



UiT The Arctic University of Norway

Department of Psychology, The Arctic University of Norway

Man`s Best Friend and Therapist`s Best Assistant?

Exploring the Potential of Dog-Assisted Interventions in Norwegian Institutions

Ida Kristina Gule Wiik

Master`s thesis in Psychology PSY-3900 May 2024

Supervisor: Jørgen Sundby

Preface

Dogs' therapeutic ability ignited my passion for studying psychology, as an opportunity to study the relationship between humans and dogs from a psychological standpoint. Five years later, my master's thesis is the final product of my devotion to dogs.

To Jørgen, my supervisor during my academic journey. Your support over the years has left an indelible mark on me. Thank you for your time, trust, and endless inspiration. It was truly a joy to work together with you.

To the master's committee and the Department of Psychology at UiT. Thank you for allowing me to explore my passion. To Tove I. Dahl, who has opened her heart to us the last two years. I admire the way you take pride in your students and their work.

To my peers. Thank you for helping me grow wiser, braver, and a little funnier. Your presence will be treasured in my heart for eternity. Together, "We got this".

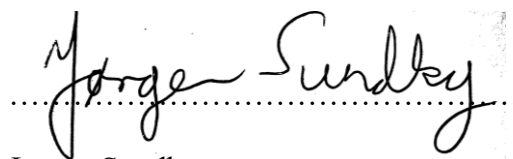
To patients and therapists at CatoSenteret and Frankmotunet, thank you for trusting the project. Your reflections are crucial for the future of dog-assisted interventions in Norway.

To my family and friends, thank you for always having my back. Even though you did not quite understand what "the dog thing" was about, you never doubted me or my work. Both professional and comforting input was always just a phone call, a visit, and a hug away. For that, I am forever grateful.

Finally, this thesis is dedicated to the dogs Boffy, Tina, Turi, Bruna, and Smiley. Although you were not the first animals to touch my heart, nor you the last, you have taught me that human beings have everything to learn from dogs' unconditional love.



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Sammendrag

Mennesker og hunder har en lang historie sammen. Hundens formål har endret seg fra å være et praktisk verktøy til å bli en slags «medterapeut» for mennesker, og i dag er dyreassistert terapi et vanlig fenomen internasjonalt. Bevisene for bruk av dyreassisterte intervensjoner er derimot ikke veldig anerkjent i Norge. Denne studien hadde som mål å undersøke hundens evne som emosjonell støtte for mennesker i terapi ved norske institusjoner, i dette tilfellet for barn med komplekse lidelser og for voksne i rehabilitering for rusavhengighet. Studien undersøkte også hvilke etiske hensyn man må ta ved bruk av hunder i dyreassisterte intervensjoner. Et utvalg pasienter og terapeuter fra to norske institusjoner deltok, for å få et innsyn i deres bruk av dyreassisterte intervensjoner. Metoden besto av deltakende observasjon og semistrukturerte intervjuer over en uke ved hver institusjon. Studien utforsket temaene organisering, erfaringer og etiske hensyn knyttet til hundeassisterte intervensjoner, og viser positive direkte effekter når man supplerer hundeassisterte intervensjoner med ordinær rehabilitering. Fremtidige studier må videre utvikle formelle retningslinjer, samt synliggjøre bevis på effekten. Forhåpentligvis kan funn fra denne studien benyttes som et faglig bidrag til hvordan hundeassisterte intervensjoner kan brukes som et terapeutisk verktøy i norske institusjoner.

Nøkkelord: Hundeassisterte intervensjoner, norske institusjoner, kvalitativ metode, rehabilitering av barn, rehabilitering for rusmisbruk

Abstract

Humans and dogs have a long history together. The dog's purpose has changed from being a practical tool to being a "co-therapist". Today, animal-assisted therapy is a common phenomenon internationally. However, the evidence for animal-assisted interventions is not very recognised in Norway. The present study aimed to investigate dogs' ability as a form of emotional support for people in therapy in Norwegian institutions, in this case for children with complex disorders and adults in rehabilitation for substance misuse. The study also investigated the ethical considerations of using dogs in animal-assisted interventions. A sample of patients and therapists from two institutions were included in the study, to get a view of their utilisation of dog-assisted interventions. The method consisted of participant observation and semi-structured interviews for one week at each institution. This study explored the objects of organisation, experiences, and ethical considerations regarding dog-assisted interventions, demonstrating positive direct effects on the patients when complementing dog-assisted interventions into standard rehabilitation. Future studies are recommended to conduct formal guidelines further and provide more evidence of the effect. Hopefully, findings from this thesis can be used as a professional contribution to how dog-assisted interventions can be utilised as a therapeutic tool in Norwegian institutions.

Keywords: Dog-assisted interventions, Norwegian institutions, qualitative method, children-rehabilitation, substance misuse-rehabilitation

Man`s Best Friend and Therapist`s Best Assistant? Exploring the Potential of Dog-Assisted Interventions in Norwegian Institutions

Throughout history, humans and animals have coexisted with animals fulfilling roles as sources of sustenance, tools, protection, and companionship in human societies. The innate propensity for human-nature-animal interactions appears to be a universal trait of all human individuals, known as biophilia (Berget & Braastad, 2018). The hypothesis of biophilia suggests that humans, no matter their physical or mental health, are interested in and attracted to animals and nature (Berget & Braastad, 2018, p. 53). Attraction to animals and nature interaction is more than just a personality trait in humans; there is evidence of several health benefits from human-animal-nature interactions. The most common health benefits documented are improvements in physical health related to increased activity and resilience against several mental health problems (Friedman & Krause-Parello, 2018; Krøger et al., 2018). The evidence of health benefits may suggest why, despite differences in culture and way of living, ownership of companion animals can be found in every part of the world (Pręgowski, 2016).

Some species developed a more complex bond with humans early in history. Research shows that the domestication of dogs has had a significant role in the evolutionary development of humanity (Glenk, 2017). The creation of emotional bonds between humans and dogs has been well-documented throughout history. Dogs have been attributed to a range of abilities, from providing comfort to disabled community members to possessing healing powers for people (Monfort Montolio & Sancho-Pelluz, 2019; Shubert, 2012). Regardless of how dogs are described throughout history, one consistent trait is their pure devotion to humans. This can be explained by the history of canine domestication, where dogs developed novel social skills suited to domestic life due to selective adaption to the human niche (Coppinger & Coppinger, 2001; Miklósi et al., 2004). Dogs have been selectively bred for

different purposes, such as dog sledding, livestock guarding, protecting, and companionship, resulting in genetic variation within the species. Despite this, dogs demonstrate ample evidence for social cognition and behavioural flexibility across social situations (Miklósi et al., 2004). Dogs are known to be good readers of human communicative cues such as pointing and looking (Ford et al., 2019). They have even been proven to understand and discriminate between positive and negative human emotions (Albuquerque et al., 2016). These abilities may prove how interactions between humans and dogs have emotional value and show why dogs are known as man's best friend.

The American psychologist Boris Levinson (1962) is recognised as one of the pioneers in defining interactions between humans and dogs as a valuable interaction with therapeutic potential. He indicated that dogs and other pets in modern society have evolved away from their earlier mainly practical utility, and now have a calling as therapeutic tools for humans. Levinson also described how children benefit from having a dog in their everyday lives (Levinson, 1962). The work by Levinson resulted in increasing interest in research regarding human-animal interactions and greater insight into how animals can be health-promoting for humans in therapeutic contexts (Fine et al., 2019).

Research shows that dog companionship is a valuable tool in achieving daily happiness among people and can increase socialisation habits, increase positive emotions, and reduce symptoms of mental health disorders (Lawry, 2021). This has, among other matters, been proven by studying biological mechanisms. Even though the research field is limited, the literature displays a generally positive association between human oxytocin concentrations and human-dog interactions (Powell et al., 2019), which suggests that human-dog interactions are positive for overall human health. According to other studies, the effects are shown to go both ways. The study by Nagasawa et al. (2015) reported that dogs and owners become locked in an oxytocin feedback loop when sustaining eye contact. The dogs' gaze increased

urinary oxytocin concentrations in owners, which again facilitated owners' connection and increased oxytocin levels in dogs. This proves a mutual bond between owner and dog. Studies on the long-term effects of human-dog interactions show that dog ownership might reduce the risk of cardiovascular mortality (Kramer et al., 2019) by increasing physical activity.

Today, dogs play an essential role in human-animal interactions and are used in numerous ways (Fine, 2016). Some well-known examples are as reading companions for school children, as service dogs trained to assist people with disabilities, and as visiting dogs in nursing homes. (Fine, 2016; Wintermantel et al., 2024). In schools worldwide, dogs have been used to promote social behaviour and reduce stress in children (Wintermantel et al., 2024). Service dogs are known to have similar effects on their handlers. Not only do they make the lives of their handlers easier by functioning as eyes, ears, or medical services. The assistance dogs are also proven to potentially have positive outcomes on their handlers' psychological and social quality of life (Rodriguez et al., 2020). Even in the very last stage of life, dogs can potentially slow down cognitive impairment for people with dementia and positively affect mood, prosocial behaviour, and quality of life for older adults (Marks & McVilly, 2020).

As the literature shows, the purpose of dogs in society has changed over the last decades, going from being a practical tool to being a friend or even a co-therapist (Fine, 2016). Today, several types of formal interactions between humans and dogs have become more structured, and the concept of animal-assisted interventions has been developed to a belief that relationships with dogs and other animals contribute to the well-being of humans in treatment. (Fine, 2016; Odendaal, 2000). Therefore, the present study will further investigate the concept of animal-assisted interventions with a particular focus on using dog-assisted interventions at Norwegian institutions. In a qualitative study of observation and interviews, the subjects of organisation, experiences, and ethical considerations regarding dog-assisted

interventions in Norwegian institutions were examined. Before presenting the findings, the current status of dog-assisted interventions will be examined.

Animal-Assisted Intervention as a Concept

The concept of animal-assisted intervention has been defined and redefined numerous times. The International Association of Human-animal Interaction Organisations (IAHAIO) established an international task force in 2014. They were responsible for clarifying and making recommendations on animal-assisted interventions and establishing precise terminology and definitions within the field. They have also outlined ethical practices for the well-being of the animals involved. This resulted in the IAHAIO White Paper: *Definitions for Animal Assisted Intervention and Guidelines for Wellness of Animals Involved* (IAHAIO, 2014). This document will be used as a guideline in the definition of this thesis.

Animal-Assisted Interventions

At the beginning of the century, Fine first defined the concept of animal-assisted intervention as any intervention that intentionally includes or incorporates animals as a part of a therapeutic or ameliorative process or milieu (Fine, 2006). IAHAIO then redefined animal-assisted intervention as a goal-oriented and structured intervention that intentionally includes or incorporates animals in health, education, and human service for human therapeutic gains (IAHAIO, 2014). Such interventions should be developed and implemented using an interdisciplinary approach by people with the required knowledge about the people and animals involved. Today, the definition made by IAHAIO is considered the standard definition (Fine, 2016). Animal-assisted intervention works as an umbrella term, and the main concepts in animal-assisted interventions are animal-assisted activities, animal-assisted counselling, animal-assisted pedagogy, and animal-assisted therapy. This thesis will mainly focus on animal-assisted therapy and animal-assisted interventions, and these concepts will occasionally be used interchangeably. This is because one institution does not meet all the

requirements necessary to be considered animal-assisted therapy. Therefore, animal-assisted intervention will be used whenever both institutions are discussed concurrently.

Animal-Assisted Therapy

Animal Assisted Therapy is a goal-oriented, planned, and structured therapeutic intervention directed and delivered by health, education, or human service professionals, including psychologists and social workers. Intervention progress is measured and included in professional documentation (IAHAIO, 2014). This is the most structured intervention, incorporating animals as a form of treatment to improve the physical, social, emotional, or cognitive functioning of individuals with various health conditions. Animal-assisted therapy involves a professional health or human service provider working collaboratively with an animal to promote improvement in human functioning (Fine et al., 2019).

Animal-Assisted Interventions by Using Dogs

At an international level, using dogs in animal-assisted interventions is common in numerous fields. Dogs are the most commonly used animal in animal-assisted interventions, followed by cats, horses and smaller pets (Fine et al., 2019; Nimer & Lundahl, 2007). Thus, the research is quite comprehensive, especially by using dogs in the intervention (Marks & McVilly, 2020; Meixner & Kotrschal, 2022; Mombeck & Albers, 2023; Rodriguez et al., 2020; Wintermantel et al., 2024). This thesis will address how utilising dog-assisted interventions has been done for children in rehabilitation for complex issues, such as physical, mental, and social challenges, and adults in rehabilitation for substance misuse. These are two groups with very different starting points yet quite similar ideas about the outcomes when it comes to the effects of dog-assisted interventions (Hüsgen et al., 2022; Muela et al., 2017).

Dog-Assisted Interventions for Children and Adolescents in Rehabilitation

Many children show great interest in dogs from an early age (Meixner & Kotrschal, 2022). Even in times when life feels meaningless and out of control, children find comfort in

dog-assisted interventions. One example of this is the use of dog-assisted interventions at hospitals. Lindström et al. (2020) evaluated children's experience and responses to dog-assisted interventions in paediatric hospital care. The results suggested that the children's well-being increased after dog-assisted interventions. The children evaluated the hospital stay as better after than before the sessions with the dogs. The study suggested that the children's responses show a focus shift after interacting with a therapy dog and that using a therapy dog in paediatric hospital care is a suitable complementary treatment.

The same tendencies have been shown in studies of dog-assisted interventions for adolescents with orthopaedic limitations. Vitztum et al. (2016) conducted a study on how a therapy dog-walking program could increase physical activity for hospitalised adolescents with orthopaedic limitations. The results showed a significant increase in physical activity during the intervention compared to before and after. The participants also expressed high enthusiasm for the program, and six out of seven patients completed all the walking sessions when no restrictions to physical activity participation were present. The findings indicated that a therapy dog-walking program is a good strategy for increasing physical activity for hospitalised adolescents with orthopaedic limitations.

One question to deliberate is whether dog-assisted interventions are feasible for the sickest children, the children battling cancer. Cowfer and Gilmer (2022) wanted to determine the feasibility of animal-assisted interventions for children with advanced cancer and their parents in a hospital setting by conducting a weekly 15-minute intervention together with a therapy dog. Based on the enthusiasm for completing the dog-assisted interventions, the researchers concluded that animal-assisted interventions are feasible, even for children with advanced cancer.

The studies evaluated the effects of dog-assisted interventions on paediatric hospitalisation and adolescents with orthopaedic limitations. The results indicated that dog-

assisted interventions, such as therapy dog sessions, have improved well-being and increased physical activity among hospitalised children and adolescents. Studies also suggest that such interventions are feasible even for children battling advanced cancer, demonstrating potential benefits for diverse patient populations.

