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### Animal Assisted Therapy: The Perception Of Animal Assisted Therapy Clinicians Regarding Active Participation In Treatment Therapies Of Juveniles In Detention Center Settings

Julia M. Lowe  
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**Regis University**  
College for Professional Studies Graduate Programs  
**Final Project/Thesis**

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Animal Assisted Therapy:  
The Perception of Animal Assisted Therapy Clinicians Regarding Active Participation in  
Treatment Therapies of Juveniles in Detention Center Settings

by

Julia M. Lowe

Final Draft

A Research Project Presented in Partial Fulfillment  
of the Requirements for the Degree  
Master of Science in Criminology

REGIS UNIVERSITY

June 2011

Animal Assisted Therapy:

The Perception of Animal Assisted Therapy Clinicians Regarding Active Participation in  
Treatment Therapies of Juveniles in Detention Center Settings

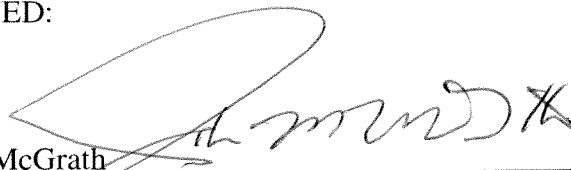
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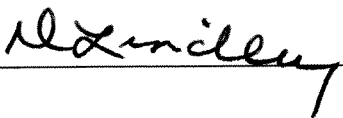
Julia M. Lowe

has been approved

June 2011

APPROVED:

  
Dr. Jack McGrath, Faculty Facilitator/Faculty Chair

  
Don Lindley, Thesis Advisor

## Abstract

Juvenile delinquent facilities have witnessed an increase in youthful offenders experiencing mental health disorders. Mental health clinicians have been required to implement new forms of mental health treatments to address the rise in this special population of juveniles. Animal Assisted Therapy (AAT) has become a popular form of treatment in detention facilities. Qualitative data collection was administered using a focus group of three participants to examine clinicians' perceptions of juvenile participation during AAT. Clinicians perceived increased participation of juveniles participating in AAT. Clinicians also witnessed changes in juvenile behaviors within the detention facility, indicating juveniles participating in AAT were more relaxed and expressed more leadership than other juveniles. Clinicians consistently reported the importance of implementing a screening process to identify appropriate clients as the participants believed AAT was not a good tool for all juveniles. Based on the perceptions of the clinicians, future research would focus on identifying an effective screening process for juvenile participants, as well as evaluating the long-term effects of AAT regarding juvenile offenders.

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### **Introduction**

Many aspects within the field of criminology evolve as it is impacted by the transformations in society. These societal adjustments affect all aspects of criminology and the criminal justice system, including juvenile justice. Bonham (2006) recognized numerous explanations for juvenile delinquent behaviors which range from cultural impacts to biological influences. Biological issues affects on delinquent behavior include mental health issues faced by potential juvenile offenders. Mental health disorders are prevalent among juveniles. Twenty percent of youth less than 21 years old in America will experience a mental health problem and one in every ten juveniles suffers from a mental health disorder that negatively impacts their ability to live a normal life. While extensive mental health issues are experienced by juvenile offenders, the rate at which treatment is received is fewer than 20 percent of juveniles who need help (Bonham, 2006). Considering the extent to which juveniles experience mental health disorders and the low rate of treatment, society often mistakes the behaviors correlated with many mental health disorders as delinquent actions. This perception of juvenile behaviors leads to increased prevalence of juveniles, who suffer from mental health problems, to be incarcerated. Bonham (2006) stated “mental health disorders in youth committed to the juvenile justice system are more frequent than in the general adolescent population ranging from 60% to 400%” (p. 591).

Taking into account the extent to which juveniles housed in detention facilities face mental health disorders, treatment providers continuously implement programs to assist in addressing juvenile mental health disorders. Animal Assisted Therapy (AAT)

has been one of the programs becoming more popular among mental health treatment professionals, including treatment providers, within the juvenile justice system.

Although this application of therapy has become increasingly popular, the research regarding this topic has not kept pace with the use of AAT. Walsh (2009) explained some of the benefits of AAT, stating “the inclusion of an animal enhances the therapeutic milieu and facilitates change through interactions with clients. A number of small studies have reported benefits for healing and positive development in individual and group therapy formats in a variety of inpatient and outpatient settings” (p. 494). However, the minimal amount of research previously conducted indicates a need to delve deeper into this topic of study, specifically the use of AAT among juvenile offenders.

According to Wiatrowski, Griswold, and Roberts (1981) Hirschi’s social control theory consists of an individual’s ability to form and/or maintain a bond with society. The bond between an individual and society is perpetuated by attachment, commitment, involvement, and belief. Treatment of the mental health disorders of juvenile offenders through programs such as AAT, assist in providing a bond between society and the juvenile offender while addressing underlying causes of criminal behaviors. Although there is significant data indicating the prevalence of mental health disorders among adjudicated juveniles committed to detention facilities, there has been little research conducted regarding the implementation of Animal Assisted Therapy. There is even less research concerning the use of AAT within these juvenile facilities, especially regarding the perception of the AAT clinicians implementing AAT programs.

This lack of knowledge regarding the application of AAT among juvenile offenders creates the problem of implementing treatment programs without the



understanding of the potential outcome or effectiveness of the therapy. One area regarding the research of AAT involves the perceptions of AAT clinicians implementing AAT programs within the juvenile justice field. This lack of data raised the following research questions:

- What is the perception of AAT clinicians regarding active participation in treatment therapies of juveniles?
- What is the perception of AAT clinicians regarding treatment therapies of juveniles where AAT is available but not used?

These two questions attempt to explore whether the implementation of AAT programs in juvenile detention facilities would relate to the social control theory in increasing a juvenile's bond with society while decreasing the likelihood of an individual's participation in delinquent behaviors.

The rationale behind this research was derived from a review of existing research regarding mental health issues among juvenile offenders and Animal Assisted Therapy. As previously discussed, existing research regarding AAT has been minimal, with little to no research available regarding the use of AAT in juvenile detention facility settings. A review of the literature explored the extent to which juveniles in detention facilities suffer from mental health disorders as well as correlated these mental health issues with juvenile delinquent behaviors. Based on the provided rationale and purpose, this study hypothesizes that the Animal Assisted Therapy clinician's perception will indicate that juvenile offenders are more likely to participate in treatment when AAT is implemented, creating attachment to the therapy process.

The limitation to this research study is the minimal application of AAT in juvenile detention facilities. Those AAT programs that are being implemented in juvenile facilities are being executed by a few providers that travel between detention centers. Also, the sampling for this research project originated through snowball sampling which does not allow for a generalized population. Generalizability is also limited during this research study due to the restricted size of the sample groups; diversity is not present. Considering the purpose of this research project is exploratory, the small sample groups of AAT clinicians should be adequate to obtain comprehension regarding whether the hypothesis has reliability and could be expanded upon during forthcoming research projects. This research project is delimited through sustaining the research questions during the data collection process in order to keep the research focused on determining if the proposed hypothesis is reliable and would allow for future research.

