


THE EFFECT OF PET THERAPY ON THE SELF-CONCEPT
OF ADULT SURVIVORS OF SEXUAL ABUSE

LUCINDA LONG

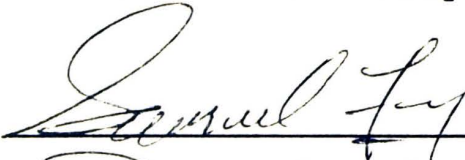
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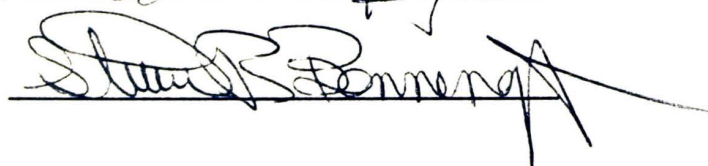
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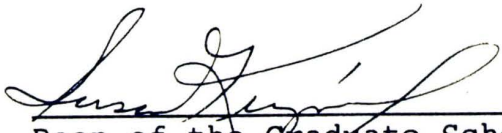
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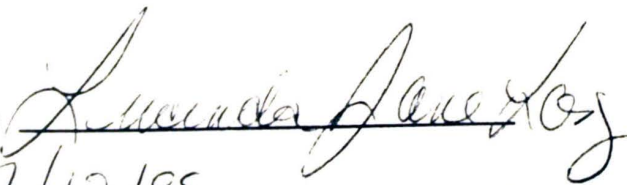
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A Thesis
Presented for the
Master of Science
Degree
Austin Peay State University

Lucinda Long

July 1995

ACKNOWLEDGMENTS

I want to express my gratitude to Dr. Jean G. Lewis who served as thesis advisor, guide, friend, and mentor. I also would like to thank the other members of my thesis committee: Dr. Samuel Fung and Dr. Stuart Bonnington. This committee showed me support, encouragement, and genuine concern throughout my Masters program.

Special thanks go to the staff and directors of the Harriet Cohn Mental Health Center for the use of the facility and the opportunity to work with their clients. I wish to extend my gratitude to the members of the Harriet Cohn adult survivors of sexual abuse support groups for their participation in the study.

In addition, I wish to extend my gratitude to the members of the Austin Peay State University SORT (Survivors of Rape Trauma) support group for helping me to work through and operationalize each step of the training techniques.

Finally, I wish to extend my deepest gratitude to Becky Garland and Kaye Westbrook, my friends and confidants, whose constant support, patience, and encouragement made this study possible.

ABSTRACT

The purpose of this pilot study was to develop a model of intervention to be used with adult survivors of sexual abuse. The hypotheses were that adult survivors of sexual abuse would have a smaller mean Discrepancy Score on the Adult Self-Perception Profile (ASPP; Messer & Harter, 1986) posttest than they had on the ASPP pretest; and that adult survivors of sexual abuse who completed a training task would have a smaller mean Discrepancy Score on their ASPP posttest when compared to the ASPP posttest mean Discrepancy Scores of those participants who were only involved in traditional pet therapy. Fifteen female members from adult survivors of sexual abuse groups participated in the intervention. Eight women participated in a training intervention and seven women participated in traditional pet therapy.

Significant statistical results were found to support the first hypothesis but not the second. The qualitative results lend some credibility to pet training therapy as an alternative intervention. The two seemed to have had an impact on the subjects. The limited sample size raises questions concerning the significance of the findings. Future research in this area should include more subjects and more sessions.

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CHAPTER 1

LITERATURE REVIEW

The Origin of Pet Therapy

Therapy involving animals dates back to 1792. The first use of animals in a therapeutic setting was at a Quaker facility for the insane. In this study, non-communicative patients cared for small animals such as rabbits and poultry. These patients rarely spoke and often did not want to leave the building. After the intervention with animals, the patients appeared to be easier to manage and more cooperative. Another early program that was very similar to that of the Quaker's was conducted in a German facility for epileptics (Bustad, 1980). This program used farm animals and wild game park animals. The patients again seemed to be more communicative with one another and with their doctors. They appeared to be proud of their efforts concerning the animals.

