary standards of practice, have their own codes of ethics, or promote their own certification process, as listed in Table 4 (Cartier Equine Learning Center, 2008; Certification Board for Equine Interaction Professionals, 2007-2008; Delta Society, 2003; EAGALA, 2006; EAGALA, 2007; EFW-Canada, 2009; EGEA, 2008c; Horse Spirit Connections, n.d., among others), what can be assumed from the results of this research is that practitioners believe an umbrella organization – an *independent*, national, professional association with an overarching credentialing process, code of ethics and standards of practice (one that is not linked to a particular individual, group, or centre, or theoretical model) – is most needed to create a united front and help the field of AAT and EAT/L to evolve. Although there have been some attempts at moving in this direction in the field of EAT/L in Canada more specifically (such as with EFW-Canada and the Cartier Equine Learning Centre certifications, both of which are affiliated with different national-level equine-related bodies), the fact remains that these each appear to be striving in isolation for recognition, with no publicly visible attempts at collaboration, similar to the situation in Quebec.

3. Issues of Professional Identity

The development of national, independent, professional standards, ethics, and a singular association that represents and regulates/monitors all forms of animal-assisted interventions would not be an easy process. While this may be what practitioners believe is most needed for the field to evolve, there currently exist a number of issues identified through this study that complicate the achievement of this goal.

Defining Animal-Assisted Interventions

As stated earlier, the Delta Society defines two categories of practice: AAT and AAA. Yet, there are many practices that fall somewhere in between that cannot be classified using the Delta Society's dichotomy (such as the various interventions that foster academic learning and self-knowledge, as mentioned in Chapter 1). For example, AAA were not included within the scope of this study because the writer wished to access helping professionals who involved animals in their interventions (AAA being typically administered by volunteers, laypersons, para-professionals, even professionals, within a spontaneous, recreational format without clear treatment goals or the intervention being documented). However, at least 8 professionals practicing "recreational therapy" responded to the survey, a population that was not directly sought out by the writer because of the belief that animals in recreational therapy constituted a form of AAA. While the practices of recreational therapists involving animals in their interventions may indeed appear like AAA (such as a therapy animal visiting with nursing home residents, for instance), it is possible that these practices might also meet some of the Delta Society's criteria for AAT (such as the presence of individualized treatment plans and clear goals for each session). Therapeutic riding was also excluded from this study, because it has been categorized by the NARHA as a form of equine-assisted activity (or AAA) and because the writer did not consider therapeutic riding to be an example of horses involved within the helping professions. However, anecdotally, there are many who call therapeutic riding a form of AAT, and at least one survey respondent considered his or her training as a therapeutic riding instructor to be within the helping professions. Similarly, the practice of equine-facilitated/guided learning at times appears to cross boundaries with counselling and therapy, making us question which category it should fall into. Closer examination of therapeutic riding, equine-

facilitated learning, and animals in recreational therapy would be required to establish whether these constitute forms of AAA, AAT, or even AAE, whether the definitions of each of these categories need to be revised to better reflect the complex reality of the broad spectrum of AAI, or whether a different system of classification altogether would be more useful (such as doing away with these narrow categories, and instead using the prefix “animal-assisted” + the name of the profession). Clarifying the differences between these practices would also be useful in helping to address the divisiveness that currently exists in the field and promote a spirit of inclusiveness and unity, where the various practices are clearly outlined and equally valued.

Part of the confusion surrounding the term AAT is its use of the word “therapy”. To begin, what is therapeutic does not always constitute “therapy”, in the strictest sense of the word. For instance, as indicated in Chapter 1, assigning a service animal to an individual with physical or developmental disabilities may have therapeutic benefits (increased sense of self-efficacy, self-confidence, motivation, etc.), but one could argue that it does not constitute “therapy” in that it is not facilitated by a professional within a particular scope of practice (Hines & Fredrickson, 1998). Therapeutic riding, however, is facilitated by a professional, but is it therapy? If not, how would it best be categorized? And how do we define “therapy”? Similarly, while AAA clearly have therapeutic benefits, they are also not considered therapy. Indeed, Beck and Katcher (1984) made the important statement that “a clear distinction should be made between emotional response to animals, that is, their recreational use, and therapy. It should not be concluded that any event that is enjoyed by patients is a kind of therapy” (p. 419). Furthermore, as forwarded by Kruger and Serpell (2006),

Despite the obvious distinction, there is a tendency in certain quasi-medical fields to weaken or confuse the meaning of the word therapy by linking it to experiences that may provide transient relief or pleasure but whose practitioners cannot ethically or credibly claim to diagnose or change the course of human disease (e.g. aromatherapy, massage therapy, crystal/gemstone therapy). Regrettably, this is also the case with many programs that are promoted as animal-assisted therapy. Just as we would not refer to a clown's visit to a pediatric hospital as

clown-assisted therapy, the urge to call animal recreation and visitation programs therapy should be resisted (p. 22).

Hines and Fredrickson (1998) propose one of the reasons for this phenomenon: “there is a tendency for some volunteers and uninformed health care providers to label any client-animal interaction as therapy from a concern that AAA have less value or importance [...when] just the opposite is true” (p. 26). As mentioned before, AAA have numerous recreational, social, psychological – indeed, therapeutic – benefits. The difference is that “simply introducing animals into a setting [does] not meet definitions and criteria for therapy as understood in the health care professions and that volunteers do not qualify as therapists” (p. 25). Yet, in spite of these attempts at differentiating between “recreation” and “therapy”, practitioners still confuse terms and practices such as AAT and AAA, as was found in this study, which points to the need for greater public education and clearer definition of the terms being used.

How AAI are defined is also closely linked to how the various helping professions are defined. As defined by the writer for the purposes of this study, the helping professions included those disciplines that foster personal growth and therapeutic development, including: counselling, psychotherapy, social work, psychology, psychiatry, education, school counselling, psychiatric nursing, family therapy, child and youth care, child and play therapy, life coaching, personal and professional coaching, energy healing, shamanism, etc. The writer sought to include disciplines that involved an interpersonal process between a professional and a client that fostered emotional, psychological, behavioural, cognitive, social/relational and/or spiritual awareness, growth and development. Other professions that use AAT, such as physiotherapy and speech therapy, among others, were not included because of their remedial and physical / neurophysiological focus. However, it became clear from this study that there is also considerable debate around what constitutes a “helping profession.” For instance, as mentioned earlier, a number of recreational therapists (including one speech pathologist) answered the survey, even though the writer did not consider them within her definition of helping professionals. Furthermore, there was a clear lack of agreement over whether or not coaching constituted a helping profession. For instance, 16 respondents did consider it to be a helping profession, whereas 4 did not. Finally, 6 individuals considered

animal-assisted interventions to be helping professions in their own right, including “*zoothérapeute*” and “therapeutic riding instructor”. This confusion clearly points to the need to develop a universally-accepted definition of what helping professions are, the lack of which is obviously reflected in the individuals who participated and the answers they provided. This confusion is further compounded by other terms, such as “health professions” and “healing professions.” For instance, both counselling and psychotherapy are considered to be health professions in British Columbia and in Ontario, respectively (Task Group for Counsellor Regulation in British Columbia, 2005), even though they are also known as helping professions. Also, energy healing and shamanic approaches are largely considered to be healing professions, although the writer included them in her definition of helping professions for the purposes of this study.

Furthermore, the question about whether or not personal/business coaches are a “helping profession” points to an overall hesitation and wariness on the part of some EAT/L respondents (in particular) at being labeled professional helpers. For instance, when asked about the theoretical approaches they used, one respondent indicated “I’m not a social worker... or trained in mental health”, and another stated “I don’t do therapy.” When asked what populations they worked with, this second individual again stated “just as long as you don’t record my work as therapy.” When asked about whether or not they received reimbursement for their EAT/L services, one person stated “Your question implies we are theripadic [sic] by design” and another person stated “I am not a therapist, counsellor or social worker”. Finally, when asked about which contexts they worked in, one respondent replied “I don’t use AAT or EFP but I do use EGE [equine-guided education] coaching.” These kinds of comments reflect what the writer has noticed from informal conversations with individuals who work as coaches or “experiential learning facilitators” – that there is cautiousness around how they define their work and identify themselves professionally, as well as a clear delineation that they do not offer therapy or counselling services. This cautiousness is not unfounded or misguided; many helping professions, such as counsellors and psychologists, have ethical codes that behove their members to work within their scope of practice or area of competence, and to ensure that they do not misrepresent themselves or their services (Canadian Counselling Association, 2007; Canadian Psychological Association, 2000), actions which could have legal

repercussions as in the case of those who misrepresent themselves as psychologists (*The College of Psychologists of British Columbia v. Utendale*, 2007 BCSC 824).

However, this kind of argument assumes that there are clear differences between practices like counselling, psychotherapy, psychology, social work, coaching, and experiential learning. While differences do indeed exist, these disciplines and interventions also often overlap, and the professional boundaries between them can become blurred in practice, as outlined in Chapter 2. This is not to say that we should simply lump all interventions that focus on learning about the self into the same category. In fact, it would be misguided to equate what psychologists do with what “experiential learning facilitators” do, for instance²⁴. And yet, it is precisely because experiential learning and coaching do at times skirt the boundary of counselling and psychotherapy that these practices deserve a closer look, especially within the context of animal-assisted interventions. How should we differentiate between a counsellor or psychotherapist who uses experiential learning methods, and an educator or coach who uses these same methods – especially when the learning at hand is about the self? Are these techniques and interventions that different? If so, how? What distinguishes EFP from EFL, for instance? The similarities between these practices raise the importance of further examining how we define these practices, the need to delineate clearer criteria to help categorize them, and the need to explore the ethical implications of having uncredentialed or inadequately-trained professionals doing “personal development work” with clients, especially if a national association and independent credentialing process and standards are to be established.

AAT: A Technique or a Profession?

Another topic that came up in the survey responses is whether or not AAT is a therapeutic technique used by various professionals (Arenstein, 2008), or whether “animal-assisted therapists” (or *zoothérapeutes*) constitute a separate specialized

²⁴ As an aside, it would likely surprise many people in these more “informal” helping professions to know that they are in actuality practicing psychology, which has been defined by the Health Professions Act of British Columbia as: “the provision, to individuals, groups, organizations or the public, of any service involving the application of principles, methods and procedures of understanding, predicting and influencing behaviour, including the principles of learning, perception, motivation, thinking, emotion and interpersonal relationships” (*Health Professions Act*, RSBC 1996 c. 183). However, even the definition of the practice of psychology changes from province to province, which only goes to demonstrate how challenging defining the various helping practices actually is.

profession in their own right (Gosselin & Leblanc, 2008). To compare, this particular situation could be likened to that of other therapeutic interventions, such as art therapy. For instance, there are helping professionals, such as counsellors and psychotherapists, who use art therapy as a technique in their work; alternately, there are professionals who have completed a degree or diploma in art therapy and who consider themselves as “art therapists” (or who have registered with a professional association and bear the title “art therapist”). The writer would wager that many professionals who use art therapy as a technique would be uncomfortable using the title “art therapist”, even if the title itself is not a restricted term protected by law, like “psychologist”.

Similarly, the title *zoothérapeute* (animal-assisted therapist) is not a legally protected term and the practice of *zoothérapie* is not regulated or restricted (Arenstein, 2008), yet there are some in Quebec who practice AAT who use the title *zoothérapeute* and there are others who do not – something that the writer noticed during the information-gathering process for this report and that was supported by the survey responses. Those in the latter category instead choose terms like, *intervenant(e) en zoothérapie* (AAT practitioner), or use the title of their profession plus the prefix “animal-assisted” (such as *psychothérapeute assisté par l’animal*, or animal-assisted psychotherapist). Yet, some respondents indicated they used either term interchangeably, even though others appear to believe that there are differences between the terms. And still others separated their helping profession from their AAI profession and used separate titles when referring to their work (such as those who wrote “*je suis technicienne en travail social et zoothérapeute*” [I am a social service worker and an animal-assisted therapist], and “*je suis psychologue et j’utilise l’assistance animale en thérapie*” [I am a psychologist who uses animal assistance in therapy]).

Given the trend in Quebec towards the creation and regulation of professions that do not have direct equivalents elsewhere in Canada or in North America (such as with *conseillers en orientation* and *psychoéducateurs*), it is reasonable to predict that *zoothérapeutes* could also become a regulated profession in that province at some point in the future. However, how this profession would be defined and regulated merits further exploration, given the variety of titles professionals are using to self-identify, given the lack of clarity around the differences (if any) that exist between these terms, and given

the varying levels of education and training seen in these professionals. Furthermore, whether or not this trend will extend to other provinces remains to be seen, because the regulation of “animal-assisted therapists” is a question that does not seem to be asked in the rest of Canada, or even in the United States, where the use of such terminology has been discouraged by at least one national organization, which believes EAT/L to be a technique and not a separate profession (NARHA, n.d.). Even if the regulation of *zoothérapeutes* does not extend to the other provinces, any national, professional association that is developed will need to take these issues of diversity and professional identity into consideration.

