

HOW DO FORENSIC PSYCHIATRIC PATIENTS EXPERIENCE CONNECTION WITH THERAPY DOGS?

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Abstract

Prisoners commonly face chronic loneliness and lack social support. Disconnection from life on the outside is especially true for forensic psychiatric patients. Attachment theory indicates that insecure attachment is linked to adult anti-social behavior and subsequent incarceration.

According to the Risk-Need-Responsivity (RNR) model, cognitive, affective and social factors increase inmates' risk for recidivism. Canine-Assisted Interventions (CAIs) have been found to offer love/comfort and support to inmates during their sentences. It is unknown, however, how inmates experience connection with the dogs involved in the CAIs. Applying an instrumental case study design, interview transcripts were analyzed from six forensic psychiatric patients and their mental health clinicians at the Regional Psychiatric Centre (RPC) following completion of a Canine Assisted Therapy (CAT) program with the St. John Ambulance Therapy Dog Program (SJATDP). Thematic analysis was employed to interpret and identify patterns in the patients' experiences of connecting with the dogs. Four key themes, and several sub-themes, were identified: physical touch, safety (including "dropping the mask"), reciprocity (including mutual recognition; empathy and mutual understanding; and caregiving), and acceptance (including happiness). Across all of the themes, the connection the patients experienced was shared as enduring. Themes are discussed within the context of the RNR model and implications for offender rehabilitation and recidivism are offered. Attachment theory is used to explain the Human-Animal Bond (HAB) and experiences of secure attachment through it, including how therapy dogs possess qualities of a Rogerian-like therapist to foster therapeutic change.

Keywords: Canine-Assisted Therapy, Human-Animal Bond, Risk- Need-Responsivity, therapy dogs, attachment theory

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Table of Contents

ABSTRACT	i
ACKNOWLEDGMENTS	ii
TABLE OF CONTENTS.....	iii
Chapter 1: Introduction.....	1
Purpose Statement.....	3
Research Question.....	4
Position as a Researcher.....	5
Personal Significance.....	5
Researcher Bias	6
Research Significance	7
Assumptions.....	8
Definition of Terms.....	8
Chapter 2: Literature Review.....	13
The History of Federal Offender Rehabilitation in Canada	13
The Structure of Federal Psychiatric Patient Rehabilitation in Canada.....	14
Offenders with Pervasive Mental Illness	15
Not Criminally Responsible on Account of Mental Disorder (NCRMD).....	16
Fitness to Stand Trial.....	17
De-Institutionalization of Mentally Ill Individuals	17
Risk-Need- Responsivity Model	19
Risk Principle	19
Need Principle	20

Responsivity Principle.....	20
Good Lives Model.....	21
Social Connection for Inmates.....	23
Inmates’ Familial/ Marital Relationships and Social Support.....	24
Inmates’ Anti-Social Associates and Social Support.....	25
Attachment Theory & Social Behavior of Inmates.....	27
Companion Animals and the Benefits of Connection.....	30
Human-Animal Bond (HAB).....	30
Attachment Theory.....	31
Alternative Theories.....	32
Canine Assisted Interventions (CAIs).....	33
Animal Involvement in Inmate Care.....	35
CAIs in International Correctional Facilities.....	36
Canine Assisted Therapy (CAT) in Correctional Facilities	39
CAIs in Canadian Correctional Facilities.....	41
Pawsitive Directions Program at Nova Institution for Women.....	41
Canine Program at Burnaby Correctional Center for Women.....	42
Pet Enrichment Program at Bowden Institution.....	43
Pawsitive Support Canine-Assisted Learning Program.....	43
St. John’s Ambulance Therapy Dog Program (SJATP).....	44
SJATDP at Stony Institution.....	44
CAT with the SJATDP at RPC.....	44
Future Research.....	45

Chapter 3: Methodology.....	47
Qualitative Inquiry.....	47
Research Paradigm.....	48
Research Tradition.....	48
Case Study Approach.....	49
Rationale	51
The Canine Assisted Therapy Program at the Regional Psychiatric Center.....	53
Referral Process.....	53
Exclusion Criteria.....	53
Session Format	54
Therapy Dog Teams.....	54
Therapy Dog Exclusion Criteria.....	54
Regional Psychiatric Center.....	54
Method.....	56
Interviews	56
Participants	57
Patients	57
Table 1.....	57
Staff Members	58
Data Analysis	59
Trustworthiness of Data	61
Researcher Reflexivity.....	61
Prolonged Engagement.....	61

Audit Trail	62
Ethical Considerations.....	62
Risks.....	63
Risks for Patients	63
Risks for CAT Teams.....	63
Benefits.....	64
Benefits for Patients.....	64
Benefits for CAT Team.....	64
Animal Welfare.....	65
Risks for Therapy Dogs.....	65
Benefits for Therapy Dogs.....	65
Limitations.....	66
Delimitations.....	67
Chapter 4: Results.....	68
Participants.....	68
John.....	68
Mike.....	69
James.....	70
William.....	71
Robert	71
Mark	72
Themes Emergent	73
Theme 1: Physical Touch.....	74

Theme 2: Safety	76
Dropping the Mask	77
Theme 3: Reciprocity.....	79
Caregiving	83
Mutual Recognition.....	83
Empathy & Mutual Understanding.....	85
Theme 4: Acceptance.....	87
Happiness.....	89
Chapter 5: Discussion	91
Needs of the Risk-Need-Responsivity Model.....	91
Safety	92
Physical Touch	95
Acceptance.....	98
Reciprocity.....	99
An Alternative Attachment	100
Responsivity of the RNR Model.....	101
Empathy.....	102
Warmth	103
Congruence.....	105
Therapy Dogs Augment Treatment Responsivity.....	106
Indigenous Patients and Treatment Responsivity.....	107
Impact for Forensic Psychiatric Patients.....	107
Limitations.....	110

Future Research.....	110
Conclusion.....	114
References.....	116
APPENDIX A	141
APPENDIX B.....	142
APPENDIX C.....	143

Chapter One: Introduction

Dogs have long been known as “man’s best friend”. Studies have demonstrated that dogs are capable of providing humans with social support that negates loneliness, depression, and even social rejection (Goldmeier, 1986; Hart & Yamamoto, 2015; Krause-Parello, 2012; Serpell, 2015). These seemingly “therapeutic” qualities of dogs are suggested to be especially advantageous in populations of individuals who face isolation and limited interpersonal relationships (Banks & Banks, 2002; 2005; Goldmeier, 1986; Hart & Yamamoto, 2015; Krause-Parello, 2012), such as those who are incarcerated (Cullen et al., 2011; Wakefield & Uggens, 2010). Inmates’ limited connection to loved ones threatens their mental well-being and negates their rehabilitation through the Risk-Need-Responsivity (RNR) model (Andrews et al., 2006), which underpins core correctional practices in Canadian federal penitentiaries (Bourgon et al., 2018).

As a means to increase support and programming offered to inmates, correctional facilities across the world have begun to implement Canine Assisted Interventions (CAIs) that incorporate dogs in treatment and/or programming. The Human-Animal Bond (HAB) between humans and dogs is theorized to serve as a mean of connection for inmates. This is defined by the American Veterinary Medical Association (2020) as “a mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviours that are essential to the health and wellbeing of both”. Relational Cultural Therapy (RCT) provides the framework for how the HAB fosters therapeutic rehabilitation of inmates, as it posits that the HAB can help inmates heal and grow through the mitigation of disconnection and the development of a novel support system (Thomas & Matusitz, 2016). International CAIs have developed across the past 20 years (Serpell, 2015); however, they greatly vary in their intensity, duration, and goals. Many

of such programs primarily emphasize dog training and dog rehabilitation, and view the “therapeutic” value of the dogs as a secondary gain (Chalmers & Dell, 2017; Furst, 2006). The lack of standardization across CAIs has therefore demonstrated that dogs can support inmates in various ways, but remains unknown how inmates actually experience a “connection” with the dogs.

The St. John Ambulance Therapy Dog Program (SJATDP) is a CAI that currently visits at least two Canadian Midwestern correctional facilities. Most recently, the SJATDP has recently been adapted into a Canine Assisted Therapy (CAT) program at the Regional Psychiatric Centre (RPC), a federal psychiatric prison located in Saskatoon, SK. A CAT program is defined as the incorporation of dogs within a measurable, structured intervention carried out by a licensed professional (Jegatheesan et al., 2013). In the CAT program at RPC, a therapy dog and its handler were paired with a mental health professional. These teams worked with RPC inmates, of whom are referred to as ‘patients’, to achieve obtainable goals that were established at the onset of treatment (Dell et al., 2019c). Goals were specific to each patient; however, all such goals were congruent with treatment targets of the patient’s respective correctional plan (i.e. assertiveness training). Each inmate attended 24 sessions with the CAT teams for 30-minute sessions, followed by “booster sessions” every three months after program completion to maintain a connection with the therapy dogs.

This case study fills a current gap in the literature by exploring how inmates experience connection with the therapy dogs in a CAT program. Interview transcripts from six participants and their assigned mental health professionals, totaling 19 interviews, were analyzed in order to explore the inmates’ lived experience of connection with the therapy dogs. An instrumental case

study and thematic analysis were employed to foster a deep understanding of such phenomena, and “catch the complexity” (Stake, 1995, p. 11) of patients’ experiences.

Purpose Statement

The purpose of this study is to gain understanding of how forensic psychiatric patients experience connections with therapy dogs in a CAT program. Research has suggested that inmates can form a connection with dogs in correctional settings; however, it remains unknown how this connection is truly experienced. Furthermore, heterogeneous samples used in previous studies have largely excluded forensic psychiatric patients. This is problematic given that there are five regional treatment centers in Canada alone that house forensic psychiatric patients, and that pervasive mental illness appears increasingly more common within federally sentenced offenders (CSC, 2015b). This case study contributes to current literature by providing an comprehensive understanding of the aforementioned research question and of how inmates’ connection with the therapy dogs fits within Correctional Service Canada (CSC)’s Risk- Need- Responsivity (RNR) of offender rehabilitation.

This study employs a social constructivist research paradigm where individual experience of a phenomenon is perceived as subjective and is the product of the context in which it is experienced (Hays & Singh, 2012). As such, the study follows the ontology that multiple realities of a phenomenon exist through the subjective, lived experience of the patient (Hays & Singh, 2012). It adheres to the epistemology that knowledge is constructed between the participant and his/her world (Merriam, 2002c). Contextual factors influence the patients’ experience of phenomenon and how it is both reported and interpreted (Hays & Singh, 2012; Silverman, 2005).

The study uses an instrumental, single case study design. A case study is employed when there is a clearly bounded system of individuals, events, or processes (Hays & Singh, 2012). The defined, bounded *case* distinguishes a case study from other research traditions as the phenomenon of interest is isolated in time, place, activity, or individuals (Plummer, 2001 as cited in Hays & Singh, 2012). In this case, forensic psychiatric patients who had completed a CAT program form the *case*. The reasons that an instrumental case study design was applied are twofold: (a) the research question was pre-defined; and (b) the participants were specifically selected in order to gain a deeper understanding of the connection with the therapy dogs that they experienced.

A case study is non-comparative and it resists reductionism and elementalism (Stake, 1995). Reductionism refers to practice of “using a simpler model or theory to represent complex phenomena” (Stake, 1995, p.172), therefore the study examines the participants’ experience of connection with the therapy dogs in its complexity and does not attempt to reduce the experience of same to something else. Elementalism refers to “interpreting things as aggregates of particles of piecework” (Stake, 1995, p. 170). As such, this case study interprets the patients’ experiences of connection with therapy dogs as a whole, rather than dissecting their experiences.

Research Question

The study is oriented around the research question “How do psychiatric patients experience connection with therapy dogs?”. It explores how forensic psychiatric patients experienced connection therapy dogs in CAT program. Cognitive, affective, and social domains are all investigated. The cognitive domain refers to how/what the participants think when with the therapy dogs and throughout the CAT program, whereas the affective domain refers to the

emotions that they experience and the social domains refers to the social support and companionship that they experience.

Position as a Researcher

My role in this research project was congruent with that of a research assistant. After formulation of my research question, previously transcribed interview transcripts were granted to me for document analysis. These transcripts had been collected a part of larger research project on Canine-Assisted Therapy led by Dr. Colleen Dell and Dr. Darlene Chalmers in partnership with CSC. The transcripts had not been used in previous studies; therefore, their analysis was exclusive to my study.

Personal Significance

Animals have always been significant part of my life. I was infatuated with horses as a child, but my focus shifted toward dogs when Zoli, a Rhodesian Ridgeback, entered my life when I was 16. I frequently sought comfort in Zoli when I experienced anxiety. A small pet, a hug, or a walk together would subside all my worries and fears. Zoli quickly became more than just my pet; he was my best-friend, my confidante, and a key part of my support system. When my anxiety spiraled out of control in my fourth year of university, Zoli remained at my side and helped me navigate my own mental health challenges. Today, Zoli is enjoying his retirement years and resides in rural Nova Scotia with my parents. While he is not physically at my side, the love and support that I draw from memories of him continues to foster my resiliency against my own anxiety and has shaped my interest, connection, and passion for research about CAIs.

My experience of such a deep bond with Zoli has piqued my interest in the therapeutic qualities of dogs, and their impact on human well-being. My involvement working in Community Residential Facilities, or “half-way houses”, has exacerbated this as residents would

frequently share stories of their dogs, reflecting on how much joy their dogs brought to their lives. It was evident that dogs were more than just “pets”. They were companions and important sources of unconditional and support.

While I have not experienced incarceration myself, my support work with a forensic population has exposed me to the isolation, loneliness, and hardships that individuals face while incarcerated. Their stories of how their dogs support them on the “outside”, piqued my interest in how a dog program in prison would support them during their incarceration. I thought to myself, “if my dog was able to help support me during a rough period, imagine what dogs could do for these folks!”

My passion for CAIs further aligns with my motivation to help individuals increase their resiliency, thus heightening their well-being. As a student in the Master of Education in School and Counselling Psychology program, I am devoted to mental health and improving the lives of those I work with. I aspire to train my current dog, Sherman, to be my co-therapist and have him join me for sessions in private practice after convocation. Sherman was a victim of neglect himself, as he was left emaciated and abandoned in a city park by his previous owner. He spent over a month in the city pound recovering from this. Sherman’s resiliency to overcome his past continues to remind me how those who are “locked up” likely have not had the chance to become the best version of themselves. It is my hope that I can assist those who have experienced incarceration to feel supported throughout their journey on the “outside” (perhaps with a bit of help from Sherman, too).

Researcher Bias

An important step in qualitative research is the acknowledgement of researcher bias. I (the researcher) recognize that I enjoy the company of dogs therefore I am biased toward positive

feedback given by participants. I also acknowledge that my live experience with dogs may influenced my beliefs on their “therapeutic” abilities, given that I sought the support of my own dog when navigating my own mental health challenges (as outlined above). To minimize the projection of my own bias on the data, I employed bracketing wherein I reported my biases and continued to reflect upon them throughout the duration of data analysis.

Research Significance

First and foremost, the study will shed light onto the lived experience of connection between humans and dogs. The concept of a Human- Animal Bond (HAB) is quite newly recognized by community members and researchers alike, so there remains a large gap in research on how it is experienced. The HAB is posited to underpin all Canine-Assisted Interventions (CAIs) (Fine & Beck, 2015), therefore such insight will contribute to the understanding, utility, and application of CAIs in the field of clinical psychology and therapeutic intervention.

Second, the insight gained from the patients’ experiences of connection with the therapy dogs will be applied to their rehabilitation via the RNR model. The significance is twofold: the study will explore (a) how the connection can positively contribute to the fulfillment and/or mitigation of the patients’ criminogenic needs; and (b) how the connection can influence patients’ treatment responsivity. Through this, the study may provide alternative interventions to supplement patients’ correctional plans, as well as suggest strategies to augment patients’ mental well-being as they cope with incarceration. This will be a significant contribution to the field of clinical forensic psychology, as it of the first study of its kind to look at Canine-Assisted Therapy within a sample of forensic psychiatric patients.

Finally, the study's significance extends to community safety through its emphasis on the rehabilitation of forensic psychiatric patients. As mentioned above, the connection that patients' make with therapy dogs is applied to the RNR model, which suggests that recidivism is reduced through rehabilitative, evidence-based treatment that targets the offenders' level of risk and their criminogenic needs. (Andrews et al., 2011; Bonta & Andrews, 2007). The ultimate goal for forensic psychiatric patients is the stabilization of their mental health and reintegration into the community. This study's application to patients' needs and treatment responsivity may therefore contribute to the reduction of their risk to reoffend upon release.

Assumptions

The acknowledgement of my own assumptions is critical in the self-reflexivity of this qualitative inquiry (Hays & Singh, 2012). There are several assumptions that I made in application to this study. First, I assumed that the patients form a connection with the therapy dogs throughout their time together in the CAT program, corresponding with current CAI research (Dell et al., 2015; Dell et al., 2019a; Dell et al., 2019c; Lalonde, 2020). Second, I assumed that the isolation offenders experience because of incarceration yields a dearth of social support and human connection, as revealed in previous literature (Ashberg & Renk, 2012; Bolano et al., 2016; Cullen et al., 2011; Esposito, 2014; Wakefield & Uggen, 2010). These assumptions shaped the development of my research question to "how do forensic psychiatric patients experience connection with the therapy dogs", rather than focusing on if a connection is experienced at all.

Definition of Terms

Animal Assisted Activities (AAA): defined by the IAHAIO as informal interactions and visitations with animals, facilitated by handlers who are trained in supervising his/her animal

(Jegatheesan et al., 2013). AAAs are often for recreational purposes, such as therapy dogs visiting ill patients in a hospital. When dogs are involved in AAA, it is referred to as Canine-Assisted Activities.

Animal Assisted Education (AAE): defined by the International Association of Human-Animal Interaction Organizations (IAHAIO) is a “goal oriented, planned, and structured intervention directed and/or delivered by an educational and related service professional” (Jegatheesan et al., 2013). When dogs are involved in an AAE, it is referred to as Canine-Assisted Education or Canine-Assisted Learning.

Animal Assisted Interventions (AAI): refers to an umbrella term encompassing any AAA, AAE, or AAT (Serpell, 2015). When dogs are involved as the animal in AAI, they can be referred to as Canine Assisted Interventions (CAIs).

Animal Assisted Psychotherapy (AAP): defined by Jones et al. (2018) as being a subset of AAT that focuses exclusively on mental health interventions provided by a trained mental health professional where “the relationships between participants (both human and animal) are seen as key components of change.” (p. 197)

Animal Assisted Therapy (AAT): defined by the IAHAIO as the presence of animals within a measurable, structured intervention carried out by a licensed professional (Jegatheesan et al., 2013). This includes but is not limited to, health professionals, educators, and mental health professionals. When dogs are involved as the animal in AAT, it is referred to as Canine-Assisted Therapy (CAT).

Attachment: refers to the “lasting psychological connectedness between human beings” (Bowlby, 1969, p. 194).

Community Service Program: refers to dog programs offered within a correctional facility where inmates train dogs whom are then adopted out to the community (Furst, 2006).

Connection: refers to the relationship that the inmates have with the therapy dogs.

Emotional Support Dog (ESD): refers to a dog that is trained to provide emotional support to its handler, only (Hart& Yamamoto, 2015). The dog does not provide love and support to members of the community, like a therapy dog. It is also not trained to complete specific tasks, like a service dog. ESDs have minimal regulation in Canada however they are permitted to have special access for housing and transportation (Hart & Yamamoto, 2015).

Federal Inmates: refers to offenders who are serving custodial sentences of more than two years in length. They are overseen by the federal government, under the Correctional Service of Canada (CSC).

Forensic Psychiatric Patients: refer to individuals who are incarcerated at a forensic psychiatric facility. Most often, these individuals are incarcerated for the commission of an offence in which they were deemed not criminally responsible for or were considered unfit to stand trial. Others experience pervasive mental illness which cannot be adequately managed in the standard correctional system (CSC, 2020; Livingston, 2006).

Human-Animal Bond (HAB): is defined by the American Veterinary Medical Association (2020) as “a mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviours that are essential to the health and wellbeing of both. This includes, but not limited to, emotional, psychological, and physical interactions of people, other animals, and the environment”.

Inmate: refers to any person who is confined in an institution (including a prison, jail, hospital, or psychiatric facility). This differs from the term “prisoner”, which refers to any person incarcerated within a prison.

Multimodal Programs: refer to dog programs offered within a correctional facility that have components of both community service programs and service animal socialization programs (Furst, 2006). Inmate trainers often practice basic training with adoptable dogs and then advance their skills for service animal training.

Offender: refers to any persons of whom committed a criminal offence, according to Bonta & Andrews (2007). This is no longer a common term given increased aware about stigmatizing language. This is kept in mind when it is used in this thesis.

Provincial Inmates: refers to offenders who are remanded in custody or who are serving custodial sentences of two years, less a day. These offenders are governed by provincial ministries, such as the Ministry of Corrections and Policing in Saskatchewan.

Rehabilitation: refers to the rehabilitation of offenders into pro-social community members. This includes a “broad array of psychosocial programs and services that are designed to assist offenders in addressing a range of needs related to their offending behavior and in achieving a more productive and satisfying lifestyle” (Wormith et al., 2007, p. 880).

Service Animal Socialization Programs: refers to dog programs offered within a correctional facility, where inmates help socialize and train dogs that then receive special training to become service dogs (Furst, 2006).

Service Dog: refers to a dog that is trained specifically to help a person with a disability. The dog is a working dog that provides a distinct service to its handler. These often include seeing-eye dogs, Diabetic Alert Dogs, and Post-Traumatic Stress Disorder alert dogs.

Social Support: is defined as the sensation of being “cared for and loved, esteemed, and a member of a network of mutual obligations” (Cobb, 1976, p. 300).

