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Therapists' Experiences of Canine-Assisted Therapy in Aotearoa New Zealand

Abstract

This study explored the views and experiences of mental health therapists in Aotearoa New Zealand who implement canine-assisted therapy (CAT), a category of animal-assisted treatment (AAT). Reflexive thematic analysis of five semi-structured interviews with counsellors and psychologists led to the constructed themes regarding pathways into implementing CAT and its perceived benefits, including an enhanced therapeutic relationship, increased motivation and engagement, and positive effects on emotional state. Participants highlighted challenges associated with limited training opportunities, ethical dilemmas, client and therapist distraction, and considerations related to dog welfare and its associated logistical demands. Despite these challenges, therapists expressed hope for CAT becoming a more widespread adjunct to mental health practice in Aotearoa. These findings offer valuable insight for therapists considering implementing CAT and support existing calls for exploration and development of training protocols, best practice guidelines, and welfare standards to promote safe, effective, and ethical CAT practice.

Keywords

animal-assisted therapy; canine assisted therapy; mental health; therapists' experiences; qualitative

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Animal assisted treatment has gained increasing attention as an addition to mental health interventions with a growing body of research highlighting the therapeutic potential of human–animal interactions. Animal-assisted treatment (AATx), also referred to as animal-assisted therapy (AAT), involves goal directed integration of animals within a therapeutic intervention delivered by qualified healthcare professionals (Jones et al., 2019). AAT has been implemented across client age groups in a variety of settings including hospitals, residential care homes, schools, correctional facilities, and mental health settings (Beggs & Townsend, 2021; Koukourikos et al., 2019).

Therapeutic benefits associated with AAT are often attributed to the physiological calming effects of interacting with an animal (Shoesmith et al., 2025). These calming effects are thought to operate through a range of physiological mechanisms, including changes in stress-related and neurobiological processes. For example, interaction with animals has been associated with decreased stress, as indicated in decreased heart rate, blood pressure, and cortisol levels, as well as reduction in stress-related neurotransmitters such as epinephrine and norepinephrine (Arsovski, 2024; Beetz et al., 2012; Chandramouleeswaran et al., 2014; Heinsch, 2011). Furthermore, human–animal interaction has been linked with increased levels of oxytocin, a hormone associated with bonding, emotion regulation, and trust, as well as dopamine (Marshall-Pescini et al., 2019).

Beyond these physiological effects, the unique relationships formed between humans and animals are considered key agents of therapeutic change and are often regarded as complementary to the therapist–client relationship (Wesley et al., 2015; Jones et al., 2019). Reported benefits include lower dropout rates from therapy, stronger therapeutic alliance, and enhanced trust and rapport within therapy (Seeger et al., 2025; Husgen et al., 2025). Canine-assisted therapy (CAT), specifically, has also been associated with improvements in emotional regulation, mood, pro-social behaviours, and social responsiveness (Guillen Guzmán et al., 2022; Koukourikos et al., 2019).

There is significant variation in the roles animals play in AAT, which is most likely due to the recognised lack of guidelines and inconsistent classification and terminology used in the field (Binder et al., 2024). Within AAT there are a range of species involved, including dogs, horses, cats, dolphins, and farm animals (Hediger et al., 2021; Kamioka et al., 2014). Among these, CAT, also referred to as dog-assisted therapy (DAT), has received increasing attention

in the literature. Dogs are reported to be particularly well-suited to therapeutic work due to their long-standing domestication, ability to interpret body language, and capacity to form meaningful attachments with humans (Arnskotter et al., 2024; Bolt et al., 2022; Hare et al., 2002; Payne et al., 2015). Their relative ease of training, ability to travel, adaptability to human environments and therapeutic settings, and general accessibility further contribute to their popularity in therapeutic work (Nimer & Lundahl, 2007). In Aotearoa New Zealand, the Department of Internal Affairs currently authorises eight organisations to certify disability assistance dogs (Department of Internal Affairs, 2021). It is important, however, to distinguish animals involved in AAT from assistance animals such as guide, hearing or service dogs, which are highly trained to perform specific tasks that mitigate the effects of an individual's disability (Winkle et al., 2020).The effects of CAT have most commonly been studied in individuals with autism spectrum disorder, attention deficit hyperactivity disorder, dementia, schizophrenia, and post-traumatic stress disorder (Koukourikos et al., 2019; O'Haire et al., 2015; Nurenberg et al., 2015). Despite growing interest in this area, there is minimal information outlining training requirements, standards of practice, and implementation guidelines. One handbook on AAT provides guidance on the ethical and practical considerations for therapists (Fine, 2019). While the International Association of Human Animal Interactions Organizations (IAHAIO, 2018) has outlined minimum standards for education and training in AAT, the absence of clear practice guidelines and protocol for therapists continues to be identified internationally (Hill et al., 2020).