Dog-Assisted Interventions in Rehabilitation of Substance Misuse

Prisons and rehabilitation centres for substance misuse are areas where dog-assisted intervention has been studied. People struggling with addiction often report several benefits of dog-assisted intervention programmes, both in prisons and in rehabilitation situations (Contalbrigo et al., 2017; Wesley et al., 2009). Madden Ellsworth et al. (2016) investigated the effectiveness of a dog-assisted intervention in improving the effect of adolescents in treatment for substance misuse by doing weekly 1-hour-long activities with dogs from an animal shelter for four weeks. The study concluded that the intervention with the dogs reduced negative affect, and the patients had more positive attitudes toward the intervention when the dogs were included. The findings indicate that dog-assisted interventions are a valuable method for restoring affective stimuli in adolescents struggling with substance misuse.

Loneliness, guilt, shame, and anxiety are common feelings in rehabilitation for substance misuse (Snoek et al., 2021). Scott and Kirnan (2023) explored whether men in substance misuse treatment felt less loneliness and anxiety by attending informal social gatherings, including therapy dogs. The results suggested that subjective situational anxiety in the participants was reduced after interaction with the therapy dogs. The study implied that adult men in treatment for substance misuse had a positive effect from dog-assisted interventions and that the intervention was financially and practically effortless to implement.

Physical activity is known to be a factor in good health and is shown to be an alternative approach to reducing rates of substance misuse (Thompson et al., 2018). This

makes it crucial to promote physical activity among patients in rehabilitation for substance misuse. According to Rhodes et al. (2020), interaction with dogs is a good method to increase physical activity among adults in every stage of life. Given the findings by Rhodes et al. (2020), dog-assisted interventions might have a positive effect on the physical activity of patients in rehabilitation for substance misuse.

As the studies show, dog-assisted interventions have been found beneficial for individuals in prisons and rehabilitation centres for substance misuse, indicating improvements in affect, reduced loneliness and anxiety, and potentially increased physical activity. These interventions offer a promising opportunity for addressing emotional and physical well-being in populations struggling with substance misuse.

Ethics in Animal-assisted Interventions

When using animals in interventions, there are multiple ethical considerations to deliberate. Evans and Gray (2012) investigated the amount of information child-centred social workers have about the potential of animal-assisted therapy. The researchers discovered a need for a body of knowledge to ensure best-practice approaches to Animal-assisted therapy. They also argued that practitioners are responsible for contributing to the field, developing ethical guidelines and extending knowledge.

Simonato et al. (2020) delved into the ethical considerations of involving animals in therapy by focusing on the animals' perspective. The researchers used “The Three R’s Principle” as a framework for animal-assisted interventions. This is a known principle for regulating and ensuring the welfare of the animals within the use of animals for human purposes (Fenwick et al., 2009). They concluded that proper attention must be given to each animal as an individual to deliver the best animal-assisted intervention for both humans and animals involved and to develop animal ethics and welfare in the field of animal-assisted interventions.

Both studies address ethical concerns in animal-assisted therapy and animal-assisted interventions, emphasising the need for widespread knowledge among practitioners and focusing on individual animal welfare. Evans and Gray underscore practitioners' need to contribute to ethical guidelines and knowledge development. Simonato et al. advocate for applying principles such as "The Three R's Principle" to ensure the well-being of both humans and animals in animal-assisted interventions.

Where are we Today?

The research presented indicates the positive effects of implementing dog-assisted interventions for children in hospitals and adults undergoing rehabilitation for substance misuse. However, empirical studies reveal growing mental health issues and treatment-seeking in children, adolescents, and adults over the past decades (Comeau et al., 2019; Johnson, 2021). With mental health and substance misuse accounting for the highest spending in the Norwegian healthcare system (Kinge et al., 2023), there is a crucial need for improved and diversified variety of complementary and alternative therapies, such as art therapy, exercise therapy, music therapy, and as presented in this thesis, dog-assisted therapy (Hu et al., 2021; Mahendru et al., 2023; Zbidi et al., 2023). Dog-assisted intervention is health-promoting for four of Norway's top-ten health burdens in terms of costs, namely dementia, intellectual disabilities, anxiety, and depression (Kline et al., 2019; Lundqvist et al., 2017; Marks & McVilly, 2020; Schooten et al., 2024). This underlines the importance of further exploring the topic.

In Norway, everyone has the right to essential health care provided by the health service (Pasient- og brukerrettighetsloven, 2001, § 1-2). This includes children in hospitals and adults in treatment for substance misuse as well. Children also have the right to proper activity and education during their stay in health institutions (Pasient- og brukerrettighetsloven, 2001, § 6-3 & 6-4), while substance misusers have the right to instant

necessary help from secondary health care (Spesialisthelsetjenesteloven, 2001, §3-1). The legislations make dog-assisted interventions a feasible substitute to ordinary therapy for children in hospitals and adults with substance misuse in need of health care in Norwegian institutions. CatoSenteret and Frankmotunet are two of the institutions in Norway that offer dog-oriented, animal-assisted interventions in health care.

CatoSenteret is a part of the secondary health service in Norway and offers rehabilitation for patients with cancer, neurological conditions, and other disabilities (CatoSenteret, n.d.). They offer dog-assisted therapy as a supplement to the rehabilitation for children and adolescents whenever it can have positive effects on the original rehabilitation program (Andersen, 2021). They use certified therapy dogs in structured therapeutic interventions with professionals and are therefore qualified for the title dog-assisted therapy.

Frankmotunet is also a part of the secondary health service in Norway. It is a long-term rehabilitation centre for people struggling with substance misuse (Tyrili, n.d.). They utilise rehabilitation close to nature, offer dog sledding, and work in the dog yard as part of the therapy. They experience the dog yard as the best way into the patient's heart (Dybing, 2022). Frankmotunet does not meet all the requirements in the utilisation of dogs to be considered animal-assisted therapy. They utilise the dogs in a more unstructured way without specific therapeutic goals and are therefore qualified for the title dog-assisted interventions.

Why is Research Necessary?

The studies presented show promising results in using dogs in animal-assisted interventions for children in hospitals and people in rehabilitation for substance misuse. During the last decade, several students in Norwegian universities have examined the effects of animal-assisted interventions (Andersen, 2021; Dybing, 2022). However, the evidence for using animal-assisted interventions is still a relatively unexplored field in Norway. Only a few

health institutions have considered using animal-assisted interventions as part of their rehabilitation program (Bergsagel, 2018).

Purpose statement

This thesis aims to investigate how dogs can be used as emotional support, in this case, for children in rehabilitation at CatoSenteret and adults in rehabilitation for substance misuse at Frankmotunet. The project will also investigate what ethical considerations arise when using animals in interventions. This raises two research questions:

Research Question 1: What are the organisational approaches and the experiences of patients and professionals utilising dogs in therapeutic interventions in Norway?

Research Question 2: What ethical considerations arise when using dogs in therapy?

The approach is inspired by my interests and knowledge about the field, in addition to the knowledge gap and the need for clarity, direction, and more robust empirical evidence when it comes to using animals in therapy (Fine et al., 2019).

Method

Choice of method

To investigate the presented research questions, this thesis used a qualitative method using a phenomenological approach with a descriptive design. Qualitative methods might be defined as strategies for describing, analysing, and interpreting a studied phenomenon's characteristics or qualities (Malterud, 2017). Qualitative research often starts with one or more broad research questions that may be revised and narrowed as preliminary findings occur (Denny & Weckesser, 2022). In this case, the thesis aimed to explore the organisational approaches and experiences of patients and professionals utilising dogs in therapeutic interventions and the ethical considerations raised when using animals in this therapy. The findings determined the focus areas of the thesis, again forming more narrow research questions to answer.

A phenomenological approach implies that the thesis focuses on understanding individuals' subjective perceptions and experiences about a topic (Malterud, 2017). In this thesis, the emphasis was on both the patients' and the professionals' perceptions and experiences of the phenomena of dog-assisted interventions, which makes a phenomenological approach suitable (Moran, 2019).

A qualitative descriptive design is well suited for a master's level thesis, as it contributes to exploring research questions through straightforward descriptions of experiences and perceptions (Doyle et al., 2020). It also seeks to discover the phenomena of who, what, where, and how, which was part of the aim of this thesis. *Who* is utilising dog-assisted interventions in Norway? *What* are they experiencing? *Where* are the dog-assisted interventions happening today, and *how* can they be more acknowledged? I reminded myself of these questions during the fieldwork.

The data collection consisted of triangulation. Triangulation is a research approach combining multiple data sources to illuminate a topic of interest (Annells, 2006; Donkoh & Mensah, 2023). The data sources conducted in the triangulation were interviews and participant observation, while a literature review of the existing research was used to complement the empirical data. Triangulation aims to add depth to the collected data and enhance its validity (Fusch et al., 2018). My supervisor and I found triangulation the best approach for broadly exploring the research questions. Interviews, participant observation, and literature review alone were insufficient to capture animal-assisted interventions' organisation, experience, effects, and ethics. Both interviews and observations were chosen because they are known to complement each other (Johannessen et al., 2021).

Recruitment strategy

Through strategic sampling, CatoSenteret and Frankmotunet were contacted during spring 2023. See Appendix A for the e-mail exchange. The institutions were asked to

participate in a qualitative study regarding their use of dog-assisted interventions in therapy. They were informed that the study included both interviews of therapists and observations of patients. Each interview was assumed to last 30 minutes to 1 hour, while the observation would last for one week (Monday to Friday) at each institution. The institutions were also informed that the interviews would be audio-recorded and transcribed, and the observations would be described and transcribed consecutively during the week. The transcriptions would be anonymised and used as data sources for my master's thesis. Both institutions answered positively and expressed interest and helpfulness during the whole process of data collection. I got one contact person at each place who helped me with various issues, such as finding a place to stay and getting in touch with therapists and patients. Each institution was given a bouquet of flowers and a card as a formal gratitude for participating in the study.

I chose to include two different institutions to get adequate participants and to explore and compare two completely different ways of using dog-assisted interventions. CatoSenteret uses certified therapy dogs in mostly one-on-one sessions with the child and therapist. The dogs at this institution are privately owned, which means that one therapist is the primary user of their dog. Frankmotunet has a husky kennel, and the whole experience of running a dog yard is a part of the rehabilitation. Here, everyone is responsible for every dog's welfare. Surprisingly, I found the two worlds of dog-assisted interventions to have more in common than one might think. This will be further elaborated on.

The contact persons at each institution helped me contact therapists who were suitable to interview and patients willing to participate. Before the data collection started, they invited seven therapists and 12 patients. Because of practical reasons, such as the patients' schedules and interest in participating during the week, I gathered data from seven therapists and seven patients for the analysis. These patients will be described further, while the remaining patients will be identified as "Fellow patients."

Participants

Overall, a sample of 14 individuals contributed to our study. According to phenomenological approaches, when the researcher studies a phenomenon through human experiences, the standard is to study a small group. Everything between 3 and 15 is acceptable (Johannessen et al., 2021). The interviews included seven therapists. Three of them belonged to CatoSenteret, four of them belonged to Frankmotunet, and all of them were connected to dog-assisted interventions. Four therapists were directly working with the dog-assisted interventions daily, while three therapists were indirectly related to the dog-assisted interventions by following up with patients. The observations included seven patients. Four belonged to CatoSenteret, and three belonged to Frankmotunet. The patients from CatoSenteret were between 12 and 18 years old, while those from Frankmotunet were adults above 18. All the patients had basic knowledge of how and why dogs were utilised in the rehabilitation, to a degree that the contact persons considered them suitable informants. See Table 1 for participant description.

Table 1

Demographic Characteristics of Participants

	Therapist	Patient
CatoSenteret	1.1: Sports educator	3.1: Cancer
	1.2: Psychologist specialist	3.2: Wheelchair user
	1.3: Nurse	3.3: Psychosomatic challenges
		3.4: Former patient
Frankmotunet	2.1: Healthcare worker	4.1: Adult connected to nature
	2.2: Social worker	4.2: Adult struggling with anxiety
	2.3: Deputy Chairman	4.3 Adult with a history of both substance
	2.4: Nurse	misuse and somatic sickness

Ethics

Ethical approval for the study was evaluated and approved by the Department of Psychology's internal research ethics committee (IPS-REC) at UiT The Arctic University of Norway (Ref. 12/23/R1). The study was also reported to and approved by Sikt Norwegian Agency for Shared Services and Education and Research (Ref. 683479).

Informed Consent

All participants were informed of the study both orally and by writing, both by mail before I came to the institution and before observation and interviews started. The therapists read and signed the consent form before the interviews started (Appendix B). I also discussed the study's information orally before the interview started. It was essential to have fully informed consent before the start of observations. The participants were patients, and all were either kids, adolescents, or adults undergoing rehabilitation. This made the whole participant group vulnerable. Therefore, I repeated the participant's right to withdraw their consent, giving no reason whenever they experience discomfort or insecurity about my observations or other parts of the project. Before the observation started, the patients or patients' guardians read and signed the consent form and got an oral description (Appendix C/D).

Anonymity

To ensure anonymity within the data, the transcribed interviews and observations were anonymised, and the original names of the participants were replaced either by their profession or from their personal code from the participant table (Table 1). The participants are only identifiable by the institution's name and the brief explanation in the participant code. No other identification, such as name, age, gender, or the exact time of interview and observation, is revealed. The anonymous transcriptions, the audio recordings, and the field notes have been stored on a locked computer, and no one outside the project will have access

to them. The audio recordings will be deleted no later than one year after the master thesis is submitted (submission 2nd of May 2024).

Researcher Description

This study was done in collaboration with CatoSenteret and Frankmotunet. The participants believed in both the project and dog-assisted interventions. Despite this, they were encouraged to reflect critically and managed to do so to a degree that gave insight into every part of dog-assisted interventions. This led to sufficient data collection covering a broad spectrum of utilisation.

The author of this study has personal experience with dogs and has experienced their positive effects on humans, as well as written a bachelor thesis about animal-assisted therapy. Previous to this study, the author had little personal experience regarding the effects and considerations of using dog-assisted interventions in therapy and no experience with either of the institutions. This background level can be considered both a disadvantage and an advantage. On the one hand, the lack of experience from the institutions required some effort in understanding each institution's concept, which may have taken time and effort from the data collection initially. Conversely, previous experience with dogs made it easier to talk about, observe and understand the interaction between patients and dogs. It also made it easier for the author to be accepted by the patients, as they felt recognized within their reflections. Also, writing a bachelor thesis about the topic might have given the author a prior understanding of dog-assisted interventions.

Finally, the author has a strong belief in animals' proficiency as a therapeutic tool for every human that can and will make use of it. With this in mind, the author has tried to keep a professional and critical perspective throughout the thesis and tried to objectively seek, analyse, and present findings that are good enough to contribute to the field of animal-assisted interventions.