Therapy Dog: refers to a dog that is certified by an accredited organization to offer love and support to outer community members (Companion Paws Canada, 2019). Certification requires that the dog is tested for good temperament and any behavioral problems. A therapy dog differs from a personal therapy dog, or an “emotional support dog”, as they provide support to outer public, not just their owner (Companion Paws Canada, 2019).

Visitation Programs: refers to programs inside a correctional facility where dogs and their handlers visit with inmates during scheduled sessions (Furst, 2006). Handlers are typically the dogs’ owners whom often have no training in the human services or corrections, nor do they have professional dog training experience (Furst, 2006).

Chapter 2: Literature Review

Companion animals offer social support to inmates. Literature was reviewed to provide a conceptual framework for this support and to describe the CAIs currently offered in correctional facilities. Key areas of review include: a brief history of federal offender rehabilitation in Canada; the structure of federal forensic psychiatric patient rehabilitation (including the Risk-Need Responsivity Model); the availability of social supports for inmates and the confounding factors for same; an introduction to attachment theory; and the pertinence of a Human-Animal Bond (HAB). Additionally, the contribution of this work to the field of CAIs and directions for future research are discussed.

The History Federal Offender Rehabilitation in Canada

The first modern Canadian penitentiary was completed in 1835 following the adoption of the penitential ideal, wherein offenders were isolated and forced to perform hard labour as means to reflect on their actions (Babcock, 1965; CSC, 2014). Prior to this, punitive measures were corporal and exemplary, including physical and emotional torture, ostracism, starvation, and expulsion from society (CSC, 2014). The *Penitentiary Act (1868)* spurred the development of penitentiaries across Canada, where incarceration was indiscriminate to the offender's needs (CSC, 2014). Such practices continued until the 1930's when The Royal Commission to Investigate the Penal System was formed to construct a correctional model focused on the reintegration of inmates into society, which considered the needs of the offenders (CSC, 2014; Topping, 1938). Minimal change was implemented until the 1950s.

Following World War II, The Royal Commission to Investigate the Penal System recommended a model of correctional practices diverging from *penitent* traditions. According to CSC (2014), this facilitated the implementation of behaviour modification as a method to

achieve societal reintegration of inmates following incarceration. Behaviour modification was an interdisciplinary effort between correctional staff and health care providers (Serin & Hanby, 2009). These novel correctional practices were reflected in amendments to the *Penitentiary Act* shortly thereafter. Additionally, the unique requirements of incarcerated women were recognized and the first women's penitentiary was built (CSC, 2014; MacDonald & Mohr, 1999). These new practices were considered increasingly rehabilitative and restorative.

The 1960s saw the continued evolution of the criminal justice system toward a rehabilitative model. This included the use of security levels (i.e. maximum, medium, and minimum) for inmates and institutions, so incarceration was congruent with the seriousness of an individual's offence (CSC, 2014). Classification of the offender according to levels encompassed a professional assessment of the offender (Andrews et al., 2006; CSC, 2018c), and the counselling and support required to address the offenders' needs (notably mental health challenges and substance abuse) (CSC, 2014.). Further, the National Parole Board was formed and community residential facilities (halfway houses) were opened by external organizations to assist inmates' reintegration into society (Bell & Trevethan, 2004). Treatment attending to the inmates' needs was then introduced and a structured, gradual release into the community was implemented. This surmounted the adoption of the Risk-Needs-Responsivity (RNR) model of offender rehabilitation in the 1990s (Andrews et al., 2006).

Structure of Federal Forensic Psychiatric Patient Rehabilitation in Canada

According to Livingston (2006), the forensic mental health population in Canada comprises of a heterogenous group of offenders. The two most distinct groups of offenders include the following: (a) offenders who committed an offence in which they were deemed *Not Criminally Responsible on Account of Mental Disorder (NCRMD)* or *Unfit to Stand Trial*; and

(b) offenders with pervasive mental illness who cannot be adequately managed in the standard correctional system. Community reintegration and rehabilitation is sought for offenders who are deemed *NCRMD*, or who experience mental health challenges. In contrast, mental fitness is sought for offenders who are deemed *Unfit to Stand Trial* (Livingston, 2006). All such offenders are typically detained in specialized inpatient facilities where they can receive intensive psychiatric care and monitoring as part of their correctional plans.

There are presently five designated forensic psychiatric facilities operated by CSC. These are all entitled *Regional Treatment Centres* with the exception of the Regional Psychiatric Centre (RPC) in the Prairie region. All serve as “hybrid” facilities where they adhere to federal legislation of the *Correctional and Conditional Release Act* but follow provincial mental health legislation (CSC, 2011). They are multi-level security institutions to accommodate a diverse group of offenders. According to CSC (2011), Regional Treatment Centers are “mandated to accommodate offenders unable to function in parent institutions due to a mental disorder, cognitive impairment, and/or physical disability typically associated with aging, or who require specialized assessments”. Offenders must agree to be admitted to these facilities; otherwise, they must be certified by mental health legislation and/or mandated by the courts (CSC, 2019b). It is notable that provincial ministries of justice also have designated forensic psychiatric hospitals for provincial offenders which are operated independently from CSC. In very rare cases, provincial offenders will be incarcerated at CSC institutions.

Offenders with Pervasive Mental Illness

In 2005, CSC implemented a mental health initiative that stipulated that offenders are screened for mental health concerns at their intake (CSC, 2015a; Kent-Wilkinson et al., 2012). Offenders are then consistently monitored throughout their custodial stay and re-assessed if

appropriate. Within standard CSC facilities, offenders have access to *primary care and intermediate care*. Primary care involves an interdisciplinary team (i.e., psychologists, nurses, social workers, etc.) that work internally and liaison with external supports to address offenders' mental health needs (CSC, 2019b). If offenders' needs are higher than *primary care*, they have access to *intermediate care* wherein more intensive services/ treatments are offered; however, offenders are still treated at the parent correctional facility (CSC, 2019b). Offenders who require extensive mental health and/or psychiatric care may be admitted to a psychiatric inpatient facility within the region (CSC, 2019b). The ultimate goal for offenders who are admitted to these facilities is that their mental health can improve sufficiently to be discharged to the parent facility.

Not Criminally Responsible on Account of Mental Disorder (NCRMD)

The *Criminal Lunatics Act* was established in Canada in 1800. This act depicted that individuals could be found as “*insane*” during the commission of their offence wherein they were not responsible for their criminal behaviour due to their acute mental illness (i.e., hallucinations, delusions, etc.) (Puzzulo et al., 2012). As such, these individuals would be considered *not guilty by reasons of insanity*; however, they were automatically detained in a mental health hospital (commonly referred to as an “asylum”). This was maintained until the mid-1970s, when the Law Reform Commission of Canada provided a review of legislation pertaining to mentally ill offenders (Puzzulo et al., 2012). This sparked the *Mental Disorder Project* in the early 1980's. It was then determined that the Canadian Criminal Code was conflictual to Charter of Rights and Freedoms. Amendments to the Canadian Criminal Code were then enacted, which stipulated that offenders who are found *not guilty by reasons of insanity* needed to have their level of dangerousness assessed prior to being automatically

detained (Puzzulo et al., 2012). Notably, in 1992, Bill C-30 was passed. This eliminated the term *not guilty by reasons of insanity* and replaced such with the term *not criminally responsible on account of mental disorder (NCRMD)*. Another amendment was made in 1999 which stipulated that offenders who were found *NCRMD* were only permitted to be detained if they posed a threat to the public. Proper risk assessment and case management strategies were further stipulated for such offenders.

Fitness to Stand Trial

Offenders who experience mental illness after the commission of their offence may be deemed *Unfit to Stand Trial*. This refers to “the offender’s inability to conduct a defence at any stage of the proceedings on account of a mental disorder” (Puzzulo et al., 2012, p. 202). All court proceedings are temporarily stayed if this is ruled. In such cases, the goal of the justice system is to restore the offenders’ fitness (Puzzulo et al., 2012). Offenders may be detained during this time or they may be offered a conditional discharge. Their cases are continually reviewed and their fitness is re-assessed during this time. Historically, when an offender was considered unlikely to be fit to stand trial, they were required to be confined indefinitely until their fitness was restored. Through Bill C-30 in 1992, this was eliminated wherein an offender could receive an absolute discharge if they did not pose risk to the community and their proceedings could be stayed indefinitely (Puzzulo et al., 2012).

De-Institutionalization of Mentally Ill Individuals

In the early 20th century, individuals with mental illness were institutionalized in mental health hospitals (asylums) when families were unable to adequately care for them (Richman & Harris, 1982). These facilities housed individuals with diverse mental health needs, including

acute mental illness, neurodevelopmental disorders, cognitive impairments, individuals deemed “criminally insane” and those deemed *Unfit to Stand Trial*.

The de-institutionalization of mentally ill individuals commenced in the 1960’s. This was largely motivated by efforts to save taxpayer money as opposed to augmenting the quality of life and well-being of mentally ill individuals (Barron et al., 2015). Mental hospitals began to restrict inpatient beds for only individuals who were too dangerous to be in the community, so individuals with less severe mental illness were subsequently sent to live in the community (Kent-Wilkinson et al., 2012; Richman & Harris, 1982). Communities were not able to adequately support these individuals, as there was no case management nor outpatient programs and community supports for their continued care (Barron et al., 2015). As such, many mentally ill individuals often exhibited disinhibited and anti-social behaviour, which subsequently resulted in their incarceration (Barron et al., 2015; CSC, 2012; Kent-Wilkinson et al., 2012).

In the late 1990’s, provincial governments began to recognize that individuals with mental illness comprised a large portion of the offender population. As such, mental health courts were formed and diversionary programs were implemented to divert mentally ill individuals from the standard correctional system (Schneider, 2010; Schneider et al, 2007, as cited in Kent-Wilkinson et al., 2012). These strategies prevented some individuals from entering the correction system; however, there remains a high incidence of mental illness in both provincial and federal offenders populations (Barron et al., 2015; CSC, 2015a; 2015b; Kent-Wilkinson et al., 2012). Barron et al. (2012) suggest that this is namely attributed to comorbid alcoholism, lifestyle instability, homelessness, low socio-economic status, and substance abuse associated with mental illness. Indeed, it was determined that 70% of federally- sentenced men met the diagnostic

criteria for one or more major mental health disorder including a mood or anxiety disorder, substance use or alcohol use disorder, personality disorder, or psychosis (CSC, 2015b).

The Risk-Need-Responsivity Model

The Risk-Need-Responsivity (RNR) model of offender rehabilitation was introduced in the early 1990's. This model suggests that recidivism is reduced through rehabilitative, evidence-based treatment which targets the offenders' level of risk and their unique criminogenic needs. (Andrews et al., 2011; Bonta & Andrews, 2007). The RNR model follows three foundational principles: Risk Principle, Need Principle, and Responsivity Principle.

Risk Principle

The risk principle dictates that the treatment offenders receive must match their level of risk to re-offend (Bonta & Andrews, 2007). At the federal level, risk is determined by comprehensive risk assessments. Risk assessments include the administration of actuarial risk measures; the synthesis of collateral information; the analysis of previous offending and/or cycles of criminal behaviour; the self-report of the offender; and the conceptualization of the case management team and their clinical judgement (Bonta & Andrews, 2007; CSC, 2019d). The level of risk that the offender poses then informs their intensity of treatment.

It is notable that offenders' risks to re-offend may also inform their security classification within the institution; however, they are not necessarily equivalent. For example, an inmate who presents with a high risk to re-offend is not always placed at a maximum security institution. Rather, inmates are designated to a security level based on three outstanding factors: (a) their institutional adjustment; (b) their escape risk; and (c) their risk to the public given their chance to escape (CSC, 2019d).

Need Principle

The need principle states that offenders' criminogenic needs must be assessed and treated (Bonta & Andrews, 2007). These needs are also determined in the risk assessment process. Criminogenic needs are often referred to *dynamic risk factors* as research has supported their link to criminal behaviour and because they are changeable in nature (Bonta & Andrews, 2007). The presence or absence of these needs therefore informs the offenders' level of risk and underpins their treatment and correctional plans (Andrews et al., 2006; CSC, 2019d). The "central eight" criminogenic needs of the RNR model include anti-social behaviour, anti-social personality, anti-social cognitions, anti-social associates, substance abuse, familial/marital relationships, education and employment, and leisure/recreation (Andrews et al., 2006; 2011). Bonta and Andrews (2007) further suggest that several non-criminogenic needs of offenders should also be targeted in treatment, despite no evidence of direct links to criminal behaviour. These non-criminogenic needs include a major mental health disorder, poor physical health, poor self-esteem, and personal distress.

Responsivity Principle

Bonta and Andrews (2007) state that the responsivity principle seeks to "maximize the offender's ability to learn from a rehabilitative intervention by providing cognitive behavioural treatment and tailoring the intervention to the learning style, motivation, abilities and strengths of the offender" (p. 1). Further, the responsivity principle considers the offender level of risk when assigning them to appropriate treatment programs (CSC, 2019d). Specialized programs are further in place for unique populations including sexual offenders, violent offenders, indigenous offenders, and female offenders (CSC, 2019d). Forensic psychiatric patients also have specific

programming offered through Regional Treatment Centers that cater to their diverse mental health and cognitive needs (CSC, 2011).

Within the responsivity principle, Andrews et al. (2011) emphasize that a therapeutic alliance should exist between the treatment facilitators and offenders. Indeed, they suggested that clinicians should endorse qualities of empathy, warmth, and congruence; all of which align with Rogers' (1961) humanistic approach to treatment. Certainly, programs are strongly evidence based; however, they must be facilitated by a warm, caring individual who genuinely wants the offenders to progress (Andrews et al., 2011).

The Good Lives Model (GLM)

Offender rehabilitation under the Good Lives Model (GLM) was described by Andrews et al. (2011) as “a positive, strengths-based, and restorative alternative to the RNR” (p. 736). The GLM is founded on the premise of human agency, allowing offenders to make plans and set goals as a means to achieve the *primary goods* within their lives (Wills et al., 2013). There are eleven classes of primary goods: (a) healthy living and functioning; (b) knowledge; (c) excellence in play (i.e. hobbies); (d) excellence in work; (e) excellence in agency; (f) inner peace; (g) relatedness; (h) community; (i) spirituality; (j) pleasure in present moment; and (k) creativity (Purvis, 2010).

According to the GLM, anti-social behaviour is a *secondary good* –a means to obtain a primary good, occurring when there is a flaw in the Good Life Plan of the offender (Willis et al., 2013). Four flaws can impact the Good Life Plan: (a) inappropriate or harmful means of obtaining a primary good; (b) lack of scope; (c) conflict or lack of coherence; and (d) lack of internal and/or external capabilities (including cognitive, psychological, and behavioral challenges; low socioeconomic status; poor education; and lack of support systems) (Willis et al.,

2013). The GLM targets flaws in the Good Life Plan through goal setting of new secondary goods (Willis et al., 2013). Both of these activities are *secondary goods* to fulfil the *primary good* of community. These are all treated via approach goals (goals focused on obtaining positive outcomes) and are subsequently written into the client's treatment plan for a "good life".

Good Lives Model proponents have criticized the RNR model for its limited consideration of human motivation and agency; its ignorance towards a positive therapeutic alliance; a lack of consideration for external factors; its psychometric approach toward offender rehabilitation, and its failure to acknowledge individual differences between offenders (Ward, 2010; Ward et al., 2007; Ward & Maruna, 2007; Ward & Stewart, 2003; Ward & Willis, 2010). Andrew et al. (2011) refuted these claims, suggesting that motivation is a key aspect of the *responsivity* component of the RNR model. Further stating, assessments under the RNR model address personal strengths and open a dialogue with clients to enhance responsivity by creating mutually agreed-upon treatment plans, and reinforcing positive behaviours. Ultimately, the purpose of the RNR model is to motivate offenders to pursue prosocial lifestyles.

The RNR model also considers the relationship between the offender and the correctional staff. Andrews et al. (2011) insisted that effective correctional supervision requires structured interventions and treatments that include empathic, warm relationships between the offender and correctional staff. The model requires correctional staff to respect the offender's individual differences regardless of the offenders assigned level of risk (low, moderate, or high). This caveat, which demands the offender be evaluated by correctional staff holistically and not based solely on their risk assessment, refutes the notion that the RNR model is strictly a psychometric model that minimizes human agency (Andrews et al., 2011).

Ward et al. (2011) indicated that the GLM was misrepresented by Andrews et al. (2011). Stating Andrews et al. (2011) misunderstood the conceptualization of criminogenic needs which were intended to represent “dynamic risk factors conceptualized as internal or external barriers towards living a good life, and addressed within the broader, strengths-based framework” (Ward et al., 2011, p. 95) and failed to acknowledge the GLM’s prioritization of approach goals. They also suggest that the description of motivation within the RNR by Andrew et al. (2011) is simply a reward-cost contingency, which fails to recognize the human agency, self-determination, and intrinsic motivation needed for rehabilitation. Ward et al. (2011) believed that Andrews et al. (2011) oversimplified the role of behaviour in the GLM and they focused on more non-criminogenic and life fulfillment variables than were intended.

The advantages and efficacy of the RNR and GLM continue to be argued; however, both models are used in current forensic practices. McGrath et al., (2012) found that the GLM had become increasingly popular for the treatment of sexual offenders. As of 2012, the GLM was used in 28% of sexual offender treatment programs, compared to 18% for the RNR model, across the United States and Canada. The RNR model was utilized to ground this study as it is the core correctional model for Canada’s federal prison system (CSC, 2018c).

Social Connection for Inmates

Social connection is supported within the criminogenic needs of the RNR model through the domains of anti-social associates and familial/marital relationships. Andrews et al. (2006) outlined the risks of anti-social associates as “close association with criminal others and relative isolation from antiriminal others; immediate social support for crime” (p. 11). As such, the needs of the offender include alignment with prosocial groups and divergence from anti-social associates (Andrews et al., 2006; 2011). In the domain of familial/marital relationships, the risks

of a lack of “nurturance and/or caring and monitoring and/or supervision” (Andrews et al., 2006, p. 11) must be targeted through the consolidation of positive relationships, the resolution of conflict, and the accountability of family and spouses in monitoring and supervising inmates upon release.

Nurturing and caring connections are necessary for offender rehabilitation; however, these connections are often limited in prisons (Ashberg & Renk, 2012; Bolano et al., 2016; Esposito, 2014). Additionally, many inmates lose important pre-existing interpersonal relationships upon incarceration (Vanhooren et al., 2017). This lack of social connections often results in loneliness, defined as “the unpleasant experience that occurs when a person’s network of social relations is deficient in some significant way, either quantitatively or qualitatively” (Perlman & Peplau, 1981, p. 31). The loneliness experienced by inmates is well documented and has appeared consistently in the following inmate populations (Adams, 1992; Clear et al., 2005): females (Esposito, 2014), males (Rokach & Koledin, 1997), those older than 55 (Bolano et al., 2016), sexual offenders (Bumby & Hansen, 1997), and those who have experienced trauma (Kao et al., 2014). Addressing the loneliness experienced by inmates is important for offender rehabilitation, and has resulted in novel coping mechanisms employed by offenders to maintain social connections.

Inmates’ Familial/ Marital Relationships and Social Support

Correctional facilities utilize visitation to help inmates maintain connections with friends, family, and loved ones. Cochran (2014) found that inmates who experienced consistent visitation that commenced early in their prison term were significantly less likely to recidivate than those who did not. Visitation has been negatively correlated with post-release recidivism (Bales & Mears, 2008; Duwe & Clark, 2013; Mears et al., 2012). However, visitation has also been found

to worsen fragmented relationships (Wildeman & Western, 2010); manifest feelings of guilt and stress within inmates (Turanovic & Tasca, 2017); and be largely unsupportive toward inmates by offering reprimands (Tasca et al., 2016). Visitation is also not always feasible, as Canadians are often incarcerated outside of their home province to gain adequate treatment that is congruent with their security level, individual needs, and responsivity factors (CSC, 2018c). Visitation by families for inmates incarcerated outside of their home province is not possible for those with lower socioeconomic status (Lindsey et al., 2017); Lopoo & Western, 2005). Given that visitation is not always available to offenders, nor conducive to the prosocial development of the offender, inmates often seek connections inside their correctional facility (Esposito, 2014; Vanhooren et al., 2017).

Inmates' Anti-Social Associates and Social Support

Inmates frequently turn to correctional staff, care providers, and other inmates for the support that they need (Esposito, 2014; Vanhooren et al., 2017). This presents a challenge in the RNR model where incarcerated individuals befriend anti-social associates, other inmates, to formulate relationships with. When offenders align themselves with Security Threat Groups (STGs) or “gangs”, it can be of great detriment to their rehabilitation. Conversely, Wulf-Ludden (2013) found that inmate friendships were a protective factor in the avoidance of institutional infractions and destructive behavior, as well as gang avoidance. These results were reiterated by Rocheleau (2014), as inmates who sought support through friends were able to better cope with problems, and mitigate their propensity towards violence.

It is important to note that many inmates experience difficulty in establishing social connections with other inmates. A sense of fear and general mistrust is prominent in prisons as physical and emotional insecurity are frequently experienced. Research suggests that sensations

of fear are further exacerbated by overcrowding and the continued influx of new inmates (Gendreau & Keyes, 2001), as well as observations of violence and perceptions of victimization (Edgar et al, 2003; McCorckle, 1993). Past trauma, including adverse childhood experiences (Waage et al., 2011) and inconsistent caregiving (Ainsworth et al., 1978; Mikulincer & Shaver, 2005; Ranson & Urichuk, 2008) may contribute to inmates experiencing heightened levels of suspicion and distrust of individuals who they encounter.

