Kiritapu Murray

Qualification - Master of Professional Practice

Animal Assisted Therapy

with

Young People in Aotearoa

Kiritapu's Four Legged Co - Therapists

Student ID Number 1000036743

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Attestation of Authorship

I, Kiritapu Murray, hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of an institution of higher learning.

Preface

Te thank yous

Whanau katoa

To the brave young people I have worked with over the years, who are teaching me how to be a therapist. To those stars who participated in this project, who shared themselves and their time with me, who bravely sit (stand, walk,eat, laugh,cry and sometimes even dance) in therapy with me. I love every moment of the work with you all, I hope you are making good choices, being kind to yourselves and each other, getting up gently when life knocks you down, and looking around for the good humans in your world.

To the brave people who have loved and lived with me, my amazing children, my glorious adults, my outstanding colleagues, my dynamic companions, my stunning whanau, my gracious mentors, thank you all for teaching me how to love.
I am learning

Noho mai nei koe

Noho mai nei au

Ko te ātea kei waenganui i a tāua

Ko tāu

Hei mahinga, hei tākarokaro ai, hei whakamātūtū ai

Hei tuhi anō ai

Kāore au e kawe nei o taumaha

Heoi he kōmārohi nei

Akuaku nei, kia hikina

Kia matatū koe

Te Huarahi

This Master of Professional Practice project was born from a query on how much the dog impacted the engagement of a young person in the therapy room. Working therapeutically with young people and engaging in the Session Review Scale process, that was mandatory in the workplace, encouraged me to investigate further how the clients experienced me as the therapist but also to understand their appreciation of the co-therapist and to what extent, if any, the dog's presence had in providing tangible benefits.

The research was undertaken in Christchurch, New Zealand, at my place of work, St John of God Waipuna Community, Youth and Child Services providing specialist services for young people aged 10 to 25 years and their Whanau. The health and wellbeing team provides individual support and case work for young people at risk and their families. The team also offers mental health services including counselling for young people between 10 and 25 years of age.

As a therapeutic mental health practitioner, I rely heavily on the interview process when engaging with clients in the therapeutic settings in which I work, the setting for this research project is with young people aged 14 to 24 years who have displayed mild to moderate mental health symptoms specifically with anxiety and depression, and young people who have issues with alcohol and other drugs. These young people have accessed therapy in either an individual or group setting, have been informed about the research project and have elected, often with parental support, to engage in the research.

Clients and their Whanau were able to elect to participate in or exclude themselves from the research project without prejudice. Counselling services were offered regardless of participation in the project. Clients were informed about the project

before treatment started. Clients were able to choose to have therapy with or without the dog, and to have therapy with or without being involved in the research.

The map of my Master of Professional Practice Journey

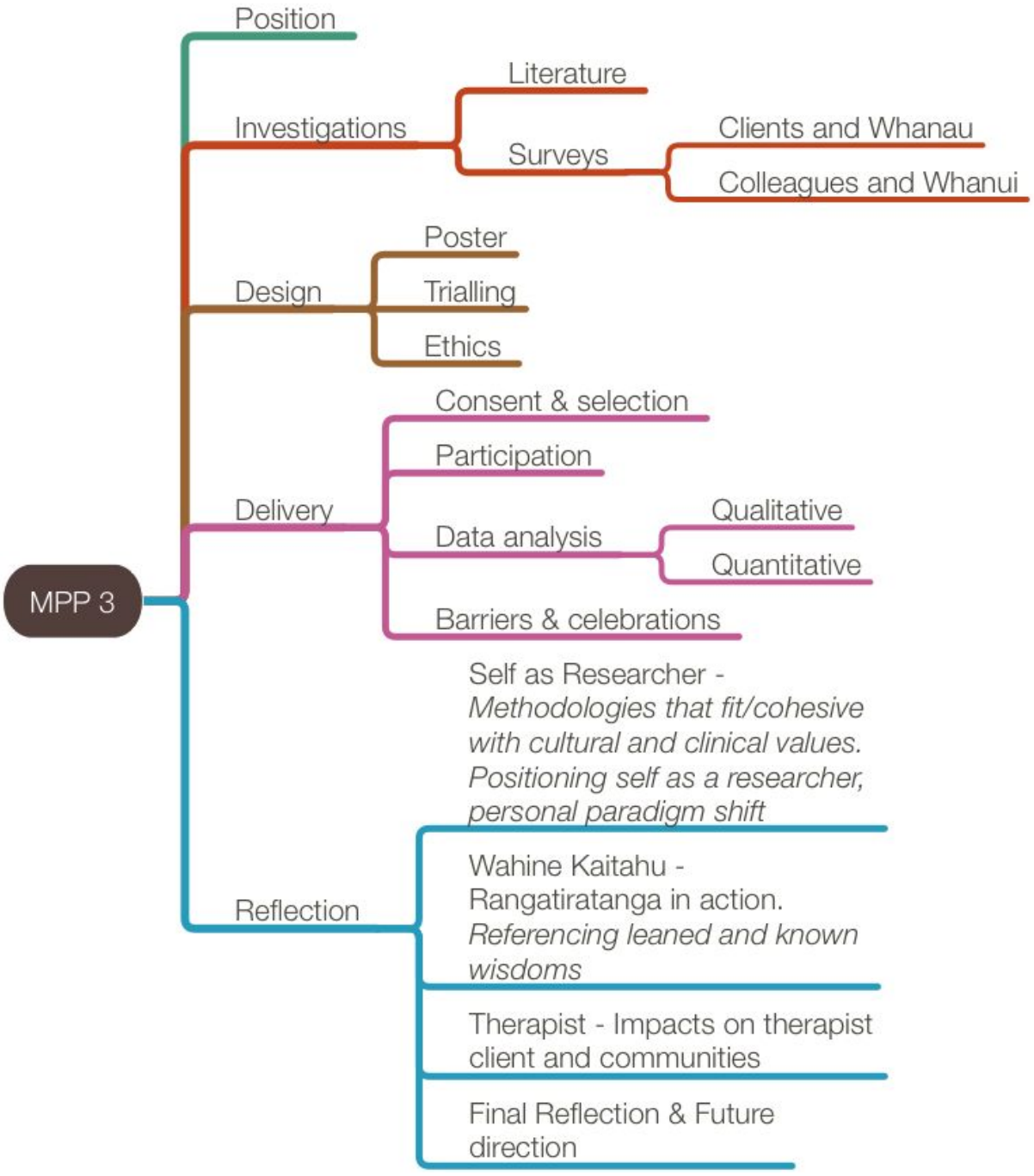


Figure One. Map of MPP Journey

This paper is the sum of the literature review, design and delivery of the research project, commentary of the research findings and my personal process over the course of the Masters of Professional Practice.

To get an understanding of the impact the dog had in the therapy space, a Likert scale was developed to measure if the dog's presence:g:

- acted as a social lubricant
- reduced anxiety
- increased engagement
- increased rapport between client and human therapist

The Likert scale was completed by the clients, who presented to sessions between four and eleven times, at every session and then again at the end of their therapeutic relationship. From the feedback gained directly from the Likert scale, and in addition to the anecdotal observations I made, it was no surprise that the clients reports tended toward the positive criteria set to measure the impact of dog's presence in the therapy room.. The client's projection of emotion onto the dog was more prevalent than I anticipated, and their feelings of increased rapport with me because of my engagement and modelling behaviours with the dog exceeded my initial assumptions.

There were both individual and group participants involved in this project. The individuals were voluntary therapy clients, while the group participants were all male mandated therapy clients participating in and Alcohol and other Drug education and therapy group. Group participants scored the lowest overall, interestingly the individual male participants scored higher than their female counterparts. The trend across the board was that participants scored higher over time, and this was more noticeable in the group scores. Paying attention as a measure scored the lowest of the measures but also did not negatively impact on the overall experience.
This research encouraged further research possibilities within me, informed clients and colleagues about Animal Assisted Therapy (AAT), and has enhanced my therapeutic practice by making me question the benefit of every interaction and how it applies itself to what is known by others as well as upholding the mana of the client.

In undertaking this project I sought to ensure that the implementation of AAT in my work spaces were as effective and supportive as possible for the young people and whanau I work with. My aim was always to include literature and the wisdom of others enhancing my own awareness of the process via client feedback and my own observations. Ultimately I would like to increase the efficacy of AAT in therapy within the wider therapeutic community, and within my own practice.

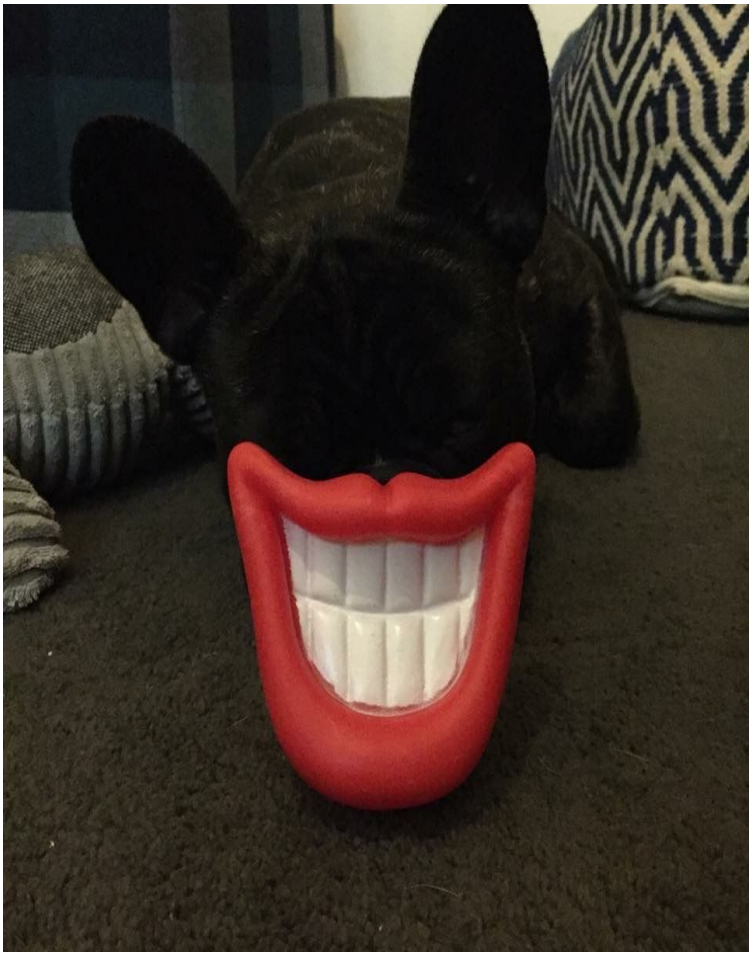


Figure Two - Digby with his smiling toy

At the conclusion of this study I have sufficient incentive to embark on the creation of best practice model of AAT, with the desire to create an effective feedback tool for clinicians to use when employing the assistance of therapy dog in their practice.

Ko te takune, kia tau katoa mai ērā matauraka

Overview and original question

Does Animal Assisted Therapy make a difference?

Animal Assisted Therapy is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. AAT is directed and/or delivered by a health/human service professional with specialized expertise, within the scope of practice of her profession ("Four-Legged Therapist," p. 11).
I have had a dog as a companion in the therapy room and used AAT in my practice at various times over the past fifteen years. I experienced an increased sense of trust with a therapist who used a dog as co-therapist in my earlier years, went on to work with others who used AAT in ways which I saw value in and sometimes struggled with. I have developed my own way of including a dog and working AAT and wanted to both reflect on and review my practice with this study. When a person is exposed to to a dog in therapy, I have noted that they often experience a sense of safety, a companion, an easy distraction, a physical and emotional response regarding unconditional love from and to the dog.

This study was conducted within a community based multi-faceted programme that included delivery of psychotherapeutic services for young people. Waipuna St John of God in Christchurch includes Community, Youth and Child Services that deliver a range of programs to meet the needs of communities, young people and families in the Canterbury Region.

The overall goal of this project was to create a feedback loop to measure the effect of AAT with young people in an Aotearoa New Zealand setting. I hoped to be able to increase awareness and efficacy of Animal Assisted Therapy for the client group while ensuring clinical safety and integrity and reducing any negative impacts on both client and therapy dog, and then to be able to share the information discovered

in a way that added the most value to the sector and upholds the mana of the participants in this project.

My initial hypotheses are that Digby our AAT will positively impact clients by:

1. Acting as a social lubricant
2. Reducing anxiety
3. Increases engagement
4. Increases rapport between client and human therapist

The setting for this research was Waipuna St John of God in Christchurch. The St John of God Waipuna (Waipuna) is a service of St John of God Hauora Trust. It has, for over 25 years, operated a range of services and programmes that supports young people and their families who encounter risk from poverty, abuse, neglect, violence, low self-esteem, addiction to alcohol and drugs, and / or other addictive behaviours

Therapies delivered at Waipuna integrate Kaupapa Maori (NZ indigenous people) concepts and understanding into its programme as part of honouring its commitment and belief in Te Tiriti O Waitangi (treaty between Maori - NZ indigenous people, and Pakeha - visitor settlers, signed in 1840).

St John of God Waipuna offer health and wellbeing services which include talking therapy for young people with mental health, alcohol and drug issues, as well as eating awareness services.

Young people can access these services either as a one-off session, or as short or long-term support. Waipuna St John of God also provide group work for young people to improve the psychosocial outcomes, adventure therapy, young parents support and child protection services including lead practitioners on family safety teams, all of these services are seamlessly woven together to deliver high quality support services to clients in a respectful and supportive way.

Ko wai au? Who am I?

Ko te whatumanawa he Māori, he ngākau aroha, Aroha ki te tangata, tëtahi ki tëtahi

The heart that beats is one of compassion, has love and regard to all people and to one another.

My personal modality that supports Whanau and the individuals who make up each family unit is a collaborative process informed by those I work with therapeutically, aided by the invaluable support of my peers, whanau, clinical and agency supervisors. Psychodrama, family systems and narrative therapies are congruent partners with first nations frameworks, and connect me with both clients and colleagues.

For more than a decade I have employed a therapy dog as a therapeutic colleague where and when possible and my experience suggests this enhances engagement in my work with young people. While I have a wealth of anecdotal evidence, I believe that measured research will allow me to improve my service delivery, and ultimately outcomes for young people. I am also curious about my own blind spots being exposed, and how new learnings may inform my practice moving forward.

My initial awareness of AAT begun when I was working in a community based agency where both a colleague and my clinical supervisor both included their dogs in their therapeutic work. This made AAT a possibility in my world, and gave me some information about my own values about success with AAT, such as the dog being a social lubricant, an attachment figure and a coping mechanism by means of diversion and companionship. I started by sometimes bringing my dog to school in my role as guidance counsellor, while my heart was in the right place, and the young people loved it, I missed many opportunities, including having the dog as part of the "team" with my colleagues. *"Animal-Assisted Intervention serves as an umbrella term that encompasses targeted therapeutic interventions with animals*

(Animal-Assisted Therapy), less structured enrichment activities with animals (Animal-Assisted Activities), and the provision of trained animals to assist with daily life activities (Service or Assistance Animals)" (O'Haire p.2). Becoming deliberate about my inclusion of the dog in my therapeutic practice is an ongoing piece of work, supported by this project amongst other learnings.

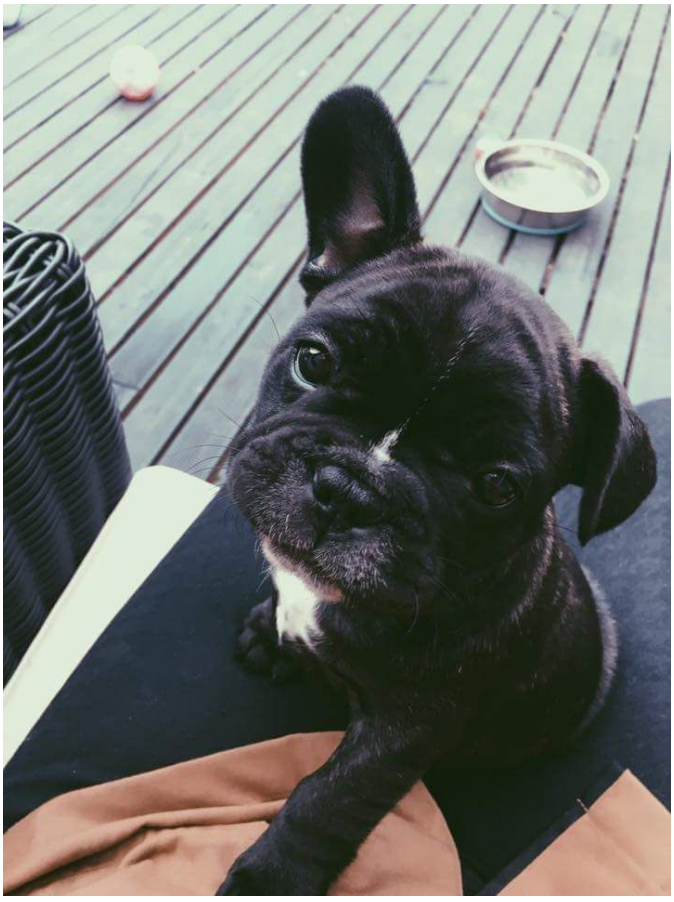
It is only once we understand each other (especially those we seek to help) can begin to prescribe the coordinates in our map to reach the destination of hauora (well being). Ultimately, I hope that people are able to successfully navigate their own lives. I need to create a space where people can connect, and I need to make that more readily accessible. A significant component of my work at Waipuna is Brief Intervention Therapy of six sessions, whereas long term therapeutic work is my primary experience.

On reflection, after three months working at Waipuna St John of God, one of the things I felt was missing in my practice was the assistance of a therapy dog. I missed seeing the connection between the client and the dog, I missed the opportunity for the client to project their experience and interpretation on to the dog so it didn't feel as exposing for them, and they were more able to engage with me safely, and I missed that sometimes there was a dog to comfort their tears.
My engagement with a dog as co-therapist had left me with the experience of clients positively engaging both with the dog and in therapy, so I set about the process of asking how I could bring a dog to my new workplace.
Dexter the Great Dane who had previously been my therapeutic companion, was unsuitable due to physical size to continue in this role in my new work space. After careful consideration and some interesting whanau dialogue we lucky enough to have Digby Jones, the French bulldog arrive as both part of our work and personal whanau

Figure Three - Digby and Dexter

Ko wai ia? My co-therapist

Digby started this project as a French Bulldog puppy, he went to doggy day care Monday and Tuesday morning and worked Monday and Tuesday afternoons and Wednesday mornings. He tino haramai ia, he was warmly welcomed by both clients and colleagues. Digby quickly established his place in the office, he is greeted before me most of the time and I have made a real effort to reduce any negative impact on my colleagues, mostly successfully except for the infamous French Bulldog farts. Figure Four - Digby at 12 weeks old



As he is now approaching his second birthday, Digby has grown with his professional role. At times his adolescent brain took over, and he chose to play more often than work, he went through fear stages and became wary at work and therefore his time at work reduced until he became more settled. He didn't seem as keen on day care for a while so he came to work more often. Digby knew that once his harness, only used for work, went on it was work time. He enjoys being in the therapy room with clients more than almost anything else, sometimes he is the centre of attention, sometimes he just jumps up next to them on the couch and snuggles in. He is very good at getting his point of view across, and even better at refusing to do anything he is not keen on!

Young people often reflect on his strong sense of self “Digby knows what he likes, and doesn’t like” and wonder how they might apply that for themselves. There was a consistent application of transference by the majority of clients on to the dog. Clients would tell me how Digby was feeling, what he was worrying about, what might have happened to him etc. using Digby as a vehicle to talk about their current situation or emotions, or perhaps just subconsciously aligning Digby as their emotional ally.

“Largely independent of the quality of the parent-child-relationship, children readily develop trustful relationships with companion animals, and often communicate personal matters to pets rather than to other humans (Kordei, 2008, 2009a,b; Parish-Plass, 2008). Young people often arrive at therapy in anxious and unsure state, talking with a new person (stranger/therapist) about new ideas around personal things is challenging enough, having a dog as part of therapy is often considered by the client as an ally in that process, one who shows unwavering unconditional positive regard.

Figure Five - Digby with his littermate WInton

Either way Digby Played, slept, farted, learnt tricks, engaged with and sometimes ignored clients. We were often in the room, but sometimes walking outside in session. Digby was the start of the study, and according to the clients, the best therapy puppy at Waipuna.