Data collection

The original plan was to do observations while mainly using interviews as a supplement. However, due to the amount of data in each interview, the interviews quickly became the primary data collection method. When it comes to the conduction of interviews and observations, the method is based on the guidelines of Kvale and Brinkmann's "Seven stages of interview surveys", consisting of thematization, planning, interviewing/observing, transcription, analysing, verification, and reporting (Kvale & Brinkmann, 2015, p. 137).

Firstly, the reason for basing both interviews and observations on the seven stages is that they are recognised qualitative research methods (Bourdieu & Ferguson, 1999; Kvale & Brinkmann, 2015). Secondly, few other observation guidelines are equivalent to the seven stages guidelines.

The interviews were obtained through semi-structured interviews of therapists, while the observation was obtained through participant observation of the patients for one week at each institution. Both interviews and observations were conducted at the same visit to each institution. Both data collections were conducted independently and from different participant groups to investigate different intervention experiences. In the final part of the analysis, findings from interviews and observations were integrated and analysed.

Interview

For the first part of data collection, I conducted seven interviews with the therapists at CatoSenteret and Frankmotunet. See Table 1 for a broader description of the participants. The interviews were conducted throughout the week to get a different perspective on each interview. The interviews conducted at the beginning of the stay had a different nuance than the interviews done at the end of the stay. The interview guide was designed as a semi-structured interview, following an interview guide with open-ended questions (Johannessen et al., 2018). This aimed to get the participants to talk about dog-assisted interventions. More

specifically, they answered questions within the categories that had been developed prior. The categories were the organisation of dog-assisted interventions at their institution (e.g. “How can a usual day of DAI look like?”), their own experiences with dog-assisted interventions together with the patients (e.g. “Can you tell about an experience between patient and the dogs that has had an impact on you?”), and their thoughts and concerns around ethical considerations of using dogs as a tool in therapy (e.g. “Can you tell about which framework has been put in place to preserve the welfare of the dogs?”). The parts of the interview guide about organisation and experience are partly taken from an interview guide by Andersen (2021). Andersen has written a master's thesis about Animal-assisted therapy at CatoSenteret, where she used interviews, and I wanted to compare my findings with hers. This is why I used her interview guide as a tool for my research. See Appendix E for the interview guide used in my thesis. Not all interviews conducted consisted of every question. It was not considered valid as the questions were adapted to the content of each interview.

The interview ended when the relevant original questions and additional questions were answered, and the participants had nothing more they wanted to add. The interviews occurred at the participants' offices or a suiting room. All the interviews were conducted face-to-face in Norwegian and audio recorded. The average length of the interviews was approximately 40 minutes; the longest lasted for 56 minutes, and the shortest lasted for 20 minutes (this interview had to be shortened because of the participant's schedule).

Observation

The second part of the data collection was conducting participant observations for one week at each institution to get a patient's point of view of the dog-assisted intervention offered at each place. I observed a total of seven patients, each with a different story. See Table 1 for a broader description of the participants. Participant observation is a classic fieldwork strategy in qualitative research. Participant observation will allow the researcher to get closer to the

people included. The researcher can compare what informants say with what they do in different situations (Fangen, 2010).

The observations were conducted in different ways at each of the institutions, both when it came to how the dogs were used, as well as my role as an observer. At CatoSenteret, they utilised the dogs as a supplement in sessions, mostly lasting for 20-30 minutes. Therefore, I participated as a participant observer, taking notes during the sessions and rewriting the notes to a detailed description after each session. On average, they had between 2 and 3 sessions with the dogs each day, giving me approximately 1 hour of intense observation data daily. At Frankmotunet, the dogs lived at the institution and were a part of the daily routine. Therefore, I participated the whole day and mostly did the same chores as the patients. When it was natural, I talked with the patients about their thoughts and experiences with the dogs. When the patients had other things to do not related to the dog yard, I went to a guest room at the institution, and rewrote the notes.

The goal was neither complete observation nor complete participation, so I wanted to participate and observe to the degree that the patients felt safe around me. This led to a difference in the observation at each institution. At CatoSenteret, it meant participant observation in the sessions and being visible in the hallway during the week while going home to an Airbnb 15 minutes away from the institution after the workday. At Frankmotunet, it meant being a part of the working dog team and contributing to the daily chores of feeding, training, and caring for the dogs. Since I lived at the institution, I ate food and spent most evenings with the patients since they appreciated my interest in their everyday lives.

Transcription

When transcribing the interviews and the observations, the goal was to perceive the original material and essence as best as possible. The transcripts were written in Norwegian,

the participants' original language, using Office Word. The interviews were transcribed with help from the transcription service Good Tape.

Good Tape is an automatic transcription service that makes it easy for journalists and other professionals to turn audio recordings into text, regardless of sound quality. Our service also works in many languages (...). You can trust us to safeguard your recordings. They are protected by end-to-end encryption. We are fully GDPR-compliant, and the files never leave the EU” (Zetland, 2023).

I used this transcription service because of the data that needed to be transcribed.

Transcriptions from Good Tape were reviewed and rewritten line by line against the audiotape. The observations were transcribed by hand and consisted of my thoughts and the patients' actions and explanations from sessions at CatoSenteret, the daily work at Frankmotunet, and histories from everyday life. If I could choose again, I would have used UiT's transcription program, *Klartekst for tale-til-tekst* (UiT, 2024), to fully keep the data material within the university. Unfortunately, this transcription service was not launched when I did my transcriptions, so I used a different yet equivalent secure transcription service. I made my account on Good Tape to have an opportunity to delete the transcriptions from my account immediately after saving them on my computer.

Data analysis

The analytic method was thematic analysis (Braun & Clarke, 2006). The choice was based on the focus of the research, namely exploring the experiences of patients and professionals using dogs in therapeutic interventions and the ethical considerations raised when using animals in this kind of therapy. This led to a thematic analysis being the chosen strategy for the analytic method since thematic analyses move beyond counting explicit words or phrases and focus on identifying and describing implicit and explicit ideas within the data (Guest et al., 2012). Thematic analysis can be used within different theoretical frameworks to

identify, analyse, and report topics within the data, such as phenomenology used in this thesis (Braun & Clarke, 2006). The analysis had an inductive approach, analysing several cases within a group to draw generalisations for the whole group (Kvale & Brinkmann, 2015, p. 224). In this thesis, the findings in the analysis of both interviews and observations will contribute to drawing generalisations regarding the use of dogs-assisted interventions.

A thematic analysis can be conducted in different ways, and a recognised way is to follow the six-phase analysis method established by Braun and Clarke (2006). I followed the further developed and simplified four-phase analysis method established by Johannesen et al. (2018) during the thematic analysis of the written transcripts. This four-phase analysis consists of 1: preparation, 2: coding, 3: categorisation, and 4: reporting. I used first-cycle analysis in phase one and two-cycle analysis in phases two and three. Phase four will be presented in the findings.

The first phase of the thematic analysis consisted of preparation and according to the first cycle analysis (Saldaña, 2013). This included transcribing, creating an overall impression, and finding units of meaning in the text. The analysis started during the data transcription since I had already gained insight into the interviews and observations. The transcriptions were read using Office Word. I read all the transcripts two times to understand their essence fully. To create an overall impression, I took notes while I read to get a sense of the breadth and depth of the content in all the interviews and observations. The main topics were developed a priori through the semi-structured interviews. Then, I found units of meaning in each interview. Each time the interview or observation naturally changed the topic, I made a new unit of meaning as a preparation for the following coding.

The second phase of the thematic analysis consisted of coding using second-cycle analysis (Saldaña, 2013). This phase started using Office Word for each interview and observation. More than 100 pages of text were coded in Office Word by giving each unit of

meaning a specific code. Some units of meaning got two codes, while other units of meaning got a general code. Examples of units of meanings gotten a general code might be information irrelevant to the research questions, for example, beginnings and endings of interviews or notes from observations not relevant to the topic. Then, I collected the corresponding codes from interviews and observations using NVivo.

The third phase of the thematic analysis consisted of categorising the codes. This was also done using NVivo, categorising each code into a broader category. This gave me several categories and codes that were recontextualised into topics and sub-topics. The categorisation ended up as a trinity model consisting of three main topics belonging to sub-topics (see Table 2). This was a long process, and I also discussed different solutions with my supervisor to get the most descriptive topics and sub-topics possible.

The fourth phase, reporting, involved explaining the three final topics and their sub-topics in a narrative style and illustrating them with quotes from the interviews and observations. Phase four is presented in the findings.

Evaluation of Qualitative Research

The reliability, validity, and objectivity of the method and findings will be further explained in the thesis to ensure the quality of the qualitative research.

Reliability

One way to strengthen the reliability of qualitative research is to give the reader a detailed description of the research context and an open and detailed description of the methods used (Johannessen et al., 2021, p. 256). In the case of the thesis, this is done through detailed descriptions in the method section.

Internal and External Validity

Validity can be measured in multiple ways, and this thesis will measure internal and external validity. To measure internal validity in qualitative research, called credibility, one

sees whether the researcher's methods and findings reflect the purpose of the study (Johannessen et al., 2021, p. 256). This study used triangulation to strengthen credibility by combining interviews and observations in the data collection. Triangulation was also conducted by including two separate practice fields in the data collection.

External validity in qualitative research, namely generalizability, sees whether the results of a study establish descriptions, concepts, and interpretations of the aspects studied that are valuable in real life (Johannessen et al., 2021, p. 258). This study aimed to strengthen generalizability by establishing detailed descriptions of each institution's use, effects, and considerations of dog-assisted interventions.

objectivity

Objectivity in qualitative research, namely verifiability, is about ensuring neutrality and impartiality within the research. This can be done by critically reflecting on the methods and findings used in the research (Johannessen et al., 2021, p. 259). To ensure verifiability, this study has explained all decisions taken during research in the method section. The study also looked at the findings in relation to earlier research and let informants confirm the findings from interviews and observations.

Findings

In analysing the data from interviews and observations, three main topics emerged from the findings: *Organisation* of dog-assisted interventions at each institution, *Experiences* from therapists and patients regarding effects, and *Ethical considerations* that need to be deliberated when using dogs in therapeutic interventions. Each finding will be presented with direct quotations from participants, as well as quotations from field observations. The quotations from the participants and field observations have been translated from Norwegian to English to suit this thesis. During the translation, the goal has been to preserve the essence as best as possible.

The findings from both locations will mainly be presented as one, although an essential difference between the locations was the organisation of dog-assisted interventions. Regarding perspective, there were differences between the two participant groups, patients and therapists. This will be further elaborated on in the discussion.

The main topics are divided into sub-topics. Each main topic with belonging sub-topics is presented in Table 2. The first topic, Organisation, entails how each institution organises dog-assisted interventions at the institutions, regarding the practical implementation of the dog-assisted intervention, who gets the offer of dog-assisted interventions, and the intention of the intervention. The second topic, Experience, entails perspectives of how they use the dogs as an emotional tool, what development the therapists see in the patients who use dog-assisted interventions, and personal experiences from the therapists and patients. The third topic, Ethical Considerations, entails the reflections from therapists and patients on how to ensure the safety of the dogs, how to ensure the safety of the patients and reflections on what is essential for the future of dog-assisted interventions.

Table 2

Main Topics and the Related Sub-topics and Findings

Main topics	Sub-topics and Findings
Organisation	<p>Practical implementation. The ways of using dog-assisted interventions differ. Both institutions have facilitations for fear and allergy.</p> <p>Who gets the offer. The patients decide how to implement dog-assisted interventions, which should always be voluntary.</p> <p>The intention. Dog-assisted intervention is intended to teach the patient therapeutic tools. Therapists use dogs to aid their profession.</p>
Experience	<p>Dogs as a therapeutic tool. Dogs have roles as therapeutic tools, such as emotional support, mastery, and connection.</p> <p>The patient's development. Patients experience calmness and increased joy. Patients also experience a shift in identity and improved self-esteem.</p> <p>The therapist's experience. Personal stories from the therapists.</p> <p>The patient's experience. Personal stories from the patients.</p>
Ethical considerations	<p>Reflections. Positive, negative, and ambivalent reflections emerge regarding using dogs as a therapeutic tool in rehabilitation.</p> <p>How to care for the dogs. The institutions have internal regulations, although no external guidelines for animal welfare do not exist.</p> <p>How to care for the patients. Safety of the patients, as well as their own impressions, is essential when evaluating the welfare of the patients.</p> <p>The future of Dog-assisted interventions. The findings underline seeing everyone involved, the need for formal guidelines and professionalism, research and evidence, and claim a place for dog-assisted interventions.</p>

Integrated Findings

Organisation of Dog-Assisted Interventions

During interviews and observations, one of the topics explored was the organisation of dog-assisted intervention at each institution. When the participants discussed how they organised dog-assisted interventions at each institution, they described implementation, who gets the offer, and the intention of bringing dogs into the therapeutic program. They also described how they handle issues like allergy and potential fear of dogs among patients, options for using the dogs, and their role as a therapist during the intervention.

Practical Implementation

The practical implementation of the intervention is very different at each institution. Therefore, the practical implementation at CatoSenteret and Frankmotunet will be presented separately.

Practical Implementation at CatoSenteret. At CatoSenteret, the practical implementation is session-based, as described in the quotation from the nurse:

I schedule about 30-45 minutes if I am going to use animal-assisted therapy in the session. (...) I first take the dogs and the patient out for a walk where we have a session outside, and then we finish off by calming down inside the dog room. Both activity and calming down are important and something the dogs can help with.

Each session can be different, depending on the patient's needs. Some patients need help to increase their physical activity, while others want to train their social skills. Some patients need to practice presence, to be here and now. The sessions can vary to take advantage of the dog's many ways of encouraging the patients. As sports educator describes:

The content in the sessions can be pretty diverse. We have the ball pit outside, which we often use for "Cato Agility." We might go up into the woods and play hide-and-

seek or go in the hallway and practice recall or different commands. Alternatively, we can visit social areas, such as walking around the building or up to the school.

The same tendencies were found through the observations. Every session varied according to each patient's needs:

I joined patient 3.2, sports educator, and Kira (dog) out in the ball pit. Patient 3.2 is wheelchair-dependent, so today's session was focused on controlling the dog through an agility course from the wheelchair. This was to strengthen the self-esteem with their wheelchairs.

Practical Implementation at Frankmotunet. Frankmotunet has a different way of implementing dog-assisted interventions. The patients have daily chores in the dog yard. The way of using and training the dogs in the dog yard differs from summer to winter, but the fundamental daily chores are the same throughout the whole year, as the nurse describes:

After breakfast, a group walks up to the dog yard. There, they clean, feed, and water the dogs. Cuddling with the dogs and taking care of them is the priority. Then we often have a coffee and cookie break. Moreover, after the break, there is everything from miscellaneous work in the dog yard to walking and training the dogs.

The chores in the dog yard need to be done every day. According to the deputy chairman, there is something therapeutic about the organisation process and the daily chores:

There is much communication around the dog yard, which has a good therapeutic effect, but it is also about organising everything so that it works, and the dogs are well.