To date, no studies have explored therapists' experiences of CAT in Aotearoa New Zealand, where cultural, professional, and ethical frameworks may influence how such practices are implemented. However, Yeung et al. (2020) examined the role of the human–animal bond among social workers in Aotearoa New Zealand. Their survey findings revealed that the majority of animals involved in social work practice had received no specific training, and the authors identified concerns about the lack of policies and professional support for practitioners incorporating animals into therapeutic work. These findings highlight the relevance of examining professional experiences within the Aotearoa New Zealand context, particularly given the potential implications for safe and ethical practice.

Despite the evidence supporting psychological benefits of human-dog interactions, there remains a scarcity of research examining CAT integrated within established psychological

therapeutic approaches (Bolt et al., 2022). Furthermore, much of the research in this field is quantitative, and has primarily focused on measuring client outcomes (Narvekar & Narvekar, 2022; Gee et al., 2021). While such research has contributed valuable insights regarding efficacy, it provides limited insight into the complexities of real-world clinical implementation and integration of CAT.

Therapists who have integrated dogs into their practice are uniquely positioned to identify potential benefits to clients, as well as practical and implementation considerations associated with incorporating animals into clinical practice. Their perspectives may therefore provide important clinical insights for other practitioners and inform the development of best practice guidelines. Existing qualitative research has tended to explore the experiences of clients and parents, particularly in relation to specific diagnostic presentations. For example, London et al. (2020) explored parents' perspectives on the therapeutic potential of dog-assisted occupational therapy for children with autism spectrum disorder. Findings suggested that the calming presence of the dog enhanced clients' enjoyment, motivation, and confidence while also accelerating rapport with the therapist and contributing to a sense of emotional safety (London et al., 2020).

While emerging research has begun to consider clinician perspectives (e.g., Flynn et al., 2020), this area remains limited, particularly in relation to mental health therapists and real-world implementation contexts. Existing studies suggest promise and complexity in the use of AAT. For example, an Australian study of psychologists' attitudes towards AAT reported perceived improvements in the therapeutic relationship and enhanced emotional regulation. However, barriers to implementation were also identified and included organisational attitudes towards AAT, the responsibility of causing no harm to clients, and limited access to appropriate training (Black et al., 2011). Similarly, a study of occupational therapists found that incorporating dogs into therapy was associated with enhanced motivation and reduced anxiety in child clients, while also highlighting the need for additional training and careful consideration of professional practice when implementing CAT (Hill et al., 2020).

Despite these insights, there remains a gap in research focusing specifically on therapists' perspectives, particularly within mental health settings (Firmin et al., 2016). The limited exploration of therapists' perspectives constrains our understanding of the real-world implementation and feasibility of CAT as well as the perceived benefits, challenges, and

practical considerations involved in integrating dogs into therapeutic practice (Bolt et al., 2022; Zhang et al., 2025). Addressing this gap may assist mental health professionals in identifying appropriate contexts for the implementation of CAT to support therapeutic goals, guide implementation practices, and inform future research aimed at optimising intervention protocols.

To address this gap, the present qualitative study explores the perspectives of therapists who use CAT in mental health practice in Aotearoa New Zealand where cultural, ethical and professional frameworks may uniquely shape the implementation of such practices. Specifically, this study aims to: (1) explore why therapists chose to integrate dogs into their work; (2) examine how CAT is implemented in different therapeutic approaches and settings; (3) identify the benefits and challenges experienced by therapists; and (4) understand the ethical, professional and practical considerations associated with CAT practice. Insights from therapists' experiences may contribute to the development of evidence-informed therapeutic guidelines and support the development of appropriate training pathways for clinicians wishing to incorporate dogs into mental health practice.

Method

A qualitative descriptive study design was used to explore therapists' experiences of integrating dog-assisted therapy into clinical work. Qualitative approaches are flexible and allow the complexity and subjectivity of experiences to be explored, aligning with the exploratory aims of the study (Renjith et al., 2021). Reflexive thematic analysis (RTA), as outlined by Braun and Clarke (2024), was selected as the analytic approach due to its flexibility and emphasis on meaning-making.

This study was positioned within an interpretivist–constructivist paradigm, which assumes that reality is multiple, subjective, and shaped by individual experiences (William, 2024). From this perspective, themes represent constructed meanings co-created between researcher and participants rather than objective truths. Consistent with this positioning, RTA embraces researcher subjectivity and the active role of the researcher in knowledge construction (Braun and Clarke, 2023).

Researchers' positionality

The research team brought a range of perspectives to the study. The primary (student) researcher had prior experience working in an equine assisted therapy setting, which shaped an expectation that participants may report practical considerations and benefits associated with CAT. The researcher considered herself an outsider to the context of mental health interventions because she was a first-year postgraduate psychology student who did not hold clinical registration or client-facing therapeutic responsibilities. Therefore she lacked the formal clinical training and professional experience shared by the practising clinicians. She recognised that this outsider position encouraged curiosity and openness during interviews while also requiring ongoing reflexive awareness of how her assumptions and interpretations might influence data collection and analysis. In contrast, the other researchers provided insider perspectives as both were experienced mental health clinicians and academics with personal and professional therapy dog experience, including formal training and active partnership. Reflexive practices, including journaling and team discussions, were used during the research process to examine the potential influence of assumptions and biases throughout the research process.