The formation of friendships in prison is further confounded by the coping styles that inmates adopt to safeguard themselves from perceived threats. Michalski (2017) explains that inmates often cope by adopting a “mask”; a hypermasculine persona, or a hardened emotional presentation. These inmates may employ an *individual-aggressive* or an *alliance passive-aggressive* coping style, where interpersonal aggression and hostility is used to cope with emotional and physical insecurity (Ricciardelli, 2014). Other inmates may adopt an *individual-passive* coping style, where they are hypervigilant of their surroundings and isolate themselves from others by avoidance and keeping quiet (Ricciardelli, 2014). Such coping styles hinder the nurturance of friendships, given that the true self is repressed and overtly aggressive or avoidant personas are portrayed. Schaefer et al. (2017) suggest that friendships formed within prisons are characteristically risky, as trusting the wrong person can easily result in victimization.

Friendships established inside prisons differ from those established outside of prisons. Bronson (2008) found that the development of trust preceded the formation of friendships among inmates. This contrasts with the typical development patterns of friendships among non-inmates, in which trust develops among friends over time. Schaefer et al. (2017) discussed the complexity of inmate friendships stating that inmates are simultaneously dependent on and mistrusting of

each other and inmate friendships lack the trust and reciprocity of friendships found outside of prisons.

Attachment Theory & Social Behaviour of Inmates

Attachment is defined by John Bowlby (1969) as the “lasting psychological connectedness between human beings” (p.194). Attachment theory posits that humans innately seek physical and emotional connection with another person who provides both physical and emotional support (Bowlby, 1969). The formation of an attachment bond was first conceptualized between infants and their caregivers. Bowlby (1969) hypothesized that an attachment between infants and their caregivers evolved as means of survival for the infant, as proximity to the caregiver fostered their safety. Bowlby (1969) emphasized that a caregivers consistent offerings of nurturance and responsiveness to the infants’ needs were key determinants of the infants attachment and their perception of safety. When infants were consistently attended to and their needs were met, a secure attachment was fostered to their caregivers.

Mary Ainsworth and colleagues (1978) elaborated on Bowlby’s work through their accomplishment of the *Strange Situation* study. There, they observed toddlers in the presence and absence of their caregivers when toddlers were placed in a novel environment with a stranger. Ainsworth et al. (1978) postulated that children demonstrated a secure attachment style when they actively sought comfort through contact with their caregiver. Children were also easily consoled by contact with their caregiver when frightened. Further, the children did not avoid or resist contact by their caregiver and positively greeted their caregiver after an absence. Ainsworth et al. (1978) further indicated that children with a secure attachment demonstrates a clear preference toward their caregiver than a stranger.

Ainsworth et al. (1978) also suggested that toddlers could exhibit insecure attachment to their caregivers. They suggested that there were two different insecure attachment styles: detached/avoidant and resistant/ambivalent. A child with a detached/avoidant attachment style is characterized by avoidance of his/her primary caregiver and willing acceptance of a stranger in his/her caregiver's place. A child with resistant/ambivalent attachment style was illustrated by severe separation anxiety, resistance, and anger projected toward his/her caregiver, while actively seeking and avoiding contact with his/her caregiver at different times (Ainsworth et al, 1978). Main and Soloman (1986) later opined that a child can also exhibit a disorganized attachment style. In this style, a child demonstrates confusion and apprehension toward his/her caregiver, and exhibits contradictory patterns of behaviour. All such insecure attachment styles were postulated to be fostered through pervasive inconsistency in responsiveness and attendance by the child's caregiver (Ainsworth et al., 1978; Bowlby, 1969; Main & Soloman, 1986).

Bowlby (1969) suggested that children develop internal working models once attachment to a caregiver has been established. Boyd and Bee (2012) define an internal working model as a "cognitive construction of the workings of relationships, such as expectations of support or affection, trustworthiness, and so on" (p. 267). As such, the child's early experiences of attachment form a template that he/she used to model each new relationship (Boyd & Bee, 2012). Bowlby (1969) suggests that the child's internal working model is most malleable in the first three years of life, as it becomes generalized to relationships and resistant to change by the age of 4 or 5. Indeed, a child's internal working model tends continue into adulthood, through the formation of core beliefs of the self and others (Boyd & Bee, 2012).

A person's internal working model of attachment will subsequently impact their social behaviour. Levy and Orlans (1999) indicate that children with insecure attachment styles lack

empathy for others, demonstrate little impulse control, and lack remorse for their behaviours. Further, they posit that children with such attachment styles experience emotional dysregulation and chronic anger, which often manifests as interpersonal violence. Research suggests that these behaviours persist into adulthood, as insecure attachment styles have been linked to perpetration of violent offending (Levinson & Fonagy, 2004; Ogilvie et al., 2014), intimate-partner abuse (Dutton et al., 1994), problematic alcohol consumption (Vungkhanching et al., 2004), substance abuse (Cihan et al., 2014), deficits in emotional intimacy and emotional competences (Constant et al. 2018), and promiscuous sexual behaviour (Schachner et al., 2004). Indeed, Weaver (2015) outlines that insecure attachment is linked to adult anti-social behaviour and subsequent incarceration (Ainsworth, 1991; Fonagy, 2000; Hesse & Main, 2000; Levison & Fonagy, 2004 Sampson & Laub, 1990).

Indeed, research suggests an over- representation of insecurely attached individuals of whom are incarcerated. Nearly all forms of criminality have been linked to insecure attachment; however, violent offenders and sexual offenders have been noted to experience higher incidence of insecure attachment than other sub-groups (Lyn & Burton, 2005; Ogilvie et al., 2014). Mental illness is also suggested to exacerbate the link between insecure attachment and criminality (Ogilvie et al., 2014). Related, McEvoy and Panyard (2003) found that incarcerated, mentally ill, perpetrators of violent crimes have a significantly higher incidence of insecure attachment styles than non-mentally ill inmates. These insecure attachment styles may further hinder inmates' ability to form friendships inside prison as they likely experience heightened levels of suspicion and distrust (Ainsworth et al., 1978), and marked difficulty with the establishment of boundaries, emotional competence, and intimacy (Constant et al. 2018).

Companion Animals and the Benefits of Connection

In addition to displacement from family and friends, incarcerated individuals are also segregated from their companion animals. In Canada, approximately 54% of households have one or more dogs, and 38% of households have one or more cats (Canadian Animal Health Institute, 2019). The support offered to humans by companion animals is well documented (Fine & Weaver, in press, as cited in Fine & Beck, 2015; Hart & Yamamoto, 2015). McConnell et al. (2011) found that owners of companion animals had increased mental well-being and fulfillment compared to non-owners. They also found that the presence of a companion animal can buffer against social rejection through the provision of love and support. Hart and Yamamoto (2015) indicate that dogs are particularly supportive, reducing feelings of loneliness in populations that face isolation, including the elderly, individuals living alone (Goldmeier, 1986; Krause-Parello, 2012), and individuals living in long-term care facilities (Banks & Banks, 2002; 2005). The provision of love and support by dogs can possibly be applied to inmates given the dearth of relational connection that they experience (Cullen et al., 2011; Wakefield & Uggen, 2010). For example, inmates at Drumheller Institution drew upon the support and love of dogs to cope with incarceration as well as to navigate the world outside of prison (Dell et al., 2019b).

Human-Animal Bond (HAB)

The Human-Animal Bond (HAB) is postulated to be the foundation of all Animal-Assisted Interventions (AAIs) (Fine & Beck, 2015). The American Veterinary Medical Association (2020) defines the HAB as “a mutually beneficial and dynamic relationship between people and other animals that is influenced by behaviours that are essential to the health and wellbeing of both. This includes, but not limited to, emotional, psychological, and physical interactions of people, other animals, and the environment.”

The HAB encompasses a relationship that is voluntary and continuous (Tannenbaum, 1985); contains reciprocity, trust, and mutual recognition (Russow, 2002); and increases well-being for both the human and the animal involved (Beck, 2000 as cited in Fine & Beck, 2015). Accordingly, animals serving in AAI roles must enjoy their “work”, trust the humans who are around them, and provide unconditional support. The HAB underpins the effectiveness of AAIs and our understanding of this relationship continues to evolve with the emergence of new research (Fine and Beck, 2015). Three theories have been proposed to explain the HAB: Attachment Theory, the Biophilia Hypothesis, and the Theory of Social Support.

Attachment Theory. One theory used to explain the HAB is attachment theory (Carr & Rockett, 2014; Fine & Beck, 2015; Sable, 2013). Fine and Beck (2015) speculate that attachment theory underpins the HAB as it can explain the reasoning behind a human’s care for a dependent companion animal. To refresh the reader, attachment theory posits that humans innately seek physical and emotional connection with another person of whom provides both physical and emotional support (Bowlby, 1969). This was phenomenon was first conceptualized between infants and their caregivers, as Bowlby (1969) hypothesized that an attachment between an infant and his/her caregiver served a biological purpose of safety and survival for infant. Bowlby (1969) emphasized that a caregiver’s consistent offerings of nurturance and responsiveness were key determinants of an infant’s attachment to them.

Barba (1995) first suggested that the HAB emulates characteristics of attachment through the caregiving experience between an owner and companion animal. She indicated that a companion animal is entirely dependent on its owner/caregiver for protection and care, which are characteristics congruent to an attachment bond. While these characteristics are evident in a

HAB, Barba's (1995) suggestion fails to encompass emotional support that the humans reportedly experience through the bond (Bonas et al., 2000).

Sable (2013) proposed that a HAB experienced with companion animals reflects qualities of a secure attachment through physical contact (i.e. petting) and emotional support. Specifically, she suggests that the physical and emotional closeness that humans share with animals will "furnish a component of attachment that promotes well-being and security, as well as affording opportunities for caregiving and commitment" (p. 98). Indeed, emergent research suggests that the HAB is congruent with human attachment through a companion animal's embodiment of a secure base and safe haven; and the owner's proximity maintenance and separation distress (Rockett & Carr, 2014). As such, a companion animal reflects characteristics of an attachment figure: (a) a "secure base" where comfort can be consistently sought; (b) "a safe haven" where comfort is sought in times of distress; (c) "proximity maintenance" where physical presence fosters sensations of security and comfort; and (d) "separation distress" where absence fosters a distress (Bowlby, 1982; Kurdek, 2008).

Alternative theories. Another theory used to explain the HAB is the biophilia hypothesis. Fine and Beck (2015) explain that the biophilia hypothesis suggests that humans have an inherent desire to connect with other living beings and relate to nature (Wilson, 1984). As such, it is speculated that humans are naturally drawn to animals to form a connection with them. While plausible for conceptualizing the HAB, Beck and Katcher (2003) denote that there are three major limitations to such theory: it is unable to be tested or falsified; it does not account for cultural influences; and it does not suggest that humans have an inherent desire to maximize animal welfare due to humanity's history of consuming animals and using them as tools. As such, Beck and Katcher (2003) deviate from the use of this theory and converge on social support as the underpinning to the HAB.

Another theory is that animals act as a form of social support (Fine & Weaver, in press, as cited in Fine & Beck, 2015). Social support is gained through any relationship where an individual feels "cared for, loved, and esteemed" (Serpell, 2015, p.17). The bond between humans and animals, particularly dogs, is as important as human-human bonds in the provision of support (Bonas et al., 2000). The HAB also negates loneliness (Banks & Banks, 2002; Banks & Banks, 2005; Goldmeier, 1986; Krause-Parello, 2012) and a lack of social support (Serpell, 2015), and helps humans adapt to novel environments, which Bryant (2008, as cited in Fine & Beck, 2015) speculates is owing to the social support they provide. This theory suggests the love and care offered to companion animals by humans, and the provision of emotional support by animals to humans solidifies the HAB (Fine & Beck, 2015).

Canine Assisted Interventions (CAIs)

The power of the HAB has contributed to the establishment of AAI, which have appeared in literature since the 1960s (Serpell, 2015). Boris Levinson (1962) utilized "pet-

oriented child psychotherapy”, where his dog was present during sessions with non-verbal children and facilitated verbal communication. Despite this early integration of dogs into clinical practice, empirical testing of AAI's did not evolve until the 1970s, when Corson et al. (1975) demonstrated that dogs were able to facilitate communication in psychiatric patients (Serpell, 2015). AAI's continue to evolve and evidence of their efficacy continues to accumulate (Serpell, 2015). Therapy animals can now be seen in settings such as hospitals, residential facilities, schools, and correctional facilities. Dogs are one of the most popular animals for the implementation of AAI, as emergent through increased studies of CAIs.

Dogs differ from other animals used in AAI's as they evolved to live and communicate with humans (Grandin & Johnson, 2009). Dogs are the result of wolf domestication which is hypothesized to have commenced during the hunter-gatherer nomadic period. Driscoll et al. (2009) explain that during this period, less fearful wolves scavenged the grounds of human encampments (Muller, 2002). These wolves may have gradually become desensitized to humans and provided humans with an advantage (i.e. howling if other predators approached) (Serpell, 1995). It is surmised that across time, humans unintentionally socialized the pups of the wolf pack and ultimately artificial selection of pups with high sociality and low flight risk emerged (Serpell, 1995). Wells (2004) indicates that dogs are highly social animals; however, domestication shaped their inherent desire for human social connection along with social connection of the same species.

Grandin and Johnson (2009) state dogs are hyper-social and hypersensitive to humans. This underpins their role in CAIs, they actively seek to please humans and their behaviours are easily reinforced by humans' social reactions (Grandin & Johnson, 2009). Owing to their highly social nature, dogs benefit from CAIs just as their human counterparts do, given that socialization is a

necessary component of their welfare (though, the frequency and intensity are individual to each specific dog) (Odendaal, 2005 as cited in Zenithson et al., 2015). This aligns with the definition of a HAB by the American Veterinary Medical Association (2020), which stipulates a “mutually beneficial and dynamic relationship” between the dog and the human. Through domestication, dogs have become increasingly socially connected to humans and readily form attachments to humans (Gasici et al., 2001), just as humans form attachments to dogs (Sable, 2013).

Animal Involvement in Inmate Care

Correctional facilities have begun to implement AAIs (Cooke & Farrington, 2016; Furst, 2006; Strimple, 2003). Thomas and Matusitz (2016) argue that Rational Cultural Therapy (RCT) can be applied to these AAIs. RCT posits that humans experience “disconnection” when they lack empathic interpersonal relationships (Jordan, 2017). This is directly applicable to individuals who are incarcerated, as they experience chronic loneliness and isolation (Adams, 1992; Ashberg & Renko, 2012; Bolano et al., 2016; Clear et al., 2005; Eposito, 2014; Rokach & Koledin, 1997). RCT theorizes that a consistent lack of empathy will lead individuals to detach themselves from others in their life (Jordan, 2017). This persistent disconnection subsequently results in isolation, self-hatred, pain, shame, and additional suffering (Jordan, 2017).

The connectedness of interpersonal relationships thus lays the foundation for RCT. Thomas and Matusitz (2016) speculate that this connectedness extends beyond human-human relationships to human-animal relationships through the HAB. They propose that the relationship an inmate forms with the animal through a prison-based AAI will help the inmate heal through the mitigation of disconnection. Once the relationship with the animal is established, the connectedness can extend beyond personal growth of the inmate, and foster the development of interpersonal relationships in his/her support network of humans (Thomas & Matusitz, 2016).

Canine-Assisted Interventions (CAIs) in International Correctional Facilities

In 1975, the Oakwood Forensic Center in Lima, Ohio permitted inmates companion animals thus initiating the first documented AAI program within a correctional facility (Deaton, 2005; Strimple, 2003; Lee, 1987, as cited in Deaton, 2005). An evaluation of this program revealed that the companion animals created a more comfortable prison atmosphere, provided inmates with companionship that they did not receive from the other inmates, and helped increase the inmates' self-worth (Lee, 1987, as cited in Deaton, 2005). The availability of AAIs in correctional facilities has steadily increased and they are now implemented in prisons across the United States, Scotland, England, Japan, and Australia (Cooke & Farrington, 2016; Furst, 2006; Lai, 1998). Prison-based AAIs most commonly utilize dogs in their interventions, followed by livestock, horses, pheasants, and wildlife (Furst, 2006). The use of dogs may be owing to their ability to negate loneliness in populations that face isolation (Banks & Banks, 2002; Banks & Banks, 2005; Goldmeier, 1986; Krause-Parello, 2012). Furthermore, the size and sociability of dogs allow them to be more easily transported and accommodated in residential facilities, compared to horses and livestock.

CAIs in correctional facilities appear to furnish positive criminogenic needs changes when evaluated using the RNR model. To refresh the reader, the RNR model defines these needs as anti-social personality patterns, anti-social cognitions/pro-criminal beliefs, and social supports for crime/anti-social associates, substance abuse, familial/marital relationships, education/work, and pro-social recreation (Andrews et al., 2006; 2011). CAIs target the anti-social personality patterns of inmates through the reduction of aggression (Stetina et al., 2009; Turner, 2007) and the development of emotional regulation (Van Wormer et al., 2017). Additionally, dogs can foster prosocial attitudes by modeling prosocial behaviour and providing motivation for inmates

to exhibit the same (CSC, 2019a; Dell et al., 2019a). CAIs have further been noted to help inmates cope with addiction (Contalbrigo et al., 2017) and psychiatric diagnoses (Dell & Poole, 2015) as well as providing valuable work skills and/or certifications inmates can use to achieve gainful employment upon release (LAPS, 2020; Richardson- Taylor and Blanchette, 2001).

Many studies suggest that dogs facilitate the development of social skills and connections (Fournier et al., 2007; Gold, 2000, as cited in Deaton, 2005; Richardson- Taylor & Blanchette, 2001; Turner, 2007). Furthermore, social support provided to inmates through CAIs has consistently been demonstrated to improve inmates' self-esteem (Brown et al., 1986; Strandberg, 1998; Strimple, 2003; Richardson- Taylor & Blanchette, 2001). The Pet Partnership Program, a service dog socialization program implemented at the Washington Correctional Centre for Women in 1981, revealed that participants gained increased self-esteem (Strandberg, 1998; Strimple, 2003). The results of Walsh and Mertin (1994) further support increased self-esteem among female inmates through the training of therapy dogs and the development of a HAB. In 2000, a service dog socialization program at Downeast Correctional Facility in Maine facilitated the socialization of male inmates providing them with positive role models (Gold, 2000, as cited in Deaton, 2005). Collectively, these findings suggest that CAIs help address inmates' criminogenic needs which would then reduce their risk to recidivate.

Inmates and staff participating in a community service program at the Topeka Correctional Facility in Kansas reported that the dogs provided inmates with unconditional love through physical connection, including petting and hugging (Britton and Button, 2005). The dogs uplifted the inmate's spirits and mitigated their feelings of anger, creating a more positive social climate. Similar findings were reported by a service dog socialization program at a medium-security facility in Indiana (Turner, 2007). Inmates reported multiple benefits of participating in service

dog training programs, including a calming effect on the social climate; a normalizing of the prison environment; the development of patience, reciprocity, and self-esteem; and the improvement of parenting and social skills (Turner, 2007).

Koda et al. (2015) assessed a visitation CAI across 12 weeks, with 72 male inmates at the Harima Rehabilitation Centre in which a new theme was presented to participants every other week, and was then put into practice with the dogs. Post-test scores revealed that this CAI reduced depressive feelings and the sensation of isolation in the inmates (Koda et al., 2015). Similar results were found in a sample of female psychiatric inmates undergoing weekly CAT sessions at Utah State Prison (Jasperson 2010). Sessions with dogs focused on maintaining social and physical boundaries, and encouraging positive behavioural change. Although anecdotal, reports revealed reduced anxiety and depression, and increased social behaviour in participants (Jasperson, 2010).

In Scotland, Leonardi et al. (2017) examined the effects of a community service program across three years in which 70 young male inmates worked with dogs three times a week for eight weeks. Thematic analysis from semi-structured interviews revealed themes of “positive effects” and “social impact”. Positive effects included a more positive, social environment and the formation of bonds between the inmate participants. Social impact encompassed “enhanced social connections facilitated by participants’ positive experiences working with others, the development of mutually supportive relationships with peers, improved communication skills, or improved family relationships” (Leonardi et al., 2017, p. 26). Fournier et al. (2007) found enhanced social skills among participants, following a 10-week, community service program at a minimum-security prison in Virginia, theorizing this to be the product of improved communication skills and increased interpersonal social support.

The methods underpinning CAIs vary by the correctional facility; however, all such programs reveal therapeutic benefits for the inmates through the provision of support. Support underpins all CAIs through the development of the HAB; fostering social skills, communication, mutual support, acceptance; improving interpersonal relationships; facilitating socialization; and decreasing loneliness and isolation (Britton & Button, 2005; Deaton, 2005; Gold, 2000; Fournier et al., 2007; Jaspersen et al., 2012, Koda et al., 2015; Leonardi et al., 2005; Strandberg et al., 1998; Strimble et al., 2003; Turner et al., 2007). The provision of support by dogs is postulated to be rehabilitative to inmates through the tenants of the RNR model as criminogenic need domains inherent of social support are targeted.

Canine Assisted Therapy (CAT) in Correctional Facilities

Canine-Assisted Therapy is a specialized CAI where a measurable, structured intervention is carried out by a licensed professional (Jegatheesan et al., 2013). Fine (2015) outlines that animals, notably dogs, have many benefits for integration in therapeutic practices. These include modeling positive interpersonal interactions (Mallon, 1992; Rice et al., 1973); fostering the clients' skills of nurturance, caretaking, and responsibility (Rice et al., 1973); and working as a social lubricant to form the therapeutic alliance between a clinician and his/her clients (Arkow, 1982; Corson & Corson, 1980; Imber-Black, 2009; Parish-Plash, 2008).

Dogs have also been postulated to align with specific therapeutic modalities. Geist (2011) proposed that dogs are beneficial in Cognitive Behavioural Therapy practice as they facilitate cognitive functioning by presenting a calming presence. This would subsequently reduce the client's stress and allow him/her to properly examine his/her thoughts. Dogs in therapeutic contexts have further been found to display explicit humanistic, Rogerian-like qualities. Indeed, Jenkins et al. (2014) reported that students rated therapy dogs as having high levels of empathy,

authenticity, and unconditional positive regard. In both such cases, dogs are conceptualized as a means to ground therapeutic practices.

