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Social Worker Perceptions of Animal Assisted Therapy for Children with Trauma Histories

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SOCIAL WORKER PERCEPTIONS OF ANIMAL ASSISTED THERAPY
FOR CHILDREN WITH TRAUMA HISTORIES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Tessa Hodge
June 2020

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ABSTRACT

Untreated trauma can have significant lifelong negative impacts on children including poor emotional and mental health, social difficulties, poor physical health, juvenile delinquency, adult criminality, and substance abuse. Animal Assisted Therapy (AAT) utilizes animals, typically dogs or horses, in goal-oriented treatment plans, and AAT has been found to be an effective treatment for trauma exposure and post-traumatic stress disorder, especially in children. Social workers working with children who have child welfare involvement are often responsible for services referrals, treatment plans, case plans, and direct provision of services. Current research does not address if the social workers responsible for referring children to services are receptive to utilizing AAT. Thus, this study assessed the attitudes and perceptions of social workers towards AAT and its use with children in foster care with trauma histories by gathering qualitative data through face-to-face interviews. Participants were identified through a purposive chain sampling method, which resulted in ten participants. Conventional content analysis was used to analyze the transcribed interviews to identify themes and subthemes of knowledge of AAT and trauma, identification of therapeutic factors, positive reception, barriers, and inaccurate knowledge. The study found that while the general knowledge base of AAT among social workers is considerably small, there is a high positive regard for AAT and a willingness to utilize it. Implications of this research include greater insight into the current

knowledge base of social workers in regards to AAT, current utilization of AAT, acceptance and resistance to AAT, and possible barriers towards utilization.

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CHAPTER ONE

ASSESSMENT

Introduction

This research study assessed social workers' perceptions and attitudes towards animal assisted therapy (AAT) and its use with children in foster care with trauma histories in a mid-size Southern California county. The first chapter outlines the focus of the research study. The paradigm of the study is identified as well as the rationale for the selection of the paradigm. A summary and literature review presents findings from past studies on professional attitudes towards AAT, studies reviewing the effectiveness of AAT, and articles discussing children in foster care and trauma. The chosen theoretical orientation is discussed and this studies contribution to micro and macro social work practice is examined.

Research Focus

Interest in AAT and its uses has grown steadily in the social work field. AAT utilizes animals, typically dogs or horses, in a goal-oriented treatment plan that can be documented and measured. The animals assist in the delivery of therapeutic interventions by licensed and trained mental health professionals. AAT has been found to be an effective intervention for a number of different conditions, such as autism spectrum disorder, emotional

and behavioral problems, trauma exposure, and posttraumatic stress disorder, especially for children (Hoagwood, et al., 2017).

This study focused on social workers perceptions of AAT and its use with children in foster care with trauma histories. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), trauma is a result of an event that is perceived by an individual as harmful physically or emotionally or is life threatening. The trauma then has long-term negative effects on the person's well-being in the domains of physical, mental, emotional, and spiritual health. By this definition, children in foster care with involvement in the child welfare system are at risk because they have experienced some form of trauma requiring intervention. Additionally, when a child is removed by child welfare services and placed in the foster care system, removal from their family of origin, friends, school, and often separation from siblings is in and of itself traumatic. Trauma exposure can have lifelong consequences including poor emotional and mental health, difficulties socially, poor physical health, delinquency as a juvenile and criminal acts as an adult, substance abuse, etc. There is also an impact on society as the negative impact of trauma exposure as a child results in increased healthcare costs and use of healthcare systems as well as increased costs associated with forensic services. In terms of child maltreatment alone, the Centers for Disease Control (CDC) estimates that the lifetime cost in just one year is \$124 billion (Child Welfare Information Gateway, 2013).

Social workers play a crucial role in the lives of children in the child welfare system. While state and county child welfare systems differ, families entering the child welfare system may have up to three or more social workers in the span of just a few months. Typically, there is the initial intake social worker, the social worker responsible for writing the jurisdictional dispositional court report, and then the social worker who will carry the case until children are either reunified or reunification services are terminated to the parents. If services to the parents are terminated, children enter into what is called permanent placement, in which they are in the foster care system until a more permanent option, such as guardianship, adoption, or placement with a relative can be identified, there will be a fourth social worker. This is of course assuming that the assigned social workers do not promote, move agencies, or cases are simply reassigned. These social workers, while they do not directly facilitate interventions, do refer children to services and play a role in deciding which services would be best suited for a child's needs. Families then may also have social workers outside the child welfare agency who directly provide services such as mental health services. When looking at the effects of trauma and out of the box, yet effective, interventions like AAT, it is important to understand the perceptions of those responsible for referring children to services and those who provide the services.

A 2018 study by Hartwig and Smelser found that of 320 practicing mental health professionals, two-thirds significantly lacked in their knowledge

of AAT. While 15% of the total number of participants held a social work degree, there has not been a study that focuses exclusively on social workers involved with the child welfare system, and their knowledge of AAT. Assessing the attitudes and perceptions of social workers towards AAT provides insight into what the current knowledge is of AAT among social workers. It also provides insight into the willingness of social workers to utilize alternative interventions, and to stray from cookie-cutter services. The research assesses the willingness of social workers to advocate for interventions that are effective but may not be currently available to them.

Paradigm and Rationale for Chosen Paradigm

The following study applied a post positivist perspective due to it utilizing an objective framework and qualitative data. Post positivism posits that there is an objective reality, but that the forces that shape the objective reality cannot be fully explained or understood. Adherents of post positivism believe that human experience cannot be studied from a place of complete removal from it. The researcher will always have some kind of attachment or bias towards the experience. The researcher must however, be aware of bias in order to be objective. The post positivist approach uses qualitative data in order to understand objective reality. Qualitative data is typically gathered in a naturalistic setting providing for a better understanding of the human experience. The post positivist paradigm allowed the study to acquire the perspective of social workers towards AAT with foster children who have

trauma histories. Conducting qualitative interviews with social workers allowed for deeper understanding of the current attitudes towards AAT in the selected professional population and the perspectives towards utilizing AAT with such a vulnerable population. Limiting the research to quantitative research methods would not have allowed for explanations and further expansion on the subject.

Literature Review

The following literature review provides information regarding trauma exposure for children in foster care, and its link to poor mental health outcomes. The literature then discusses the beneficial physical responses of human-animal interactions and how that can be utilized in a therapeutic setting. A definition of AAT is provided, and a review of AAT studies provides empirical evidence for the use of AAT in the treatment of trauma.

