The Effects of Animal-Assisted Therapy in Reducing Anxiety

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Abstract, Rationale & Hypotheses

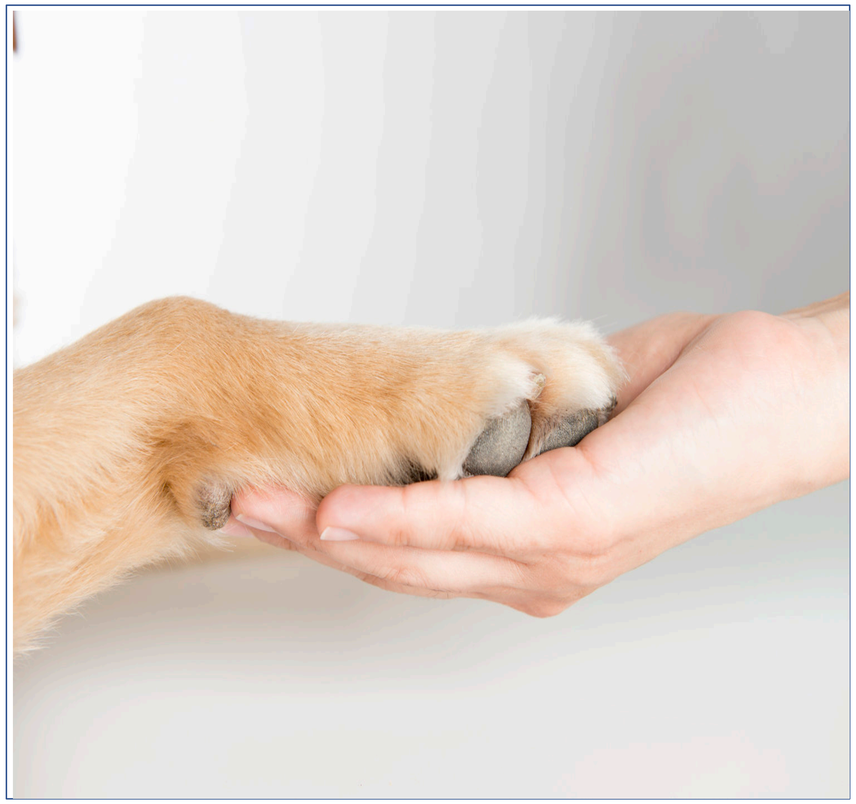
Abstract:
Anxiety disorders affect at least 40 million adults in the United States alone (ADAA, 2021). While many people go about their day to day lives merely dealing with it in their own personal ways, others need to find help: be it from therapy sessions, medications, or a mixture of both. For this reason, it is beneficial to have effective options in the treatment category; one of those being Animal-Assisted Therapy (AAT).

Rationale:
Several studies were done to test the efficacy of AAT in in-patient settings, such as psychological wards and emergency rooms (Barker & Dawson, 1998; Barker, Pandurangi & Best, 2003). All of these articles stated that, while their work was mostly conclusive, there was still work that needed to be done to fully understand the field of AAT. Specifically, that, while we can see *that* AAT is effective in helping moderate anxiety, we are not quite sure *how* it is done on a psychological level (Kline et al., 2019).

Hypothesis:
I hypothesize that participants (out-patient therapy patients) will report a reduction in anxiety, if not corollary to, cognitive behavior therapy. Possibly, AAT may be more effective at helping stabilize emotions in the short term and help them open up easier and more rapidly (Animal-assisted therapy, n.d).

Literature Review

- Kline (2019) studied the use of therapy dogs and what could be considered light AAT with patients admitted to the emergency department (ED) of a hospital. Subjects, after it was concluded by an attending physician that they were not in need of immediate care and were suffering from moderate to greater anxiety, were approached by one of two of the authors to participate in the study.
- In the study conducted by Barker and Dawson (1998), they looked into one use of AAT and its anxiety reduction techniques: that of AAT in in-patient psychiatric hospital patients. They did not hypothesize if AAT would or would not affect patient's anxiety levels. Rather, they looked to see firsthand if it could. They found that, between AAT and a regular therapeutic recreation session, there was a statistically significant reduction in anxiety scores after an AAT session, as well as with the regular therapeutic recreation sessions.
- The second study conducted by Barker et al, (2003), the purpose consisted of studying the effects of patients going into electroconvulsive therapy sessions (ECT). This work branched off a past study, this time using visual analogue scales (VASs). VASs were incorporated after they found that, in their previous study, some patients could not complete self-report assessments associated with the State-Trait Anxiety Inventory (Barker et al, 2003).



Participants, Measures & Procedures

Participants:
The participants will be individuals currently enrolled in AAT who are 18 years of age or older. Three to four participants will be recruited by a licensed therapist working with AAT and myself, and they have been in therapy for at least six months. The licensed therapist is Gena Howle, M.Ed., no. 64655.

Measures:
This is a qualitative study, consisting of one interview with each participant. The interview will be conducted in either the therapist's home or town office, depending on where the interviewees will be more comfortable. The interview questions were modified from two scales that were previously used to collect responses from participants who have participated in AAT and experienced anxiety symptoms. These two scales are the AAT questionnaire (Iwahashi, Waga, & Ohta, 2007) and the Depression, Anxiety and Stress Scale [DASS] (Lovibond, 1995). Each interview should last one hour.

Procedure:
Participants were recruited by the therapist mentioning the study after their scheduled sessions, determining whether they were willing to participate. If they were willing, I will call the participants to schedule a time for the interview.
Participants will be interviewed in the therapist's home office. They will be first be given the consent form and debriefing form. This will be done to ensure that participants are aware they can leave the interview at any time. If they agree to proceed, they will be asked the series of interview questions as illustrated in the interview guide. These interviews will be monitored by the aforementioned therapist so as not to upset or intrude on the participants. The interview will be audibly recorded. After the sessions are completed, the participants will have their therapy session paid for in full as an incentive.

Expected Results & Limitations

Expected Results:
My expected result is that participants (out-patient therapy patients) will report a reduction in anxiety. I also predict that AAT may be more effective at helping stabilize emotions in the short term and help participants open up easier and more rapidly (Animal-assisted therapy, n.d). A lower number of emotion-affective words (e.g. anxiety, fear, depression) might be in their responses.

Limitations:
Limitations of the study lie in the sample size. Due to the small population, I am working with, there will most likely be a need for a larger group to generalize the results to larger populations. It would also be beneficial to have participants interviewed before and after AAT sessions, but due to time constraints, that will be unlikely.

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