Through the observation process, I could join the daily chores and be a part of the dog yard team. The daily chores gave several opportunities for therapeutic moments together with the dogs, like in this quotation from the observations:

09:15: We start in the dog yard. Here, we do the daily care of feeding the dogs and checking that everything is as it should be. I joined patient 4.2, and we fed the

females. Today, we take turns to challenge patient 4.2 a little more. We then spend some time with the dogs, just cuddling.

Facilitation. Both institutions have ways to facilitate the combination of dog-assisted interventions and ordinary rehabilitation programs. The participants explain how different issues like allergies, fear of dogs, and different options if the patients want to use the dogs in alternative ways. At CatoSenteret, they have some general rules they follow if there are people that are allergic or afraid of dogs, which sports educator describes:

We bathe the dogs every other week to reduce allergies. This probably works great, as we hear very little about allergies. Regarding the fear of dogs, everyone is screened upon arrival, and it is mentioned that dogs are inside the house.

Nurse has the same experience. She thinks that the precautions they take show positive results:

At CatoSenteret, we have a separate room for the dogs. Those who are allergic do not have to touch them. We sometimes train in the hallways here, but for the most part, we have the dogs on a leash if other patients are afraid of dogs. Otherwise, they roam freely around here, and it has never really been a huge problem.

The same goes for Frankmotunet. They also separate anything related to the dogs from the rest of the centre regarding allergies and fear of dogs, according to healthcare worker:

We do not have any dogs inside, and we have a room where dogs or dog clothes should not be. We have changing rooms where we encourage people to leave their dog clothes before and after going to the dog yard. Regarding fear and anxiety, we try to keep the dog yard isolated. The dogs should always be on a leash.

At Frankmotunet, they also have different options for spending time together with the dogs. There are no requirements to go dog sledding, so the patients use the dogs differently.

This is clearly explained in the observations:

When patient 4.1 and I are out mushing, we meet two other patients who are out training with two dogs on a kickbike. This shows how patients spend time with the dogs in different ways.

The findings show that CatoSenteret and Frankmotunet have pretty different ways of using dog-assisted interventions. While CatoSenteret does session-based interventions with therapy dogs, Frankmotunet uses the dog yard as a part of the daily chore where the intervention happens naturally between dog and patient. Both institutions have facilitations when it comes to fear and allergy.

Who Gets the Offer

The patients who will get dog-assisted intervention to supplement their rehabilitation will also be explored. At CatoSenteret, nurse express how they offer dog-assisted therapy mainly to children and youths:

Dog-assisted therapy is mainly offered to children and youths. Some young adults want it to reduce stress, train a specific function, or help those with fatigue become active again. So, the main groups are those who want to explore activities together with dogs and those who need it to reduce stress.

At Frankmotunet, they offer dog-assisted interventions to every patient, but it is then up to each patient how much time they want to spend in the dog yard, as the deputy chairman describes:

Everyone gets the offer. The dog yard is for everyone who is a patient here. It is up to everyone how much they want to use it and in what way they want to use it. (...) The kennel is more like a supplement for those who want it. However, you should get the same quality in the treatment regardless of whether you use it or not.

The most critical perspective seems to be that the patient decides to use dog-assisted interventions to supplement their rehabilitation. Whether the patient wants it for increased

activity, decreased stress, or just as a daily interaction with animals, it should be conducted with good cheer.

The Intention

According to findings from interviews and observations, each institution has clear intentions when working with dog-assisted interventions. Psychologist specialist at CatoSenteret describes how they use the dogs to build a therapeutic alliance and help the children open:

Many of the young people who come here are ill and part of a family where things are difficult. When meeting the dogs, things happen quicker and more natural. It gives more security and trust. It also gives us employees opportunities to work therapeutically and talk and gain trust quite quickly. I often notice that.

At Frankmotunet, the dog yard provides an arena for patients to work on relationship skills with therapists and other patients and emotion regulation. The nurse explains it like this:

We have many conversations about what the patients are here to work on or things that are tough while we work together and while we are busy with the dogs. I think it is about us being outside, doing something together, and not meeting in an office to talk for 20 minutes. When we do something, it is easier to talk about what is inside us

During the observations, I could see how the therapists used the dogs with the intention of helping the patient be mindful and present in the meeting with their own emotions:

Patient 3.3 feels at Pippa's ears, fur, and skin. They focus on Pippa's breathing. I can see changes in the way Patient 3.3 pets Pippa. The strokes were hard and fast at the start of the session before they gradually became more calm stroking. The dog's role is to be present with the patient.

The Role of the Therapist. The therapists often use the animals as a tool combined with their professional skills. Sports educator describes that every profession colour the way of utilising the dogs:

Dog-assisted therapy itself is a tool for our profession. As a sports educator, my role is to meet the needs of the sports educator at CatoSenteret, and the dog will help me in an additional role in the patient process. Our professions very much colour dog-assisted therapy and reinforce our roles in the face of the patients.

The same goes for the therapists at Frankmotunet. Healthcare worker describes its main role in the dog yard as guidance and motivator. As well as ensuring the safety. The dogs are used as an arena to have the good conversations with the patients:

My role is to guide and motivate. As an employee, I must also ensure the safety of both the dogs and the patients in the kennel. (...) I did yesterday by sitting in the dog yard and having conversations. I try to use the kennel as a therapy arena for different topics or everyday things. These are some of the ways I use the dogs.

For the social worker with dog responsibility at Frankmotunet, the role of a therapist might be dual:

During winter, my job is both therapy and dog training in one pot. There is always a balancing act between my job as a social worker and as a dog handler. (...) This is where the magic happens, in training and caring for the dog while the human is in the process of rehabilitation. As a social worker, I get a lot for free through the dogs.

As the quotations show, both CatoSenteret and Frankmotunet have clear intentions related to the role of dog-assisted interventions. The intentions were related to building a trustful relationship, improving the patients' relationship skills, and helping them understand and acknowledge their emotions. The therapists also had individual intentions and ways of using the dogs to best aid their profession.

Experience

During interviews and observations, the second main topic explored was each institution's experience using dog-assisted intervention. When the participants shared their experiences, they described the effects of dog-assisted intervention, how patients develop with the dogs, and some of their own experiences that had impacted them.

Dog-assisted Interventions as a Therapeutic Tool

According to the interviews and observations, the dogs at each institution might be emotional support in the patient's everyday life. At Frankmotunet, the patients often go to the dog yard after a session of therapy:

We see people go to the dog yard if they have had a hard day, have been to the psychologist, or have had a meeting. Then many go to the dog yard and maybe stay there for an hour or the rest of the day, just sitting with one or more dogs and cuddling. And they stay there.

The same was observed at CatoSenteret. The observations uncovered that the interaction with dogs involved allows connecting with the patients at a different level:

Patient 3.2 and I do some tricks with the dog. The patient smiles, and we discuss what tricks we want the dog to do. The dog creates an arena where we are both equal, and the patient who knows the dog can even help me understand the dog.

According to observations, dogs also have a role in self-efficacy and motivation.

When it comes to the children at CatoSenteret, the children use the dogs as a way to form an identity in a new life situation:

In the end, patient 3.2 gets to develop a new trick for Kira to learn. Kira has to put her paw on the footboard of the wheelchair, and this trick is called "paw". The patient laughs and smiles. It is obvious that using the wheelchair together with Kira means a lot.

According to the findings, dogs seem to have several roles as therapeutic tools. Some patients use the dogs for emotional support after facing challenges during rehabilitation, others use the dogs to connect with the therapists, and others use the dogs as a tool for mastery.

The Patients Development

Examining the patients' development while undergoing dog-assisted interventions is crucial. Through the interviews and observations, it became noticeable that there is a difference between direct and indirect development. Direct development is the effect that happens immediately when interacting with dogs, while indirect development is the effect that emerges over time and is especially noticeable in retrospect.

Direct Development. The therapists often see direct changes in the patients when they interact with the dogs. Nurse often finds the patients calmer when they have a session of dog-assisted therapy during the day:

I find that many people de-stress and become calmer together with the dogs. To shift the focus to paws and fur, there is something stress-releasing with it. Many say it becomes easier to breathe. I see that many find it easier to connect with a dog.

The same goes for the patients at Frankmotunet. The therapists often notice more joyful behaviour in the dog yard compared to the other therapies:

The patients show much joy in being around the dogs, and the dogs are happy anyway. I think this affects the patients. Many can grin and laugh in the kennel but are otherwise quiet and calm during the therapy. They may feel positive feelings together with the dogs, which they did not know much about earlier in life.

During my observations at Frankmotunet, I noticed the same tendencies. Patients who were not so open and talkative seemed to open and wanted to help other patients with the work in the dog yard:

Patient 4.2 conducted the feeding session with fellow patients today and was encouraged to continue challenging themselves. They worked together when interacting with the dogs and during the feed.

Indirect Development. The most distinct findings from the interviews regarding indirect development are increased confidence, increased calmness, and a change in identity. Healthcare worker at Frankmotunet often see changes in confidence in the patients during their stay:

What I see as the most significant change is the confidence they develop. In relation to the dogs. But also, that they are much safer in themselves, in relation to teaching others, explaining, and showing, I find that the dog yard eventually gives people a lot of self-efficacy. And that the patients get more self-confidence and better self-esteem.

The deputy chairman has many of the same impressions. The dog yard, together with the rest of the therapy, gives a sense of identity development within the patients:

I think the dog yard has helped many develop their empathetic side and more patience and given them many new stories. Some have become aware of their boundaries and gotten to know themselves more. And I think many patients recognise that. Many have not been in contact with such real feelings earlier, not before they came here.

During the observations, I got to know patient 3.4. The patient told me their story about how the dogs had a role as emotional support for them while being in therapy at CatoSenteret, always with the dog by their side:

Patient 3.4 is a former patient who tells me about their great progress during their stay. When the patient started here, they struggled with much anxiety. They gradually got used to being here, always with the dog Kira by their side. Ultimately, the patient could complete the stay, becoming much calmer and more confident.

The quotations show that the patients develop directly and indirectly during the dog-assisted intervention. Directly, patients experience calming effects and increased joy during interactions with dogs, while indirect development includes enhanced calmness, a shift in identity, and improved self-esteem.

The Experiences of the Therapists

This section will present some participants' narratives about using dogs in therapy.

Sports educator at CatoSenteret remembers specifically one patient well:

There is a person I remember very well. That was a patient who had dropped out of school and had been out of school for two years. Very withdrawn and socially insecure. They were supposed to come here, and at first, we could not get them to come up to the CatoSenteret because it was too scary. But then we agreed to a small meeting outside with the dog. Because I knew they had a dog at home. So, we met here and walked around the house with the dog. It was the first meeting, and that was it. We were going to build a relationship, me and them and the dog. The next time we got into the house, and then we were done with it. Eventually, we took the steps up with the dog, which was an important part of it. Then the patient came on a stay here and eventually completed a four-week stay. And including the fact that the dog was here during the whole process, the dog was an important security for the person.

Among other things, we got the patient into the school here. Sometimes, we used dogs as security at school, so we used dogs actively as tools. This was not just one session but a slightly longer process, where the dog was an active part of the progress.

Psychologist specialist at CatoSenteret has a more general impression of using dog-assisted therapy and remembers many sessions with mindfulness:

I have worked a lot with mindfulness for young people. Many who come here have much restlessness in their bodies. It is obvious when we must sit or lie still in a room,

facing discomfort. Nobody wants that, which you are asking for when practising mindfulness. On a couple of occasions, I have brought Pippa or another dog in, and then Pippa has laid and relaxed in the middle of the floor, and the rest of us around. Then, the nurse and I often work together, and we say things like "Look how Pippa relaxes", "look at her body", and "Let us try to do like Pippa". We have used dogs actively, and it has worked very well. It is a demanding situation, working with relaxation, because it is challenging to face the discomfort.

At Frankmotunet, they have also experienced the dog's effects on patients. Nurse remembers especially a history with an older patient:

We have one who started by not using the kennel at all. But after a while in treatment, where the person felt safe around us, safe here at Frankmotunet, and more distanced from drugs, they started using the kennel, not for dog sledding, but more for self-care. Then, the patient started going for walks, and this became a daily routine for the patient. This shows that there is a much bigger picture than working with this addiction. It is a whole life that we work with, right? I think many people have a good effect from contact with animals while getting well. A dog always meets you confidently and is happy to see you, regardless of who you are, what you have done, what your story is, what you think of yourself, or what others think of you.

The deputy chairman also has a history that he remembers well, where an earlier patient destroyed the prejudices of the therapists:

Many years ago, we had a patient interested in dogs and wanted to run a dog race. However, the patient's starting point for making it happen was not good, and we almost wondered if this was justifiable. But then we had to try. We had employees who also ran the race and were out in the race with their team, so we considered going for it. And then it went so well. The patient demolished all our prejudices. Earlier, the

patient was very distracted, losing mittens and hats whenever we were outside. And that could be risky at a dog race, so we supplied extra mittens and hats in the sled so that if the patient lost something, there were extra in the sled. So, there were many reservations, but the patient really made the whole scheme look silly when it was time to perform. The patient made it happen. It was beautiful. That was a journey that I think many people remember well.

The Experiences of the Patients

During my observations, I got to know many of the patients and their history with dog-assisted interventions. According to my observations, many patients had a strong connection with the dogs at the institutions. At CatoSenteret, patient 3.1 had a remarkably strong bond with the dogs:

I had a conversation with patient 3.1, and it turns out that the patient has had their own dog in the past. The patient wears a necklace with an engraving of the family's dog on it and is very fond of dogs. "Dogs should have been on a blue prescription (Norwegian: Blå resept)". The patient really appreciates having a dog in treatment.

I did the same observations at Frankmotunet. Many of the patients had a strong relationship with the dogs, and one of the patients that particularly found therapeutic effects in the dog yard was patient 4.3:

I went for a walk with patient 4.3, where we talked about their former life as a "functioning drug addict". This means that the patient had a family and a job despite struggling with drug addiction. The patient came to Frankmotunet because they had heard so many good things about the place. They have two friends who had been here and had a positive impression of the place. When the previous institution was to be closed, the patient could choose to remain there until closure or choose a new treatment institution. The choice landed on Frankmotunet. Now, the patient has a

routine of greeting all the dogs every morning and taking some of their favourite dogs out for walks. “We understand each other”, the patient says while petting the dog Lillemor.

The quotations show several stories from both therapists and patients on how the use of dog-assisted interventions has been a crucial part of rehabilitation.

Ethical Considerations Regarding Use of Dog-Assisted Interventions

During interviews and observations, the third main topic explored was an ethical point of view on dog-assisted intervention at each institution. Findings from the interviews show both positive, negative, and ambivalent reflections about ethics. The interviews also uncovered reflections on how they ensured the animal welfare, as well as the welfare of the patients. At last, the interviews reflected on the future of dog-assisted interventions and how to make them as best as possible.