Investigations

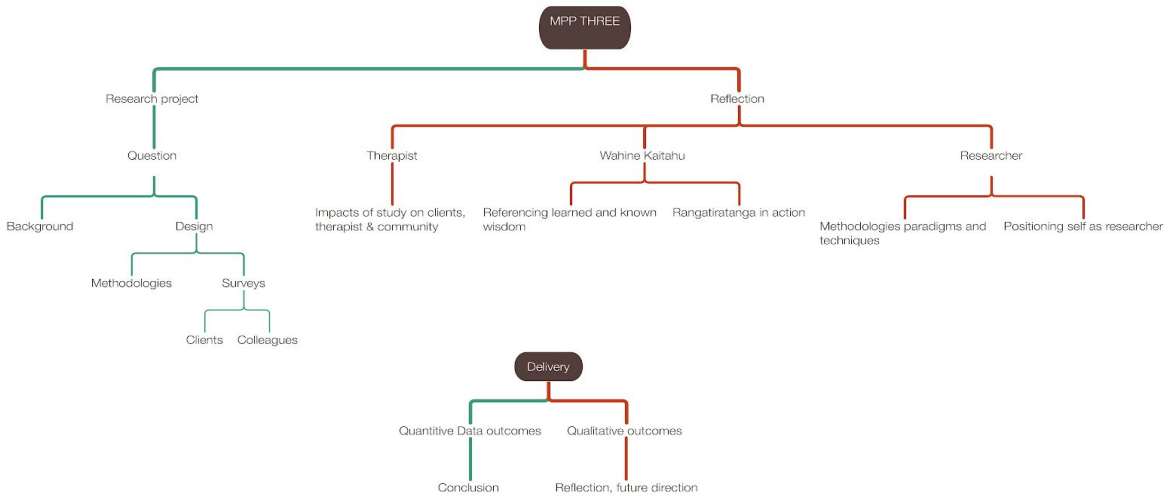


Figure Six Investigation Mind Map

Literature

Much of my readings centred around Toua, Poua, Kaumatua and whanau korerorero research because through my whakapapa lens, we start from there, they are the beginning.

The bond and emotional connection between humans and canines is a unique relationship, yet the depth of that relationship is not fully understood academically. Animal assisted therapy was born and developed before it was documented, companion animals especially dogs have featured throughout recorded history, the literature explored over the course of this project uncovered two clear themes. Animal Assisted Therapies and related manifestations, and Kuri, companion dogs and their distinct roles throughout history. Nimer and Lundahl (2007) noted animals can provide positive outcomes in human functioning. Adults and children alike have shared their stories of a friend who held them in unwavering high regard, who was a faithful companion and who soothed wounds others may have not seen.

The literature suggests quite a range of validity for AAT and despite the large volume of research on ATT generally, a gap in literature exists focusing on the delivery of

AAT in an Aotearoa New Zealand context. AAT in itself was explored, and then information partnered to include a hauora perspective throughout the project.

Influence of Kuri and other historical companion animals.

The Maori dog *(Kuri ruarangi)* Kuri were companion dogs to Maori prior to the great migration, and travelled to Aotearoa on most waka (Keane 2008). Companion animals especially dogs have featured throughout Maori history right back to rock art drawings (Hamel 2001) and noted as companions prior to the great migration.
Kuri also feature in Maori history as both gods and aspects of gods, as kiwaha and pakiwaitara. Kupe had a kurī as a companion, and Tāneatua, the tohunga on the Mataatua canoe, had several. Kuri were seen as valued companions as Captain Cook's naturalist George Forster reported on seeing kuri in waka in Queen Charlotte Sound in the 1770s: "A good many dogs were observed in their canoes, which they seemed very fond of, and kept tied with a string around their middle; they were of a rough long-haired sort with pricked ears, and much resembled the common shepherd's cur." https://teara.govt.nz/en/maori-rock-art-nga-toi-ana

Kupe and his Kuri - Te Herenga Waka Marae, Victoria University, Wellington NZ.

Figure Seven - Kupe and his Dog

The spirits of dogs were supposed, like those of men, to pass to the World of Shadows *(Te Reinga)* but they travelled by a different path than that taken by the souls of human beings (Treager 1904)

Research is updated constantly, with companion dogs being identified as far back as 33,000 years ago in new research by Dr Ya-Ping Zhang. The domestic dog can be traced back 33,000 years when wolf and dog populations started separating in south east Asia, then around 15,000 when those dogs migrated further afield and across the world. Dogs being buried with toys or objects, and with their human companions indicate that they were much more than solely working dogs but also had a relationship role, which is why it is less common to bury or be buried with other livestock. (Skoglund et al) Menache (1998) states, "the bravery expected from dogs in ancient cultures is today replaced by affection, as an antidote to the loneliness inherent in urban life"

Animal Assisted Therapy Formation

Animals do not just provide love and affection for people who need it. They are also used as a therapeutic tool. The importance of this study is an initial attempt to quantify the benefits of Animal Assisted Therapy. The presence of an animal has been found to lower anxiety and motivate participation in therapy (Fine, 2000).

The increasing interest and value of studying animal human relationships and their therapeutic and other contributions has been made more evident by the formation of an *Animals and Society* section of the American Sociological Association. Dogs and other animals have been steadfast companions as far back as recorded history can document, however our studies in the area of human-animal interaction are just beginning.

Tracing documented beginnings of animal assisted therapy must include 19th century Florence Nightingale suggesting birds may provide comfort and pleasure for patients confined to a room (McConnell, 2002).

Benefits of Animal Assisted Therapy

Evidence in literature exists showing the positive benefits for human's health and wellbeing, such as improvements in cardiovascular,mental, and physical health (Palley, O'Rourke, and Niemi (2010). Reduction in anxiety, depression, fear, and loneliness were noted when animals were used in therapy sessions (Knisely, Barker, & Barker 2012).

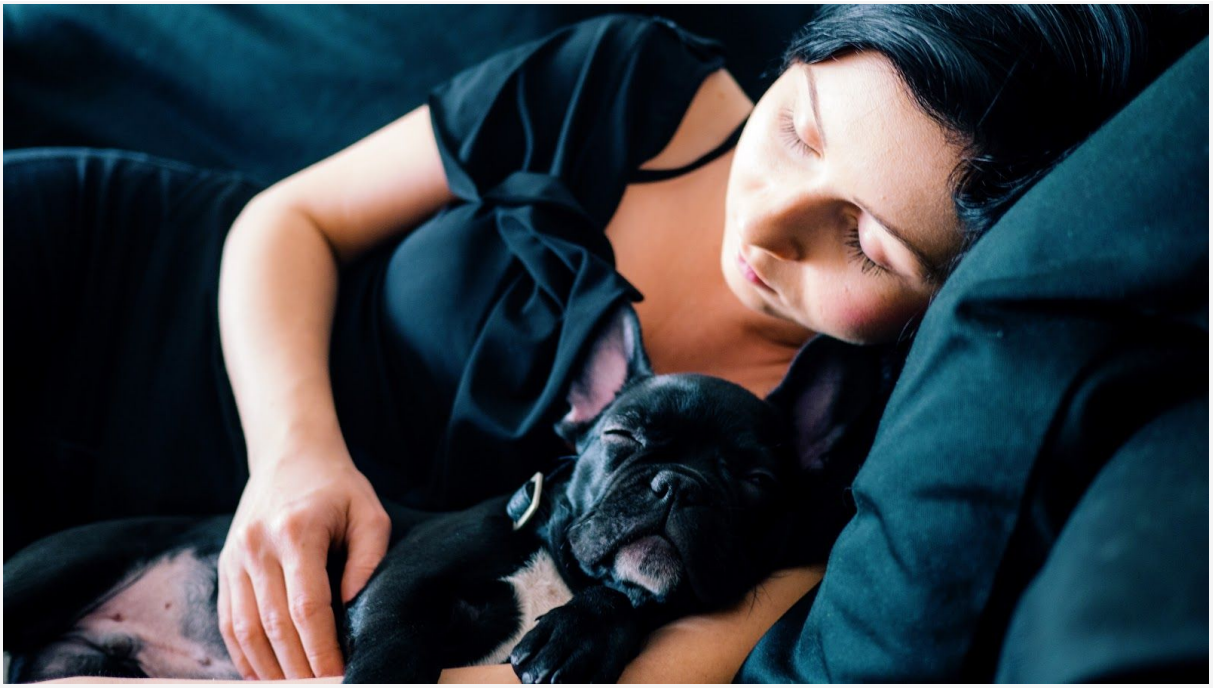


Figure Eight gPhoto by Rafal Jedrzejek on Unsplash

Research has shown that children with emotional and behavioural disorders tend to show higher involvement with animals than with humans or tasks, and that high involvement with animals, as well as with people and tasks, is associated with higher overall adjustment (Ross, Vigdor, Kohnstamm, DiPaoli, Manley, & Ross, 1984).
The relationship between humans and animals is an Attachment theory, developed to explain humans' needs to protect and be protected (Bowlby, 1969), has provided

support for the intensity of the human-animal bond often described by pet owners and animal lovers. Although animals have provided psychological, emotional, social and spiritual benefits to humans for thousands of years (Levinson, 1969; Serpell, 2011), the purposeful incorporation of animals in clinical therapeutic settings is a fairly recent phenomenon. Locke wrote that children could gain a sense of responsibility and sympathy by caring for an animal, such as a dog, bird, or squirrel (Locke, 1699, cited in Serpell, 2006).

Animal-assisted therapy is a complementary therapy for a variety of medical and psychological conditions made more popular in the 1980's (Hines & Fredrickson, 1998). Animal-assisted therapy (AAT) refers to goal-directed therapy individually designed and reviewed to assist a client meet therapeutic goals and outcomes. Animal assisted therapy is generally executed by or under the direction of a healthcare professional working under their scope of practice and is reviewed on a regular basis as progress is made and goals change (American Veterinary Medicine Association [AVMA], 2016).

The psychotherapeutic and social benefits of animal companionship have been recognised since the eighteenth century. European philanthropic groups employed "tame animals" in some of the more progressive mental institutions of the day. (Serpell 2000)
In the late 1800's until the 1960s, western scientific medicine rejected companion animals as a valued therapeutic intervention. (Palley 2010) American child psychotherapist, Boris M. Levinson, who is often regarded as the father of animal-assisted interventions authored his book, *Pet-Oriented Child Psychotherapy.* Levinson was the first academic to cite AAT as an independent therapeutic approach or method. Levinson's dog attended his counselling sessions with children and youth, and provided numerous examples of ways in which animals could enhance therapy. Based largely on case studies and anecdotes, Levinson's writings have been used to justify the implementation of animal-assisted interventions in the absence of valid efficacy studies. Levinson wrote about the animal being a natural object for attachment and more effective than an inanimate object.

Figure 9. Clients comments during the course of therapy

Delta Society (2008), an American society for the certification and registration of therapy animals, offers an important distinction between two categories of animal assisted interventions (AAI). They have defined animal-assisted therapy (AAT) as “a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process.” Animal-assisted therapy is typically performed by a health professional with specialized expertise in his or her profession. In contrast, animal-assisted activities are “opportunities for motivational, educational, recreational, and/or therapeutic benefits to enhance the quality of life” (p. 4), and do not have a specific treatment goal. Examples of animal-assisted activities include visits to nursing homes or other health care facilities.

While it is important to acknowledge its early roots in psychiatric institutions, the purposeful involvement of animals in counselling, mental health and psychotherapy in its present form stems more directly from Dr. Boris Levinson, an American professor of Psychology at Yeshiva University in the 1960s. In his first article on the topic, “The dog as a co-therapist”, Levinson (1962) sought to share his discovery of the clinical benefits of pets in child therapy, especially with children with behavioural

or emotional disorders who were considered to be hard to reach, or for whom traditional therapies were unsuccessful. Client who use AAT have also reported improvements in psychosocial factors, such as social interaction and self- esteem (McCullough 2017). Clients who were withdrawn and insensitive reacted with a smile and started communicating in therapy with dogs (Barker 1998).
The connection between the client, dog and therapist makes use of the calming effect of the dog to facilitate communication and engagement between the client and the therapist as the animal may act as a connector in psychotherapy, inviting increased access to sensitive content.

When the practitioner works with an animal, he is integrating a third “subject” into the therapeutic alliance. The animal is therefore an active presence in the relationship. The animal is not introduced as an instrument or as a simple tool: it’s the animal’s behaviour and “different” presence as a sentient being that is at the heart of the therapeutic effect.
Brooks (2006), who recommended that the following factors or dynamics be considered and addressed when using either model:

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

Alongside having treatment goals in animal-assisted therapy a health/human professional is usually the handler of the animal and plays an active role in the session (Altschiller, 2011; Griffin, McCune, Maholmes, & Hurley, 2011).
According to the AAII, a non-profit organization supporting Animal Assisted Intervention (AAI) within professional healthcare and social service settings, Animal Assisted Therapy (AAT) is defined as:

An AAT intervention is formally goal-directed and designed to promote improvement in physical, social, emotional and/or cognitive functioning of the person(s) involved and in which a specially trained animal-¬handler team is an integral part of the treatment process. AAT (Animal Assisted Therapy) is directed and/or delivered by a health/human service professional with specialized expertise and within the scope of practice of his/her profession. AAT may be provided in a variety of settings, may be group or individual in nature and may be implemented for persons of any age. There are specific goals for each individual involved and the process is documented and evaluated.

Animal assisted therapy is a scheduled intervention designed to improve a patient's cognitive or physical functioning, with specific short- and long-term goals. Animals provide valuable relationships that serve such functions as companionship, tactile stimulation, safety and non-judgmental emotional support (Netting 1987). Nathanson says that, "The characteristics, level of training, and care of any type of animal obviously impact the delivery and form of AAT. The important point made is that the very nature of AAT, with the use of a variety of species and breeds, their temperaments, and personalities" all factor into what make AAT so unique and special.

Animal-assisted therapy can be beneficial to the counselling process (Gammonley, et al., 2000). The rationale for employing Digby as a co-therapist in my practice is to facilitate a trust-building bond between the myself as the clinician and the client. The presence of an animal is shown to relieve some tension and anxiety of therapy and interacting with the animal may often be both an enjoyable engagement and act as a social lubricant between therapist and client. Clients report that it is sometimes easier to speak to the dog while the therapist listens for some of the more difficult issues. The presence of the therapy dog may help clients focus on an issue as they engage with the dog. Clients also report that sharing more delicate feelings with or about the dog can initiate the trigger a sharing process with their therapist. The dog is often an attachment figure or ally in the therapeutic alliance, enhancing the client's feeling of safety and ability to engage. The dog invites nurturance through a

representation of unconditional acceptance and interaction. Modelling of boundaries between the therapist, the client and the therapy also invites the client to examine their own interactions and experiences of boundaries in other settings, giving space to reflect on their operating function in the world at large.

Common mental health treatment goals in AAT are to:

a. Improve socialization and communication;
a. Reduce isolation, boredom and loneliness.

Animal Assisted Therapy using dogs also has a positive effect on both the mental and physical aspect of the client. AAT may affect spasticity, tissue temperature, blood count, respiratory rate or mood, in part via changes in the levels of cortisol and oxytocin. (Machova 2016)

Psychodrama is a talk therapy in Action

Talk therapies are working with a therapist who is trained to help explore beliefs and emotions, and the effect that these have on behaviour and mood. The therapist works to support people making and sustaining changes to take greater control of their lives. Talk therapies, often called psychological therapies, have a strong international evidence base for improving mental health and addiction outcomes (NZGG, 2008; NICE, 2009; NHS Scotland, 2011). In *Rising to the Challenge*, services are encouraged to introduce a stepped-care approach to meeting mental health and addiction needs.

Te Rau Hinengaro, the national mental health survey, estimated that nearly half of New Zealanders will live with mental illness and/or addiction at some point during their lifetime

Access and engagement continue to be significant issues for Māori seeking support for mental health and addiction related-issues. Te Rau Hinengaro: The New Zealand mental health survey (Oakley Brown 2006) which reaffirmed the high burden of mental health issues for Māori.

My primary methodology in my therapeutic work is psychodrama, the majority of work explored over the course of my career has been psychodramatic and a core tenet of psychodrama is spontaneity.

Moreno's definition of spontaneity is the antithesis of anxiety

Spontaneity operates in the present, now and here; it propels the individual towards an adequate response to a new situation or a new response to an old situation.... (Moreno, 1953)

Psychodrama was created by Joseph Moreno in 1921, and although it has been manipulated and adapted its core techniques remain actively used across many therapeutic platforms today, these include;

Doubling - the act of love, of being with someone without judgement and putting words to their experience. The purpose is to increase self awareness.

Mirroring - the act of awareness, of showing the other how they appear and their impact on others

Soliloquy - the act of thinking out loud, exploring one's self

Role Reversal - the act of feeling the self and the other, being in the shoes of the other and the strengthening of relationships

Intermediate Objects - the act of concretising a place or feeling to be able to work with it more fully on the stage Concretisation is the representation of self, others, objects, places, atmospheres etc. It is the main difference between Psychodrama and other psychodynamic modalities.

Social Atom - the act of examining who surrounds you and where they are in relation to you at any given time

Sculpture - the act of creating a visual image of oneself in one's own system or someone else's'.

Sociometry - the act of identifying and examining the world about you, plotting or measuring the relationships with significant others, alive, dead, imaginary, at a particular moment in time.

Role training - the act of identifying new and existing roles, and expanding them to spontaneously increase health.

Components of Psychodrama	
Doubling	The act of love, of being with. someone without judgement and putting words to their experience. The purpose is to increase self-awareness.
Mirroring	The act of awareness, of showing the other how they appear and their impact on others.
Soliloquy	The act of thinking out loud, exploring one's self.
Role Reversal	The act of feeling the self and the other, being in the shoes of the other and the strengthening of relationships.
Intermediate Objects	The act of concretising a place or feeling to be able to work with it more fully on the stage Concretisation is the representation of self, others, objects, places, atmospheres etc. It is the main difference between Psychodrama and other psychodynamic modalities.
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Sociometry	The act of identifying and examining the world about you, plotting or measuring the relationships with significant others, alive, dead, imaginary, at a particular moment in time.
Role Training	The act of identifying new and existing roles, and expanding them to spontaneously increase health

Figure Ten - Psychodrama Table. Authors own

A significant amount of research, reading and trainings over my career mean that I have integrated psychodrama, person centred, logotherapy, narrative and other therapies into my practice. The literature review conducted in the Learning Agreement and revisited in this project has identified which elements of my practice are informed by which methodologies. The result of this is that I am more clearly able to articulate psychodrama as my primary method of therapy, and that the dog is an intermediate object through a psychodrama lens. Animal assisted therapy is partnered with psychodrama in my day to day practice, with psychodrama forming the basis of my therapeutic practice.

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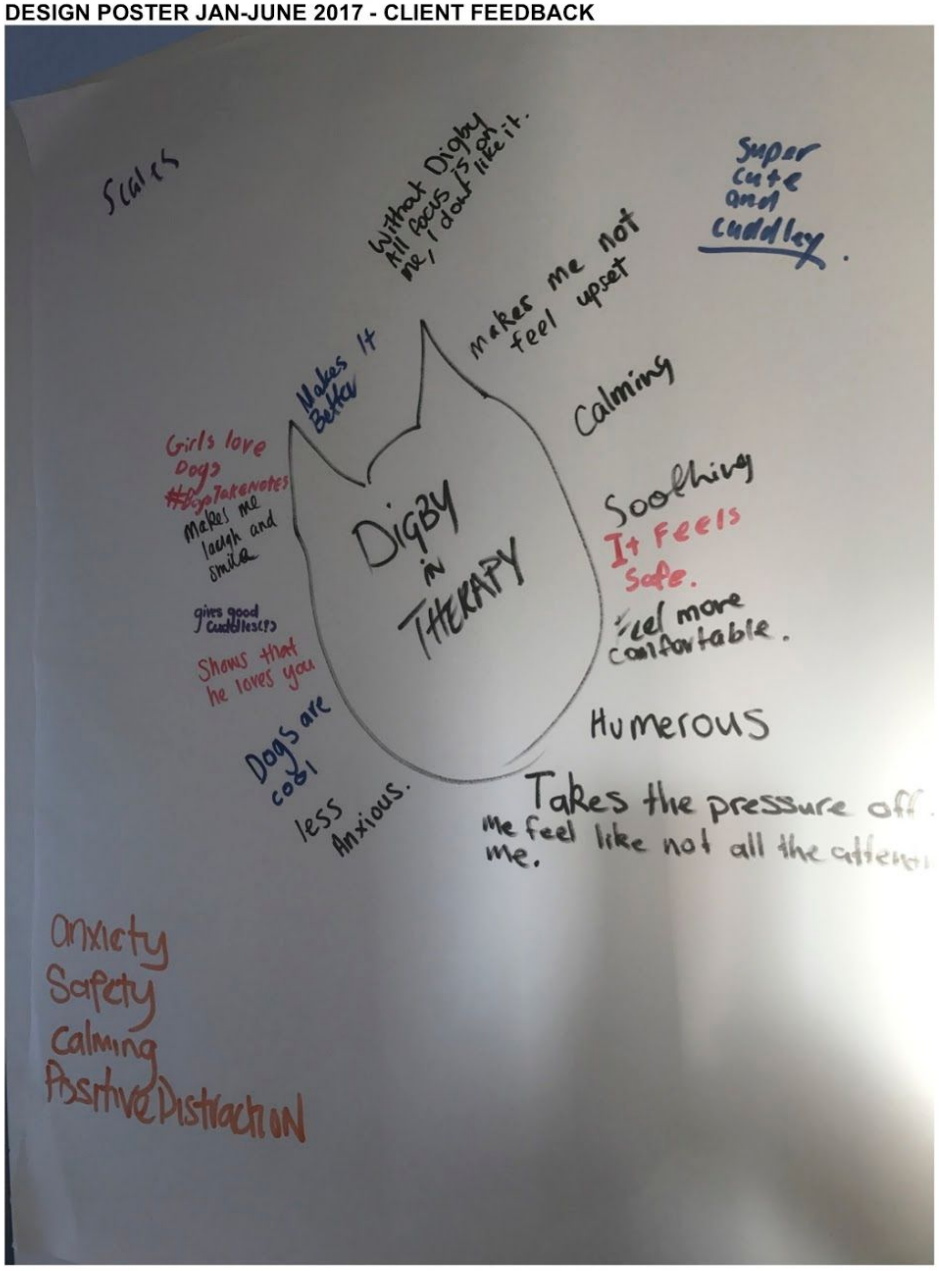
Surveys

Surveys were conducted as part of the construction of the research measures. The surveys included informal interviews, the poster, survey monkey.