Eligibility criteria

Participants were eligible if they were registered mental health professionals (e.g., psychologists, counsellors, psychotherapists, social workers) currently practising in Aotearoa New Zealand and had experience integrating a certified or uncertified therapy dog into their clinical work. Participants were required to be able to complete an interview in English. No minimum level of experience with CAT was required, to allow for a range of perspectives.

Recruitment strategy

Participants were recruited using purposive and snowball sampling methods. Recruitment was conducted through professional networks, email invitations and social media advertisements, including via relevant organisations and disability assistance dog networks.

Given the exploratory nature of the study, a small sample size was intentionally sought. Between three to six participants were considered appropriate to generate in-depth experiential accounts. Consistent with RTA, the aim was not to achieve data saturation, but to develop rich, nuanced understandings of participants' experiences. The relatively small

number of therapists in Aotearoa New Zealand who actively integrate a therapy dog into practice further supported the use of a small, purposive sample.

Sample characteristics

Five therapists provided informed consent to participate in interviews. Participants represented a range of professional backgrounds and clinical settings within mental health practice in Aotearoa New Zealand.

Data collection

Data were collected using semi-structured individual interviews conducted online via Microsoft Teams or Zoom video calls according to participants' preferences. A semi-structured interview format was adopted to enable researchers to explore relevant topics in further depth, while maintaining consistency and comparability between participants (Ruslin et al., 2022).

Participants were invited to complete a demographic questionnaire prior to, or at the beginning of, the interview. This included information on age, gender, ethnicity, professional registration status, years of experience in mental health and CAT, work setting (e.g., hospital, school, private practice), client populations (e.g., age, sex, ethnicity, presenting problems/diagnoses), and characteristics of the therapy dogs (e.g., age, breed, training).

The student researcher conducted the interviews using a pre-developed interview guide, which was refined following a pilot interview. Topics included pathways into CAT, therapist's background, motivation to incorporate dogs into therapeutic practice, implementation approaches, perceived impact and challenges, and ethical and professional considerations. Participants were also invited to reflect on recommendations for clinicians intending to implement dog therapy in Aotearoa New Zealand.

Interview duration ranged from 43 to 78 minutes and interviews were audio-recorded with participant consent. Recordings were transcribed using Vibe transcription software and reviewed multiple times to ensure accuracy of transcription. All identifiable information was removed, and numerical identifiers were assigned to participants and their dogs.

Data analysis

Data were analysed using the six steps of RTA as outlined by Braun and Clark (2022) and the reflexive thematic analysis reporting guidelines (RTARG) were followed to enhance quality and trustworthiness throughout the RTA process (Braun & Clarke, 2024). This approach was selected for its suitability in exploring patterns of meaning across qualitative data without relying on pre-existing coding frameworks.

The student researcher led the analysis, beginning with repeated reading of transcripts to achieve familiarisation. Initial coding was done manually, whereby meaningful features of the data were identified. Colour coding was used to identify coding patterns across participants. Coding was predominantly latent, attending to underlying meanings, assumptions, and interpretative patterns in therapists' accounts, while remaining grounded in participants' explicit descriptions. Initial themes were generated by grouping similar codes into broad themes, which were iteratively reviewed, refined, and restructured through engagement with the dataset.

Themes were developed through an interpretive process, with discussions amongst the research team to support reflexive engagement and deepen understanding. Themes were defined and named to reflect patterns of meaning, with quotes identified to represent each theme. A thematic map was created to illustrate the final themes and subthemes. The final analysis was narratively summarised, in line with the research aim.

Trustworthiness and Rigor

Reflexive journaling was used throughout the data collection and analysis processes to identify interpretations and ensure openness throughout the research (Jamieson et al., 2023), supporting transparency and reflexive rigour.

Trustworthiness was considered in terms of credibility, transferability, dependability and confirmability (Lincoln & Guba, 1985). To enhance credibility, extended engagement with the data along with regular peer debriefings within the research team were included. Transferability was enhanced through detailed description of sampling methods, participant characteristics and the data collection timeframe (Shenton, 2004).

Dependability and confirmability were adressed by keeping an audit trail documenting the reasons for methodological and analytical choices. Member checking was offered in line with

the interpretive and reflexive approach used; none of the participants elected to review their transcript..

Ethical approval for the study was obtained from the Auckland University of Technology Ethics Committee (reference number 25/316).

Findings

The analysis of five transcripts resulted in four themes: 1) pathways into CAT; 2) perceived benefits of CAT; 3) challenges and considerations; and 4) imagining a future for CAT. Associated subthemes are presented in Table 1.