Reflections From the Experts

Findings show positive, negative, and ambivalent reflections on using dogs as a therapeutic tool in rehabilitation. They were significantly different from each other. Therefore, they will each be presented separately.

Positive. The therapists had many positive things to say about dog-assisted interventions. At CatoSenteret, the nurse presented several positive effects of the dog-assisted therapy that they use:

There are many things. It is an offer that everyone can master. For those who must learn to get out of a wheelchair, I show them exercises that are best done without a wheelchair. Then, the dog can be a motivator. It is also stress-reducing. That is purely physiological. Things happen in the body when we are with animals.

At Frankmotunet, the dog yard is an area where they have plenty of time for good talks, according to the social worker:

We have many coffee breaks, during which we, for example, talk about journeys home. Maybe we start by talking about journeys home, then we end up talking about a training session. So, the natural switch thing, I think, is essential. In other words, the dog yard gives you time to talk about the things on patient's mind.

Negative. The interviews also showed negative aspects of dog-assisted interventions.

At Frankmotunet, the nurse explained that dog-assisted interventions would not have any therapeutic effect if not the patients understand the meaning of it:

The dog yard has a lot of transfer value to life. However, if they do not see it themselves or get help to see it themselves, then it can have a negative effect. They can become too focused on only the dog racing. They do not see the therapy in it.

At CatoSenteret, sports educator often feels the negative aspects of their dogs only working with children:

One thing about my dog is that she has worked a lot with children and youths. So, when we are out in the hallway, she is attentive to them. However, if adults walk by in the hallway, she can just stroll past them. That might be a trigger for them when they are overlooked, and that might reinforce them negatively.

Ambivalent. The most complex findings from the interviews and observations explained the ambivalent reflections on using dog-assisted interventions. At CatoSenteret, nurse talked about a situation with a patient experienced an anxiety attack after spending time with the dogs.

I experienced the other day that a patient had an anxiety attack after being with the dogs. We believe that after being with the dogs and completely calmed down and the guard had gone down, many emotions burst out.

During the observations at Frankmotunet, I met a fellow patient who had stopped using the dog yard. After a conversation in the dog yard with a healthcare worker and other

patients, the fellow patient realised it was not about the dog yard itself but rather the changes in the patient group. Then, the patient realised that the dogs still were a safe space in the rehabilitation process.

Another patient starts talking about losing the spark lately. The patient no longer has the same motivation. We talk about how some of it can relate to the changes at Frankmotunet lately. The patient says that the dogs might bring comfort in the changes. We discuss different ways to use dogs, such as kick bikes and walks.

As the quotations show, the interviews and observations reflect how dog-assisted interventions can bring positive, negative, and ambivalent effects.

How to Take Care of the Dogs?

The interviews uncovered how the institutions ensure the welfare of the dogs, on questions of whether the institutions had any guidelines to ensure the welfare of the dogs, both CatoSenteret and Frankmotunet answered quite similar. At CatoSenteret, they answered that they do not have any formal guidelines. However, the owners themselves set the requirements to ensure welfare:

No formal forms or guidelines have been made, and perhaps we should have. But it is me and my colleague nurse who own the dogs, who create the framework for animal welfare. We are the ones who set the requirements. If the dogs work in a workplace, they must feel comfortable in the workplace, just like us humans.

Frankmotunet mentioned that they only follow guidelines from the Norwegian Food Safety Authority:

We try to follow the Norwegian Food Authority's (Mattilsynet) guidelines. We also have regular visits from them. They should be here once a year, but beyond that, we really don't have any formal guidelines.

Each institution still has some regulations for the welfare of the dogs. At CatoSenteret, they have their dog room inside to ensure rest for the dogs during the workday:

The dogs have their dog room. No one is allowed to enter that room unless they ask one of us. It is an agreement. And it is, after all, so that the dogs will get the rest time they need, between each session.

At Frankmotunet, they have a policy of looking after the dogs every night and training them at least every other day:

We also strive to have all dogs out for a training session when the temperature allows it. Not daily, but at least every other day. All dogs must be seen and cared for before the lights go out in the evening. We must see that there is no chaos in the dog leashes and things like that.

As the quotations show, neither of the institutions has any formal guidelines when it comes to animal welfare. However, they still have their own regulations within the institution to ensure the welfare of the dogs.

How to Take Care of the Patients?

As well as how to ensure the welfare of the dogs, interviews and observations uncovered how to ensure the welfare of the patients when using dog-assisted interventions as a tool in therapy. To ensure the safety of the patients, CatoSenteret tries to teach the patients how to understand dogs through body language. As sports educator says:

We try to make the others observant of, "What is the dog thinking and feeling now, if I do this. OK, it got stressed, then maybe I should not do it".

The same goes for Frankmotunet. They have a general routine in talking about how to work with the dogs, as well as arranging regular courses for the patients:

We have dog meetings every week. We talk about how we should work in the dog yard, how we want to work together, and the social part. (...) Soon, we will have a

rookie course. It is a weekend with theory. Vets will come here to check the dogs. We teach first aid, orienting, and other things you need to know before running a race.

Another factor to evaluate when talking about the welfare of the patients is the patient's own impression of the offer. At CatoSenteret, psychologist specialist reflects on the impression he has from the use of dog-assisted therapy:

I think our patients realise quite quickly that there is magic in dog-assisted therapy. It is just a love story all the way, really. That's based on me listening to nurse and others talk about it for years. And what we see and hear happening during the sessions. I'm convinced that it is an important part of a good rehabilitation for many.

Also, the interviews from Frankmotunet give the impression of the importance of reflecting on patients' own impressions. Social worker reflects on the use of dogs in therapy:

I think we have found a sustainable way for this type of animal and people. I see that it is great to have a target a little further ahead. No one knows who will reach the goal of being able to run the Femund Race, but still, we train towards a goal together.

As the quotations show, training the patients on how to handle the dogs is a crucial part of ensuring the welfare and safety of the patients. It is also essential to evaluate the patient's impression of dog-assisted interventions when evaluating the welfare.

Important for the Future of DAI

The interviews and observations uncovered several reflections for the future of dog-assisted interventions.

See Everyone Involved. When working with dogs and humans, several things must be deliberated. According to nurse at CatoSenteret, it is essential to see both the patient and the human during dog-assisted therapy:

It is considering the needs of the people. See the person in front of you, the dog, and the dog's personality. What is particularly important to remember is that everyone must feel mastery.

Sports educator at CatoSenteret has the same reflections. It must be a win-win situation for everyone involved in dog-assisted therapy:

It must be something positive, overall. When you work together, as both therapist and patient and dog, it should be a win-win situation for everyone. The dog must have a great time, and the dog and the patient must have a great time together. And then, we as therapists must try to facilitate that.

At Frankmotunet, social worker also reflects on the importance of teamwork in the patient group:

It is always the people who are in focus, I would say. My job is to ensure cooperation and team building in the yard. If there is no good climate for humans, there will be no good dog yard.

Nurse at Frankmotunet has many of the same reflections and emphasises the dog's welfare as well:

You must see the whole—the patients, how they work, and how they relate to the dogs—but we also must see the dogs. It is not just about the patient and that the dogs are just a tool (...). It is this whole interaction between patient and dog, dog and therapist, and therapist and patient. It is important to be a little aware of that.

Need for Formal Guidelines and Professionalism. The therapists also expressed a need for formal guidelines and professional insurance. This is especially emphasised at CatoSenteret, where they use authorised dogs for therapy. Nurse at CatoSenteret express the importance of proper education both for humans and dogs that will be used in dog-assisted therapy:

Public approval of therapy dogs is needed. I think there should be a test to ensure that only good people pass. Both animals and people should enjoy the work. We must ensure safe dogs so we are sure that no accidents happen. That is important for the future of dog-assisted therapy.

Sports educator also emphasises education as a factor essential for the future of dog-assisted therapy:

There is a difference between whether you get a person into the room who has a dog with them versus a person with an education and a dog with a suitability assessment. Those are two very different experiences. We must professionalise dog-assisted therapy. It is valuable for the whole future of animal-assisted therapy.

Need for Research and Evidence. The interviews uncovered the need for more research and evidence as one of the essentials regarding the future of dog-assisted interventions. According to psychologist specialists, more research and evidence will lead to better terms in discussion with decision-makers

Documentation and research are necessary. We must try to raise everything we do in the healthcare system to a level where we work more knowledge-based and evidence-based. We must show the needs and show that it has its place and effect. The more support decision-makers have in the evidence, the easier it is to bet on it.

At Frankmotunet, they are also sure of the effects of dog-assisted interventions, and are aware of the importance of evidence and recognition to guarantee a secure future of the offer:

We see it, and we have a lot of experience with it, and we talk to quite a few patients who have a very positive effect from it. And then actually getting this factual basis in place, to a greater extent. (...) To ensure its future, it is important to have both recognition and factual basis, so you have something to work with.

Give it the Status it Deserves. The last finding in the future of dog-assisted interventions uncovered the need to give dog-assisted interventions and therapy a status as a recognised substitute to regular therapy. At Frankmotunet, social worker worries for the future of dog-assisted interventions if the trend of shorter treatment periods continues:

The way I experience the healthcare system now, the rehabilitation periods get shorter and filled with an incredible number of tasks that need to be done. The time you have will be used for documents and one-to-one talks. Then you do not have time to get the pleasure of learning to interact with other people, in a mix with animals.

At CatoSenteret, psychologist specialist experiences the same trends in the healthcare system. Psychologist specialist argues that dog-assisted therapy needs to claim its place to ensure the future of it:

The health sector will be about prioritising resources now and in the future. There is a strong political bias and few funds; significant needs exist. Then, we must put our foot down for dog-assisted therapy. That is just the reality.

Nurse at Frankmotunet describes how recognition will make it easier to utilise dog-assisted interventions:

It is important that it becomes a more recognised way or method of working so that it is easier to utilise it. There will not be an opposite path, with too many demands making operating difficult. I think everyone must move forward, but I hope no external factors decide we cannot have this offer.

Nurse at CatoSenteret also reflects on the need for more focus and recognition of the field of dog-assisted therapy:

We need more focus and recognition of dog-assisted therapy. (...) I am passionate about this. I have worked with it for 11 years and received so much feedback that it works for children and adults. I have great faith in animals' health and want more of it.

Discussion

findings generated three main topics: a) Organisation of dog-assisted interventions at each institution, b) Experiences from therapists and patients regarding effects, and c) Ethical considerations that need to be deliberated when using dogs in therapeutic interventions.

About the organisation, the participants described how the institutions implement dog-assisted interventions, who receives dog-assisted interventions, and the intentions behind using dogs as a part of the therapy. The overarching impression within this topic revealed that the implementations vary among institutions, employing distinct methods for utilising dogs. The patient offered the intervention and decided how to engage with the dogs during the intervention. The primary intention seems to be to use the dog-assisted intervention alongside the standard rehabilitation practices as a therapeutic tool. Exploring the organisation of interventions is a crucial step in identifying and evaluating the integrity and effectiveness of an intervention (Schensul, 1999), as well as assisting the understanding of how and why an intervention might work (Ma et al., 2021).

About experiences, the participants described how dog-assisted interventions serve as a therapeutic tool. The overarching impression within this topic revealed that the dogs function as a therapeutic tool, aiding emotional support, providing self-efficacy, and encouraging connection between patient and therapist. Regarding the development of the patients, the participants seemed to experience calmness, increased joy when spending time with the dogs, a shift in identity, and improved self-esteem. The anecdotes demonstrate how patients and therapists themselves experience the effects of dog-assisted interventions. Personal experiences may be an excellent way to generate hypotheses about the possible therapeutic effects of dog-assisted interventions. Exploring therapists' and patient's experiences through interviews and observations is a possible effective way of enhancing intervention involvement and evaluation (Bombard et al., 2018).

When discussing ethical considerations, participants reflected on how to ensure the welfare of both animals and patients, and they contemplated the future of dog-assisted interventions in light of ethical considerations. Both positive, negative, and ambivalent perspectives emerged regarding using dogs as a therapeutic tool in rehabilitation. While there were few formal guidelines regarding animal welfare, the institutions described how they followed their regulations to ensure the welfare of the dogs. Ensuring the safety of the patients and regularly considering their own impressions was considered crucial when assessing the welfare of the patients. There will be a stronger need for ethical implementation in the field if the use of dog-assisted intervention continues to grow (Fine & Griffin, 2022).

Organisation

The findings within the topic of organisation indicate three areas of emphasis among the participants: Implementation of dog-assisted interventions, who receives dog-assisted interventions, and the intentions behind using dogs as a part of the therapy. What surprised me the most in the field exploration was that even when the differences between the organisation of dog-assisted interventions were significant, the two different worlds of dog-assisted interventions had more in common than one might think. Surprisingly, the therapists and patients from each institution had many of the same reflections. Both institutions pointed out similar therapeutic effects, such as increased calmness, improved self-esteem, and a shift in identity as the primary purposes of utilising dogs. Both places also emphasised the need for formal guidelines and research for the future of dog-assisted interventions. This might prove a common identity within the field of dog-assisted interventions in Norway, which is ready to be explored further.

Implementation of Dog-Assisted Intervention

At CatoSenteret, the practical implementation is session-based and structured, and the dogs that are used are certified therapy dogs. The participants expressed dedication to the

practical implementation, in which they tried to utilise the dog's therapeutic abilities in various ways. At Frankmotunet, the patients have daily chores in the dog yard and spend hours together with the dogs each day in an unstructured way. The participants described how the dog yard is a part of the daily chores of the patients. I observed that the difference in the implementations resulted in different use of the dogs at each institution. On the one hand, while the patients at Frankmotunet had almost unlimited time together with the dogs each day, the children at CatoSenteret only got to interact with the dogs for a certain amount of time when the therapists were at work. As a researcher, I might find the way of utilising dogs at Frankmotunet more patient-friendly regarding the patient's option to interact with the dogs during the day freely. On the other hand, the dog sessions at CatoSenteret were more goal-oriented and well thought out than I experienced from the interventions at Frankmotunet. This might make it easier to utilise the dog's therapeutic tool according to the standards of dog-assisted therapy and ensure the dog's welfare (IAHAIO, 2014). Either way, the dog-assisted intervention is conducted, it is documented that activities promoting individualised interactions between patients and dogs, such as play, grooming, and feeding, should be encouraged by the therapists (Berry et al., 2012). Interviews and observations showed various sessions and diverse days in the dog yard, proving that individualised interactions are highly valued both at CatoSenteret and Frankmotunet. This may show that even when the interventions differ in practice, the purpose is to maintain individualised human-animal interactions within the intervention.