Additional Problems with Terminology

Aside from the confusion between terms like AAA and AAT, as mentioned earlier, at least two other issues with terminology became apparent in the results: inaccurate translations and misleading expressions. One French-speaking respondent wrote that he or she preferred the terms “Horse Coaching/Coaching assisté par le cheval;” however, the first is not a direct or accurate translation of the second. The correct translation would be “horse-assisted coaching” or “equine-assisted coaching”; the absence of the adjective in this expression implies that it is the horse that is being coached instead of the horse facilitating the coaching. A similar problem was identified in the literature with the expression “pet therapy,” which is misleading for the same reasons and the use of which is discouraged (Delta Society, 2008). Another term identified in the survey, “facilitated equine experiential learning (FEEL)” (a coinage based on “equine-facilitated experiential learning” possibly created for the advantages of a catchier acronym) falls into this same category. While the word “facilitated” was retained, its position in the expression has changed and the equine is no longer the facilitator or subject in the expression; the expression now implies that the equine is undergoing experiential learning, which is somehow facilitated by some unnamed subject. Given the amount of sensitivity generally encouraged by the field of AAI towards how the involvement of animals is described (such as saying “to partner with” or “to involve” instead of “to use” animals in therapy/coaching/counselling, etc.), the presence of

grammatically-incorrect expressions²⁵ and inaccurately-translated terms in both this study and in the field in general is surprising and would need to be addressed by any national body that is developed.

A third, and perhaps the most obvious, issue related to terminology is the sheer number of expressions used by AAT and EAT/L professionals. Most of the expressions identified by practitioners in this study were already known to the field (or were permutations of other expressions already in use, as listed in Tables 2 and 3), with at least one new term identified by a respondent: “equine facilitated emotional agility”.

Interestingly, there appears to be more variety and creativity in terms within EAT/L than within AAT in general, with expressions revolving around the verbs -assisted, -facilitated, and -guided, the choice of word depending on the subtle differences in definition of each verb and how the professional or organization views the role of the horse. For instance, the Equine Guided Education Association (EGEA) explains their particular choice of words thusly: “the horse does more than assist or facilitate learning, the horse actually “guides” (one who can find paths through unexplored territory) the process of “education” (discipline of mind or character through study or instruction)” (EGEA, 2008, para. 4). Furthermore, there appears to be a broad trend in that “acronyms with ‘assisted’ in it imply an alignment to EAGALA philosophies [EAP], acronyms with ‘facilitate’ in it are in alignment with EFMHA philosophies [EFP, EFL], and acronyms with ‘guided’ align with EGEA philosophies [EGE]” (EGEA, 2008b, para. 15). However, this trend does not apply to all the terms and expressions currently in use and that continue to be invented. With the exception of the new term “equine-facilitated wellness” coined by EFW-Canada, and the term equine-assisted learning (or EAL, that seems to be associated with the certification provided by the Cartier Equine Learning Center in Saskatchewan, but that is also used by EAGALA), only the four major acronyms listed here have direct affiliations with a professional association or school²⁶; there is no such lineage categorization for the more general terms with “animal-assisted” as a root.

²⁵ Grammatically-incorrect expressions also include when authors mistakenly leave out the hyphen in compound adjectives, like “animal-assisted”, “equine-guided”, etc., a strangely common occurrence in the field of AAI.

²⁶ The question of expressions with “lineages” only seems to apply to English terms. For instance, the term EAP is affiliated with EAGALA; however, the equivalent term in French (*psychothérapie assistée par le*

While the presence of multiple terms and expressions reflects a rich diversity in practices and philosophical differences that exist in the field, it is nonetheless a hindrance with regards to increasing the professional credibility of AAI. As summarized by the EGEA (2008b),

The sad part of the story is that the acronym waste is diluting our ability to unify and create a truly consistent, reliable field that the public can readily understand and accept. Instead they have to spend weeks, months trying to figure out what it all means or give up trying to figure it out (para. 14).

Not only does the sheer number of expressions lead to confusion among potential clients and the general public, but also among other professionals and even researchers, insurance companies and funders, who may struggle to understand the exact nature of the work being done. For instance, how does a researcher choose which technique or practice (indeed, which acronym) to study? Does research demonstrating the effectiveness of equine-facilitated counselling (EFC) apply to the individual practice of someone providing equine-facilitated experiential learning (EFEL)? Can someone doing equine-guided education (EGE) claim that his or her technique is efficacious and has positive outcomes based on research conducted about equine-facilitated psychotherapy (EFP) (if they are indeed that different from one another)? How does a funder or insurance company know which practice/acronym to cover? Since lack of funding was one of the most commonly-identified challenges identified by practitioners in the study (52.5%), it seems logical that one of the ways to attract funders would be to create a more consistent and united front, which includes reducing the number of expressions in use – a process that would require open discussion and consensus between the various camps that currently exist.

There are numerous reasons for why practitioners and groups continue to come up with their own unique coinages (and their own training programs, specializing in whatever “term” they have created, which perpetuates the use of multiple expressions), in spite of the negative impact it has on the field. The EGEA (2008b) indicated that new expressions sometimes appear when people do not “do their homework” ahead of time to

cheval) is not associated to any particular organization, possibly because EAGALA has not attempted to become a multilingual organization and has therefore not “claimed” the other linguistic equivalents to EAP.

see what other pre-existing terms might actually fit before creating new ones. The EGEA also proposed that practitioners might be “so afraid of aligning with existing acronyms because they perceive that it might make them feel less free” (para. 14), such as in the case of taking on an acronym that is affiliated with a particular association and set of standards or values. This is similar to aforementioned fears around creating regulations that “limit people’s creativity”. Furthermore, as stated by McIntosh (2007),

Perhaps it is simply human nature to become territorial and competitive, especially when we have all invested so much in our own training and in developing our own practices. Or perhaps we are all deciding that there is much more money to be made in training new people entering the field than there is in actually providing services to our clients. I really hope not. I hope that we, as a profession [that claims] to be self-aware, cooperative and helpful are able to walk our talk and to rise above these financial and narcissistic temptations, to truly put the needs of our clients, our horses and our professions ahead of those of our pocket books and our egos (p. 57).

McIntosh (2007) raises a good point; whatever individual or self-serving motivations are behind the development of so many terms and expressions (and “certifications”) should ideally be cast aside in favour of the greater good of the field. Regardless of how the paring of expressions happens – be it through a process of natural selection, through which acronyms without a professional affiliation will “eventually ‘die on the vine’, so to speak, as will other acronym slang” (EGEA, 2008b, para. 11), or be it through some other form of consensus – happen it must, if the field of animal-assisted interventions is to evolve in the ways identified by the respondents of this study.

Education and Training

This study highlighted another interesting fact about the current state of the field of AAT and EAT/L in Canada: the sheer variety of educational backgrounds of the respondents. Participants had vastly different educational levels, from high school to post-doctoral studies, and hailed from a range of different professional fields, including backgrounds unrelated to the helping professions, such as engineering, history, journalism, even waitressing. Professionals with business backgrounds were not entirely out of place in this study, given the number of equine-assisted programs that focus on

professional coaching, team-building, management and leadership development. However, it was unclear from the data whether all the individuals who reported a business background worked exclusively within that capacity, or whether some of them were doing more “personal” work with clients as well. Finally, there were also individuals who came with backgrounds working with animals or in farming, individuals with nothing more than “personal experience”, and individuals who were self-taught – all of which appear to be doing similar work to that being done by helping professionals with more in-depth, related education. This harkens back to the point made earlier in Chapter 2, about the only clear difference between practices like EAP and EAL apparently being the level of education of the professional doing the work. However, even this is not a sure guideline, as even individuals with master’s degrees in counselling and psychotherapy, for instance, practice things like coaching and experiential learning, as well as animal-assisted interventions like EAL and EGE.

The main question being raised by this interesting scenario is: how does the lack of (or varying) educational requirements and clear standards for training and experience (in combination with unclear distinctions between the various AAI and between practices like “counselling,” “coaching,” and “experiential learning”) impact the field? Along with the countless terms and expressions in use, the sheer variety of educational backgrounds of these professionals also surely gives pause to funders, insurance agencies, other professionals, and even the public. What guarantee is there that any given individual is practicing competently and ethically? Is it ethical for an individual with nothing more than a history degree and a short training course in EAL to be facilitating personal exploration activities with clients? Is it ethical for individuals with a high school diploma and a continuing education diploma in *zoothérapie* to be conducting therapy? Is it ethical to make personal therapy a mandatory (forced?) part of *zoothérapie* training, as one respondent reported is being done at the Ecole Internationale de Zoothérapie? While setting educational requirements for AAT and EAT/L is not a guarantee of professional competency and ethical practice, it at least creates a minimum standard that acts as a vetting process and that may instill more confidence and acceptance for this field. This is not to say anything of the quality of individual practitioners; indeed, there are obviously people out there doing good (though possibly limited?) work, with nary more than a

bachelor's degree or college diploma. And, obviously, creating higher standards limits the number of potential participants who could take such trainings, which may be less profitable for the individuals, centres and programs offering said trainings. However, for the field to gain any kind of recognition, the establishment of such standards – even though controversial and likely to be met with resistance in the beginning – will need to be considered.

Creating a minimum educational requirement is challenging, however, given the variety of professions that use AAT and EAT/L. Making the minimum standard a master's degree would exclude professionals like child and youth care workers and counsellors, which are one example of a helping profession requiring a minimum of a bachelor's degree. Such a standard would also exclude practitioners that are members of other informal disciplines that lack clear standards and guidelines, such as shamanic practitioners and energy healers. One possible way around this issue is to encourage professionals to practice within the scope of their profession, meaning that psychologists using AAT or EAT/L would practice within their scope of competency, as would counsellors or other helping professionals registered with a particular professional body, etc. However, this method of addressing educational and professional competence, as used by EFW-Canada (2009) and EAGALA (n.d.), does not address the many professionals who are *not* registered with a particular body (such as many coaches, "educators", and other informal helpers and healers doing "personal development" work with clients) who are nonetheless using these techniques. Whatever independent, national association is developed will therefore ideally have a credentialing process that addresses the more formally-trained helping professionals as well as the various other practitioners and "lay helpers" who do this work. One possible solution might be to create levels of competency, as exemplified by the tiered membership of the Ontario College of Social Workers and Social Service workers (OCSWSSW), which regulates college-level "social service workers" as well as bachelor's and master's degree-level "social workers" (OCSWSSW, 2003). In practice, many social service workers (SSW) work under the direct supervision of social workers (SW) with higher levels of education and training, a model of inclusivity that might effectively address the situation in AAT and EAT/L in Canada, creating space for both kinds of professionals to continue to practice, in a more

competent and ethical manner. Indeed, supervision is viewed to be one of the most crucial aspects of developing ethical and competent professionals (Corey, Schneider Corey & Callanan, 2007), and is often a mandatory part of many professional associations or Colleges. As stated by Corey, Schneider Corey and Callanan (2007),

Professional competence is not attained once and for all. Being a competent professional demands not only continuing education but also a willingness to obtain periodic supervision when faced with ethical or clinical dilemmas. By consulting experts, practitioners show responsibility in obtaining the assistance necessary to provide the highest quality of care for clients. As practitioners, we can never know all that we might like to know, nor can we attain all the skills required to effectively intervene with all client populations or all types of problems. This is where the processes of supervision and consultation come into play (p. 350).

Only a few respondents indicated that they sought consultation as a way of furthering their education, which is more likely to reflect a lack of AAT and EAT/L professionals with enough experience to serve as supervisors than a lack of desire to obtain supervision. Nonetheless, greater consciousness around the importance of supervision and consultation in the field of AAI is encouraged if the field is to gain more recognition, especially given the additional responsibilities AAT and EAT/L professionals have towards the animal(s) and other professionals (animal handlers, volunteers) they partner with.

Another interesting trend is the number of AAT and/or EAT/L trainings sought out by professionals in the field. Based on this study, there appears to be a greater variety of responses among individuals who filled out the English survey than among those who filled out its French-language equivalent, which is likely due to the lack of any formal diploma program at the post-secondary level in English in Canada. English-speaking individuals who wish to pursue careers in AAT and/or EAT/L must therefore draw from numerous other sources when preparing themselves for this kind of work, such as training by private practitioners, training and certification through various organizations, workshops and conferences, and internship programs, both in Canada and abroad (the “beg, borrow and steal” approach). In fact, it is worth noting that at least 21 English

respondents mentioned having gone to the USA at least once for training, whereas only one (possibly two) French respondents sought training in the USA (those who indicated Epona as a response). Furthermore, English respondents were more likely to attend trainings in other provinces, whereas French respondents remained in Quebec for their training (again, likely due to the availability and level of trainings available locally in respondents' language).

Moreover, English-language professionals working with horses appeared to have a greater variety and number of trainings than those working with any other breed. This may be due to the greater variety of English-language training opportunities for EAT/L than for AAT in Canada, whereas the opposite seems to be true for French-language training. For instance, there are diploma and certificate programs in AAT (*zoothérapie*) in Québec, yet very little training specific to EAT/L in French (although equine-assisted approaches are covered to some extent in certain *zoothérapie* programs). In the rest of Canada, there are different “certification” training programs available for EAT/L, yet nothing as well developed for AAT in English.

