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The Impact of Traditional Therapies, Creative Therapies, and Canine-Assisted Psychotherapy on Counselor Burnout in Mental Health Counseling

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Mona Martinez

Dr. Kenneth Coll/Dissertation Advisor

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MONA MARTINEZ

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Kenneth Coll, Ph.D. , Advisor

Brenda Freeman, Ph.D. , Committee Member

Thomas Harrison, Ph.D. , Committee Member

Lily Chen, Ph.D. , Committee Member

Diane Barone, Ph.D. , Graduate School Representative

David W. Zeh, Ph.D., Dean, Graduate School

May-2019

Abstract

Professional burnout is a concern in the helping professions, especially in the field of mental health. Mental health counselors have high rates of counselor burnout and research has been conducted on how to identify symptoms, effects and some potential interventions. An area that has not been researched is if counseling approaches have a relationship with counselor burnout. This study was exploratory and used a causal-comparison design to evaluate if the dimensions of counselor burnout of exhaustion and disengagement of work, differed among the counseling approaches of traditional therapies, creative therapies, and canine-assisted psychotherapy (CAP). An area of particular interest for this study was CAP. Research has shown that dogs can have positive physiological effects in humans, as well as positive benefits in the workplace. This study aimed to answer the questions: a) How does burnout, as defined by 2 scales of exhaustion and disengagement, vary in mental health counselors practicing traditional, creative, or CAP counseling approaches? b) How is burnout, as defined by 2 scales of exhaustion and disengagement, different or similar in mental health counselors that practice CAP 51% of the time or more versus mental health counselors using traditional or creative counseling approaches 51% of the time or more? The findings of the study suggested that there were not any significant difference between the groups, but possible conclusions from the data are discussed.

Keywords: counselor burnout, canine-assisted psychotherapy, creative therapies, mental health counseling

DEDICATION

This dissertation is the result of years of support and encouragement from my family, friends, and teachers/professors. I am honored to have the opportunity to dedicate something so meaningful to all of you. Thank you for always seeing my potential and believing in me, especially at the times in my life when I was not able to do either for myself. It truly takes a village… thank you all so much for being mine.

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INTRODUCTION

Mental health counseling is field that requires considerable education and training before becoming a competent mental health counselor. Burnout is a significant threat for professionals that work in the counseling field and can become an issue for counselors during training or during their careers. There is a large body of research on burnout among mental health counselors and the effects on clients and counseling, however, a growing body of literature now calls for more research to be done that focuses on how to understand other aspects of burnout. Hardiman and Simmonds (2013) stated that:

> Much research into counselling and psychotherapy has been designed to investigate the issues that affect our clients, and only comparatively recently have researchers come to realise that a very significant part of the counselling and therapy process has been largely overlooked. The characteristics and work-related experience of counsellors and psychotherapists (‘‘clinicians’’) have become the focus of a growing body of research since the late 1970s. (p. 1044)

The study of the relationship between counselor work experiences and burnout is in need of more research. Morse, Salyers, Rollins, Monroe-DeVita, and Pfahler (2012) stated that there has been a lack of attention in research given to reducing or preventing burnout in the mental health field. A particular area of burnout that has not been studied that may help with this issue is the possible relationship between counselor burnout and counseling approaches, or therapies, used in counseling work. A possible relationship between the two may indicate if certain therapeutic interventions can possibly assist with

or increase counselor burnout. Before discussing the reduction or amelioration of burnout, it is important to understand how burnout may affect mental health counselors.

Background of the Study

Counselor burnout can be defined as "a type of prolonged response to chronic emotional and interpersonal stressors on the job. It is an individual stress experience embedded in a context of complex social relationships, and it involves the person's conception of both self and others" (Maslach & Goldberg, 1998, p. 64). The field of mental health is known for having high burnout rates among workers. In reviewing multiple studies, Morse et al. (2012) found that anywhere from 21–67% of mental health workers reported being affected by high levels of burnout. In a meta-analysis conducted by O'Connor, Neff, and Pitman (2018), they found that overall burnout rates for mental health professionals (MHPs) were high, with the summary estimate of MHPs reporting emotional exhaustion being 40%. Burnout in the mental health field is prevalent and it is important to understand that burnout affects more than just the counselor experiencing it. Morse et al. (2012) stated that burnout creates "a wide range of other problems for individual staff persons, for the organizations that employ them, and likely for the people with mental health disorders whom they serve" (p. 349). It is important to know more about the components of burnout to fully understand just how adversely it can affect mental health counselors.