Both institutions have facilitations for fear and allergy. They have rules of where and where not the dogs are allowed to be. CatoSenteret has a designated room for the therapy dogs, while at Frankmotunet, the dog yard is isolated from the rest of the institution. According to the literature, institutions that implement any form of animal-assisted interventions need to ensure areas are approved for their purpose, whether it is specific patient

locations or outdoor areas (Barker et al., 2019, p. 46). Screening processes, where the patients answered questions relevant to interactions, were used to uncover potential fears and allergies among the patients. This was done at the beginning of the patient's stay at both institutions. Screening has been shown as an effective tool to uncover fear and allergy among patients and is often used in the recruitment phase in research on animal-assisted interventions (Casey et al., 2018).

Who Gets the Offer

This study found that both institutions use guidelines regarding who gets the offer. At CatoSenteret, children and youths are the patient groups that get the offer of dog-assisted therapy. The participants expressed how children and youths get to both be active and de-stress together with the dogs. At Frankmotunet, dog-assisted intervention is available for all the patients. It is up to every patient how much they want to engage with the dogs. This means that even though a patient does not want to train the dogs for races, they can still benefit from the human-dog interactions. It seems important in dog-assisted interventions to know how and when to implement it, as well as understanding when dog-assisted therapy is not feasible (Burr et al., 2023). Additionally, both institutions emphasised the importance of patient autonomy in deciding how and whether to utilise dog-assisted interventions. The implementation should always be in line with the expectations that the patient has. They underlined the importance of consistent quality of the treatment regardless of whether a patient opts to incorporate the dogs as a part of their rehabilitation. The literature describes the importance of gaining knowledge about the individual patient through dialogue rather than using the categorical approach to ensure that the human-dog interaction in the dog-assisted intervention is relevant and well thought out for each patient (Jegatheesan, 2019, p. 74). This aligns with what I observed since several patients did not have dog-assisted interventions as part of their rehabilitation program.

The Intention

The participants expressed many of the same intentions about dog-assisted interventions at both institutions. They aimed to use the dogs to cultivate a therapeutic alliance with patients, to promote arenas for the expression of emotion, and to use the dogs when practising mindfulness and presence. This raises a hypothesis that dog-assisted interventions are mainly intended to facilitate therapeutic tools valuable for rehabilitation from a “here and now” perspective. In other words, dog-assisted interventions are mainly intended to affect the patients directly. According to the literature, some of the most common therapeutic intentions when using dog-assisted interventions are to build a therapeutic alliance, improve the patient’s emotional communication skills, and help the patient be mindful and present (VanFleet et al., 2019). A dog might accelerate the engagement process that helps build a therapeutic alliance (Arnskötter et al., 2024; Goldmann et al., 2015). It also may promote the expression of emotion that patients may otherwise hesitate to express in front of others (Minke, 2017). It can assist patients in modelling skills and behaviours like mindfulness and radical acceptance (Compitus, 2021, p. 33). This underlines the finding that dog-assisted interventions mainly have a direct effect.

Additionally, the therapists at CatoSenteret and Frankmotunet use dogs to aid their profession. The professionals explain that their role in the intervention is with the dogs, and the dogs play an extra role in this process. They use the dogs as a co-facilitator to interact with the patients in a way where “magic” may happen. This is supported by the history of canine domestication, providing evidence that dogs are bred for social cognition, behavioural flexibility across social situations, and an inbred devotion towards humans (Coppinger & Coppinger, 2001; Miklósi et al., 2004). The description of social skills and natural devotion might illustrate why the dog’s presence in a therapeutic setting is considered positive, which again might help clarify the role of the dogs in dog-assisted intervention. The dogs add a

therapeutic nuance to the therapist's profession by interacting with the patients in ways that the therapist cannot do alone (Beetz et al., 2012; Berry et al., 2012; Naik et al., 2023; Wood et al., 2018), which again is consistent with the history of canine domestication and devotion towards humans. However, the professionalisation of human-animal interactions requires rigorous research, increased educational and training opportunities, and more clinical practice (Trevathan-Minnis et al., 2023). This might ensure that the dogs will get the status of co-facilitators working together with the therapist rather than only a tool the therapist uses for fun (Compitus, 2021, p. 33).

Experience

Regarding experience, the findings suggest three perspectives: How to use dogs as an emotional tool, what development the therapists see in the patients who use dog-assisted interventions, and personal experiences from both the therapists and patients. I observed that the patients had similar positive experiences regarding the effects of the dog-assisted interventions, such as calmness, increased joy, and a focus shift during interactions with dogs. The interviews with the therapists also revealed positive yet indirect effects, such as enhanced calmness, a shift in identity, and improved self-esteem. Many of the therapists talked about personal development within the patients. This will be discussed further and compared to the findings from the master thesis conducted by Andresen (2021) and the thesis by Dybing (2022). I was surprised by the different points of view between therapists and patients. According to the findings, the therapists described their impression of dog-assisted interventions through a therapeutic perspective built on duration of experience. while the patients described it through a here-and-now perspective. Although the reflections were similar, the different perspectives gave the data a different level of substance. This difference highlights the importance of exploring both the therapist's and patient's perspectives when researching dog-assisted interventions.

Dog-Assisted Interventions as a Therapeutic Tool

Patients might find the dog's presence therapeutic. They frequently seek emotional support from the dogs in times of distress, and many become more talkative when a dog is included. This finding is supported by literature, suggesting that patients and prisoners often find it easier to share emotions and be vulnerable with a dog than with only staff or fellow patients and inmates present (Guillen Guzmán et al., 2022; Minke, 2017). Patients also often find self-efficacy and motivation in interacting with the dogs. The literature suggests that dog-assisted interventions can be a source of self-efficacy and motivation for children and adults during all sorts of life situations, from dental anxiety in children to increased activity in families (Naik et al., 2023; Tepfer et al., 2017). This might be supported by the hypothesis of biophilia, suggesting that humans are genetically disposed to be interested and attracted to nature (Berget & Braastad, 2018) and that such interactions cause several health benefits (Friedman & Krause-Parello, 2018; Krøger et al., 2018).

The Development of the Patient

The findings indicate behavioural effects observed in the patients both during sessions of dog-assisted intervention and over time. Patients express increased calmness, joyfulness, and a focus shift. They might also become more open and talkative after just one session of dog-assisted interventions. Additionally, research indicates positive effects during dog-assisted interventions are present even after a single session (Clark et al., 2020; Kline et al., 2019; Rothkopf & Schworm, 2021; Wood et al., 2018). This is supported by the evidence of biological mechanisms, suggesting that interaction with dogs has immediate positive biological effects for both humans and dogs (Nagasawa et al., 2015). This underlines the hypothesis that dog-assisted interventions cause immediate behavioural effects on the patients.

When it comes to longer-term effects, the therapists say they often observe an increase in patients' confidence and noticeable changes in their identity, such as an increase in patience, empathy, new boundaries, and new stories to tell. Some patients attribute their ability to complete the rehabilitation program to the presence of the dogs at the institution. Previous research has suggested that programs including dog-assisted interventions over a more extended period can give long-term effects in behaviour improvement, increased empathy, increase in self-perception towards their competence, and positive engagement towards the intervention including dogs (Calvo et al., 2017; Schuck et al., 2018; Turner et al., 2011). Some patients might benefit more from a therapy dog's presence and support than a friendly human (Beetz et al., 2012). However, the literature also shows inconsistent results regarding the long-lasting effects of dog-assisted interventions on social- and emotional competence (Hediger et al., 2022) and recommends further research into the mechanisms of the effectiveness of dog-assisted interventions. This should include high-quality randomised controlled trials and qualitative and quantitative investigations (Shen et al., 2018). One other aspect that would be interesting is to collect empirical data about the degree to which human-dog interactions follow the patients after the end of rehabilitation. How many decide to get their own dog or perhaps seek out to a dog environment are interesting questions to answer when exploring the indirect effects of dog-assisted interventions.

The Experience of the Therapists and Patients

The narrative approach benefits the analysis by giving it context and contiguity (Rodríguez-Dorans & Jacobs, 2020). This study chose to implement the participants' own experiences through a presentation of narratives to give an inside point of view of the personal experiences and effects of dog-assisted interventions. The narratives support the presented findings, indicating that therapists and patients consider dog-assisted interventions a central element of rehabilitation within institutions. The essence of every narrative centred

around personal development. This included increased self-efficacy, mindfulness, and a change in identity. One person completed the rehabilitation process, another successfully completed a sled dog race, yet another established daily routines with the dogs, and numerous others started to explore mindfulness. The essence of the narratives could suggest a hypothesis regarding positive impacts on personal development through the integration of dog-assisted interventions in rehabilitation.

Earlier studies from the institutions have suggested similar experiences of using dog-assisted interventions (Andersen, 2021; Dybing, 2022). Andersen (2021) discusses similar findings in her study on using dog-assisted therapy at CatoSenteret. She mentions self-efficacy, motivation, emotional support, and the use of a tool for a focus shift and change in self-perception. The same goes for the thesis by Dybing (2022), which discusses similar findings in her study from Frankmotunet. She mentions identity, self-efficacy, new stories to tell, a shift in identity, and the therapeutic effect of daily chores in the dog yard and learning to work together with others. The similarity in the findings of different qualitative studies strengthens the finding's hypothesis that patients experience positive effects of integrating dog-assisted interventions in rehabilitation.

Ethical Considerations

Regarding ethical considerations, the findings propose three perspectives: reflections from therapists and patients on ethical aspects, discussions concerning the safety of the dogs involved and the patients' receiving interventions, and reflections on future advancements in the field of dog-assisted interventions. These findings will be discussed further.

Reflections

There seem to be positive, negative, and ambivalent reflections on using dogs as a therapeutic tool in rehabilitation. The study reveals numerous beneficial physical, mental, and social health effects. The literature presented supports the perception that dog-assisted

interventions are a valuable tool in achieving such health benefits both for children in hospitals and adults in rehabilitation (Cowfer & Gilmer, 2022; Lindström Nilsson et al., 2020; Madden Ellsworth et al., 2016; Rhodes et al., 2020; Scott & Kirnan, 2023; Vitztum et al., 2016).

However, the study reveals concerns such as indicating that the effects are contingent upon patients understanding the purpose of the intervention. Not understanding this may lead to a detrimental focus exclusively on the dog's presence without recognising its therapeutic value, which makes it important for therapists to regularly motivate and remind the patients of the intention of the intervention (Adejoh et al., 2018). There were also concerns regarding the negative impact of dogs only interacting with one specific group of patients. It may lead to a tendency to overlook patients outside the group, which might trigger negative feelings. Such reflections about dog-assisted interventions are supported by literature. Studies have shown that dogs with more stress behaviours also exhibited more affiliative behaviours and increased salivary cortisol (McCullough et al., 2018). Assessing dog-assisted interventions' problems and negative aspects is a significant step in developing the field. This is also relevant for the ambivalent findings. Assessing the ambivalence during the intervention is an essential step in the research on dog-assisted intervention (Braga et al., 2019; Ribeiro et al., 2014).

How to Take Care of the Dogs

The main issue within the field of dog-assisted interventions is the lack of formalised guidelines to ensure the animal welfare of dog-assisted interventions in Norway. Therefore, the institutions have established their own regulations to safeguard the welfare of dogs. The regulations adhere to standard dog care guidelines from the Norwegian Food Authority and general policies like giving the dogs a designated room to rest, promoting rest in between sessions, and sufficient attention and training of the dogs to maintain their contentment. Even though their own regulations might ensure the animal welfare at the institutions, informants

talk about a need for more formalised guidelines to avoid inconsistencies within the field, especially regarding animal welfare regulations, as well as sustainable therapists and animals employing dog-assisted interventions. The literature supports these findings, emphasising the lack of an accrediting body responsible for creating and overseeing generalised standards for everyone utilising animals as a therapeutic tool in health and social care (Collica-Cox & Day, 2021). The research highlights the need for an ethically sound framework for pragmatic solutions (Winkle et al., 2020). According to the findings, this need is also visible in Norway.

How to Take Care of the Patients

The value of ensuring patient safety and considering the patient's impression of dog-assisted interventions could be the most crucial element when evaluating the welfare of the patients. To ensure safety when handling dogs, the institutions have general routines for educating the patients about safe and secure dog handling. They teach the patients about general dog body language and arrange regular courses. They also reflect on the patient's own impression of the intervention. The literature supports this by underlining the importance of appropriate training, suitability evaluation, and good knowledge of dog body language for the therapist so they can teach the patients about safe dog handling, as well as ensure that therapeutic interactions are aligned with rehabilitation goals (Decina et al., 2022; IAHAIO, 2014; Winkle et al., 2020). Research also indicates how attention to patients' experiences might give valuable insight when evaluating the welfare of the patients during dog-assisted interventions (IAHAIO, 2014; Schooten et al., 2024).

The Future of Dog-Assisted Interventions

The study emphasizes the significance of considering both the patients and the dogs involved in the intervention, the necessity of establishing formal guidelines and professionalism supported by a wider range of research and evidence, and the establishment of a position for dog-assisted interventions as complementary therapy.

Prioritising the welfare of both humans and animals is essential in dog-assisted interventions. The participants underlined the responsibility of therapists to ensure this welfare. They mentioned that the therapist ensured that both patients and dogs had an enjoyable time during the intervention. To ensure this, it is important to consider both human and dog welfare (IAHAIO, 2014). The literature emphasises the responsibility of the therapists in dog-assisted interventions to both ensure welfare and contribute to development within the field (Evans & Gray, 2012).

The therapists also expressed a need for more formal guidelines and professional insurance. The need for formal guidelines and professionalism is especially emphasised at CatoSenteret, where they use authorised dogs in therapy. This is supported by literature suggesting that therapy dog testing and evaluation is critical before engaging in dog-assisted therapy to ensure professionalism within the field (Barker et al., 2019). Protocols for dog-assisted therapy are necessary for ensuring professionalism during dog-assisted therapy (Santaniello et al., 2021). According to the findings, protocols are not relevant in places like Frankmotunet, where dog-assisted interventions are based on naturalistic settings. Thus, an individual evaluation of each dog's personality traits could be beneficial to ensure safe and social dogs in the dog yard. However, more research on this specific way of utilising dogs is necessary (Piotti et al., 2021; Santaniello et al., 2021). Proper competence for the therapists could be beneficial in both places before engaging in dog-assisted interventions. The therapists need to know how to choose, socialise, understand, and train their dogs and have in-depth knowledge about their dog's needs to ensure professionalism and safety for both the dogs and the patients (VanFleet et al., 2019, p. 195).

The findings uncovered the need for more research and evidence as one of the essentials regarding the future of dog-assisted interventions. One way to contextualize the research is to utilise the biopsychosocial model of both biological, psychological, and social

factors when organising and discussing existing evidence and guiding future research toward more interdisciplinarity (Gee et al., 2021). By conducting a biopsychosocial model within the research on dog-assisted interventions, the theoretical foundations and in vivo experiences might strengthen the future of dog-assisted interventions.