Clients and Whanau

The voices of the young people were included in the design of the study as much as possible, the attached poster was created with a young person when I was asking what and how we should measure for Digby's project. The poster sat on the wall for eight weeks while I was creating the learning agreement, the young people and staff at Waipuna actively participated, including writing on the poster when I was both present and absent from the room. I could not identify who wrote what on the poster as most of it was organically created by the young people. This was a real whanau based action research example for me, and as a new researcher it felt like I was upholding the mana of the young people whom I was working with. This is my mihi to those who were involved in the process as designers and authors long before the research project started.

DESIGN POSTER JAN-JUNE 2017 - CLIENT FEEDBACK



Poster figure 11

Whanui and Colleagues

Colleagues both in my workplace and further afield participated in the design by being available to trial and test the forms in their many versions prior to the final one. There was also a survey that was open to anyone via a link which was sent out to my workplace colleagues via email, and shared on social media platform (Facebook) to other colleagues. As the Survey Monkey was completely anonymous I am not able to break down the responses past questions and answers.

What I do want to acknowledge is the effort of 180 generous humans who have supported this project by sharing their voices online, my outstanding Waipuna colleagues who managed much puppy madness in the office, went for unscheduled toilet breaks, and helped keep me going with this project when I felt overwhelmed.

Figure 12 Daisy @work November 2017

Six of the questions were rated from 1 (Disagree) 2 (Disagree Somewhat) 3 (Neutral) 4 (Agree Somewhat) 5 (Agree)

1. I imagine having therapy dogs at work helps lower stress levels in the office
2. Canine co-workers enhance productivity

3. Having a Canine Co-therapist would increase the cool factor at a youth counselling centre
4. I believe having therapy dogs assists the young people with mild to moderate mental health needs
5. Having therapy dogs at work would make the workplace feel happier
6. Even though I might not work directly with the therapy dogs, I recognise the value of them for the young people who receive counselling

Design

The AAT scale developed for this project was based on learning from the literature review and informed by other similar studies alongside the clinician researchers own experience of animal assisted therapy in the workspace with young people for over a decade.

My strong desire was to make the research process the least onerous for the participants as possible. Young people who come to therapy already have significant hurdles to overcome to engage in a meaningful and productive way and their positive therapeutic experience needs to remain the first priority of engagement at all times, with the research always being secondary. The design of the instrument was created with the acknowledgment of the client already completing a Likert scale twice per session, so adding one short similar concept scale to measure animal assisted therapy information was the sole quantitative measure, with qualitative statements invited and recorded but not compulsory.

This research project applied a mixture of research paradigms, with the overarching Maori research companions, and contrasts other research methodologies and paradigms. In this project, its significant function is being the boundary where all choice points were measured against and decided on. If any part of the engagement did not measure up as being culturally safe it was excluded, this process is displayed in the whanau design of the research project itself, including the extensive consultation with whanau, supervisors, Toua and other wise counsel. Whanau

based inclusion is from the design and development of the measures, consent forms, final reflections and the gift of feedback once this paper is completed. All participants will be invited to view the final product and share their responses to it.
Pihama (2002) Identifies Tino Rangatiratanga as a principle concept in Kaupapa Mäori research, which she defines as sovereignty, self-determination, governance, autonomy and independence.

Action research is described as studies carried out in the course of an activity or occupation to improve the methods and approach of those involved. My connection to action research is the tenet of whakamana and builds on the benefits to the client by examining the processes and potentially finding more purposeful ways to engage and deliver.

By using a Likert type scale the research is significantly quantitative in analysis, and on reflective the qualitative and narrative data was not given equal recognition in this study, in hindsight I would give more space for the narrative methods.
There did not appear to be a straightforward solution, so I examined several different methodologies as referenced in my literature review. The underlying concepts all seemed fairly similar in their groups, qualitative, quantitative, action based etc.
The foundations of choosing the methodologies then became measured against the following;

- The duration available to complete the research gathering component of the study being approximately 12 weeks or less due to the six sessions allocated to most clients attending therapy at Waipuna and the limitations of the Masters of Professional Practice Project three timeline
- The expected size of participant group being less than ten participants due to external constraints such as workload, available clients as participants and time to do the project
- The burden of participation on the client, who is already completing Outcome Review Scale & Session Review Scale forms at each appointment.

My initial hypotheses are that Digby our AAT will positively impact clients by:

- acting as a social lubricant
- reducing anxiety
- increases engagement
- increases rapport between client and human therapist

In addition to this project being applied in a real life, it was limited by:

- The study being limited to 12+ cases (sample size is small).
- The intervention(therapy) duration is once a week for 6-12 weeks
- Safety is always a consideration when working with animals.
  Some people are afraid of animals, it was important to assess the willingness of the client to participate in AAT.
  Allergies were another factor to consider. Clearly allergies to a particular animal could make therapy difficult, and would most likely be a reason not to use AAT if the response is severe enough to interfere with the interaction.
- Participants are free to decline or withdraw from the research at any time
- The dog, researcher or workplace may have become unavailable during the course of the study due to natural disasters or health. Living in an active earthquake city this needed to be considered

Research design

The design process itself was whanau based research in action. The young people I worked with created the poster and used it over an eight-week period as a talking point for what we should be measuring, what the dog was useful for in their opinion, and had robust conversations around how we should collect and collate the data. The young people were inspirational in their views on increased accessibility for Animal Assisted Therapy in Aotearoa. Colleagues were surveyed directly and indirectly via survey monkey, and were used to critique the scaling questions and the final document as presented for ethical approval.

AAT Survey Question development

Kruger and Serpell (2005) described animal assisted interventions as any intervention that intentionally includes or intentionally incorporates animals as a part of the therapeutic or ameliorative process or milieu. The literature review argued that animal assisted interventions may incorporate a variety of therapeutic techniques initiated by the mental health professional incorporating the therapy animal into the process. Chandler (2005) described AAT as a therapeutic modality which can be integrated with various theoretical orientations and complement a range of techniques. For the purpose of this study, the researcher examined the specific therapeutic techniques which engaged a therapy animal as a part of the therapeutic process, regardless of theoretical orientation. What follows describes the various animal assisted techniques found in the literature, which served as a basis for the survey questions. The Four questions were repeated at the end of each session, with the final form being an overall commentary from the client. Instead of the clients responding to “this was the impact today” the client was asked to respond to their perceptions of efficacy over the course of the therapeutic engagement “this was the impact over the course of therapy.

The four questions were;

1. Paying attention

(I felt Digby helped me focus in therapy today)

A dog in the therapy room has been found to increase the ability of the client to focus on the task at hand, Chandler (2001) notes that the following are common goals in mental health settings employing AAT.

- improves cooperation and problem-solving ability;
- improves concentration and attention, and increase engagement;
- decreases manipulative behaviours;

2. Anxiety

(I felt Digby helped me feel less anxious in therapy today)

AAT has been associated with decreases in the stress hormone, cortisol, and increases in the feel-good hormone, oxytocin (Miller et al. 2009).

Tuxworth, 2012), suggested dogs are also able to smell hormones in humans and therefore may be drawn to participants whose cortisol levels are elevated.

In the study of three programs on Canadian campuses, Dell et al (2015) found that 92% of participants either agreed or strongly agreed with the statement, “The therapy dogs helped me to de-stress”. This finding is consistent with the current study.

3. Safety

(Digby helped me feel safe in therapy today)

In working with children, the presence of the animal made adults seem less threatening, and acted as a social buffer between child and practitioner (Fawcett & Gullone, 2011)

Love and support are important parts of the relationship built between people and therapy dogs. Chandler (2005) described the innate ability of therapy dogs to provide comfort and nurturance. Physical touch that may otherwise cross boundaries between client and mental health practitioner is often both available and welcomed by the animal and participant in AAT Chandler (2005) suggested that this appropriate, genuine, and caring touch can be extremely meaningful for recipients.

4. Overall

(I felt that Digby helped me in therapy today)

A generic question formed the final question in both the session by session form, and the Final feedback form, allowing the client to generalise their experience of AAT and a space to add their own comments

A psychiatric treatment group receiving animal interactions on regular basis showed significant improvement on a measure of perceived self- efficacy (Berget, Ekeberg & Braastad, 2008).

Why the Likert scale?

A Likert scale is an orderly scale from which respondents choose the option that best supports their opinion. It is used to measure someone's attitude by measuring the extent to which they agree or disagree with a particular question or statement. Compared to binary questions, which give you only two answer options, Likert-type questions provide more granular feedback about whether your product or service, in this case interaction with the therapy dog, was “unhelpful” “good enough” or “excellent.” Because Likert items are not simply yes or no questions, I was able to look at the degree to which people agreed or disagreed with each statement. Likert scales were also familiar to the clients, therefore potentially less onerous. Each client filled out an Outcome Review Scale immediately before each therapy session. They filled out a Session Review Scale immediately after the session, with the AAT scale completed at the end of the session as well. My thinking was not to burden or confuse the clients with something dissimilar in appearance and function, a design with the minimum burden on the client was my preference.

The design of the research project originally involved mining the contribution of the client participant, using the Outcome and Session Rating Scales which the clients are familiar with. In addition to developing another brief scale to measure the impacts of the dog directly, alongside the other scales that measure the client’s interpretation of their current functioning and wellbeing (ORS), and the client’s opinion of engagement in any particular session with the therapist (SRS). The ORS and SRS scales are administered at every session regardless of whether the research project was being conducted as standard practice for all Waipuna clients engaged in therapy. The idea of adding an additional Likert Scale session by session directly related to the research that it would be no more than four questions for the ease of the clients with an additional final feedback session at the conclusion of counselling being the final Likert scale and an opportunity for clients to share their experiences in a qualitative way. Unfortunately, in the process of the project we were unsuccessful in gaining Ethics Committee approval to incorporate or include any of the SRS & ORS data in this project

The outcome rating scale (ORS) is an outcome measure for use typically before or at the beginning of treatment sessions to measure where the client considers themselves to be over the last week. The session rating scale (SRS) is a session feedback measure typically used towards the end of or after a treatment session to obtain feedback from the client as to how that session has been from their perspective. *"Feedback can access actual client change, enhance therapeutic alliance, produce more accurate case conceptualizations, and foster richer discussions of potential change in treatment plans"* (Bickman p.1423).
The researchers desire to incorporate the information from the ORS and SRS scales was to include actual client change measures comparatively between the clients view of themselves, the engagement with the therapist, and the engagement with the dog in each session.

The ORS and SRS are internationally popular sessional instruments for use in a wide variety of mental health and substance abuse settings. I explored options of evidencing efficacy and engagement via ORS/SRS forms already employed in our service, plus an addition pre-and post treatment survey.
Each has four items, they have proved themselves as robust measures over the last decade and helped to serve the purpose of not being onerous. They have been used as the measuring instruments of choice in a wealth of peer-reviewed international studies. Because working in this manner is well supported by research evidence it has gained international acceptance.

Qualitative data was gathered by clients making comments on the Likert scale forms during the therapeutic relationship fig.1, and also by therapist observations of engagement during the therapeutic relationship. The original intent was to measure the AAT scale in comparison to the SRS scale and identify any patterns, but the SRS information was not able to be included into this project because of a lack of ethical approval. The therapist researchers' observation of patterns of engagement and mood were included more for anecdotal evidence and to stimulate future research avenues. Clients scoring lower on the ORS scale often scored lower on the AAT

scale than they had on other days, the correlation between their presenting mood and their reflection on the session in regard to efficacy of AAT is a potential for further investigation. In designing this project, I struggled to find relevant research to examine this as a theory, and while there is a growing interest in AAT research there are still some opportunities to measure meaningful data.

Ethics

Hapainga nga kuapapa tikanga, nā reira te matatika mō te tiaki.

The Ethics Committee approval process significantly changed the project, and while Outcome Review forms and Session Review forms were captured for all clients of the service over the time of the research as per instruction of the employer service, that information was not permitted to be included in this project. Anecdotal evidence alongside of this was however of benefit to my understanding of both the process and the experience of the young people who utilised the therapy component of our service. I was able to note that clients who arrived to the therapy session with an overall low mood were more likely to score the AAT scale lower. Clients who scored lower on the third (social) scale of the ORS also seemed more likely to wait for the dog to engage with them, and often showed increased pleasure in the interaction with the dog compared to other sessions when they reported higher on the ORS at the start of session.

Trialling

Forms were trialled and adapted over the duration of the design process to make them more readable by being more explicit e.g. The dog did or didn't help me feel safe today.

Trials were conducted informally with older clients and willing colleagues who gave verbal feedback. The trail forms were submitted to staff via email and at staff meetings, left in the shared lunch room with an invitation to comment.

Māori Consultation

As this is whanau based research process, I have also had continuous review form those within the wider Kai Tahu whanau and therapeutic community to assist the safety and relevance of this project. I am a Kai Tahu woman, a clinician and a researcher. My research is conducted in Te Waipounamu and includes participants of Maori, Tauiwi and international backgrounds.

Māori practices including oriori, karakia, mōteatea, waiata and tauparapara are supported by psychotherapy and other talk therapies by recognition of the importance of the spoken word in supporting, protecting, informing and healing within Māori society.
The code of ethics is the lens, the filter and the garden in which our practice can safely flourish and grow. There five principal spaces within which ethical issues are considered. Autonomy: Beneficence: Non-maleficence: Justice and Interdependence. And three core values which underpin the application of those spaces, respect, integrity and trust.

My personal value set encompasses Ngai Tahu values, thereby making my practice inherently bicultural, the values of my whanau and hapu, the values of those I work for and with, and are reflected in the values of the New Zealand Association of Psychotherapists.

I am guided by the following values, and have included them in a Ngai Tahu framework which both positions the project within the takiwa of Ngai Tahu and upholds manawhenua values as foundational to the project, and the research design. The values of Rangatirataka, Whanaungataka, Tohukataka, and Kaikokiritaka are explained briefly herewith.

Rangatiratanga is evidence of upholding the *mana* (authority, influence and power) of self and others. It is reflected in the psychotherapy value of Autonomy: respect for the client's and the therapist's right to be self-governing.

Whanaungatanga Tauutuutu Interdependence: respect, foster and maintain important relationships a commitment to maintain relationships of reciprocity and respect with all living beings including, the natural environment.

Kaitiakitanga, Kaua e nanakia Non-maleficence demonstrates our commitment to avoid harm to clients, to work actively to protect the people, environment, knowledge, culture, language and resources now and for future generations.

Tohungatanga Atawhaitanga Beneficence demonstrates our commitment to act in the best interests of the client, their *whanau* and the community. It is a commitment to pursue knowledge and ideas that will strengthen and grow individuals and our community, with awareness of power and privilege.

Manutioriori/Kaikokiri encourage imaginative and creativity that will respect the old and nurture the new.

Manaakitanga creates an environment of respect: to clients, to colleagues and *Iwi katoa*, encompassed in this is self-care. Self-care is a foundation principle that I have to model to be effective, I am encouraging clients to respect and respond to their own care needs and therefore I must model what I ask of them otherwise it is destined to fail.

Hapainga te tiriti o Waitangi Justice: a commitment to the fair and equitable treatment of clients under the Treaty of *Waitangi* to *Tangata Whenua, Pakeha*, and *Tauiwi*. Lifting up the Treaty in its essence of inclusion, so that it is reflected in the practices of all psychotherapists in *Aotearoa*.

The Learning Agreement was shared with the Kaitohutohu of Otago Polytechnic for their input, wisdoms and direction. The Office of the Kaitohutohu supported this

application for Ethics approval as of the 5th of May 2017 (refer also to the Ethics document Appendix 4).

Delivery

Consent and selection

The researcher maintains that all clients to the service must be considered vulnerable therefore all participants must be considered vulnerable. Some of the participants in this study were under 18, our service is directed at people aged between 10-24 years with mild to moderate anxiety and/or depression, alcohol and other drug issues.

Informed consent of both the young person and the parent or legal guardian was obtained before carrying out research involving children under 16 years. With the client's permission informed the parent or guardian for all participants living in the care of an adult.

The criterion for acceptance to the project was 14-24-year-old participants who were able to opt in to the research project after the acceptance of a counselling referral for service of Waipuna St John of God, Health and Wellbeing Team. The decision was made to exclude young people under 14 years due to their inability to fully understand the consent process. 14-16 years olds participants were required to have parent or guardian consent to participate, and all those living in the care of an adult were encouraged to have parental or guardian consent.

After acceptance of the counselling referral, clients were contacted, informed of any wait-list times and offered an appointment as one became available. At this point clients were informed about the research project, asked if they had any exclusions e.g. allergies, fear of dogs etc. They were then sent out the Information For

Participants pack, and given the opportunity to look over it and ask questions in the weeks leading up to their first appointment.

Clients were fully informed about the research and invited to participate.
There were no penalties for declining or withdrawing at any time. Therapy was not withdrawn if the client chose not to include AAT in the delivery of their therapy, or withdraw their participation in the study.
Clients were explicitly offered therapy times both with and without the dog

Adolescents were chosen as the main participants in this research project because that was the population the clinician researcher worked the most with. Adolescents may be seen as at increased risk of not engaging therapeutically due to the prevalence of many psychological difficulties, such as depression, conduct problems, and substance abuse that are observed in adolescence. Adolescents are also viewed as a challenging population to work with for mental health practitioners. Establishing a therapeutic connection or rapport between the adolescent client and their therapist is often described as a difficult process, and problems with compliance and retention in treatment are significant issues. (Garcia 2002)
Animal assisted therapy implies a success rate of engagement as children and young people often hold animals as accessible attachment object, and they hold special appeal for many clients regardless of age. Animals are often seen as companions and play roles of comfort, security and may be catalysts for connection between humans increasing interpersonal interaction. All of these ideas and more build a picture of the attraction in employing AAT alongside more conventional psychotherapies with adolescent populations.

Participation

21 Participants engaged in 124 recorded sessions.
There were no young people who withdrew from the research component once they started, and only one young person who wanted therapy without the dog, therefore

excluding themselves from the research by design. More than half of my clients over the intake period elected to engage in the research, I did not investigate those who chose not to participate. Existing clients were actively engaged in the design process, but excluded from participating because I wondered if they already had an attachment to both the dog, myself and the research project that this might skew the results. They were however invaluable in the design process, and I am forever grateful for their generosity in both developing in part the questions, and sharing their opinions

The client participants experience on each engagement /session included

1. Arriving on site at Waipuna, being greeted by the receptionist and given an ORS form to complete.
2. Meeting the dog and therapist in reception and walking together to the therapy room
3. Engaging in therapy, not necessarily staying in the therapy room for the entire session, walking outside etc.
4. Conclusion of the session, usually 50 minutes, the clients were given an AAT and SRS form in a folder with a pen
5. The dog and therapist leave the room
6. The clients stay and complete their paperwork, take it out to reception in the folder & confirm their next appointment before they leave.

Data Analysis

The AAT scale based on the four measures (Paying Attention, Safety, Anxiety, and Overall) which are rated on a linear scale of 1 to 10 by the participants.

The research of 21 participants over 124 sessions produced a complex and rich data set for investigation. It is critical to understand the data grouping to avoid making generalised conclusions where there existed a number of groupings.

Individual participants were voluntary therapy clients participating in individual counselling sessions. Group participants were all male mandated therapy clients participating in an alcohol and other drug education and therapy group.

Group participants scored the lowest overall, interestingly the individual male participants scored higher than their female counterparts. The trend across the board was that participants scored higher over time, and this was more noticeable in the group scores. Paying attention as a measure scored the lowest of the measures but also did not negatively impact on the overall experience.

Individual and group client's responses were calculated. Of note, group participants were all male clients, individual clients were both male and female. Male and female responses were also examined session by session vs final session.