It is clear that creating more formal education, training and/or continuing studies diploma or degree programs at the college or university level is needed to fill these gaps, which the majority of respondents (60.0%) support. However, a caveat is in order – this does not imply that more private practitioners should run out and develop more “certification programs”²⁷ of their own, using their own terms and expressions (see Table 4 for a short list of examples of such programs). While these trainings may help with filling the gaps in available education, they only serve to perpetuate the fragmentation and confusion that already exist in the field. Ideally, training programs that are developed will be aligned with a set of independent, national standards, will use consistent terminology, and will be offered through recognized institutions or provincial/national organizations, if the field is to move beyond its current status and gain more recognition and acceptance by the greater community. At the very least, trainings offered through private practitioners or centres should align with existing standards (or those that may

²⁷ Indeed, what qualifies any one individual to “certify” any other? While training and internship programs are valuable, for individual practitioners or centres to speak of “certification” muddies the credibility of more formal accreditation and credentialing processes offered through independent organizations. Even the presence of multiple certification processes through different organizations complicates matters, as is evidenced by the current situation in Canada.

eventually be developed), use consistent terminology, and avoid being promoted as “certifications.” To this end, increased communication and collaboration between existing programs and organizations (such as between the AQZ and the CZQ in Quebec, and between EFW-Canada, EAGALA, and the Cartier Equine Learning Centre at the national level, for example) will be required in order to overcome these challenges. This will be crucial if the issue of conflicting standards and requirements is to be addressed.

4. Comparison of Results to Existing Studies

In the early 1970s, Rice, Brown and Caldwell (1973) conducted a survey designed to “evaluate the extent to which animals [were] used by psychotherapists in the United States as a whole, and to classify the ways in which animals serve[d] psychotherapeutic roles” (p. 323). In order to access a national sample of practitioners, the authors sent questionnaires to 296 Fellows and members of the American Psychological Association’s Division 29 (Psychotherapy). This was a much narrower scope of focus than the present study, which not only sought out psychotherapists but also other types of counsellors, social workers, psychologists, coaches (a helping profession that did not exist at the time of the 1973 study), and other similar disciplines. A total of 190 surveys were returned, of which only 40 (21%) were from therapists who reported involving animals in their work, which was significantly smaller than the 131 respondents in the present study. The survey used by Rice, Brown and Caldwell consisted of five questions pertaining to the respondents’ knowledge and involvement of animals in therapy, compared to the 50-question instrument developed by the writer. Interestingly, Rice, Brown and Caldwell found that only 7% of the respondents were aware of any existing published reports relevant to the practice of involving animals in psychotherapy – which is still an issue almost 40 years later (67% of respondents in the present study acknowledged that they did not read the literature on the subject). As mentioned previously, the most common live animals partnered with by the respondents in 1973 included dogs, cats, rabbits, hamsters, goats, lambs, birds and snakes. This finding was consistent to that of the present study, with the notable exception of the complete lack of reference to horses in the Rice, Brown and Caldwell study. Finally, the issues or topics addressed in AAT and EAT/L in both studies were similar, although there was a greater range of responses in the present study (for instance, mental health issues and diagnoses, leadership, team

building, and spiritual development, among others, were not cited in the 1973 study, which points to a broadening in the application of these techniques).

Ten years ago, Mason and Hagan (1999) conducted what could be considered a follow-up to the 1973 study (although they make no mention of the research by Rice, Brown and Caldwell in their report). Like their forerunners, Mason and Hagan also sought a sample consisting only of psychotherapists who involved animals in their practices. Mason and Hagan chose a semi-structured interview format and interviewed a total of 13 professionals, far smaller than both the present study and the Rice, Brown and Caldwell study. The demographics of the Mason and Hagan study, while different in many respects, in some ways replicate the findings of the present study. A brief overview of some of these key points is listed below:

Table 45

Overview of Mason and Hagan (1999) Study

Key Points	Study Results
Age Range	25-68 years
Sex	85% women
Educational Level	61% master's degree in counselling or social work 38% doctoral degree in psychology or psychiatry
Mean number of years practicing in their field	11
Mean number of years practicing AAT	8
Settings	Private practice (54%), community mental health clinics or hospitals (31%), schools (15%)
Number of hours of practice in AAT per week	Less than 10 hours (46%), 10-20 hours (31%), 21-40 hours (23%)
Percentage of clients seen using AAT	81-100% of clients (46%)

The results of the present clearly inform and extend what was previously known about the field of AAT and EAT/L (as it exists in the United States). Together, the 1973, 1999 and present (2009) surveys offer a unique glimpse into the state of a field that is clearly still evolving, by allowing us to track its growth over time.

5. Limitations

It is worth noting that there are a number of limitations to this study, the first being that this is not to be treated as a census in any way. This research, although it seeks to better understand the population of AAT and EAT/L professionals in Canada, does not provide us with a complete picture because clearly not every such practitioner who exists participated in the study. First of all, the study was limited to individuals with access to the internet and who had a basic knowledge of computers. Although a PDF version of the study was available to be sent via email or printed and mailed to individual participants, this was not initially advertised. Furthermore, the wording (i.e., the original use of the term EFP to denote all equine-assisted practices) and types of questions (for e.g., related to level of education, training, client issues, theoretical frameworks, etc.) used in the study may have unintentionally alienated or intimidated informal helping professionals (such as coaches, “educators” and “facilitators”) or practitioners with less education (such as a high school diploma), and could possibly have turned such individuals off of wanting to participate in the study. Finally, because respondents were anonymous, it is impossible to triangulate the results of the study by consulting all the respondents and seeing whether the writer’s interpretation of the results is accurate. However, the results themselves and the writer’s interpretation of them appear consistent with the writer’s informal conversations with many AAI practitioners across the country, as well as with what other practitioners have discussed through other informal means (such as online message boards, newsletters, and websites). Nonetheless, a more systematic gathering of population demographics would be required to support or refute the claim that the sample in this study was representative of the targeted population.

The instrument used in this study also suffered from a number of limitations, the main one being that this is the first iteration of the questionnaire. Although the survey was pilot-tested prior to the official study, a number of unexpected issues came up or were discovered after the fact. One of the biggest limitations to the survey was its length. While the 50 questions asked in the survey helped to provide a more complete picture of the state of the field of AAT and EAT/L in Canada, the length of the instrument also meant that respondents were more prone to fatigue and attrition. Indeed, although 131 surveys were retained for the purposes of the study, only 99 were complete. Having a

status bar to indicate how much of the survey they had completed and how much was left to go would have been a useful tool to help motivate and encourage respondents to finish the survey. However, Survey Monkey did not provide this feature, which was a limitation of having used this particular resource for the study. To avoid such drop-out rates in the future, a survey completion status bar would be a requirement, as would a revision of the instrument to see if it would be possible to obtain the same kind of information with fewer questions. Also, the demographics section of the survey would be placed at the beginning of the survey, so that demographics information would be obtained for everyone who participated, not just for those who made it to the end.

As previously noted, the writer used the expression EFP in her survey when denoting equine-assisted practices, but prefaced the survey by indicating that the study sought to any practitioner who partnered with animals, regardless of the term(s) they used to self-identify with. However, in order to be more inclusive and representative of the practitioners being accessed, future iterations of the survey would use the broader term EAT/L, as is used in the present document.

Assessing the ethnicity or cultural background of the respondents was difficult to do. The construct of “race” was not viewed by the author as being complex enough (or even accurate; there is but one race, the human race), and the notion of using colour was also viewed to be equally limited and outdated. Therefore, the writer chose to use the concept of ancestry as a way of accessing how the respondents identified their cultural or ethnic background, an approach she found to be particularly fitting since – with the exception of Canada’s original peoples – Canadians claim a varied ancestry that is not native to the land which we call home. However, there were some who did not fully agree with this form of classification, and answers in response ranged from the humorous (“*Québécoise – Hi! Hi!*” [I’m a Quebecer – Hee hee!]) to the more serious (“How about just Canadian – I would NEVER say British Canadian”).

Although the writer sought information about the respondents’ training, volunteer work, practica, internships, placements, and membership in professional associations or Colleges, the format used for these questions was less than optimal. By making these questions open-ended, respondents could write what they wanted, meaning there was no consistency to the amount and type of details provided. As a result, although this data

was interesting to read, it was largely useless for the purposes of analysis and making connections with other data in the study. Future iterations of the study would instead use categories to access information about these questions (such as providing different ranges of time the respondents were in training, for example, that they could select).

In regards to question 14 (what issues are typically addressed in AAT / EAT/L), the writer chose to include mental health as a catch-all category for things like depression, anxiety, personality disorders, etc. However, a number of respondents listed these things separately under “Other”, or listed other major mental health issues or diagnoses under “Other”, even though they technically fell under the provided category of mental health (such as attachment disorders, developmental disorders, phobias, etc.). Future iterations of the survey would consider a different way of classifying “mental health” issues (by perhaps listing the main ones separately).

At least one mistake with wording was made in the English version. Question 40 was worded as follows: “I subscribe to and/or regularly read the following academic/scholarly journals...” However, academic and scholarly are synonyms; the writer meant to write “academic and scientific” instead, but this mistake was overlooked. This same mistake was not made in the French version of the study.

Another mistake that was overlooked was the presence of the double negative in the Likert scale: “I have no difficulty finding clients or obtaining referrals for AAT / EAT/L”. The negative wording used is likely the reason why the results of this particular question were divided, with 26.3% of respondents disagreeing and 24.2% of respondents agreeing with the statement. Double negative wording leads to confusion in how to interpret and answer the question, and would be avoided in future iterations of the survey.

The present study failed to ask the respondents how they evaluate the effectiveness of their AAT or EAT/L programs, which is often useful information for the public to have as well as a necessary criteria for many funding sources. The survey also failed to ask about whether or not the respondents received supervision in their work, an important component of competent and ethical practice. Future iterations of the survey would be revised to include a question about program evaluation and supervision.

Finally, there were a few minor issues with some of the numerical ranges in the categories for question 16, 17, and 19. Although the writer made an effort to ensure there

was no overlap in categories (0-10 years, 11-20 years, 21-30 years, etc.), this was overlooked for the last range provided for each of the questions (16-20 years, 20+ years, instead of 21+ years). This would also be corrected in future iterations of the survey.

6. Suggestions for Future Research

The results of this study raise a number of questions that would be worth exploring in future research. A qualitative study focusing on practitioners (either in the helping professions, or in the field of AAI) who offer both psychotherapy/counselling *and* things like experiential learning and coaching would be beneficial to help tease apart the distinctions between these practices. Such a study could consist of structured interviews seeking these practitioners' opinions and perspectives on what differentiate these practices. This study could also contain an observational component, where a researcher observes various practitioners conducting sessions of EFP and EFL, for instance, to denote the differences and similarities between them (for e.g., role of the helper, role of the animal, level or depth of processing of the experience, impact on the client, outcomes of each intervention, etc.), which would greatly help tease apart the mess of terms and expressions that currently exist. Such a study would also lead to the development of clearer definitions and potentially help narrow down the number of expressions being used.

Similarly, while there appears to be a great deal of confusion surrounding equine-assisted practices in the context of counselling, psychotherapy, coaching, and experiential learning, the same cannot be said about animal-assisted practices in these same contexts. We question the differences between EAP and EAL, but is there a similar debate between animal-assisted psychotherapy and animal-assisted learning? Why does there appear to be so much variety and contention around the various practices involving horses, but less so about practices involving other species? What is unique about partnering with horses, so much so that equine-facilitated interventions consist of their own sub-stream in the field of AAI? Further exploration of this issue would be required to help shed light on this interesting phenomenon.

It is encouraging that so many individuals supported the idea that graduate-level training in professional ethics should be required for all AAT and EAT/L practitioners (51.5%). However, it would be interesting to establish whether there is a correlation

between the respondents' level of education and their degree of agreement with the requirement of graduate studies in ethics. The writer hypothesizes that those most likely to agree with that statement are individuals who have completed graduate studies themselves. While this might reflect a bias towards university education, there is something to be said about the fact "we don't know what we don't know, until we know it." Individuals with lower levels of education (or education in fields outside the helping professions) may not understand the importance of graduate studies in ethics (and in the helping professions in general), or the importance of setting minimum educational requirements for the field, because they are looking at the situation from a lower or different vantage point. Knowing whether or not such a correlation existed would be beneficial in developing educational standards for the field of AAT and EAT/L. For instance, it would be important to know if individuals with less education and training were opposed to the idea of setting a higher standard; that way, policymakers would be better positioned to dialogue with this group and work in such a way that promotes understanding and inclusivity in whatever standards are created.

This survey only briefly touched on the notion of ethics. It would be interesting to find out how AAT and EAT/L professional address ethical dilemmas in their work, given the complexities of their "triple responsibility" as outlined by Pelletier (2008) (and, indeed, their "quadruple responsibility", in the case of the diamond model). Animal-assisted helping professionals likely have additional or different ethical issues to consider than helping professionals who do not involve animals in their practices. A comparative study of how helping professionals and how AAT and EAT/L professionals address ethical dilemmas would help establish a model of ethical decision-making that would be specific to AAI. A specific focus could be paid to the specific ethical issues inherent in the triangle model and in the diamond model of practice.

The voices of the animal partners were mostly absent from this study, since the focus of this research was on better understanding the human professionals doing this kind of work. The literature discusses a number of ethical, moral, safety and health-related issues pertaining to the involvement of animals in various interventions for humans, and the impact these interventions have on the animals (Brening, Linke, Busch, Matthes & Eke van der Woude, 2005; Iannuzzi & Rowan, 1991; Hatch, 2007;

Haubenhofer & Kirchengast, 2006; Haubenhofer & Kirchengast, 2007; Joy, 2005; O'Rourke, 2004; Pelletier, 2008; Schantz, 1990; Waltner-Toews, 1993; Zamir, 2006). A study gauging the practitioners' level of awareness of these issues and how they address them would be interesting, especially given how few AAT and EAT/L practitioners read the literature.