Trauma Exposure of Children in Foster Care

The very nature of child welfare services (CWS) insures that most children involved with CWS have experienced some type of trauma. A study conducted by Greeson et al. (2011) looked at the types of trauma children placed in foster care had experienced, and even the occurrence of complex trauma, which is the incidence of several traumatic events in a child's life. They defined complex trauma as the exposure to two or more incidents of physical, sexual, or emotional abuse, neglect, or domestic violence. The study sample of 2,251 children, adolescents, and adults aged 18-21 who were placed in foster care due to familial CWS contact, and were referred to a

National Child Traumatic Stress Network site for treatment. All data was collected between 2004 and 2010, and participants were between the ages of zero and twenty-one.

Of the 2,251 participants, who had all had at least one traumatic experience, 70% had complex trauma. Most of the participants experienced neglect (68%) followed by domestic violence (54.2%). Emotional abuse, physical abuse, and sexual abuse were experienced by participants at rates of 51.4%, 48.4%, and 32% respectively (Greeson et al., 2011). Study participants and/or their caregivers also filled out two questionnaires in regards to symptoms. The UCLA Posttraumatic Stress Disorder-Reaction Index and Child Behavior Checklist were used, as well clinical assessments of the child's symptoms. Results showed that the children with complex trauma histories had a higher risk for the development of, "internalizing behavior problems, posttraumatic stress, and having at least one clinical diagnosis" (Greeson et al., 2011) than children without a history of complex trauma.

Effects of Human and Animal Interaction

In a review of current literature, Beetz (2017), discussed the positive effects that human and animal interactions can have on children and adults. Even the mere presence of dogs can have a positive effect on cortisol levels and lower heart rate and blood pressure. Furthermore, other studies indicate that aggression, empathy, perception of pain, motivation and one's concentration are all positively affected by human animal interactions. In

relation to stressful situations, human animal interactions have been shown to have a positive effect on stress levels and promote feelings of calm. In a phenomenon called the “social catalyst effect” (Beetz, 2017), being accompanied by an animal stimulates feelings of trust from others. This effect can aid in the rapport building process, especially when working with children and adolescents who may be reluctant to engage in services.

In the work *Pet Oriented Child Psychotherapy*, Levinson and Mallon (1997) list several traits that animals outright possess that help facilitate a positive relationship between the client and the clinician. These traits include the ability to behave spontaneously (genuineness), nonjudgmental, and unconditional love along with loyalty and affection. These innate characteristics possessed by the animal along with the physical affects listed above can help the accompanying clinician in building rapport, breaking down barriers, and in processing trauma.

Signal et al., (2017) discuss the positive effects of incorporating canines in trauma focused cognitive behavioral therapy (TF-CBT) with children who have experienced sexual abuse. Increased arousal symptoms such as heightened alertness and vigilance, and increased emotions are a hallmark of PTSD symptoms. The inclusion of a canine can facilitate the decrease of these symptoms which better enables the child to participate in therapy. The act of disclosing sexual abuse and trauma histories to a clinician can prove incredibly intimidating and difficult for children. The inclusion of a canine

provides the child with the opportunity to disclose to the canine instead of looking and speaking directly to the clinician. The canine is capable of providing an unemotional, consistent, non-judgmental, and ambiguous reaction to the child's disclosure. Children may also have trouble disclosing abuse using "I" and "me" statements, and in these instances the child can substitute the canine for themselves when disclosing abuse and giving a narrative. Instead of "John came into the room and touched me", the child can say, "John came into the room and touched Fluffy".

Canines can also provide a form of safe touch in two different ways. The first being with children who have experienced both sexual and physical abuse. Touching and being touched by the dog does not register as a threat as touch with another person might for these children. The second is as a form of comfort during difficult therapy sessions. Physical touch, especially in the context of the clinician wanting to comfort a distressed child, is a topic of ethical debate. With a canine present, the child can receive physical comfort from the canine if they become upset. This eliminates the ethical dilemma of comforting a distressed child (Parish-Plass, 2008).

Effectiveness of AAT

AAT doesn't just utilize the innate characteristics of animals. The International Association of Human-Animal Interaction Organizations (IAHAIO) provides the following definition of AAT:

Animal Assisted Therapy is a goal oriented, planned and structured therapeutic intervention directed and/or delivered by health, education and human service professionals. Intervention progress is measured and included in professional documentation. AAT is delivered and/or directed by a formally trained (with active licensure, degree or equivalent) professional with expertise within the scope of the professionals' practice. AAT focuses on enhancing physical, cognitive, behavioral and/or socio-emotional functioning of the particular human recipient (2014).

In a systematic review of existing studies, Hoagwood et al., (2017) extracted data from the studies to ascertain the effectiveness of AAT. The authors conducted a database search and had strict criteria for the inclusion of a study. Inclusion criteria included publication year between 2000 and 2015, used control groups in an experimental study design, the intervention in the study needed to be therapeutic in nature and aimed at children and adolescents with or at risk of mental health symptoms, and data on outcomes needed to be included in the study. After an assessment of all available studies, 24 met the criteria to be included in the review.

The studies that were reviewed covered a broad range of target populations, treatments, and type of animal used. The authors broke down the studies in a number of different ways but primarily focused on the outcomes with specific targeted conditions. These targeted conditions were emotional

and behavioral problems, at risk, autism spectrum disorder, attention deficit disorder, and trauma and posttraumatic stress disorder. The animals used in the various studies were primarily horses and dogs; however, some other animals were used including guinea pigs. In reviewing the outcomes, 33% of the studies showed positive results in relation to the targeted condition. Forty-two percent of the studies had mixed results in that there was a reduction in symptoms, however there was no differential effect. Six percent of the studies had no demonstrable effect. Of the studies with the positive results the targeted conditions that had the greatest amount of evidence for the use of AAT were trauma and autism. The studies indicated that equine therapy had the best outcomes for children with autism, and canine therapy had the best results for children with trauma.

A study of equine assisted therapy (EAT) showed positive results in decreasing behavior and emotional problems in children whose parents exhibited problematic parental substance abuse (PPSU). An EAT program consisting of two hour sessions over a twelve week period was administered to five therapeutic groups from 2012 to 2015. Each group had between five and ten participants ranging in age from four to seventeen years old. Pre and post intervention assessments were given to parents and teachers for each child that participated. The program was administered and ran by staff trained in EAT with psychology and social work backgrounds (Tsantefski et al., 2017).

There were five themes utilized over the twelve-week intervention; care of the horse, centeredness connection, celebration, and collaboration. Along with discussion of how each member was feeling that week, each session incorporated an activity with the horse which increased in difficulty as the weeks went on. The group participants began with grooming the horse, and worked up to leading, lunging, and leading the horse through an obstacle course. Participants were also given the opportunity to ride the horse, although that was not a central part of the program. The post intervention assessments completed by the children's teachers and parents showed a moderate positive to significant positive effect on the children's maladaptive behavior, psychological well-being, and reductions in anxiety and hyperactive behavior (Tsantefski et al., 2017).