In the 1940's Pawning Air Force Convalescent Hospital in Pawning, New York, allowed their convalescing veterans to work with farm animals and wildlife (Arkow, 1982). The study suggested that following the intervention, the veterans exhibited a marked improvement in communication skills. This was the first use of animal therapy in the United States. Similarly, a program known as PAL (People, Animals, and Love) was initiated in March, 1983 at the Lorton Correctional Facility (Moneymaker & Strimple, 1991). Inmates were taught how to care for animals and trained to be veterinarian

assistants. Many of these inmates went on to work in an animal related occupation upon their release from prison. Nearly all who participated in the program showed a marked decline in violent or aggressive behavior. Pet Therapy with Elderly Populations

Nursing home studies have been the mainstay of pet therapy research. Institutionalized patients have been used as subjects in several ways. Often a pet visitation program would be established where a group of therapy dogs would "visit" the patients. The patients were either brought into a large room, or the dogs and their handlers went to the patient's room (Savishinsky, 1992). The patients were encouraged to pet, hold, stroke, and talk to the pet. Resident animals or mascots have been another option (McMculloch, 1985). These animals were available to residents on a regular basis and were cared for by staff, or, in some instances, by the patients themselves. These residential pets seemed to alter the patient's attitude. Depressive symptoms decreased and communication skills were better (McMculloch, 1985). Keohe (1991) targeted the aging homosexual. This study found that living with a cat or a dog and being in charge of that animal's well being seemed to ward off depression. Giving love and loyalty to pets appeared to make the participants feel safer, needed, and worthy.

Studies using pet therapy with the elderly indicated

improved communication skills (Chinner & Dalziel, 1991). In some cases the communication skills improved not only between patients and their care givers, but even between patients and visitors. Positive social behaviors of elderly Alzheimer's patients increased after an intervention with dogs (Kongable, Buckwalter, & Stolley, 1989).

Pet Therapy with Special Needs Populations

As pet therapy programs began to be used more frequently and with varied populations, the whole concept of what an animal can do to help has become more sophisticated and more specific. Guide dogs, hearing dogs, feeling heart dogs (companion dogs) and assisting dogs have been of great help and a source of comfort to their recipients (Netting, Wilson, & New, 1987). Pet therapy programs have been used in some adult day care centers and hospice centers (Damon & May, 1986). A study conducted by Chinner and Dalzier (1991) at a hospice center suggests that physically relaxing interactions with animals led some patients to request more sessions and for longer periods of time. Interactive behaviors between staff and patient also increased, supporting the idea that pet therapy could improve communication and interaction with others.

Pet Therapy with Children

Little scientific research has been done with children. In most cases, subjective interpretation of research results has been reported. Levinson (1972) found that allowing a dog

to be present during a therapy session encouraged children to speak. Sometimes a child would tell his deepest secrets to a "neutral" friend, a dog. It was noted that sexually abused children often told the dog what happened to them before they told a therapist or other authority figure (Netting, Wilson, & New, 1987). Pets have been used to draw out the client who would not speak. After responding to the animal (talking, petting, holding, cuddling), the client often responded to, or at least began to talk with the therapist (Beck & Katcher, 1983).

Pet Therapy with Adults

Clark and Boyer (1993) conducted a study involving dog obedience training. The results indicated that the subjects who were actively involved in dog training classes strengthened the human-animal bond, solved dog behavior problems, and reported positive interaction and quality time with their pets.

Researchers have suggested that improved communication skills, fewer depressive symptoms, and ability to trust others and oneself are all possible benefits of pet therapy (Arkow, 1982; Chinner & Dalzier, 1991; McMcullogh, 1985). Not only have pet therapy programs successfully been used to lower depressive symptoms, but they have also been used to improve a person's quality of life (Keohe, 1991). Many people have been turning to nonpharmacological means of treating depression. It has been suggested that

participating in situations and activities that persons enjoy can make them feel better about themselves. Similarly, being around people and remaining active may have positive effects (Shearer & Adams, 1993).

Pet therapy has been used with a variety of clients as an alternative to other treatment methods. Research suggests that stroking a pet lowers blood pressure, as well as triglyceride and cholesterol levels in pet owners (Marino, 1995). It is a non-evasive technique and is certainly less expensive than some medications and counseling therapies. As previously mentioned, a number of studies have indicated that pet therapy was effective in giving patients a feeling of improved quality of life (Chinner & Dalzier, 1991; Koehe, 1991; & McCullough, 1985).

The patients targeted in studies involving pet therapy often exhibited characteristics of vulnerability, poor interpersonal skills, low self esteem, feelings of inferiority, lack of control, and shame; these characteristics are also found in adult survivors of sexual abuse (Ibrahim & Herr, 1987; Briere & Runtz, 1987; Hill & Zautra, 1989; Goodwin & Talwar, 1989; Greenwald & Leitenberg, 1990; MacLennan, 1993).

Research of particular relevance to this study was conducted at the Berlin School of Dynamic Psychiatry (Schiedhacker, 1988). A program using an intervention with horses was a pilot study for the equestrian program at that

school. Patients who had a poor self-image or patients who had a great deal of trouble trusting other people were taught to care for and ride a horse. The patients initially worked one-on-one with a trainer/therapist who completely controlled the horse. In time, the role of the therapist decreased and the patient was given more control. The patient not only learned to control the horse, but also learned to trust the animal. Eventually, the patient learned to ride in a group with no trainer involvement. There are many similarities between this population and adult survivors of sexual abuse.