Finally, while there have indeed been outcome studies that seek to establish the effectiveness of animal-assisted interventions in comparison with other, more traditional approaches, research that more rigorously controls for the novelty factor of AAT and EAT/L is highly recommended. For instance, the recent study by Trotter, Chandler, Goodwin-Bond and Casey (2009) compared an equine-assisted counselling (EAC) program to a more traditional, classroom-based counselling program, and found that participants in the EAC group showed significant improvement in more areas than participants in the traditional group. However, as questioned by the authors, were these results due to the intervention, or were they due to other factors (such as the novelty factor of being at the ranch in the outdoors as opposed to being in a classroom)? A study that compares participants in an animal- or equine-assisted therapy program with participants who merely visit a petting zoo or farm without therapeutic programming would be essential in order to establish that it is indeed the intervention that is responsible for improvements, and not the novelty of the setting or animals.

7. Implications

This study sheds light on the current status of AAT and EAT/L in Canada. The results of the survey act as a mirror that is being held up to the field, reflecting key issues being faced by the field and those practicing within it. As has been shown, the field of animal-assisted interventions in Canada is clearly in flux. Similar to the situation in the United States, the field is fragmented, disjointed, unmonitored, lacking any clear direction, and facing a number of challenges that many believe to be impeding its evolution into a discipline that is more widely recognized and accepted. Some of these challenges are similar to those in the USA (such as the multitude of terms and "certifications" available), while some may be unique to Canada (such as issues regarding translation of terms and resources). What is noteworthy is that the same issues facing the field over a decade ago (Hines & Fredrickson, 1998) are still present today.

This is not to say that addressing these issues will be easy and without controversy. Indeed, there are many benefits for things to remain as they are. For practitioners, the benefits include increased freedom and creativity in their work, additional income and marketability (for those developing their own “certification” programs), not having to make any significant changes, not having to worry about possibly losing their livelihoods or careers if they do not meet professional standards, or not having to follow such standards or guidelines (even though such structures are intended to help increase the quality of programs and services, and better serve and safeguard the public as well as their animal partners). For potential clients, the sheer variety of services and practitioners available means there is lots to choose from. Some may want a registered counsellor who provides AAT; others may be drawn to something more informal, such as a personal coach offering EFL. However, there are also numerous drawbacks if things remain as they are, including more confusion for the public around what these services and programs are about, which almost certainly leads to fewer clients (than could potentially be found), less professional acceptance and recognition, and fewer chances for funding. Should the state of the field remain unchanged, the field will be limited by its inherent inconsistencies, disagreements, and divisiveness. These practitioners cannot expect to reach the same kind of professional recognition as other disciplines and therapeutic/learning techniques if they are not willing to put their personal motivations and fears aside, come together, and begin collaborating to address their common issues. Indeed, the writer suspects that the various issues and challenges identified in the study will continue to plague practitioners and the field, until the underlying fears and personal motivations that are maintaining them are resolved.

While complete unity and agreement over the points elaborated upon in this document is a naïve expectation (and likely impossible to achieve, given the rich diversity of the field), increased collaboration, communication, and working towards a common goal of creating a more united front and more consistent “face” to the field will surely benefit everyone involved. Although the situation in AAI may largely be dependent upon (or may stand to be impacted by) the current confusion surrounding the creation of standards and requirements in the helping professions in Canada (as described in Chapter 2), this does not preclude professionals in the field of AAI to come together

and start the work of addressing the needs identified in the present study. Indeed, both fields may be inextricably linked²⁸, and it will be interesting to see how the development of both these fields will influence each other in years to come.

²⁸ One example of how these fields stand to impact one another is with the recent move towards regulating psychotherapy in Ontario and Quebec. As psychotherapists become regulated, this will limit who can practice things like EFP and EAP in those provinces.

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Appendix A

English-Language Survey

***Note:** The survey was mainly available online through the Survey Monkey website. It did not appear in the format used to display it in the Appendix – the preamble and questions are presented here for reference purposes only.

Introduction and Informed Consent

INSTRUCTIONS:

Thank you for taking the time to participate in this survey. For some of the questions, you will be required to select a response by placing a check mark in the appropriate space. In some instances, you may be permitted to check off more than one answer. For certain questions, a longer answer may be required; you may respond in the space provided.

PARTICIPANTS:

This survey focuses specifically on the use of AAT and EFP in counselling, psychotherapy, mental health, education, social services, psychiatry, coaching, and other practices that foster personal growth and therapeutic development. If you are an AAT practitioner in a different context than those described above, please do not complete the survey.

TERMINOLOGY:

While there are multiple terms in use describing animal-assisted and equine-facilitated approaches, the terms "animal-assisted therapy (AAT)" and "equine-facilitated psychotherapy (EFP)" are used throughout the survey in order to simplify the text. Thank you!

PURPOSE OF THIS STUDY:

This research is being conducted to document the current state of AAT and EFP in Canada and provide valuable information to stakeholders and the public, which is presently lacking. This study, the first of its kind, will focus on discovering, describing and understanding the practitioners, practices and the profession as they exist in Canada, as well as achieving a better understanding of the challenges and needs of this unique community.

This research is being conducted by Sarah Schlotte to meet the requirements for a master's degree thesis in the department of Educational Psychology and Leadership Studies at the University of Victoria in British Columbia. Ms. Schlotte is conducting this research under the supervision of Dr. Tim Black. Should you have any concerns, feel free to contact Ms. Schlotte (250-370-2358 or sarahschlotte@gmail.com) or Dr. Tim Black (250-721-7820 or tblack@uvic.ca). In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

WHAT IS INVOLVED:

If you agree to voluntarily participate in this research, your participation will include a time commitment of approximately 20-40 minutes, to fill out the web-based survey. Please answer these questions honestly and to the best of your knowledge.

POTENTIAL RISKS:

There are no known risks to you by participating in this research. The only inconvenience to you is the time required to complete the survey.

POTENTIAL BENEFITS:

- Benefits to knowledge: Since there is very little accessible knowledge about the field of AAT/EFP in Canada, including no prior attempts at documenting the field through any means, this study will fill a major gap in the literature and knowledge.
- Benefits to society: Documenting the field and publishing the results will allow other individuals access to this information, including other health and social service practitioners who wish to learn more about the profession, individuals who would like to pursue this as a career path, policy makers and government officials, as well as the general public, who may be interested in accessing these services for themselves or their loved ones.
- Benefits to you, the participant: Through informal conversations, many AAT/EFP practitioners have indicated that their profession and, by extension, the services they offer suffer from a lack of visibility, accessible information and credibility. This research will hopefully shed light on the work you do, thereby increasing your visibility in the academic literature and hopefully generating more interest about your work. It is hoped that this study will give you a voice.

VOLUNTARY PARTICIPATION:

Your participation in this research must be entirely voluntary and free from coercion. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study, it will be logically impossible to remove your individual participant data.

PRIOR RELATIONSHIPS:

Ms. Schlotte may have a relationship to potential participants, as a colleague, student, or professional working on different committees related to the development of the field of animal-assisted practices. If you feel obligated to participate due to a preexisting relationship with the researcher, we ask that you do not do so.

ANONYMITY AND CONFIDENTIALITY:

Your confidentiality and the confidentiality of the data will be protected by the fact that you will NOT be asked to provide your name anywhere in the survey. Furthermore, the data will also be coded and analyzed in such a way that identifying individual respondents will be impossible. Should the case arise that Ms. Schlotte is still able to identify a participant based on his or her responses in spite of these precautions, this person's confidentiality will be assured. Your confidentiality will further be protected by storing the surveys in a secure location (locked filing cabinet and secure computer server with password protected files).

DISSEMINATION OF THE RESULTS:

It is anticipated that the results of this study will be shared with others through conference presentations, publication in journal articles or the media, and thesis or other scholarly presentations. Furthermore, Ms. Schlotte hopes to share the research results directly with the AAT/EFP practitioners themselves.

DISPOSAL OF DATA:

The data will be stored until Ms. Schlotte's thesis has been defended and the results published, for a maximum of 2 years, at which time all computer files will be deleted and printed surveys will be shredded. Clicking on the "Done" button at the end of this survey indicates your informed consent to participate in this research study.

PART A: Professional Development

1. What is your educational level? Please indicate your last COMPLETED level of education (check only ONE).
 - a) High school
 - b) College / CEGEP
 - c) Undergraduate / bachelor's
 - d) Master's
 - e) Doctorate
 - f) Post-doctorate
 - g) Decline to answer
 - h) Other (please specify)
 2. Is your formal education in a social service, education, health or helping discipline?
 - a) Yes
 - b) No
 - c) Decline to answer
 3. If yes, check all fields that apply:
 - a) Counselling / Psychotherapy
 - b) Psychology
 - c) School Counselling / Guidance Counselling
 - d) Teaching
 - e) Social Work
 - f) Psychiatry
 - g) Nursing
 - h) Child and Youth Care / Psychoeducator
 - i) Personal/Professional Coaching
 - j) I am presently a student in one of these fields
 - k) Decline to answer
 - l) Other (please specify)
 4. If no, please indicate your field of studies prior to your career in AAT/EFP.
 5. Do you have any training related to AAT or EFP?
 - a) Yes
 - b) No
 - c) Decline to answer
 6. If yes, please list the program(s)'s name, institution/organization, location, date and length.
-

7. Have you completed any volunteer work, practica, internships or placements related to AAT or EFP?

- a) Yes
- b) No
- c) Decline to answer

8. If yes, please list them according to institution/organization, location, date and length.

9. Are you a member of any AAT/EFP associations, or related groups/organizations?

- a) Yes
- b) No
- c) Decline to answer

10. If yes, which one(s)?

11. Are you currently a member of a College in a regulated profession (such as a provincial College of Psychologists or College of Social Workers)?

- a) Yes
- b) No
- c) Decline to answer

12. If yes, which one(s)?

13. Are you currently a member of a professional association (aside from any association in AAT or EFP mentioned in question 9)?

- a) Yes
- b) No
- c) Decline to answer

14. If yes, which one(s)?

15. If you are not a member of a regulated profession or a professional association, state how you identify yourself professionally (e.g., counsellor, educator, coach, etc.)

PART B: Professional Practice

16. How many years of experience do you have in your profession?

- a) 0-5 years
- b) 6-10 years
- c) 11-15 years
- d) 16-20 years
- e) 20+ years
- f) Decline to answer

17. How many years of experience do you have in AAT or EFP?

- a) 0-5 years
- b) 6-10 years
- c) 11-15 years
- d) 16-20 years
- e) 20+ years
- f) Decline to answer

18. What is your preferred term when describing the work you do (you may check MORE than one, in either language, if applicable):

- a) Animal-assisted therapy (AAT)
- b) Pet-facilitated therapy (PFT)
- c) Animal-assisted psychotherapy
- d) Zoothérapie
- e) Thérapie assistée par l'animal (TAPA)
- f) Psychothérapie assistée par l'animal
- g) Equine-facilitated psychotherapy (EFP)
- h) Equine-assisted psychotherapy (EAP)
- i) Equine-facilitated counselling (EFC)
- j) Equine-facilitated experiential learning (EFEL)
- k) Equine-facilitated mental health (EFMH)
- l) Thérapie assistée par le cheval (TFC)
- m) Decline to answer
- n) Other (please specify)

19. How many client hours a week do you work using AAT/EFP?

- a) 0-10 hours
- b) 11-20 hours
- c) 21-30 hours
- d) 30+ hours
- e) Decline to answer
- f) Number of hours varies (please describe)

20. Describe the context(s) in which you use AAT/EFP (check ALL that apply):

- a) In private practice / self-employed
- b) At an agency / organization
- c) In a school, such as a school psychologist, counsellor or social worker
- d) As an instructor of AAT/EFP
- e) In a hospital
- f) At a residential treatment centre
- g) Decline to answer
- h) Other (please specify)

21. What is the hourly rate for AAT/EFP services in your practice or at your centre?

22. What percentage of clients do you use AAT/EFP with (please check ONE):

- a) 0-25%
-

-
- b) 26-50%
 - c) 51-75%
 - d) 76-100%
 - e) Decline to answer
23. What population do you mainly work with in AAT/EFP? (check ALL that apply):
- a) Children (ages 0-12 years)
 - b) Adolescents (ages 13-19 years)
 - c) Adults
 - d) Seniors
 - e) Couples / Families
 - f) Corporate groups
 - g) Decline to answer
 - h) Other (please specify)
24. What issues do you typically address in AAT/EFP? (check ALL that apply):
- a) Mental health (depression, anxiety, personality disorders, etc.)
 - b) Grief and loss
 - c) Trauma
 - d) Interpersonal relationships
 - e) Personal growth and self-awareness
 - f) Self-regulation
 - g) Eating disorders
 - h) Self-esteem
 - i) Group development and team building
 - j) Decline to answer
 - k) Other (please describe the issues you address in your work with clients)
25. Do you use your own animal(s) in your work? (check ONE):
- a) Yes
 - b) No
 - c) Some of the animals are mine, some belong to a different source (agency, shelter, farm, stable, sanctuary, etc.)
 - d) Decline to answer
26. Check off the species of animal you work with:
- a) Dogs
 - b) Cats
 - c) Horses
 - d) Rabbits
 - e) Birds
 - f) Farm animals (other than horses)
 - g) Wild birds or animals
 - h) Decline to answer
 - i) Other (please specify)
-