Other research suggest that dogs can be integrated into any therapeutic modality. Chandler (2017) considers AAT to be an “adjunct to therapy in that it encourages and facilitates client motivation and participation, enhances the client–therapist relationship, stimulates client focus and attention to task, and reinforces positive client change.” (p. 166). Chandler subsequently proposed a model called “Human Animal Relational Therapy” that can serve as an adjunct to various forms of counselling interventions. Human Animal Relational Therapy accounts for several forms of significant human-animal relational moments where the animal reacts to the client and its meaning is processed. There is a multitude of significant human-animal relational moments recognized by Chandler, including greeting, acknowledgement, checking in, comfort, speculation, interpretation, and assurance. The therapist acknowledges the action of the animal, speculates what the animal is experiencing/feeling, and provides meaning or interpretations for the animals’ actions. This can be done internally, through the private dialogue of the client or therapist, or externally, through interactive conversation between the client and the therapist.

CAT programs have been documented in hospital and school settings; however, very few have been studied in correctional facilities. Similarly, the methods and the therapeutic modalities of each program differ. In Austria, a cohort of male and female inmates participated in a canine-assisted group therapy intervention which focused on the development of social skills and emotional regulation (Stetina et al., 2020). Both cohorts were found to have benefited from the program in fostering social skills, but the male participants made more significant gains than the female participants. Another CAT program was implemented in Italy with inmates who

struggled with substance dependency (Conatalbrigo et al., 2017). Here, inmates participated in 20 group CAT sessions across six months. They were found to have increased social skills, reduced anxiety and depressive symptoms, and experienced less cravings. In Canada, the CAT program with the St. John Ambulance Therapy Dogs currently operates at the Regional Psychiatric Centre. It offers CAT in individual sessions to meet unique goals of each patient. Therapy dogs in this program has been found to offer love and support which helps patients adhere to their correctional plans (as described in-depth in proceeding sections) (Dell et al., 2019c). While these programs are heterogenous in procedure, the dogs similarly appear to foster inmate rehabilitation through the provision of support.

CAIs in Canadian Correctional Facilities

Internationally, the number of CAIs available is increasing; however, there is little standardization among these programs. In Canada, there are currently six recognized CAIs offered in correctional facilities (Dell et al., 2019c). Two of these CAIs follow a multi-modal model: the *Pawsitive Directions Program* at Nova Institution for Women and the *Canine Program* at Burnaby Correctional Center for Women (BCCW); and four of these CAIs follow a visitation model: the *Pet Enrichment Program (PEP)* at Bowden Institution; the *Pawsitive Support Canine-Assisted Learning (PSCAL)* Program at Drumheller Institution; the *SJATDP* offered at Stony Mountain Institution; and CAT with *SJATDP* at RPC (as examined in this study).

Pawsitive Directions Program at Nova Institution for Women

The *Pawsitive Direction Program* offered to female inmates at Nova Institution operates in stages. First, inmates learn about dog training in a classroom setting before participating in dog training (Richardson- Taylor and Blanchette, 2001). Next, inmates who excel at dog training

can advance into service dog training and teaching the dogs more specialized skills. A comprehensive mixed-model quantitative evaluation of the program revealed that inmate participants experienced significantly lower rates of loneliness and lower rates of depression. Participant interviews found that dogs served as motivators for positive behavioural change, provided a sense of comfort, and facilitated emotional healing and development. Subsequently, correctional staff indicated that the program increased communication and interactions between inmates; created a more positive social environment; and taught inmates responsibility, patience, and respect (Richardson- Taylor & Blanchette, 2001). These programs appear to facilitate socialization and provide social support for offenders.

Burnaby Correctional Center for Women (BCCW) Canine Program

The *Canine Program* was a community service program that operated until 2004 when the BCCW was closed. The *Canine Program* provided kenneling, grooming, and training services to dogs owned by members of the public (CSC, 1998; Werb, n.d.). Anecdotal reports from program staff revealed that inmates developed improved communication skills and formed bonds with the dogs who visited (Werb, n.d.); however, no formal evaluation of the program was conducted.

The *Canine Program* was re-established as the *Doghouse* program at Fraser Valley Institution, which operates as a partnership between Langley Animal Protection Society (LAPS) and Correctional Services of Canada. Similar to the *Canine Program*, *Doghouse* caters to members of the public who seek training and boarding services. According to LAPS (2020), inmates working at *Doghouse* can attain certification in canine first-aid, dog grooming, dog training, and kennel attending. Anecdotal reports suggest that female inmates experience love and acceptance from the dogs while experiencing empathy towards the dogs, and learn how to

trust others (Brown & Corday, 2016). Despite the positive reviews from staff and inmates, the effectiveness of the program has not been formally evaluated.

Pet Enrichment Program (PEP) at Bowden Institution

The PEP is a CAA program offered twice a year to inmates at the Bowden Institution in partnership with the Alberta Animal Rescue Crew Society (AARCS) in which inmates socialize with adoptable animals (CSC, 2018a). According to the AARCS, the program aims “to create educational opportunities to reduce recidivism among offenders and capacitate them to lead successful lives post-incarceration” (n.d.). CSC (2018a) reports that the dogs offer a non-judgemental environment for inmates, to increase their emotional well-being. There has been no published evaluation of this program.

Pawsitive Support Canine- Assisted Learning (PSCAL)

The PSCAL is a visitation program offered to inmates by Dr. Colleen Dell and Dr. Darlene Chalmers, in collaboration with AUDEMAUS Service Dogs (C. Dell, personal communication, March 28, 2019). The PSCAL offers a three-and-a-half-day program at Drumheller prison with certified therapy dogs that provides education on substance abuse and adaptive coping skills through a cognitive-behavioural approach (CSC, 2019a). Informal interviews with PSCAL participants collected for media release revealed that inmates felt connected to the dogs, loved unconditionally, and accepted; and that they developed better coping skills. The participants also felt a positive sense of disconnection from the prison environment; and a shift away from their identity as federal inmates. It was also suggested that the therapy dogs offered social support through the HAB, and allowed participants to “apply their knowledge to their correctional plans” (CSC, 2019a). The PSCAL is part of the Prison

Project: Canine Facilitated Animal Assisted Intervention by Dr. Colleen Dell and colleagues (Dell, n.d.).

St. John Ambulance Therapy Dog Program (SJATDP)

The SJATDP certifies companion dogs and their owners as therapy teams. Teams visit community spaces, including schools, hospitals, and correctional facilities (St. John Ambulance Canada, 2019). The goals of the SJATDP are twofold: provide (a) unconditional love and (b) support to the individuals that are visited (St. John Ambulance Canada, 2019). These goals were achieved in correctional settings (Chalmers & Dell, 2017; Dell et al., 2019a; Dell et al., 2019c) and university settings (Dell et al., 2015; Lalonde, 2020). Recently, the SJATDP was introduced at Stony Mountain Institution (Dell et al., 2019a) and RPC (Dell & Poole, 2015; Dell et al., 2019c), and exploratory qualitative studies at these institutions provided some insight on how the therapy dogs provided love and support to inmates.

St. John Ambulance Therapy Dog Program at Stony Mountain Institution. At Stony Mount Institution, the SJATDP teams visit inmates as a CAA. Inmate participants indicated that the dogs supported them through trustworthy communication, motivation to avoid disciplinary infractions, motivation to maintain pro-social behaviour upon release, and a sense of grounding (Dell et al., 2019a). The inmates felt supported by the dogs and this support may encourage adherence to correctional plans and promote prosocial behaviour (Dell et al., 2019a).

Canine Assisted Therapy with the St. John Ambulance Therapy Dog Program at Regional Psychiatric Centre. At RPC, the SJATDP paired with a licenced social worker or psychologist to provide CAT to inmates. Inmate participants reported that the therapy dogs provided a loving and supportive connection through the HAB (Dell et al, 2019c). The dogs supported the inmates through the provision of unconditional love, acceptance, as well as

becoming a trusted confidant. Love was experienced through physical affection and spending time with the dogs, which resulted in happiness. The CAT program helped inmates adhere to their correctional plans and regulate their emotions and affective state through reflection on positive interactions with the therapy dogs (Dell et al., 2019c).

Future Research

Inmates are consistently reported to perceive love and support from therapy dogs; however, the lack of standardization among the CAIs employed in correctional facilities creates a scattered presentation of how this is experienced. Many CAIs focus on the rehabilitation of the dogs, such as community service models and service animal socialization programs, and offender rehabilitation is a secondary gain (Chalmers & Dell, 2017; Furst, 2006). Current literature is challenging to navigate as research in the CAI field is extremely limited. Additionally, research is confounded by heterogeneous measurements of a dog's therapeutic value (Allison & Ramaswamy, 2016) and samples that exclude marginalized populations (McCune et al., 2015).

As CAIs are becoming more popular in correctional facilities (Cooke & Farrington, 2016), and the methodology used to evaluate these programs is becoming larger scale and more rigorous (McCune et al., 2015), researchers must take a step back to determine how inmates experience connection with the dogs. Indeed, Mueller (2014) indicates that the emotional and cognitive processes engaged in the formation of a connection with a dog by the inmate are key to resultant findings that the dogs provided emotional support and love; not solely the dog's physical presence. This connection was determined to be the medium in which love and support were experienced by incarcerated populations (Dell et al., 2019a); however, it remains unclear how connection is perceived.

This instrumental case study explores the lived experience of forensic psychiatric patients' connections with therapy dogs. Previous studies have largely excluded forensic psychiatric patients from samples, which is problematic given that pervasive mental illness appears increasingly more common within federally sentenced offenders (CSC, 2015b). This case study contributes to current literature by providing a comprehensive understanding of how forensic psychiatric patients experience connection with the therapy dogs and how this connections fits within the RNR model of offender rehabilitation. As confounding variables such as chronic isolation and insecure attachment styles hinder the formation of prosocial support in forensic psychiatric patients, connection with therapy dogs may mitigate same and therefore underpin the success of a CAT program as well as fulfill the criminogenic needs of patients.

Chapter 3: Methodology

The following chapter provides an overview of the methodology used. A methodology is a philosophy of science where qualitative inquiry is practiced (Hays & Singh, 2012). It is the decision making of the research process, which includes the selection of research traditions and methods of data collection (Creswell, 2006; Hays & Singh, 2012). This chapter begins with a review of qualitative data analysis. The methodology of a case study is then introduced and the rationale for its use is provided. Finally, trustworthiness of data and ethical considerations are discussed.

Qualitative Inquiry

Qualitative inquiry is the “study of phenomenon or research topic in context” (Hays & Singh, 2012, p. 4). It values the participants’ subjective knowledge of a phenomenon by seeking a rich description of their experience. This yields a holistic conceptualization of knowledge through the integration of psychological, social, affective, and cultural nuances (Hays & Singh, 2012). As such, the participants’ experience of a phenomenon is dependent on the environment in which it is contained, and experience of the phenomenon itself is subjective to each individual (Merriam, 2002c). Qualitative inquiry is frequently used in an exploratory capacity when there is limited conceptualization of a particular phenomenon (Hays & Singh, 2012; Silverman, 2005). As the process is inductive, the data that is gathered is used to build theory and concepts (Merriam, 2002c). While there are theories that explain the HAB, there is practically no research that explores how the connection with animals is experienced by humans. As such, qualitative analysis was chosen to reveal a richly descriptive account of how forensic psychiatric patients experience connection with therapy dogs for this study.

Research Paradigm

A research paradigm is defined as “traditions generated by the diversity of ways of understanding reality and the associated beliefs about what knowledge is and how it can be created” (Gallifa, 2008, p. 9). The beliefs that I have about human experience are consistent with a social constructivist research paradigm. I believe that there is no universal truth and that multiple realities exist. Individual experience of a phenomenon is therefore subjective, and it is the product of the context in which it is experienced (Hays & Singh, 2012).

Embedded within a research paradigm are core philosophies of science including ontology, epistemology, and methods. Ontology is defined as “the nature of reality; the degree that a “universal truth” is sought about a particular construct or process (Hays & Singh, 2012). Social constructivism adopts the ontology that multiple realities of a phenomenon exist through the subjective experience of the person in which it is lived (Hays & Singh, 2012). Epistemology refers to the process of knowing; “the degree in which knowledge is believed to be constructed by the researcher-participant relationship” (Hays & Singh, 2012, p. 35). Social constructivism adopts the epistemology that knowledge is constructed between the participant and his/her world (Merriam, 2002c). Contextual factors influence the human experience of a phenomenon and how it is both reported and interpreted (Hays & Singh, 2012; Silverman, 2005). Methods refers to the process of data collection that fits the research question and nature of the study (Hays & Singh, 2012).

Research Tradition

A research tradition forms the foundation of a research design through inherited thought patterns (Hays & Singh, 2012). Hays and Singh (2012, p. 44) identify five different clusters of research traditions to include: (a) universal research traditions; (b) experience and theory

formulation; (c) the meaning of symbol/ text; (d) cultural expressions of process and experience; (e) research as a change agent. The research tradition is chosen based on the selected research paradigm and the research question.

Case Study Approach.

The case study is a universal research tradition. As such, it can be applied to other research traditions where theories are formulated or the meaning of symbol and text are explored within the case (Hays & Singh, 2012). A case study is used when there is a clearly bounded system of individuals, events, or processes (Hays & Singh, 2012). The defined, bounded *case* distinguishes a case study from other research traditions as the phenomenon studied is isolated in time, place, activity, or individuals (Plummer, 2001 as cited in Hays & Singh, 2012).

Stake (1995) denotes that a “case study is the study of particularity and complexity of a single case, coming to understand its activity within important circumstances” (p. xi). An instrumental case study design was used for this project for two reasons: (a) the research question was pre-defined; and (b) the participants were specifically selected in order to gain a deeper understanding of the connection with the therapy dogs that they experienced. As such, this case study is instrumental in learning more about the phenomenon being studied rather than learning about the actors and the complexities of a specific case (Stake, 1995).

Stake (1995) indicates that a case study, as a qualitative study, embodies the following qualities: it is holistic, empirical, interpretative, and emphatic. As a holistic study, Stake (1995) explains that a case is a bounded system that is studied in-depth in order to understand its complexity. Therefore, a case study is non-comparative and it resists reductionism and elementalism (Stake, 1995). Reductionism refers to practice of “using a simpler model or theory to represent complex phenomena” (Stake, 1995, p.172), therefore this case study examined the

participants experience of therapy dogs in its complexity and did not attempt to reduce the experience of same to something else. Elementalism refers to “interpreting things as aggregates of particles of piecework” (Stake, 1995, p. 170). As such, this case interpreted the participants’ experiences of connection with therapy dogs as a whole, rather than dissecting the experiences.

A case study also studies phenomena within the context. The contexts include the environment (temporal and spatial contexts), as well as a cultural, social, personal, historical, and socioeconomic contexts (Stake, 1995). Most evidently, this case study considers the spatial and temporal environment of a federal psychiatric prison, which is an isolated system that has its own political system, social hierarchy, and cultural expectations. These phenomena must also be explored through the contexts of the participants’ histories and backgrounds.

Stake (1995) further states that the case study is interpretative. As such, I (the researcher) interpreted the data through my intuition and experience, not set criteria. Knowledge and meaning are therefore recognized to be co-constructed between the data and I (Stake, 1995). My interpretations were formed through my immersion in the data, which fostered a deep understanding the participants’ lived experiences of connection with the therapy dogs.

Finally, Stake (1995) indicates that a case study is empathic. This means that the case study seeks to understand the participants and interpret meaning through vicarious experience (Stake, 1995). Accordingly, I (the researcher) attempted to put myself in the role of the participants to understand their experience. My training in the Master of Education School and Counselling Psychology program facilitated my ability to experience participants’ connection with the therapy dogs through the development of empathy. Empathy is defined as “experiencing the client’s world and the client’s story as if you were that person” (Ivey et al., 2016, p. 59). This empathy allowed me to immerse myself into the participants’ world while reading their

transcripts. Additionally, I have attended visitation sessions with the SJATDP at a provincial remand centre, which provide me with an a sense of an “insider perspective” of how inmates experienced connection with the therapy dogs within the context of incarceration.

Rationale

Recall that research question for this study is “how do forensic psychiatric patients experience connection with therapy dogs?”. Previous research with a subset of patients in this program had suggested that they had established a connection with the therapy dogs (Dell et al., 2019c), yet it remained unknown how this connection was experienced. Certainly, research on the HAB and CAT are in their infancy, and the study of same with forensic psychiatric patients is nearly non-existent. A case study research tradition was therefore an intuitive starting point, as it seeks particularization to deeply understand the uniqueness of the case itself, rather than focusing on the generalization of the case and its results (Stake, 1995).

The case study research tradition was also selected because the phenomena of interest was clearly bound to a sample of individuals. As mentioned in more detail throughout proceeding sections, only 20 forensic psychiatric patients had completed the CAT program at RPC. An instrumental case study design was therefore designated as there was a predetermined research question, so participants from the bound sample were studied to maximize understanding of the phenomenon.

A case study design was also selected as its epistemological commitments align with social constructivist research paradigm that I believe in. Stake (1995) specified these epistemological commitments to be existentialism and constructivism. Existentialism refers to the “belief that knowledge is what is experienced introspectively” (Stake, p. 170). Constructivism refers to the notion that “knowledge is made up largely of social interpretations rather than awareness of an

external reality” (Stake, 1995, p. 170). These epistemological commitments are congruent to the belief that there is no universal truth and that individual experience of a phenomenon is subjective, and it is the product of the context in which it is experienced (Hays & Singh, 2012).

The case study was also a pragmatic choice given the lack of theoretical tenants that it adheres to. Indeed, forensic psychiatric patients often experience difficulty verbalizing their experience of connection with the therapy dogs. This is partly attributed to the mental illness that hinders their verbal expression and their insight of their affect, behaviour, and thoughts; however, it is very difficult for any individual to verbalize their experience of connection or the HAB. The HAB as a concept is quite newly recognized by community members and researchers alike, so its description is characteristically challenging. This would constrain the depth of qualitative analysis required in research traditions that employ theory formulation (i.e. grounded theory) or seek the “essence “of a lived experience (i.e. phenomenology).

I initially considered Basic Interpretative Qualitative Research (BIQR) as a research tradition for this study. The objective of a BIQR is to “understand how people make sense of their lives and their lived experiences” (Merriam, 2002b, p. 38). This is done through the exploration and interpretation of meaning that participants make while engaging in their environment (Merriam, 2002b). Like a case study, BIQR does not adhere to strict philosophical tenants. This gives the researcher the freedom to frame the study through theories, constructs, and questions that are applicable to the researcher’s discipline (Kahlke, 2014; Merriam, 2002b). BIQR would be ideal if the case was not so clearly bound. For example, BIQR may have been better suited for this case if inmates had visited occasionally with the dogs via a visitation program and these inmates did not successfully “complete” a program.

The Canine Assisted Therapy (CAT) Program at the Regional Psychiatric Center (RPC)

The CAT program at RPC is a treatment program where patients meet with a mental health professionals (herein referred to as staff), a therapy dog, and a therapy dog handler to work on previously established goals (Dell et al., 2019c). The CAT has been in existence since September 2015 and collection for this study took place from 2015 to 2019. Due to the COVID-19 pandemic, the CAT program was modified to fit an online platform in April 2020. All patients and staff members who participated in data collected used for this study had participated in the program prior to the COVID-19 pandemic, therefore all sessions were conducted in person at the RPC site (see below).

Referral Process

Patients at RPC were referred to the CAT program by a correctional staff member. Referral reasons included broad mental health concerns, interpersonal challenges, limited social connection, and a history of problematic substance use (Dell et al., 2019c). Additional requirements for referral included that participants enjoyed the company of dogs. Both male and female patients were referred to the CAT program and completed it; however, there were more male patients. This is congruent with current incarceration statistics that indicate 94% of federal offenders in Canada are male (CSC, 2019c).

Exclusion Criteria.

The aforementioned referral process to the CAT program exempt patients who staff questioned to pose a risk to the therapy dogs and handlers alike. Notably, this included patients with a history of violence toward animals. Adhering to such criteria then, indiscriminately, excluded patients with high psychopathy in which animal cruelty is highly correlated (Stupperich & Strack, 2016).

Session Format

The CAT program endured across 24 sessions within eight months. Each session was approximately 30 minutes in duration. The structure of the sessions typically consisted of a quick re-introduction to the dogs (i.e. some time to pet them and ask questions), followed by the collaboration of the therapy dog teams, mental health clinician, and patients to work on established goals. The therapy dogs were worked with in various capacities. For example, if a goal of the session was to focus on assertiveness, the dog may have been asked to do basic obedience tricks so the patient could learn appropriate vocal tone, body language, and boundary setting. Alternatively, if a patient's goal was to experience emotional safety for trauma processing, the dog may have simply sat next to the patient for him to pet or hug. Booster session visits were offered to patients every three months following the cessation of the eight-month program.

Therapy Dog Teams

Each therapy dog team consisted of one handler and one therapy dog. The first handler was the Chair of One Health and Wellness and a faculty member at the University of Saskatchewan. She handled three dogs throughout the duration of the CAT program at RPC: Subie, Kisbey, and Anna-Belle. Unfortunately, Subie, a nine-year-old Boxer, passed away in May of 2019 after data collection for this study was completed. Subie was with the program since its inception; however, participants' experiences of his passing are not reflective in the used data sets. Kisbey was an 11-year-old Boxer who served as a therapy dog also since the program inception. Anna-Belle was a seven-year-old Bulldog who served as therapy dog since the program began. The second handler was a Registered Social Worker and an associate professor at the University of Regina. She handled her dog, Ruby. Ruby was a three-year-old

Chocolate Labrador Retriever mix that served as a therapy dog for two years. Ruby was diagnosed with bone cancer in late 2018 and subsequently had her hind leg amputated in February 2019. As such, participants in the CAT program shared this unique journey with Ruby as she recovered.

Therapy Dog Exclusion Criteria.