For the propose of explanation, AAT as defined by the Delta Society is “a goal-directed intervention directed and/or delivered by a health/human service professional with specialized expertise, and within the scope of practice of his/her profession. AAT is designed to promote improvement in human physical, social, emotional, and/or cognitive functioning” (Delta Society, [www.deltasociety.org](http://www.deltasociety.org)).

Sickmund (2003) explained the term adjudicated juvenile delinquent as a response to a delinquency petition that states the alleged actions in which the juvenile court makes a judgment against the youth. Adjudication, as compared to adult criminal court terminology, is the equivalent of when an adult offender is convicted.

The Colorado Department of Human Services (CDHS) operates juvenile detention facilities through the Division of Youth Corrections (DYC). According to CDHS

Statute further defines the dual function of the Division. Section 19-2-402, C.R.S., designates DYC as the entity responsible for operating juvenile detention. The Division of Youth Corrections is also the agency statutorily mandated to provide for the care and supervision of youth committed by the District Court to the custody of the CDHS. The division operates eleven secure facilities that serve youth between the ages of 10-21 who are pre-adjudicated or committed. Colorado Statute allows for the detention of youth between the ages of 10-18, while the State's jurisdiction over committed youth ends at 21.

([www.colorado.gov](http://www.colorado.gov))

The mission of DYC as explained by CDHS states “the mission of the Division of Youth Corrections is to protect, restore, and improve public safety through a continuum of services and programs that: effectively supervise juvenile offenders, promote offender accountability to victims and communities, and build skills and competencies of youth to become responsible citizens” ([www.colorado.gov](http://www.colorado.gov)).

Finally, the term clinician was defined by Merriam-Webster as “a person qualified in the clinical practice of medicine, psychiatry, or psychology as distinguished from one specializing in laboratory or research techniques or in theory” ([www.merriam-webster.com](http://www.merriam-webster.com)).

### Review of Literature

Bonham (2006) discussed the various factors that contribute to juvenile delinquent behaviors to include social, cultural, biological, religious, and family factors. Although these various factors can impact participation in criminal actions, significant evidence indicates that the biological factor of mental health issues plays a noteworthy role in the detainment of juvenile offenders. According to Bonham (2006) “developmental issues, psychiatric mental health disorders, and community aspects are key risk factors influencing the development of delinquent behavior” (p. 591). Bonham (2006) reported that every year more than one million juveniles enter the justice system in America. Of these one million offenders entering the juvenile justice system per year, approximately 50 percent or more experience a mental health disorder. This author identified potential diagnosis of these mental health disorders to include anxiety disorders (panic), disruptive disorders (attention deficit/hyperactivity disorder), affective disorders (depression), and post-traumatic stress disorder. Bonham (2006) stated “findings suggest that youth in the juvenile justice system come to the system with mental health disorders as well as develop mental health problems during their incarceration. Substantial evidence presents an overrepresentation of youth with psychiatric disorders in juvenile justice” (p. 594). Bonham (2006) suggested that understanding the extent of these mental health problems would allow for treatment personnel to provide appropriate therapy methods to address mental health disorders in detention centers.

A significant number of juveniles involved in various aspects of the criminal justice systems, specifically detained and committed adolescents, experience mental

health issues and substance use. Abrantes, Hoffmann, and Anton (2005) explained that over 1,400 youth, or 18 percent of juveniles, who experience mental health problems are involved in the juvenile justice system. Within a detention center in Illinois, around 66 percent of male offenders and 75 percent of female offenders experienced at least one psychiatric disorder which met standards for diagnosis. This research suggested that mental health disorders are prevalent within detention facilities and among juvenile offenders. These arrest rates also indicated alcohol or drug disorders are visible within juvenile offender populations ranging from 20 percent to 78 percent of detention center populations. According to Abrantes, Hoffmann, and Anton (2005) 2.5 million, or 17 percent of all arrests in 1999 were those of juvenile offenders. These authors indicate that such high numbers of juvenile arrests negatively impact society through increased levels of educational underachievement, as well as increased drug/alcohol use. It is also estimated that it costs between \$34,000 and \$64,000 to commit a juvenile to the Division of Youth Corrections (DYC) for one year. These negative effects of juvenile delinquency further hinder the bond between the juvenile offender and society. Therefore, identification and diagnosis of mental health disorders among juvenile offenders is necessary to implement effective interventions within detention facilities (Abrantes, Hoffmann, & Anton, 2005).

Colins, Vermeiren, Vahl, Markus, Broekaert, and Doreleijers (2011) indicated an increasing amount of the juvenile detention population is experiencing mental health disorders. These authors attempted to determine the effects mental health issues have on the recidivism rates among male juvenile offenders detained at a juvenile facility. According to Colins et. al. (2011)

identifying whether psychiatric disorders predict recidivism in already delinquent youth may be relevant for several reasons. First, carrying psychiatric problems may indicate the amenability of a person for change. Thus if mental disorders and recidivism are shown to be associated, treatment may possibly help to prevent delinquent minors to become chronic offenders. Second, society must be protected from people who are likely to cause further harm. Mental disorders may be among factors that are relevant for deciding which juveniles are at high risk and should be given a higher level of security. Third, while there is a popular view that people with psychiatric disorder are a threat to society, little evidence supports this notion. (p. 45)

Although these authors determined that there is no correlation between mental health disorders and the rate of recidivism; there was a link between mental health problems and the substance-related recidivism as compared to substance abusers not suffering from mental health issues. Understanding the correlation between mental health issues and drug related recidivism allows treatment providers to implement programs to address the underlying cause of the substance use (Colins et. al., 2011).

Suk, Van Mill, Vermeiren, Ruchkin, Schwab-Stone, Doreleijers, and Deboutte (2009) identified suicide and depression as important concerns to society. These concerns have been a large problem among juveniles in the general population and are seen as an even higher issue with detained juveniles. Suk et. al. (2009) stated “delinquent adolescents represent a particularly high-risk group with respect to suicide. In a review of psychopathology in delinquent adolescents, a 17-30% prevalence rate of suicide attempts was reported. In addition, completed suicide was reported to be 4.6 times more common

in juvenile detention centers than in the general juvenile population” (p. 378). Detained juveniles present with suicide rates three times more than general population juveniles. It was suggested that detained juveniles are internalizing problems, which leads to a higher rate of suicide ideation. Suicidal juveniles in detention centers are specifically internalizing those problems related to delinquency. Suk et. al. (2011) reported that addressing the high rates of suicide ideation among detained juveniles requires mental health screenings to determine appropriate treatment for these juveniles.