Muela et al., (2017) completed a study of 95 adolescents between the ages of twelve and seventeen living in residential care as dependents of state. One third of the participants were diagnosed with an anxiety depressive disorder as well as a trauma or stress related disorder. All participants exhibited a high level of behaviors, both internalized and externalized. The participants were split two groups; one group received treatment and the other did not as a control. An AAT program was delivered to the treatment group over 34 total sessions. There were 23 group sessions and eleven individual sessions. One canine and five horses were utilized in AAT, and there were also guided interactions with various farm animals such as cats, sheep, goats,

chickens, and pigs. The animals were utilized in six therapeutic steps, “Establishing a secure base, Identification, understanding, and verbalization of emotions, Emotion regulation, Interpersonal relationships, Self-esteem and self-competence, and Close” (Muela et al., 2017, P. 4). At the finish of the study, in comparison to the control group, those adolescents that received the AAT had a significant decrease in symptoms. The participants reported a decrease in intense sadness and reported an increased sense of being able to achieve their desired goals. The staff of the residential facility also reported that the participants were reporting fewer somatic symptoms (Muela et al., 2017).

Perspectives of Animal-Assisted Therapy

In a research study aimed at assessing the perspectives of mental health practitioners on AAT, Hartwig and Smelser (2018) administered surveys to 320 practicing mental health practitioners from various disciplines. Of those 320 practitioners, 48 or 15%, held a degree in social work. Of the total number of respondents from all fields, 91.7% reported that they saw AAT as a legitimate clinical intervention. However, only one-third of the total number of respondents rated their depth of knowledge of AAT as somewhat or very knowledgeable. The majority of study participants were not knowledgeable in how AAT is utilized, trained, or its standards (Hartwig, & Smelser, 2018).

For children involved with CWS, trauma exposure is an undeniable part of life. For social workers who work with these children, it is important to be

aware of effective treatment options. Therapeutic interventions are not one size fits all, and a variety of effective interventions should be utilized to provide the best possible outcomes for children with trauma exposure. AAT, through the use of an animals very presence, and their utilization in purposeful interventions, can have significant positive effects for children with trauma histories in the foster care system.

Theoretical Orientation

Client centered theory is the theoretical orientation that is used in this study. In client centered theory, the relationship between the client and the clinician is crucial to the client's success. There are several core conditions that the clinician must have in order to achieve a positive outcome:

- 1) The therapist is genuine and congruent in the relationship.
- 2) The therapist experiences unconditional positive regard toward the client.
- 3) The therapist experiences empathic understanding of the client's internal frame of reference.
- 4) The client perceives these conditions at least to a minimal degree (Turner, 2017).

The inclusion of a canine helps to facilitate the core conditions required by client centered theory resulting in quicker rapport building between the client and the therapist. Canines are incapable of expressing disingenuous reactions, and their reactions will be consistent and ambiguous. So long as the

person is not causing harm to the animal, the canine will have an unconditional positive regard for the client. Canines are capable of expressing what we might interpret as empathy. In her book, *Animal Assisted Brief Therapy*, author Teri Pichot recalls an encounter between Insoo Kim Berg and Chotsky, Pichot's pet Maltese. Insoo came to Pichot's home just after the death of her partner Steve De Shazer. Chotsky, who was untrained and just a house pet, uncharacteristically, nuzzled and kissed Insoo up and down her arms for close to fifteen minutes. Pichot comments that it was as if Chotsky knew what Insoo needed, and Insoo commented that she could tell that Chotsky was sincere by the movement of his tail. Lastly, and as evidenced by the previous anecdote, the client is able to perceive these conditions, at least to a minimal degree.

Additionally, part of the client centered theory is that the client's ability to problem solve is uninhibited because they are free from anxiety. As stated in the Signal et al., (2017) research, the presence of a canine decreases heightened arousal symptoms associated with PTSD and helps ease the difficulty in disclosing trauma.

Contribution of Study to Micro and Macro Social Work Practice

The study offers contributions to the study of micro and macro practice. On a micro level, it creates more awareness of AAT and its uses with children in the foster care system. On a macro level, the information gathered can elucidate the overarching perception of AAT in social workers working with

traumatized children in foster care. The research can provide a basis on how best to educate social workers on the benefits of AAT. Social workers may also be inspired to advocate for AAT services for children in foster care, and lobby on a local, state, and federal levels for more funding for AAT programs.

Summary

In the assessment chapter, an introduction was provided to the study's focus of social workers perceptions and attitudes towards AAT in a large county in Southern California. A post positive paradigm was identified as the study's perspective. A literature review discussed trauma exposure in children in foster care and the effects trauma exposure has on mental health outcomes, as well as the positive effects of human animal interactions and how that can be utilized in a therapeutic setting. The literature review also discussed the evidence for AAT. Finally, the study's theoretical orientation of client centered theory was discussed as well as the potential contributions to social work practice.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two discusses and describes the selected site for the study. Strategies used for engaging gatekeepers are explored. Issues involving diversity, ethical, and political issues are addressed. The role of technology in the study is discussed as well as the writer of the study's preparation for engagement.

Research Site

The study site was not limited to a specific site, but rather to social workers who provide services to children in a specific county in Southern California. The Southern California county that was surveyed is a large county. In 2017 the county had a population of 2,157,404. The race and ethnicity of the population was 53% Hispanic, 28% white, 8% black, 7% Asian, 3% two or more ethnicities, and less than 0% Native-American, Pacific-Islander, or other. The median household income was \$60,420, however 16.2% of the population was below the poverty line (U.S. Census Bureau, 2018). The selected county covers 20,000 square miles and has a population of 2.1 million. There are both urban and rural areas in the county, with a wide range of socioeconomic statuses and ethnic and cultural backgrounds. In 2014 the specified county

had a substantiated child abuse referral rate of 8.5 per every 1000 children (Child Welfare, n.d.).

The unidentified Southern California county has one of the highest crime rates in Southern California. In 2016 it was home to one city with a violent crime rate 331% higher than the national average. For the same year the identified county was home to four of the top ten cities with the highest violent crime rates in Southern California, while not a single city in the identified county was in the top ten cities with the lowest violent crime rates in Southern California (Hipp et al., 2018).

Engagement Strategies for Gatekeepers at Research Site

As there was no specific research site, engagement of gatekeepers consisted of this writer utilizing existing personal and professional relationships with social workers in the identified area. Information on the study and its goals was presented to social workers to elicit engagement. The writer then utilized a snowball, or chain-sampling, method to identify other possible participants. The relationships between social workers was used as a starting point to begin rapport-building with those that the writer did not know and were referred to the study by other social workers.