Adult survivors of sexual abuse often feel that they do little, if anything, correctly (Goodwin & Talwar, 1989). As previously indicated, survivors typically have a negative self-concept and tend to view their own lives negatively. Feelings of uselessness and inadequacy perpetuate the negative spiral (Greenwald & Leitenberg, 1990).

Sexual abuse in this study will be operationally defined as any self-reported sexual contact (e.g., fondling to intercourse) experienced by a client before the age of 15. It is further defined as having been initiated by someone five or more years his or her senior. This definition was chosen to emphasize the relative youth of the victim and the relative power of the abuser (Briere & Runtz, 1987).

Traditional methods used with adult survivors of sexual

abuse have involved individual counseling and support groups. In both methods, the focus has been on increasing self-esteem (Ibrahim & Herr, 1987), problem solving skills, assertiveness (Apolinsky & Wilcoxin, 1991), interpersonal support, and coping strategies (Goodwin & Talwar, 1989). Although these methods have been generally accepted as strong and useful tools, pet therapy might be a positive addition. It appears to embrace some of the same ideas. Research suggests that one way to develop a positive self-perception is by accomplishing tasks successfully (Herbert, 1981). Behaviorists often give patients simple tasks or homework to do (Kahn, Cameron, & Griffen, 1975) for the purpose of raising self-esteem (Kahn, Cameron, & Griffen, 1975). A study by Polsky & Fast, (1993) involving juvenile offenders indicated that successful completion of Boot Camp can increase self-esteem.

Some critics of traditional pet therapy raise the question of whether the seemingly positive effects come from the intervention with the pet or whether other factors are involved. It has been argued that the attention that the patient receives from the handler who accompanies the pet may be having an impact as well (Haughie, Milne & Elliot, 1992). Perhaps the patient is lonely and would welcome any visitor. Is it the pet or the handler that may provide needed reinforcement? This study attempted to address this issue by eliminating the possibility of positive

reinforcement from the handler who accompanies the pet.

The Adult Self-Perception Profile (ASPP) by Messer & Harter (1986) will be used to assess self-concept. The ASPP was developed to assess perceptions of self-worth and adequacy as measures of adult self-concept.

It was hypothesized that:

1. Adult survivors of sexual abuse would have a smaller mean Discrepancy Score on the Adult Self-Perception Profile (ASPP) by Messer & Harter (1986) posttest than they had on the ASPP pretest.

2. Adult survivors of sexual abuse who completed a training task with dogs would have a smaller mean Discrepancy Score on their ASPP posttest when compared to the posttest of those participants who were only involved in traditional pet therapy.

CHAPTER 2

METHOD

Subjects

Fifteen female subjects, over the age of 18, volunteered to participate. They were members of one of two adult survivors of sexual abuse support groups which met once a week at Harriet Cohn Mental Health Center, Clarksville, TN. For taking part in this research, each participant was given a gift certificate for a complete elementary obedience class offered by Cindy Long's Dog Hair, valued at \$55.00.

Materials

Four trained dogs assisted in this study. All of them held a Canine Good Citizen certificate (CGC) as well as an American Kennel Club (AKC) Companion Dog degree (CD) (American Kennel Club, 1990; American Kennel Club, 1994). The Canine Good Citizen certificate is the training required for most traditional certified pet therapy dogs. The Delta Society, the major organization which certifies these animals, requires this certification plus a seminar (Delta Society, 1991). The minimum requirements for the CGC are approximately ten hours of training. It involves teaching the dog basic living skills such as sit, down, walking on a leash, and stay.

The American Kennel Club's Companion Dog degree requires much more training and control. Dogs with this designation have been trained for a minimum of three months

(approximately 100 hours). They must demonstrate to three different AKC licensed judges that they are proficient in the following tasks: sit, stand, down, heel, come, and stay. In addition, the dogs must execute the tasks both with the leash on and the leash off.

To help insure the safety of the participants, each dog was certified with both titles. In addition, the dogs were certified as being in good health by a licensed Veterinarian. Two professional dog trainers selected and carefully screened the dogs using the following criteria:

1. All dogs had been exposed to a variety of people.
2. All dogs had been handled by a variety of people, both experienced and inexperienced in terms of dog training knowledge.
3. All dogs were trained by experienced dog trainers.
4. All dogs were well groomed and free of fleas or other parasites.

The following dogs were used in the intervention: Tradewind's Fancy Free, CD, CGC, an Afghan Hound; Madrilene Maggie Mae, CD, CGC, an English Cocker; Darshire's Zen de Magic, CD, CGC, a powderpuff Chinese Crested; Cana Hora's Bailey's Irish, CD, CGC, an Italian Greyhound.