The therapy dogs involved in the CAT program also adhered to strict exclusion criteria. Dogs registered with the SJATDP are aged one or older, up-to-date on vaccinations, and fed a cooked food diet (St. John Ambulance, 2019). Dogs completed and passed a comprehensive behavioural evaluation that tested their temperament, sociability, and reactivity. Dogs who do not pass this evaluation are excluded from registration as a “therapy dog” through the SJATDP, therefore they did not participate in this study.

Regional Psychiatric Center (RPC)

RPC is a multi-level forensic psychiatric hospital located in Saskatoon, Saskatchewan that is operated by CSC. It opened in 1978 through affiliation with the University of Saskatchewan (CSC, 1991). RPC serves as an inpatient facility under the Saskatchewan’s *Mental Health Service Act*. According to CSC (1991), RPC was designated to develop assessment and treatment programs for the following four groups: (a) federal inmates within the Prairie region (Manitoba, Saskatchewan, Alberta, Northwestern Ontario and Northwest Territories); (b) provincial inmates within the province of Saskatchewan; (c) inmates remanded from the courts of Saskatchewan; and (d) inmates under the authority of warrants of the Lieutenant Governor of Saskatchewan.

As mentioned above, RPC is unique to federal prisons operated by CSC as it houses both federal and provincial offenders, male and female, who are diverted from standard correctional

practices (CSC, 2020). Inmates are RPC are exclusively referred to as “patients”. Patients may be incarcerated for reasons inclusive of, but not exclusive to, a commission of an offence in which they were deemed not criminally responsible for, or pervasive mental illness which cannot be adequately managed in the standard correctional system (Livingston, 2006; CSC, 2020).

The reasoning behind this site selection was threefold; (a) RPC operated a CAT program with inmates from 2015-2019; (b) there was a significant amount of qualitative data from the program which had yet to be analyzed, therefore I did not require contact with the participants during the COVID-19 pandemic; and (c) the CAT program was previously determined to be successful in achievement of the patients’ established therapeutic goals (see Dell et al, 2019c).

Method

Data for this study was collected throughout 2015 to 2019. Dr. Colleen Dell and Dr. Darlene Chalmers (the therapy dog handlers in the program and the lead researchers on the CAT project) conducted individual interviews with patients, staff, and staff focus groups. Six patients (of the 20 who had completed the CAT program) were selected for this case. Their interviews and those of their assigned staff members were transcribed and granted to me (the researcher) for document analysis. A total of 19 interviews transcripts were selected for the case: 12 participant interview transcripts (see Results section), four individual staff interview transcripts, and three staff focus group transcripts. Thematic analysis was employed to seek categorical aggregation and direct interpretation make meaning of the case (Stake, 1995).

Interviews

Throughout the duration of the CAT program, Dr. Colleen Dell and Dr. Darlene Chalmers (also the therapy dog handlers) completed semi-structured interviews with RPC patients and their mental health clinicians. Interview questions with the patients pertained to the

connection, love, and support that they experienced with the therapy dogs (Appendix A). Interviews with staff members reflected similar questions (Appendix B). It is noted that patients and staff members who participated in the CAT program were not required to participate in research component (i.e. interviews) of program.

It is noted that Dr. Dell and Dr. Chalmers also partook in interviews about their experiences as handlers in CAT program. These interviews were completed by research assistants, and were excluded from data analysis due to the conflict of interest that Dr. Dell is co-supervisor of this thesis and was part of my advisory council.

Participants

Participants for this study included six forensic psychiatric patients at RPC and four staff members.

Patients.

To date, 20 patients have taken part in the CAT program because it could only accommodate four to six participants each year. Patients had the option to participate in interviews for research purposes; however, this was not required for the participation in the CAT program. Six of these 20 patients were selected as the case for this study. These patients were selected by Dr. Colleen Dell and Dr. Darlene Chalmers. The six patients were selected because they had the most robust data sets sourced from individuals' interviews, staff interviews, and staff focus groups. Patients in the CAT program who did not participate in an interview, or whose interviews were not previously transcribed, were further omitted from participation in the case.

Males patients were exclusively chosen for this study as there was a larger pool of participants to choose from. Six male patients were selected for the following reasons: (a) they

had participated in at least one interview with the therapy dog handlers; (b) support staff had participated in at least one interview or focus group regarding their experience in the CAT program; and (c) their data was previously transcribed (due to the COVID-19 pandemic, access to the University of Saskatchewan was restricted therefore additional audio recordings were unable to be retrieved). In total, there were 12 transcribed patient interview used for data analysis.

Table 1

Table 1 summarizes the participants' demographic information, including their pseudonyms and the total number of interviews completed as well as their goals for attending the CAT program.

Participant	Years Participated	Interviews	Goals for CAT Program
John	2015-2016	3	Reduce anxiety & stress Improve self-esteem & self-worth
	2016-2017		
	2018-2019		
Mike	2015-2016	2	Manage anxiety & depression Foster trust
			Foster trust
James	2016-2017	2	Develop assertiveness
	2018-2019		Practice mindfulness
William	2018-2019	2	Demonstrate emotion Improve communication skills
Robert	2017-2018	2	Improve self-esteem
	2018-2019		Practice Mindfulness
Mark	2018-2019	1	Develop assertiveness Improve communication skills

Staff Members

Each patient was assigned a CSC staff member who was a registered mental health professional. The staff members co-facilitated the CAT sessions with the therapy dog handlers

and therapy dogs for their assigned patients. Four staff members participated in the CAT program: three social workers and one psychologist. All staff members were female. The social workers had varying lengths of experience in the field including long term experience (since retired), and middle term experience (coming up to 20 years in the CSC field), and short term experience (coming up to 10 years in the CSC field). The psychologist was relatively new to the field as she had less than five years' experience.

The staff members' transcribed interviews were used as supplementary data sources to understand the patients' lived experiences of connection with the therapy dogs. This study did not look at the staff members' experiences. In total, there were four transcribed interviews with individual staff members and three transcribed focus groups.

Data Analysis

The Risk-Need- Responsivity (RNR) model informed document analysis through the contextualization of prosocial support as a criminogenic need. As such I (the researcher) sought to (a) understand the patients' current support systems; (b) acknowledge the duration in which the patients have been incarcerated and/or chronically isolated from others; (c) recognize the exhibition of behaviours congruent insecure attachment styles (i.e. mistrust), which may hinder the development of a prosocial support system; and (d) identify patients' previous experiences with dogs. Through the continuous reflection on same, categorical aggregation and direct interpretation were employed in line with the methods of Stake (1995).

Categorical aggregation and direct interpretation were used to make meaning of the case (Stake, 1995). Direct interpretation refers to an individual instance that occurs within the data, whereas categorical aggregation refers to the interpretation of a collective group of occurrences. Stake (1995) explains: the qualitative researcher seeks a collection of instances, expecting that,

from the aggregate, issue-relevant meaning will emerge” (p.75). As such, an individual experience can reflect different meanings as compared to similar experiences, collective, across the case.

This case sought the identification patterns within the data, as Stake (1995) indicates that the most important meanings will emerge consistently. Stake (1995) also specifies that it is my responsibility, as the researcher, to seek patterns that align with the research question. In this case, thematic analysis was used to analyze the data for these patterns. Barker et al. (2012) explain that thematic analysis involves three distinct stages: (1) identifying meaning; (2) categorizing; and (3) integrating. Identifying meaning requires the researcher to search for the ideas that participants communicate. The various meanings by participants can then be categorized into themes which Barker et al. (2012) describe as more abstract and encapsulating than meanings drawn. Themes are found by comparing cases to other cases, and immersing oneself into the perspectives of the participant. Themes are created, manipulated, and rejected until the data is saturated (Barker et al., 2012). Emergent themes and their meaning are often referred to as “petite generalizations” in case studies, as the generalizations made are specific to the case, as opposed to generalizable to a larger population (Stake, 1995).

The triangulation of data sources is another critical aspect of case study data analysis (Stake, 1995). This refers to the use of various methods to collect data (Silverman, 2005). To ensure triangulation of data sources, I compared themes that emerged across multiple transcripts allocated to the study: patients’ interview transcripts, staff’s interview transcripts, and staff focus groups’ interview transcripts. I first compared contextual factors between the patients’ interviews and the staff members’ interviews to ensure that my understanding of the patients’ background and current setting. These were then compared to the focus groups’ indication of same. I

employed a similar process when conducting thematic analysis. I compared emergent meanings between the patient and his assigned staff member, and then compared these to the focus group interviews. This process continued through the categorization and integration of my data collection. Each transcript was reviewed a minimum of three times within the process of thematic analysis, and continuously compared to the other sourced transcripts upon reflexive note taking and questioning.

Trustworthiness

Trustworthiness pertains to the “truthfulness of your findings and conclusions based on maximum opportunity to hear participant voices in a particular context” (Hays & Singh, 2012, p. 192). There are several strategies used to ensure the trustworthiness of general qualitative studies. These strategies include research reflexivity, prolonged engagement, and the maintenance of an audit trail (Hays & Singh, 2012, Merriam, 2002b; Silverman, 2005).

Researcher reflexivity.

The reflexivity of a researcher refers to the researcher’s ability to maintain self-reflection throughout data collection and analysis (Hammersley & Atkinson, 2007). To ensure researcher reflexivity, I engaged in reflexive notetaking. These notes reflected the underlying feelings I experienced throughout data analysis. They comprised of conflicts between my own values and those of the participants, as wells as my assumptions and preconceptions (Hays & Singh, 2012). I compared these notes to the identification of themes found in the data to minimize projections cast upon my data analysis.

Prolonged Engagement.

Prolonged engagement is defined by Hays and Singh (2012) as “staying in the field to build and sustain a relationship with participants and settings in a way that fosters an accurate

description of a phenomenon” (p. 430). The therapy dog teams remain connected with patients after their completion CAT program. Prior to COVID-19, this included in-person visits to RPC for “booster sessions” every three months (which have since been modified to fit an online platform). Patients in the CAT program are also given photos of the therapy dogs after each visit and are sent photos on special occasions (i.e. of the dogs in costume for Halloween or during the holidays). The “booster” sessions and photos are posited to help patients sustain the connection that they have formed with therapy dogs in the CAT program, therefore help them maintain their therapeutic gains. This prolonged engagement sheds light on the effectiveness of the CAT program and how connection with the therapy dogs is truly experienced.

Audit Trail.

Merriam (2002a) defines an audit trail as a “detailed account of the methods, procedures, and decisions in carrying the study” (p. 31). This provides evidence of the entire research process (Hays & Singh, 2012). To maintain an audit trail, I safeguarded all notes regarding the planning and implementation of my study in an electronic folder. I further kept an electronic document logging the progress of my research and corresponding activities. All interview transcripts were organized by year and safe guarded in a password protected document.

Ethical Considerations

This study was approved by University of Saskatchewan Behavioural Ethics Review Board (Beh #1467) and the Correctional Service of Canada (Appendix C). The use of animals in a therapeutic capacity was approved Animal Research Ethics Board approved under the supervisor Dr. Colleen Dell (AUP 201330115).

Risks

Risks to Patients.

The psychological risks of this study were limited. The CAT program employed counselling techniques which may have evoked some stress on patients as a means of growth. As mentioned in preceding sections, a social worker or psychologist with forensic training was always present for CAT sessions to manage this. Additionally, the CAT program provided psychoeducation on positive coping strategies that served as protective factors if stress was experienced.

There were physiological risks pertaining to the use of therapy dogs in this study, though these were mitigated through the SJADTP therapy dog certification process. Subie, Kisbey, Anna-Belle, and Ruby were all certified by the SJATDP, which required them to pass a behavioral assessment to test them for any aggressive behaviours when exposed to humans, other dogs, and novel stimuli. Despite this strict testing, dogs can be unpredictable, therefore there remained a chance that participants and/or handlers could have been physically harmed including, but not exclusive to, scratches, bites, and being knocked over. It should be noted that these dogs had no such history in their time as therapy animals.

Risks for CAT Teams.

There were also psychological risks to the CAT team. The setting of forensic psychiatric prison itself presents a level of risk wherein patients experience pervasive mental illness and often have history of violent criminal behaviour. Risk was carefully mitigated for the CAT teams as the referral process to the CAT program strictly exempt patients who were questioned to pose a physical risk to the therapy dogs and handlers alike. This included patients with a history of violence toward animals and a history of violent and/or predatory behaviour toward staff.

Despite this, human behaviour is often unpredictable so there remained risk to therapy dogs, handlers, and staff alike.

Further, the CAT teams also faced psychological risk. For handlers and staff, psychological risks included the experiencing vicarious trauma from patients' histories, and the risk of continued post-traumatic stress from same. Handlers and staff members alike were permitted to temporarily leave the session or cease the session if they felt that they were at risk. Similarly, handlers and staff were able to debrief after the session was completed to help them process the information and/or decompress. It was noted that handlers and staff would also be at risk from post-traumatic stress had they experienced or witnessed an adverse event at RPC, including but not exclusive to a physical altercation, self-harm, or a sexual assault. While patients in the CAT program were screened for heightened risk of this behaviour, their behaviour and that of other patients incarcerated at RPC was also unpredictable.

Benefits

Benefits for Patients.

Research has revealed that the presence of friendly dogs has positive psychological and physiological benefits on humans engaged with them. Patients in the CAT program may therefore experience psychological benefits of reduced sensations of anxiety (Polheber & Matchock, 2014) and calming effects (Hart & Yamamoto, 2015). Physiological benefits may include reduced blood pressure (Sommervill et al., 2008); decreased heart rate (Polheber & Matchock, 2014) and reduced cortisol levels (Barker et al., 2005).

Benefits for CAT Teams.

The CAT teams may also experience benefits of participating in the program. Therapy dog handlers and the staff were intrinsically motivated to participate in the CAT program and

thoroughly enjoyed their work with dogs and patients. Psychological benefits to them may include, but not be exclusive of, sensations of happiness, sensations of fulfillment, and continued learning.

Animal Welfare

The welfare of the therapy dogs was also taken into consideration for this study. Both risks and benefits for the therapy dogs were considered.

Risks for Therapy Dogs.

The therapy dogs were also at risk for physical or psychological stress. Exclusion criteria for participants prevented physical aggression toward the dogs. A correctional staff member was also present with the therapy dogs at all times. The therapy dog handlers were knowledgeable of animal behaviour, and had experience working in similar environments with the therapy dogs, so signs of stress and fatigue exhibited by the therapy dogs could easily be identified. Therapy dogs were permitted to take a break or leave the area if they were stressed or too fatigued to engage with participants. Further, the behavioural evaluation employed by the SJATDP sought to select highly social and well-balanced dogs to minimize the stress that they may endure during therapy dog work.

Benefits for Therapy Dogs.

As aforementioned, the behavioural evaluation employed by the SJATDP selects highly social and well-balanced dogs. Therapy dogs in the CAT program enjoyed socializing, playing, and cuddling with the patients and CAT team members alike. This was evidently observed through the demonstration of behaviours such as tail wagging, whimpering, initiating play, and soliciting affection. It is speculated that the therapy dogs experienced happiness, mental enrichment, and physical exercise while participating in the CAT program.

Limitations

One of the greatest limitations of this study was that I was not on-site at RPC throughout the CAT program. I therefore did not have a true “insider” perspective to capture the forensic psychiatric patients’ experiences of connection with the therapy dogs. Despite this, I had previously attended visitation sessions with the SJATDP at provincial remand centre. This provided me with a sense of an “insider perspective” toward the inmates’ experiences of connection with the therapy dogs contextualized by incarceration; however, this was not synonymous with a sample of forensic psychiatric patients.

Another limitation of this study was that my data was restricted to document analysis of previously transcribed interviews. This presented with the primary challenge that I was unfamiliar with the content of the transcripts, therefore it prolonged the process and digestion of the patients’ and staff’s narratives. Several transcripts were also incorrectly labelled, which then required collaboration with CAT project lead researchers to sort out the errors, while maintaining confidentiality. For example, several patients’ transcripts were mislabelled, therefore unique descriptions of the patients gleaned from the transcripts (i.e. physical traits) were required to correctly identify the patients depicted in the transcripts. This was particularly cumbersome given the COVID-19 pandemic wherein I could not print the transcripts and review them in person with the lead researchers.

The sole use of document analysis for this project further constrained the trustworthiness of my data. It was limited in data sources for triangulation as observations were unavailable. Conversely, sole document analysis reduced preconceived biases projected toward participants as I did not personally interact with them or observe them in CAT sessions.

Delimitations

For the purposes of this study, I was interested in the experiences of a small population of forensic psychiatric patients at RPC who had completed the CAT program. A total of 20 patients had completed the program, both male and female, however; male patients were exclusively chosen for this study as there was a larger pool of participants to choose from and this is congruent with current incarceration statistics that indicate 94% of federal offenders in Canada are male (CSC, 2019c). This is not to say that female patients did not experience connection with the therapy dogs or benefit from same.

Aforementioned, the data used in this study was previously transcribed interviews. Parameters were set in place to pool participants who had in at least one previously transcribed interview and whose support staff had at least one previously transcribed interview. This was implemented to evoke the trustworthiness of data as patients' subjective experiences and the staff members' perspectives could be triangulated and integrated.

With these parameters in place, a deepened understanding of male participants' experience of connection with therapy dogs could be explored. This understanding will be valuable for both current participants and future participants of the CAT program alike, as well as the clinicians who lead the program. More broadly, the understanding of participants' experiences will shed light on how connection with the therapy dogs is formed and its pertinence to the effectiveness of the CAT program at RPC, as well as how it fits within the RNR model to fulfill and/or mitigate criminogenic needs of the forensic psychiatric patients.

Chapter 4: Results

The purpose of the following chapter is twofold. First, the participants are introduced to the reader in order to provide perspective into their lives. This includes a narrative of each participant's past and outlines some challenges that he has faced while incarcerated. Second, this section presents the emergent themes of the transcribed interviews with the participants and their support staff members. To help reorient the reader, the research question was as follows: [Title Here, up to 12 Words, on One to Two Lines]

Participants

John

John completed three interviews with the therapy dog handlers. He was unique to the case because he completed the CAT program several times across the four years that it operated at RPC. John loved dogs and was described as “engrossed” with the dogs’ presence at the prison. His sheer excitement for the therapy dogs was further described as “the highlight of his week”. A staff member reflected that John “would talk about it the days before, he would talk about it the days after; you could see the energy that he was just vibrating, getting ready to go in there like he was so happy.” It is noted that John was very isolated from his family of whom reside in another province. He also experienced significant hardship across his development and into his adult years. To this, a staff member reflected that John “hasn’t been loved in a very, very, very, very long time; if ever properly...I don’t know how much love he even ever really had before that (referring to the CAT program).”

John has been incarcerated for nearly 20 years. His mental health interfered with his ability to verbalize his thoughts, affect, and emotions; however, he had insight to his own behaviour and interpersonal challenges. He was extremely self-conscious about his physical

appearance due to physical trauma that he endured in his past. John reflected that throughout his incarceration, he became angry toward other patients and isolated himself from others to avoid judgement of his physical appearance. As such, the established goals for John in the CAT program were to reduce his anxiety and stress, and improve his self-esteem and self-worth.

Mike

Mike completed two interviews with the therapy dog handlers. He had no history of owning or working with dogs but he recognized that animals could have positive benefits for mental health. He stated that he knew “how animals, like pets, can help them (people) with their symptoms of depression and stress”. Mike was incarcerated for nearly two decades and had a history of mental illness and manifest aggression. He reflected upon this:

I have been locked up for 18 years, you know, it has been a long, long time. I have had diminished capacity when I was first arrested and through my life I have been struggling with my mental health and I got progressively worse. And this incident here, what happened? I am provoked to anger and my anger got progressively worse and then I acted out my aggression.”

Mike struggled with anxiety and depression, in addition to his anger, throughout his incarceration. A staff member reflected that coping for Mike “was either isolating or he was pacing anxiously”, therefore, mindfulness was particularly cumbersome for him. This was reflected in one of his goals for the CAT program; the management of his anxiety and depression.

It is critical to note that Mike has also experienced significant adversity across his past which surmounted into anxiety and a general distrust for others. A staff member explained that he is

“just full of fears”. Mike also had a depleted social network outside of the prison. As such, fostering trust in others was another CAT program goal for him.

James

James participated in two interviews with the therapy dog handlers. James was unique in the case as he had previously worked with dogs at a different CAI program offered through a community training residence.

James was incarcerated for a number of years, largely due to mental illness and history of addiction. He had similarly experienced a tumultuous upbringing that was marked by significant instability between foster homes and physical and emotional victimization. Consequently, James escaped these hardships by running away from his foster homes to befriend stray dogs in his community. A staff member explained:

He feels more connected to animals than humans and that is because he has had almost only abusive relationships with humans and even when he was a kid he would run away; he would befriend stray dogs. He would basically live with stray dogs before he was taken back to his foster care or wherever he was staying.

James further viewed dogs as other beings. He stated that “I don’t like the name “dog” to tell the truth. “Little People” is more like it. And dog just sounds like “you dog” ... it has an ugly connotation to it”.

Due to the adversity of his past, James was untrusting of new individuals. A staff member explained “he builds very specific close relationships and then just does his work in those relationships but not beyond them”. He was largely passive and compliant, and kept himself very busy as a means of avoidance of new people and experiences. Goals established for James

included the development of trust in others, the improvement of his social skills/ assertiveness, and the development and practice of mindfulness.

William

William participated in two interviews with the therapy dog handlers. He had a dog as a companion animal in the past; however, he had not been around dogs for quite some time before the CAT program started. William explained that he enjoyed walking his friend's dogs in the past.

William has been involved in the criminal justice system throughout his entire adulthood. He has also struggled with substance abuse and alcohol abuse. William further experienced significant mental health and physical health challenges including dementia and memory loss, which impaired his social skills. Support staff explained this in terms of his goals for the CAT program:

“[his] memory, more than anything was a challenge, but I mean the goals we set out for him were communication, assertiveness and showing emotion.... At first, he was also very guarded and concerned about what others were thinking, saying or viewing him... You just knew he was suffering but he wasn't able to communicate them.”