27. Have any of your animals been tested or trained for this type of work?

- a) Yes
- b) No
- c) Decline to answer

28. If yes, check ALL that apply:

- a) I have carefully selected and/or trained the animals myself
- b) A veterinarian tested the behaviour and suitability of my animal(s)
- c) St. John Ambulance Therapy Dog evaluation
- d) Delta Society Pet Partner training and evaluation
- e) Canine Good Neighbour training and evaluation (Canadian Kennel Club)
- f) Tuskegee Behavior Test for selecting therapy dogs
- g) Evaluation for therapeutic riding horses
- h) Decline to answer
- i) Other (please describe in text box below)

29. If no, please explain how you select animals to use in your work:

30. Please check which most accurately describes your current situation:

- a) I am a helping professional with additional training/experience in how to handle the animal(s) I involve in my practice. In other words, I use a triangular model in my approach (therapist – animal – client(s)).
- b) I am a helping professional working with a professional animal handler or volunteer. In other words, I use a diamond model in my approach (therapist – animal handler/volunteer – animal – client(s)).
- c) I use either model depending on my comfort level and/or the species of animal involved.
- d) Decline to answer

31. What role does your animal partner play in your work with clients? (check ALL that apply):

- a) Icebreaker
- b) Transitional object
- c) Assessment tool
- d) Projective device
- e) Confidant
- f) Metaphor/symbol
- g) Experiential learning partner
- h) Source of calm and relaxation
- i) Mirror
- j) Teacher of how to be in relationship
- k) Decline to answer
- l) Other (please specify)

32. What theoretical framework(s) and/or approaches inform your AAT/EFP practice? (check ALL that apply):

-
- a) Person-centered/Rogerian therapy
 - b) Psychodynamic therapy
 - c) Cognitive-behavioural therapy
 - d) Solution-focused therapy
 - e) Emotion-focused therapy
 - f) Mind-body approaches
 - g) Attachment theory
 - h) Biopsychosocial approach
 - i) Interpersonal psychotherapy
 - j) Biophilia theory
 - k) Decline to answer
 - l) Other (please specify)

33. Do you or your program receive funding/grants?

- a) Yes
- b) No
- c) Decline to answer

34. If yes, check ALL that apply:

- a) Government / non-profit funding
- b) Private foundation grant
- c) Donations
- d) Decline to answer
- e) Other (please specify)

35. Do you receive reimbursement from clients' insurance companies?

- a) Yes
- b) No
- c) Decline to answer

36. If no, please describe why you do not receive reimbursement for your AAT/EFP services:

- a) The majority of my clients do not have extended health coverage
- b) Insurance companies will not cover AAT/EFP
- c) I've never asked clients
- d) Decline to answer
- e) Other (please specify)

37. Do you receive referrals from other health or helping professionals?

- a) Yes
- b) No
- c) Decline to answer

38. If yes, please briefly describe your referral source(s) (check ALL that apply):

- a) Social workers
 - b) Doctors
-

- c) Psychologists
- d) Psychiatrists
- e) Counsellors
- f) Decline to answer
- g) Other (please specify)

39. Which of the following Canadian national- or provincial-level organizations were you aware of prior to participating in this survey? (check ALL that apply):

- a) St. John Ambulance Therapy Dog Division
- b) Equine-Facilitated Mental Health – Canada committee (CanTRA)
- c) Association Québécoise de Zoothérapie
- d) Corporation des Zoothérapeutes du Québec
- e) Equine-Assisted Growth and Learning Association (EAGALA), Canadian division
- f) Canadian Foundation for Animal-Assisted Support Services (CF4AASS)
- g) Canadian Association for Natural Leadership and Equine-Assisted Development (CANLEAD)
- h) I was not aware of any of these organizations prior to participating in this survey
- i) Decline to answer

40. I subscribe to and/or regularly read the following academic/scholarly journals which publish articles related to AAT/EFP (check ALL that apply):

- a) Anthrozoös
- b) Society & Animals
- c) I do not subscribe to or regularly read academic/scholarly journals on the topic
- d) Decline to answer
- e) Other (please list)

Part C: Challenges

41. What key challenges do you currently face as an AAT/EFP practitioner? (check all that apply):

- a) I do not currently face any challenges
- b) Insufficient funding
- c) Not being taken seriously
- d) Lack of referral sources
- e) Lack of available resources in my language
- f) Lack of standards of practice and ethical guidelines
- g) Difficulty finding professional liability insurance that covers AAT/EFP
- h) Decline to answer
- i) Other (please specify)

42. What do you believe are the key challenges presently facing the field of AAT/EFP in Canada? (check all that apply):

- a) I do not believe there are any challenges facing the field
 - b) Lack of infrastructure or independent, national professional association
 - c) Lack of agreement over terminology
-

-
- d) Lack of professional standards and codes of ethics
 - e) Lack of research
 - f) Lack of accessible information and public education about AAT/EFP
 - g) Decline to answer
 - h) Other (please specify)

43. Using the following scale, please indicate the degree to which you agree with the statements listed below [please note: the scale has a 6th point: "Decline to answer"]:

1	2	3	4	5
Strongly disagree	Disagree	Neutral	Agree	Strongly agree

I believe there is a lack of accessible information about the field of AAT/EFP in Canada (1 2 3 4 5)

I feel confident in my current level of training/education in AAT/EFP (1 2 3 4 5)

I have no difficulty finding clients or obtaining referrals for AAT/EFP (1 2 3 4 5)

Graduate-level training in professional ethics should be required for all AAT/EFP practitioners (1 2 3 4 5)

I am satisfied with my work in AAT/EFP and find it rewarding and fulfilling (1 2 3 4 5)

I feel self-conscious identifying myself as an AAT/EFP practitioner (1 2 3 4 5)

I feel isolated in my work as an AAT/EFP practitioner (1 2 3 4 5)

I am viewed as having the same credibility as my colleagues who do not use AAT/EFP (1 2 3 4 5)

I keep abreast of the research on AAT/EFP by reading journal articles, books, or attending conferences (1 2 3 4 5)

I currently struggle with agencies, funders, insurance companies, policymakers and/or the government when advocating for AAT/EFP (1 2 3 4 5)

Part D: Needs

44. What supports would you need to assist you in continuing to provide ethical and competent AAT/EFP services to clients? (check ALL that apply):

- a) I do not require any further support.
 - b) Access to grants or funding
 - c) Translation of AAT/EFP resources into my language
 - d) Standards of practice and ethical guidelines
-

- e) More accessible information about the field
- f) Education, training and/or continuing studies in AAT/EFP
- g) National conferences
- h) Networking opportunities
- i) Decline to answer
- j) Other (please specify)

45. What do you believe is necessary for the field of AAT/EFP to evolve and become more credible and recognized? (check ALL that apply):

- a) I do not believe the field requires anything to evolve and become more credible and recognized
- b) Standards of practice and ethical guidelines
- c) National, independent certification process
- d) National, independent professional association
- e) More research
- f) Agreement about terminology and clarity about terms commonly in use
- g) Decline to answer
- h) Other (please specify)

Part E: Demographics

46. Gender:

- a) Female
- b) Male
- c) Decline to answer

47. Age:

- a) 20-25 years
- b) 26-35 years
- c) 36-45 years
- d) 46-55 years
- e) 56-65 years
- f) Over 66 years
- g) Decline to answer

48. Place of residence:

- a) British Columbia
 - b) Alberta
 - c) Saskatchewan
 - d) Manitoba
 - e) Ontario
 - f) Quebec
 - g) New Brunswick
 - h) Nova Scotia
 - i) Prince Edward Island
 - j) Newfoundland and Labrador
-

- k) Yukon
- l) Northwest Territories
- m) Nunavut
- n) Decline to answer
- o) Other (please specify)

49. How do you identify your family ancestry? (check as MANY as apply):

- a) British-Canadian
- b) French-Canadian
- c) Aboriginal / First Nations
- d) European-Canadian
- e) African-Canadian
- f) Middle-Eastern-Canadian
- g) Asian-Canadian
- h) Decline to answer
- i) Other (please specify)

50. Language(s) you use in your AAT/EFP practice (check ALL that apply):

- a) English
- b) French
- c) Decline to answer
- d) Other (please specify)

Thank you for your interest and participation in this study. I genuinely appreciate your time, effort and willingness to contribute to this research. You have made an important contribution to the development of the field of AAT/EFP.

By clicking on “Done”, you are consenting to participate in this research. Once you have clicked on “Done”, your data cannot be retrieved.

Appendix B French-Language Survey

Introduction et consentement éclairé

INSTRUCTIONS :

Merci d'avoir choisi de participer à cette étude. Pour certaines des questions, on vous demandera de sélectionner une réponse en cochant la case appropriée. Dans certains cas, vous aurez le droit de cocher plus d'une réponse. Pour d'autres questions, une réponse à développement vous sera demandée. Vous pourriez alors répondre dans l'espace offerte.

PARTICIPANTS :

Cette étude cible les intervenants qui utilisent la zoothérapie/thérapie assistée par l'animal (TAPA) et/ou la thérapie facilitée par le cheval dans le contexte d'interventions en counseling, psychothérapie, santé mentale, travail social, éducation, soins psychiatriques, ou toute autre intervention favorisant la croissance personnelle. Si vous intervenez dans un autre contexte que ceux mentionnés ci-haut, veuillez ne pas compléter le sondage.

TERMINOLOGIE :

Quoiqu'il existe plusieurs termes et expressions pour décrire les différentes interventions assistées par animaux, les termes "thérapie assistée par l'animal (TAPA)" et "thérapie facilitée par le cheval (TFC)" seront utilisés pour simplifier le texte. De plus, veuillez noter que l'usage du masculin se veut sans préjudice et vise à simplifier le texte seulement. Merci!

OBJECTIF DE L'ETUDE :

Le but de cette recherche est de documenter l'état actuel de la TAPA et la TFC au Canada et, ce faisant, de combler le manque d'information qui existe sur ce sujet. Cette étude, une toute première dans notre pays, cherche à découvrir, décrire et mieux comprendre les intervenants, les pratiques et la profession tels qu'ils existent au Canada. Cette étude cherche aussi à mieux comprendre les défis et besoins de cette communauté professionnelle unique.

Sarah Schlotte, étudiante de deuxième cycle, effectue cette recherche pour rencontrer les exigences de la maîtrise en psychologie du counseling à The University of Victoria en Colombie-Britannique. Le superviseur de Mme Schlotte est Monsieur Tim Black, PhD. Si vous avez des questions ou si vous désirez de plus amples renseignements, veuillez contacter Mme Schlotte (250-370-2358 ou sarahschlotte@gmail.com) ou M. Black (250-721-7820 ou tblack@uvic.ca). De plus, vous pouvez vérifier l'approbation éthique de cette étude ou exprimer vos inquiétudes en contactant le comité d'éthique à la recherche du University of Victoria (Human Research Ethics Office, 250-472-4545 ou ethics@uvic.ca).

DETAILS :

Le sondage prendra entre 20-40 minutes à compléter. Veuillez répondre de façon honnête au meilleur de votre connaissance.

RISQUES POTENTIELS :

Il n'y a pas de risques associés à cette recherche. Le seul inconvénient sera le temps qu'il vous prendra pour compléter le sondage.

AVANTAGES A PARTICIPER A CETTE ETUDE :

- Etant donné qu'il existe très peu d'information accessible au sujet du domaine de la TAPA/TFC au Canada, ni aucune tentative à documenter le domaine de façon formelle, cette étude comblera un vide énorme.
- Documenter le domaine de la TAPA/TFC et publier les résultats permettra aux personnes intéressées de s'informer plus facilement sur ce domaine. Les gens qui pourraient bénéficier de cette information comprennent les professionnels en relation d'aide ou en santé qui veulent en savoir plus sur la TAPA/TFC, les personnes qui souhaitent faire carrière dans ce domaine, les responsables gouvernementaux et représentants ministériels, ainsi que les membres du public qui voudraient bénéficier de la TAPA/TFC.
- Dans le contexte de discussions informelles, plusieurs intervenants et praticiens en TAPA/TFC comme vous ont indiqué qu'ils souffrent d'un manque de visibilité et de crédibilité. Le but de cette recherche est d'éclaircir ce qu'est la TAPA/TFC et d'augmenter votre visibilité et votre présence dans la littérature académique. Ce sondage a pour but de vous donner une voix.

PARTICIPATION VOLONTAIRE :

Votre participation dans cette étude doit être complètement volontaire. Si vous choisissez de participer, vous avez le droit d'arrêter de participer en tout temps à cette étude. Si vous arrêtez de participer, il nous sera impossible d'enlever vos données.

RELATIONS AVEC LA CHERCHEUSE :

Mme Schlotte pourrait avoir une relation préexistante avec certains participants, en tant que collègue, étudiante, ou professionnelle qui travaille au sein de différents comités relatifs à l'évolution de la TAPA/TFC. Si vous vous sentiez obligé à participer à l'étude à cause d'une relation préexistante avec Mme Schlotte, nous vous demandions de ne pas participer.

ANONYMAT ET CONFIDENTIALITE :

Votre confidentialité et la confidentialité de vos données sera protégée car votre nom n'apparaîtra nulle part sur le sondage. De plus, vos données seront analysées de sorte à ce que l'identification d'individus particuliers qui participent à l'étude soit impossible. Malgré ces précautions, s'il arrive que Mme Schlotte puisse identifier un participant compte tenu de ses réponses au sondage, la confidentialité de cette personne sera protégée. Aussi, les sondages seront gardés dans un tiroir fermé à clé ou sur un serveur informatique sécur protégé par mot de passe.