Izquierdo, Healy, Rinderle, and Matthews (2005) discussed the prevalence of mental health disorder among juvenile offenders detained at a juvenile detention center in Northern Kentucky. According to these authors, 160,000 juvenile offenders are detained in Northern Kentucky each year. These authors reported that “nearly two thirds of boys and three quarters of girls in juvenile detention have at least one mental health disorder” (p. 35). Izquierdo et. al. (2005) reported that 90 percent of youth presented psychiatric symptoms that reached an intermediate level or a level of diagnosis. Of the juveniles studied by these authors, “75% of these youth were diagnosed with co-occurring substance abuse/dependency and other disorders. In addition 24% of youth met full criteria for anxiety disorders, 22% for disruptive behavior disorders, and 8.4% of youth were diagnosed with affective/mood disorders” (p. 50). Izquierdo et. al. (2005) indicated that an important step to identifying the mental health needs of juvenile offenders in detention centers is to assess these needs during the points of entry into the juvenile justice system. Recent developments in the technologies have assisted the screening of mental health needs to occur early on in the juvenile system. Izquierdo et. al. (2005)

indicated that using mental health screening techniques allows the justice system to develop resources to address the juvenile's specific mental health needs.

Cauffman (2004) supported the need for mental health screenings to occur within detention facilities and reported around 66 percent of the juvenile populations in detention facilities experience mental health disorders. Although this author recognized the increasing need for mental health services in detention centers, they reported there was significant discrepancy between the need for services and the accessibility of mental health services. To address this discrepancy and appropriately identify juveniles with mental health disorders, Cauffman (2004) suggested the detention centers implement the use of mental health screening tools, such as the Massachusetts Youth Screening Instrument Version 2 (MAYSI-2) which has been designed to assist various aspects of the juvenile justice field to identify juveniles who could be suffering from mental health problems. Cauffman (2004) stated "the MAYSI-2 is intended to serve primarily as an 'alerting function' to provide juvenile justice staff with a method of identifying youths in possible need of more in-depth assessment who might otherwise go unnoticed and untreated" (p. 432).

Stathis, Letters, Doolan, and Whittingham (2006) research addressed a relationship between substance use and the experience of mental health problems in juvenile offenders. Stathis et. al. (2006) stated "almost two-thirds of young people who abuse drugs reported as having a diagnosable mental health disorder. Compared with young people with mental health disorder only, young people with co-morbid diagnoses have increased psychiatric symptomatology, a higher risk of suicidal and self-harming behaviors and use more treatment and service resources" (p. 150). Understanding the



prevalence of mental health and substance use disorders within juvenile detention

facilities indicates the importance of implementing treatment services within the juvenile justice system. Stathis et. al. (2006) argued implementing an integrated model of mental health services to address mental health disorders as well as substance use problems.

One form of treatment being implemented in various settings is AAT. AAT is being put into practice in many different fields; which include pets in schools, mental health settings, residential treatment centers, hospitals, and long-term care or nursing homes. One of the fields where AAT is being implemented is with children and juveniles through individual therapies, school settings, residential facilities, and with juvenile offenders (Menzie's Inc. 2003). Menzie's Inc. (2003) indicated that there has been little research regarding the implementation of AAT in these settings. Considering existing research, it was determined that "AAT is beneficial for some groups, especially if it is integrated with other services" (p. iii). Menzie's Inc. (2003) supported use of AAT among juveniles who exhibit poor social control and those who are shy or untrusting due to the potential increase in attachment to the therapeutic services provided.

The research regarding AAT has been conducted regarding various applications, none of which involve the implementation of AAT within juvenile detention facilities. DeCoursey, Russell, and Keister (2010) discussed the use of AAT with regards to health care settings. These authors reported that the use of AAT in intensive care units can assist in reducing stress, boredom, and anxiety. DeCoursey (2010) identified that the possible risks of AAT include allergies to animals, the fear of animals, and cultural biases toward animals. These concerns could potentially be addressed through screening of patients.

Another application of AAT involved implementation during substance abuse treatment. Wesley, Minatrea, and Watson (2009) reported that when AAT is applied to substance abuse therapies, the therapeutic alliance is enhanced. This occurs through using AAT as a discussion topic to engage the participation of the client. Stress and anxiety caused by being in a therapeutic setting could also be reduced through the presence of an animal. AAT enhances trust between the client and therapist through developing a positive relationship with the animal and then with the therapist. Wesley et al. (2009) stated “another benefit from incorporating AAT is that it provides the client a surrogate for therapeutic touch. Often it is difficult for a therapist to know when touching is appropriate and so they usually avoid this interaction” (p. 139). The use of therapeutic touch allows clients who have little support to feel accepted without the clinician crossing ethical lines. Finally, these authors indicated that with the implementation of AAT, physiological changes were witnessed. Heart rate and blood pressure decreased during AAT, indicating stress and anxiety were being experienced less frequently.

Even though research regarding the implementation of AAT is minimal regarding juvenile offenders the implementation of AAT with adult offenders has received some attention. Jaspersen (2010) reported that, as with juvenile offenders, adult prisoners experience significant mental health problems. Jaspersen (2010) indicated that more than half of all prison inmates experienced a mental health disorder and reported that AAT programs in prisons produced several benefits as compared to control groups. Jaspersen (2010) stated that participation in the program “produced psychosocial changes in the inmates. This was evident by increased treatment progress, decreased institutional infractions, and improvement in social sensitivity” (p. 423).

Clinician attitudes toward AAT is another important aspect to understanding the implementation of AAT. Velde, Cipriani, and Fisher, (2005) determined AAT is an effective therapy that could be implemented in the field of occupational therapy based on the psychological effects AAT has during therapy. Velde et al. (2005) described the occupational therapists views of AAT stating “Animal Assisted Therapy enhances emotional well being as identified by changes in affect, facial expression and verbalizations” (p. 45). These occupational therapists also indicated that clients seemed to present with an increase of interaction during therapeutic sessions, causing an increase in the effectiveness of therapies.

Berget, Ekeberg, and Braastad (2008) also examined therapist perception of AAT among psychiatric patients using farm animals as therapeutic tools. These authors argued that the hands on contact and physical work with the farm animals have the ability to provide positive results to clients by providing physical contact for the client, assisting with teaching life skills, and enhancing coping skills for the difficulties seen in daily life. The clinician’s in this study perceived “a strong belief in AAT in general, and that farm animals could have effects on patients that would be additional to those of pets. They also reported a strong belief that AAT with farm animals could be more beneficial than other forms of occupational therapy. Therapists had a strong belief that farm animals can contribute to training of improved interactions with other humans” (p. 579). Based on this information, therapists in the field of occupational therapy view AAT as an effective treatment process.

Although the use of AAT has significantly increased in popularity over the last few decades in schools, mental health fields, hospitals, and nursing homes, Sockalingam,

Li, Krishnadev, Hanson, Balaban, Pacione, and Bhalerao (2008) stated “the mechanism underlying the documented benefits of AAT remains largely speculative” (p. 75). These authors suggested attachment to another human could potentially encourage the same results witnessed in AAT. Sockalingam et al. (2008) identified risks that could be related to AAT. According to these authors, the behavioral temper and actions of dogs are taken into consideration. Rescue animals are often not used in this setting, as their backgrounds are unknown and may not have the appropriate temperament or skills required to ensure safety. Therapy animals are also required to be certified through organizations, such as the Delta Society to ensure proper temperament and training among the animals (Sockalingam, 2008).