Self-Preparation

The writer prepared for engagement by completing additional literature review on AAT, professional attitudes, and cultural, ethical, and political issues

regarding the subject. The writer also analyzed her own experiences as a child welfare worker for the county identified for the study. As a child welfare worker, this writer has first-hand insight into the extent to which children in foster care experience trauma, the effects of trauma, and the limitations of the few available services. The writer did this by keeping and maintaining a research journal so as to be able to reflect on her own experiences and how they may have contributed to bias and perspective. To begin to prepare to gather data in this study, this writer identified the specific questions to be asked of interviewees and consulted with her research supervisor. Edits to the questions were made as necessary.

Diversity Issues

Diversity issues that needed to be considered were various cultural perspectives on animals. While the writer comes from a culture that places a heavy emphasis on the value of animal life, not all cultures share that perspective. The culture of the social worker may influence their perspective on the value of AAT. Additionally, the culture of the child receiving services may influence the effectiveness of AAT. Cultural issues were addressed by completing a literature review regarding cultural perspectives on animals and asking the social workers about their cultural perspectives, and the cultural perspectives of the youth that they serve. This writer monitored her own reactions and recorded them in their research journal when coming across different cultural perspectives towards animals and AAT. This helped the writer

to be cognizant of how she was presenting to the interviewee and to be sure that they were not being insensitive to the interviewee's cultural perspective.

Ethical Issues

Ethical issues included the treatment of animals used in AAT and how their use as a therapeutic aid affects their quality of life. Another ethical issue may be the possible danger in pairing a child with inappropriate behaviors with a 1000-pound horse or a dog that could bite them, despite being trained.

Ethical issues were addressed by completing a literature review on the subject.

Ethical issues also included the confidentiality of research participants. All participants were provided a verbal and written statement explaining their right to confidentiality and completed an informed consent form. To protect private information, electronic data files were password protected. All physical files were kept in a locked filing box if being transported and kept in a locked filing cabinet otherwise. The researcher was the only person with access to the keys to both. Any personal identifying information is not included in the final research. Participants were informed that their participation is voluntary, and that they were able to rescind their participation at any time. If a participant chose to withdrawal from the study, their information was permanently deleted from the researcher's records.

Political Issues

Possible political issues included the distribution of funds towards an intervention that is still being researched and is not used widespread. However, there is currently a significant political push to increase positive outcomes for children involved in CWS, as well as to escape the one size fits all approach to CWS case planning. These issues were addressed by assessing social workers attitudes towards, willingness to utilize, and motivation to advocate for a nontraditional intervention such as AAT. By assessing these areas, the research helped the identified county recognize the interest level of their line social workers in utilizing AAT, and possible avenues for implementation.

The Role of Technology in Engagement

Technology did not play a vital role in the completion of this research as interviews were done face-to-face. However, contact through phone and email to schedule interviews and send reminders was necessary, as well as an audio recording device to record interviews for transcription at a later time. One interview was done by email due to scheduling conflicts between the researcher and participant.

Summary

Chapter two explored the engagement piece of the study. While there is not a specific study site, the study was limited to social workers providing

services to children involved with child welfare services in a specific county in Southern California. Also discussed was the writers strategy for personally preparing for engagement, diversity, ethical, and political issues, and how technology was used in the study.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three discusses implementation of the study. Selection of study participants is explored, as well as characteristics of study participants. This chapter discusses the gathering of data and how it was recorded and analyzed. Finally, termination of the data gathering process and dissemination of the data and the data findings are explained.

Study Participants

Study participants were social workers in a specific county in Southern California. These social workers had worked with children in the foster care system with trauma exposure either at the time of the interview or in their previous employment. Some of these social workers were responsible for referrals to services for the children on their caseloads, and other social workers provided school based mental health services for a variety of children, including those who are currently or have been involved with child welfare. Due to the size of the county as a whole, ten participants were interviewed for this study. Ten participants allowed for there to be diversity in the positions held by participants, home office locations of participants, and educational experiences of participants.

The participants had diverse ethnic, cultural, and socioeconomic backgrounds. Participants were of Hispanic, African-American, Caucasian, French, and Armenian ethnicities. The education level of the social workers who participated was a masters degree in social work. The experience level of the social workers ranges from newly graduated, to thirty-two years of experience in the field. The social workers surveyed worked for a county child welfare agency, an agency that provides school based mental health services, a law firm, or a county policy development division. Participants were likely to be considered middle-class socioeconomically. Work histories of participants vary from strictly child welfare to mental health, substance abuse, probation, etc.

Selection of Participants

To select study participants a purposive sampling method was used, specifically a snowball or chain sampling method. Purposive sampling is a sampling method that identifies participants based on their specific characteristics in relation to the purpose of the study. In this study participants were selected based on their identities as social workers and their work experiences with children in foster care. Snowball, or chain sampling, is the method of utilizing networks and relationships between people who are key to the area of study. Once a few social workers in the identified area agreed to participate in the study they were asked to recommend and identify others in the area who may have been willing to participate in the study (Morris, 2014).

Participants were recruited by the writer reaching out to known social workers that the writer knew personally or professionally.

Use of the purposive chain sampling method is appropriate and the best method for the problem focus due to the very nature of social work itself. Social work as an entire field is extremely varied with an almost endless amount of populations to work with and specific job tasks. It is not only possible, but a reality, that social workers can work in the child welfare field but never have direct experience with children, and for the nature of this research, children in the foster care system with trauma histories. By using a purposive chain sampling method, this writer was able to accurately identify those with direct experiences with children in the child welfare system.

To implement the sampling strategy, this writer made direct contact through phone calls and emails to known social workers with direct child welfare experience to recruit participants. Once three initial social workers were found and agreed to participate, this writer asked participants if they knew of other social workers who met participation criteria who would like to participate in the study. This writer asked participants to provide the writers contact information to other social workers they may have felt would like to participate. This writer did not ask for contact information for those who did not agree to participate in the study, and did not cold contact social workers who were identified by study participants.

Those who were referred to participate needed to currently hold or previously held a position in which they worked directly with children in the child welfare system. Those in supervisor positions were eligible for participation as they directly oversee and have input in service referrals, case plans, and interventions. Participants were from a variety of areas in the county due to the large size of the county previously discussed in the study site section. Referred participants were selected based on their work area and position to ensure a broad range of perspectives.

Data Gathering

In-person interviews were conducted with participants to gather qualitative data. Participants were allowed to choose the time and location of the interview as an 8:00 a.m. to 5:00 p.m. time frame did not work with participants busy schedules. Participants were provided a list of questions prior to the interview to allow them time to prepare (Please refer to the data collection instrument in the appendix). Participants were also provided with an informed consent and a debriefing form that they were asked to sign. Participants were informed that their participation is voluntary and that at any time they could withdraw their consent to participate in the study. No participants requested to withdraw from the study. Interviews were recorded with a digital recorder. A research journal was used to take notes of the interview process and to reflect on possible changes for future interviews.