DIFFUSION DES RESULTATS :

Nous souhaitons partager les résultats de cette étude lors de colloques ou d'autres présentations, dans des articles et revues scientifiques et à travers les médias. Mme Schlotte espère aussi partager les résultats directement avec les intervenants en TAPA/TFC.

EFFACEMENT DES DONNEES :

Les données seront conservées jusqu'à la défense du mémoire de Mme Schlotte et la publication des résultats, pour un maximum de 2 ans. Les données seront ensuite détruites et les fichiers électroniques seront supprimés. Cliquer sur "Done" (Terminé) à la fin de ce sondage est preuve de votre consentement à participer à cette étude.

PARTIE A : Développement professionnel

1. Quel est votre niveau d'éducation? Veuillez indiquer votre dernier niveau d'études COMPLETEE (veuillez en cocher une seulement) :

- a) Ecole secondaire
- b) CEGEP / collège
- c) Premier cycle / baccalauréat
- d) Deuxième cycle / maîtrise
- e) Troisième cycle / doctorat
- f) Postdoctorat
- g) Je préfère ne pas répondre
- h) Autre (veuillez préciser)

2. Vos études formelles sont-elles dans le domaine des services sociaux, de l'éducation, de la santé ou des relations d'aide ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

3. Si oui, veuillez cocher TOUS les domaines dans lesquels vous avez effectué vos études :

- a) Counseling / psychothérapie
- b) Psychologie
- c) Conseiller pédagogique / conseiller d'orientation
- d) Enseignement
- e) Travail social
- f) Psychiatrie
- g) Sciences infirmières
- h) Conseiller à l'enfance et à la jeunesse / Psychoéducation
- i) Coaching personnel ou professionnel
- j) J'étudie actuellement dans un de ces domaines
- k) Je préfère ne pas répondre
- l) Autre (veuillez préciser)

4. Si non, veuillez préciser votre domaine d'études avant d'entamer votre carrière en TAPA/TFC.

5. Avez-vous une formation en TAPA ou en TFC ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

6. Si oui, veuillez la/les décrire (programme, institution/organisme, endroit, date, longueur).

7. Avez-vous fait du bénévolat ou complété des stages pratiques ou un internat en TAPA ou en TFC ?

- a) Oui
 - b) Non
-

c) Je préfère ne pas répondre

8. Si oui, veuillez les décrire (institution/organisme, endroit, date, longueur).

9. Etes-vous membre d'une association professionnelle en zoothérapie / TAPA / TFC ou membre d'autres organismes dans ce domaine ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

10. Si oui, veuillez la/les nommer.

11. Etes-vous actuellement membre d'un ordre professionnel d'une profession réglementée (tel que l'Ordre des psychologues ou l'Ordre des travailleurs sociaux) ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

12. Si oui, veuillez la/les nommer.

13. Etes-vous actuellement membre d'une association professionnelle (autre qu'en zoothérapie / TAPA / TFC, tel que demandé à la question 9) ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

14. Si oui, veuillez la/les nommer.

15. Si vous n'êtes pas membre d'un ordre professionnel ou d'une association professionnelle, dites comment vous vous identifiez professionnellement (par exemple : conseiller, psychothérapeute, coach, etc.)

PARTIE B : Pratique professionnelle

16. Combien d'années d'expérience avez-vous dans votre profession ?

- a) 0-5 ans
- b) 6-10 ans
- c) 11-15 ans
- d) 16-20 ans
- e) 20+ ans
- f) Je préfère ne pas répondre

17. Combien d'années d'expérience avez-vous en TAPA/TFC ?

- a) 0-5 ans
 - b) 6-10 ans
 - c) 11-15 ans
-

-
- d) 16-20 ans
 - e) 20+ ans
 - f) Je préfère ne pas répondre

18. Quelle appellation préférez-vous pour décrire votre travail ? (vous pouvez en sélectionner plus d'une, dans chaque langue, si cela s'applique à vous) :

- a) Animal-assisted therapy (AAT)
- b) Pet-facilitated therapy (PFT)
- c) Animal-assisted psychotherapy
- d) Zoothérapie
- e) Thérapie assistée par l'animal (TAPA)
- f) Psychothérapie assistée par l'animal
- g) Equine-facilitated psychotherapy (EFP)
- h) Equine-assisted psychotherapy (EAP)
- i) Equine-facilitated counselling (EFC)
- j) Equine-facilitated experiential learning (EFEL)
- k) Equine-facilitated mental health (EFMH)
- l) Thérapie assistée par le cheval (TFC)
- m) Je préfère ne pas répondre
- n) Autre (veuillez préciser)

19. Combien d'heures par semaine travaillez-vous en utilisant la TAPA/TFC avec vos clients ?

- g) 0-10 heures
- h) 11-20 heures
- i) 21-30 heures
- j) 30+ heures
- k) Je préfère ne pas répondre
- l) Le nombre d'heures varie (veuillez décrire pourquoi)

20. Décrivez le contexte dans lequel vous utilisez la TAPA/TFC (cochez TOUS ceux qui s'appliquent) :

- a) En pratique privée / clientèle privée
- b) Dans une agence ou un organisme
- c) Dans une école, en tant que psychologue, conseiller ou travailleur social
- d) En tant qu'instructeur ou enseignant de la TAPA/TFC
- e) Dans un hôpital
- f) Dans un centre de traitement résidentiel
- g) Je préfère ne pas répondre
- h) Autre (veuillez préciser)

21. Quel est le tarif horaire pour la TAPA/TFC dans votre pratique privée ou dans votre milieu de travail ?

22. Vous utilisez la TAPA/TFC avec quel pourcentage de vos clients ? (veuillez en cocher UNE) :

-
- a) 0-25%
 - b) 26-50%
 - c) 51-75%
 - d) 76-100%
 - e) Je préfère ne pas répondre

23. Avec quelle population travaillez-vous en TAPA/TFC ? (cochez TOUS ceux qui s'appliquent) :

- i) Enfants (0-12 ans)
- j) Adolescents (13-19 ans)
- k) Adultes
- l) Personnes âgées
- m) Couples / Familles
- n) Groupes corporatifs / compagnies
- o) Je préfère ne pas répondre
- p) Autre (veuillez préciser)

24. Quelles difficultés abordez-vous en TAPA/TFC ? (cochez TOUS ceux qui s'appliquent) :

- a) Santé mentale (dépression, anxiété, troubles de la personnalité, etc.)
 - b) Pertes et deuil
 - c) Traumatismes
 - d) Relations interpersonnelles
 - e) Développement de soi et conscience de soi
 - f) Gestion de soi / autorégulation
 - g) Troubles de l'alimentation
 - h) Estime de soi
 - i) Développement de groupe et consolidation d'équipe
 - j) Je préfère ne pas répondre
- Autre (veuillez préciser les difficultés que vous abordez en TAPA/TFC avec vos clients)

25. Utilisez-vous vos propres animaux dans votre travail ? (veuillez en cocher UNE) :

- a) Oui
- b) Non
- c) Quelques-uns des animaux m'appartiennent, d'autres proviennent d'ailleurs (agence, foyer d'accueil, refuge, ferme, écurie, réserve/sanctuaire, etc.)
- d) Je préfère ne pas répondre

26. Indiquez les animaux que vous utilisez dans votre travail :

- j) Chiens
 - k) Chats
 - l) Chevaux
 - m) Lapins
 - n) Oiseaux
 - o) Animaux de ferme (autre que les chevaux)
 - p) Faune sauvage
-

-
- q) Je préfère ne pas répondre
 - r) Autre (veuillez préciser)

27. Est-ce que vos animaux ont été formés ou évalués avant de faire ce genre de travail ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

28. Si oui, veuillez cocher TOUS ceux qui s'appliquent :

- a) J'ai sélectionné et/ou formé les animaux moi-même.
- b) Un vétérinaire a testé le comportement et l'aptitude des animaux.
- c) Evaluation de l'Ambulance St-Jean pour leur programme d'utilisation des chiens à fins thérapeutiques ("Therapy Dogs")
- d) Formation et évaluation de la Delta Society ("Pet Partner program")
- e) Formation et évaluation Bon Voisin Canin du Club Canin Canadien
- f) Test Tuskegee pour la sélection de chiens à fins thérapeutiques.
- g) Evaluation pour chevaux en équitation thérapeutique.
- h) Je préfère ne pas répondre.
- i) Autre (veuillez remplir la case ci-dessous)

29. Si non, veuillez expliquer comment vous sélectionnez les animaux avec lesquels vous travaillez.

30. Cochez l'énoncé qui décrit le mieux votre situation :

- a) Je suis un intervenant en relation d'aide qui détient à la fois une formation en comportement animal ou de l'expérience avec les espèces animales que j'utilise. En d'autres mots, je travaille avec un modèle de triade thérapeutique ou avec une synergie triangulaire (intervenant - animal - client).
- b) Je suis un intervenant en relation d'aide qui travaille en équipe avec un professionnel en comportement animal ou un bénévole. En d'autres mots, j'utilise une synergie en losange (intervenant - animal - professionnel en comportement animal - client).
- c) J'utilise l'un ou l'autre selon l'espèce animale et/ou mon niveau de confort.
- d) Je préfère ne pas répondre.

31. Quel(s) rôle(s) joue(nt) les animaux dans le cadre de vos interventions ? (cochez TOUS ceux qui s'appliquent) :

- a) Animal comme outil de brise-glace
 - b) Animal comme objet transitionnel
 - c) Animal comme outil d'évaluation du client
 - d) Animal comme objet de projection
 - e) Animal comme confident
 - f) Animal comme métaphore/symbole
 - g) Animal comme partenaire d'apprentissage expérientiel
 - h) Animal comme source de calme et de relaxation
 - i) Animal comme miroir
 - j) Animal comme enseignant de savoir-être en relation
-

-
- k) Je préfère ne pas répondre
 - l) Autre (veuillez préciser)

32. Quelle(s) théories ou approches encadrent votre pratique de la TAPA/TFC ? (cochez TOUTES celles qui s'appliquent) :

- a) Thérapie centrée sur la personne (Rogers)
- b) Thérapie psychodynamique
- c) Thérapie cognitivo-comportementale
- d) Thérapie orientée vers les solutions
- e) Thérapie centrée sur les émotions
- f) Approches corps-esprit
- g) Théorie de l'attachement
- h) Approche biopsychosociale
- i) Psychothérapie interpersonnelle
- j) Théorie de la biophilie
- k) Je préfère ne pas répondre
- l) Autre (veuillez préciser)

33. Est-ce que vous ou votre programme en TAPA/TFC recevez un financement ou une subvention ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

34. Si oui, veuillez cocher TOUS ceux qui s'appliquent :

- a) Gouvernement / fonds publics
- b) Subvention d'une fondation privée
- c) Dons
- d) Je préfère ne pas répondre
- e) Autre (veuillez préciser)

35. Vous faites-vous rembourser des compagnies d'assurance de vos clients ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

36. Si non, veuillez décrire pourquoi vous ne recevez pas de remboursement pour vos services de TAPA/TFC :

- a) La majorité de mes clients n'ont pas d'assurance-maladie complémentaire à garanties étendues
- b) Les compagnies d'assurance ne couvrent pas la TAPA/TFC
- c) Je ne me suis jamais informé auprès de mes clients
- d) Je préfère ne pas répondre
- e) Autre (veuillez préciser)

37. D'autres professionnels en relations d'aide ou en santé vous réfèrent-ils des clients pour

la TAPA/TFC ?

- a) Oui
- b) Non
- c) Je préfère ne pas répondre

38. Si oui, veuillez décrire qui vous réfère des clients (cochez tous ceux qui s'appliquent) :

- a) Travaillleurs sociaux
- b) Docteurs
- c) Psychologues
- d) Psychiatres
- e) Conseillers
- f) Je préfère ne pas répondre
- g) Autres (veuillez préciser)

39. Vous étiez conscient de quels organismes canadiens avant de participer à cette étude ? (cochez TOUS ceux qui s'appliquent) :

- a) Programme d'utilisation des chiens à fins thérapeutiques de l'Ambulance St-Jean
- b) Comité Santé Mentale Facilitée par le Cheval - Canada (ACET/CanTRA)
- c) Association Québécoise de Zoothérapie (AQZ)
- d) Corporation des Zoothérapeutes du Québec (CZQ)
- e) Equine-Assisted Growth and Learning Association (EAGALA), division canadienne
- f) Fondation canadienne pour services assistés par animaux (CF4AASS)
- g) Canadian Association for Natural Leadership and Equine Assisted Development (CANLEAD)
- h) Je n'étais pas au courant d'aucun de ces organismes avant de participer à cette étude
- i) Je préfère ne pas répondre

40. Je suis abonné aux revues scientifiques/académiques suivantes qui publient souvent des articles portant sur la TAPA/TFC, ou je fais la lecture des revues suivantes :

- a) Anthrozoös
- b) Society & Animals
- c) Je ne suis pas abonné à des revues scientifiques/académiques ou je ne fais pas la lecture de telles revues
- d) Je préfère ne pas répondre
- e) Autres (veuillez préciser)

Partie C: Défis

41. Quels sont les défis principaux auxquels VOUS faites face actuellement en tant que professionnel en TAPA/TFC ? (cochez TOUS ceux qui s'appliquent) :

- a) Je ne fais pas face à des défis actuellement.
- b) Financements/fonds insuffisants.
- c) Ne pas être pris au sérieux.
- d) Manque de sources pour me référer des clients.
- e) Manque de ressources (livres, articles, revues) disponibles dans mon langage.
- f) Manque de standards de pratique et de normes déontologiques.