Written general instructions were given to the participants and read to the group by the examiner (see Appendix C). In addition, detailed written instructions explained the tasks that the experimental group taught the

dogs (see Appendices D and E). These included instructions on hand signals and verbal commands for a few simple tasks: sit, stand, down, and stay. A video of the tasks with the exact instructions was also available. The control group was given general written instructions that explained what could be done during traditional pet therapy sessions (see Appendix G). A video with the same instructions and information was also provided. Self-concept was assessed from data collected using the Adult Self-Perception Profile (ASPP; Messer & Harter, 1986). The ASPP is a 50 item instrument that consists of 11 subscales, each having four items. There is also a six item Global Self-Worth scale. Questions are in a forced choice format with a four point scale for each item. The normative populations for the ASPP came from two samples. One sample was that of parents between 30 and 50 years of age (N=141), and the other was mothers of children under 3 years of age (N=215). Internal consistency estimates were calculated and ranged from .57 to .90 across the 12 subscales. Mean subscales scores from these samples ranged from 2.4 to 3.7 with a standard deviation of .77. A factor analysis was also calculated for the second normative sample (N=215) with relatively high subscale loadings (.89-.65) and low cross-loadings (.04-.09). This suggests strong nonrepetitive measures for each of the subscales (Messer & Harter, 1986).

procedure

The facilitators of the two support groups interviewed the prospective participants so that only those who liked dogs were selected to participate. The examiner then met with each group at the Harriet Cohn group facility. The Informed Consent Statement was distributed and signed (see Appendix A). Any questions that the participants had were addressed. The participants were then given the ASPP. The questions on the ASPP were read aloud by the examiner as the participants followed along and marked their answer sheets.

The following week, the support groups, meeting on their regularly scheduled day and time in their group room at Harriet Cohn, were randomly divided into two groups; the control group and the experimental group. The participants each answered a questionnaire (see Appendix B) which had a number 1 or a number 2 on the top. The participants who were a part of the experimental group, those participants whose questionnaire was marked with a number 1, met for the first 30 minutes. The participants who were to be part of the control group, those participants whose questionnaire was marked with a number 2, met for the next 30 minutes. In addition, each group met for 30 minute sessions for the next three weeks. There were a total of four 30 minute sessions with the dogs.

The experimental group was taught to "handle" an obedience trained dog. A group member passed out the written

instructions to the participants and a video was shown to provide a visual aid to further explain the instructions. The video was played as many times as the participants deemed it necessary. The participants chose the dog with whom they wished to work.

The control group met for 30 minutes. During that time they participated in "traditional pet therapy" (petting, holding, or playing with the dogs). A group member gave the participants written instructions and a video. The video was played as many times as the participants deemed it necessary. The participants chose the dog or dogs with whom they wished to interact.

Following the completion of the four sessions, the examiner again administered the ASPP by reading the questions aloud as the participants followed along and marked their answer sheets. The participants were all asked to write something about the sessions if they felt comfortable doing so.

CHAPTER 3

RESULTS

The data analysis was conducted with the intention of ascertaining if pet therapy, and especially pet training, would significantly increase the self-concept of adult survivors of sexual abuse.

A dependent t-test analysis was performed to test the hypothesis that adult survivors of sexual abuse would have a smaller mean discrepancy score on the ASPP posttest than they had on the ASPP pretest. The results indicated that there was a significant difference ($p < .014$) between the mean discrepancy scores on the posttest ($M = 1.1928$, $SD = .563$) when compared to the mean discrepancy scores of the pretest ($M = 1.3787$, $SD = .516$). These findings are summarized in Table 1.

Table 1

Mean Discrepancy Scores of the Adult Self-Perception Scale,
Pretest and Posttest, t-Test for Paired Samples

Variable	Mean	SD	n	df	t	p
Pretest	1.3787	.516	15			
				14	2.82	.014
Posttest	1.1928	.563	15			

A second analysis, a t-test for independent samples, was conducted to test the second hypothesis that adult survivors of sexual abuse who completed a training task with dogs would have smaller mean discrepancy scores when compared to the ASPP posttest mean discrepancy scores of those participants who were only involved in traditional pet therapy. The results of a t-test for Independent Samples are presented in Table 2. These results indicated that there was no significant difference among the two groups on their mean discrepancy scores of the Adult Self-Perception Profile posttest scores at $p < .05$ level.

Table 2

Mean Discrepancy Scores of the Adult Self-Perception Profile, Posttest Scores by Pet Therapy Intervention, t-Test for Independent Samples

Variable	Mean	SD	n	F	t	p
Group 1 (M1) (Pet Therapy)	1.2331	.602	7	1.13	.25	.806
Group 2 (M2) (Pet Training)	1.1575	.566	8			

CHAPTER 4

DISCUSSION

This research was a pilot study. The sample size was extremely small. The size of the sample tends to raise questions about the results. The research has, however, led to a positive step forward in terms of pet therapy as an alternative or additional therapy. This study provides scientific data to support earlier studies that were primarily subjective in their data collection and analysis methods.