Table 1.

Themes and Subthemes Generated

Themes	Subthemes	Summary of the subthemes
Pathways into CAT	Motivation	Experience, affinity towards animals and perceived need for alternative treatment
	Implementation	Incorporated with a variety of therapeutic goals, approaches and dog roles
Perceived benefits of CAT	Therapeutic relationship	Enhanced trust, disclosure and safe atmosphere
	Client motivation and engagement in therapy	Dog's presence encouraged attendance and participation in therapy
	Creating calm for both client and therapist	Reduced stress and enhanced emotional regulation
Challenges and considerations	Navigating uncertain training pathways	Training opportunities were limited and complicated
	Ethical responsibility without formal guidance	Efforts made to avoid harm to clients
	Diversion from therapy and increased cognitive load	Therapists shared their attention between the client and dog
	Prioritising dog welfare in clinical practice	Considerations for dog wellbeing created logistical challenges
Imagining a future for CAT		Hopes for CAT to be acknowledged and guidance and protocol to be provided

Theme 1 – Pathways into CAT

This theme describes how participants' personal experiences and interest in animals motivated them to integrate CAT into practice.

Subtheme 1 – Motivation

Participants described strong personal connections to dogs, often related to lifelong interest and attachment, which made integrating CAT feel natural and congruent with their professional identity. As participant 2 reflected, "it's something that has always interested me and I'm really passionate about dogs and animals in general." This passion was not described as peripheral; rather, it formed part of their identity and the integration of dogs into practice appeared to feel intuitive and congruent with their identity.

For some, personal experiences of the benefits of AAT further reinforced their motivation to work with canine companions in therapeutic contexts. Having experienced "considerable positive experiences" (P3) with dogs in these contexts, multiple participants described recognising both personal and therapeutic value. Their motivation to implement CAT was therefore informed by first-hand experience of the benefit, as well as a desire to extend those experiences to clients. Personal and professional rationales were closely intertwined, with therapists identifying both their own gains and the potential for similar outcomes in clinical work.

Observing colleagues working with dogs in clinical practice also contributed to motivation and helped them to normalise CAT and consider integrating it into their practice: "one of the ladies had been bringing her dog in to work and at that stage, I'd just got [dog 4] and she was still a puppy and I thought it was a really good idea" (P4). At the same time, participants emphasised careful consideration of their dog's temperament and suitability before introducing them into therapy settings, highlighting attention to safety alongside enthusiasm and motivation:

… when she [dog 4] got scared, her fear response was to run away. It wasn't to attack. So that kind of made me think that if she got a fright or she was startled by children, she would not attack them… So her temperament was really good. (P4)

While most participants considered CAT broadly applicable to their practice, one participant described applying CAT in response to specific clinical needs:

It was actually for a specific client… there was pretty much no other option… I had started to do EMDR [eye movement desensitisation and reprocessing] therapy with her (client), she had done that, I started to do DBT [dialectical behaviour therapy] informed therapy with her (client), she'd done that…. (P1)

In addition to perceived client benefits, participants identified the personal and professional value of working alongside their dogs, including improved wellbeing and job satisfaction. As participant 5 noted, "I knew it would be really helpful for my clients. That was a major driving factor, but also the fact that I wanted him (dog 5) with me." The presence of their dog was central to sustaining their clinical practice: "If I couldn't have [dog 5] with me, that would have really made me think I probably couldn't stay. That's how important it is to me to have him (dog 5) with me."

Overall, the participants' motivation to integrate CAT reflected an interplay of personal passion, lived experience, observational learning, clinical necessity, and therapist wellbeing.

Subtheme 2 – Implementation of CAT

This subtheme describes how participants integrated CAT into their clinical practice. This includes their use of clinical reasoning when balancing spontaneity, structure, and safety while working alongside their dogs.

Participants described flexible responsive approaches to integrating CAT, relying mostly on clinical reasoning rather than clinical guidelines. Interactions between dogs and clients were usually spontaneous, with therapists perceiving their dogs as responsive to clients' emotional and behavioural cues. The ability of dogs to attend to body language and changes in clients' usual behaviour was valued by therapists. For example, therapists described their dogs recognising when clients were distressed or quieter than usual and responding by moving closer, sitting beside them, leaning against them, or placing a paw on them. One therapist explained that her dog "does things spontaneously", describing the dog's behaviour without instruction as "quite appropriate" (P3). In this context, the therapist appeared to refer to the dog's ability to respond appropriately to subtle cues from clients without being directed by the therapist. Participants viewed these interactions between client and dog as therapeutically beneficial, supporting clients' emotional regulation and creating opportunities for social and emotional learning.