The review of the following articles assisted in determining what type of research would be appropriate during this research study. Berget, Ekeberg, and Braastad (2008) conducted quantitative research to study the use of farm animals for AAT as a treatment program for psychiatric patients. This study looked at the beliefs and knowledge of farmers and therapists and the effects of AAT on psychiatric patients. Surveys were sent to 15 farmers and 60 therapists. The therapists were selected due to having a patient who was interested in working with farm animals. The fifteen farmers participating in this study were randomly chosen to participate after having already participated in an intervention study based on the effects of psychiatric patients working with farm animals twice a week for the duration of a 12 week period. The farmers and therapists were provided with two different surveys which tested each participant’s understanding of AAT for people with psychiatric disorders. The Wilcoxon Two-Sample Test was incorporated to arrange data. The results of this study indicated that both farmers and

therapists had a high degree of knowledge regarding AAT when applied to the use of farm animals. It was also shown that the majority of therapists believed the use of farm animals in AAT would positively effect the treatment of their patients. The frequency distribution in this case indicated a normal distribution. This normal distribution shows that 11-25 percent of farmers and therapists believed psychiatric patients could benefit from AAT with farm animals.

Berget, Ekeberg, and Braastad (2008) conducted their research using surveys and quantitative data analysis. The advantage of using the survey technique is that this allowed the researchers to study large populations as well as to use the same questions for all participants. Since the surveys were mailed to participants, the disadvantages of this type of study included the possibility that subjects would not respond, as well as having been an expensive option for researchers. One of the advantages of quantitative data analysis is the ability to create statistics to be used for data retrieval, if necessary. A disadvantage of quantitative data analysis is found in the inability to validly analyze all behaviors. The questionnaires utilized during this research were specifically designed to identify the attitudes to AAT when using farm animals, which allowed for validity of the research study; yet limited the understanding of behaviors regarding AAT in a farm animal setting due to the researchers focus on the participants' prior knowledge of AAT. These authors did not discuss the ethical issues regarding their research.

Minatrea and Wesley (2008) conducted quantitative research regarding animal assisted therapy combined with either choice therapy (CT) or reality therapy (RT) to determine if the use of AAT would enhance the therapeutic alliance (TA) stage of therapy and to assist patients to commit to the counselor/patient relationship. The researchers

randomly assigned 24 participants into either a control group or an experimental group.

AAT was the independent variable witnessed between each group and the dependent variable was the use of CT or RT techniques. Each group addressed the same recovery issues and topics. To gather data regarding these groups, the authors used the Helping Alliance Questionnaire (HAQ-II), the Pet Attitude Survey (PAS), the Session Rating Scale (SRS), and monitored the participant's blood pressure. Analysis of variance (ANOVA) was used to determine the differences between the control group versus the experimental group. Examination of the HAQ-II indicated AAT groups showed a positive effect on counselor and patient relationship. The group who was involved with AAT showed an increase in the counselor/participant relationship as well as an increase in commitment by the participants to the treatment process.

The quantitative research technique conducted by Wesley, Minatrea, and Watson (2009) examined how the use of AAT affected the therapeutic alliance (TA) and utilized substance addicted adults who participated in group therapy. These researchers hypothesized participants in group therapy would experience higher levels of TA when AAT was used. Participants were involved in substance use treatment at a residential facility for the duration of this study. 231 subjects participated in 26 group therapy sessions. 135 of these subjects were in the experimental group which completed the sessions with the use of a certified therapy dog while 96 participants were in the control group. The study was explained to the participants before the research began and researchers retrieved informed consent from the participants, while guaranteeing privacy of information. Researchers randomly assigned subjects to each group through pulling names from a hat. Also, the authors followed the American Counseling Association's

(ACA) ethical standards for research and publication. After each group session, both the experimental and control groups completed the HAQ-II. Participants also completed a demographic questionnaire and the PAS. The data was analyzed through the use of ANOVA which compared the differences in the mean between the control and the experimental group. The results indicated subjects that participated in AAT groups experienced a more positive therapeutic alliance than those of the control group.

Wesley, Minatrea, and Watson (2009) used the methodology of surveys to conduct quantitative research. The advantage of using the survey technique is that this allowed the researchers to study large populations as well as use the same questions for all participants. This research study conducted the surveys in a group setting which could have caused issues with confidentiality. Another possible disadvantage to this survey type was this could have caused the participants to answer according to group pressure ultimately causing questionable validity of the results. The advantages and disadvantages of quantitative data analysis regarding this study would be similar to those witnessed when discussing Minatrea and Wesley (2008) and Berget, Ekeberg, and Braastad (2008). These authors addressed ethical issues in their research and discussed their use of the ACA ethical requirements as well as the use of Institutional Review Board (IRB) to approve their research. The HAQ-II was used to ensure validity regarding the results.

One form of unofficial AAT is use of animal training programs in prisons. These programs are often viewed as vocational and educational in nature while participants also benefit from AAT. Hull, Forrester, Brown, Jobe, and McCullen (2000) discussed how vocational and educational programs effected recidivism rates through evaluation research. A data collection system was created to enter and cross-reference information

which included educational program participation and completion. This information was then cross-referenced against current inmates to determine who was reincarcerated. Surveys were sent to parole officers to identify levels of employment potential. The results of this research indicated that participation in educational programs during incarceration could positively affect recidivism rates and reentry transitions. Turner (2007) explained that the inmate's changes in self-esteem, patience, and communication skills will affect the inmate once released from prison. Furthermore, Turner (2007) stated "the findings in this study demonstrate that offenders have developed compassion for others, which is a beneficial trait in keeping the inmate from re-offending after release" (p. 42).

Britton and Button (2005) discussed an example of qualitative research. This article examined the experiences of prisoners who participated in dog training programs established in two prisons in Kansas. The first of these prisons was the Ellsworth Correctional Facility (ECF), a men's medium security prison which worked with Canine Assistance Rehabilitation Education and Services (CARES). The second Kansas prison that participated in a dog training program was the Topeka Correctional Facility (TCF), a women's medium or maximum security facility. This prison worked with the "blue ribbon" program which received animals that were going to be euthanized from area shelters. The qualitative research in this study focused on the use of formal interviews. Thirty-eight inmate participants and seven staff and administrator participants were included. The authors also interviewed 28 of the people who received dogs trained in these facilities. The interviews with inmates were conducted at the correctional facilities and the interviews conducted with the people receiving these dogs were completed at the



CARES facility. The research findings found that the inmates showed positive changes in their attitude and emotions. Britton and Button (2005) indicated that the presence of animals in this prison setting assisted in helping the inmates deal with anger, teach them patience, and teach them about unconditional love. Britton and Button (2005) did not discuss ethical issues in their research.