Additionally, William's social network was depleted as he no longer remained in contact with his family and only identified one friend at RPC.

Robert

Robert participated in two interviews with the therapy dog handlers. He did not disclose any previous history with dogs in his past; however, he admitted that he was very skeptical about joining the program. He stated: “I remember thinking about when I was first asked to do it and I was like “yes”, [but] dogs and animals, how are they going to help me?”.

Robert was incarcerated for nearly two decades. He experienced significant mental health challenges; however, he demonstrated strong verbal ability. Robert explained that he had low self-worth due to the shame surrounding his crime. He reflected that his actions do not define him as a person; but, he still felt immense guilt. Robert also indicated that he struggled with showing emotion and vulnerability as his time in prison has caused him to develop a hypermasculine persona in order to protect himself.

As Robert experienced low self-worth, he did not attend many sessions with the therapy dogs as he felt that he did not deserve to visit with them. Nonetheless, Robert completed the CAT program. Robert's goals of the CAT program included creating a safe space for him to experience emotion, foster his self-worth, and practice mindfulness.

Mark

Mark participated in one interview with the therapy dog handlers. He had a dog as a companion animal during his childhood and he acknowledged that he liked dogs.

Mark was incarcerated for several years and had struggled with mental illness. His mental health challenges were exacerbated as medicine compliance was cumbersome for him. Mark had very high anxiety, harboured self-criticism, and experienced significant difficulties with mindfulness. He was very passive and struggled to communicate with handlers and staff across sessions and interviews.

As Mark was very withdrawn, it was challenging for him to form social connections. He required a very calm environment and appeared to connect more with more docile dogs brought into the program. One of his support staff explains:

He liked the calmness of Anna-Belle and Subie whereas Ruby and Kisbey were a lot more energetic and a little bit higher maintenance for him, and I think that stressed him

out. So, he did better with the calmer dogs. So, yes, he could identify like which ones he preferred... I think that was big for him because he doesn't really connect too much here.

He is pretty withdrawn.”

Mark's goals for the CAT program included becoming more assertive and using his voice. Staff remarked they simply wanted Mark to spend time with the therapy dogs so he could experience love and support from them, similar to the goals of a CAA visitation program.

Themes Emergent

Through data analysis, themes emerged to answer my research question of “how do forensic psychiatric patients experience connection with therapy dogs?”. Refinement of these themes resulted in four key, overarching themes and four subthemes as shown in Table 2. Key themes were identified as physical touch, safety, reciprocity, and acceptance. Sub-themes were identified as “dropping the mask”, mutual recognition, empathy and mutual understanding, and happiness. These are outlined in Table 2.

Table 2

Table 2 summarizes key themes and corresponding sub-themes.

Physical Touch	Safety	Reciprocity	Acceptance
	“Dropping the Mask”	Caregiving Mutual Recognition Empathy & Mutual Understanding	Happiness

It is notable the participants' connections with the therapy dogs were persistent and enduring across time. Connection was not isolated to one place or time. Certainly, participants remembered their experiences with the therapy dogs and continued to reflect on their connection

when the dogs were not physically present with them. This informed the emergence of themes wherein connection was felt in the presence and absence of the dogs.

Theme 1: Physical Touch

Perhaps the most profound theme within this case was that all participants experienced connection with the therapy dogs through physical affection and contact. This was emergent across all interviews with participants and staff alike. Notably, most participants indicated that petting the therapy dogs was their favorite part of the entire CAT program. This was contextualized through a dearth of physical connection and lack of platonic physical touch that patients experience while incarcerated.

As noted in the preceding section, several participants in this case have been incarcerated for 20 years or close to it. Mike was one such participant. A staff member explained her interpretation of how Mike experienced physical connection with the therapy dogs with his lengthy sentence in mind:

It's probably been two decades before he has had any contact with anybody, and then that really came up in those special moments. Just, kind of, laying and playing [with the dogs] which is really important to these guys because they don't even get touched.

She further explained: "he has been in jail a long time, it has been 18 years, and so he has had no physical comfort, attachment, contact or connection or anything in any way".

For John, physical touch underpinned his connection with the therapy dogs. This was especially prominent when working with therapy dog, Subie. A staff member described that physical touch was extremely valuable for his progression in sessions as he sought physical touch when uncomfortable. She reflected:

We can push him a little bit farther on personal stuff because he has that comfort level with Subie to do that, and Subie picks up on that. So, when we challenge, Subie gives him that physical comfort where he feels like he can get through it.

The physical connection with the therapy dogs was also identified to foster sensations of love and comfort. This was particularly evident for John as he perceived connection as deeply physical. The following passage by John's mental health clinician provided her interpretation of this:

I think that he came to the realization that, for him, the "loved part" [was] the physicality of it; the puppy kisses and when the dogs would lean up against his leg or when they would sit with him and put their heads in his lap. He found that physicality, I think, to be where he would say he felt loved and comforted, when there was that physical [connection].

A staff member surmised that William also felt that the physical connection that he had with the dogs fostered feelings of love. She explained:

One thing he said every week in his homework [was that] he felt loved and comforted. They (the dogs) came, they sat on his feet, they rubbed up against him, they jumped up on him and tried to lick him and give him kisses and hugs and he just felt, I think, accepted there. Again, just that touch is like another human or like an entity that is done in a loving way, and I think that made all the difference for him.

Mark was unique in this case as his physical connection that the dogs facilitated sensations of mindfulness and anxiety reduction. Mark stated that it was "nice and calming" when petting the dogs. His support staff described his experience with the dogs similarly. She stated "when we just sat, and his anxiety was just able to be soothed by petting the dog, I found a

huge difference, in like you said, his response and destructibility”. She further stated “he would report a reduction in his anxiety when all he did was pet the dog, otherwise he didn’t report that reduction in anxiety”.

Other participants were also noted to experience love and comfort through physical touch with the therapy dogs; however, their connections were not as deeply based on the physical contact as compared to Mike, William, John, and Mark.

Theme 2: Safety

All participants in this case experienced connection with the therapy dogs through the perceptions of safety. It is notable that most participants reflected that they feel largely unsafe at RPC. This encompassed both emotional safety and physical safety, as patients carried a general sense of mistrust and resided in a characteristically hostile, unpredictable environment. The safety that participants felt was conceptualized as their willingness to demonstrate emotional vulnerability with the CAT team.

William was described by staff as highly institutionalized. He experienced great difficulty feeling safe enough to demonstrate emotional vulnerability but was able to do so with the therapy dogs. A staff member provided her interpretation of this:

He comes in and there is sort of like a disconnect or a wall up; and then over time it becomes safe to show that you care about this being [referring to the dog]. So, for him in a lot of ways it is about, like, I would think that in his life there is only certain places or people or beings or things that he can sort of let his guard down

Robert was described as having a similar experience with the therapy dogs. The following passage reflects a staff member’s interpretation of this:

He could come to that room and be safe and in the moment, then, I think, we saw some really beautiful moments between him and the dogs where he just let his guard down and was very vulnerable, and affectionate in playing, or made a joke. Like, that was probably the first place I ever saw him smile was in the session with the dogs and I could probably count on one hand how many times I have seen that since, so, in the sessions with the dogs I think he feels like he doesn't have to be solid and participating in the [prison] sub-culture.

Indeed, all participants experienced sensations of safety with the therapy dogs in light of their diverse backgrounds and time spent incarcerated.

Participants' connections with the therapy dogs were certainly established based on their perceptions of safety and comfortability with the dogs. This was unique for each participant when contextualizing their individual needs. For example, Mark was noted to connect with Subie and Anna-Belle the most because they were less challenging for him as they were quiet and calm. This was contradictory for James, as he had worked with dogs in previous capacities so he experienced increased confidence with the more energetic and challenging dogs, like Ruby. As such, the level of challenge and comfortability that the therapy dog offered to participants attributed to their experiences of safety and connection.

“Dropping the Mask”. The safety that participants experienced with the therapy dogs allowed many to “drop the mask” that they wore in prison. This “mask” refers to the hypermasculine persona, or a hardened emotional presentation, that many incarcerated individuals adopt to cope with imprisonment (Michalski, 2017). In this case, such a phenomenon was most prominent for Robert and James.

Robert was self-aware that he portrayed a hypermasculine persona due to the prison sub-culture in which he was immersed. The following passages provided his interpretation of how connection with therapy dogs allowed him to drop this “mask”:

I am somebody with a good heart, has morals, positive beliefs and it is different from somebody like when I am back on the unit. Because, like I said, you have got to put this wall up and have to conduct yourself in a certain way because if you don't, people take advantage of you.

He continued:

This place is such a hostile environment. So, as much as I enjoyed that time I just had with the dogs, as soon as I get back [to the unit], I have to be on the ball and just go back to where I was.

A staff member also reflected that the dogs allowed Robert to drop his mask. The following excerpt provides her understanding:

He consistently spoke about how being in the program and with the dogs allowed him just to be genuine, to be real, to be raw, to shed whatever masks he feels he must wear sort of in the institution and to be himself... “you see a different piece or a different part of me”, but he spoke about that here, too. Just not having to pretend, not having to act a certain way or have anything on show it was just all about being real and connecting and I think that allowed him a safe place to relax.

Another staff member provided her interpretation of how the portrayal of masks impaired personal growth and development, particularly for James. She reflected:

If you don't have a safe place to be yourself, if you don't have a safe place to actually learn who you are. Because, I think in this environment, when they wear masks so often

and sometimes 24/7, I think anyone of us after how many years he [referring to James] has been in would lose sight as to who am I really and what do I really value.

Another staff member similarly reflected that James “just spoke so clearly about [it] and would say it often; “I was able to be myself in this room with them (the therapy dogs)”.

Theme 3: Reciprocity

Participants within this case experienced a connection with the therapy dogs through feelings of reciprocity. These included reciprocated feelings of love, warmth, support, understanding, and communication. A staff member explained that the reciprocal relationship between the participants and therapy dogs was the underpinning to the participants’ success in the CAT program. The following passage provided her interpretation of this:

What they gave to one another, and what they added to each other’s lives... and that kind of just brings me back to animal therapy because I think that is what is happening there and in real time. It is that simple relationship that you are offering the dog something but you are also then getting back something. So, what am I adding to the dog’s life and what is that dog adding to mine, and I think that is just a real-life current example of some of the conversations we try to bridge [in therapy].

Reciprocity was further interpreted as part of the participants’ experience of a voluntary partnership with the dogs:

[the] sheer joy of having this animal just like you and love you; you don’t even have to do anything, you don’t even need to feed him treats, although that does help, but they are just happy to be there with you. They don’t ask for anything again from the environments where these guys came from as well, and I think there is just such a feeling of joy and contentment that carries through after the

program that they take with them and I think when they are feeling that way they are much more open...because they feel good about who they are which is a struggle for sure because they have all done awful things.

James indicated that he experienced connection with the therapy dogs through reciprocated feelings of warmth and love. He explained:

With the dogs, I would have to say that there is that connection that rather deep, soulful connection, not just by mind but by heart and soul. It is a feeling, a strong feeling, is all I can say about that...but you know it is a warmth, it is something that is not forceful, you don't see it on other side, it is not corralled, it is not shoved down your throat, it is the purity of it.

James further elaborated that his connection with Kisbey was the deepest because of the love that they shared. He stated "I think [it is] because of what I give out to her; I am pure heart and she is pure heart". When asked to describe the reciprocity of love that he felt, he explained "it is an exchange between the two or three of us".

Robert and William similarly reflected that they experienced reciprocal love from the therapy dogs. Robert indicated "I felt that from all the dogs and I could see it and feel it in their eyes and how they interact with me, it was reciprocated. I have nothing but love and respect for them. William stated that therapy dog Ruby "liked me and vice versa" when he explained his connection with her.

Likewise, Mike experienced a reciprocal relationship with the therapy dogs. He explained the love shared between him and the therapy dogs as "they are happy to see me and get [to be] around me, too, because I am also happy to be around them too...I was nice to them and they are

nice to me.” One staff member also described the connection between patients and the therapy dogs as reciprocated feelings of enjoyment. Her interpretation was as follows:

They (the participants) just feel such a connection with the dogs and the dogs are so good. The dogs, you know, are just genuinely enjoying being there; you are not sitting back and saying to yourself “well those dogs are just being nice because I have a treat in my hand”, they want to be there.

Robert’s experience of connection was also distinctive from others in the case. He suggested that his connection with the therapy dogs was experienced through the reciprocity of safety and trust, which fostered a sense of comfortability. The following passage provided his interpretation of this.

I truly believe they got to see or feel who I really was as a person and I think that is why I got along with them so very well; is they knew that they were safe with me and I felt the same with them. You know I felt completely comfortable being in their presence, playing with them, I never felt anything negative when I was spending time with them

Reciprocity was also experienced as trustworthy communication with the therapy dogs. This was described as a subconscious feeling where participants felt like they were in sync with the therapy dogs. James indicated that he experienced the deepest connection with therapy dog Kisbey through his ability to communicate with her. He explained:

Kisbey; her and I have a real good connection and I can almost read her now. When she wants something or needs something, I can read her. When she wants me to chase her, she gives me that certain eye and look, so I will get up and chase her. I probably have the biggest connection with Kisbey.

Robert similarly experienced a connection with therapy dog, Ruby. He stated “it was almost, you know, like on cue, okay? I do something, right; I would want to get her to do like a command and then she would do it”. John had similar sentiments about therapy dog, Kisbey. He disclosed: “she drew right into my attention, as if she knew I wanted her to do that, and I did [want her do that].

Another staff member reflected that therapy dog Kisbey was able to recognize and understand John’s emotional state to communicate with him. This appeared particularly prominent during the final CAT session:

he seemed really sad and a little bit more withdrawn, and Kisbey had that toy and she was actually rolling it out, and he didn’t even try to take it away from him anymore because she was “like, okay you need to play with me!”. Because, normally when they play, she teases him. He will go for it and because his vision is not great, she grabs it and runs and is all happy, but I think she could sense in him that very last session, because she was just rolling [the toy] and kind of really patiently waiting, and not teasing.

Caregiving. All participants within the case experienced connection through the provision of caregiving with the therapy dogs. This was conceptualized a reciprocal act wherein the dogs offered care to the patients and the patients reciprocated this. Interestingly, the act of caregiving was most often portrayed by participants was offering the dogs a drink. Another staff member emphasized the caregiving role that the participants accepted as the following:

They have asked to, like, maybe groom the dog, they have asked to give the dog a treat or a cookie, they have asked to take the dog outside. Well, we had miserable weather until recently, but, like, they seem to want to give back to the dog and that really shows a side

that we don't necessarily always see that is not self-centered on their part. It is actually very much about the dog and caring about them.

Mike similarly appeared to experience connection with the dogs through caring. When asked about his experience with the therapy dogs, a staff member explained: [he was] really connected and cares; like, always wanting to give the [dogs] water and to take care of [them] and do those things. So, I think it (the connection) just looks different with him, but it is absolutely there for sure. Mike himself reflected that his perception of love was "the affection and caring for other people not only myself, but all the human beings too", which he felt when he was with therapy dogs.

John was unique in the case as he often referred to the dogs as family members. This manifested as him referencing himself as an uncle. When asked why he referred to himself as an uncle to therapy dog Subie, John stated "because he (referring to the self) has no reason not to act that way" due to the care and love offered. John cared for the dogs physical needs when they were present, such as giving them a drink, and he suggested that he cared for their emotional needs through offering them reciprocal love and support. John's connection with Subie was so deeply established as he viewed himself in a familial role to him despite recognizing that one of the handlers, Subie's owner, was indeed Subie's "Mum".

Mutual Recognition. Many participants in this case specified that they experienced connection with the therapy dogs through mutual recognition. Participants reflected that the therapy dogs behaved in many ways which suggested that they recognized the participants just as they had recognized the dogs. The dogs' behaviours included immediately wagging their tails, crying in excitement, soliciting affection, licking, pawing, and initiating play with the participants when they first entered the room.

The experience of mutual recognition appeared to be most profound for James and William in this case. James described his experience of a connection with therapy dogs Kisbey and Ruby as follows:

I definitely have a connection with them and you can see it as soon as I walk through that door, both of them (referring to Kibsey and Subie). Kisbey at first isn't really great, she stood [off] a little bit but as the weeks and months went by, you could start seeing her really taking to me; to the point that she is even crying [demonstrates the cry] just jumping on me, not tail wagging, body wagging.

In addition to working with Kisbey, James developed a connection with Ruby through booster sessions. He described his connection with Ruby through mutual recognition because "Ruby seems to know me, so there is that automatic connection when you come through that door, they recognize you and they come up and they body wag and carry on. So, absolutely, there is a bond there".

The recognition that the dogs offered participants was something that the patients do not often experience within the context of incarceration. It has been well established in literature that incarcerated individuals have little connection with social supports, and most of the participants in this case had no extended family. The following excerpt from a staff member contextualized this when explaining William's connection with the therapy dogs:

[he] always talked about how he just looked forward to how happy the dogs were to see him. You know, they were so excited, and again they (the patients) don't have a lot of that like who is excited usually to see them, they don't have any family or connections sometimes.

As such, the participants experienced connection with the dogs through mutual recognition where dogs recognized the participants, and they participants recognized the dogs. Both parties were markedly excited and happy when doing so.

Empathy & Mutual Understanding. Empathy can be loosely defined as the understanding of someone's experience and story as if it were your own (Ivey et al., 2016). Several participants in this case experienced a connection with the therapy dogs through empathy.

Robert reflected that he connected most with therapy dog Ruby because of the adversity she encountered during her cancer diagnosis and healing. He stated "I can relate to her. She has been through like a lot, having to go through [treatment] for having cancer". He continued "I have been through a lot myself. A lot of hardships". He identified that his connection with Ruby propagated after she had her leg amputated. The following passage provided his interpretation of this experience:

I think how that (the connection) happened was, I started, you know... like of course when they told us what was wrong with her and then, you know, like me going through things in my life that were very challenging and then just, like, I said her attitude, you know. It didn't change her one bit when she came back without the leg. She was still such a beautiful dog and just made me feel like I had a connection with her, you know.

Robert continued to share that through this empathy for Ruby, his connection with her grew and he began to care about her even more.

James indicated that he further experienced empathy for Kisbey, as she was more "standoffish" in his presence. He stated that with Kisbey, he understood her initial mistrust of him so he adjusted his own behaviours. He stated "I was more open; dogs can sense [that]. I

wasn't forceful with her. I just let her take her time with me, and I think that is what [allowed] her open up to me more".

John and Robert were distinctive in the case as they both experienced connection with the therapy dogs through empathy of physical abnormalities. To refresh the reader, John struggled immensely with acceptance of his physical appearance. A staff member suggested that John's connection with Anna-Belle was experienced largely through his ability to empathize with her physical traits due to his own experience. She described John's connection with Anna-Belle as the following:

When Anna-Belle was here, he really commented on connecting and feeling that there were similarities because he had asked "do you know, does she have trouble walking?", "does she have trouble seeing sometimes, because I have trouble seeing?", "do they have trouble eating because their teeth are like that?". And for him with some of the physical things he deals with, I think that was a big connection for him, too.

Robert similarly experienced connection with Subie due to his dental abnormalities. Robert stated "he (Subie) had that [problem] with his one tooth so, I kind of felt like I was there before. I know it feels to be different so, I related to that". Robert also experienced connection with Ruby, who had her leg amputated. He reflected:

You know that phantom limb (referring to Ruby's amputated leg)? Last week, like, she was scratching there right and then I said to her "don't worry, I feel that too"... so, kind of, see how I cared, right. I saw what she was doing and I could relate.

As mentioned above, John and Robert were the only participants that experienced connection with the therapy dogs in this manner; however, no other participants were noted to have distinctive physical characteristics.

Theme 4: Acceptance

All participants within the case experienced connection with the therapy dog through acceptance. This was conceptualized as the therapy dogs' unconditional regard and nonjudgement toward the participants. The following excerpt described a staff member's interpretation of how the therapy dogs' accepted the participants and fostered their personal growth.

.... those dogs don't care, they don't care what you (the participants) did, they don't care what you look like, they don't care what you smell like. These guys are judged every single day by staff, by their peers, by whoever. This is their time to come and be themselves, to let Kisbey lick every single part of your body. It is that unconditional acceptance that we talk about because these guys have enough of their own self-hatred and self-condemnation and realizing that they are likeable people that, you know, your offence and your crime doesn't define who you, there are lots of other parts to you that are important as well, and the dogs help them really come to an understanding of what that means and that is what I really believe.

An experience of acceptance was described for each participant. One staff member explained that William experienced a "the lack of judgement" with the therapy dogs. She stated "he could go there (the CAT program) and there was no judgement, there was no expectation on him to do something". A similar experience was perceived by John. He explained "they (the therapy dogs) made me feel special in a way that I was so very accepted, no ifs, ands or buts".

Profound sensations of acceptance and non-judgement by the therapy dogs were also experienced by Mark. Although Mark was incredibly withdrawn from the clinicians and therapy

dog handlers, staff indicated that he formed a connection with the therapy dogs. The following excerpt explains a staff member's interpretation of this:

I think the dogs didn't judge him or ask him really to really do anything, it was us (the clinicians) that were asking him to do stuff, and so I think his connection with the dog was stronger for that reason because the dog just kind of was there and didn't judge him or want anything from him; you know they just wanted to, I guess, have that attention or that soothing-ness.

Robert also experienced a connection with the therapy dogs through their immediate acceptance. He stated "there is no bad in them (the therapy dogs), you know? They don't judge you. Like, just to reiterate, you know, like, they know who I am and the person that I am, you know?". In a subsequent interview, Robert acknowledged that the dogs can also recognize his inner good, as "they know who I really am deep inside with my heart and my soul, they know as opposed to you know, like, what other people in the institution think about me."