Getting significance on the first hypothesis suggests that the critical factor involved was the interaction with the dogs, not the possible interaction that the handler could provide. This study was conducted without a handler accompanying the dogs. The participants were only interacting with the dogs or with other participants. A previous study conducted by Haughie, Milne, & Elliot (1992) raised the question concerning handler participation. It was the intent of this study to eliminate this possible factor by using a video and written instructions for all the directions.

Viewing the study more subjectively, the participant's moods were easy to read as they entered the group room to take part in the intervention. The dogs served as "canine mood barometers." Only two members used the same dog each time. If the participant was feeling low that day, she often chose a quieter, easier dog. If she was feeling up that day,

the exuberant English Cocker was the dog of choice.

The third week was the most difficult week in terms of training tasks. During this session, the participants taught the dogs to respond to hand signals. It was during this week that an observer could visibly see the participants work through their frustration. They would breathe a heavy sigh. Sometimes they even sat down and watched the others for a while. In cases where the frustration seemed to be at its highest level, the participant sat apart from the group and did not face or interact with the others. Although they appeared at times to be ready to stop altogether, all the participants remained in the room and eventually tried the task again. They would view the film again or re-read the handouts. They would stand up and take a deep breath. When they attempted the task again, it was usually with less comedy or apprehension, and a little more seriousness and determination. All the participants successfully completed this task. Interestingly, all the participants took approximately the same amount of time to work through the frustration.

From an observer's point of view, the enthusiasm and commitment level of all the participants seemed high. Several of the participants came late for their groups, or missed the groups completely, but did not miss the interventions with the dogs.

The people who were participating in the training

intervention used all of their time to practice and exhibit the newly learned task to one another. They praised each other as each new task was accomplished. There seemed to be an atmosphere of camaraderie. This was an established group, however. This sense of camaraderie could have been from the history shared by the group members and not the intervention with the dogs.

The people involved in the pet therapy intervention often spent the last ten minutes of the sessions talking among themselves. They continued to hold or pet the dog in their charge, but they seemed to focus less on the animal and more on the other group members. This did seem consistent with earlier pet therapy findings which proposed improved communication skills as a possible benefit (Arkow, 1982; Chinner & Dalzier, 1991; McMcullogh, 1985).

The length of the entire intervention, four sessions each 30 minutes, also raises a question. Can a change in self-perception be expected to appear after only two hours (four 30 minutes sessions)? The length of time that was allotted for the sessions seemed adequate. The people and the dogs willingly accepted each other for thirty minutes at a time. Neither the participants nor the dogs lost focus nor attention. Perhaps more sessions would be in order.

The assessment tool used, the Adult Self-Perception Profile (ASPP; Messer & Harter, 1986) might have been a poor choice. The test can be confusing to take. On several

occasions, the participants tried to mark a box on both sides of the paper. The formatting of the questionnaire is difficult to follow. The examiner had to read the test to the group members. The members did not all have strong reading skills. Perhaps a tool which is easier to read and easier to take would be more appropriate. There seemed to be a certain level of frustration in trying to answer all the questions. For example, choices and decision making are difficult at times for this population (Apolinsky & Wilcoxin, 1991).

It is also possible that the instrument used in this research, the ASPP, is not sensitive enough to tap the kind of differences attempted to be measured. Self-concept is so multifaceted. While this study never attempted to actually change a global self-concept, the subtle changes that could possibly have occurred as a result of the interaction might not have been able to be detected with this instrument.

Suggestion for further research

Future researchers should consider adding additional sessions. Four sessions did not seem to be a long enough period of time in which to facilitate a change. A larger sample is also suggested. This would lend credibility to the statistical results.

Perhaps a test could be developed which would be more palatable for this population. It could focus on control, accomplishments, problem solving skills, and communication

skills. It should be easier to read than the ASPP. The format should be easier to follow, therefore causing less stress and frustration while taking the test.

The previous research involving pet therapy and this pilot study suggest that pet therapy can be an effective, inexpensive, and non-evasive form of treatment. The qualitative data provided by the participants appears to support the statistics. The participants wrote a statement pertaining to their participation in the study. The primary theme appeared to be that they felt that the intervention was of some benefit to them. Most participants asked for the intervention to be longer (see Appendix F).

Alternative, ethical, effective treatment for this population is a much needed addition. Perhaps with further research, pet therapy can take its place in the counseling arena.

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APPENDICES

Appendix A

INFORMED CONSENT STATEMENT

The purpose of this study is to investigate the attitudes of people when exposed to a novel experience. Your responses are confidential. At no time will you be identified nor will anyone other than the investigators have access to your responses. The potential hazards which may occur from participation in the research are few. Whenever one handles a dog, there is always the possibility of accidental injury. These dogs, however, are highly trained by professional trainers and the risk, therefore, is greatly diminished. The demographic information collected will be used for purposes of analysis. Your participation is completely voluntary, and you are free to terminate your participation at any time without any penalty.