Vicarious traumatization, secondary traumatic stress, and burnout are three major factors that have been identified that negatively affect mental health counselors; burnout is the most widely studied topic of the three (Hardiman & Simmonds, 2013). The term "burnout" is a general term that is often used as an umbrella term to describe a variety of

issues that negatively affect mental health counselors. According to the Maslach Burnout Inventory, a widely known burnout tool in the counseling field, there are three major domains of burnout: emotional exhaustion; depersonalization; and reduced personal accomplishment (Maslach & Goldberg, 1998). Emotional exhaustion is defined as "feelings of being emotionally overextended and depleted of one's emotional resources" and is viewed as "the basic stress dimension of burnout" (p. 64). Depersonalization is defined as "a negative, callous, or excessively detached response to other people, which often includes a loss of idealism" and is viewed as a response to emotional exhaustion (p. 64). Lastly, reduced personal accomplishment is defined as "a decline in feelings of competence and productivity at work" (p. 64). Another tool that measures burnout is the Oldenburg Burnout Inventory (OLBI), which reduced burnout to two domains: exhaustion and disengagement from work (Demerouti & Bakker, 2008). Exhaustion for the OLBI is defined as a consequence of intense physical, affective, and cognitive strain; adding physical and cognitive aspects instead of focusing solely on the affective component (p. 67). This is important because the cognitive component of traditional counseling could greatly affect counseling sessions if diminished. Disengagement is defined as "distancing oneself from one's work in general" (p. 67). Being that the profession of counseling can have many work components (i.e., client interactions, reports, notes, office duties, etc.), it could be helpful to look at work engagement from a general standpoint. For this study, exhaustion and disengagement were the two factors of burnout that were evaluated.

While burnout impacts counselors on an individual basis, it can also indirectly affect those that a counselor interacts with. If a counselor is impaired, or being impacted

by burnout, quality of counseling services for clients may decline, in addition to affecting the working organization (Dreison, White, Bauer, Salyers, & McGuire, 2018). The ACA Code of Ethics states that: "Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired" (American Counseling Association, 2014, p. 9). Therefore, it becomes the responsibility of the counselor to recognize when personal burnout may be an issue and to cease services with current clients to avoid potential negative effects. What may be more difficult to address is how counselor burnout may affect the work organization. Counselor burnout may affect financial outcomes, colleagues, or work environment, highlighting that burnout affects much more than just the counselor. Dreison, White, Bauer, Salyers, and McGuire (2018) stated that "Despite these significant provider, client, and organizational impacts, the [mental health] field has made limited progress in ameliorating burnout" (p. 122). If amelioration of counselor burnout is needed, it would be helpful if more research was directed towards this topic. Currently, one research area that has not received any attention is if the individual therapeutic approaches used by mental health counselors have a relationship with burnout symptoms.

Counseling Approaches

Tradition counseling approaches. The field of mental health counseling has previously been dominated by traditional therapy approaches. Traditional therapy approaches are derived from traditional counseling theories that are taught in counseling program theory classes. Halbur and Halbur (2018) discussed that theoretical orientation served four purposes: a) a conceptual framework to understand client therapeutic needs;

b) assistance with developing hypotheses about clients' experience and behavior; c) formulation of rationale for treatment interventions; and d) assistance with evaluating the therapeutic process. After reviewing and comparing three counseling theory textbooks (Jones-Smith, 2016; Sharf, 2015; Wedding & Corsini, 2018), the following list of traditional therapy approaches was compiled:

- Psychoanalysis and Psychodynamic Theories (Psychoanalytic, Psychodynamic, Adlerian, Jungian)
- Behavior Therapy and Cognitive Therapy (Behavior, Cognitive, Reality/Choice, Rational Emotive Behavior Therapy)
- Existential and Humanistic Theories (Existential, Person-Centered, Gestalt)
- Social Constructivism and Postmodernism (Multicultural, Transcultural, Feminist, Lesbian and Gay, Solution-Focused, Narrative, Strengths-Based, Family, Integrative, Mindfulness, Positive)

After a review of research focused around therapist burnout, it has not been explored if the type of traditional therapy that a counselor practices affects the level of burnout. Also, not found was if those that practice traditional therapy differ from those that practice new and innovative approaches, either in conjunction with, or in lieu of, traditional therapy approaches.

Creative therapies. One subsect of new approaches is that of creative therapies. Creative therapies have not yet been researched in relation to therapist burnout. Creative therapies can be defined as: counseling that incorporates arts that are "process oriented, emotionally sensitive, socially directed, awareness focused, and applicable in numerous

forms for working with clients over the life span" (Gladding, 2016, p. 8). Neilsen, King, and Baker (2016) discussed that creative therapies are creative activities that promote mental health due to "behavioral activation, self-efficacy/mastery, overcoming experiential avoidance, strengthening of personal identity, and social connectedness" (p. 2-3). Miraglia and Brooke (2015) believed that creative therapies were a "process [that] allows people to give form to their feelings, thoughts, behaviors, and possibilities, in tangible and visceral ways… [they] include art, play, dance/movement, music, drama/psychodrama, and animal assisted therapies" (p. 14). While creative therapies may be defined and viewed differently within the literature, the underlying basis is that counselors can use creative approaches in sessions to assist with therapeutic growth and change in clients. The creative therapies used in this study are adapted from Miraglia and Brooke (2015) and Gladding (2016) and are:

- Art Therapy
- Dance/Movement Therapy
- Drama Therapy
- Music Therapy
- Play Therapy
- Animal-Assisted Therapy

In reviewing literature on creative therapies, there were not any studies that evaluated the potential relationship between creative therapies and counselor burnout.