- g) Difficulté à trouver une assurance professionnelle qui couvre la TAPA/TFC.
 h) Je préfère ne pas répondre.
 i) Autre (veuillez préciser)
42. Selon vous, quels sont les principaux défis qui affectent le DOMAINE de la TAPA/TFC au Canada ? (cochez TOUS ceux qui s'appliquent) :
- a) Je ne crois pas qu'il existe des défis qui affectent le domaine.
 b) Manque d'infrastructure ou d'association professionnelle nationale indépendante.
 c) Manque d'accord sur la terminologie.
 d) Manque de standards de pratique et de normes déontologiques.
 e) Manque d'études scientifiques.
 f) Manque d'information accessible et d'éducation du public sur la TAPA/TFC.
 g) Je préfère ne pas répondre.
 h) Autre (veuillez préciser)
43. En utilisant l'échelle ci-dessous, veuillez indiquer votre degré d'accord avec les énoncés suivants [*veuillez notez que l'échelle comprend un 6^e point : « préfère ne pas répondre »*] :
- | 1 | 2 | 3 | 4 | 5 |
|----------------------|--------------|--------|----------|----------------------|
| Pas du tout d'accord | Pas d'accord | Neutre | D'accord | Tout à fait d'accord |
- Je crois qu'il y a une lacune d'information accessible au sujet du domaine de la TAPA/TFC au Canada. (1 2 3 4 5)
- Je me sens confiant en mon niveau actuel de formation ou d'éducation en TAPA/TFC. (1 2 3 4 5)
- Je n'ai pas de difficulté à me trouver des clients ou à me faire référer des clients pour la TAPA/TFC. (1 2 3 4 5)
- Une formation universitaire de 2e cycle en déontologie/éthique professionnelle devrait être une exigence pour tout intervenant en TAPA/TFC. (1 2 3 4 5)
- Je suis satisfait de mon travail en TAPA/TFC et trouve ce travail gratifiant. (1 2 3 4 5)
- Je me sens gêné lorsque je m'identifie comme étant un praticien de la TAPA/TFC. (1 2 3 4 5)
- Je me sens isolé dans mon travail en tant que professionnel en TAPA/TFC. (1 2 3 4 5)
- On me perçoit avec la même crédibilité que mes collègues qui n'utilisent pas la TAPA/TFC. (1 2 3 4 5)
- Je me tiens au courant de la recherche en TAPA/TFC en lisant des articles scientifiques/académiques, des livres, ou en assistant à des colloques. (1 2 3 4 5)

Je me lutte actuellement auprès des instances gouvernementales, des bailleurs de fonds, des compagnies d'assurance, des responsables politiques, et/ou d'autres agences et professionnels pour défendre la TAPA/TFC. (1 2 3 4 5)

Partie D : Besoins

44. Décrivez les appuis ou ressources dont vous auriez besoin pour vous aider à continuer à pratiquer la TAPA/TFC de manière compétente et déontologique (cochez TOUS ceux qui s'appliquent) :

- a) Je ne requiert pas d'appuis ou de ressources supplémentaires.
- b) Traduction de ressources en TAPA/TFC dans ma langue.
- c) Standards de pratique et normes déontologiques.
- d) Plus d'information accessible sur le domaine.
- e) Etudes, formations, et/ou éducation continue en TAPA/TFC.
- f) Colloques nationaux.
- g) Opportunités pour le réseautage.
- h) Je préfère ne pas répondre.
- i) Autre (veuillez préciser)

45. Que croyez-vous être nécessaire pour que la TAPA/TFC évolue en tant que domaine crédible et reconnu ? (cochez TOUS ceux qui s'appliquent) :

- a) Je ne crois pas que le domaine de la TAPA/TFC a besoin de quoi que ce soit pour évoluer.
- b) Standards de pratique et normes déontologiques.
- c) Processus de certification national et indépendant.
- d) Association professionnelle nationale et indépendante.
- e) Plus d'accord sur la terminologie et plus de clarté sur les expressions utilisées couramment.
- f) Je préfère ne pas répondre.
- g) Autre (veuillez préciser)

Partie E : Caractéristiques sociodémographiques

46. Sexe :

- a) Femme
- b) Homme
- c) Je préfère ne pas répondre

47. Age :

- a) 20-25 ans
 - b) 26-35 ans
 - c) 36-45 ans
 - d) 46-55 ans
 - e) 56-65 ans
-

-
- f) Plus de 66 ans
 - g) Je préfère ne pas répondre

48. Lieu de résidence :

- a) Colombie-Britannique
- b) Alberta
- c) Saskatchewan
- d) Manitoba
- e) Ontario
- f) Québec
- g) Nouveau-Brunswick
- h) Nouvelle-Ecosse
- i) Île-du-Prince-Édouard
- j) Terre-Neuve et Labrador
- k) Yukon
- l) Territoires-du-Nord-Ouest
- m) Nunavut
- n) Je préfère ne pas répondre
- o) Autre (veuillez préciser)

49. Comment identifiez-vous vos origines ? (cochez TOUS ceux qui s'appliquent) :

- a) Canadien anglais
- b) Canadien français
- c) Autochtone / Premières nations
- d) Canadien d'origine européenne
- e) Canadien d'origine africaine
- f) Canadien d'origine moyen-orientale
- g) Canadien d'origine asiatique
- h) Je préfère ne pas répondre
- i) Autre (veuillez préciser)

50. Langue(s) que vous utilisez lorsque vous travaillez en TAPA/TFC (cochez TOUTES celles qui s'appliquent) :

- e) Anglais
- f) Français
- g) Je préfère ne pas répondre
- h) Autre (veuillez préciser)

Merci de votre intérêt et de votre participation à cette étude. J'apprécie votre temps, vos efforts et votre bienveillance à cet égard. Vous venez de faire une importante contribution à l'évolution du domaine de la TAPA/TFC.

En cliquant sur "Done" (Terminé) à la fin de ce sondage, vous donnez votre consentement à participer à cette étude. Une fois que vous avez cliqué sur "Done", vos données ne pourront pas être récupérées.

Appendix C

Certificate of Approval



**University
of Victoria**

Human Research Ethics Board
 Office of Research Services
 Technology Enterprise Facility, Room 218
 PO Box 1700 STN CSC
 Victoria British Columbia V8W 2Y2 Canada
 Tel (250) 472-4545, Fax (250) 721-7836
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Human Research Ethics Board

Certificate of Approval

<u>Principal Investigator</u>	<u>Department/School</u>	<u>Supervisor</u>								
Sarah Schlotे Master's Student	EPLS	Tim Black								
<u>Co-Investigator(s):</u> <hr/> <p>Project Title: Animal-assisted therapy (AAT) and equine-facilitated psychotherapy (EFP) in Canada: Surveying the current state of the field, its practitioners, and its practices</p> <hr/> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Protocol No.</th> <th style="width: 25%;">Approval Date</th> <th style="width: 25%;">Start Date</th> <th style="width: 25%;">Expiry Date</th> </tr> <tr> <td style="padding: 5px;">08-115</td> <td style="padding: 5px;">05-Jun-08</td> <td style="padding: 5px;">05-Jun-08</td> <td style="padding: 5px;">04-Jun-09</td> </tr> </table> <hr/> <p style="text-align: center;">Certification</p> <p>This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.</p> <hr/> <p>This Certificate of Approval is valid for the above term provided there is no change in the protocol. Extensions and/or amendments may be approved with the submission of a "Request for Annual Renewal or Modification" form.</p> <p style="text-align: center;"> Dr. Richard Keeler Associate Vice-President, Research </p>			Protocol No.	Approval Date	Start Date	Expiry Date	08-115	05-Jun-08	05-Jun-08	04-Jun-09
Protocol No.	Approval Date	Start Date	Expiry Date							
08-115	05-Jun-08	05-Jun-08	04-Jun-09							

Appendix D

Training Undertaken by English-Language Respondents

Category	Answers Provided		
	Location Unclear (Canada and/or USA)	Canada	USA
Training in Equine-Assisted Interventions*	EAGALA (14) Epona (12) Natural Horsemanship (by: Relationship Riding, Parelli, Jonathan Field, Chris Irwin, Josh Nichol, Richard Shrake) (6) Therapeutic Riding training (3) Horse handled with Linda Kohanov at a 3 day event Animal Bowen	Cartier Equine Learning Centre (6) Healing Hooves (5) EFMH-Canada training (4) Equine-assisted personal development (EAPD) training with Chris Irwin (3) Generation Farms apprenticeship Generation Farms workshop North Fraser Therapeutic Riding centre Chiron's Way Art of Equus Facilitator Training program MareSpeak I & II	Adventures in Awareness (AIA) (5) EAGALA conferences (4) North American Riding for the Handicapped Association (NARHA) (3) Master's degree in Counseling Psychology with concentration in Equine-Assisted Mental Health (2) Equine Guided Education Association (EGEA) conferences (2) Horses and Healing, NH (2) NARHA/EFMHA conference OK Corral Strides for Success, Indianapolis
Training in Animal-Assisted Interventions		Chimo Project (8) Pet Therapy Society of Northern Alberta Ottawa Therapy Dogs testing and	Course by Dr. Aubrey Fine Delta Society distance course University of Texas

		orientation	AAT course
		Imaginal Trackers Institute 5- day course	
Other Training	Extensive self-ed through reading on the subjects of psychology, function of the brain, human behaviour, relationships Ongoing consultation with several people in the field utilizing AAT Self-taught by whatever means possible through the past 10 years Clinical, on the job training, various workshops and seminars, transferable skills from other occupations, education	Self-taught (combination of St. John Ambulance therapy dog examiner, dog training instructor, teacher, counselling psych, and personal research and reading. Thesis written on AAT)	Canadian Equestrian Federation 6 sessions conducted by Wolf at Alberta Hospital

*It was not always clear from the participants' responses what level of training they completed. For instance, some individuals indicated they had completed EAGALA level 1 or the Epona apprenticeship program, but others merely indicated "EAGALA", or "Epona" without specifying (however, in the case of Epona more specifically, there is a significant difference between participating in a local Epona workshop and completing an extensive Epona apprenticeship in Arizona with Linda Kohanov). Because it was not always possible to tell the level of training, all EAGALA and Epona trainings were compiled into two basic categories.

Appendix E

Professional Preparation of Respondents

Volunteer Work, Practica, Internships and Placements

Ecole Pat Roberts (Mtl. 2001 à 2003), Coralie Robbin (6 mois)

Dr. J.P. Hallé

Projet Goldie, St-Janvier, QC - 30 heures

30 heures de stage en centre de réadaptation pour déficience intellectuelle (CRDI) avec une clientèle TED et DI adulte.

Le Phare Enfants/Familles/Montréal/ Décembre 2003 Fondation Miriam/Montréal/Avril 2004

ITA campus de La Pocatière, pendant 6 ans j'ai aidé comme manieur et comme coordonnatrice des sessions d'équitation thérapeutique avec des enfants et des adultes.
E.I.Z école Pat Roberts MTL. 2 ANS 2001 2002

Projet Goldie (une semaine,Mirabelle automne 2007), Équisens (3 jours, Mirabelle, été 2007), les amis de Joey (2 jours été 2008 et en cours pour une dizaine de jours minimum, Sorel

Zoothérapie Québec

L'écurie L'étoile bleu

Plusieurs C.H.S.L.D région de Montréal et alentour de 2002 à 2004. Écoles primaires et Garderies de 2002 a`2004

Un stage de 30 hrs à l'écurie Coralie Robin à Laplaine en zoothérapie et équithérapie. J'y ai aussi fait un peu de bénévolat.

Résidence de personnes âgées atteinte de la maladie Alzheimer et autre maladie mentale. L'école nous fournissait une liste des endroits où nous pouvions faire notre stage de 35-40 heures. Les stages devraient être obligatoires. C'est nécessaire pour savoir quelle clientèle nous voulons travailler avec.