Participants were asked nonidentifying background information related to their child welfare experience and their personal history with animals. Descriptive questions were asked to ascertain their role with children in foster care and their knowledge about and perspective towards the use of AAT. Examples of these questions include: what role do you play in the lives of children in foster care, what services do you provide to children in foster care, and what is your current knowledge of AAT? Structured questions included questions such as: have you had any personal experiences with AAT? Questions regarding the impact on micro and macro practice and possible ethical issues were included such as: from your perspective what do you perceive as the benefits and negatives to AAT, and do you think that there are any barriers to offering AAT? The questions listed directly reflect the problem statement in the assessment chapter. The questions not only assessed for social worker perceptions of AAT but also addressed barriers, receptiveness of social workers towards AAT, and other micro and macro practice issues.

Phases of Data Collection

The initial phase of data collection was to identify and obtain approval from area social workers who wished to participate in the research. After consent was acquired, additional participant selection was needed to take place through a chain sampling method. While these two processes were happening, interview questions utilizing open ended, closed ended, descriptive, and structured questions, such as those listed in the Data

Gathering section, were developed, reviewed, and revised. To prepare for the interview the writer needed to develop an understanding of her own biases in regards to the research topic and how those biases may have impact the process of gathering data (Morris, 2014).

When conducting the interviews, the researcher began with rapport building in the engagement phase by asking easy to answer questions such as how long they've worked in child welfare. As rapport was built the writer was free to move into the next stages of the interview which was developing focus, and then maintaining focus. During these two phases essential questions, extra questions, and probing questions were utilized. Essential questions were questions specific to the research topic, extra questions sought to check how consistent the participants answers are by rewording essential questions, and probing questions were used to elicit elaboration from the participant (Morris, 2014). An essential question was, from your perspective what do you perceive as the benefits and negatives to AAT?

Finally, the interview entered the termination stage. The writer signaled the end of the interview by offering the participant a recap of the interview. This signal also served to allow the participant to correct any information or add anything they felt was pertinent to the study topic. The participant was given the writer's contact information in case they had any questions or concerns, or wished to withdraw from the study.

Data Recording

To ensure accuracy, data was recorded on a digital recorder. To ensure confidentiality the digital recorder was kept in a lockable portable file box when in transport or not in use. Only the writer had access to the recorder.

Interviews were then transcribed to a written document for inclusion in the final project. The writer transcribed the recorded interviews into a Microsoft Word document on the writer's personal password protected computer. Once the interview had been transcribed, the recording was permanently deleted. The transcripts use two initials for participants to ensure confidentiality. The writer kept a separate and private file to track the initials to the participant. Once the interviews were transcribed into a written document they underwent open, axial, and selective coding as explained in the following section.

The writer utilized research journals throughout the research process. The role of the research journals was to keep record and note of experiences, reflections, interactions, and rationales for data interpretation (Morris, 2014). Two journals were utilized, a reflective journal and a narrative journal. The writer used the reflective journal to keep track of personal reflections about the research, issues and solutions that may arise, and the rationales for various decision made during the study. The narrative journal acted as a record and timeline of the research such as when specific interviews occurred, what happened, and other important details (Morris, 2014).

Data Analysis Procedures

Conventional content analysis was used to analyze the collected data. Hsieh & Shannon (2005) describe the process of conventional content analysis, which this researcher utilized in completing the analysis of the gathered data. All interviews were transcribed into text format creating a narrative. Microanalysis was then completed to break down the narrative into various conceptual themes and subthemes. These concepts were sorted into larger categories based on how the concepts relate to one another. Definitions were created for each category and concept. Finally, quotes from the interviews were identified to provide examples of the various categories.

Once conventional content analysis is complete, the writer will create a conditional matrix. The conditional matrix is a visual of the various concepts identified throughout the data gathering process and how the concepts interact in the perspectives of social workers towards AAT with foster care children with trauma.

Summary

Chapter three discussed the selection of study participants and potential participant characteristics. Data gathering, recording, and analyzing was outlined. Finally, termination of the interview process, and the dissemination of the data was explained.

CHAPTER FOUR

EVALUATION

Introduction

Chapter four discusses data analysis, data interpretation, and the implications of the findings on Micro Practice. After completing ten interviews, the interviews were analyzed utilizing conventional content analysis. To maintain participant anonymity, the participants are referred to by their first and last initials. An examination of the conventional content analysis process is described below. The content analysis answers the following research questions posed in questions posed in Chapter two:

1. What is the knowledge base of AAT among social workers
2. What is the perception of AAT among social workers
3. Are social workers willing to utilize alternative interventions.

Study Sample

Demographic information was collected before reviewing the data analysis. Ten participants were interviewed in total. Of those ten participants, two were male and eight were female. All participants held a master's degree in Social Work as a requirement of participation. One participant was a Licensed Clinical Social Worker (LCSW), and five were Associate Clinical Social Workers, meaning that they were in the process of becoming an LCSW. The length of time participants had worked in the social work field ranged from newly entered to

thirty-two years. The current role of participants included line workers having direct contact with clients, two supervisors, one manager, and one deputy director. A breakdown of demographic information is presented in Table 1.

Table 1
Demographic Characteristics of Study Sample (N=10)

	n (%)	M	S.D.
Age		42.7	9.4
Sex			
Male	2 (20%)		
Female	8 (80%)		
Race/Ethnicity			
African-American/Black	2 (20%)		
Caucasian/White	4 (40%)		
Hispanic/Latino	3 (30%)		
Asian/Pacific Islander	0 (%)		
Other	1 (10%)		
Education			
Masters in Social Work	10 (100%)		
Licensed Clinical Social Worker	1 (10%)		
Associate Clinical Social Worker	5 (50%)		
Number of Years as a Social Worker			
Less than 5	2 (20%)		
5 to 10	4 (40%)		
More than 10	4 (40%)		

Data Analysis

Utilizing the conventional content analysis outlined in Hsieh & Shannon (2005), this researcher initially identified larger key concepts based among the interviewee responses that reoccurred during each of the interviews. Responses were separated by concept, and then a micro analyzation took place. Themes

and subsequent sub-themes were created from the various concepts that had been identified. In total, this researcher identified three main themes and eight subthemes that encapsulated the overarching concepts of the interviews. These are outlined in Table 2 below.

Table 2: Identification of Themes and Subthemes

Themes & Subthemes	Description
Knowledge of AAT and Trauma Presentation of Trauma Identification of Therapeutic Factors	The theme of Knowledge of AAT and Trauma includes social workers identification of their knowledge base of AAT, of how trauma is presented in children, and the identification of AAT's therapeutic factors that assist in the treatment of trauma.
Positive Reception Alternative Interventions	The theme of Positive Reception encompasses the positive perceptions social workers have of AAT. The Sub-theme of Alternative Interventions covers the interviewed social workers willingness to embrace an alternative treatment modality.