Turner (2007) completed a qualitative study which examined the experiences of prisoners who participated in a canine program. The goal of this study was to determine if the prisoners participating in an animal program experienced positive benefits while possibly reducing recidivism rates. Turner (2007) conducted this study in a medium security prison with adult male subjects. In-depth interviews were able to be used by the author due to the small number of subjects in the program and focused on the prisoners' experiences with the Indiana Canine Assistance and Adolescent Network (ICAN) program. Turner (2007) conducted the in-depth interviews by using three empirical questions. During data analysis, the researchers used Code-and-Retrieve to label parts of the data based on substance to identify a theme. Once this coding took place, a peer debriefer also examined the data to ensure validity. Turner identified the following themes and findings regarding the experiences of the prisoners. Participants experienced changes in patience, parenting skills, helping others, increased self-esteem, social skills, normalizing effect, and calming effect on the environment. Therefore, this study suggested that there were positive effects on inmates participating in a prison dog program. Turner (2007) used peer review to address validity in the reporting of the data.

Social control theory attempts to explain delinquent behaviors based on a disconnection from society. Wiatrowski et al. (1981) discussed Hirschi's four areas of

concern regarding an individual's bond with society which include attachment, commitment, involvement, and belief. The thought is that disconnect with society occurs based on problems witnessed within the areas of society. Social control theory suggests that these bonds could be formed or maintained among juvenile offenders and society if the areas of concern are addressed through treatment. AAT is a program being implemented to assist in treating juvenile offenders to form societal bonds. Therefore, social control theory will be used as a way of discussing the perceptions AAT clinicians have toward the active participation of juvenile offenders to treatment therapies.

Although there is significant research indicating the benefits of AAT, research must recognize that there are concerns regarding the use of animals during the therapeutic process. Iannuzzi and Rowan (1991) identified fatigue and burnout as important concerns to ponder when considering implementing an AAT program. Iannuzzi and Rowan specified that these issues presented themselves more frequently when an animal is stationed at a facility twenty-four hours a day, working where they live. To address this problem, it was suggested that therapeutic animals should not live within a facility which would force the animal to work continuously. In addition, visitations of AAT animals should not exceed a one hour period to ensure a reduced risk of animal fatigue and burnout. Iannuzzi and Rowan (1991) explained that fatigue and burnout is important to consider to avoid "inappropriate animal use and exploitation" (p. 162).

Serpell, Coppinger, and Fine (2006) also discussed the negative effects of AAT on animal fatigue. These authors indicated that due to the issues of high burnout rates among humans working within the mental health field, it is believed animals within AAT suffer similar burnout and fatigue issues especially while being used during AAT

programs. These authors contended that animals don't choose to enter facilities on their own; therefore the animal is likely to experience stress and anxiety if not properly trained. Serpell, et. al. (2006) suggested that a dog's early development and training can assist in limiting the fatigue and stress experienced by dogs during these settings.

Animals that were efficiently socialized to different people and situations during their first few months adapt to various situations with minimal anxiety. Another concern identified by these authors was the potential risk of inexperienced trainers, or a client or the handler having negative attitudes toward animals. This could lead participants having negative AAT experiences. A final concern identified by Serpell, et. al. (2006) involves the issue of continuing education is also a significant concern for clinicians applying AAT in their own practices... although clinicians may be very cognizant of treatment goals with their clients, they may be in need of further training on how to incorporate animals into their practice. (p. 469)

Without continued training, ineffective or inappropriate training could be implemented, causing minimized therapeutic effects.

Zamir (2006) argued against the use of AAT due to the perception that AAT exploits animals for the benefit of humans. This author suggested that AAT is an immoral practice that puts the animal used at risk to experience some form of harm, ranging from injury to anxieties. Zamir (2006) identified six ways that caused AAT to be an immoral practice. The first was recognized as a limitation of freedom, which prevents the animal to live as is natural to their species. This author related this deprivation of freedom to that experienced by those in a pet-owner relationship. The second immoral practice was life determination, meaning humans determine the work of the animal, forcing the dog's role

in the process causing potential anxieties for the animal. Training was listed as the third immoral action because, according to this author, training causes “violations of the animal’s well being” (p. 181). This training would force animals into uncomfortable or frightening situations until they became comfortable and trained. The fourth action involved separating the animal from their pack or their desire to socialize with their species. The author identified this concern as social disconnection. Zamir (2006) discussed injury as the fifth immoral concern. AAT animals are placed in situations where they are handled by numerous people, which could often lead to the animal experiencing anxiety. Physical harm to the animal could occur due to inappropriate handling of the animal involved. Finally, instrumentalization was a concern to this author. This author indicated keeping animals as a therapeutic option causes the animal to be used and exploited. Considering the moral concerns identified by Zamir (2006), using AAT could be harmful to the animals and could be identified as an immoral therapeutic tool, forcing individuals implementing AAT to contemplate the potential harm to animals during the AAT process and to determine if these concerns outweigh the potential therapeutic benefits.

These research articles have identified concerns relating to the treatment and well-being of the animal. as well as the need to train handlers appropriately for AAT to be successful. Another area that was examined involved issues surrounding program design and implementation. Mallon, Ross, Klee, and Ross (2006) discussed several of the issues of designing and implementing an AAT program. Mallon, et. al. (2006) examined an organizational model to identify issues among AAT program designs. The first issue witnessed in this organization involved staff issues based on the inability to determine

which staff members should be trained, as well as when volunteers should be used in place of staff training. This issue was addressed through examining how AAT would address the employee's therapeutic goals for their clients. Considering the therapeutic process, these authors determined that staff should continue to be trained. The second program design issue reported by these authors was client issues. Allergies, fear, or a general disliking of animals are all issues that could arise during the implementation of AAT. Mallon, et. al. (2006) determined that identifying these issues prior to implementing AAT is essential to the AAT process. Intake surveys were acknowledged as an appropriate tool to eliminate clients who would not benefit from AAT. The issue of cost effectiveness regarding implementation of AAT has been another drawback. Mallon, et. al. (2006) stated

initial start-up and continued financing, in any organization, plays a large role in the decision to develop a new program. This is particularly true for non-profit organizations. Regardless of how useful an AAT program is deemed to be for an organization, the bottom line for most agency administrators and boards is how much is it going to cost and how will it be funded? (p. 155)

These authors determined that through volunteers and fund raising, AAT programs could be cost effective to an organization. Even though many AAT programs are cost efficient, many programs overreach their means by funding more than basic animal up-keep and training. Two other issues discussed by Mallon, et. al. (2006) were organization liability and infection control problems. Liability concerns have been based upon the risk of an animal injuring a participant or vice versa. Infection control issues arise when discussing

allergies and cleanliness of animals. Procedures are required to ensure the health of all participants in AAT.

### Methods

This research focused on the following research questions:

- What is the perception of AAT clinicians regarding active participation in treatment therapies of juveniles?
- What is the perception of AAT clinicians regarding treatment therapies of juveniles where AAT is available but not used?

In order to address these questions, the current AAT program implemented at Mount View Youth Services Center (MVYSC) located in Jefferson County, Colorado, which caters to juveniles who have been adjudicated delinquent and incarcerated for 0-2 years, was examined.