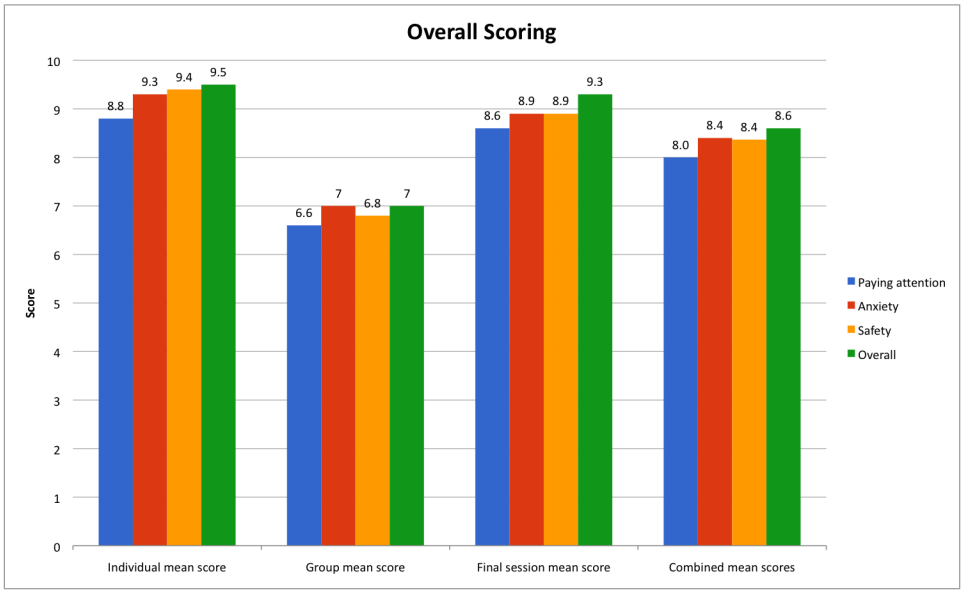


Figure 13: Overall Scoring

Demographics

Of the 7 female and 14 male participants in the study who completed 124 sessions of Animal Assisted Therapy recorded in this project there were 10 individual therapy participants and 11 Group therapy participants.

The average number of sessions for group participants (45%) was four, and an average of six (58%) for individual participants.

Of the four measures, they scored overall from highest to lowest on average

- Overall
- Safety
- Anxiety
- Paying Attention

The lowest overall scoring of the AAT Scale occurred in males group, this is also the hardest environment to ensure forms were filled out in private. Due to the nature of the group, they were often filled out in the presence of others. I am unsure if that impacted the scores. The group participants were also all male, completing a mandated Alcohol and Drug programme, and had active engagement with the Department of Corrections

Males score higher across all categories compared to females when participating in individual sessions.

When participating in group sessions, males score significantly lower across all categories compared with both females and males in the individual sessions.

This is particularly true in regard to “Paying Attention” however the score for this improves dramatically over time.

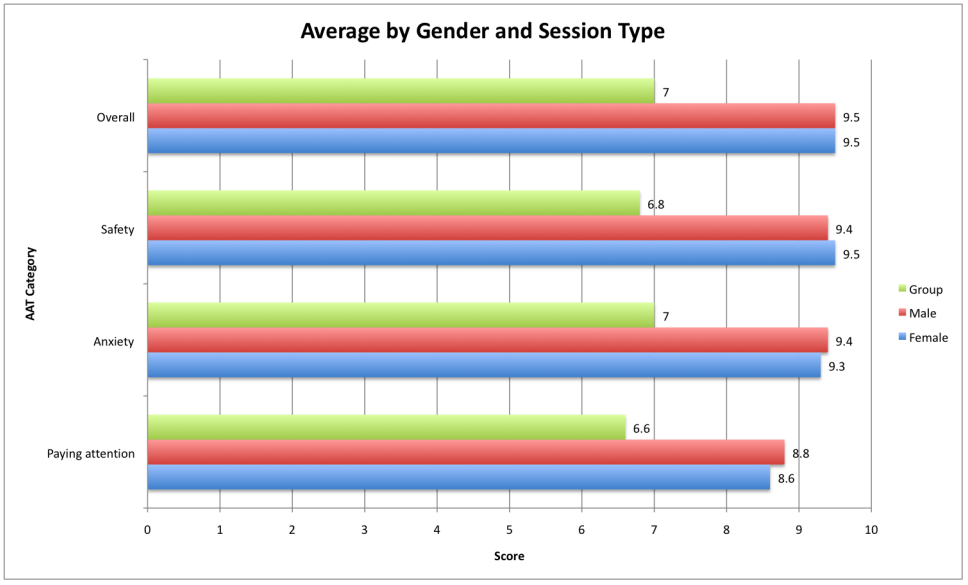


Figure 14: Average by Gender and Session Type

The data shows that there is a trend for an increase across the board from the first session to the fifth session, implying that engagement has a positive effect on clients' perceptions.

Higher scores all round in individual sessions but are also less progressive.

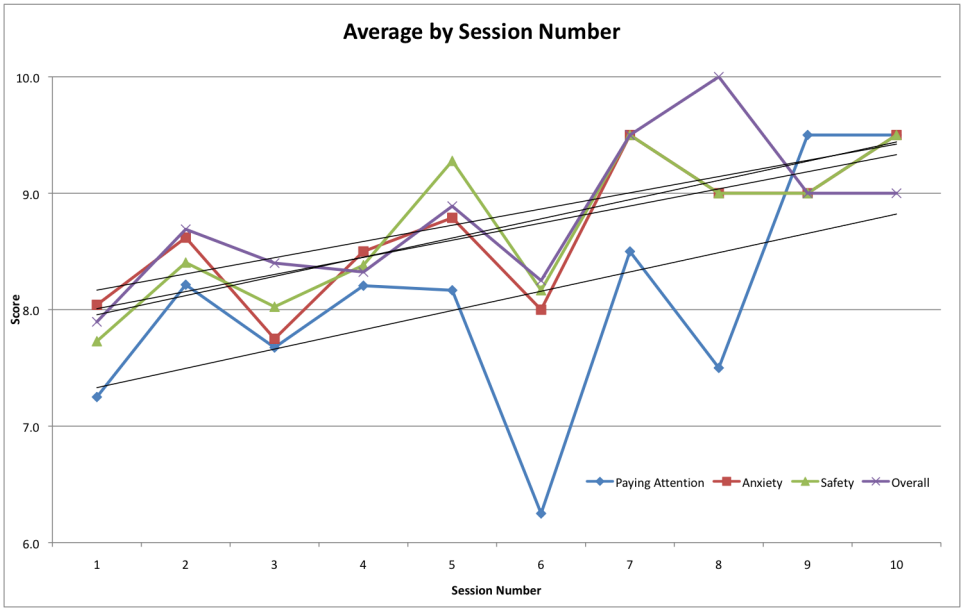


Figure 15: Average scores by number of sessions

Participant Types

From the 21 participants on the two indices of gender (male/female) and session type (individual/group), participants only consisted of three types; female individual, male individual, male group.

Matrix sum of participants of session type and gender (n=21)

	Individual	Group
Female	7	0
Male	3	11

Mean female individual therapy responses v. final responses (n=7)

	Paying Attention	Anxiety	Safety	Overall
Therapy sessions	8.6	9.3	9.5	9.5
Final session	8.9	9.3	9.9	9.6

Mean male individual therapy responses v. final responses (n=3)

	Paying Attention	Anxiety	Safety	Overall
Therapy sessions	8.8	9.4	9.4	9.5
Final session	10.0	10.0	10.0	10.0

Mean male group therapy responses v. final responses (n=11)

	Paying Attention	Anxiety	Safety	Overall
Therapy sessions	6.6	8.0	6.8	7.0
Final sessions	8.0	8.4	8.7	8.9

Mean difference between the four measures of therapy sessions and final session:

	Mean therapy session	Mean final session	Delta
Female Individual	9.23	9.43	+0.20
Male Individual	9.27	10.0	+0.73
Male Group	6.85	8.5	+1.65

The group participants (which were only male) had lower scores on all attributes to individuals. With individuals the therapy sessions scores were similar. Male participants registered greater improvement during AAT, with individuals all providing maximum scoring and the group participants the greatest increase in AAT scoring (+1.65).

There is no clear explanation for why the male group therapy session scores are so much lower (6.85) versus the individual therapy sessions (9.25). A future topic of investigation may be able to shed light on this difference.
A possible explanation could be how people act in group, or that individual sessions enable participants with literary cognition issues to understand the questions better. Another possibility is that the male group participants were mandated as part of a ministry of justice program and may have been more negative towards therapy. However, one of the male individuals was also a ministry of justice client, his score did not differ from the other male individual participants.

While the overall responses are significantly lower for the Male Group session, there is a 1.4 increase on both paying attention and anxiety, and 1.9 on safety and overall.

Data shows a positive correlation between Anxiety and Safety (0.83), as well as between Safety and Overall (0.87) score.
The data shows the positive responses over time to all measures, and as people feel safer their overall scores improve.

There is very little correlation between Paying Attention and Overall (0.39) scores. Even though the data demonstrates that there is little correlation between Paying Attention and Overall (0.39) scores, we can see that an animal assisted therapist may not have helped with paying attention in the session, this did not poorly impact their experience overall.

The clients made forty written comments on the session by session scales and final scales as follows, they have not been edited but preserved as written.

Individual session responses

1. Good talk helped me think better about things.
2. After the cuddles (relating to anxiety scale).
3. He's really cute and makes me smile.
4. All dogs were helpful.
5. A tiny bit distracting new dog.
6. He's cute.
7. So cute.
8. Made me feel happy
9. Cutie + picked up lay down very quick.
10. (Dog) is very cute.
11. Wina (Winner).
12. She made me happier.
13. Good talk helped me think better about things.
14. After the cuddles (relating to anxiety scale).
15. He's really cute and makes me smile.

Group session Responses

1. It was very interesting and I appreciate. Different outlook of how to approach things :)
2. Bring them all at once.

3. Bring all the dogs in at once!
4. Definitely helped my anxiety
5. I love them, keep bringing the dog

Final session responses - Individual and Group clients combined

1. (DOG) is calming for me
2. (DOG) is cute, I am thinking for myself more, I can work more stuff out
3. (DOG) is great in group
4. (DOG) is smart as
5. (DOG) makes it easier for some of the boys to relax in group and get in touch with their feelings, just open up with the chill little dude
6. (DOG) should just always come he helps
7. (DOG) was reliable and helpful, I love him in the room, should have them everywhere in counselling. Kiritapu & (DOG) really kind and caring
8. Always bring him (DOG)
9. Boys in our family don't really talk feelings stuff, don't really talk like this the dog made it easier I learnt some social coping things
10. Cool dog, I like him in group
11. I am great with (DOG) he likes me, he makes counselling better
12. I don't mind either way
13. I found ways to speak up for myself (DOG) was calming
14. I have learnt stuff about myself and having (DOG) made it much easier to talk, I felt better when (DOG) was around
15. Increased my confidence, decreased my anxiety, (DOG) was always there when I needed him, I was more able to deal with and talk about anxiety and depression including my suicide stuff
16. It Is easier in counselling with (DOG)
17. the best part is (DOG) he is always happy to see me, loves me no matter what
18. The dog is a dude, he makes me smile
19. This little dude (DOG) knows his boundaries, I am learning mine too
20. you should take him (DOG) every day (to work)

Survey Monkey

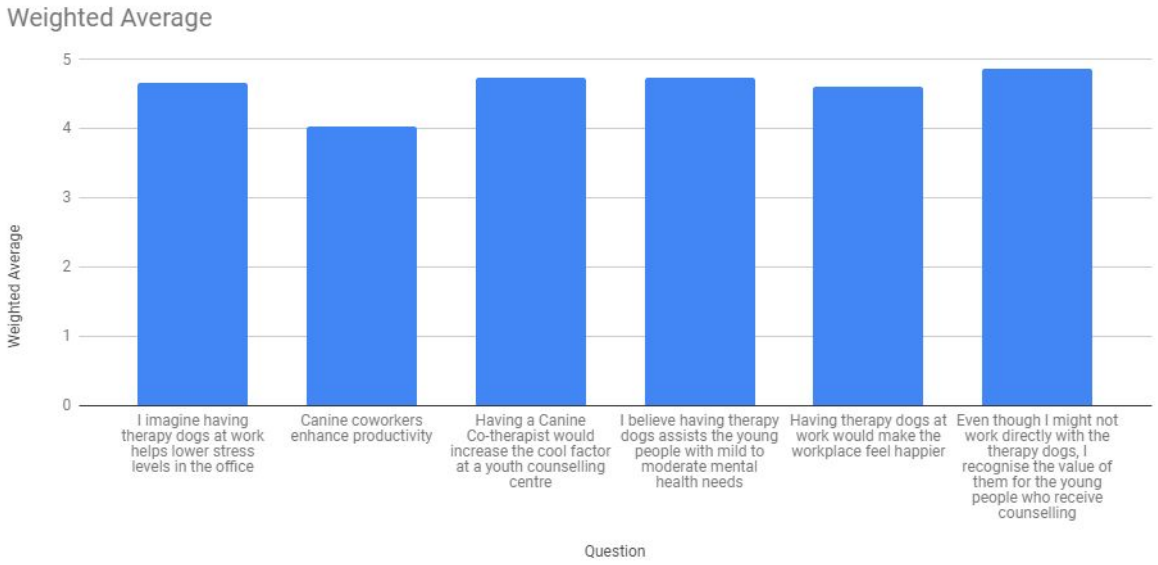
All of the following graphs and data are directly from Survey Monkey.
The survey Monkey data was anonymous, but aimed at professionals a wider Whanui and not directly shared with clients
Six of the questions were rated from 1 (Disagree) 2 (Disagree Somewhat) 3 (Neutral) 4 (Agree Somewhat) 5 (Agree)

7. I imagine having therapy dogs at work helps lower stress levels in the office
8. Canine co-workers enhance productivity
9. Having a Canine Co-therapist would increase the cool factor at a youth counselling centre
10. I believe having therapy dogs assists the young people with mild to moderate mental health needs
11. Having therapy dogs at work would make the workplace feel happier
12. Even though I might not work directly with the therapy dogs, I recognise the value of them for the young people who receive counselling

NB. One question was a Yes, No Neutral
Question I would use or take a young person to a therapist who had a therapy dog in their practice
All Other Choices

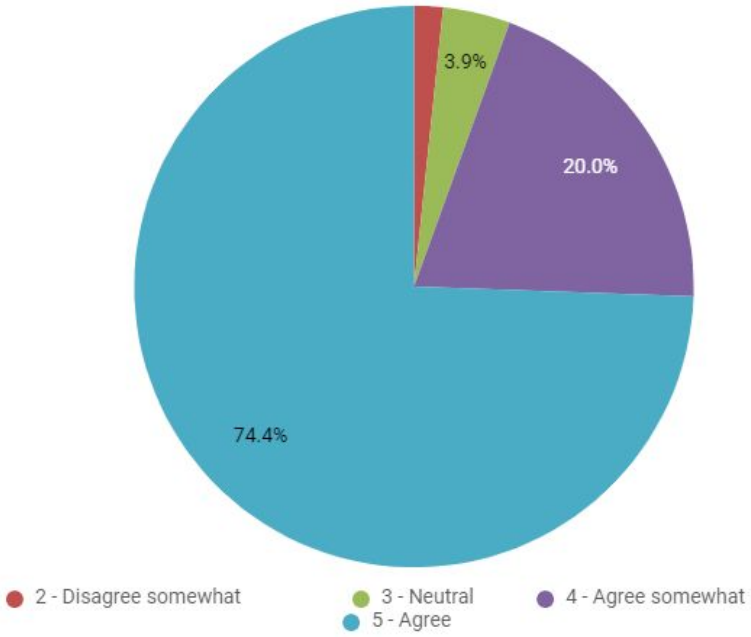
- Neutral I wouldn't care with or without the dog
- Yes, I would prefer it
- No to the dog

The last was a space to add comments, of which 55 were recorded, 7 responses were simply “no” with the remainder unanswered

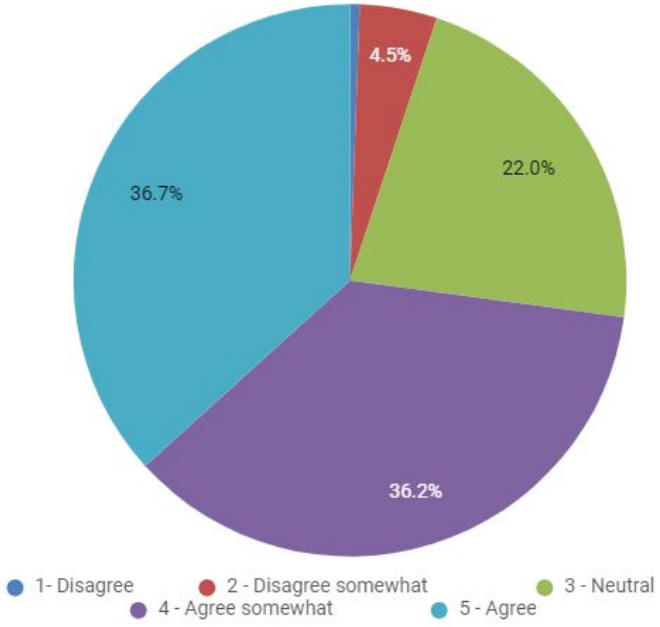


Feedback

I imagine having therapy dogs at work helps lower stress levels in the office 180 responses

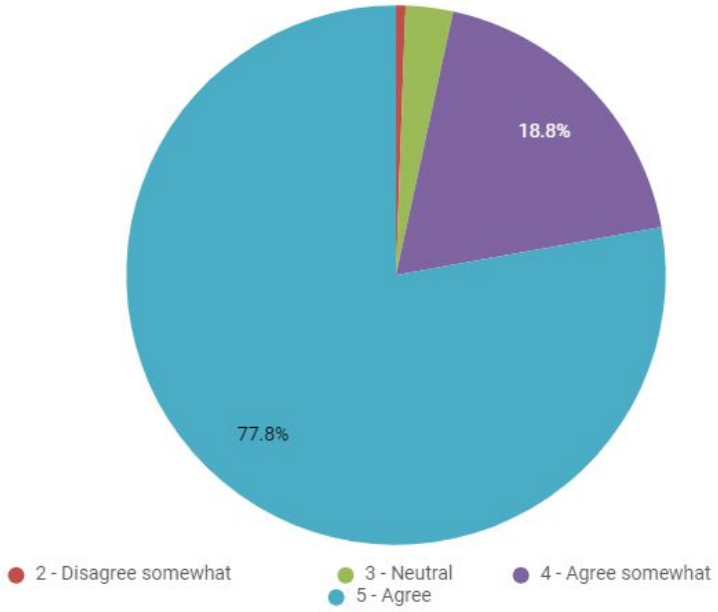


Canine Co-workers enhance productivity 177 Answers 3 skipped



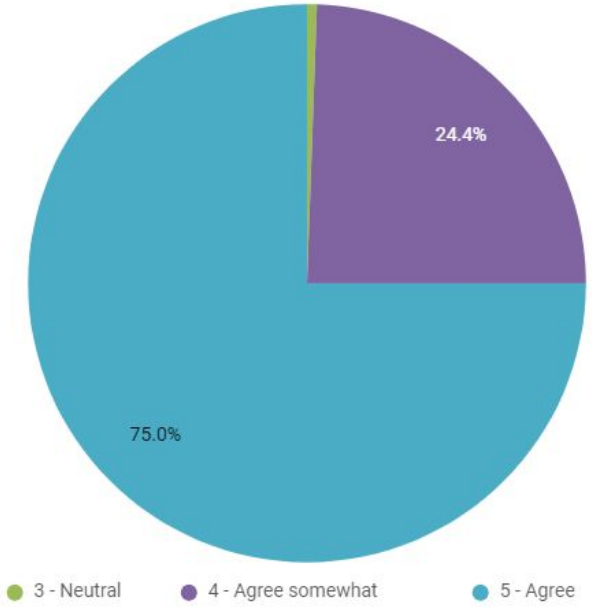
Having a Canine Co-therapist would increase the cool factor at a youth counselling centre

176 Answered 4 skipped



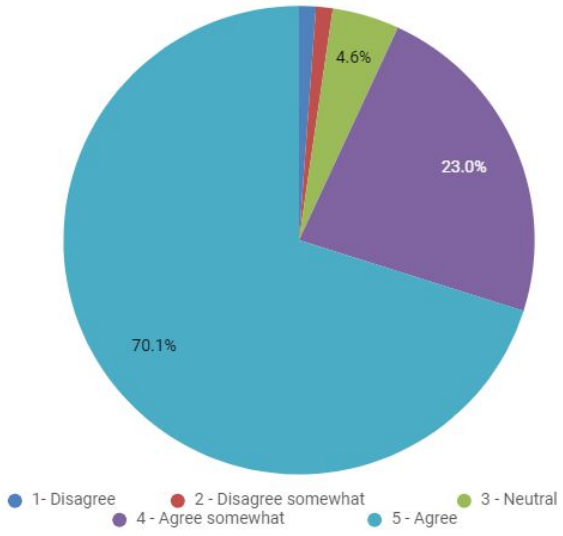
I believe having therapy dogs assists the young people with mild to moderate mental health needs

176 Answered 4 Skipped



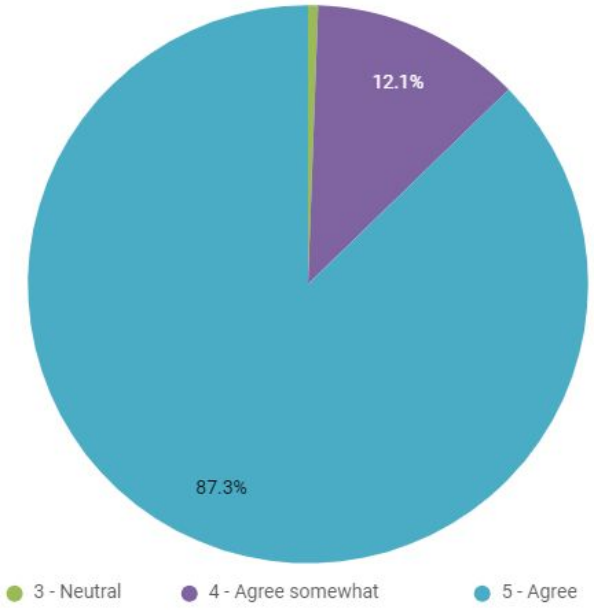
Having therapy dogs at work would make the workplace feel happier