The scope of the project will be explained fully upon completion.

Thank you for your cooperation.

I agree to participate in the present study being conducted under the supervision of a faculty member of the Department of Psychology at Austin Peay State University. I have been informed, either orally or in writing or both, about the procedures to be followed and about any discomforts or risks which may be involved. The investigator has offered to answer any further inquiries as I may have regarding the procedures. I understand that I am free to terminate my participation at any time without penalty or prejudice and to have all data obtained from me withdrawn from the study and destroyed. I have also been told of any benefits that may result from my participation.

NAME (PLEASE PRINT)

SIGNATURE

DATE

Appendix B

Initials _____

Type of participation _____

QUESTIONNAIRE

1. Do you own a dog? _____
2. Have you ever trained a dog? _____
3. Will you be participating at 11:30 A.M. or 5:30 P.M. ? ____

Thanks again!

Appendix C

GENERAL INSTRUCTIONS TO BE READ BY FACILITATORS TO GROUPS

1. All participants will be required to sign a consent form.
2. All participants will be asked to attend all four session, plus the test and re-test sessions.
3. There will be four thirty minute sessions with the dogs.
4. In each session, the participants will be given an instruction sheet. In addition, a video will be provided each week to act as a visual aid.
5. The dogs will be exercised by trainers prior to the sessions. In the event that the dog has an "accident", there will be paper towels, spray cleaner, and a plastic trash bag for disposal. The participants will be responsible for the clean up of accidents.
6. The trainers will provide the participants with the treats needed for each session.
7. The participants will be asked to wear loose fitting, comfortable clothes. Running shoes, or shoes with non-skid bottoms will be required.
8. All dogs will come with appropriate collars and leashes.
9. Participants can switch dogs during sessions if all parties agree.
10. All participants will be given the Adult Self Perception Profile prior to and after the four sessions.

11. The participants will be allowed to keep the instructions. In addition, participants will be given a gift certificate for one free, non-transferable Elementary Obedience Course (value \$55.00), from Cindy Long' Dog Hair, redeemable at their convenience.

Appendix D

Instructions for weekly pet training sessions.

RELEASE

The RELEASE is a cue to the dog that for the moment, s/he does not have to "do anything" in particular. When the dog hears this word, s/he does not have to concentrate. Some jump up. Some stand and wag. They must face the handler in any case.

1. After having given the dog a task to do, look down at the dog and give him the release word, "OK". Always holding on to the leash, encourage the dog to get up from the position.
2. Praise the dog verbally and physically (petting).
3. Give the dog a treat.

SIT

1. Attach the leash to the ring of the dog's collar. Fold the leash, accordion style (loops not larger than about 8 inches) until all of the slack in the leash has been taken up. Hold the leash in your right hand down close to the clasp of the leash.
2. Have the dog stand sideways in front of you. If your hands are relaxed at your side, the dog's head will be at your right hand and his tail at your left hand. You might have to place your right hand under the dog's chin, holding onto his collar, and your left hand might have to be placed on the dog's tummy (being careful not to reach over, but rather, reaching under), lifting up, to get the dog to stand.
3. As you say the dog's name, place your left hand on the shoulder blades of the dog. Say the command "SIT", and slide your left hand down the back of the dog, gently exerting pressure as your hand gets nearer to the base of the dog's tail. At the same time, your right hand, still close to the dog's neck, gently pulls the leash, clasp of the leash behind the head of the dog (not under his chin), back and up (towards the tail of the dog).
4. When your left hand reaches the base of the dog's tail, gently push the hindquarters of the dog into a sitting position. When the dog completes the task, release all pressure, both the hands (NEVER letting go of the leash),

and verbally, and physically (petting) praise the dog.

5. Release the dog.

6. Give the dog a treat.

DOWN

1. Fold the leash, accordion style, and hold it in your right hand.
2. Have the dog at your left side.
3. Give the dog the command to "SIT" (make appropriate corrections if the dog does not SIT).
4. If you are working with a small dog you may have to kneel. Hold the leash at all times. Hold a treat in the same hand as your leash. Put your left hand on the shoulder of the dog. Give the dog the command "DOWN". Gently pull the leash in a downward motion toward the floor. At the same time, gently push the dog's shoulders toward the floor.
4. When the dog reaches a DOWN position, immediately give him the treat in your right hand. Take your hands off and verbally and physically (petting) praise the dog.
5. Release the dog.
6. Give the dog a treat.