An examination of research techniques being used during prior studies regarding AAT programs involved either qualitative or quantitative data collection techniques with quantitative data collection being the most frequently used. As this research is exploratory and identified an individual AAT clinician's perception of the implementation of AAT, qualitative research in this situation allowed for data collection based on the participant's knowledge regarding the topic (Babbie, 2010). Qualitative analysis as defined by Babbie (2010), is "the nonnumerical examination and interpretation of observations, for the purpose of discovering underlying meanings and patterns of relationships" (p. 394). One of the benefits of qualitative data collection is that qualitative data can be converted into numerical data in order to increase generalizability. Based on this definition, the qualitative data analysis used during a focus group encompassed the purpose of this study.

Qualitative data collection through the use of focus groups was an effective tool to gather information regarding the alternative therapeutic tool of art therapy as discussed by Heenan (2006). Heenan implemented two focus groups to determine the perceptions of the clients participating in art therapy. Through these focus groups Heenan (2006) identified three themes which included self-esteem, safe space, and empowerment. Based on this study, focus groups would be successful means of gathering information about the implementation of an alternative therapy technique such as AAT. Considering this information, focus groups would potentially gather different information than during prior studies.

The advantages of qualitative research include high external validity, flexibility throughout the research, elements of the topic being more subjective, and focus on the human aspect of research. The disadvantages of qualitative research are that it is harder to make inferences with regard to large populations, there can be multiple interpretations regarding the themes and patterns in the data, and the elements of the topic are more subjective (Babbie, 2010). The advantages to conducting focus groups are that this allows researchers to gather data in a social environment, they can also observe the nonverbal responses to the questions, it is flexible, low cost, and it has high face validity (Babbie, 2010). The disadvantages to focus groups are that the researcher could encounter difficulty analyzing data and extreme differences could exist between groups.

Bearing in mind the research study was exploratory, which according to Babbie (2010), occurs when “a researcher examines a new interest or when the subject of study itself is relatively new” (p. 92), quantitative research would not be used for this study since qualitative research would effectively provide information regarding clinician



perceptions of AAT, which should indicate that AAT clinicians witness increased participation during treatment therapies by juvenile offenders held in a detention facility. If the information gathered during the qualitative focus group process supports this statement, then future research should be conducted.

Taking into consideration the lack of sensitive information gathered during this study, qualitative data collection through focus groups allowed for the study to gather the most information regarding clinician perceptions of AAT. The focus group questionnaire formed for the research study included an open-ended qualitative interview questionnaire as shown in Appendix C. During this research study, three mental health clinicians participated in the focus group. Two of these participants were clinicians who participated in AAT within MVYSC, and one was a traditional mental health clinician within the same facility. These participants were identified through the use of snowball sampling. Snowball sampling has been described as a nonprobability process which asks each existing participant to identify an individual who would be willing to become a participant (Babbie, 2010). This form of sampling did not allow for ascertaining a generalized population. Generalizability was also limited considering the restricted size of the participant group; diversity was not at hand. This research study was a cross-sectional study which, as discussed by Babbie (2010), is “a study based on observations representing a single point in time” (p. 106). Qualitative analysis was conducted using coding to identify common themes within the focus group questionnaire.

Making an allowance for the use of second source research that determined the effectiveness of AAT and the mental health issues of juveniles in detention centers, this research focused on the perception of AAT clinicians and mental health counselors

regarding active participation in treatment therapies of juveniles, as well as the perception of AAT clinicians and mental health counselors regarding treatment therapies of juveniles where AAT is available but not used. The effectiveness of AAT and patient information were not discussed. Clinicians voluntarily participated and were able to choose to end the focus group at any time, or elect not to answer some of the questions. The participant was notified of these options prior to the interview so the participant would understand their rights as a subject to a human participant study.

## Results

Through coding the qualitative data collected during the focus group process, the perceptions of AAT clinicians were gleaned. The inductive categories regarding AAT clinician perceptions, identified through the coding process, included patient engagement, therapist connection, issues addressed, juvenile behaviors, effectiveness, pro/con, concerns, and challenges. Through identifying these categories, themes were identified based on participant responses.

The results of the perception of engagement, during the data analysis concerning the qualitative data collection, indicated that the clinician's perceptions of the active participation of juveniles during the treatment process when implementing AAT had increased. Participants reported that committed juveniles receiving treatment through AAT are more engaged in the treatment process. Clinicians have witnessed juveniles being more engaged during their first sessions, opening up faster, and allowing juveniles participating in AAT to identify critical issues sooner. Therapists reported that because critical issues are identified faster, therapists witness progress faster than with traditional counseling. Concerning therapist connections, clinicians indicated that during therapy without an animal present, juveniles are harder to engage, causing the therapists to work harder to receive results. Clinicians indicated the use of AAT provides a fun approach to counseling that lowers therapist burn out rates. Participants stated that AAT allows for juveniles to have a positive interaction with a counselor, which allows for stress levels to lower and trust to be built at a faster rate. Clinicians indicated that this trust and lowered treatment stress levels would open doors for participants to be more welcoming to future therapeutic processes.

Participants perceived AAT as a means of addressing various juvenile behavior issues. Participants discussed the use of AAT to address anger issues, social and interaction skills, mood regulation, and depression. However, the clinicians identified communication, relationships, trust, and attachment as the main issues addressed through the implementation of AAT. The participating clinicians described using AAT to teach juveniles skills that improve communication, relationships, and attachment that transition with the juvenile throughout their daily lives on the pod. Clinicians also indicated these skills would be carried with the youth upon the completion of their commitment.

Juvenile behaviors within the facility have also been affected through the implementation of AAT. Clinicians described witnessing juveniles experiencing lower levels of stress, as well as having less critical incidents on the pod. Participants stated that juveniles are more assertive and express high leadership skills within the facility and are more respectful toward staff and peers. Committed juveniles present themselves as more mature during their daily routine in jail. Clinicians perceived higher rates of compliance with the routines of committed juveniles than with juveniles who were not participating in AAT.

Based on this discussion, clinicians identified AAT as a successful therapeutic tool, stating that juveniles participating in AAT have made consistent progress or maintained achievements and have not regressed. The clinicians indicated that they perceive higher motivation to stay involved with therapy after the AAT program ends, and lower therapy dropout rates. All participants indicated that AAT is not appropriate for everyone. People who are open to the therapeutic process from the beginning or are high functioning may not be best served with AAT.

The clinicians expressed few concerns regarding the implementation of AAT; however, the increased safety risk when using an animal was identified. A second concern involved the potential risk of becoming distracted by the AAT process and not focusing on the treatment plan. Participants indicated that without a structured treatment plan, AAT would not be effective. If AAT begins distracting from the objectives of treatment for a juvenile, the program would not be appropriate at that time. Therapists were inconsistent in identifying other concerns such as funding. One participant indicated funding to be an issue in implementing AAT due to the training requirements; however, the remaining participants indicated the dog handlers are volunteers which makes AAT a cost effective program. However, the addition of a volunteer to the therapeutic process could cause the juvenile to have a harder time opening up. The juvenile must build a second human relationship for AAT programs using volunteers to be successful.