174 Answered 6 Skipped

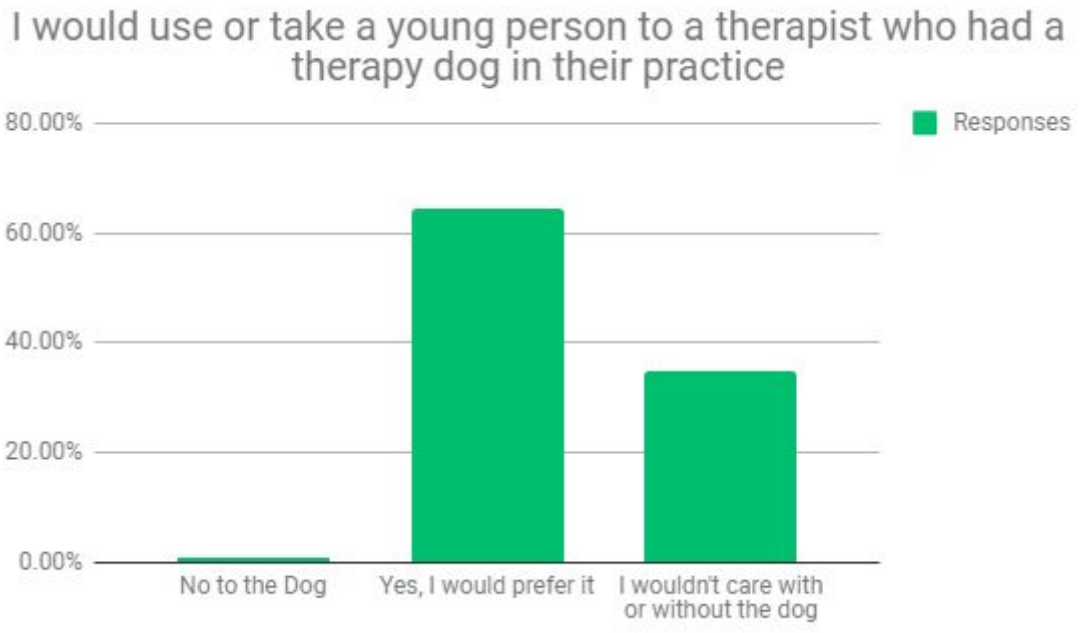


Even though I might not work directly with the therapy dogs, I recognise the value of them for the young people who receive counselling

173 Answered 7 Skipped



I would use or take a young person to a therapist who had a therapy dog in their practice - question was answered by 172 and skipped by 8



1 No to the dog

8 Didn't answer question

60 I wouldn't care with or without the dog

111 Yes, I would prefer it

A small Selection of the comments made on Survey Monkey

I feel it is a good survey you are doing. I am not a dog lover,yet i don't disagree with some of the question.For dog lovers be great.I couldn't think of anything worse than being in therapy or an office with a dog
I am a believer in an animal's awareness of a person's mental state/mood and also believe that they can help comfort/support a person in need. Although I do prefer cats
As long as the therapist knows how to use the dog well and to withdraw it when not appropriate . Don't forget the engagement skills.A dog will not make a terrible therapist good !
Kia kaha
We use a dog in class in school. It has a seriously positive effect on all the kids especially those who struggle to emotionally regulate.
Have had dogs in the workplace. One as a therapy dog was amazing with some clients especially youth. The other came to the office for short periods each day and staff felt a strong connection to him.

Barrier and Celebrations

Kei whea te mea e uaratia e taku kuru-pounamu?

Outputs from my study

I originally imagined that the data from the literature studied alongside the questionnaires completed in the study would be the mainstay of the outputs of the project, ultimately informing the therapeutic work I do. The unexpected outcomes include my developing interest in future research and study, primarily relating to engagement with client groups who therapists have often struggled to engage including adolescents, mandated clients and community based AOD clients. The process included clarifying what the purpose of the project was, the creation of this document, and what it has shown me about the dog, the clients and my work.

I may have had the journey mapped out, but unexpected learning invites a different path moving forward.

While conducting my research I was able to achieve the following:

- Captured therapeutic moments of AAT
- Measured clients responses to the dog
- Identified patterns of engagement throughout the therapeutic relationship that may be impacted by the presence of the therapy dog that warrant further research

Anecdotally there appears to be some correlation between a lower mood of the client on arrival with a lower score on the AAT scale at the end of session. This is curious because it is in contrast to an often increased display physical affection and attention toward the dog in session. This surprised me and is something that I still don't quite understand and would like to research further.

Practice implications for me are that I am more mindful and explicit about my partnership with the dog in therapy. I have a keener awareness of when he is not engaging, when he is wanting a higher stimulating environment, when he is bored,

hungry, tired or just unhappy. I believe I am a better co-therapist to the dog because of the process of examining him and my relationship to him in this piece of work.

Clinical supervision ensured my attention remained focussed on the client and their psychodynamic needs. Dissemination of research findings is an important part of the research process, passing on the benefits to other researchers, professional practitioners and the wider community.
The results of this research will be made available to research participants and the wider Waipuna community via a physical copy. The research may also be shared with colleagues for whom this may be of interest, including other psychotherapists and counsellors.

A physical copy of the research will also be available on site at Waipuna. The study may also be published via Waipuna St John of God, Otago Polytechnic or another professional or academic body.

Reflection
Some of the moments of personal change occurred during conversations about the research in action and what that meant to me both as a researcher and as a therapist. Focussing on the dog in the therapeutic engagement allowed some perception of invisibility or reduced exposure while I was working on understanding the rigours of the design and action of the academic research process. In developing the research survey questions, I have struggled the most with including vulnerable populations, which I believe is the primary category of the majority of my clients. I was surprised at the value the client participants reported in my opening a space for them to reflect and share their experiences of animal assisted therapy and heartened by their robust encouragement of further research. Ensuring that the therapeutic needs of the clients took priority over the research process was ultimately important to me, alongside creating a sound research project that could benefit other young people in the future. My ability to ask the right questions to draw out deeper and more meaningful responses, and to guide those responses into the authoring of the

research project itself is developing. A key learning for me has been around constructing powerful questions, this is a powerful insight for a clinician who is skilled at asking questions and a significant gain in my practice.

During the process, I often found myself in a dual role with my professional goals and responsibilities. Although my whanau based action research project focused on my work as a researcher, increasing my knowledge base of Animal Assisted Therapy, this has improved my functioning as a clinician as well. The world is starting to feel like a bigger place, and the research questions are starting to get smaller. I realise that this is a basic construct for an academic, but for someone who is new to research it is a series of epiphanies. Measuring engagement with the dog rather than with myself has raised internal questions of Object Relations Theory, and allowed me to explore my own functioning as human, a clinician and a researcher. Object Relations Theory is a theory of relationships between people, in particular within a family and especially between the mother and her child. A basic tenet is that we are driven to form relationships with others and that failure to form successful early relationships leads to later problems. Further academic pursuits are likely to explore the multifaceted psychodynamic model I have developed as a clinician with particular interest in successful engagement, cultural appropriateness and animal assisted therapy.

Photo by Alicia Jones on Unsplash

Challenges and growth points

Wrestling with two strong ethical forces “that which protects young people from any form of exploitation” and “that which seeks to reflect and improve on the work that supports young people”

The Ethics committee did not allow the ORS and SRS data to be included in the research, even though the participants in the research were filling out the SRS and ORS forms at every session, alongside the developed AAT forms. Measuring the difference between responses to the therapist via the SRS form, and responses to

the dog via the AAT form, was a key part of my initial query on who makes what difference?

Delighting in the design stage of the research and the robust engagement of the young people in the design, their absolute enthusiasm to be involved as much as possible, their generosity at developing and testing the AAT scale and their ongoing interest in supporting the research.

Kupuhou

Aroha Compassion, affection

Ara Pathway, route

Atawhaitanga Compassion

Awhi Help, support

Hapū Subtribe

Haramai Welcome

Huarahi Journey

Hui Gathering, meeting

Iwi Tribe

Kaha Courage

Kaikokiritanga champion

Kaumātua, Kuia Elderly

Kaupapa Purpose, aim, reason

Kaupapa Māori Māori paradigm, ideology

Kōrero Discussion, talk

Manaakitanga Hospitality

Maara Kai Garden

Mahi Work

Mana Strength, status, power

Manutioriori - Songbird

Marae Traditional Māori gathering place

Marae Noho A gathering (on marae)

Matatika - Ethics

Mauria To carry

Mihimihi Greetings

Mirimiri Massage, to rub, soothe

Mōhiotanga A sense of knowing

Pono Honesty, truth ,

Poua/Koro Grandfather

Rangatahi/Taiohi Adolescent

Rangatiratanga Self-determination, autonomy

Rongoā Traditional healing medicines

Taitamariki, Tamariki Children

Takune - intent

Tangaroa God of the sea

Tangata, tāngata Person, people

Tapu i te Tāngata The sacredness of people

Tauiwi - non Maori

Tautoko Support

Tauutuutu Reciprocity

Te Aho Matua The philosophy of Kura Kaupapa Māori

Te Ao Māori The Māori world

Te Reo Māori Māori language

Tiaki, Care

Tika Moral, correct, right

Tikanga Customary rituals

Tohunga - Specialist

Toua/Taua - Grandmother

Tuakana/Tēina Older, younger – more, less experienced

Wānanga Learning event

Whakaaro Māori Māori thinking

Whakamomori Suicide

Whakapapa Genealogy

Whānau Family

Whanaunga Blood relation

Whanaungatanga Relationships, kinship, sense of family

Whānau Ora Family wellbeing, wellness

Whenua Land

Appendices

1. AAT Scales used in Project
2. Survey Monkey Comments
3. Digby's Book
4. Ethics Document
5. Information about Waipuna St John of God

Appendix One AAT Scales used in Project

Digby's Scale Session by Session

Help us understand how you have felt with Digby in session today by rating how you feel in the following areas, where marks to the left represent low levels and marks to the right indicate high levels.

Paying attention

(I felt Digby helped me focus in therapy today)

I----------I

Anxiety

(I felt Digby helped me feel less anxious in therapy today)

I----------I

Safety

(Digby helped me feel safe in therapy today)

I----------I

Overall

(I felt that Digby helped me in therapy today)

I----------I

Digby’s Scale Final

Help us understand how you have felt with Digby in your therapy at Waipuna by rating how you feel in the following areas, where marks to the left represent low levels and marks to the right indicate high levels.

Paying attention

(I felt Digby helped me focus in therapy)

|----------|

Anxiety

(I felt Digby helped me feel less anxious in therapy)

|----------|

Safety

(Digby helped me feel safe in therapy)

|----------|

Overall

(I felt that Digby helped me in therapy)

|----------|

Appendix 2

Survey Monkey Comments are included here as written

I think this would work well for individuals who of course do not have a fear/dislike of dogs. Not everyone is a dog lover but I do believe there is a place for animals in therapy x
hope this helps
The only concern I would have is in regards to dogs showing normal protective behaviours if a young person was to lash out at the dog owner. Might this pose a safety risk?
I have my own therapy dog for anxiety and stress while driving in Auckland traffic, and she has changed my life enormously, I would never be without her after having one. This should be an option to so many others, she makes my world a better place to live in
Good luck
Dogs at work are awesome all round I agree having taken mine for four years but I have to admit he was somewhat of a time waster as I played with him quite a bit teeheehee (didn’t bother me none tho)
GOOOOO POOCHES!
Animals are better than humans at unconditional love..they don't see colour ,beliefs,money etc..just love and kindness?? Something our world needs so much more
Good luck with studies shared

I found the survey very limited as I kept thinking about people who are afraid of dogs. It may or may not be a way to overcome their fear or open up a conversation, however as it was a complete unknown I had to answer "agree somewhat" in many cases.
Allergies
Dogs make a work place and a therapy place nicer and more comfortable. People relax more with animals, it's a no brainer.
It would depend on the Dog and the person, Some fear animals, especially Dogs. I personally would love to see this happen.
I'm not a dog person and personally wouldn't like to be around one in the workplace all day. That said, I see the benefit in dogs as a youth counselling tool. I guess it depends on the dog and person as to whether I'd take/recommend.
I imagine there aren't a lot of therapy dogs trained and ready but they wld be a real help if available. If not dogs than cats or other strokable animals. Even calming fish in a tank. Some people are afraid or uncomfortable with dogs.
cool survey keep up the awesome work ????
Having therapy dogs (or any animal) is a great way to get people to engage - takes them out of themselves - opens hearts - heals wounds
No but a dog changes many ppl lives
We have dogs at our workplace and it has a discernible, positive impact on the whole team
Had been considering this for my son.
Dogs ate calming
In my workplace we have dogs come in often. They are fantastic in creating a happier workplace.

I believe that having a cute happy puppy in some workplaces definitely puts a smile on their faces. Almost like having a child, unconditional love from a dog, makes you feel gooiest inside, best friend for life!!!!!
At the practise I take my son there are sessions where they bring in several therapy dogs once every few weeks and the young Adults can just come and hang out and chat.
Therapy dogs are great!
Very relaxing and a surprise to see an animal. If your feeling uptight it’s a good distraction
Great idea often kids will talk to a dog.
Animals are calming makes sense to include them in workplace and therapy.
I've seen how "working/therapy" dogs have greatly improved the health and wellbeing of patients in hospice and other health settings. It makes sense that the use in therapy with rangatahi would create a safe and balanced energy space.
I like this idea, as having 2 dogs myself the calm n ease you. I have been dealing with ANXIETY etc n find my dogs good to be around when things feel up shit creek. They give unconditional love n I think having them with kids would be awesome. Help with a lot. I also think there needs to be more for our youth in mental health it's not good. I know of instance where my 15 yr old kuzie trying to kill himself lashing out, been taking in by police after they tarzered him. Watch 4 couple hrs sent home 3x. They put him on medz I myself have at 38. He not getting any better n still there is nothing. No wonder our youth suicide so high. There is nothing even when your asking.. sorry rant just maybe u could do something.. don't know if u reading this but I hope u can
Fabulous idea
Very supportive. Animals can elicit responses that people cannot. Good luck.

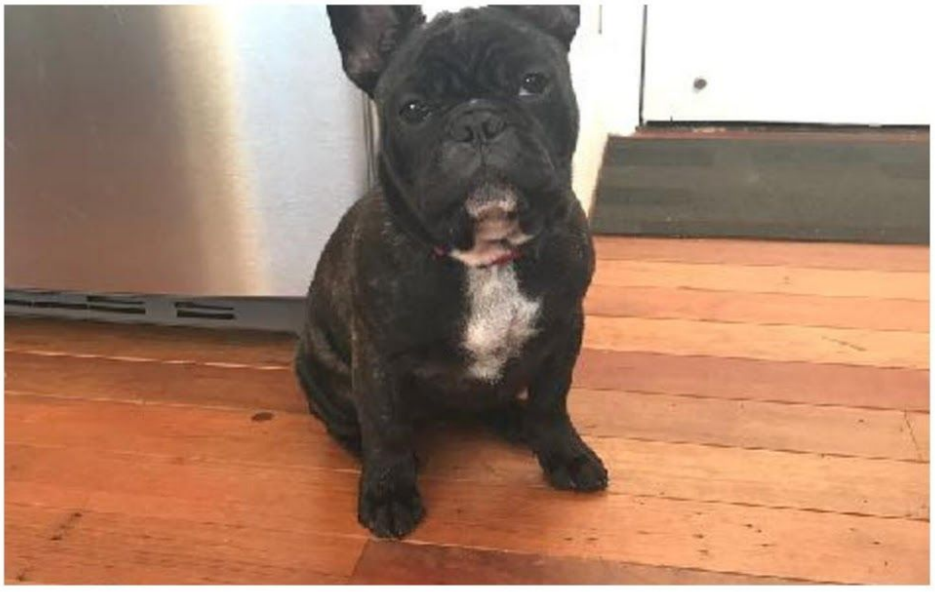
A lot depends on the situation and person needing therapy as to whether a dog would be helpful or not.
Goodluck
I trust dogs more than I trust most humans, I'd take a puppy over medication any day.
Good survey with clear questions. So long as the dogs felt safe then the young persons would feel similarly I assume
Felines are also wonderful to use. My doctors and councillors recommended and it was a lifesaver to me.
I have worked in two places where workers had their dogs on the premises. It was great if the dogs personality suited.
We regularly have our dogs at work and the positive impact is evident.
I can see the value of them but definitely only valuable to dog lovers and not everyone is I have a boss that would bring his and I didn't like it at all.
/// answered without taking I to consideration people with a fear of dogs. Assumed optional is an option within therapy. Could be distressing in a workplace for people afraid of dogs. Excluding these people, one hundred percent agree, dogs bring much happiness and a calming effect.
I feel it is a good survey you are doing.I am not a dog lover,yet i don't disagree with some of the question.For dog lovers be great.I couldn't think of anything worse than being in therapy or an office with a dog
I am a believer in an animal's awareness of a person's mental state/mood and also believe that they can help comfort/support a person in need. Although I do prefer cats

As long as the therapist knows how to use the dog well and to withdraw it when not appropriate . Don't forget the engagement skills.A dog will not make a terrible therapist good !
Kia kaha
We use a dog in class in school. It has a seriously positive effect on all the kids especially those who struggle to emotionally regulate.
Have had dogs in the workplace. One as a therapy dog was amazing with some clients especially youth. The other came to the office for short periods each day and staff felt a strong connection to him.
If it helps why not, I don't know everything and yet to meet the being that does
I am a dog lover so may be biased. I can see the effects on children so I would be happy to have a therapy dog present. Some people may not have the same affinity to animals.
I believe the young person would need to agree the therapy canine should present. Canine can make a difference in an office for workers and service users.
Great to see research being done in this area
I have seen quite a few people who were anxious or shy really feel at ease once they see and meet a animal in the situation.
Connection is the opposite of addiction! I believe sometimes it's easier to connect with an animal, helps to open up therefore connect to a therapist
Dogs have tremendous therapeutic value.
Client call

Appendix Three Digbys book

Therapy *by* Digby

French Bulldog, Co-therapist, VSF (*very smelly farts*)



1st Edition

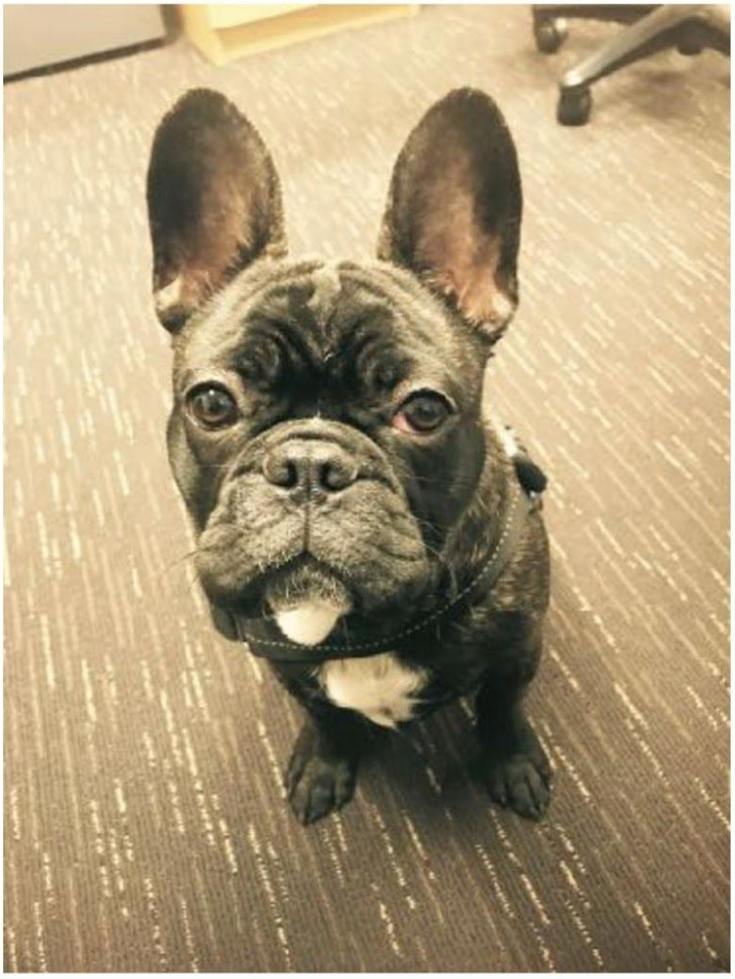
Digby's Whakapapa

Digby is a French Bulldog puppy, his birthday is 31st of October 2016.

Digby came from a big family in Dunedin, and he was just a little guy! He was a bit worried moving to Christchurch but he's ok now.