While spontaneity was valued, participants also described intentional and structured use of CAT, with the dog considered to be a therapeutic tool to support skill development:

It's not just taking a dog in for pats… It's never been about some nice touchy feelies. It's always about what skills can she [dog 1] bring out of these people or how can I teach my skills in a different modality… I use her [dog 1] quite purposefully so it is actually to teach skills and usually around relationships, particularly in relation to emotional regulation and relational learning. (P1)

CAT was consistently viewed as an adjunct, a tool, or an extension to existing therapeutic modes rather than a stand-alone intervention. Dogs were described as helping with "modelling of behaviour" (P1), supporting emotional regulation through physical proximity or acting as a "weighted blanket" (P4), and as a transitional object that encouraged indirect engagement with difficult emotional material:

[Dog 4] is really good as a transactional object… so she [dog 4] can get frightened sometimes. And so then we [client and therapist] will talk about fear and kind of what makes us scared. And by incorporating the transactional object of the dog, that means that we could be talking about the [client's] fear, the child's trauma, but we're not directly talking about it. (P4)

Implementation was dependent on the professional context, with greater autonomy reported in private practice settings where therapists could "use the animal for what I need in a safe way without breaching the law" (P2). Participants also actively managed predictability and risk by structuring the dog's involvement such as by limiting interaction or using the dog in specific parts of therapy:

This is why I often use the dog more in terms of receptionist, he (dog 2) comes in, he does his thing… the dog goes out of the room and the client is ready and we go and work with the somatic awareness of the client that has been elicited by the dog. (P2)

Overall, CAT was experienced as both flexible and intentional components of practice, with integration requiring ongoing clinical judgement to balance responsiveness, safety and therapeutic intent.

Theme 2 – Perceived benefits of CAT

All participants highlighted the positive therapeutic effects of integrating their dog into therapy. These benefits related to the therapeutic relationship, client motivation and engagement in therapy, and creating a calming environment for both client and therapist.

Subtheme 1 – Therapeutic relationship

Participants consistently reported that their dogs enhanced the development of the therapeutic relationship, especially during initial engagement. “The whakawhanaungatanga, when people come in, like the first thing, it’s never hard. It’s never hard because it just breaks down barriers. It’s absolutely amazing” (P5). Dogs were described as “icebreakers” (P5) creating a more natural environment and fostering a sense of safety and trust.

The presence of a dog was considered to support rapport-building, with clients forming relationships more quickly: “they bond faster, they trust you faster and they feel safe faster” (P2). This was considered especially valuable when working with children, where the dog was viewed as the relational bridge between therapist and client:

With kids I would say it’s the biggest impact... The bonding which is more difficult to bond with kids because you are an adult and they are children and you are not their mum or their dad so you are a stranger adult that is in a room alone so the dog becomes the vehicle of this bonding with kids. (P2)

Participants also noted the presence of a dog appeared to facilitate disclosure, with clients and especially children sharing experiences they might otherwise withhold: “Tamariki probably disclose things that they normally wouldn’t because the dog makes them feel safe” (P4).

Observing clients’ interactions with therapy dogs provided therapists with greater understanding of clients’ emotional, relational, and behavioural functioning: “you can immediately see the emotional skills of the clients when they are interacting with not only a dog but in general with animal fears, empathy, bonding, connection, communication, it's kind of a diagnostic tool” (P2).

Subtheme 2 – Client motivation and engagement in therapy

Participants identified CAT as a significant motivator for engagement, particularly for young clients, and those reluctant to attend therapy. “Kids want to come to therapy... They want to stay involved... That's the motivation... They’re excited to see her [dog 4]” (P4). The presence of the dog increased enthusiasm for attending and participating in therapy:

My girl [client] is way more interested and in fact she now arrives early because I see her first in the morning, she’s getting out of bed and ready earlier so that they can come to the carpark and get [dog 1] from the car, so she’s not being oppositional in coming. (P1)

For adult clients, CAT appeared to encourage therapy engagement, and specifically for clients who used to prefer online therapy:

The people who come online make more of an effort to come in person now because she [dog 3] is here… I have definitely noticed that people say “Oh no I want to come in person because I want to see [dog 3].” (P3)

Participants also described how increased engagement contributed to meaningful therapeutic outcomes, with one participant recounting her client stating “[dog 1] has changed my life, without her [dog 1] I wouldn’t know how to be nice to people” (P1). Improved motivation appeared to support clients’ ability to participate in therapy and generalise skills beyond the therapy setting.

Subtheme 3 – Creating calm for both client and therapist

Participants described dogs as having unique attributes that a therapist does not have “you can recognise the cuteness of a dog or the unconditional love, acceptance” (P2). They unanimously described dogs as having a calming presence: “it’s the energy that a dog brings, like it’s just an absolute calm” (P5). The calming effect of the dog was believed to support emotional regulation, making it easier for clients to engage with therapy.