The study highlights the need to give dog-assisted interventions and therapy status as a recognised substitute for regular therapy. The participants described a healthcare system driven by shorter rehabilitation periods, more administrative burdens, solid political bias, and a need for prioritising recourses. The challenges of scarcity are a known issue in the Norwegian healthcare system, where increased demand, less time, and limited resources make prioritising health services inevitable. This furthermore leads to “silent losers” in the healthcare system, often predominated by groups like children and people with mental health concerns (Bjørnelv & Melberg, 2023). This may make obstacles for institutions like CatoSenteret and Frankmotunet, considering the integration of dog-assisted interventions and other non-pharmacological medical complementary and alternative therapies into their practices. Despite this, the literature emphasises a need for solutions to the enormous financial costs of mental health burdens (Kinge et al., 2023). Furthermore, numerous complementary and alternative therapies, such as art therapy, nature therapy, and, as presented in this thesis, dog-assisted interventions, are proven to be health-promoting, as well as practically and financially accessible to implement (Hu et al., 2021; Kotera et al., 2022; Scott & Kirnan, 2023). By conducting a vision of professionalisation and interdisciplinarity for the future, including public health, welfare, and practical implementation, the significance of human-animal-nature interactions may be more recognised, which again will hopefully strengthen the status of dog-assisted interventions (Fine et al., 2019).

By conducting formal guidelines and professionalism, presenting more evidence, and increasing knowledge about the importance of nature in people’s lives, dog-assisted

interventions will get the status they deserve as complementary interventions with numerous health benefits for children, adults, and dogs involved (Fine et al., 2019, p. 68).

Limitations and Future Directions

As with any scientific research, this study had limitations. The limitations are mainly related to the general limitations of qualitative methods, such as relatively small numbers of participants, limited quantifiable data, and interpretation challenges.

Another limitation regards recruitment and possible selection bias. I recruited participants from two institutions that have employed dog-assisted interventions for several years, and all of the participants recruited had a role in the dog-assisted intervention to some degree. The participants could, therefore, have been influenced by their own personal interests.

At last, including only two institutions in the study might not give an adequate picture of the field of dog-assisted interventions in Norway. If I could choose again, conducting interviews from several institutions would have been an alternative way of collecting data to ensure a more nuanced description. However, you hardly get any closer to the participants than during observations. Being a part of the participants' daily lives gave me an inside point of view on how dogs can be used as emotional support for people in rehabilitation. Additionally, as the literature shows, this study highlights many of the same issues that international research has disseminated for years. This might strengthen the generalizability of the thesis.

For further directions, we want to suggest that observations should be conducted over a more extended period of time to fully get an inside perspective on the effects of dog-assisted intervention from a long-time perspective. The way this study was conducted, the more complex effects were explained only from a therapist's and patient's perspectives because the observations did not last long enough to capture it. More research is needed on dog-assisted

interventions in Norway, and a methodological framework on how it should be conducted needs to be established. Lastly, we would suggest looking further into therapeutic effects by conducting quantitative studies, and we think further elaboration by conducting the biopsychosocial model will contribute to the field (Gee et al., 2021).

Conclusion

This study aimed to explore how dogs can be used as emotional support for people in rehabilitation, and investigate what ethical considerations arise when using animals in interventions. This study contributes to interesting research by exploring the topics of organisation, experiences, and ethical considerations regarding dog-assisted interventions through interviews and observations. The main findings consistently demonstrate positive direct effects on the patients when complementing dog-assisted interventions into standard rehabilitation, especially regarding dogs as a therapeutic tool. Our findings are in line with earlier research, like the hypothesis of biophilia (Berget & Braastad, 2018), the history of canine domestication (Coppinger & Coppinger, 2001; Miklósi et al., 2004), and findings of biological mechanisms (Powell et al., 2019), suggesting that humans and dogs benefit from everyday interactions. The most interesting findings revealed how two entirely distinct ways to integrating dog-assisted interventions into rehabilitation could yield remarkably similar effects. It was equally surprising to observe the contrasting perspectives of patients and therapists regarding the dog's therapeutic abilities. This is ready to be further elaborated on. Furthermore, research on long-term effects of dog-assisted interventions, as well as development of formal guidelines and further research, need to be conducted to ensure the welfare of dogs and patients. To conclude, there is a need for further research in the field. Hopefully, the findings from this thesis can be used as a professional contribution to how dog-assisted interventions can be utilised as a therapeutic tool in Norwegian institutions.

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Appendix A

E-mail Exchange

Mailutveksling for innpass på institusjonene

CatoSenteret

Hei,

Mitt navn er Ida Wiik, og jeg tar kontakt vedrørende den dyreassisterte terapien som dere driver ved Catosenteret. Jeg skrev en bacheloroppgave om emnet, og min veileder Jørgen Sundby kom i kontakt med Peter Lyby i forbindelse med dette. Jeg ble anbefalt å ta kontakt med dere ved eventuelle videre studier på emnet. Nå har jeg satt i gang med masteroppgaven, og jeg ønsker derfor å ha Catosenteret med på laget. Er dere interessert i dette, og har dere noen kontaktinformasjon jeg eventuelt kunne fått? Jeg legger ved bacheloroppgaven i mailen her.

Ser fram til å høre fra dere,

Vennlig hilsen Ida

CatoSenteret, version 2

Hei!

Jeg viser til dialogen vi hadde 10.02 angående mulighet for å gjøre intervjuer av ansatte på CatoSenteret i forbindelse med min masteroppgave om dyreassistert terapi. I samråd med min veileder spør jeg nå etter en liten endring i metode for studien.

Istedenfor å gjennomføre intervjuer, så vil jeg gjerne gjennomføre en deltakende observasjonsstudie ved institusjonen, der jeg får være med som observatør i aktiv dyreassistert terapi. For å forstå hva det handler om, ønsker jeg å være med og observere i omtrent en uke, delta på driften av dyrehold og behandling, og se på interaksjon mellom menneske og hund. Jeg er selv aktiv med hund og vil raskt kunne sette meg inn i det praktiske.

Institusjonen vil selvsagt få tilgang til analyse av studien, pluss kopi av ferdig masteroppgave. Alle observasjoner vil være anonymisert, og det vil ikke være mulig å spore analysen tilbake til enkeltindivider, hverken personale eller klienter. Prosjektet vil søkes etisk godkjent fra NSD (Norsk senter for forskingsdata AS og etikkomiteen her på UiT.

Jeg spør derfor om en slik deltakende observasjon over en uke er mulig i tidsrommet september/oktober. Jeg er fleksibel når det kommer til eksakt dato, så det kan vi avtale nærmere.

Hvis deltakende observasjon hos dere ikke er mulig å gjennomføre vil jeg fortsatt ønske å gjennomføre intervjuer av fire/fem ansatte hos dere, slik planen originalt var.

Håper på positivt svar

Med vennlig hilsen

Ida

Jørgen Sundby

Psykologistudent

Psykologspesialist / Universitetslektor

Frankmotunet

Hei igjen Andreas, og takk for sist!

Jeg er i gang med masteroppgave, og jeg ønsker å fortsette på studien om dyreassistert terapi. For masteroppgaven ønsker jeg å fokusere på noe innen Muligheter og utfordringer med dyreassistert terapi i dagens helsesystem. Jeg er helt i begynnelsen av masteroppgaven så ingenting er hugget i stein, men det er noe sånt jeg ser for meg nå. Gjennom bacheloroppgaven fant jeg ut at dyreassistert terapi er lite brukt i Norge i forhold til andre land, så hovedmålet er generelt å gjøre dyreassistert terapi mer tilgjengelig og attraktivt i Norge. Alt av innspill på dette tas gledelig imot.

Det jeg lurer på med dette er om dere på Frankmotunet er interessert i å ta del i denne oppgaven, slik som dere gjorde på bacheloroppgaven min? I forbindelse med bacheloroppgaven gjennomførte vi to et fint intervju om deres opplevelser av bruk av hund i terapien hos Frankmotunet, og dette intervjuet fungerte som et praktisk eksempel til den ellers teoretiske litteraturstudien. I masteroppgaven ønsker jeg å gjennomføre flere intervjuer og fokusgrupper, og der tenker jeg at dere kan være en god kandidat!

Hvis dette er interessant så kommer jeg gjerne innom dere. Som sagt så er vi fortsatt helt i startfasen av planlegging, og siden jeg holder til i Tromsø så ser jeg for meg at eventuelt besøk kan skje nærmere sommer/høst dette året. Denne mailen er mest for å starte en dialog med dere.

Håper å høre fra dere!

Vennlig hilsen Ida

Frankmotunet, version 2

Hei!

Jeg viser til dialogen vi hadde 10.02 angående mulighet for å gjøre intervjuer av ansatte på Frankmotunet i forbindelse med min masteroppgave om dyreassistert terapi. I samråd med min veileder spør jeg nå etter en liten endring i metode for studien.

Istedenfor å gjennomføre intervjuer, så vil jeg gjerne gjennomføre en deltakende observasjonsstudie ved institusjonen, der jeg får være med som observatør i aktiv dyreassistert terapi. For å forstå hva det handler om, ønsker jeg å være med og observere i **omtrent en uke**, delta på driften av dyrehold og behandling, og se på interaksjon mellom menneske og hund. Jeg er selv aktiv hundekjører og vil raskt kunne sette meg inn i det praktiske.

Institusjonen vil selvsagt få tilgang til analyse av studien, pluss kopi av ferdig masteroppgave. Alle observasjoner vil være anonymisert, og det vil ikke være mulig å spore analysen tilbake til enkeltindivider, hverken personale eller klienter. Prosjektet vil søkes etisk godkjent fra NSD (Norsk senter for forskingsdata AS og etikkomiteen her på UiT.

Jeg spør derfor om en slik deltakende observasjon over en uke er mulig i tidsrommet september/oktober. Jeg er fleksibel når det kommer til eksakt dato, så det kan vi avtale nærmere.

Hvis deltakende observasjon hos dere ikke er mulig å gjennomføre vil jeg fortsatt ønske å gjennomføre intervjuer av fire/fem ansatte hos dere, slik planen originalt var.

Håper på positivt svar

Med vennlig hilsen

Ida
Psykologistudent

Jørgen Sundby
Psykologspesialist / Universitetslektor

Appendix B

Interview Consent

Vil du delta i intervju

«Er Hunden Menneskets Beste Venn og Terapeutens Beste Assistent»?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å undersøke om hunder kan brukes som en form for emosjonell støtte for mennesker. I dette skrevet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Jeg har valgt bruk av Dyreassisterte intervensjoner med hund for mennesker i rehabilitering som tema for prosjektet i min masteroppgave. Formålet med prosjektet er å undersøke om hunder kan brukes som en form for emosjonell støtte for mennesker i rehabilitering, i dette tilfellet for barn i rehabilitering hos CatoSenteret, og for voksne i rusbehandling hos Frankmotunet. Prosjektet skal også undersøke de etiske spørsmålene ved bruk av hunder i dyreassisterte intervensjoner. Dette skaper forskningsspørsmålene:

- 1. Hva er erfaringene til pasienter og fagpersoner med å bruke hund i terapeutiske intervensjoner?*
- 2. Hvilke etiske problemstillinger dukker opp ved bruk av dyr i denne typen terapi?*

Hvem er ansvarlig for forskningsprosjektet?

UiT- Norges Arktiske Universitet er ansvarlig for prosjektet.

Hvorfor får du spørsmål om å delta?

Våren 2023 var jeg i kontakt med dere på CatoSenteret / Frankmotunet for å høre om dere var interesserte i å stille til observasjon og intervju i anledning min masteroppgave om dyreassistert terapi. Jeg ønsker å:

- samle 2-3 informanter fra hver institusjon, som har som rolle å tilby dyreassistert terapi som en del av behandlingstilbudet på institusjonen. Disse skal delta i hvert sitt semistrukturerte intervju som omhandler bruken av hund i behandlingen.

Hva innebærer det for deg å delta?

Hvis du føler deg komfortabel med å delta (les under) ønsker jeg å ha deg med i studien min.

- Det semistrukturerte intervjuet vil vare i omtrent 30 minutter, hvor vi vil ha en samtale om organisering av DAI på din institusjon, hvordan du opplever brukerne av DAI, og om etiske aspekter ved bruk av hund i terapien. Jeg vil ta lydopptak av intervjuet. Intervjuet skal anonymiseres (utenom institusjon og stilling), og det vil ikke komme ut info om hverken deg eller brukere. Det er ingen riktige eller gale svar, og alle refleksjoner mottas med takk.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg. Hvis du ønsker å trekke deg etter fullført intervju vil hele intervjuet bli slettet.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- Det er bare jeg som vil ha tilgang til lydfil fra semistrukturert intervju, men transkripsjon av intervjuet vil være vedlagt i masteroppgaven. Av personlig informasjon er det kun institusjon og stilling ved institusjonen som vil bli lagret om deg. Intervjuet blir tatt opp, og lydsporet vil bli lagret trygt til masteroppgaven er levert inn. Du vil kunne kjenne deg igjen i egne utsagn i oppgaven, men ingen andre vil kunne forstå hvem som har kommet med utsagnene.

Hva skjer med personopplysningene dine når forskningsprosjektet avsluttes?

Prosjektet vil etter planen avsluttes ved masterinnlevering, våren 2024. Etter prosjektslutt vil rådatamaterialet slettes. Transkripsjoner og analyserte opplysninger som er brukt i oppgaven vil slettes fra datamaskin, men vil fortsatt finnes i masteroppgaven.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke. På oppdrag fra UiT- Norges Arktiske Universitet har Sikt – Kunnskapssektorens tjenesteleverandør vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Dine rettigheter

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke opplysninger vi behandler om deg, og å få utlevert en kopi av opplysningene
- å få rettet opplysninger om deg som er feil eller misvisende
- å få slettet personopplysninger om deg
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger

Hvis du har spørsmål til studien, eller ønsker å vite mer om eller benytte deg av dine rettigheter, ta kontakt med:

- UiT- Norges Arktiske Universitet ved masterstudent Ida Kristina Gule Wiik (iwi033@uit.no) og veileder Jørgen Sundby (jorgen.sundby@uit.no)
- Vårt personvernombud: Epost: personvernombud@uit.no Telefon: 776 46 153

Hvis du har spørsmål knyttet til vurderingen som er gjort av personverntjenestene fra Sikt, kan du ta kontakt via:

- Epost: personverntjenester@sikt.no eller telefon: 73 98 40 40.

Med vennlig hilsen

Jørgen Sundby

(Veileder)

Ida Kristina Gule Wiik

(student)

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet «Hund som Terapeut», og har fått anledning til å stille spørsmål. Jeg samtykker til:

- å delta i semistrukturert intervju
... og ...
- at mine uttalelser blir analysert i oppgaven

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet

(Signert av prosjektdeltaker, dato)

Appendix C

Observation Concernt Adults

Vil du delta i observasjonsstudien

«Er Hunden Menneskets Beste Venn og Terapeutens Beste Assistent»?