Digby's Career

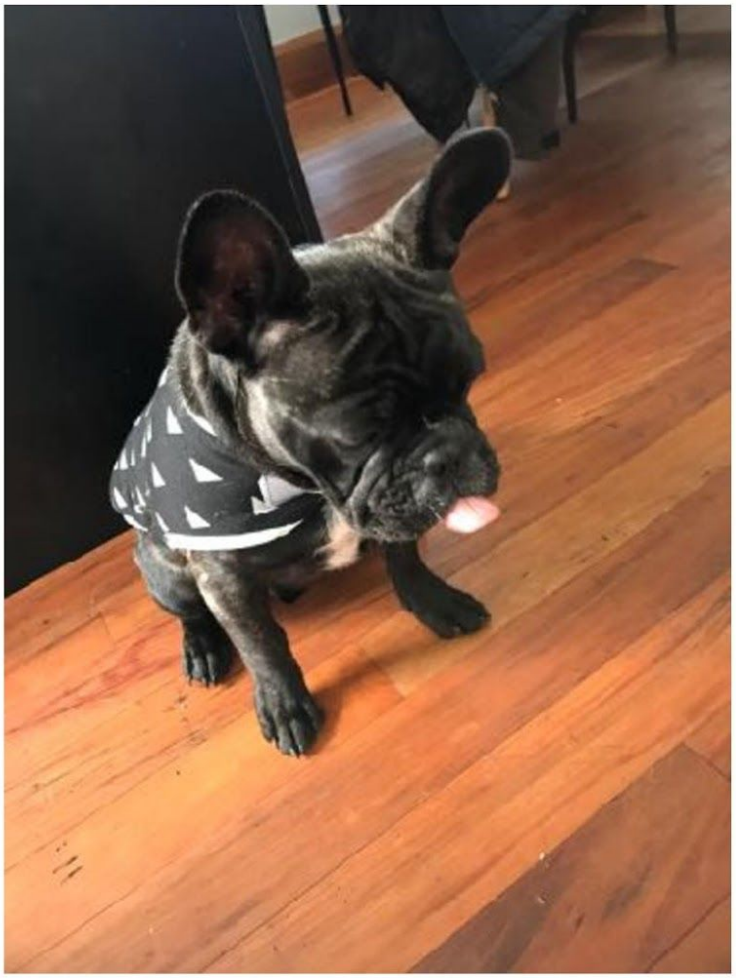
Digby started working with the Health and Wellbeing Team at Waipuna St John of God in January 2017.



He is still learning, and if he continues to be a therapist he always will be.

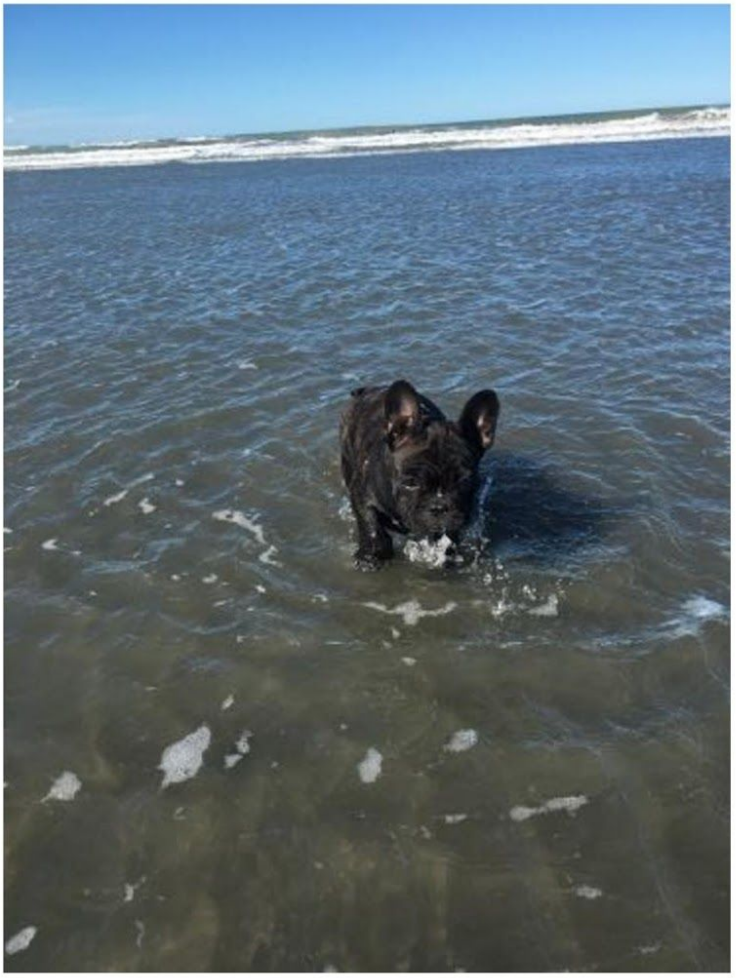
Digby sees up to eight clients a week, he also likes to visit the other teams, including the preschool.

He is still a puppy so sometimes he makes mistakes, but he is learning and everyone is very kind to him and we all help him follow the rules.



Outside of work

Digby likes to chill with his friends, loves the beach, and short walks to car.



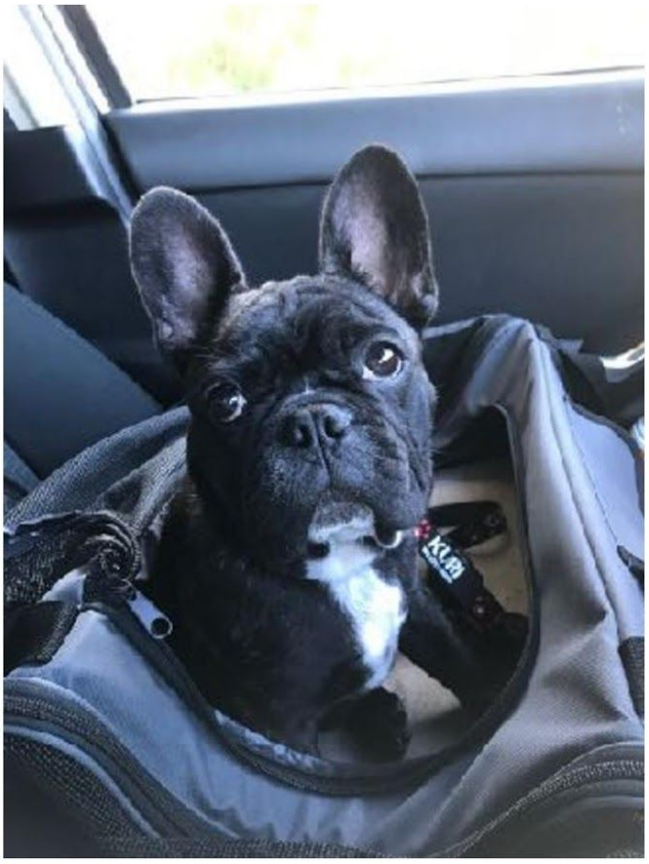
He is pretty friendly, but sometimes needs a little bit of support because he can be shy.

Sometimes he is just tired and has a nap, right in the middle of playing, sometimes he naps at work too but we hope he will stay awake!

He doesn't like yelling very much, he gets a bit frightened and it hurts his ears.

Digby loves it when people and dogs are kind and calm.

Research



Digby is part of a research project for Waipuna and Otago Polytechnic, and he would like you to help with his homework, it's not very much.

The research project is measuring if Digby is a good co-therapist, and why we would have a therapy dog.

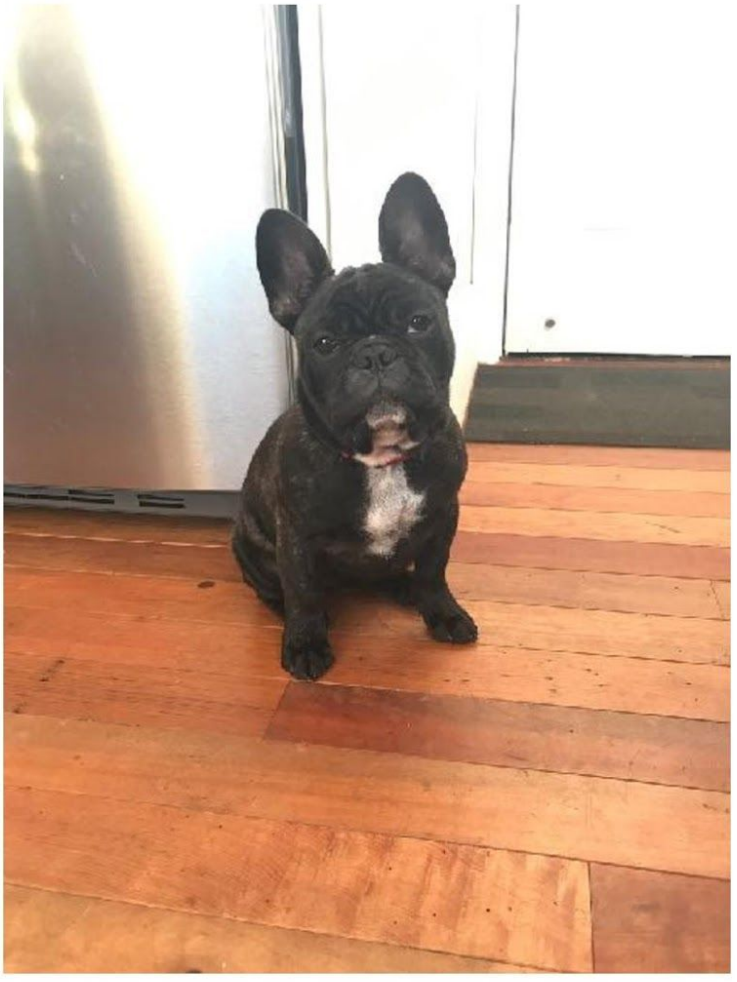
At the end of every counseling session you fill out a form with four questions.

The study might be published or used for training, but it won't have your name on it.

When you finish therapy you can tell us what worked and what didn't too

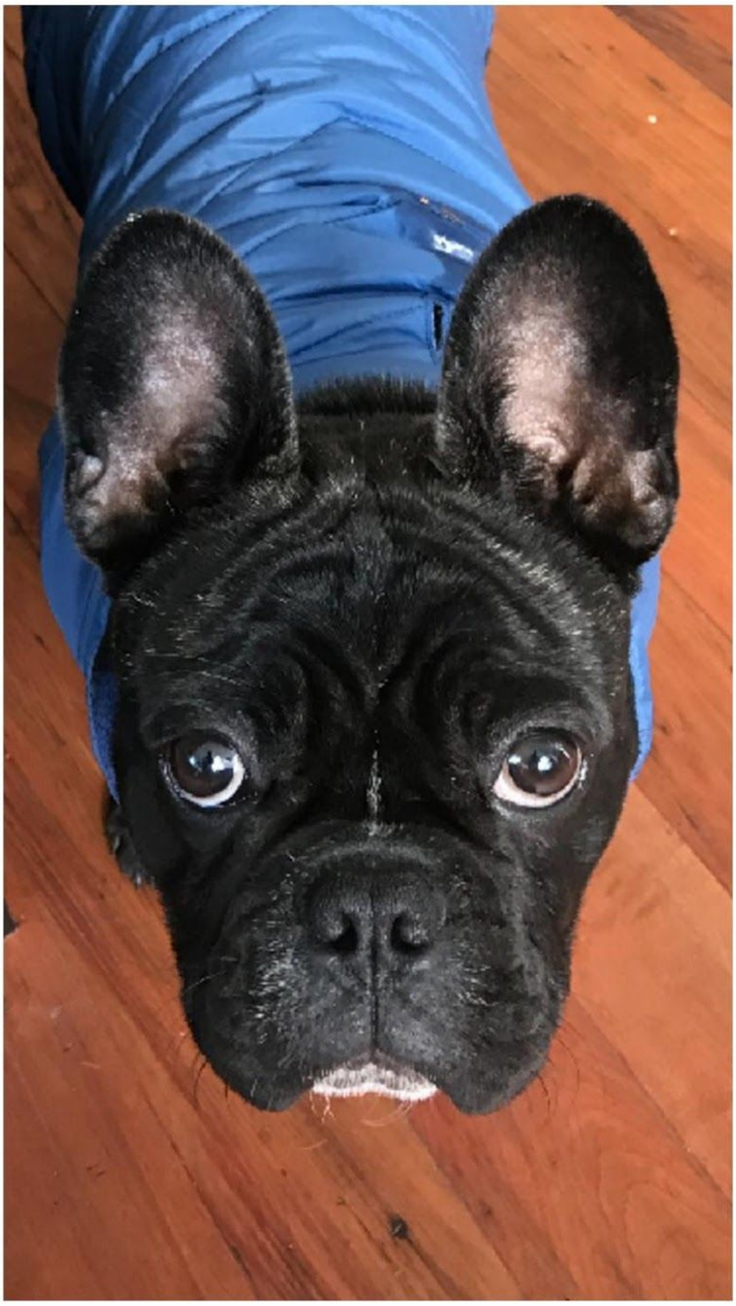
Animal Assisted Therapy

Some of the reasons people use Animal Assisted Therapy
(why we have Digby working with us)



- The presence of an animal can help stir a range of emotions which may enhance the ability to explore their emotions in therapy
- Animals can help clients feel safe and comfortable in the therapeutic setting
- Animals can "regulate the emotional climate" with their enthusiastic greetings; this can help build rapport and help clients feel more comfortable
- The relationship between the therapist and the animal can demonstrate healthy aspects of a relationship (caring, compassion, etc.)
- The presence of animals can affect the perceived environment, making it more comfortable and friendly for clients
- In the treatment of children, the presence of an animal may provide support during emotional conflict.
- Some people may find it easier to develop trust with the animal, as they perceive it to be non-judgmental, prior to trusting the therapist or clinician.

If you would like to be part of Digby's research project, or if you have any questions, please ask your whanau to talk to Kiritapu at Waipuna



Appendix Four Ethics Document

Summary of Project

Animal-Assisted Therapy (AAT) is a goal-directed therapeutic intervention in which the animal is an integral part of the treatment process. AAT at Waipuna St John of God is delivered by Kiritapu Murray, who is employed as a mental health clinician, who has training in counseling, psychodrama, family systems and several other therapeutic modalities and has been practicing for fifteen years. There is currently no AAT training available here in New Zealand.

Waipuna St John of God health and wellbeing services include talking therapy for young people with mental health, alcohol and drug issues, as well as eating awareness services. Young people can access these services either as a one-off session, or as short or long term support.

Kiritapu has utilized AAT at Waipuna since January 2017, the scales were developed based on international studies measuring similar factors, tested on colleagues and ultimately shared with clients and whanau as a collaborative research and design process ultimate creating the scales via a Kaupapa Maori process. AAT and the scales are currently in use in the service, the study is to measure the scales across clients and produce results that might assist the creation of attaining or practice model that is relevant and accessible in Aotearoa.

The end result is to increase awareness and efficacy of animal assisted therapy for the client group while ensuring clinical safety and integrity and reducing any negative impacts on both client and therapy dog.

To ensure that the implementation of AAT in my workplace is as effective and supportive as possible for the young people and whanau I work with by enhancing my own awareness of the process via client feedback and my own observations. Ultimately I would like to increase the efficacy of AAT in therapy within the wider therapeutic community, within the Waipuna St John of God community and within my own practice.
At the conclusion of this study I hope to have sufficient information to embark on the creation of best practice model of AAT within Waipuna St John of God, creating an effective feedback tool for clinicians to use when employing the assistance of therapy dog in their practice that may be used by other practitioners.

Research Questions and Objectives

The aim of this research is to examine information gathered by recording and reviewing the clients perceptions of Animal Assisted Therapy (AAT) in a community based psychotherapeutic service for young people in Christchurch, New Zealand.

We will directly measuring the client's perspective of the therapy dogs' assistive nature in the following areas
Impact on ability to pay attention in counseling (Participation)
Impact on ability to feel safe in counseling (Engagement)
Impact on the ability to manage anxiety in counseling (Regulation)
Impact on the ability of the therapy dog to enhance the therapeutic process (Efficacy)

Studies including FINE 2010 which name the four qualities of AAT most commonly measured

- Social Lubricant Rapport building
- Regulate emotional climate, Sense of safety
- Invite and support exploration of emotions in therapy
- Modelling of healthy relationships and interactions between therapist, client and animal

The incorporation of a therapy animal into the therapeutic process may help facilitate the trust, warmth, and acceptance that is so vital to the therapeutic process (Reichert, 1998).
Clients experience and acceptance of a similar Likert scales used in the practice formed the basis of how we would capture the research question information without creating an undue burden on the clients.
The research scale design informed by young peoples opinions of the value of AAT in action (see poster) gathered both anecdotally and written, the clients are in a room without the clinician at the end of each session, this is when they complete the Session Review Scale (SRS) and the AAT Review Scale
Clients are also invited to write or draw on the digby posters as an indirect way of communicating about the dog. Poster attached

The AAT Scale is currently in use at Waipuna, it was tested on colleagues and reworked and now is used in a voluntary way with clients and their whanau who have been part of the design process.

While conducting my research I hope to achieve further clarity on the following:
Identify patterns of engagement throughout the therapeutic relationship that may be impacted by the presence of the therapy dog
Capture therapeutic moments of AAT
Measure clients responses to the dog
Identify factors or scenarios where AAT is unhelpful or less effective in the overall course of therapy as interpreted by both the therapist and the client/ whanau.

"How will the research be done (including methods used) and why is it important?"

Clients complete the Likert scale directly related to AAT at the end of each session, and the final scale at the end of therapy if they attend a final session. Clients can add any notes at the end of any session, information will be anonymised and included anecdotally.
At the conclusion of therapy, usually six sessions over six weeks, the client will be offered and additional time for a final interview to add any information they would like to the project, This will be done at the last session so clients are not coming back to site just for the interview. Clients can decline the final interview, or reschedule the time if they wish.
Clients and their whanau are able to elect to participate in or exclude themselves from the research project without prejudice as counseling services will be offered regardless of participation in the project. Clients will be informed about the project before treatment starts, they are able to choose to have therapy with or without the dog, and do have therapy with or without being involved in the research. Appointment times will vary depending on whether the client choses to have the dog only. Clients will be asked if they would like a copy of the findings of the study. A physical copy will also be available on site. The study may also be published via Waipuna St John of God, Otago Polytech or another professional or academic body.
For more than a decade I have employed a therapy dog as a therapeutic colleague where and when possible, and my experience suggests this enhances engagement in my work with young people. While I have a wealth of anecdotal evidence, I believe that measured research will allow me to improve my service delivery, and ultimately outcomes for young people. Clients will be fully informed about the research and invited to participate
There will be no penalty for declining or withdrawing at any time, therapy will not be withdrawn if the client chooses not to include AAT in the delivery, or withdraw their participation in the study.
Clients will be offered therapy times with/without the dog (currently AAT only offered Monday and Tuesday afternoon appointments)
Clinical supervision to ensure my attention remains focused on the client and their psychodynamic needs.
Dissemination of research findings is an important part of the research process, passing on the benefits to other researchers, professional practitioners and the wider community. The results of research will be made available to research participants and the wider Waipuna community via a physical copy. the research may also be shared with colleagues of whom this may be of interests, including other psychotherapists and counsellors.
Clients and their whanau are able to elect to participate in or exclude themselves from the research project without prejudice as counseling services will be offered regardless of participation in the project. Clients will be informed about the project before treatment starts, they are able to choose to have therapy with or without the dog, and do have therapy with or without being involved in the research. Appointment times will vary depending on whether the client choses to have the dog only.
Clients will be asked if they would like a copy of the findings of the study. A physical copy will also be available on site. The study may also be published via Waipuna St John of God, Otago Polytech or another professional or academic body.

Treaty considerations: Otago Polytechnic researchers have an obligation to consult with Kaitohutohu as part of developing their research projects, in order to keep Kai Tahu informed about research at Otago Polytechnic and identify research of significance to Māori. See Kaitohutohu moodle shell for more information.
Have you met this obligation?

Yes □

Participants & Recruitment: Please explain who your participants are (inclusion/exclusion criteria) and how you intend to recruit them into your study.

"How will you approach and invite your participants' to take part? Who are they?"
Clients will be fully informed about the research and invited to participate
There will be no penalty for declining or withdrawing at any time, therapy will not be withdrawn if the client chooses not to include AAT in the delivery, or withdraw their participation in the study.
Clients will be offered therapy times with/without the dog (currently AAT only offered Monday and Tuesday afternoon appointments but times and days are subject to change)

Clients and their whanau are able to elect to participate in or exclude themselves from the research project without prejudice as counseling services will be offered regardless of participation in the project. Clients will be informed about the project before treatment starts, they are able to choose to have therapy with or without the dog, and do have therapy with or without being involved in the research. Appointment times will vary depending on whether the client choses to have the dog only.

Clients will be asked if they would like a copy of the findings of the study. A physical copy will also be available on site. The study may also be published via Waipuna St John of God, Otago Polytech or another professional or academic body.