STAND

1. Have the dog at your left side. Fold the leash, accordion style, in your right hand. Take up the slack.
2. Give the dog the command to "SIT" (make appropriate corrections if the dog does not sit).
3. If you are working with a small dog, you may have to kneel. With your right hand holding the leash and also a treat, grasp the collar of the dog, under the dog's chin. Place your left hand under the dog's belly, reaching the belly by taking your left hand straight down your left side and then reaching out to the dog (never reaching over the dog). Give the command "STAND". At the same time, your right hand gently pulls forward from the dog's head, and your left hand gently pushes up on the dog's belly.
4. When the dog stands, give them the treat that is in your right hand.
5. Release the dog.
6. Praise the dog verbally and physically (petting).
7. Give the dog a treat.

SIT STAY

1. Hold the leash accordion style in your right hand. Allow about one and a half feet of leash to be loose from your hand to the dog's neck.
2. Have your dog at your left side.
3. Give the dog the command to "SIT" (make appropriate corrections if the dog does not SIT).
4. With your left hand open, palm facing the dog's face, arm stretched out and close to the dog's face, pause in front of the dog's face as you give the command "STAY". Return your hand to your side.
5. Step in front of the dog (take two steps), turn and face the dog.
6. Keep the leash loose, no tugging.
7. If the dog moves at any time during the exercise, say "NO" and immediately place the dog back in the exact place and into the exact position s/he was told to stay.
8. Return to the dog by walking around the dog. Go around the dog on the dog's right side. The dog will be in the original starting position; your left side.
9. Release the dog.
10. Praise the dog verbally and physically (petting).
11. Give the dog a treat.

DOWN STAY

1. Have the dog at your left side. Hold the leash, accordion style, in your right hand with a slight slack in the leash (approximately one and a half feet).
2. Give the dog the command "SIT" (make appropriate corrections if the dog does not "SIT").
3. Give the dog the command "DOWN" (make appropriate corrections if the dog does not "DOWN").
4. With your left hand open, palm facing the dog's face, pause in front of the dog's face. Give the dog the command "STAY".
5. Return your hand to your side.
6. Step in front of the dog (take two steps) and turn and face the dog.
7. Keep some slack in the leash.
8. If the dog moves at any time during the exercise, say "NO" and immediately place the dog back in the exact place and the exact position in which they were told to stay.
9. Return the dog by walking around the dog. Go around the dog's left side, then behind the dog, and finally return to the dog's right side. The dog should remain in a DOWN position. The dog will be at your left side. Gently place the dog in a down position should they get up.
10. Release the dog.
11. Praise the dog verbally and physically (petting).
12. Give the dog a treat.

STAND STAY

1. Have the dog at your left side. Fold the leash in your right hand, accordion style with no slack. Also, hold a treat in your right hand.
2. Give the dog the command "SIT" (make appropriate corrections if the dog does not SIT).
3. Give the dog the command to "STAND" (make the appropriate correction if the dog does not STAND at any time during the exercise). Give the dog the treat that is in your right hand.
4. With your left hand open, palm facing the dog's face, arm fully extended, give the dog the command to "STAY". If the dog moves, at any time during the exercise, say "NO", and immediately place the dog in the EXACT position and in the EXACT place in which s/he was told to STAY.
5. Step in front of the dog (taking two steps), turn and face the dog.
6. Return to the dog by walking around the dog. Go around the dog's left side, then behind the dog, and, finally, returning to the dog's right side. The dog should remain standing. The dog will be on your left side.
7. Release the dog.
8. Praise the dog verbally and physically (petting).
9. Give the dog a treat.

SIT with HAND SIGNAL

1. Have the dog at your left side. Fold the leash in your left hand, accordion style.
2. Give the dog the command "STAND" (make the appropriate correction if the dog does not STAND).
3. Give the dog the command "STAY".
4. Step in front of the dog (taking two steps), turn and face the dog (make appropriate corrections if the dog does not STAY).
5. Raise your right hand from your side, directly in front of you, palm up, fully extending your arm, until your hand is waist high. Pause. Give the command "SIT" Return your arm to it's original position (make the appropriate correction if the dog does not SIT).
6. Release the dog.
7. Praise the dog verbally and physically (petting).
8. Give the dog a treat.

Do this a few times then leave the verbal command off. After practicing a few times, a dog should be able to go from any position to the other.

DOWN with HAND SIGNAL

1. Have the dog at your left side. Fold the leash, accordion style in your left hand.
2. Give the dog the command "SIT" (make appropriate corrections if the dog does not SIT).
3. Give the dog the command "STAY" (make the appropriate correction if the dog does not STAY).
4. Step in front of the dog (taking two steps), turn and face the dog.
5. Raise your right hand straight up over your right shoulder, pausing as you fully extend your arm. Your palm faces the dog. Give the dog the command "DOWN". Return your hand to it's original position (make the appropriate correction if the dog does not DOWN).
6. Release the dog.
7. Praise the dog verbally and physically (petting).
8. Give the dog a treat.

Do this a few times, then leave off the verbal command. After practice, the dog should be able to go from any position to another.