Dogs were perceived as facilitating clients’ ability to be in the present moment and engage somatically:

The presence of the dog brings the presence of the client from the cognitive to the somatic, which is what we want to do in trauma therapy, we want to go back to the body, and so the

animal has this ability to make your nervous system click into, let's say, vagus nerve, rest and digest. (P2)

Participants considered this especially helpful in trauma-focused work. CAT also provided comfort during difficult conversations. "It just really helps them to relax. It can be quite a timely diversion. Like if things are getting a bit tense, they might just look at [dog 5] or mention something about [dog 5]" (P5).

The calming impact of CAT was also experienced by the therapists participating in the study. Working alongside a dog was associated with enhanced affect, reduced stress, and increased work satisfaction:

For me it's like having a buddy that absorbs the stress. It's like having your best friend that's got your back with you at work. And they're like you're going to be okay… Like I really miss him [dog 5] when he's not there. (P5)

For some, the presence of their dog enhanced their overall experience of clinical work and contributed to a sense of shared therapeutic process.

Theme 3 – Challenges and considerations

The third theme reflects the practical, ethical, and systemic challenges associated with implementing CAT, especially in the absence of formal guidelines.

Subtheme 1 – Navigating uncertain training pathways

Participants consistently identified the lack of accessible CAT training as a major barrier to implementation. Available options largely focused on dog behaviour rather than therapeutic integration: "I would like to have more sort of how does he be a therapy dog? How does he interact with clients?" (P5). Dogs' training backgrounds varied widely, including having no professional training, being adopted through assistance dog organisations, and working in conjunction with dog trainers. CAT training pathways were described as unclear, with participants reporting an absence of guidance: "I went looking to find out what we had in New Zealand… what were our processes, what were our policies… and surprise, surprise, nothing" (P4).

Due to the paucity of resources, participants relied on literature, personal judgement, sourcing appropriate trainers, participating in obedience training, and experiential learning. Time and

cost associated with formal dog training were also highlighted, with some participants questioning the value and feasibility of certification processes. As one therapist reflected: "they [other therapists] just stop because it is requiring a lot… I'm in this moment of saying 'is this effort worth what I'm really doing with my dog?'" (P2).

Subtheme 2 – Ethical responsibility without formal guidance

Participants highlighted the ethical responsibility to ensure client and dog safety, particularly in the absence of formal guidelines. Screening procedures were commonly used to assess client suitability, including consideration of allergies, phobias, cultural factors, and behavioural risks: "that's something I really had to learn… is that not all people love dogs, so I just assume that everyone's scared of him to start with" (P5).

Some participants reflected on the emotional complexity of ending therapy involving a therapy dog, whether arising from dog's illness, retirement, or death, or from the conclusion of the client's therapy, noting the potential for strong attachment. Several participants emphasised the importance of setting expectations, including clarifying the dog may not be present at every session. One therapist described gradually reducing the dog's involvement as therapy approached an ending: "when I see the therapy is going toward the end I start decreasing the connection with the dog… so they (clients) do not associate this session with the dog necessarily" (P2). Others sought to maintain continuity beyond therapy, such as creating social media accounts so clients could "keep up with [dog 5] whenever they wanted" (P5). At the same time, participants described difficulty in preparing clients for endings whilst preserving the therapeutic value of the human–dog relationship, noting that "it's about prepping that ending but not coming in between their relationship with her [dog 4]" (P4).

Overall, participants described developing individual ethical practices, highlighting variability and the need for clearer guidance.

Subtheme 3 – Diversion from therapy and increased cognitive load

All participants described the dual responsibility of managing both client and dog as increased cognitive load within sessions: "I have to manage the sessions much more. I have to work harder when she [dog 1] is there" (P1). Attention was often divided because the therapist needed to monitor the dog's behaviour while maintaining therapeutic focus with the

client: “in terms of keeping both [dog 4] and my client safe, it does mean that your attention is slightly split…It’s probably like 70:30 in terms of my attention” (P4).

Additionally, the presence of the dog could act as a distraction for clients: “the dog can become an avoidant mechanism in the session [taking care of the dog]… that’s a perfect excuse to avoid any work” (P2). This then required therapists to actively manage engagement and maintain therapeutic focus.

Subtheme 4 – Prioritising dog welfare in practice

Dog welfare was described as central to CAT practice, influencing decision-making and implementation. Participants viewed themselves as advocates for their dogs, emphasising fatigue, emotional labour, and the mental demands placed on animals who “pick up on what [clients are] feeling” (P4). Work was described as potentially “mentally draining” (P4), requiring careful monitoring of the dog’s body language and stress signals: “this creature can’t speak for herself” (P3). Participants also ensured that the dog’s role remained voluntary and enjoyable for the animal: “It has to be fun for them [dog 4]. If it's not fun, then they’re not going to be of any great use with the client” (P4). Participants mentioned autonomy to be an important consideration for the dog’s wellbeing, established through access to a crate or another room so dogs could choose whether to be in the therapy room.

Participants’ practical consideration to balance client demand with the dog’s welfare included scheduling sessions around the dog’s availability, limiting weekly hours, providing rest spaces, and in some cases returning dogs home to prevent exhaustion.