Finally, AAT clinicians perceived the challenges of AAT to include developing an effective screening tool to identify juveniles within the detention facility who would be appropriate for participation in AAT. As previously mentioned, clinicians do not believe AAT is an effective tool for everyone. For AAT to be successful, clinicians require a screening process to effectively identify clients who are suitable for the process.

### Discussion

Social control theory suggests that delinquent behaviors occur due to a lack of connection between a juvenile and society. In order to eliminate delinquent behaviors, a bond between the individual and society must be created (Wiatrowski et al. 1981). As previously discussed, there are a significant number of juveniles in commitment facilities suffering from mental health disorders; therefore, to create a bond between society and the juvenile, the underlying mental health issues must be addressed. Clinician perceptions of AAT as a means of mental health treatment allow us to understand if AAT effectively creates a bond between the juvenile and society.

This research was based on the following research questions:

- What is the perception of AAT clinicians regarding active participation in treatment therapies of juveniles?
- What is the perception of AAT clinicians regarding treatment therapies of juveniles where AAT is available but not used?

The results of the qualitative data collection reflected that clinicians perceive AAT as a tool that assists in increasing the therapeutic participation of difficult to engage clients as compared to when AAT is available but not used. The participants indicated that treatment where AAT is available but not used makes engaging juveniles more difficult causing the clinicians to work harder and longer to address committed juvenile issues.

Participants indicated juveniles are more engaged in the therapeutic process during AAT and are more likely to continue with treatment services after the AAT process has ended. Clinicians identified communication, relationships, and attachment as very important aspects of therapy, which are perpetuated through the use of AAT.

Increasing these therapeutic benefits allows for delinquent juveniles to form and maintain bonds with society.

The limitations of this research study included the fact that the implementation of AAT within juvenile detention facilities is a fairly new practice and very few facilities are using AAT as a therapeutic tool. Due to the minimal application of AAT in juvenile detention facilities, subjects were difficult to identify, therefore, sampling for this study was conducted through snowball sampling. The use of snowball sampling does not allow for identification of a generalized population. Generalizability was also restricted in this study considering the focus group was limited to three participants; diversity was not present.

Throughout this research it was anticipated that the results of the data collected would support the research questions. It was projected that the data would show that clinicians perceive juveniles are more apt to actively engage in therapy when an animal is present. Although the majority of the results of this study were anticipated, there was an unexpected result. The data indicated the importance of implementing screening tools to determine juvenile eligibility to participate in AAT. Not all juveniles would benefit from AAT being used as a portion of their therapies; in fact, AAT may actually do a disservice during treatment if implemented with the wrong juvenile. This unexpected result provided insight into the need for future research regarding what would cause a therapeutic client to be appropriate or inappropriate for participation in Animal Assisted Therapy.

### **Conclusion**

Many juveniles participating in delinquent behaviors experience some level of mental health issues, which assist in separating or eliminating the youth's bonds to society. Based on the results of the research, the use of AAT within juvenile detention facilities helps the individual to regain or maintain societal bonds through treatment of these mental health issues. The perceptions of AAT clinicians indicate that juveniles engage in the therapeutic process at higher rates than without AAT. Juveniles become more assertive and learn numerous skills, such as attachment and communication during the AAT process. Participant perception of AAT indicated its use among committed juveniles as a positive technique for appropriate youth as compared to when AAT is available but not implemented.

The perception of the use of AAT among committed juveniles assisted in teaching the juveniles skills, such as communication and attachment skills, which improved the juvenile offender's bond with the community. This indicated that Hirshi's social control theory was validated.

Based on the unexpected result of this study, future research could focus on the means of identifying what is required to participate in AAT and what would eliminate a juvenile from becoming a participant. Identifying effective screening tools would potentially allow for more effective implementation of AAT. Potential research should also examine what is required for effective training of mental health clinicians participating in AAT. Finally, future research could focus on evaluating the long-term effects of AAT on juvenile offenders.



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Appendix A  
**Research Cover Letter**

Julia M. Lowe  
Address Included

May 14, 2011

Dear:

I am a Regis University graduate student who is conducting research in partial fulfillment of my Master of Science in Criminology degree. Specifically, my research seeks to understand what the perception of Animal Assisted Therapy (AAT) clinicians and mental health counselors regarding active participation in treatment therapies of juveniles when AAT is implemented. Studies have been conducted regarding the effectiveness of AAT as a means of enhancing therapeutic services as well as providing emotional and physical support to individuals with varying needs. However, none of the research reviewed to date has specifically looked at what professional perceptions are regarding AAT in juvenile detention facilities. Through my investigations, I wish to advance our current understanding of AAT, as well as identify what perceptions AAT clinicians and mental health counselors have as to the application of this therapy. Through understanding what professional perceptions are regarding AAT and its use with juvenile offenders, advancement within this field could be reached.

Your decision to participate in this study is strictly voluntary. A decision not to participate in this study will not prejudice me or this investigation in any manner. Your name will be kept strictly confidential and will not be linked with your responses. Please review the enclosed informed consent form. If you choose to participate in this study, please sign and date the informed consent document and return the document in the self-addressed, prepaid envelope provided. A copy of the informed consent is provided for you to maintain for your records. If you have any questions, please contact me via email: [lowe251@regis.edu](mailto:lowe251@regis.edu) or via phone: phone number included. Thank you for your time.

Sincerely,

Julia M. Lowe  
Regis University Student

Enclosures:  
Informed Consent Form

## Appendix B

**Informed Consent Form****Invitation to Participate**

You are invited to participate in a research study titled: Animal Assisted Therapy: What is the Perception of Animal Assisted Therapy Clinicians Regarding Active Participation in Treatment Therapies of Juveniles in Detention Center Settings; conducted by Ms. Julia M. Lowe, student from the Regis University Master of Science in Criminology program under the direction of Jack McGrath, Ph.D. The study uses focus group interview process. Confidentiality will be ensured and the collection of the information will be reviewed for content analysis.

**Basis of Subject Selection**

You are invited to participate because you are associated with a therapeutic program.

**Purpose of the Study**

To understand the professional AAT therapist's perception of Animal Assisted Therapy Program implemented in a juvenile detention facility.

**Explanation of Procedures**

During a focus group interview, you will be asked open-ended questions. The amount of time to conduct the interview will be based on the amount of information you elect to share, but I would estimate at least an hour to be as thorough as possible.

**Potential Risks and Discomforts**

The minimal risk for this study resides in the notion that means to identify professional therapist's perception of therapeutic program would be identified. The focus group interview process would only question AAT clinicians perceptions and would not involve patient information. Your participation is voluntary and therefore you could end the interview at any time, or elect not to answer all of the questions.

**Potential Benefits**

Based on a review of prior research, it is evident that the proposed research study has not yet been conducted. This indicates the potential benefit of the proposed research would be the gathering of information that has not previously been identified. Researchers have identified the benefits of AAT during previous studies, determining that a clinician's perceptions of AAT implemented with detained juveniles, a better understanding of the effectiveness of AAT could be gleaned as well as implementing future juvenile AAT programs. . The appropriate means to implementing AAT throughout these agencies would assist in creating future therapeutic programs.