<p>Barriers</p> <ul style="list-style-type: none"> Funding Liability Awareness Inaccurate Knowledge 	<p>The theme of Barriers and its several sub themes encompasses both the obstacles identified by the participants, and the obstacles identified by the researcher from the participant responses.</p>
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Knowledge of AAT and trauma is the first theme that was identified throughout the interviews. When asked the question, ‘What do you know about animal assisted therapy?’, all ten participants made similar statements expressing that their general knowledge of AAT was lacking, “Very, very little. I know like I mentioned before, there is the horse... but beyond that, nothing” (S.M). “I have heard of animal assisted therapy. Several years ago there was a horse therapy center...” (R.D.). “I don’t know a lot, but I know little based on experience I had with some of my children [clients] getting benefits from the services” (G.N.). Participant T.B. first identified that they had no knowledge of AAT whatsoever, but upon further thought realized that they had had some previous experience with it,

I don’t...okay, let me take that back. So it’s kind of similar to pet therapy. I know ...my previous employer, they would have a ranch. It’s like a horse ranch or something ... A lot of kids who were like in a foster care home,

like if they have severe behavioral problems ... it seemed like they would get the horse therapy...So I guess I am kind of familiar with it (T.B.).

When asked about their knowledge of trauma, participants were able to identify trauma's significant impact, and how trauma can present in children. For example, participant R.D. stated, "Trauma is individual to the child. However, it can negatively affect a child's emotional state, behavior, ability to learn, and grow and maintain attachment relationships". Participant L.M. confirmed "...trauma is something that's significant and can dysregulate a child if they don't have the appropriate coping skills". Participant A.B. identified how the behavioral expression of trauma can be misdiagnosed,

I know that trauma is incredibly impactful. It can sometimes be maybe displayed in ways that are perceived or diagnosed as like a behavioral issue with the kids. More, I guess, like organic to the kid... trauma in kids, I mean, when they can't verbalize it in so many words, it's displayed usually behaviorally, but is sometimes ... overlooked or assumed to be the kid is just being bad or the kid is just being defiant. As opposed to this could be the child displaying some trauma that they don't know how to otherwise verbalize (A.B.).

Despite the self-reported lack of knowledge about AAT, eight of the ten participants were able to clearly identify the therapeutic factors associated with AAT. "I think the benefits would definitely be just having the kids have a nonjudgmental animal to support them, just to be present. Again, the animal can't

hurt them ... not in the sense that they've been traumatized" (S.M.). "You know, it helps the children regulate their emotions, helps them with their socializing skills" (G.N.). "I think especially for kids that aren't able to verbalize some of their feelings about their traumatic history, that being able to connect and bond with the animal ... that it could be beneficial" (A.B.). Participant L.M. identified how the connection between animals and humans helps children learn to engage in positive prosocial behaviors,

I know that animals bring some sort of connection ... I think it's something [AAT] that could be used as a coping skill so that kids can engage healthily, with connectivity, being able to learn different, not only coping skills, but different skills (L.M.).

The second theme identified was an overall positive reception to the use of AAT with children with trauma histories. All ten participants expressed positive regard toward AAT, "I think that's [AAT] a great idea ... I think that would probably help the children alleviate some of the stress that they endure" (J.P.). "I feel very positive about it. I mean, I think that it's something that should be tried" (L.K.). "I think they're very, very amazing. I think that they are a great idea. And I think that a lot of programs really benefit, especially work with kids in our field that have trauma" (S.M.).

I think it's an amazing, amazing idea. So, based on my limited exposure ... it's effective. So, I definitely support and I will continue to utilize this as needed in my field. I think it's something that needs to be utilized (G.N.).

The sub-theme that emerged from participants overall positive reception towards AAT, was an acceptance of AAT as a novel and unconventional intervention, “I feel like if they, in the appropriate environment, that it could be another intervention to assist children and their families. So I definitely think it would be a beneficial tool. I would be a proponent for it” (L.M.). Participant A.B. expressed that a one size fits all approach to treatment interventions does not work for every child, and that alternative intervention methods should be explored,

... because kids aren't always open to talking to a stranger in a room with four walls. And I think that it's a mode of therapy that could be explored if, if it would be helpful to a child. I think we owe it to kids to look at something like that if we're able to. I think there's a lot of strengths that could come from it just being maybe a different mode of therapy that we can offer to a child and maybe help them in a different way, that isn't such a cookie cutter approach to providing a therapeutic setting for a kid (A.B.).

The final theme identified was barriers to AAT. All ten participants identified similar barriers to AAT. These barriers fell into three subthemes, with this researcher identifying a fourth unapparent barrier. The first of the sub-themes identified by participants is funding, “I don't think there is funding for this. I don't think there's anybody advocating for this funding” (J.P.). “There's always some kind of talk about funding, right? But I believe the funding might be easier if more people were educated about it” (G.N.). “As far as negative, I think that

possibly the cost of getting animals into the appropriate treatment area” (L.M.). Participant A.B. shed light on service provision from the perspective of county child welfare agencies,

Coming from a management perspective, I don't know what the cost looks like. If it would be a barrier to awarding a contract to an animal therapy provider. If that was a different, if there's a different expense involved in that from the contract perspective. I know that one of the things they look at is the cost of the service to the county (A. B.).

The second sub-theme identified by the participants was the potential liability if an animal injured a child, “I think that there is a huge liability if the kids are injured ... let's say a kid gets injured by a horse, a dog. Things may happen. So, we don't know how to prevent that from happening” (S.M.). “...there is the whole liability thing, someone gets attacked or something” (L.M.). “... it still is an animal and they still bite, and scratch, and step on you, or kick you” (S.R.). Participant J.P. mentioned insurance, alluding to the increase in professional and liability insurance for service providers, “I mean, insurance. If the, you know, one of the animals maybe attacks one of the kids” (J.P.).

The third barrier identified by participants was the lack of awareness about AAT. Four participants identified a lack of awareness and advocacy for AAT, with the subtheme best expressed by participants G.N. and L.M., “Well, definitely education would be part that needs to be addressed because I, some people have never even heard about that. If they have heard of it, they don't know, you,

enough about it” (G.N.). “...as far as advocating, just bringing more awareness ... it’s something that’s relatively new or unfamiliar to the general public ... just more awareness needs to be brought out about it” (L.M.).

The fourth barrier that was identified by this researcher was the inaccurate knowledge of AAT, and specifically the blurring of AAT with service dogs, therapy dogs, and emotional support animals. All ten participants used language and identified concepts that were in line with service dogs, therapy dogs, and emotional support animals, rather than with AAT, “There are a lot of kids and a lot of parents that would come with their, it was mostly therapy dogs ... we couldn’t deny them being there because we knew the purpose of why the dog was there” (R.A.). “...those animals they have in hospices like a cat or like nursing homes will bring animals in. And of course, there’s been a huge support animal movement and well, seeing eye dogs” (S.R.).