Theme 4 – Imagining a future for CAT

Participants expressed strong optimism, hope, and commitment for the future of CAT in Aotearoa New Zealand alongside recognition of the need for more formalised systems. A sense of pioneering was accompanied with descriptions of themselves as “trailblazing” (P4) within an emerging and underdeveloped field.

There was a shared desire for CAT to become more widely recognised and integrated into practice, particularly given its benefits for clients. At the same time, participants stressed that greater use of CAT must be accompanied by clear guidelines, training pathways, and regulatory frameworks to ensure safe and ethical practice to protect clients, dogs, and practitioners alike.

Concerns were raised about the risks of unregulated implementation of CAT, with participants noting that unsafe or poorly considered use of a therapy dog could undermine the credibility of CAT: “it would only take one person with their dog to bite or attack a client for it to ruin it for all of us” (P4). At the same time, existing training pathways were perceived as costly and inaccessible, adding barriers to wider adoption. Overall, participants viewed themselves as advocates of CAT, highlighting the importance of careful, ethical, and well-supported development to ensure its sustainability in Aotearoa New Zealand.

In summary, therapists experienced CAT as a flexible and rewarding addition to mental health practice that offered perceived benefits for clients and therapists while presenting ethical, practical, and organisational challenges. Across the themes, participants emphasised the need for greater guidance, training, and support to facilitate the safe and ethical development of CAT in Aotearoa New Zealand.

Discussion

This exploratory study has provided insight into therapists’ lived experiences of implementing CAT in clinical practice, outlined preliminary clinical implications, and identified key areas for future research. Therapists’ motivations to implement CAT are under-reported in the literature, yet this study highlights the importance of personal pathways including previous experience with AAT and/or observing colleagues working with therapy dogs. This could suggest that therapists’ acceptance of CAT is influenced by direct experience, which aligns with research indicating that health professionals are often sceptical of CAT until they observe its benefits firsthand (Black et al., 2011). Unsurprisingly, all therapists expressed a strong affinity towards dogs, which also appeared to motivate their interest in CAT.

Consistent with research from Australia and the United States (Black et al., 2011; Connor & Miller, 2000), the current study found CAT was implemented across a range of clinical settings, client age groups, and presenting issues. Several therapists perceived CAT to be particularly beneficial for children and clients who had experienced trauma, yet it remains unclear whether these perceptions were informed by clinical experience, the demographics of their caseloads, or the emphasis on children within the existing CAT literature. Interestingly, participants did not view CAT as a stand-alone intervention but as an addition to established evidence-based interventions including trauma-informed and client-centred therapies. In line

with VanFleet et al. (2019), CAT implementation varied according to client needs, therapist training, and scope of practice. While research highlights limited understanding of CAT's treatment components and mechanisms (Hoagwood et al., 2017), participants in this study integrated CAT intuitively based on clinical judgement, personal experience, and existing literature, consistent with findings of Black et al. (2011).

This integration aligns well with principles of trauma-informed care, which emphasises the importance of prioritising physical and emotional safety, fostering trust and collaboration, and supporting emotional regulation (Yadav et al. 2024). Participants described the presence of the dog as contributing to a calm, non-judgemental therapeutic environment that enhanced their clients' sense of safety, facilitated emotional regulation and supported engagement with therapy. The flexibility with which participants incorporated the dog also aligned with client-centred principles, emphasising empathy, acceptance, collaboration, and responsiveness to clients' needs and experiences (Rogers, 1961). Several therapists described the role of the dog as a transitional object or as a way of approaching traumatic experiences indirectly, allowing clients to engage with distressing material at a manageable pace and adapting the role of the dog to clients' preferences, goals, and emotional needs. Although participants integrated dogs into a range of therapeutic models, there was variation in how CAT was implemented, possibly reflecting the current absence of evidence-based protocols or professional guidance. Despite this variability, therapists consistently described meaningful therapeutic benefits, suggesting the presence of a therapy dog may contribute to therapy even when its role is not highly structured. Future research could investigate how CAT could be best integrated within different therapeutic approaches and identify the mechanisms through which therapy dogs may enhance the therapy process.

The perceived benefits reported by participants were consistent with existing literature. Dogs were considered important facilitators of the therapeutic relationship, a key predictor of successful outcomes (King, 2016; Ziviani, 2015). Participants reported that dogs contributed to a more natural, non-judgemental environment supporting rapport building and disclosure, which aligns with previous findings (Black et al., 2011; Schooten et al., 2024). These relational benefits may be partially explained by physiological mechanisms, including increased oxytocin and activation of the parasympathetic nervous system, which promote a sense of safety and calm (Horowitz, 2008; Odendaal, 2000). While this calming effect may

be short-term, it may enhance clients' engagement in therapy, and in turn their ability to reach therapeutic goals. From an attachment perspective, dogs may also provide a secure base, particularly for children, supporting clients to explore difficult emotions (Levinson, 1984). Trust in the therapist may also be strengthened through clients observing their therapist's nurturing interactions with the dog (Dixon et al., 2025; Schooten et al., 2024).