Vulnerability: Within research vulnerability relates to a person's ability to make decisions freely in their best interests (autonomy) and have the ability to stop doing anything they don't want to do. People can have vulnerability due to their health, age, situation (prisoner), but also because of their relationships within the specific setting of the researcher (student, employee, patient, client, peer, etc.). Not only that, but a researcher can have vulnerabilities related to their position to participants. Explain the vulnerabilities in your project if there are any and how these will be managed.

"How are they potentially vulnerable and what has been put in place to protect them (this could include both participants and/or the researcher)?"

In developing the research survey questions I have struggled the most with including vulnerable populations, which I believe the majority of my clients fit in to. Ensuring that the therapeutic needs of the clients takes priority over the research process is ultimately important to me, alongside creating a sound research project that can benefit other young people in the future. The ability to ask the right questions to draw out deeper more meaningful responses, and to guide those responses into the authoring of the research project itself is emerging. During the process, I often found myself in a dual role with my professional goals and responsibilities. Although my Action Research Project focuses on my work as a researcher, my ultimate responsibility is as a mental health clinician working with young people and creating a safe space for them to reflect and engineer their own change.

The inclusion of the entire age range of my clients is based on the engagement of the clients in creating this project, their voices are heard throughout the design and I would like that to continue. The youngest of clients have been able to contribute effectively to the design of the research, they are honest, reflective and insightful. It is important to create a space where young people can be heard, if they are held by whanau who are well informed of the research, and the young people themselves are given both the chance to understand and to make an informed choice about participation.

Some of the participants in this study may be under 18, and as our service is directed at people 10 to 24yrs with mild to moderate anxiety and/or depression, mental health and/or Alcohol and Other Drug use. This researcher maintains that all clients to the service may be considered vulnerable therefore all participants in this research may be considered vulnerable regardless of chronological age.
All counselling clients will be invited to participate in the project

Informed consent of both the young person and the parent or legal guardian will be obtained before carrying out research involving children under 16. With the client's permission we will strive to inform a parent or guardian for all participants over the age of 16 living in the care of an adult.

The criteria for acceptance to the project are 10-24 yr old participants who are able to opt in to the research project after the acceptance of a counseling referral for service of Waipuna St John of God, Health and Wellbeing Team.

The decision to include young people under 14yrs due to their ability to fully understand consent with the support of their whanau, all participants under will require parent or guardian consent to participate and all those living in the care of an adult will be encouraged to have parental or guardian consent.

Cultural considerations: In what ways, if relevant, have the cultural concerns of groups been considered? Summarise the results of the conversations

"How have you considered cultural safety? This may be socio-cultural or to do with a relevant sub-culture for participants and/or researcher."

The clients who are uncomfortable with the dog will elect to engage in therapy without the dog, as is my experience. All other considerations have hopefully been addressed.
As a response to the previous feedback
I have removed the Waipuna referral and consent documents to avoid confusion, they are not part of the study. The ORS and SRS are also not part of the study but I have kept them in the application to show the committee the documentation that clients are filling out alongside the AAT form on a regular basis.
All of the information and consent forms have been updated.
Clients are approached about the study via mail from the waipuna administrative team and then confirmed once appointments are made, to avoid any coercion. Clients are alway encouraged to change their minds.
The dog is owned by myself and that is now made explicit throughout. the use of a substitute dog is now included, but it will meet the same criteria, be my dog, be trained, be immunized etc
The Southern regional office named on the letter is not child youth and family - it is Waipuna and therefor permission was sought and gained, not further permission is sought.
The full information forms were included for reference only, and have now been removed.

The use of personal information: Explain whether the data collected will be anonymised, remain confidential, or be used in an identifiable fashion. Explain how it will be stored, and disposed of at the completion of the research.

"How will participants' information (data) be handled, protected and disposed of?"

All Waipuna clients are assigned a number in our Client Management System (PAUA) This number does not correspond to their NHI number, and is discrete to each referral. All data processing will be done using this number, which will then be removed. No names will be used, pseudonyms will used in vignettes. Details of client's therapeutic disclosures and history are not included in the study unless they relate directly to the dog via the post treatment interview and anonymised.
The therapist clinician is also the researcher. Data integrity will be maintained by adequate supervision, both clinically and academically and by requesting administrative support to enter the data.
All anonymised data will be securely held at Waipuna St John of God for the duration of the study and then destroyed after 7 years as per Waipuna St John of God protocol. The individual forms once recorded will be destroyed at the end of the project.

Participant Incentives/Remuneration or Koha: Please explain any incentives or reimbursements (for parking/petrol), remuneration (for time), or koha (in acknowledgement) you may be providing.

"Will offering an incentive or remuneration affect the power relationship between researcher and participant?"

Clients will be asked if they would like to participate in the research via letter which will be included in their acceptance of referral letter. This is sent out by an administrator and occurs before the client meets the clinician.

The researcher is both the clinician and the owner of the therapy dog, most therapy dogs are the personal dogs of their human therapist colleagues . There are limited times of the day that AAT is available so clients are able to access the same services regardless of their participation in the research or AAT.

At the end of the research clients will be sent a thank you card from the researcher and the dog.

Potential harm: Potential harm such as physical harm, environmental harm, emotional harm, or harm to reputation can occur to the participant, the researcher, and host organisaton associated with the research. Identify issues of potential harm and explain how you have addressed these. Consider such things as health & safety procedures, debriefing or counselling related to distress, personal safety and institutional safety.

"What potential harm could occur to the participants/researcher/host organisation as a result of this research?"

Ensuring that the therapeutic needs of the clients takes priority over the research process is ultimately important to me, alongside creating a sound research project that can benefit other young people in the future.
Other safety considerations include allergies to the dog, aggression by the dog or client toward the dog
Chandler (2005) discusses that it is ideal for a counselor to employ his or her own pet as a therapy animal, since the bond and familiarity with one's own pet allows the owner to understand and anticipate the animal's behavior and responses across a variety of situations. Examples of situations that may not be appropriate for AAT include clients with severe fear of animals, clients with animal allergies, or clients with a history of cruelty towards animals

Relations with other Ethical Committees and Institutions: Is approval also required from other bodies such as District Health Boards? Are clients approached through other organisations?

Waipuna St John of God Southern Regional Office supports this application. Clients are not mandated and do not come via a particular funding source

http://www.sjog.org.nz/our-services/community-youth-and-child-services/mental-health-and-wellbeing

The Researcher/Clinician is a full member of both Waka Oranga, the professional association of Maori trained in psychotherapy working in Maori communities and a range of health and educational settings for the wellbeing of people and NZAP, New Zealand Association of Psychotherpists and bound by their code of ethics in her practice and research protocols.
http://nzap.org.nz/handbook/code-of-ethics/
http://nzap.org.nz/waka-oranga/

Signatures:

Applicant: **Supervisor:**
School:

Forms and Appendices included

Young persons Information Sheet
Whanau Informaton Sheet
Animal Assisted Therapy Scale Form - Session by Session
Animal Assisted Therapy Scale Form - Final Session
Consent Form.
Digby's information booklet
Letter of Support from Waipuna SJOG
One of the posters created by young people in the design process of the study
ORS and SRS forms used every session by all clients

St John of God Hauora Trust

COMMUNITY, YOUTH AND CHILD SERVICES
Southern Regional Office

13 June 2017

Otago Polytechnic Research Ethics Committee
Otago Polytechnic
Forth Street, Dunedin
Private Bag 1910
New Zealand 9054

Dear Ethics Committee members

I am writing to you to acknowledge that Kiritapu Murray has approached St John of God Hauora Trust Waipuna to gain permission to conduct her research project on Animal Assisted Therapy (AAT).

Kiritapu Murray is member of Health and Wellbeing Team for last ten months as a clinician. This team is part of St John of God Hauora Trust Waipuna.

St John of God Hauora Trust Waipuna is fully supporting Kiritapu Murray with her research project and looking forward to see the outcomes of this research which might be beneficial to our clients who are using the counselling service.

Nga mihi

Mohammad Zareei
Manager Health and Wellbeing (Canterbury)
Community Youth & Child Services

A. 349 Woodham Road, PO Box 24127, Eastgate, Christchurch 8642 | **P.** +64 (03) 386 2159 | F. +64 (03) 386 2158 | **E.** enquiries.waipuna@sjog.org.nz

Digby Is doing a research project!

(Young person's information sheet to keep)

Digby is a French Bulldog puppy, his birthday is 31st of October 2016. Digby started working on the Health and Wellbeing Team at Waipuna St John of God in January 2017. He is still learning, and if he continues to be a therapist he always will be. Digby sees up to eight clients a week, he also likes to visit the other teams, including the preschool. He is still a puppy so sometimes he makes mistakes, but he is learning and everyone is very kind to him and we all help him follow the rules. Digby is part of a research project for Otago Polytechnic, and he would like you to help with his homework, it's not very much. You still get to meet with your clinician even if you chose not to meet with Digby, and you can still have therapy with or without Digby even if you don't want to be part of the research project. ***The research project is measuring if Digby is a good co-therapist, and why we would have a therapy dog.*** None of your therapy information will be shared except for the Digby feedback forms and a story about the work that he does. Your name won't be on any documents, because your privacy is really important.

Some of the reasons people use Animal Assisted Therapy (why we have Digby working with us)

1. The presence of an animal can help stir a range of emotions which may enhance the ability to explore their emotions in therapy
2. Animals can help clients feel safe and comfortable in the therapeutic setting
3. In the treatment of children, the presence of an animal may provide support during emotional conflict.
4. Some people may find it easier to develop trust with the animal, as they perceive it to be non-judgmental, prior to trusting the therapist or clinician.

Once you have read all the consent information, you and your whanau get to choose

A. **No thanks, I will just have <u>therapy without a Dog</u>**

B. **I will just have <u>therapy with a Dog but without being in the research project</u>**

C. I will **<u>be in Digby's research project, AND have therapy with Digby</u>** *(PS You can change your mind anytime about this one if you like)*

Digby, Kiritapu & the team at Waipuna

Whanau, parent or legal guardian of a young person participant Information Sheet for a Study Animal Assisted Therapy in Aotearoa - Kiritapu's 4 legged co-therapists

Researcher: Kiritapu Murray

Aoraki te Mauka
Waitaki te Awa
Kai Tahu te Iwi
Ko Kiritapu ahau

Kia ora,
I am Kiritapu Murray, one of the clinicians in the Health and Wellbeing team here at Waipuna. My co-therapist is a dog, and if you are interested in having him in your therapy sessions, I am doing a research project to see how worthwhile that might be. I am also a Masters student in Professional Practice at Otago Polytechnic as part of this degree I am undertaking a research project. The project I am undertaking is examining how New Zealand young people perceive the dog as co-therapist here at Waipuna.
In summary, this study aims to understand if Animal Assisted Therapy works as well here in New Zealand, and if there is room for improvement. This research project has received approval from the Otago Polytechnic Ethics Committee. You can chose to be part of the project or not and it will not effect your counseling referral.

What is involved?
I am inviting participants, ages 10-24 who are involved in counseling at Waipuna, to take part in this research. You cannot take part in AAT or the research if you have a severe fear of dogs, allergies to dogs, or a history of cruelty towards animals. Surveys forms are completed at the end of each session and are designed to take approximately 5 minutes to complete, and voluntary interviews of approximately 10 minutes at the end of counseling will form the basis of my research project.
The information that you or your young person provides will be treated confidentially and no names will be recorded. Reference will be made to the location of the research,. You or your young person will not be individually identified in my research project or in any other presentation or publication. Participants' names will not be recorded on the survey or during the interview; therefore it will not be possible to review the individual responses to the questions upon completion. However, at your request a summary of the findings can be provided following the conclusions of the research project. All material collected will be kept confidential. No other person besides myself, my supervisors and Waipuna St John of God programme managers will see the primary material collected. All survey and interview material will be kept safe, locked in a filing drawer and all interview material will be destroyed within one year following the submission of the thesis.

What will happen with information you provide?
The project produced using this material will be submitted for marking to Otago Polytech and may be also held in their Library. The information retrieved from this research may also be used to contribute to articles intended for publication in scholarly journals, for the construction of conference papers and presentations, or to announce Waipuna programme outcomes on their website (http://sjog.org.nz).

Digby works half time at Waipuna as a therapy dog, and is the main dog used in this project, he belongs to Kiritapu. Other dos may be used in your therapy but they will follow the same rules around safety, training and vaccinations.

If you would like to be involved please post back the consent form or you can bring it to your first appointment, if you don't want to be involved in the study you don't have to do anything at all :)

How to contact us
If you have any further questions or would like to receive further information about the project, please contact:

Me at, kiritapu.murray@sjog.org.nz or phone ph 03 3862159

My supervisor, Dr Jo Kirkwood Capable NZ, Otago Polytechnic Private Bag 1910, Dunedin 9054,P +64 3 972 7605 | Jo.Kirkwood@op.ac.nz| www.capablenz.ac.nz

My managaer, Mohammad Zareei, Health and Wellbeing Manager, Waipuna St John of God mohammad.zareei@sjog.org.nz ph 03 3862159

Kia Ora and thank you very much for your interest in this study. Kiritapu Murray

AAT Scale Session by Session

Help us understand how you have felt with the dog in session today by rating how you feel in the following areas, where marks to the left represent low levels and marks to the right indicate high levels.

Paying attention

(I felt the dog helped me focus in therapy today)

NOT TRUE ——————————————————— VERY TRUE

Anxiety

(I felt the dog helped me feel less anxious in therapy today)

NOT TRUE ——————————————————— VERY TRUE

Safety

(the dog helped me feel safe in therapy today)

NOT TRUE ——————————————————— VERY TRUE

Overall

(I felt that the dog helped me in therapy today)

NOT TRUE ——————————————————— VERY TRUE

Anything else to add?

_____

_____

_____

_____

AAT Scale Final Session

Help us understand how you have felt with the dog in therapyy by rating how you feel in the following areas, where marks to the left represent low levels and marks to the right indicate high levels.

Paying attention

(I felt the dog helped me focus in therapy)

NOT TRUE ——————————————————— VERY TRUE

Anxiety

(I felt the dog helped me feel less anxious in therapy)

NOT TRUE ——————————————————— VERY TRUE

Safety

(the dog helped me feel safe in therapy)

NOT TRUE ——————————————————— VERY TRUE

Overall

(I felt that the dog helped me in therapy)

NOT TRUE ——————————————————— VERY TRUE

Anything else to add?

Animal Assisted Therapy with Young People in Aotearoa New Zealand

CONSENT FORM _ SIGN AND RETURN

I have read the information sheet concerning this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

I know that:

- My participation in the project is entirely voluntary.
- I am free to withdraw at any time prior to the research data being anonymised, without giving reasons and without any disadvantage.
- The forms will be destroyed at the conclusion of the project but any raw data on which the results of the project depend will be retained in secure storage.
- I understand the AAT feedback forms and final interview will be used as the data for this study. All personal information with be made anonymous, and my privacy will be valued
- I understand that I am able to access the results of the study vis Waipuna St John of God at the completion of the study, and that I am able to ask questions at any point if I am unclear
- I understand that the results of this study made be publicly shared and may assist Animal Assisted Therapy at Waipuna St John of God and elsewhere, but they will not include my identifiable details
- I understand that Digby and any other therapy dog used in treatment, belongs to Kiritapu or another clinician

You are being asked to participate in a research study. The purpose of this study is to investigate the effects of Animal Assisted Therapy (AAT)at St John of God Waipuna. The survey will ask about your experiences with the therapy dog. You are asked to fill out a form at the end of each session and at the very end of counselling
Your participation in this survey could be published and used for further research and training. Your details will remain anonymous. I hope to have at least 10 participants respond.
There is little risk to you for completing this survey, the risks of AAT include developing allergies to the dog, injuries including scratches from the dog. The dogs are trained and their vaccinations are up to date. Digby is usually in session but other suitable dogs may also be used form time to time . If you like, the results will be shared with you upon completion of the study. You may terminate the survey at any time up until the data is processed and anonymised, without consequence

I agree to take part in this project under the conditions set out in the Information Sheet.

..... *(signature of participant)*

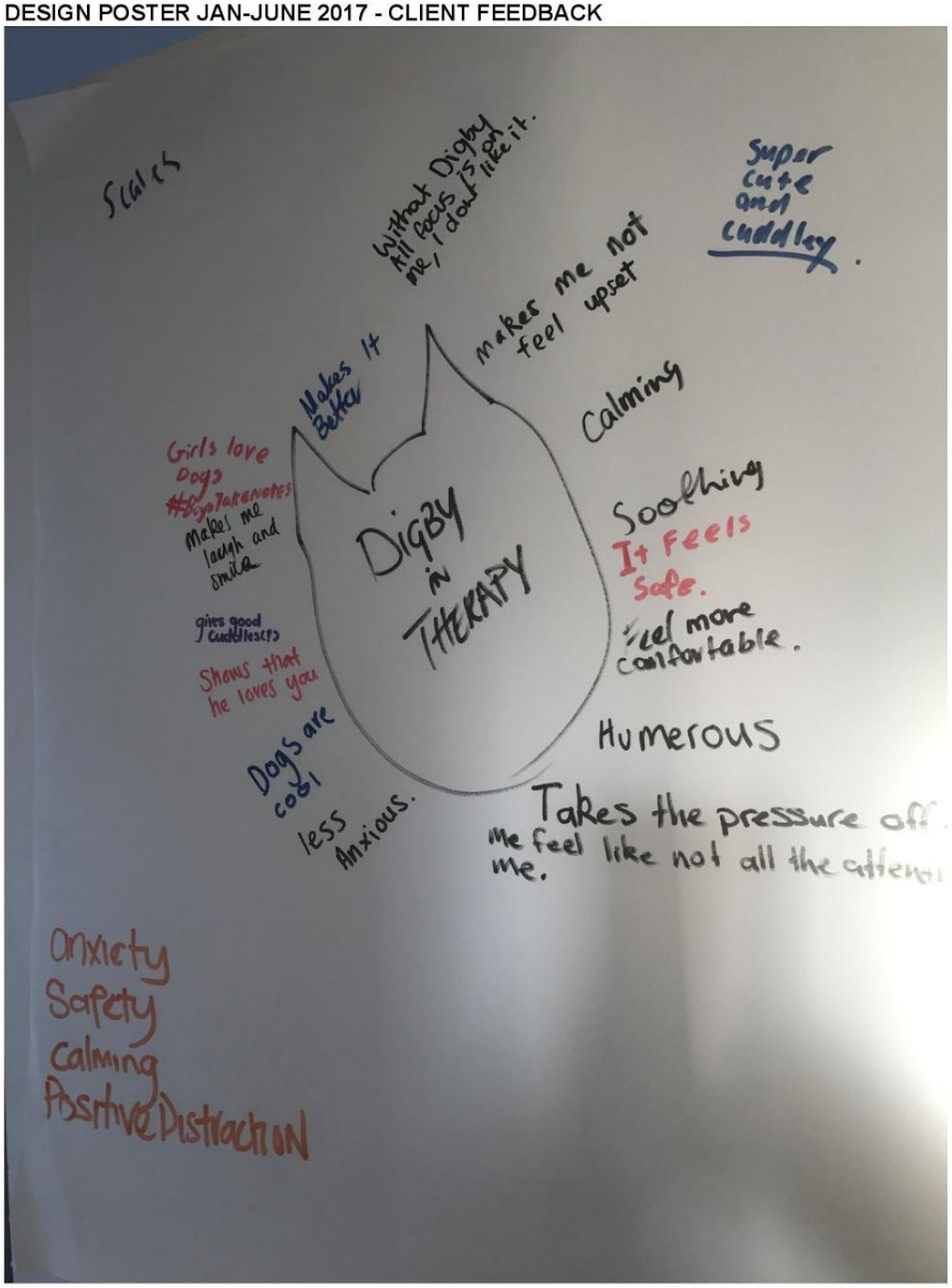
..... *(signature of guardian)*

..... *(date)*

..... *(signature of researcher)*

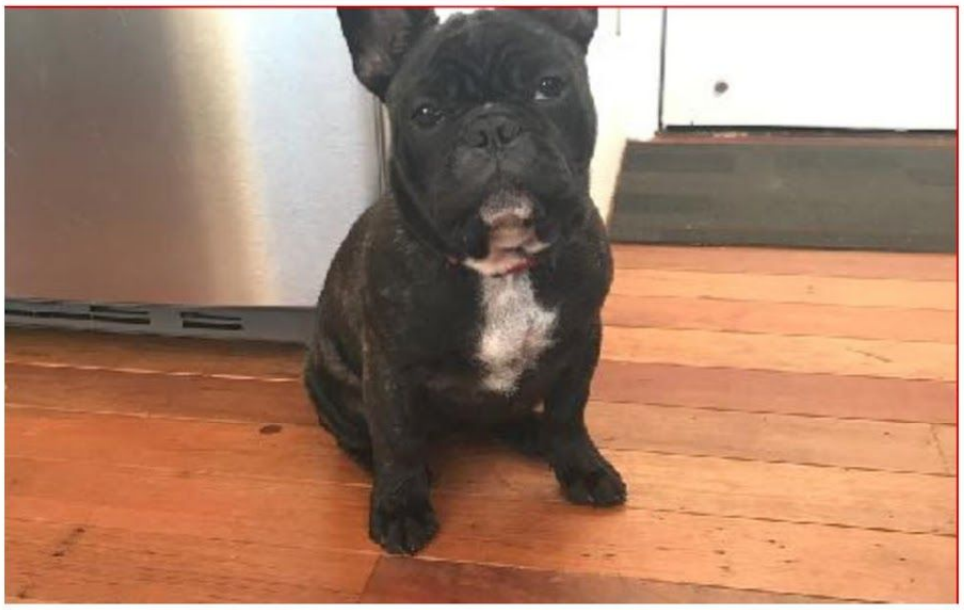
This project has been reviewed and approved by the Otago Polytechnic Research Ethics Committee.