Canine-assisted psychotherapy (CAP). The final counseling approach to be discussed is canine-assisted psychotherapy (CAP). This counseling approach will be

discussed more in-depth since it is not only a newer counseling approach, but is also the independent variable of main interest in this study. CAP is a subsect of Animal-Assisted Therapy (AAT) and follows many of the same guidelines, with the distinguishing factor being that CAP is a canine-specific intervention. To better understand how CAP is conducted, it is important to understand the guidelines of AAT.

A general definition of AAT is "the deliberate inclusion of an animal in a treatment plan" (Nimer & Lundahl, 2007, p. 225). However, Pet Partners (n.d.c.) gave a more specific definition and description of AAT:

> Animal-assisted therapy is a goal oriented, planned, structured and documented therapeutic intervention directed by health and human service providers as part of their profession. A wide variety of disciplines may incorporate AAT. Possible practitioners could include physicians, occupational therapists, physical therapists, certified therapeutic recreation specialists, nurses, social workers, speech therapists, or mental health professionals.

In regard to mental health counseling, AAT may help to facilitate the therapeutic process and can be easily adapted to many counseling theories (Chandler, Portrie-Bethke, Minton, Fernando, & O'Callaghan, 2010). AAT studies have been conducted with children, adolescents, adults, and elderly using a variety of different animals, such as dogs, horses, rabbits, birds, and others with positive results (Nimer & Lundahl, 2007). AAT has had positive benefits for individuals experiencing, stress, anxiety, depression, and schizophrenia (Knisely, Barker, & Barker, 2012).

There have been a variety of terms used to describe when canines are used in AAT as a therapeutic intervention: "dog therapy" (Prothmann, Bienert, & Ettrich, 2006),

"canine-assisted intervention (CAI)" (Schuck, Emmerson, Fine, & Lakes, 2015), and "Canine-Assisted Therapy" (Snipelisky & Burton, 2014). Canine-Assisted Psychotherapy (CAP) was the most recent term found in current research and will be the term used for this research project (Policay & Falconier, 2018). There are three reasons for this choice in terminology. The first is to specify that the animal being used is a canine. The second is to be able to better distinguish the canine interventions done by a licensed mental health professional versus a non-licensed individual. The third is that this term aligns with current counseling research.

Human-Animal Bond. Dogs serve many purposes for humans. Mueller (2014b) stated that "dogs have become one of the most ubiquitous species involved with humans, serving a range of purposes such as household pets, service and therapy dogs, and participants in sports or hunting" (p. 296). Dogs have proven to be adaptable companions that are used across a variety of setting. Udell and Brubaker (2016) discussed that dogs are social generalists, a term meaning "a species that can thrive in many different settings as a result of an ability to adapt to a wide variety of social environments and adopt different social strategies" (p. 327).

Within counseling, dogs have been used in many different contexts. CAP studies have been conducted across the life span with participants including children, adolescents, and adults with positive results. While adaptability may be a key factor, the mechanism behind the positive change in human-animal interactions has been attributed to the "human-animal bond" (HAB). Pet Partners, previously Delta Society, is an international organization that has a Therapy Animal Program and sets standards for therapy animals, as well as trains and certifies teams to conduct AAT (Pet Partners,

n.d.a.). Pet Partners based its practice of AAT on the HAB, which was defined as "a mutually beneficial and dynamic relationship between people and animals that positively influences the health and well-being of both" (n.d.b.). While the fields of psychology and counseling have become more accepting of the use of animals, specifically canines, as an intervention, it is beneficial to understand the research and science behind the HAB and CAP.

Benefits of Human-Canine Bond. It is important to note that there is scientific evidence based on physiological findings that support the human-canine bond. An overall view of physiological effects is that "Among the commonly measured physiological changes described as a function of [Human-Animal Interactions] are reductions in heart rate, blood pressure, cortisol, and catecholamines" (Carter & Porges, 2016, p. 98). The reduction in cortisol is a significant effect because cortisol "is widely considered the primary stress hormone" (LeMoult & Yoon, 2015, p. 96). A study conducted by Odendaal and Meintjes (2003) found that brief therapy dog visits led to increases in endorphin levels and oxytocin, as well as a reduction in blood pressure. It is important to note that oxytocin is known for having anti-stress effects and will discussed in greater detail later (Marcus, 2013). In a separate therapy dog study conducted by Barker, Knisely, McCain, and Best (2005), results indicated that after therapy dog visits there was a significant reduction in cortisol. If interactions and visits with dogs provide humans with physiological benefits, the assumption can be made that dogs could be beneficial within a counseling workplace.