I know some of my clients currently, parents, have asked about me at least referring letters or providing some recommendation to their other professionals about allowing animals in their settings. And also again, when one of the barriers we talked about was just maybe a child having an animal in school, that could be potentially hard... (L.M.).

In summation, clinicians trained in AAT utilize an animal in a therapeutic goal-oriented treatment plan, such as increasing emotional regulation. Service animals are dogs trained to perform a task for a specific person with a disability, such as providing balance stabilization for a person with a neurological disorder,

and therapy animals and emotional support animals simply provide comfort with their presence and are not protected by federal legislation. Not knowing the difference between AAT, a service animal, and an emotional support animal or therapy animal leaves social workers in private practice and in agencies open to liability, and also leaves them without the knowledge that could be beneficial to many of their clients.

Summary

Chapter four provided an in-depth content analysis of the qualitative data obtained during the study. Themes and sub-themes were identified that answered the original questions posed in Chapter two.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

Chapter five presents the interpretation of the presented data as well as the study implications for micro and macro practice. The termination process with study participants is outlined. How the findings are communicated to the study participants and any ongoing relationships with participants is also be examined. Lastly, the dissemination plan for this project is laid out.

Data Interpretation

This qualitative research study sought to answer questions regarding the perceptions of social workers towards AAT, the current knowledge base of AAT among social workers, and assess the willingness of social workers to utilize alternative interventions. Through a conventional content analysis, these research questions were answered. Despite a significant lack of depth of knowledge about AAT, the social workers interviewed had an overwhelming positive response to the use of AAT with children with trauma. This correlates with the results of Hartwig & Smelser (2018) in which the majority of participants lacked a true knowledge base of AAT and its components, but 91.7% of the participants viewed AAT as a legitimate clinical intervention.

A significant contributing factor to social workers' overall positive perception of AAT was their identification of the therapeutic factors associated

with utilizing an animal as an intervention tool. Levinson & Mallon (1997) identify genuineness, a nonjudgmental disposition, and unconditional love as inherent animal traits that assist in facilitating a positive relationship between clients and clinicians in AAT. Several of the study participants identified these same factors when asked about the benefits of AAT. Participant S.M. directly identified the nonjudgmental nature of animals. Participant L.M.'s statement about animals providing connection can be linked to the unconditional love component identified by Levinson & Mallon (1997).

Participant S.M. also identified that the animals provide a safe form of connection with a living being that cannot hurt them the way they have been hurt in the past (i.e. physical or sexual abuse). This relates to the studies conducted by Muela et al., (2017) and Parish-Plass (2008). Parish-Plass identified canines as being able to provide a form of safe touch for children who have experienced sexual and physical abuse. In Muela et al., (2017), one of the therapeutic steps identified is establishing a secure base. Children perceive the inherent animal traits identified by Levinson & Mallon (2017) which helps them from a secure base with the animal. When perhaps processing trauma becomes too overwhelming, the child can return to that secure base to help bring them down from an escalated state. Participant A.B. recognized another recognized therapeutic benefit identified in Muela et al., (2017). For children struggling to articulate their emotions, AAT can assist in helping children to identify, understand, and verbalize the emotions surrounding their trauma.

A 2019 study interviewed social workers and LCSW's working with veterans with physical and/or mental health related issues. The participants in this study were asked about their experiences utilizing animal assisted interventions with veterans and about the importance of the human and animal connection. The themes and sub themes identified in Thompson (2019) are similar to the themes and sub themes identified by this researcher. Thompson (2019) identified "benefits to Animal-assisted interventions" as one of their themes, with social, emotional, and psychological as the sub-themes. This corresponds with the identification of therapeutic factors by the social workers interviewed in the current study. The benefits identified by Thompson, and the therapeutic factors identified in this study both include animals providing a nonjudgmental support, connection and bond, prosocial behaviors, and safe physical touch. While veterans and children in the child welfare system experience different types of trauma, the social workers in these fields identify the same therapeutic factors as being beneficial to these two very different groups.

The self-reported lack of knowledge combined with the blurring of AAT with service dogs, therapy dogs, and emotional support animals, makes the social workers ability to identify AAT's therapeutic factors somewhat puzzling. However, one explanation could be the review of current literature completed by Beetz (2017). Even the mere presence of an untrained dog has positive effects on cortisol levels, aggression, empathy, perception of pain, and motivation.

Stressful situations are also positively affected by animal interactions as they promote feelings of calm and decrease levels of stress. Every social worker interviewed reported having at least one pet at some point in their life with seven participants currently having at least one cat, dog, or both. Participants also reported having other animals such as horses, chickens, rabbits, birds, and fish. It is possible that the participants drew from their own personal experiences with their animals in assessing what the benefits of AAT could be. Considering that social work, and especially child welfare, is a high stress profession with significant rates of secondary trauma and professional burnout, these social workers may have their own personal experiences of their pets having a positive effect on their stress levels. Participant R.A. provided his own personal experience of how animals have had a positive impact in his life,

“I like riding horses. So, I think just to be able to mount a horse and be able to just go out on a trail for two hours and just let go and just be a way of channeling it and having it. Or coming home to a dog that, you know, doesn't really have worries and just teaches e just to wag my tail and continue with my life, I think that'd be great. And especially with kids, that would be even more perfect” (R.A., personal communication, 10/04/2019).

Study participants clearly identified the negative impacts of trauma in children as similarly identified in Greeson et al., (2011). However, participants did not identify the increased arousal symptoms those with trauma experience such as alertness and vigilance as identified in Signal et al. (2017). Correspondingly,

participants were able to identify the therapeutic effects of safe touch, increased sociability, etc., but did not identify the latent effects of incorporating an animal in therapy such as the animals mere presence decreasing alertness and vigilance as identified in Signal et al., (2017). This may be due to social workers being goal oriented with a focus on measurable outcomes.

Implication of Findings for Micro and Macro Practice

This study has implications for both micro and macro practice. All ten social workers interviewed either currently worked for a child welfare agency, or had in the past. All ten participants were enthusiastic about the use of AAT and its benefits for their clients. However, more research needs to be done to identify the benefits of AAT with this specific population. Researchers with Pennsylvania State University are currently engaged in a study researching the effectiveness of combining AAT with Trauma - Focused Cognitive Behavioral Therapy (TF-CBT) for children who have previously experienced abuse and maltreatment. The study is set to conclude in 2020. This study is a first of its kind, and could have significant implications on new ways to treat trauma in children (Auman-Bauer, 2017).