Le Phare, Montréal, février à juin 2008 - 15 heures École Cinq Continents, Montréal, mars à mai 2008 - 15 heures

Bénévolat dans un centre de personnes agées et malades, stage dans l'écurie l'Étoile bleue CENTRE NOTRE DAME DE L'ENFANT Centre de jour D.I. et TED Sherbrooke 2007

15 heures de stages à l'organisme les Répits de Gaby (auprès des autistes) et 15 autres heures à l'écurie l'étoile bleue. J'ai aussi faite de la pratique étude auprès des personnes âgées

Ecole la passerelle résidence l'angelus

Ecole primaire, classe déficience intellectuelle moyenne (D.I.M.) a Laval pratique étude plusieurs heures mars a juin 2006 stage de 15 heures mars et avril 2007 CHSLD(centre d'hébergement soin longue durée) Laval pratique étude 2006 et stage 15 heures 2007 Accompagnatrice en équithérapie février 2007-août 2007 Écurie aux prés boisés, Laprairie une semaine chez Projet Goldie 3 jours chez EquiSens, 4 jours à compléter lieu à déterminer

Entreprise déjà existante en zoothérapie, Sherbrooke, 2003-2005 IUGS 2004-2006

CHSLD Marie-Berthe Couture, Granby, 2003-2005 Centre Le Galopin, Sherbrooke, 2005, 32h CNDE, 2005 DPJ Val-Du-Lac, 2008, 30 h

Laplaine, équithérapie

Stages: milieu hospitalier (gériatrie, gérontologie) + centre de détention + centre de réadaptation en déficience intellectuelle (+/- 20h de stages???) Bénévolat: centre jeunesse, centre de détention, centre de réadaptation en déficience intellectuelle, centre de réadaptation en déficience physique, centres de soins longue durée, foyer pour personnes âgées privés... (+/- 2 mois ??? puis embauche comme employée en zoothérapie par cet organisme)

Centre Espace-temps

Zoothérapie Québec,hôpital rivière-des-prairies,hôpital douglas,hôpital Jeffrey Hale

Stages : 1. Centre Miriam, Mont-Royal /Côte St-Luc (Montreal), 30h, février 2005 à août 2005 après c'est devenu un contrat payant pendant un an avec un enfant autiste 2. Centre Mackenzie (Old Brewery) pour femmes itinérantes temporairement hébergées, Montréal, février 2005 à juin 2005, 15-20h , 2 intervenants pour un groupe de 10 femmes avec différentes problématiques de santé mentale (dédoublement de personnalité, schizophrénie...) Bénévolat: 1. Ecole Bancroft pour la maîtrise d'une étudiante à McGill (Selina) en éducation (je crois), 12 semaines avec 3 groupes d'enfants de 3e et 4e année primaire, 3 intervenantes (un intervenant par groupe de 5 ou 6 enfants), 1 h par semaine et une rencontre finale avec les parents et les autres élèves de la classe

Institut de zoothérapie du Québec 32 heures en 2002

Shortly will complete Animal Talk access from www.bodytalksystem.com

The Learning Post Ranch= NARHA Premiere Facility

The Natural Leader, Calgary, ongoing from 2005

Currently with AIA

7 EAL sep to march 2007-2008

CANTRA Conference Duncan BC 2007 with Sue McIntosh. Full one day, and various segments during the conference proper

My work as a community counsellor has my dogs working at elementary, junior high and high school in Fort Saskatchewan. They have also done crisis counselling in school settings and come with me on home visits to work with clients. One dog has been working with me for 2 years and the other for only a year.

Airdrie Animal Clinic, Airdrie, Sept 06, 5 months

St John Ambulance therapy dog - examiner. (8 years) (More accurately pet therapy)
Volunteer. Occasionally combine AAT in my trauma counselling work (3 years)
Inner Focus 3 yr program, Ethics Course, Energetic Anatomy, Mentorship program re the energy body

CAS volunteer

Teaching the Apprenticeship @ Epona Centre dates above 2008

École des Érables, Deux-Montagnes, 2005, 40 hrs Alzheimer's Society, Lachine, 2008, 40 hrs

Eagala level 1 2006 ,Cartier Equine Centre 2007 3 months level 1 Leadership

Developement Series 2008 -4 2 day modules,Parelli level 1 2008 -3 day clinic and 4 week home study

Horse spirit connections - current epona - 2007 20 day intensive

1) 2 - 12 week volunteer assignments with Sue McIntosh of Healing Hooves in Cremona, Alberta 2) Volunteer with Cartier Equine Learning Centre, Prince Albert, SK, on a weekly basis in Spring and Fall 3) Board Member for Paradise Ridge Foundation for a short while prior to moving to Saskatchewan 4) Volunteer with a therapeutic riding association in Calgary for 1 year - as a horse assistant and side walker

Masters thesis on AAT, City University, Vancouver, 2000

Epona - Arizona November 2007 10 days

The Rehabilitation Centre Ottawa 1999 to 2003

I volunteered at a facility offering Equine Assisted Psychotherapy. Where I worked with clients and horse through transference therapy to meet each client's individual needs.

See previous answer

Epona, arizona, 2007 Horse Spirit Connections, Toronto, 2006 & 2007

Good Samaritan Society, Edmonton, 4 years Allen Grey, Edmonton, 6 visits Paws for a Story, Edmonton Public Library and Pet Therapy Society of N.Alberta Westview (Aspen) Regional Health, 2 years

EAGALA 2005/2006/2007/2008 NARAH 2007

Sunrise, Guelph, Ontario 2 years: volunteer side-walker and therapeutic riding instructor Assisted with 2 demonstations of EFMH and with a 4 day Exploration Workshop Volunteer Work- Perth and Smiths Falls Hospital, Lanark Lodge- Retirment Home, Therapeutic Riding Program- Perth, Sir Sandford Fleming College (various volunteer positions), Foothills Medical Hospital- Calgary Alberta (student practicum, Recreation Therapsist) etc.

Palliative care unit in Ottawa, 1 1/2 years

600 hours practicum with Eileen Bona MEd at Dreamcatcher Nature Assisted Therapy Assocation

The Chimo Project, Edmonton, Alberta, Canada, 2003-present - volunteer dog-handler and Researcher. Ardrossan Dreamcather Nature Assisted Therapy Association, Ardrossan, Alberta, Canada, September 2007- January, 2008, practicum for undergraduate degree, January 2008-Present mental health assist staff.

My dogs are small hypo-allergenic dogs that attend counselling sessions with me in elementary, junior and senior high schools. They also come to assist in crisis counselling at the schools. I work in Fort Saskatchewan alberta and that is where the dogs and I do most of our work. I also consult regularly with the AAT Association manager Kristine Aanderson.

Many months internship with Sue McIntosh of Healing Hooves one week internship with Jackie Paul in Kelowna BC 2 years volunteer with Little Bits Therapeutic Riding Program

Home care nursing (Vancouver North Unit) school nursing (Los Angeles high school) family practice (family nurse practitioner) nursing education and student wellness (Trinity Western University)

Pacific Animal Therapy Society Victoria in the 1990's, member for 10 years

Cartiers, EAL CENTER OF ONTARIO

OSPCA - YAP program

There are too many to list. They include: Numerous Aboriginal Communities Numerous Government Agencies Public and Private Schools Many Businesses and Corporations and Private Organizations (4-H groups, Chamber of Commerce, Groups of Teachers, etc.)

Many, hours of practice facilitation, on a large variety of participants

Welcome Home Ranch - Colorado 2008 (2 days) North Fraser Therapeutic Riding center - Maple Ridge 2007/2008 (6 months) Private Coaching practice "Equine-inity", Aldergrove, BC. (October 2007)

Volunteer AAT at Mary's Farm and Sanctuary from 2005 – present

Second Wind Acres, Apple Hill ON - 5 years

Comox Valley Therapeutic Riding - 3 years Maple Ridge 6months

Before I started my own business, I assisted at two workshops given by other practitioners. They were two day workshops in Maine.

Developed Lambs for Children - over 10 years ago www.edithfoxcentre.org

2 weeks priory hospital London

CanTRA

Carier Equine Learning Centre, Prince Albert, Sask, 9 Weeks, 2007

Comox Valley Therapeutic Riding Society, 4 months at 20 hours/week, 2003

Demos/Workshops with Middle School Children in Richmond and Maple Ridge 2006-current. Therapeutic Riding Volunteering Richmond 2002. Chiron's Way 2008 Dancing with Equus Facilitator Training 5 months/100hrs.

Appendix F

Non-AAT or EAT/L Associations Listed by Respondents

Category	Answers Provided
Associations Related to the Helping Professions	Canadian Psychological Association (2) American Psychological Association (2) AQG = Association québécoise de gestalt BC Association of Clinical Counsellors (5) BC School Counsellors Association Canadian Counselling Association Psychologists Association of Alberta OACCAPP -Mental Health Professionals OACYC Alberta Child and Youth Care Association Alberta Psychologists Association: 2 Ontario Association of Social Workers Ontario Society of Psychotherapy BCPA College of Registrants in Health Psychology Assoc of Death Education & Counselling Native Mental Health Professional of Canada Ontario Psych Association Canadian Register of Health Service Providers in Psychology International Coach Federation CACPT – Canadian Assoc. for Child and Play Therapy Association for Play Therapy BC Play Therapy Association BC Art Therapy Association Juvenile Councilor [sic] Manitoba Justice Department PSYCH-K CHADD (Chapter for children and adults with ADD) Alberta Association of Services for children and Families
Associations Related to Education	Ontario College of Teacher's Association BCTF CEC (Council for Exceptional Children) Roots of Empathy IRA (International Reading Association) LDA (Learning Disabilities Association)
Associations Related to Mind-Body / Spirituality	Spiritual Directors International Corporate related Shamanic Coaching International Association for Reiki Practitioners (related to Animal Reiki practice as many of the animals in my practice often participate in AAT activities)

Associations Related to Therapeutic Recreation	Therapeutic Recreation Ontario: 2 Therapeutic Recreation Ontario Eastern Region Alberta Therapeutic Recreation Association: 5 Quebec association of activity professionals Canadian therapeutic recreation association
Associations Related to the Medical Professions	CPMDQ APNN [<i>likely the Advanced Practice Nursing Network, as this person also stated he/she was in the OIIQ</i>] American Association of Nurse Practitioners California Nursing Association Washington State Nursing Association
Additional Associations Listed	Human Resources Institute of Alberta Canadian Society for Training and Development PLENA (Public Legal Education Network of Alberta) British Columbia Human Resource Association Canadian SKi Instructors Alliance EAGALA: 2 EFMA Equine Guided Education Association Equine Canada coach Most horse affiliated groups and business groups such as AQHA, SHF, Chamber, EqCanada ATA APNA

Appendix G

Additional Issues Addressed Using AAT and/or EAT/L

Category	Answers Provided
Developmental / Mental / Learning Disabilities	<p>Troubles envahissants du développement et autres troubles du neuro-développement</p> <p>Enfants éprouvant des difficultés d'apprentissage</p> <p>TED et déficience intellectuelle de légère à sévère</p> <p>Autisme, trisomie 21</p> <p>Évaluation des retards globaux de développement et stimulation précoce chez les enfants de 0 à 5 ans</p> <p>autism spectrum</p> <p>Conservation des acquis cognitifs</p>
Physical Issues	<p>Intégration sensorielle</p> <p>Besoin d'être touché et de toucher</p> <p>Paralysie cérébrale</p> <p>Motor control</p> <p>Conservation des acquis physiques</p>
Additional Issues	<p>Substance use and addictions (3)</p> <p>Life skills (2)</p> <p>Violence and bullying (3)</p> <p>Phobies</p> <p>Personnes souffrant d'aphasie</p> <p>Personnes en soins palliatifs</p> <p>Manque de connaissance</p> <p>Décrochage scolaire...</p> <p>Leadership Skills</p> <p>Emotional Intelligence</p> <p>Intercultural Awareness</p> <p>Creative blocks, spiritual expansion</p> <p>Tourette's</p> <p>Attachment disorders</p> <p>Children adopted at a later age</p> <p>Isolation</p> <p>Alzheimers Disease/Dementias</p> <p>Rehabilitation</p> <p>STRESS related to academics and nursing related clinical work</p> <p>Fears</p> <p>Anger management</p> <p>Socialization</p> <p>Délimiter ses limites.</p> <p>Prendre sa place.</p>

Appendix H

Additional Supports Required by AAT and EAT/L Practitioners

Une sensibilisation collective

Diffusion de l'innovation, des pratiques innovatives dans le domaine

J'ai trouvé les appuis et ressources parmi les personnes qui en font et les activités reliées à ma pratique auxquelles je participe chaque fois qu'il y en a . C'est notre responsabilité!

Que les entreprises disposent de moyens financiers Être remboursable par les assurances (pour les clients) Ouverture de postes à temps partiel ou temps plein

Développement du cadre de pratique en zoothérapie ex. Techniques d'intervention en psychothérapie non orientée vers le langage; outils cliniques

Différenciation entre la zoo-animation et la zoothérapie, entre les bénévoles non formés et ceux qui ont une formation...donc une certaine reconnaissance par une ordre ou quelquechose qui regroupe les intervenants en TAPA/TFC, subvention du gouvernement aussi possible

Marketing support

I find it interesting the number of individuals now beginning to offer accreditation programs Mostly time and finances to be able to attend additional training and conferences. I love the learning, and read everything I can in newsletters, books and websites. I am so very passionate about this work. I am working towards my Level Two with Cartier Equine Learning Centre.

EAGALA has National Conferences; Education/training, requires continuing studies; has standards of practice and ethical guidelines and reporting/ They also have stats on work done. Education and training is more accessible in the USA - more cost to Canadians

A different set up. I would like to be able to do more physical things with the dog but since we are far away from a suitable spot outside and the floors are slippery it can prove to be difficult.

Appendix I

Additional Requirements for the AAT / EAT/L Field to Evolve

Plus d'informations auprès du réseaux de la santé et des services sociaux.

Je ne ressents personnellement pas le besoin de mettre une fois de plus le gouvernement et des règles qui vont m 'embarcader dans des carcans. Pourquoi toujours vouloir réglementer et enlever les particularités et la créativité des gens.!?

REPRÉSENTATION sur les scènes «grand public», réseau de la santé et des services sociaux, gouvernemental, scientific.

More information to the public and professionals so that they can refer themselves or clients/patients

Not sure as there are so many interpretations of the work

Any certification and professional association should be connected world wide not just Canada.

Collective marketing tools and resources.

Continue building the credibility and public awareness.

University diplomas and degrees

National conferences to increase visibility

You imply EAL is currently not credibly or recognized

Public awareness