STAND with HAND SIGNAL

1. Have the leash in your right hand, accordion style, also hold a treat in that same hand. Have the dog at your left side.
2. Give the dog the command "SIT" (make the appropriate corrections if the dog does not SIT).
3. With your right hand open, (you are still holding the leash and the treat by folding your thumb inward toward the center of your palm, extend your arm, crossing your body toward your left side, palm facing the dog's face, pause, then give the dog the command "STAND". Return your hand to its original position (make appropriate corrections if the dog does not STAND).
4. Release the dog.
5. Praise the dog verbally and physically (petting).
6. Give the dog a treat.

Repeat this a few times, then leave the verbal command off. This is the only hand signal that is given ONLY from your left side.

Appendix E

INSTRUCTIONS FOR TRAINING PARTICIPANTS

Thank you so much for participating in this study. Your help is very much appreciated. Before you begin, please read the following instruction sheet, either individually or as a group. When you have finished, please raise your hand and specific instruction sheets will be passed out to you.

1. Always treat the dogs with respect. Do not hit, kick, or abuse them. There will be no reason to yell at them.
2. During the sessions, an "appropriate correction" might be in order. These are trained dogs. They already know how to do these tasks, but, may be trying to test your skill! The word "NO", followed by showing the dog the required task (as described in the instructions) as you repeat the command, will act as a correction.
3. These dogs are taught three different tones of voices:
 - (1) A regular speaking voice for ALL commands
 - (2) A very "happy" tone of voice for praise
 - (3) A firm, not yelling, tone of voice for "NO"
4. Their names are NOT commands, just attention getters. Never try to bully the dog into a task by yelling at him.
5. The treats will be given to you in a baggy. This baggy should be kept in your right pocket. If you do not have a pocket, a fanny pack will be provided.
6. Dogs can tell when you get impatient. If you find that the dog you are training is really testing you, stop for a while and play with him. Calm down before you continue.
7. Praise the dog for EVERYTHING that they are doing correctly.
8. Remember... these dogs love to please you. Let them know that they are doing a good job.
9. If you get tired of the session, tell the facilitator. The dog will be removed.
10. Don't get discouraged... you will know when you and the dog are speaking the same language.
11. More than anything, have FUN! RELAX! ENJOY!

GLOSSARY OF TERMS

1. SIT- The dog's hindquarters on the floor.
2. DOWN- The dog's front and hindquarters on the floor.
3. STAND- The dog up on all four feet, still (not moving around).
4. STAY- The dog remains EXACTLY where and in the EXACT position as handler leaves.
5. HAND SIGNALS- The dog responds to non-verbal commands for the same tasks (sit, stand, down).
6. RELEASE- Cues the dog that, for the moment, s/he is not under a command.

APPENDIX F

The participants were asked to write something about the sessions. This was not required. Thirteen of the participants wrote something about the sessions.

I. The following items were responses to the training intervention:

1. I really liked these pet groups. I never trained a dog before. I really looked forward to Maggie. I wish we could have played more. I think the dogs like that better.

2. Sometimes I found it hard to get to group. I did not feel like facing it. I came because the dogs would be there. They made me smile. I had a hard time making Maggie do hand signals. I think it was me. When I finally did it right, she layed [sic] down. That was cool.

3. I love animals. I can really say that the training stuff was the best part of my week. I wish there were going to be more.

4. I never owned a dog. I was not sure that I wanted to do this. I really had fun. It was sort of like working with kids. I hope we can do this more.

5. The time went by to [sic] fast. I would like to have more time to pet the dogs. It made me feel good.

6. I can't wait to take my dog through Sindys [sic] class. It was fun.

7. Why can't [sic] we have more pet therapy? I think I got along better with the dogs than I do with people.

8. It was fun to watch the dogs do what I told them to do. My family doesn't even do that.

II. The following items were responses from those participants who took part in traditional pet therapy:

1. I always felt calmer after the sessions.

2. I like to pet the dogs with the long hair. Bailey was cute, though.

3. I wish there would be more. It was fun. I need to laugh.

4. I never really played with a dog before. We always had hunting dogs. It was great to sit and hold the little ones.

5. I hope we can do more. I liked the dogs. It was different.

Appendix G

PET THERAPY INSTRUCTIONS

Thank you so much for participating in this study. Your help is very much appreciated. Before you begin, please read the following instruction sheet, either individually or as a group. When you are finished, please raise your hand and the dogs will be brought in for the session.

1. During the course of the thirty minutes, participants can pet, hold, walk, sit with, throw toys (toys will be provided), or look at the dogs.
2. Always treat the dogs with respect. Do not hit, kick, or abuse them. There will be no reason to yell at them.
3. Participants can switch dogs during sessions if all parties agree.
4. If you get tired of the session, tell the facilitator. The dog will be removed.
5. Never let go of the leash. Do not let the dogs interact with other dogs.
6. More than anything, have FUN and ENJOY the dogs!