DESIGN POSTER JAN-JUNE 2017 - CLIENT FEEDBACK



Therapy *by* Digby

French Bulldog, Co-therapist, VSF (*very smelly farts*)

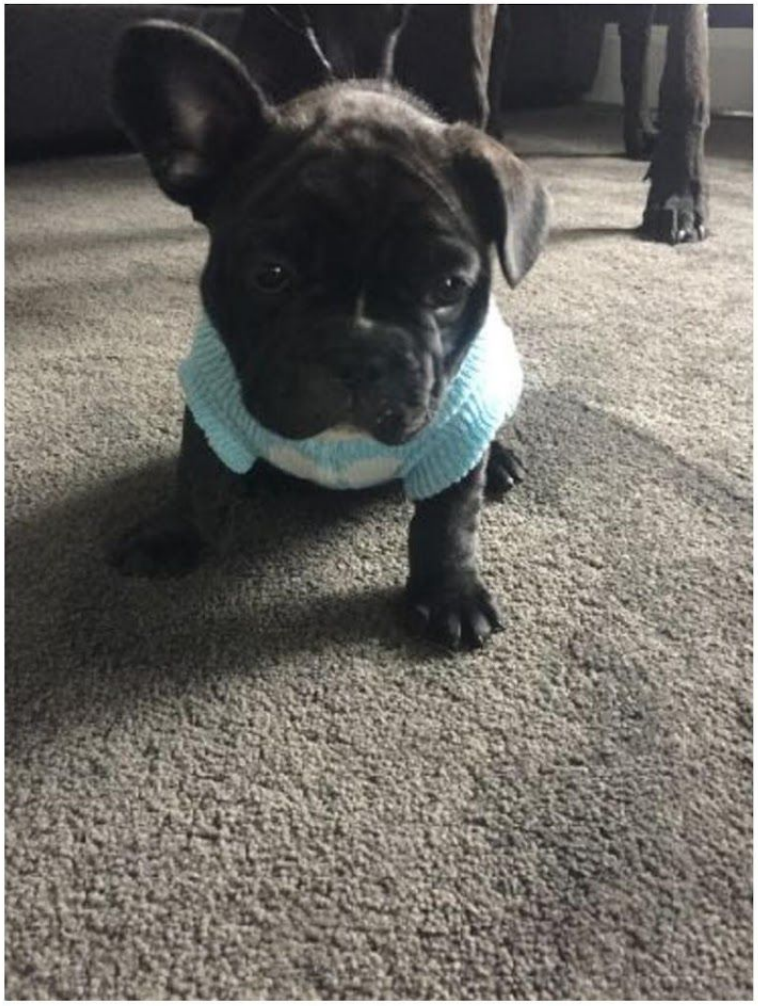


1st Edition

Digby's Whakapapa

Digby is a French Bulldog puppy, his birthday is 31st of October 2016.

Digby came from a big family in Dunedin, and he was just a little guy! He was a bit worried moving to Christchurch but he's ok now.

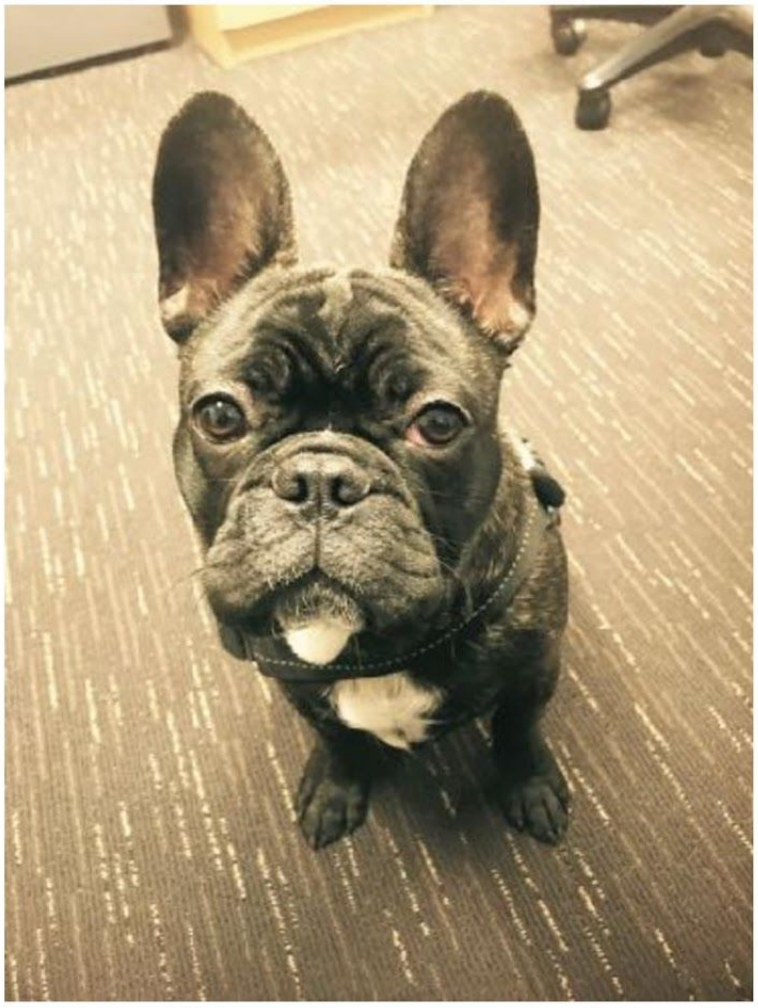


Digby's Career

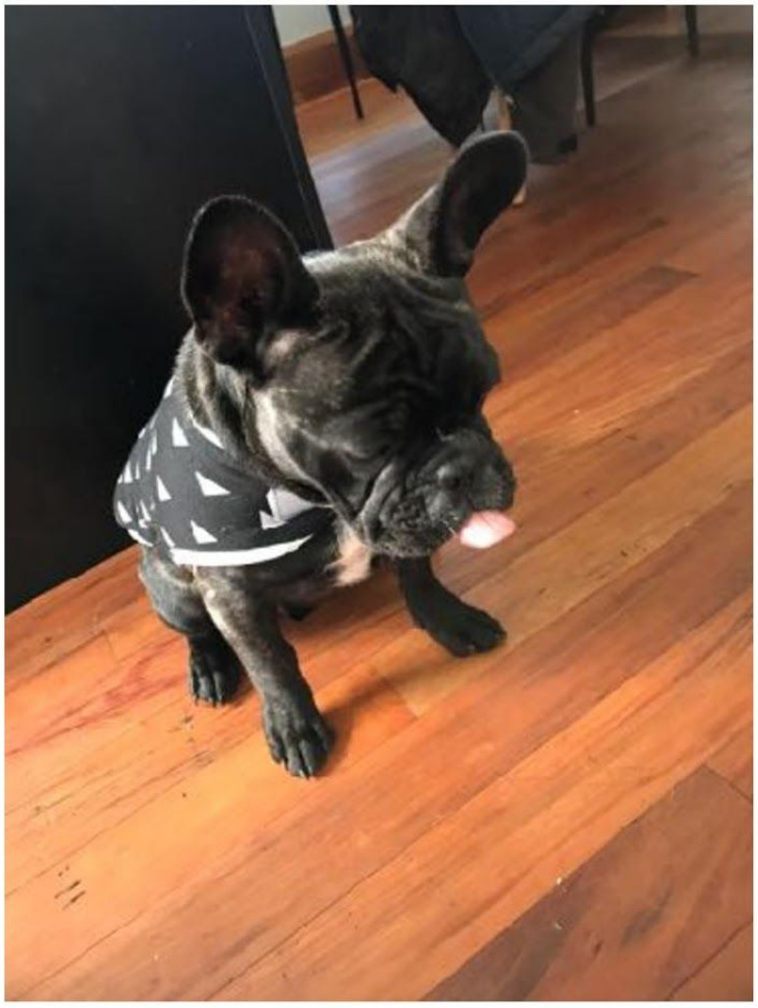
Digby started working with the Health and Wellbeing Team at Waipuna St John of God in January 2017.

He is still learning, and if he continues to be a therapist he always will be.

Digby sees up to eight clients a week, he also likes to visit the other teams, including the preschool.



He is still a puppy so sometimes he makes mistakes, but he is learning and everyone is very kind to him and we all help him follow the rules.



Outside of work

Digby likes to chill with his friends, loves the beach, and short walks to car. He lives at Kiritapu's house and is part of her whanau.

He is pretty friendly, but sometimes needs a little bit of support because he can be shy.

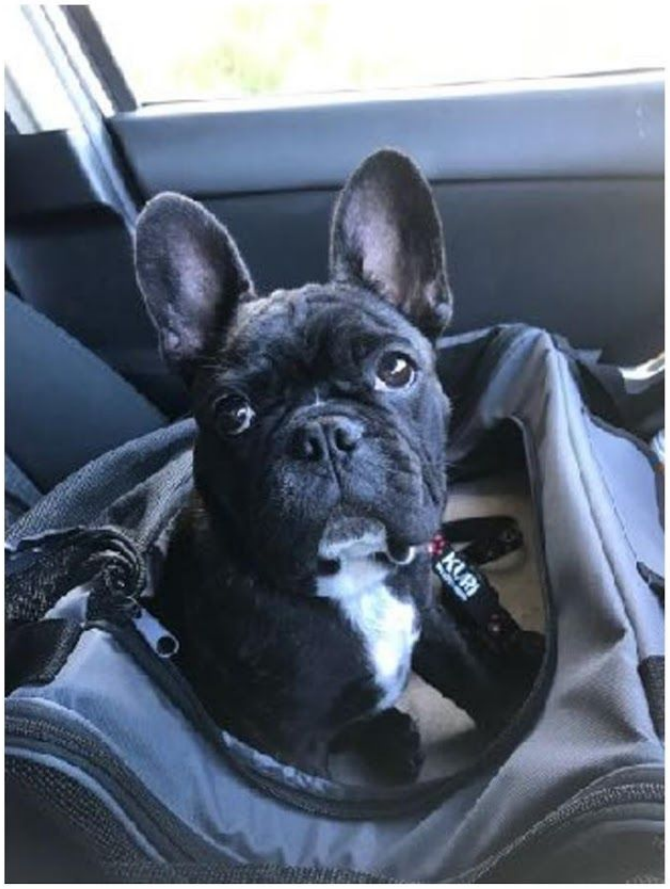
Sometimes he is just tired and has a nap, right in the middle of playing, sometimes he naps at work too but we hope he will stay awake!

He doesn't like yelling very much, he gets a bit frightened and it hurts his ears.

Digby loves it when people and dogs are kind and calm.

Research

Digby is part of a research project for Waipuna and Otago Polytechnic, and he would like you to help with his homework, it's not very much.



The research project is measuring if Digby is a good co-therapist, and why we would have a therapy dog.

At the end of every counseling session you fill out a form with four questions.

The study might be published or used for training, but it won't have your name on it.

When you finish therapy you can tell us what worked and what didn't too

Animal Assisted Therapy

Some of the reasons people use Animal Assisted Therapy

(why we have Digby working with us)

- The presence of an animal can help stir a range of emotions which may enhance the ability to explore their emotions in therapy

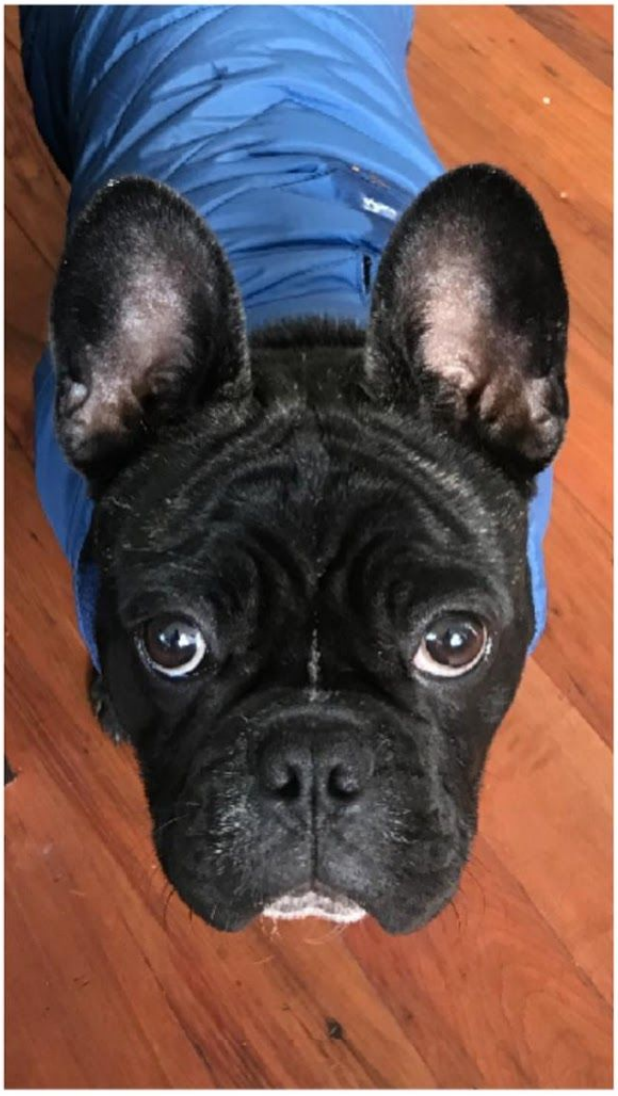
- Animals can help clients feel safe and comfortable in the therapeutic setting

- The relationship between the therapist and the animal can demonstrate healthy aspects of a relationship (caring, compassion, etc.)

- In the treatment of children, the presence of an animal may provide support during emotional conflict.

- Some people may find it easier to develop trust with the animal, as they perceive it to be non-judgmental, prior to trusting the therapist or clinician.

If you would like to be part of Digby's research project, or if you have any questions, please ask your whanau to talk to Kiritapu at Waipuna



NOT INCLUDED IN THE STUDY _ FOR INFORMATION ONLY, USED BY ALL CLIENTS AT ALL SESSIONS - SRS AND ORS

Session Rating Scale (SRS V.3.0)

Name _____Age (Yrs):____
ID# _____ Sex: M / F
Session #____ Date: _____

Please rate today's session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.	I----------I	I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.	I----------I	We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me.	I----------I	The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.	I----------I	Overall, today's session was right for me.

The Heart and Soul of Change Project

https://heartandsoulofchange.com

Outcome Rating Scale (ORS)

Name _____Age (Yrs):____ Sex: M / F
Session #____ Date: _____
Who is filling out this form? Please check one: Self_____ Other_____
If other, what is your relationship to this person? _____

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

ATTENTION CLINICIAN: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

Individually
(Personal well-being)

I----------I

Interpersonally
(Family, close relationships)

I----------I

Socially
(Work, school, friendships)

I----------I

Overall
(General sense of well-being)

I----------I

The Heart and Soul of Change Project
https://heartandsoulofchange.com

Appendix FIve Poster

Otago Polytechnic Research Ethics

Name

Kiritapu Murray

Department

CapableNZ - MPP

Phone (office & mobile)

+642224674895

Email

kiritapu@me.com

Postal Address

St John of God Waipuna
349 Woodham Road, Avonside
Christchurch 8061

Title of Project

Animal Assisted Therapy with Young People in Aotearoa
Kiritapu's 4 Legged Co-therapists

Commencement Date

1st September 2017

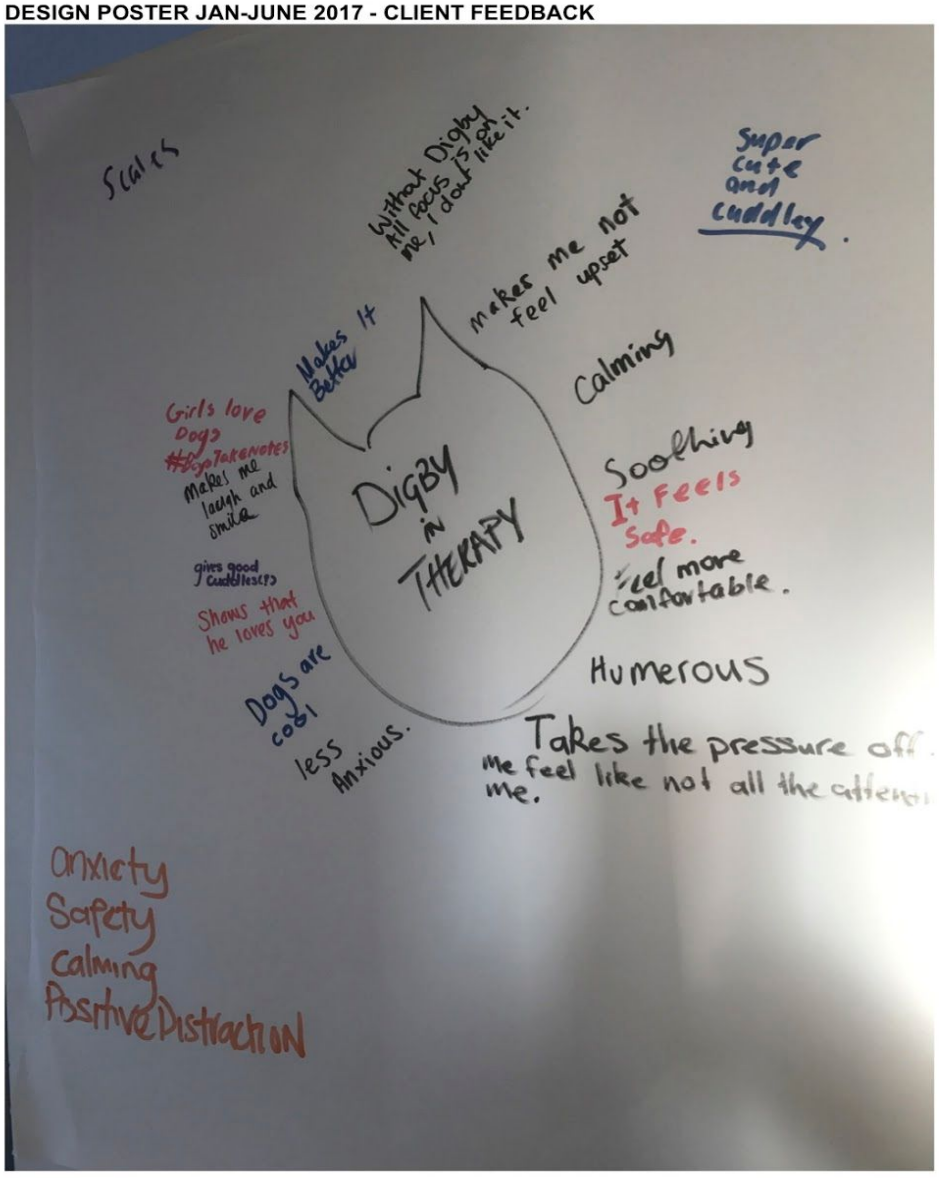
Completion Date

23 April 2017

Student/ Learner ☐

Appendix Five Poster

DESIGN POSTER JAN-JUNE 2017 - CLIENT FEEDBACK



Appendix Six - Waipuna Information from Website

St John of God Hauora Trust

Health and Wellbeing

Our Health and Wellbeing team provides counselling and education to young people (age 10-25) in the area of Alcohol and Drug, Depression, Anxiety and Eating Awareness.

Our Health and Wellbeing service offers young people, who have low to moderate range of the mental health issues, a space for reflection so they can find pathways forward. This is provided one-on-one or in groups.

Our mental health clinicians have extensive experience working with young people and collectively offer a range of counselling styles and techniques to support young people.

When you meet with our clinicians, we recommend you bring an open mind and a willingness to help yourself. This means committing to trying out new skills and strategies between appointments, and discussing your experiences during your counselling sessions.

Our service is funded by Ministry of Health and free of charge for service users.

Animal therapy

Our resident French Bulldog puppy Digby provides specialist animal assisted therapy for young people through our Health and

Wellbeing service.

Appointments and referrals

Appointment times are available weekdays from 8.30am to 5.00pm. At your initial appointment you will need to complete some paperwork, so we can assess your problem and understand your goals. Together we discuss these and agree a plan for the work ahead; this also helps you decide whether counselling is something you wish to commit to at this time.

We accept referrals from general practitioners (GPs), school counsellors, other social services and self-referrals. There is often a wait list for initial appointments, you will be advised of approximate time when we receive your referral.

Refer to us

Eating Awareness Team

Health and Wellbeing Service

Child protection

St John of God Hauora Trust's **Child Protection Policy** helps ensure the safety and protection of children. The policy provides guidelines for our caregivers to ensure correct and effective processes are in place when there are concerns for the safety or wellbeing of children.

More information

Tel: (03) 386 2159
Email: **enquiries.waipuna@sjog.org.nz**

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