Dette er et spørsmål til deg om å delta i et forskningsprosjekt hvor formålet er å undersøke om hunder kan brukes som en form for emosjonell støtte for mennesker. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål

Jeg har valgt bruk av Dyreassisterte intervensjoner med hund for mennesker i rehabilitering som tema for prosjektet i min masteroppgave. Formålet med prosjektet er å undersøke om hunder kan brukes som en form for emosjonell støtte for mennesker i rehabilitering, i dette tilfellet for barn i rehabilitering hos CatoSenteret, og for voksne i rusbehandling hos Frankmotunet. Prosjektet skal også undersøke de etiske spørsmålene ved bruk av hunder i dyreassisterte intervensjoner. Dette skaper forskningsspørsmålene:

- 1. Hva er erfaringene til pasienter og fagpersoner med å bruke hund i terapeutiske intervensjoner?*
- 2. Hvilke etiske problemstillinger dukker opp ved bruk av dyr i denne typen terapi?*

Hvem er ansvarlig for forskningsprosjektet?

UiT- Norges Arktiske Universitet er ansvarlig for prosjektet.

Hvorfor får du spørsmål om å delta?

Våren 2023 var jeg i kontakt med dere på Frankmotunet for å høre om dere var interesserte i å stille til observasjon i anledning min masteroppgave om dyreassistert terapi. Jeg ønsker å:

- samle en gruppe pasienter som jeg skal følge i en uke, og sammen skal vi delta i den dyreassisterte terapien gjennom uka.

Hva innebærer det for deg å delta?

Hvis du føler deg komfortabel med å delta (les under) ønsker jeg å ha deg med i studien min.

- Observasjonen av din hverdag vil vare i en uke (mandag-fredag), og jeg vil være til stede i de periodene dere jobber med hundene. Jeg vil delta aktivt og observere hvordan dere som brukere av dyreassistert terapi opplever denne typen terapi. Jeg vil stille dere uformelle spørsmål om hvordan det er å drive på med hundene, og du kan svare så mye eller lite som du føler for. Jeg vil ta skriftlige notater underveis i observasjonen, og etter hver endt dag vil jeg skrive egne refleksjonsnotater om hva vi har opplevd sammen. Observasjonen skal anonymiseres, og eneste info jeg trenger om deg er hvilken institusjon du er på (Frankmotunet). Det er ingen riktige eller gale svar, og alle refleksjoner mottas med takk.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller senere velger å trekke deg. Hvis du ønsker å trekke deg etter fullført observasjon vil dine personlige innspill bli slettet fra transkripsjonen.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg til formålene vi har fortalt om i dette skrivet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- Det er bare jeg som vil ha tilgang til notater fra observasjonen, men mine egne tanker og refleksjoner rundt observasjonen vil være en del av oppgaven. Du vil bli anonymisert, og notater vil bli lagret trygt fram til masteroppgaven er levert inn.
Du vil kunne kjenne deg igjen i egne utsagn i oppgaven, men ingen andre vil kunne forstå hvem som har kommet med utsagnene.

Hva skjer med personopplysningene dine når forskningsprosjektet avsluttes?

Prosjektet vil etter planen avsluttes ved masterinnlevering, våren 2024. Etter prosjektslutt vil rådatamaterialet slettes. Transkripsjoner og analyserte opplysninger som er brukt i oppgaven vil slettes fra datamaskin, men vil bli værende i masteroppgaven.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke. På oppdrag fra UiT- Norges Arktiske Universitet har Sikt – Kunnskapssektorens tjenesteleverandør vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Dine rettigheter

Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke opplysninger vi behandler om deg, og å få utlevert en kopi av opplysningene
- å få rettet opplysninger om deg som er feil eller misvisende
- å få slettet personopplysninger om deg
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger

Hvis du har spørsmål til studien, eller ønsker å vite mer om eller benytte deg av dine rettigheter, ta kontakt med:

- UiT- Norges Arktiske Universitet ved masterstudent Ida Kristina Gule Wiik (iwi033@uit.no) og veileder Jørgen Sundby (jorgen.sundby@uit.no)
- Vårt personvernombud: Epost: personvernombud@uit.no Telefon: 776 46 153

Hvis du har spørsmål knyttet til vurderingen som er gjort av personverntjenestene fra Sikt, kan du ta kontakt via:

- Epost: personverntjenester@sikt.no eller telefon: 73 98 40 40.

Med vennlig hilsen

Jørgen Sundby

(Veileder)

Ida Kristina Gule Wiik

(student)

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet «Hund som Terapeut», og har fått anledning til å stille spørsmål. Jeg samtykker til:

- å delta i observasjonsstudie
... og ...
- at mine uttalelser blir analysert i oppgaven

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet

(Signert av prosjektdeltaker, dato)

Appendix D

Observation Concent Children / Guardians

Vil du/ barnet ditt delta i observasjonsstudien

«Er Hunden Menneskets Beste Venn og Terapeutens Beste Assistent»?

Dette er et spørsmål til deg/ barnet ditt om å delta i et forskningsprosjekt hvor formålet er å undersøke om hunder kan brukes som en form for emosjonell støtte for mennesker. I dette skrivet gir vi deg informasjon om målene for prosjektet og hva deltakelse vil innebære for deg / barnet ditt.

Formål

Jeg har valgt bruk av Dyreassisterte intervensjoner med hund for mennesker i rehabilitering som tema for prosjektet i min masteroppgave. Formålet med prosjektet er å undersøke om hunder kan brukes som en form for emosjonell støtte for mennesker i rehabilitering, i dette tilfellet for barn i rehabilitering hos CatoSenteret, og for voksne i rusbehandling hos Frankmotunet. Prosjektet skal også undersøke de etiske spørsmålene ved bruk av hunder i dyreassisterte intervensjoner. Dette skaper forskningsspørsmålene:

- 1. Hva er erfaringene til pasienter og fagpersoner med å bruke hund i terapeutiske intervensjoner?*
- 2. Hvilke etiske problemstillinger dukker opp ved bruk av dyr i denne typen terapi?*

Hvem er ansvarlig for forskningsprosjektet?

UiT- Norges Arktiske Universitet er ansvarlig for prosjektet.

Hvorfor får du/ barnet ditt spørsmål om å delta?

Våren 2023 var jeg i kontakt med dere på CatoSenteret for å høre om dere var interesserte i å stille til observasjon i anledning min masteroppgave om dyreassistert terapi. Jeg ønsker å:

- samle en gruppe pasienter som jeg skal følge i en uke, og sammen skal vi delta i den dyreassisterte terapien gjennom uka.

Hva innebærer det for deg/ barnet ditt å delta?

Hvis du føler deg komfortabel med å delta (les under) ønsker jeg å ha deg med i studien min.

- Observasjonen av din hverdag vil vare i en uke (mandag-fredag), og jeg vil være til stede i de periodene dere jobber med hundene. Jeg vil delta aktivt og observere hvordan dere som brukere av dyreassistert terapi opplever denne typen terapi. Jeg vil stille dere noen spørsmål om hvordan det er å drive på med hundene, og du kan svare så mye eller lite som du føler for. Jeg vil ta skriftlige notater underveis i observasjonen, og etter hver endt dag vil jeg skrive egne refleksjonsnotater om hva vi har opplevd sammen. Observasjonen skal anonymiseres, og eneste info jeg trenger om deg / barnet ditt er hvilken institusjon du/ barnet ditt er på (CatoSenteret). Det er ingen riktige eller gale svar, og alle refleksjoner mottas med takk.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Hvis du/ barnet ditt velger å delta, kan du/dere når som helst trekke samtykket tilbake uten å oppgi noen grunn. Alle dine personopplysninger vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg/ barnet ditt hvis du ikke vil delta eller senere velger å trekke deg. Hvis du ønsker å trekke deg etter fullført observasjon vil dine personlige innspill bli slettet fra transkripsjonen, mens mine refleksjoner blir værende.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger

Vi vil bare bruke opplysningene om deg/ barnet ditt til formålene vi har fortalt om i dette skrevet. Vi behandler opplysningene konfidensielt og i samsvar med personvernregelverket.

- Det er bare jeg som vil ha tilgang til notater fra observasjonen, men mine egne tanker og refleksjoner rundt observasjonen vil være en del av oppgaven. Dere vil bli anonymisert, og notater vil bli lagret trygt fram til masteroppgaven er levert inn.
Du vil kunne kjenne deg igjen i egne utsagn i oppgaven, men ingen andre vil kunne forstå hvem som har kommet med utsagnene.

Hva skjer med personopplysningene dine når forskningsprosjektet avsluttes?

Prosjektet vil etter planen avsluttes ved masterinnlevering, våren 2024. Etter prosjektslutt vil rådatamaterialet slettes. Transkripsjoner og andre analyserte opplysninger som er brukt i oppgaven vil slettes fra datamaskin, men fortsatt være i masteroppgaven.

Hva gir oss rett til å behandle personopplysninger om deg?

Vi behandler opplysninger om deg basert på ditt samtykke. På oppdrag fra UiT- Norges Arktiske Universitet har Sikt – Kunnskapssektorens tjenesteleverandør vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Dine rettigheter

Så lenge du/ barnet ditt kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke opplysninger vi behandler om deg, og å få utlevert en kopi av opplysningene
- å få rettet opplysninger om deg som er feil eller misvisende
- å få slettet personopplysninger om deg
- å sende klage til Datatilsynet om behandlingen av dine personopplysninger

Hvis du har spørsmål til studien, eller ønsker å vite mer om eller benytte deg av dine rettigheter, ta kontakt med:

- UiT- Norges Arktiske Universitet ved masterstudent Ida Kristina Gule Wiik (iwi033@uit.no) og veileder Jørgen Sundby (jorgen.sundby@uit.no)
- Vårt personvernombud: Epost: personvernombud@uit.no Telefon: 776 46 153

Hvis du har spørsmål knyttet til vurderingen som er gjort av personverntjenestene fra Sikt, kan du ta kontakt via:

- Epost: personverntjenester@sikt.no eller telefon: 73 98 40 40.

Med vennlig hilsen

Jørgen Sundby

(Veileder)

Ida Kristina Gule Wiik

(student)

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet «Hund som Terapeut», og har fått anledning til å stille spørsmål. Jeg samtykker (på vegne av barnet) til:

- å delta i observasjonsstudie
... og ...
- at mine/barnets uttalelser blir analysert i oppgaven

Jeg samtykker til at mine/barnets opplysninger behandles frem til prosjektet er avsluttet

(Signert av prosjektdeltaker, dato)

Appendix E

Innledning (Inspirasjon fra Andersen, 2021)

Introduksjon av meg selv, og hensikten med forskningen

«Jeg heter Ida Wiik, og er masterstudent på UiT hvor jeg studerer master i psykologi. Jeg har valgt bruk av Dyreassisterte intervensjoner med hund for mennesker i rehabilitering (DAI [DAT på CatoSenteret, verifiserte hunder]) som tema på min masteroppgave. Dette prosjektet har som formål å dokumentere hvilke erfaringer behandlere, og brukere gjennom deltagende observasjon, har ved å bruke hunder i terapeutiske intervensjoner for *barn og unge på CatoSenteret og mennesker i rusbehandling på Frankmotunet*, samt potensielle etiske diskusjoner som kan oppstå ved å bruke dyr i terapeutisk behandling. Jeg vil benytte begrepene DAT på Catosenteret og hundedrift på Frankmotunet, og disse begrepene tar for seg alt som har med relasjoner til hunden å gjøre. Det være seg alt fra stell og foring til kos, lek og trening/ løpskjøring».

Informasjon om rettighetene de intervjuede har, og om anonymisering

Her går jeg igjennom informasjonsskriv og samtykkeerklæring, og får underskrift fra deltakere. Jeg vil si at «intervjuet vil ta ca. 30-45 minutter», samt informere om hva jeg ønsker å ha fokus på: «I dette intervjuet ønsker jeg å få frem dine erfaringer, meninger, og etiske holdninger om bruk av hund på *CatoSenteret/Frankmotunet*.» med følgende hovedtema:

1. Organisering av DAI på deres institusjon
2. Hvordan dere opplever brukerne av DAI
3. Etiske aspekter ved bruk av hund i terapien.

Vi har et felles ansvar for at det ikke kommer frem opplysninger om tredjepersoner under intervjuene, så jeg ønsker at dere ikke bruker navn, alder, beskrivelser av utseendet o.l. som kan være med på å identifisere personer på institusjonen. Kom gjerne med eksempler der det er naturlig, men vær påpasselig med å generalisere eksemplene. Jeg minner om at intervjuet blir tatt opp, og at lydsporet vil bli lagret trygt til masteroppgaven er levert inn. Hvis dette er greit så setter jeg på båndopptakeren».

Hoveddel (neste side)

Spørsmål for DAT terapeuter (Hentet inspirasjon fra Andersen, 2021)**Generell informasjon (hver deltaker)**

- a. Hva er din stillingsbeskrivelse på CatoSenteret/Frankmotunet?
- b. Hvor lenge har du jobbet med DAI på CatoSenteret/Frankmotunet?
- c. Har du noen andre erfaringer med DAI, enn på CatoSenteret/Frankmotunet?

Hvordan terapeutene på CatoSenteret/Frankmotunet organiserer DAI

1. Hvem er pasientene som får tilbud om DAI hos dere på CatoSenteret/Frankmotunet?
2. Hvordan er en typisk DAT-time/ dag i hundegården lagt opp?
3. Hvilke arbeidsoppgaver har dere som DAI-terapeuter?
4. Hvordan tilrettelegges det for hund og pasient på CatoSenteret/Frankmotunet? Da tenker jeg særlig på allergier og frykt for hund

Terapeutens opplevelse og erfaring av DAI

5. Hvordan opplever du pasientene under en DAI-runde?
6. Hvordan erfarer du pasientene på siste DAI-runde sammenlignet med første møte med DAI?
7. Hva tenker du er de viktigste faktorene å vurdere når man ser på effekten av DAI for hver bruker?
8. Kan du dele en opplevelse mellom bruker og hund som du husker ekstra godt?

Etiske aspekter ved bruk av hund i terapi

9. Kan du fortelle om hvilke rammeverk som er blitt satt inn for å bevare dyrenes velferd? Kunnskap om dyrene, tilretteleggelse osv?
10. Er det noe du opplever som spesielt bra eller dårlig ved bruk av DAI? Hvorfor?
11. Hva tenker du kunne blitt gjort annerledes for å legge mer til rette for bruk av hund på Catosenteret/Frankmotunet?
12. Hva tenker du er særlig viktig å huske på når man jobber med dyr og mennesker sammen?
13. Hva tenker du er viktige kriterier for at DAI skal være vellykket, også for fremtiden?