John was unique in this case as his self-esteem was largely fostered through the acceptance and non-judgement offered by the therapy dogs in regards to his physical appearance. As mentioned previously, John had struggled immensely with his own body image. The following is a passage from a staff member provided her interpretation of John's connection with the therapy dogs:

[John] has commented in almost every single session since that [first session], this is the first time in his life that he has ever felt accepted and loved just the way he is. So, for him, I wholeheartedly believe that because, just with his appearance, [he] struggles a lot with his own self-esteem and his own self-acceptance and he kind of assumes what other people think about him.

William also indicated that he experienced connection with the therapy dogs through their acceptance of him. A staff member indicated that William felt this because “they were always there for him...I think it was the consistency and just the full acceptance of him and love and just being able to touch them and be with them”.

Certainly, all participants experienced acceptance and non-judgement from dogs, despite entering the CAT program with differing goals, abilities, criminal histories, and physical appearances.

Happiness. All participants in this case experienced connection with the dogs through happiness and joy. Happiness is a unique concept when contextualized inside a psychiatric prison. A staff member indicated “happy here does not mean the same as happy in the community”. Rather, happiness is defined as “those little moments where you feel truly accepted and free to be who you are”.

The significance of happiness further extends beyond acceptance toward an instillation of hope. Another staff member explained happiness at RPC:

This is not a happy place. We have got guys in here that are lifers, that are never going to get out and they know that. So, what have they got to live for, really? You know they get up in the morning and don their blue shirts and their blue jeans. So, happiness in this context is hugely significant because this is not a happy place and when you have got people that are happy, then they start to be excited, and you can start to work with them being excited to say “okay, what can we do to move forward here in your correctional plan?”

Happiness was experienced differently for each participant in the case. For James, he stated “they (the therapy dogs) make me feel very happy; they make me feel very wanted, alive for one

half hour in there. It is almost euphoric, right?”. Mike suggested this happiness was not always a common experience in prison, as he indicated “I treasure those moments together with the pets (the therapy dogs), and look forward to the next session when I see them again and I will be happy again.”. Robert also surmised that the therapy dogs contributed to his happiness. He stated “they have always given me like positive energy and just made me feel good about myself being in their presence and also when I left”. William explained “they (the therapy dogs) have always given me like this positive energy and must make me feel good about myself being in their presence, and also when I left”. For other participants, simply a smile, laugh, or engagement in play with the therapy dogs was indicative of happiness while residing in such a constrained environment.

Several participants also reflected that the dogs were frequently in positive spirits which was consistently noted to provoke happiness and connection. Mike stated: “I have never seen any of them in what I would call “in a down mood”. I don’t know what it is like to see a puppy in a down mood”. Notably, all participants made comments that the therapy dogs were playful, energetic, or excitable which fostered a sense of positivity and lightness in such a hostile environment. A staff member reflected “that happiness, that *suave de vie*, it is with them and you know again, when I talk to the staff informally, they notice it and they anticipate now when this guy (referring to participants) comes back [from the CAT program], we are going to have a good day”.

Chapter 5: Discussion

I think if you look at anything like mental health, addictions, violence you know just chaotic lifestyle and upbringing anything that has been sort of adverse you can throw everything at it, but if you never feel connected to anyone or anything, why would it even be meaningful? Why would you want to stop using? Why would you want to try if you never feel like you are understood by anyone? Or if you never feel like anyone cares whether you live or die? Or you, just feel like you are lost and you always will be, and everyone knows, so you don't even try. – RPC Staff Member

In previous sections of this thesis, literature on the Risk- Need- Responsivity (RNR) model of offender rehabilitation and the impact of Canine Assistance Interventions (CAIs) in institutional sections was described. For this study, interview transcripts from six forensic psychiatric patient members were analyzed to gain understanding of their experiences of connection with therapy dogs in a Canine-Assisted Therapy (CAT) program. Interview transcripts from four staff members were used to triangulate the data. This section provides contextualization of how the Human-Animal Bond (HAB) is rooted within the RNR model through therapy dogs' surrogacy as attachment figures and their demonstration of qualities congruent with the Rogerian therapeutic triad. Challenges and limitations of the present case study and consideration for future research are also discussed.

Needs of the Risk-Need- Responsivity Model

To re-orient the reader, the criminogenic needs of the RNR model include a history of anti-social behaviour, anti-social personality, anti-social cognitions, anti-social associates, substance abuse, familial/marital relationships, education and work, and pro-social recreation (Andrews et al., 2006; 2011; Bonta & Andrews, 2007). The domain of familial/marital

relationships emphasizes inmates' need for a connection to loved ones and prosocial associates. Andrew et al. (2006; 2011) posit that offenders' dearth of nurturing and caring relationships must be fulfilled through the consolidation of positive relationships. Yet, the consolidation of positive relationships, or maintenance of same, is often unattainable as incarceration yields insufficient connection with loved ones on the "outside" (Vanhooren et al., 2012). Additionally, inmates are sequestered in an environment where they experience fear and mistrust (Crewe et al., 2014; Edgar et al, 2003; Gendreau & Keyes, 2001; McCorckle, 1993) and they are likely to experience social difficulties due to high incidence of insecure attachment styles (Lyn & Burton, 2005; McEvoy & Panyard, 2003; Ogilvie et al., 2014)

Thomas and Matusitz (2016) argue that Relational Cultural Therapy underlies the effectiveness of CAI programs in correctional facilities because dogs provide inmates with a prosocial connection. They speculate that a connection between an inmate and dog, through the establishment of a HAB, can serve as an alternate empathic connection for rehabilitative practices to be based. Indeed, attachment theory has been posited to explain the HAB formed between inmates and dogs in correctional facilities, as Weaver (2015, p.145) indicates that "dogs can serve as surrogate attachment figures as the inmate learns to trust, bond, receive, and give unconditional love".

It is postulated that the therapy dogs in this case served as a secure attachment figure to the participants as emergent themes were congruent with characteristics of adult-adult attachments. Early research by Hazan & Shaver (1987) suggests that secure adult-adult attachments emulate similar characteristics of a caregiver-infant bond, including sensations of safety when the other partner is nearby; mutual fascination; engagement in physical contact; and sharing experiences together. Mikulincer & Shaver (2005) culminated years of research based on

the work of Hazan and Shaver (1987), and suggest that adults seek physical contact in close interpersonal relationships; however, secure adult attachment is more oriented on the perceived trust, support, and esteem provided from the other party. The overarching themes of safety, physical contact, and acceptance in this case were highly reflective of these characteristics of a secure adult attachment bond.

Safety

Experiences of safety are foundational to the development and maintenance of an attachment bond. Bowlby (1969) hypothesized that attachment bonds evolved through the consistent provision of physical safety that a caregiver provided his/her infant. He further speculated that a caregiver's consistent offerings of nurturance and responsiveness to the infant's needs were key determinants of an infant's experience of emotional safety in addition to his/her physical safety. Indeed, the construct of safety encompasses structure, security, avoidance of pain, and protection (Maslow, 1954; 1968), all in which a caregiver could only provide to his/her infant.

Beck and Ketcher (2003) suggest that connection with a companion animal provides humans with feelings of safety and trust. Sable (2013) suggests that this provision of safety and security is consistent with that experienced in human attachment bonds. Results to support the same were reflective in this case, as participants connected with the therapy dogs through sensations of safety. This included sensations of both emotional safety and physical safety, as participants reflected that they felt that both were compromised at RPC.

Sensations of emotional safety were interpreted as the patient's willingness to demonstrate emotional vulnerability with the therapy dogs. Staff continually reflected that patients could "let down their guard" when they were with the therapy dogs, something that they could not do when in the presence of other patients. Patients reported this as well, as they

believed that they could drop their “masks” and be their true selves. This was unsurprising given the hypermasculine personas that inmates often portray (Michalski, 2017) and the defensive, guarded stance that they adopt as a means of self-preservation in a hostile prison environment (Edgar et al, 2003; McCorkle, 1993; Mikulincer & Shaver, 2005; Ranson & Urichuk, 2008; Waage et al., 2011). The “dropping of the mask” manifested through the exhibitions of behaviours such as smiling, laughing, and speaking to dogs in motherese. Emotional safety was also interpreted to be present as the patients openly processed their experiences and reflected upon their tumultuous pasts.

Sensations of physical safety were also interpreted through the participants’ willingness to physically engage with the dogs such as affectionately playing with the dogs and demonstrating physical affection toward the dogs (i.e. hugging, petting, or kissing). This reflected a level of safety wherein they trusted the dogs would not physically harm them. This experience would differ immensely from their experience outside of the CAT program as the patients often lived in fear of physical violence through observation or lived experience of same (Edgar et al, 2003; McCorkle, 1993).

Given that the perception of safety is rudimentary in an attachment bond with an attachment figure, it is suggested that the safety served as the scaffolding to the therapy dogs’ surrogacy as alternate figures. Safety underlies an attachment figure’s characteristics of acting as a “secure base” and a “safe haven” (Bowlby, 1982). In this case, the therapy dogs’ embodiment of a “safe base” was interpreted when patients consistently sought comfort with the therapy dogs. A “safe haven” was interpreted when patients sought comfort from the therapy dogs in times of distress. Both physical contact and acceptance are interwoven in the conceptualization of a secure base and safe haven, both of which were emergent themes within this case.

Physical Touch

Physical touch is an important attachment behaviour as an infants' earliest experiences are tactile in nature. Certainly, Bowlby (1982) posits that a secure attachment figure can soothe an infant with his/her physical touch, voice, and proximity. Reite (1990) suggests that physical touch between an infant and his/her caregiver underpins an attachment bond as tactile stimulation provides emotional regulation to the infant thus fulfilling his/her emotional needs. This subsequently forms a "secure base" for the infant (Reite, 1990), which Bowlby (1988) describes as an attachment figure where a child "can make sorties into the outside world and to which he can return knowing for sure that he will be welcomed when he gets there, nourished physically and emotionally, comforted if distressed, reassured if frightened" (p. 12).

Connection with therapy dogs seemingly emulated a "secure base" through the provision of physical contact. In this case, all patients experienced connection with the therapy dogs through physical contact. It is critical to note that most participants were deprived of warm physical touch for years, if not decades of their lives, including early years of their childhood. The participants' experiences of physical touch/connection with the therapy dogs were therefore interpreted to fulfill their basic needs of safety and security according to Maslow (1954; 1968). Physical contact with the therapy dogs in this case was also found to foster sensations of comfort and love; findings that mirror previous evaluations of inmates' experiences with therapy dogs (Dell et al., 2019a; 2019c).

Recall that throughout James' development he ran away from foster homes to befriend stray dogs. Staff suggested that he felt more connected to animals than humans, even referring to them as "Little People" rather than as a "dogs". For James, his history reflected that his connection with dogs was congruent with that of a secure base wherein he sought comfort when

distressed or frightened. It is speculated that this resonated with James throughout his time with the therapy dogs in the CAT program, as his physical connection with them continued to emulate a secure base to learn about himself. Certainly, it appeared that James experienced a dearth of physical touch throughout his childhood and adult life by other humans that was somewhat filled by building a physical and mental connection with therapy dogs.

Mark stated that it was “calming” when petting and brushing the therapy dogs. Staff reflected that he experienced decreased anxiety and increased mindfulness when engaged in same. Indeed, physical contact with friendly dogs has been found to decrease arousal of the human nervous system (Barker et al., 2005; Sommervill et al., 2008) and is often reported to be relaxing (Polheber & Matchock, 2014). It is further speculated that Mike does not often experience sensations of calm in the setting of a forensic psychiatric prison, given that other patients in this case reflected that the environment is often chaotic and unpredictable. His own challenges with mental illness may also confound his subjective experiences of calm. Mike’s physical connection with the therapy dog therefore facilitated sensations of calm wherein he was comforted and able to gain understanding of himself in modulating his physiological responses and destructibility. In this state, Mark’s internal calm and relaxation may have fostered state attachment security toward the therapy dog that he was physically connected with (Jakubiak & Feeney, 2016).

The patients’ connections with the therapy dogs also seemingly emulated a “safe haven” where comfort was sought in times of distress. Note that a “safe haven” frequently offers physical comfort (i.e. a hug from the caregiver), although this is not always inclusive (Bowlby, 1982). Forensic psychiatric patients would be unlikely to experience a safe haven inside prison walls given sensations of insecurity (Edgar et al, 2003; McCorkle, 1993; Mikulincer & Shaver,

2005; Ranson & Urichuk, 2008; Waage et al., 2011) and lack of supportive, prosocial, trustworthy relationships (Bronson, 2008; Schaefer et al., 2017).

In this case, John's physical connection with therapy dog was interpreted to act as a safe haven. Staff denoted that when John was challenged in CAT sessions, he hugged and petted Subie for comfort. Staff felt like John's connection with Subie was the strongest (as compared to that with other therapy dogs) because of the comfort that he sought through physical engagement with Subie. This behaviour was congruent with attachment relevant behaviour, given that state security and safety was fostered through the provision of physical touch (Jakubiak & Feeney, 2016).

Mike's connection with the therapy dogs was also interpreted to imitate a safe haven. Staff members indicated that Mike has not experienced physical affection for over 20 years, therefore his connection with the therapy dogs was rooted in same. He was noted to experience high levels of anxiety and anger throughout his incarceration; however, these sensations of distress were mitigated through physical interaction with the therapy dogs. It is posited that like John, he felt a sensation of state security through physical touch with the therapy dogs (Jakubiak & Feeney, 2016).

As a researcher, it is foreseeable that the participants experienced through physical connection with the dogs given that merely a hug between male inmates is not considered socially acceptable in a prison environment. As such, the dogs provided cuddles, licks of affection, and physical closeness that the participants have been deprived of for years, if not decades, of their lives while incarcerated. The patients and staff's description of physical touch with the therapy dogs was interpreted to emulate a secure base and a safe haven, wherein the therapy dogs embodied qualities of a surrogate attachment figures.

Acceptance

As mentioned in preceding sections, a secure attachment figure consistently offers acceptance and warmth (Bowlby, 1982; Hazan & Shaver, 1987; Mikulincer & Shaver, 2005). All participants in this case were interpreted to experience connection with the therapy dogs through their perception of a dog's acceptance. This was conceptualized as the therapy dogs' unconditional positive regard and nonjudgement toward the participants. Patients and staff alike reflected that the therapy dogs did not judge patients on their physical appearance, their criminal records, or their progress in the CAT program. It was noted that this experience of acceptance and non-judgement itself was unique for patients; however, the consistency of same was also profound given that they always felt accepted. Connection with the therapy dogs was therefore interpreted as the patients' experience of continuous, unconditional acceptance. This is fitting with emergent research on other CAIs in Canadian correctional facilities that have shown that inmates felt wholeheartedly accepted by the dogs that they work with and/or visit with (Richardson- Taylor & Blanchette, 2001; CSC, 2018a; Dell et al., 2019a, 2019c).

Bowlby (1982) theorized that the consistent acceptance and "welcome" offered by an attachment figure is critical in the formulation of a secure base. This was similarly interpreted to be offered by therapy dogs to patients in this case. It was therefore interpreted that the therapy dogs accepted patients based on their present behaviours and the reciprocal love that they offered the therapy dogs. Through this, it speculated that patients could feel emotional nourishment from the therapy dogs and seek understanding of themselves and the outside world. This is characteristic of "process" in psychotherapy, when patients reflect upon their past experiences to comprehend their behaviour.

It is further noted that many patients gained higher self-esteem as they perceived dogs to provide unconditional positive regard, which is congruent with evaluations of other CAIs in correctional facilities (Gold, 2000, Strandberg, 1998; Strimple, 2003; Turner, 2007). Such findings also echo Hazan and Shaver's (1987) characteristics of an adult-adult attachment wherein connection is experienced through trust, esteem, and support. Certainly, therapy dogs' embodiment of a secure base is hypothesized to underpin the effectiveness of CAT where dogs are suggestive to serve as an alternate empathic connection for rehabilitative practices to be based (Thomas & Matusitz, 2016).

Reciprocity

Reciprocity is also characteristic of adult-adult attachments. Mikulincer & Shaver (2005) suggest that shared experiences, and reciprocated perceived trust, support, and esteem are integral for same. Certainly, participants in this case reflected that they experienced a mutual relationship with the dogs through perceived reciprocity of trust, safety, communication, love, happiness, and warmth. For many participants, this was the first time in years, if not decades, that they felt these reciprocated sensations. It is plausible that for some patients, like James, their connection with the therapy dogs may have been the first time that they experienced such reciprocity. Interestingly, reciprocity of affection and empathy were similarly experienced by participants in a university setting that regularly visited with St. John Ambulance therapy dogs (Lalonde, 2020). Lalonde suggested that the reciprocity experienced likely fostered the participants' sensations of love, comfort, and support in their relationship with the therapy dog; further congruent with secure attachment (Bowlby, 1969). Parish- Plash (2008) suggest that animals integrated in therapy programs can emulate 'normative' sensations of secure attachment

which can then amend a person's internal working model as mutual respect and reciprocal support is consistently experienced.

An Alternative Attachment

Barba (1995) found that human-animal relationships are often congruent with those between a parent and a child, where the animal is entirely dependent on their owner for survival much like an infant is to his/her mother. This was seemingly reflective of the patients' desire to attend to the dogs' needs in this case. All patients were reported to offer the therapy dogs a drink and food/treats, and some even offered to take them outside to relieve themselves in highly inclement weather. This is further suggested of a reciprocal connection wherein patients and the dogs both cared for each other (although through different modalities).

The patients' positioning in a caregiving role toward the dogs is also suggestive of a deeper, caring bond. Patients reported that their connection with the therapy dogs were continuous and enduring, which is synonymous with the definition of attachment (Bowlby, 1969). Staff members reflected that patients frequently talked about the dogs when they were not in session and some reflected upon their enduring relationship when experiencing stress. The patients' enduring connection with the therapy dogs is therefore interpreted to serve as a surrogate attachment figure, which can then be used to ground therapy.

In sum, themes of safety, physical contact, acceptance, and caregiving underpin the notion that the connection that patients experienced with the therapy dogs serves as an alternative attachment. As such, the therapy dogs partially fulfill the criminogenic need of family/marital relationships, as they provided patients with the safety, warmth, and care as mandated in the RNR model (Bonta & Andrews, 2007). This surrogate attachment is therefore speculated to underpin therapeutic process in CAT as it mitigates social disconnection for the patient, and this

newfound connectedness can foster the development of interpersonal relationships in his support network (Thomas & Matusitz, 2016).

Responsivity of the Risk-Need-Responsivity Model

The patients' experiences of connection with the therapy dogs further aligns with the RNR principle of *responsivity*. This principle dictates that forensic treatment is tailored to offenders' level of risk, criminogenic needs, learning style, and abilities (Andrews et al., 2006). This definition of responsivity was elaborated upon in later work by Andrews et al. (2011), which indicated that responsivity extends beyond the psychometric evaluation of offenders to encompass a therapeutic alliance between the clinician and client. Indeed, Andrews et al. (2011) stated that clinicians should endorse qualities of empathy, warmth, and congruence that align with Rogers' (1961) humanistic approach to treatment, in addition to structured, cognitive-behavioural interventions.

In brief, empathy, warmth, and congruence are referred to as the therapeutic triad for person-centered, Rogerian therapy. These qualities are perceived to underpin the "working alliance" between the clinician and his/her client. Empathy is loosely defined as the understanding of someone's experience and story as if it were your own (Ivey et al., 2016). This requires the clinician to understand the client's thinking and experience. Warmth is conceptualized as the transference of care and positive regard toward the client by the clinician. It involves focusing on the client's strengths, and actively listening to and encouraging the client. Congruence refers to the authenticity, genuineness, and non-defensiveness of the clinician so they are portraying their true selves to the client (Ivey et al., 2016). The working alliance is certainly a rudimentary factor in all psychotherapy (Drisko, 2004), and it may be sufficient to evoke positive change without additional intervention (Ivey et al., 2016).

Dogs in CAT practices are thought to emulate empathy, warmth, and congruence (Kibley, n.d.). Emphatically, Kruger & Serpell (2010) postulate that these qualities are the underpinning to CAT's effectiveness as dogs provide unconditional support to individuals in session. Dogs in therapeutic contexts have indeed been found to display explicit Rogerian-like qualities, as Jenkins et al. (2014) reported that students rated therapy dogs as having high levels of empathy, authenticity, and unconditional positive regard. Undeniably, this case was no exception as emergent themes are congruent with these Rogerian qualities of a working alliance.

Empathy

An emergent theme within this case was that participants experienced a connection with the therapy dogs through a perception of empathy. It is speculated that empathy was not often experienced for patients in this case, given that their criminal record would likely harbour apathy from family members, other patients, and society alike. It is further posited that such apathetic experiences, whether lived or perceived, would hinder positive treatment prognoses.

In this case, patients were interpreted to experience empathy from the therapy dogs through shared experiences of adversity and physical abnormalities. It is also queried if patients' experiences of empathy were augmented through sensations of acceptance and unconditional positive regard. These findings are consistent with previous evaluations of the SJATDP in correctional facilities that suggested that inmates perceived notions of "love" and "support" as empathetic (Dell et al., 2019a; 2019c).

James indicated that he could empathize when Kisbey experienced a sense of mistrust with him, as he experienced the same in the prison environment. Robert similarly reflected that he could empathize with Ruby because of her resiliency to hardship which was congruent with his own experience. Research indicates that inmates typically experience a dearth of empathy in

their lives. This may be attributed to a multitude of factors, including childhood maladjustment, trauma, and insecure attachment style, which culminate in social difficulties (Ainsworth et al., 1978; Mikulincer & Shaver, 2005; Ranson & Urichuk, 2008); the lack of familial support and/or social ostracization due to their criminal behaviour (Tasca et al., 2016; Turanovic & Tasca, 2017); and the perceived insecurity of the prison environment (Crewe et al. 2014; Edgar et al, 2003; Gendreau & Keyes, 2001; McCorkle, 1993).