Enhanced engagement and motivation were also important findings. Participants described that clients were more motivated to attend and engage in therapy when a dog was present. This aligns with research demonstrating improved adherence rates in AAT compared with non-animal assisted clinical interventions (Wijker et al., 2019; Germain et al., 2018), and increased motivation among children who bonded with the therapy dog (Hill et al., 2020). These findings suggest CAT may be particularly valuable for clients who struggle with traditional talk therapy (Hill et al., 2020; Schooten et al., 2024; Zhang et al., 2025). Participants also identified benefits for themselves as therapists, describing the dog's presence as rewarding, supportive, and helpful in reducing work stress, findings that may relate to reducing the risk of therapist burnout (Hill et al., 2020).

Participants noted therapy dogs responded empathically to clients through spontaneous behaviours such as moving closer, sitting alongside clients or offering physical contact when the client was distressed. These findings are consistent with research suggesting dogs can recognise human emotions, physiological changes, and behaviours and respond with empathetic concern (Albuquerque et al., 2016; Custance et al., 2012; Serpell, 2003). While dog-client interactions were often spontaneous, therapists highlighted their active role in keeping therapeutic focus and integrating these interactions into goal-focussed interventions. This highlights the flexibility of CAT and supports calls for further research into optimal methods of integration (Dixon et al., 2025; Jones et al., 2019).

Reported benefits were accompanied by several challenges. Participants identified distraction and avoidance as processes to monitor, with some clients focusing their attention on the dog rather than engaging in therapeutic tasks, consistent with previous findings (Policay & Falconier, 2019; Bolt et al., 2022). At the same time, recognising clients' avoidance when using CAT may also provide valuable clinical information, such as understanding clients' coping strategies and identifying moments of anxiety that could be explored therapeutically. Therapists also described increased cognitive load due to the need to monitor both client and

dog, a challenge also reported in other CAT studies (Zhang et al., 2025; Policay & Falconier, 2019; Bolt et al., 2022).

Dog welfare emerged as an important consideration, with participants describing strategies to monitor the dog's wellbeing and manage the dog's workload. These practices align with international research highlighting the importance of safeguarding therapy dogs (Hill et al., 2020; Zhang et al., 2025; Wijker et al., 2019). However, participants noted the lack of agreed standards regarding appropriate working conditions for a therapy dogs. Participants also described ethical issues such as client attachment to therapy dogs, particularly in relation to the retirement or death of a dog. This highlights an area that needs greater clinical planning and professional guidance (Fine, 2019; Schooten et al., 2024).

A key finding was the identified lack of formal CAT training pathways and practice guidelines in Aotearoa New Zealand. Participants described relying on self-directed learning and clinical judgement, reflecting similar concerns internationally (Hill et al., 2019; VanFleet et al., 2015; Dixon et al., 2025). Organisational and health professionals' sceptical attitudes towards CAT also highlighted the importance of distinguishing CAT from broader forms of AAIs that may not involve mental health professionals or evidence-based intervention goals (Black et al., 2011). In Aotearoa New Zealand, where CAT is not regulated, therapists hold the responsibility to accurately describe the services they provide and ensure that terminology reflects the qualifications of the facilitator and the therapeutic purpose of the intervention.

Taken together, these findings support the development of professional training, evidence-informed clinical guidelines, and welfare standards specific to CAT in Aotearoa New Zealand. Ideally, such guidance would be developed collaboratively through consultation with mental health professionals, animal behaviour and welfare experts, educators, Māori stakeholders, and professional organisations. Standardised guidance would support safe and ethical practice, facilitate more consistent implementation, improve public and professional understanding and confidence, and strengthen the methodological quality of future research. Greater understanding of the mechanisms underlying CAT, together with clearer implementation protocols, would also enable clinicians to better match interventions to clients' therapeutic goals.

This study has several limitations. As an exploratory qualitative study with a small, relatively homogenous sample, findings cannot be interpreted as representative of all CAT therapists.

Participants were all currently working with a therapy dog, meaning therapists who had decided not to continue in this field were not represented. Another limitation of this study is the possible impact of social desirability bias, which may have influenced participants to emphasise positive experiences of CAT, particularly given their commitment to CAT.

Despite these limitations, therapist are uniquely positioned to provide valuable insight into CAT due to their direct experience working with clients and therapy dogs. This study highlights CAT as a flexible adjunct to evidence-based mental health practice that may strengthen therapeutic relationships, enhance engagement, support emotional regulation, and enrich therapists' own clinical experience. At the same time, the findings demonstrate the importance of addressing ethical practice, dog welfare, professional training, and regulation if CAT is to develop as a credible and sustainable component of mental health care in Aotearoa New Zealand.

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