**Financial Obligations**

The cost of returning the informed consent form will be provided to you at no cost. A self-addressed prepaid return envelope is included for your signed informed consent

document. The only expense to you will be the time needed to meet in person to complete the questionnaire.

### **Assurance of Confidentiality**

Your name will not be linked with your responses in any way. Instead, your data will be identified only by a subject identification number. Information we get from this study will be published in a thesis manuscript and possibly in professional journals or presented at professional meetings, seminars and educational settings. In such publications or presentations, your identity will never be revealed.

### **Withdrawal from the Study**

Participation is voluntary. If you decide to participate, you are free to withdraw from the study at any time without prejudice from the researchers.

### **Offer to Answer Questions**

If you have any questions regarding this study please ask them by calling Julia M. Lowe at (number provided) (cellular) or e-mail [lowe251@regis.edu](mailto:lowe251@regis.edu). If you have any questions concerning your rights as a human subject, you may contact Bud May, the Director of the Regis University Institutional Review Board at (303) 458-4206.

YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN THIS STUDY. YOUR SIGNATURE MEANS THAT YOU HAVE DECIDED TO PARTICIPATE KNOWING WHAT WILL HAPPEN, AND KNOWING THE POSSIBLE BENEFITS AND RISKS. YOUR SIGNATURE ALSO MEANS THAT YOU HAVE HAD ALL YOUR QUESTIONS ANSWERED TO YOUR SATISFACTION. YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

If you have decided to participate in this research study, please complete the following and return it in the self-addressed, prepaid envelope provided. Thank you.

---

Print Your Name

Phone Number

---

Signature

Date



ANIMAL ASSISTED THERAPY

43

IN MY JUDGMENT THE SUBJECT IS VOLUNTARILY AND KNOWLINGLY  
GIVING INFORMED CONSENT AND POSSESSES THE LEGAL CAPACITY TO  
GIVE INFORMCED CONSENT TO PARTICIPATE IN THIS RESEARH STUDY.

---

Signature of Investigator

Date

Investigator:

Julia M. Lowe

## Appendix C

## Open-ended Qualitative Focus Group Questions

These questions were designed for the gathering of information during a focus group interview. Your personal information including your name will not be included on this document as this information is confidential and will be considered anonymous. Instead, all answers will be coded in order to protect the identity of the participant. If, at anytime you become uncomfortable answering a question, please state so and we will continue past that question. The information gathered during this study will be stored for a period of three years through the Department of Criminology at Regis University. Thank you again for your participation in this important research study

Please describe the differences have there been in the youth's active participation during the therapeutic process with AAT?

Please discuss the differences there have been in the youth's active participation during the therapeutic process without AAT?

What, if any, differences have occurred in the youth's attitude toward the therapeutic process?

What, if any, changes have you noticed in the juvenile's behaviors in general?

Please describe any differences in the juvenile's behavior toward staff?

Discuss whether juvenile's behaviors have changed toward peers?

Explain any differences witnessed in the juvenile's behavior toward their family?

Describe the potential short-term effects of this process which you anticipate seeing?

Explain the potential long-term effects of this process do you anticipate seeing?

Please describe the pros of implementing AAT?

Discuss the cons of implementing AAT?

Do you have any concerns about using AAT?

Describe some of the challenges you have encountered while implementing AAT?

## **Informed Consent Form**

### **Invitation to Participate**

You are invited to participate in a research study titled: Animal Assisted Therapy: What is the Perception of Animal Assisted Therapy Clinicians Regarding Active Participation in Treatment Therapies of Juveniles in Detention Center Settings: conducted by Ms. Julia M. Lowe, student from the Regis University Master of Science in Criminology program under the direction of Jack McGrath, Ph.D. The study uses in-depth interview process. Confidentially will be ensured and the collection of the information will be reviewed for content analysis.

### **Basis of Subject Selection**

You are invited to participate because you are associated with a therapeutic program.

### **Purpose of the Study**

To understand the professional AAT therapist's perception of Animal Assisted Therapy Program implemented in a juvenile detention facility.

### **Explanation of Procedures**

During an focus group interview, you will be asked open-ended questions. The amount of time to conduct the interview will be based on the amount of information you elect to share, but I would estimate at least an hour to be as thorough as possible.

### **Potential Risks and Discomforts**

The minimal risk for this study resides in the notion that means to identify professional therapist's perception of therapeutic program would be identified. The focus group interview process would only question AAT clinicians perceptions and would not involve patient information. Your participation is voluntary and therefore you could end the interview at any time, or elect not to answer all of the questions.

### **Potential Benefits**

Based on a review of prior research, it is evident that the proposed research study has not yet been conducted. This indicates the potential benefit of the proposed research would be the gathering of information that has not previously been identified. Researchers have identified the benefits of AAT during previous studies, determining clinician's perceptions of AAT implemented with detained juveniles a better understanding of the effectiveness of AAT could be gleaned as well as implementing future juvenile AAT programs. . The appropriate means to implementing AAT throughout these agencies would assist creating future therapeutic programs.

### **Financial Obligations**

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**Withdrawal from the Study**

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If you have any questions regarding this study please ask them by calling Julia M. Lowe at (720) 308-2867 (cellular) or e-mail [lowe251@regis.edu](mailto:lowe251@regis.edu). If you have any questions concerning your rights as a human subject, you may contact Bud May, the Director of the Regis University Institutional Review Board at (303) 458-4206.

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Roger Urban 31358-9081

Print Your Name

Phone Number

Roger Urban, MS

5/27/11

Signature

Date

IN MY JUDGMENT THE SUBJECT IS VOLUNTARILY AND KNOWINGLY GIVING INFORMED CONSENT AND POSSESSES THE LEGAL CAPACITY TO GIVE INFORMED CONSENT TO PARTICIPATE IN THIS RESEARCH STUDY.

Julia M. Lowe

5/27/11

Signature of Investigator

Date

Investigator:

Julia M. Lowe

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Julie Dawson 7/670-0580

Print Your Name

Phone Number

Julie Dawson

5/31/11

Signature

Date

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Julia Lowe

5/31/11

Signature of Investigator

Date

Investigator:

Julia M. Lowe

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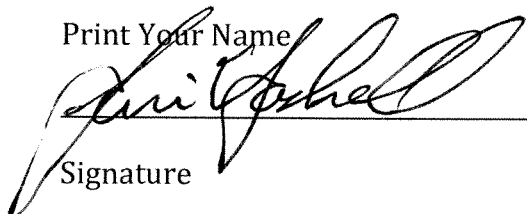
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Jamie Haskell

850-694-2626

Print Your Name

Phone Number

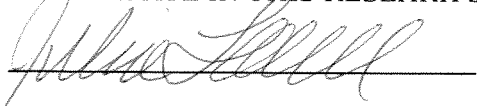


5/28/2011

Signature

Date

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5/28/11

Signature of Investigator

Date

Investigator:

Julia M. Lowe