Unique to this case were John and Robert of whom both displayed physical abnormalities. Both participants perceived themselves as relatable to the therapy dogs due to the therapy dogs' unique physical attributes. Similar findings have not been documented in CAI research; however, studies have demonstrated that dogs and their owners often have similar physical features (Nakajima et al., 2009). This is suggestive of a subconscious selection of physical relatedness. Adults have been noted to initiate friendships with individuals whom are most similar to them (Campbell et al., 2015). This was seemingly emulated with the participants' deepened experience of a connection to therapy dogs of which they perceived to be the most relatable.

Warmth

In person-centered, Rogerian therapy, warmth is conceptualized as the transference of care, positive regard, and total acceptance of clients. In this case, participants experienced connection with therapy dogs through the dogs' transference of unconditional acceptance and positive regard. Patients in this case experienced a dearth of acceptance and unconditional positive regard as they reflected that they often do not feel accepted by other patients, their families, or the community. Robert explicitly stated that he felt that the therapy dogs can recognize his "inner good", while others empathized that the dogs are indifferent to their previous criminal behaviour and physical appearance.

Research denotes that offenders face a high level of discrimination. Mentally ill offenders are particularly vulnerable to humiliation and judgement as mental illness is so highly stigmatized (Mezey et al., 2016; West et al., 2014). Chandler (2005) suggests that dogs are valuable in therapeutic practice as they are not limited by bias so they can consistently and authentically offer positive regard. For patients, this is particularly important as the dogs' acceptance is entirely contingent on their here-and-now behaviour, rather than their past or diagnostic impression. Indeed, the transference of acceptance by dogs toward inmates has been consistently echoed across evaluations of CAI programs in Canadian correctional facilities (Brown & Corday, 2016; Richardson- Taylor & Blanchette, 2001). Previous samples of inmates have perceived the SJATDP therapy dogs to offer unconditional positive regard and acceptance in a CAE and a CAT program (Dell et al., 2019a; 2019c), which were similarly mirrored in this case. According to Maslow (1954; 1968), human needs of acceptance or "belongingness" is foundational to esteem. This posits that an individual cannot foster self-esteem until he/she experiences a sense of acceptance and belongingness. In this case, the therapy dogs appeared to fulfill the need of belongingness for John which subsequently fostered his self-esteem. The therapy dogs completely accepted John, despite his physical disfigurement that many other individuals could not disregard. The sense of warmth offered by the therapy dogs was therefore significant for John's working alliance with the dogs, as this acceptance served as platform to foster his therapeutic goal of increased self-esteem.

Safety also manifests through the warmth that the clinician exudes toward his/her client. The client can then feel safe in the therapeutic environment as he/she is aware that he/she is entirely respected. Chandler et al., (2010) theorized that dogs are capable of fostering sensations of safety in a therapeutic environment. Indeed, a previous sample of inmates who participated in

the CAT program at RPC indicated that the therapy dogs provided them a safe environment which subsequently facilitated achievement of therapeutic goals (Dell et al., 2019c). This similarly reflected in this case as patients connected with the therapy dogs through the provision of safety which subsequently underpinned therapeutic change. Such a phenomenon aligns with *Maslow's Hierarchy of Needs* (1954, 1968), as safety is foundational to meet higher level needs of belongingness, esteem, and self-actualization.

Congruence

Congruence refers to the authenticity, honesty, genuineness, and non-defensiveness of the treating clinician (Ivey et al., 2016). Certainly, incarcerated individuals do not frequently experience authenticity or congruence in their social relationships as they often adopt hypermasculine personas (Michalski, 2017), and are defensive and guarded (Edgar et al, 2003; McCorkle, 1993; Mikulincer & Shaver, 2005; Ranson & Urichuk, 2008; Waage et al., 2011). These hypermasculine personas are intertwined with animality, wherein men have historically been perceived to dominate animals through animal exploitation (Ramos-Gay & Alonso-Recarte, 2020). In this case, it is interpreted that the therapy dogs offered congruence toward the patients through emergent themes of reciprocity, mutual recognition, and happiness/positivity.

The aforementioned themes were grounded in the participants' experiences of the therapy dog's authenticity, genuineness, and non-defensiveness. Participants reflected that the dogs genuinely enjoyed being with them through a voluntary partnership experienced through reciprocated sensations of love and happiness. Recall that James reflected that his connection was "not forceful" and "not corralled, it is not shoved down your throat". Dogs were further described as being authentically themselves through their portrayal of unapologetic, playful behaviours, including crying in excitement, soliciting affection, licking, pawing, and initiating

play. The authenticity of the dogs subsequently fostered feelings of excitement, optimism, and joy for the participants, which bolstered their connection. Research has demonstrated that friendly dogs in correctional facilities boosts morale and evokes happiness in inmates (Britton & Button, 2005; Leonardi et al., 2012); and dogs are believed to offer congruence through the authenticity and honesty towards humans (Kimbly, n.d.)

Undoubtedly, the congruence offered by therapy dogs was also reflected through participants' experiences of caretaking. All participants in this case offered nurturance to the dog through the provision of water, food and grooming; actions which are most often perceived as feminine or maternal. The genuineness and non-defensiveness that the dogs offered permitted the participants to feel safe enough to contraindicate the hypermasculine role of control over animals (Ramos-Gay & Alonso-Recarte, 2020). Further, participants perceived themselves as friends or partners with the dogs, rather than dominant figures, through reciprocated experiences of love, care, and support.

Therapy Dogs Augment Treatment Responsivity

The participants' experiences of connection with the therapy dogs are consistent with the therapeutic underpinnings of Rogerian therapy. It can be postulated that the therapy dogs' offerings of empathy, warmth, congruence are indeed therapeutic agents of change, where the patients experienced a client-centered, positive atmosphere where they felt safe to be challenged toward self-actualization. This was similarly propositioned by Dell et al. (2019c), as the therapy dogs at RPC fostered a safe and trusting therapeutic environment to facilitate goal achievement. Such Rogerian qualities are particularly critical for inmates who present with insecure attachment and experience marked distrust in social relationships (Mikulincer & Shaver, 2005), which can impair their therapeutic alliance with clinicians. As such, the therapy dogs simulated

the role of co-therapists in CAT, and the inmates' connections with the therapy dogs formed the therapeutic alliance, which can be harmoniously integrated standard cognitive behavioral treatments offered by CSC.

The therapy dogs also augment treatment responsivity of the RNR model through fostering human agency. Indeed, Andrew et al. (2011) suggest that motivation and human agency are key aspects of the RNR model, despite disagreement by *Good Lives Model* proponents (Ward, 2010; Ward et al., 2007; Ward & Maruna, 2007; Ward & Stewart, 2003; Ward & Willis, 2010). Andrew et al. (2011) suggest that human agency is encompassed in the *responsivity* principle through the focus on personal strengths and the reinforcement of positive behaviours. In this case, it can be speculated that the therapy dogs emphasized the participants' strengths through offering unconditional positive regard and acceptance. Further, the therapy dogs inadvertently reinforced positive behaviors through their authenticity, empathy, and their reciprocal communication. Intrinsically, the therapy dogs may have helped promote human agency as their embodiment of Rogerian qualities served as agents of change for the participants.

Indigenous Patients and Treatment Responsivity. The premise of dogs as therapeutic entities is a relatively new area of research with limited investigation on Indigenous specific populations, with virtually no studies on the intersection of canine-assisted therapy and Indigenous forensic psychiatric patients. Historically, dogs in Indigenous communities within Saskatchewan have served roles other than companionship. Interviews with residents of Cree and Assiniboine/Nakota communities reveal that the roles of dogs have included hunting, protection, and transportation via the dog sled (Schurer et al., 2015). Dogs have also been known to protect against illness and evil spirits; and have the ability to detect the character of man. One Elder interviewed by Shurer and colleagues (2015) indicated that the younger generations have

diminished respect for working with dogs, as traditional knowledge has been lost. Despite the significance of dog and other non-human animals in Indigenous history, ceremony, and spirituality (Legge & Robinson, 2017), Indigenous communities in rural Saskatchewan have become populated with feral and semi-feral dog packs that have become problematic to the health and safety of residents (Schurer et al., 2015). As such, these have resulted in “Dog Shoot Days” where a bounty is given per each dog killed (Schurer et al., 2015). The proliferation of dog packs, and their potential harm to residents, has thus emerged a perspective amongst residents that dogs have little value (Schurer et al., 2015).

Results of the current case study suggest that therapy dogs may augment treatment responsiveness for forensic psychiatric patients who identify as Indigenous as well as those of European decent. Evidently, the patient’s individual history and perception of dogs would be screened prior to acceptance into the CAT program as these are confounding variables in treatment success of all patients, of all ethnicities (refer to referral process in Chapter 3). Future research would warrant investigation of how connection with dogs is formed in Indigenous samples and how this may inform and/or augment correctional programming in place for Indigenous offenders.

Impact for Forensic Psychiatric Patients

The results of this study are substantial for forensic psychiatric patients. The connection that patients experienced with the therapy dogs is postulated to serve as an alternative attachment figure to fulfill the criminogenic need of family/marital relationships, as they provided patients with the safety, warmth, and care as mandated in the RNR model (Bonta & Andrews, 2007). This surrogate attachment is therefore speculated to underpin therapeutic process in CAT, as Thomas and Matusitz (2016) propose that the relationship an inmate forms with a dog will help

him heal through the mitigation of disconnection and this connectedness can extend beyond personal growth of the inmate, and foster the development of interpersonal relationships in his/her support network (Thomas & Matusitz, 2016).

Results of this study suggest that connection with therapy dogs can influence patients' treatment responsiveness. Dogs are postulated to serve in roles as co-therapists as they embody qualities of a therapeutic alliance through offerings of empathy, warmth, and congruence. CAT is therefore a valuable supplementary intervention to traditional correctional programming of cognitive behaviour therapy, particularly given the warm, physical contact that it provides patients. CAT does not replace talk therapy, particularly for high-intensity interventions such as cognitive restructuring; however, results of this suggest that the dogs may work in tandem with mental health professionals and patient to foster change and develop psychosocial skills.

The patients' lived experiences of connection with the therapy dogs also sheds light into novel strategies to augment patients' mental well-being as they cope with incarceration. It is notable that all patients in the case study experienced happiness when visiting with the therapy dogs. While this was foundational to their connection with the therapy dogs, it is speculated that feelings of happiness could extend to most forensic psychiatric patients who enjoy the company of dogs even if they do not necessarily experience a 'connection' with the dogs. Routine visits with therapy dogs through a Canine-Assisted Activity model may therefore boost feelings of happiness and general well-being of a forensic psychiatric population if implemented. It is further postulated that patients may experience sensations of companionship and decreased loneliness in line with previous research (Goldmeier, 1986; Hart & Yamamoto, 2015; Krause-Parello, 2012; Serpell, 2015).

Limitations

The most prevalent limitation in this research was that I, the researcher, did not attend the CAT sessions, nor did I conduct the participant interviews. Accordingly, I was unable to immerse myself into the participants' true lived experiences of the CAT program and their interactions with the therapy dogs. Furthermore, I was unable to make my own observations, which Stake (1995) asserts to foster a richer understanding of the case. This research was strictly limited to the lived experiences described and denoted in the transcripts granted to me.

An additional limitation to this case is that only male participants were included. This is most reflective of current federal incarceration rates (CSC, 2019c); however, it fails to account the unique criminogenic needs of female federal psychiatric patients. Indeed, female federal offenders were found to have significantly higher needs in marital and family domains of the RNR, and were significantly more likely to be victimized in social relationships (Blanchette & Motiuk, 1997).

Furthermore this study did not account for an Indigenous worldview despite the self-identification of two patients. It is notable that 24% of federal offenders in Canada identify as Indigenous (Goodale, 2018), and 76% of individuals admitted to custody in Saskatchewan throughout 2016-2017 identified as indigenous (Malakieh, 2018). CSC offers specialized programs for Indigenous offenders in adherence the Indigenous Continuum of Care and the Indigenous Medicine Wheel (CSC, 2019d); however, the CAT program was not specifically oriented toward Indigenous populations.

Future Research

While this study provided an in-depth conceptualization of how psychiatric male patients experienced connection with therapy dogs, a larger, more diverse sample must be studied to

generate results that are applicable to a psychiatric offender population. Selection for a larger sample size should consider factors of psychiatric diagnoses, offence types, and the cognitive functioning of participants within the sample. Further, a similar case study should be implemented for female offenders to determine if their experiences is similar with those of male psychiatric offenders, given their unique needs (Blanchette & Motiuk, 1997). Additionally, there is a need for consensus definitions for future researchers as Jones et al. (2018) indicates that these will “delineate purposeful and professionally directed therapy from other types of less formal, non-professional activities” (p. 196).

A case study exploring Indigenous offenders’ perception of connection with therapy dogs, utilizing an Indigenous worldview, is also warranted. An investigation into the effectiveness of the CAT program with Indigenous participants may also prove informative. It is notable that the CAT program is not specialized for Indigenous offenders at the present time, which may hinder treatment outcomes as Indigenous offenders typically have lower treatment responsivity to correctional programming that is not culturally relevant (Gutierrez et al., 2018).

Future research should also consider the standardization of a CAT programs within CSC. Therapy is tailored to the individual needs of the offender, as mandated through the RNR; however, CAT programs for specific treatment targets such as assertiveness, mindfulness, or anger management should be explored. This may require advanced research on CAT and the HAB, as both remain in their infancy, to provide evidence-based programming. When applicable, case studies which use CAT to foster a common goal serve as an intuitive starting point in this process.

A comparison of outcomes between a cohort of participants in a CAT program and a cohort of participants in a similar therapy program or no program is also warranted. This will

shed insight to the power of the HAB on the therapeutic process. It would be of interest to note whether the therapeutic goals are more readily obtained with a dog acting as a co-therapist. Similarly, it would be beneficial to explore if offenders experienced heightened safety and trust when a dog is present in sessions, as compared to controls. Confounding variables, such as the genuine appreciation for dogs, would most certainly need to be controlled.

It would further be of interest to re-interview the participants of this case in several years time to explore if their connection with the therapy dogs is still experienced, and how so. Certainly, this research demonstrates that HAB is continuous across time; however, it is unknown how long this persists. Therapy dogs are hypothesized to serve as an alternate figure of secure attachment, so the connection with the dogs may serve as “security primes” where participants can continually reflect upon the HAB to provoke sensations of love, safety, and trust (Jakubiak & Feeney, 2016). Subsequently, a longitudinal study examining how the HAB shapes offender behaviour, and subsequently contributes to risk levels, would be of significant benefit to current AAT research. A study of this magnitude most certainly extends beyond the scope of this thesis and would require interdisciplinary collaboration between researchers, inter-disciplinary mental health professionals, and correctional staff alike.

It would also be interesting to re-interview participants from this case upon their release into the community (although, this may not be feasible for all participants). An emergent area of research in community re-integration suggests that familial attachments and community bonding often underpin an offender’s success in same (LeBel & Maruna, 2012). Participants in this case are suggested to have established human-animal bonds with the therapy dogs; therefore, it is plausible that their connection may shape their community re-integration. This would further

provide insight into how participants' connections with the therapy dogs target criminogenic needs and subsequently reduce recidivism through the RNR model.

It is notable that since April 2020, the CAT program at PRC transitioned to electronic teletherapy as a result of the COVID-19 pandemic. As such, participants now connect with the therapy dog and handlers over video. This removes the physical component of the CAT program where participants cannot pat, touch, or hug the therapy dogs. This is remarkable because physical touch was arguably the most prevalent theme in this case. A secondary case study of participants' experiences of connection with the therapy dogs in the online CAT program would therefore be warranted to compare the findings/themes with this case as physical touch is excluded.

Conclusion

While there is emergent research on Human-Animal Bond (HAB) and its underpinning of Canine Assisted Interventions (CAIs) in correctional facilities, the variability of CAIs used creates a scattered presentation of how connection with dogs is experienced. Further, heterogeneous samples are often exclusive to minority samples, including psychiatric inmate populations. This case study sought to explore how forensic psychiatric patients experience connection with the SJATDP therapy dogs in a Canine Assisted Therapy program and how this connection fits within Correctional Service Canada's Risk- Need- Responsivity (RNR) of offender rehabilitation.

The findings contribute to small body of literature supportive of attachment theory as an underpinning to the HAB. Themes of safety, physical contact, reciprocity, and acceptance are congruent with adult-adult attachment bonds (Mikulincer & Shaver, 2005) and characteristics of parent-infant attachment (Bowlby, 1969), thus underpinning the notion that connection with therapy dogs serves as an alternative attachment for patients. This surrogate attachment is speculated to ground therapeutic process in CAT as the dog will help the patient heal through the mitigation of disconnection (Thomas & Matusitz, 2016). This can then extend beyond personal growth and foster the development of interpersonal relationships in patient's support network (Thomas & Matusitz, 2016).

The therapy dog's embodiment of a surrogate attachment figure fits within the *Need Principle* of the RNR model. The attachment that patients form with the dogs is speculated to partially fulfill their criminogenic need of family/marital relationships, as the dogs provided them with safety, warmth, and care (Bonta & Andrews, 2007). Further, this attachment is posited to help patients develop and/or enhance their prosocial relationships through the

amendment of their working model (Parish- Plash, 2008). Criminogenic needs informs the patients' level of risk to reoffend (Andrews et al., 2006; CSC, 2019d), therefore the dogs' portrayal of prosocial attachments figure may lower the patients risk to reoffend.

Findings also provide evidence that therapy dogs facilitate standard forensic treatment practices through the embodiment and portrayal of the Rogerian core conditions (empathy, warmth, congruence). Therapy dogs simulated the role of co-therapists in CAT where the patients' connections with the therapy dogs formed the therapeutic alliance. As such, it is posited that CAT can be integrated into standard cognitive behavioral treatments offered by CSC to augment treatment responsivity when the patient is a suitable candidate (i.e. likes dogs).

This study provides evidence to the notion that connection with therapy dogs, as understood through the HAB, grounds CAIs. Their integration in standard cognitive behavioural practices proves beneficial, particularly for individuals with weak support systems and those who present with insecure attachment and experience marked distrust in social relationships (Mikulincer & Shaver, 2005). Dogs do not replace clinicians; rather, they work alongside them to fulfill criminogenic needs through the surrogacy of attachment figures and the augmentation of treatment responsivity.

While CAIs have been used successfully as an adjunct to counselling in community-based settings (Chandler, 2017), the door remains open to further research into to Canine Assisted Therapy with the less studied but essential psycho-social forms of support and intervention that are needed for incarcerated individuals housed in our provincial and federal institutions. This qualitative examination of federal psychiatric patients' experiences of connection with therapy dogs suggests that the dogs can serve effectively within the RNR model through fulfillment of a prosocial relationship and increase inmates' responsivity to treatment.

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APPENDIX A

Therapy Dog Program Evaluation – Patient (INTERVIEW)

1. Were you generally glad to meet with the Therapy Dogs? Why?
2. Do you feel you have a connection with the Therapy Dogs? Explain.
3. Did you generally feel comforted/loved by the Therapy Dogs when you met with him/her? What does comforted/loved mean to you? Explain.
4. Did you feel generally supported by the Therapy Dogs when you met him/her? What does supported mean to you? Explain.
5. Compared to when you first started the AAT program, and meeting the Therapy Dogs, do you now feel
 - more confident and proud? Explain/example.
 - more calm and relaxed?
 - less stressed?
 - less anxious?
 - more in control of your feelings (that is, balanced and in the moment)?
 - more sociable?
 - more healthy generally?
 - less sad or depressed?
6. What was your favorite part about meeting with the Therapy Dogs? Why?
7. Anything else too share?

APPENDIX B

Therapy Dog Program Evaluation – Staff (INTERVIEW)

1. Did you generally meet the goals of the sessions? Comments.
2. Were the patients generally glad to meet with the Therapy Dogs? Why do you think this?
3. Do you think the patients generally felt comforted/loved by the Therapy Dog? What do you think comforted/loved means to them in this context? Explain/examples.
4. Do you think the patients generally felt supported by the Therapy Dog? What do you think supported mean to them in this context? Explain/examples.

Talked more openly	Increased participation in activities	Improved sleep	More positive affect (e.g., smiled more)
Less stressed/agitated	More happy	Increased compliance with unit rules	More confident and proud
Less anxious	More in control of emotions	More sociable	Less sad or depressed
More healthy generally	More calm and relaxed	Other: _____	Other: _____

5. Did you witness an increase/decrease in any of the following among patients over the 12 weeks of the program, and that is attributable to the Therapy Dog program?
6. Do you have any general observations over the past 12 weeks of the patients' relationships with the Therapy Dog being used in other areas at RPC (e.g., ask client to reflect back on the time they spent with the Therapy Dog and how they felt in a counselling session).
7. What words would you use to describe the clients' experiences with the Therapy Dogs generally?
8. Anything else to share?

APPENDIX C



UNIVERSITY OF
SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB) 30-Oct-2020

Certificate of Re-Approval

Application ID: 1467

Principal Investigator: Tim Claypool

Department: Department of Educational Psychology
and Special Education

Locations Where Research
Activities are Conducted: University of Saskatchewan, Canada
Regional Psychiatric Centre, Canada

Student(s): Sonia Smith

Funder(s): College of Graduate and Postdoctoral Studies

Sponsor: Social Sciences and Humanities Research Council of Canada

Title: How Do Inmates Experience Connection Through Animal Assisted Therapy with St.
John Ambulance Therapy Dog Program

Approval Effective Date: 11/11/2020

Expiry Date: 11/11/2021

Acknowledgment Of: none

Review Type: Delegated Review

* This study, inclusive of all previously approved documents, has been re-approved until the expiry date noted above

CERTIFICATION

The University of Saskatchewan Behavioural Research Ethics Board (Beh-REB) is constituted and operates in accordance with the current version of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2 2014). The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this project, and for ensuring that the authorized project is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month prior to the current expiry date each year the project remains open, and upon project completion. Please refer to the following website for further instructions: <https://vpresearch.usask.ca/researchers/forms.php>.