On a macro level, participants identified a need for greater education and awareness both within social work and outside of it. This presents opportunities for social work programs to include AAT in their curriculum, and for the NASW to provide additional training opportunities and information to their members. It also

highlights a need for social workers with knowledge of AAT to advocate for these programs to their counties and states.

An unexpected contribution was the need to also provide social workers with education on the differences between AAT, service dogs, therapy dogs, and emotional support animals. Including this information in graduate level social work curriculum would fit easily into micro practice or macro practice classes. On a micro level students can learn about the topic as a treatment intervention. In macro classes students can review current federal legislation dictating the differences between the different classifications, and the impact the legislation has on the macro level.

Further supporting the need for education on AAT, service dogs, etc. is participant L.K.'s statement that they have been asked by several client's parents to provide a recommendation to have a support animal. This has significant implications for both social workers working in an agency, and those in private practice. As stated earlier, AAT utilizes animals in a goal-oriented treatment plan that can be documented and measured (Hoagwood et al., 2017). The American's with Disabilities Act (ADA) defines a service animal as a dog that has been specifically trained to perform a task for a specific individual with a disability. Dogs are the only animals that can be service animals under the ADA. Service animals are protected under the ADA and are allowed access to public spaces animals would otherwise not be given access to so they may assist their handler. Emotional support animals and therapy animals are animals that provide comfort

through the act of just being with a person; they are not specifically trained to perform a task related to a disability and are not protected by the ADA (U.S. Department, 2015).

Limitations

There were two main limitations to this study that should be addressed in future research. This study utilized a small sample size (N=10). This small sample makes the results of the research difficult to generalize to the larger social work community. While one of the benefits of a social work education is the uniformity provided by the Council on Social Work Education, perceptions of AAT may differ based on culture, geographic region, and other factors.

The study second limitation is in its use of a purposive chain sampling. This researcher utilized preexisting professional and personal relationships to identify participants. This could have skewed participants responses as well as their overall receptiveness to AAT. Future studies could be more generalizable if a larger random sample is utilized.

Termination of Study

How termination would occur was presented to potential participants as part of their introduction to the project. As only a single interview was conducted with each participant, termination occurred at the conclusion of each interview. At the end of each interview the participants were provided with a debriefing statement which can be viewed in Appendix C. Participants were provided

information about how to view the final results after July 2020. Participants were thanked for their participation and the interview was terminated.

Communication of Findings to Study Site and Study Participants

This study did not utilize a single study site, and instead utilized a chain-sampling method to identify participants for the study. As such, there is no study site to communicate findings too. Study participants were provided with information on how to obtain a copy of the results through the ScholarWorks database. Additionally, this researcher will contact study participants and ask if they would like a copy of the study emailed or mailed to them.

Ongoing Relationship with Study Participants

As this researcher utilized existing personal and professional relationships with social workers in the identified area to find participants, those relationships will continue as they had before the study.

Dissemination Plan

This study will be available for viewing or download through California State University, San Bernardino ScholarWorks. This researcher will make themselves available to study participants should they need assistance accessing the ScholarWorks cite, or if they wish to have a copy of the study emailed to them, or mailed to them directly.

Summary

Chapter Five reviewed the termination process with the study participants. A plan for the communication of findings to participants was laid out, as well as the plan for dissemination of this study.

APPENDIX A
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to assess the attitudes and perceptions of social workers towards the use of Animal Assisted Therapy (AAT) with children in foster care with trauma histories. The study is being conducted by Tessa Hodge, an MSW student under the supervision of Dr. James Simon, professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to designed to assess the attitudes and perceptions of social workers towards the use of Animal Assisted Therapy (AAT) with children in foster care with trauma histories.

DESCRIPTION: Participants will be asked ten questions on their knowledge, perceptions, and attitudes towards AAT with children in foster care with trauma histories.

PARTICIPATION: Your participation in the study is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will remain anonymous. Interviews will be recorded on a digital recorded and transcribed to a word document on the investigators personal password protected computer. Digital recordings of interviews will be permanently deleted after transcription to text. The transcripts will use an alias for participants to ensure confidentiality. The investigator will keep a separate and private file to track the alias to the participant.

DURATION: It will take approximately 30 minutes to complete the interview.

RISKS: There are no foreseeable risks to participants.

BENEFITS: Anticipated benefits for participants include increased knowledge about AAT and its uses with possible clients.

CONTACT: If you have any questions about this study, please feel free to contact Dr. James Simon at (909)537-7224 or by email at James.simon@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library Scholarworks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after July 2020.

This is to certify that I read the above and I am 18 years or older.

Place an X mark here

Date

I agree to be tape recorded: _____ Yes _____ No

APPENDIX B
RESEARCHER CREATED DATA COLLECTION INSTRUMENT

QUESTIONNAIRE

1. What is your age?
2. What is your ethnicity?
3. What is your highest level of education?
4. What type of agency do you work for?
5. What is your current job title, what are your responsibilities, and how long have you held this position?
6. How long have you worked in the social work field?
7. What is your experience with children in the foster care system?
8. What is your personal experience with animals (house pets or others)?
9. What do you know about trauma in children?
10. What role do you fulfill in providing or obtaining services for children in foster care?
11. What do you know about Animal Assisted Therapy?
12. What is your experience with Animal Assisted Therapy?
13. How do you feel about the use of animals such as dogs or horses as treatment tools for children with trauma?
14. What do you think are the benefits or negatives to Animal Assisted Therapy?
15. Would you anticipate any barriers to Animal Assisted Therapy?
16. Do you think there are any advocacy, funding, or macro issues that would need to be addressed?
17. Is there anything you would like to add?

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you have just completed was designed to assess the attitudes and perceptions of social workers towards the use of Animal Assisted Therapy (AAT) with children in foster care with trauma histories. The investigator is interested in assessing the current knowledge base of social workers in regards to AAT, receptiveness towards its use, perceived barriers, and macro needs such as funding and advocacy. This is to inform you that no deception is involved in this study.

Thank you for your participation if you have any questions about the study please feel free to contact Dr. James Simon at (909)537-7224. If you would like to obtain a copy of the results of this study, please contact the ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) after July 2020.

APPENDIX D
IRB APPROVAL FORM

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s): Tessa Hodge

Proposal Title: Social Worker Perceptions of Animal Assisted Therapy for Children with Trauma Histories

SW1971

Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

Proposal is:

Approved

To be resubmitted with revisions listed below

To be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

Investigator (Student) signature missing

Missing informed consent Debriefing statement

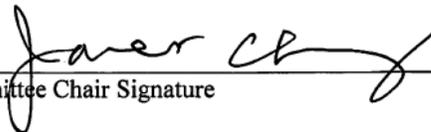
Revisions needed in informed consent Debriefing

Data collection instruments revision

Agency approval letter missing

CITI missing

Revisions in design needed (specified below)



Committee Chair Signature

6/11/2019

Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

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