Effects of Canines in Workplaces. While there have been studies evaluating the effects of therapy dogs on clients, no studies have yet been done that evaluate the effects

of therapy dogs on either the counselors that use them or the counseling workplace. However, there have been studies on pets within the workplace. In reviewing literature on Pet-Friendly Workplaces (PFWs), Wilkin, Fairlie, and Ezzedeen (2016) found that: "There have been many positive benefits associated with PFWs, although many of them have been largely circumstantial. These include enhanced attraction and recruitment, improved employee retention, enhanced employee health, increased employee productivity, and positive bottom-line results" (p. 102). Veevers (1985) discussed that pets are likely to serve a self-expressive function in the workplace or a sociability function. The sociability function assists with the facilitation of social interactions between individuals in the workplace, which can be useful for counselors since the job itself is highly sociable.

The combination of physiological benefits and the positive effects of pets or dogs in the workplace, could lead to potential mental health benefits for employees, including counselors. Chandler (2018), a renowned AATC researcher, stated that "When an animal is in a therapy space, its presence affects all people in the therapy space both passively and actively" (p. 8). The therapy space also includes the counselor and the effects of therapy dogs on counselors has not yet been studied. Knowing the background of how dogs positively affect humans, it would be beneficial to compare the burnout rates of counselors utilizing CAP to counselors using other counseling approaches.

Statement of the Problem

Counselor burnout has been studied, but from a limited angle. An angle that has not been studied is if the counseling approaches used by counselors have a relationship with burnout. Traditional therapies, creative therapies, and canine-assisted psychotherapy

are all counseling approaches used by mental health counselors. It is unknown if any of these approaches may affect counselor burnout or if there is variability in counselor burnout rates between the counseling approaches.

Purpose of the Study

The purpose of this study was to evaluate if counselor burnout varied between counselors that practiced different counseling approaches with clients. The first objective was to evaluate if counselors practicing different counseling approaches had different rates of counselor burnout. The second objective was to evaluate if counselors engaging in CAP 51% of the time or more had a difference in burnout rates than counselors that did not use CAP, and used traditional or creative counseling approaches 51% of the time or more.

Research Questions

This study compared rates of burnout between counselors using different counseling approaches. The burnout tool used to measure counselor burnout was the Oldenburg Burnout Inventory (OLBI), which measured the dimensions of exhaustion and disengagement from work. The research questions for this study were:

1. How does burnout, as defined by 2 scales of exhaustion and disengagement, vary in mental health counselors practicing traditional, creative or CAP counseling approaches?
2. How is burnout, as defined by 2 scales of exhaustion and disengagement, different or similar in mental health counselors that practice CAP 51% of the time or more versus mental health counselors using traditional or creative counseling approaches 51% of the time or more?

Significance of the Study

This study was significant for three reasons. The first reason is that it was unknown if counselor burnout varied between counseling approaches. Understanding if counselor burnout varies between counseling approaches can help mental health counselors better choose their individual counseling approach. The second reason is that counselor burnout research has not yet focused on if individual counseling approaches can help to ameliorate counselor burnout. If any of the three counseling approaches in this study indicated lower rates of burnout, it can lead to further research on the evaluation of other counseling approaches to identify if others have the same relationship. The third reason is that CAP is a newer counseling approach in the mental health field and more research is needed to better understand its potential implications. This study can help identify if CAP has potential benefits for mental health counselors that practice it.

Chapter II

LITERATURE REVIEW

Being a mental health counselor can be a high stress job that for many can lead to burnout. While individual counselors typically choose the counseling approach they use with clients, it has not been researched if counseling approaches affect work satisfaction or burnout. According to the Oldenburg Burnout Inventory (OLBI), burnout can be viewed from 2 dimensions: exhaustion and disengagement from work. Exhaustion is defined as "a consequence of intensive physical, affective and cognitive strain, that is, as a long-term consequence of prolonged exposure to certain job demands" (Demerouti, Mostert, & Bakker, 2010, p. 210). Disengagement is defined as "distancing oneself from one's work in general, work object, and work content" (p. 210-211). Previous burnout research aligned with the idea that counselor burnout is multifaceted and affects counselors in many ways. The following literature review examined research on the different variables presented in this study: a) current burnout research and how counselors are affected; b) counseling approaches; and c) an in-depth review of CAP and its potential benefits to counselors that use it as a therapeutic intervention.

Counselor Burnout Literature

Lee, Cho, Kissinger, and Ogle (2010) stated that "If not closely monitored, counselor burnout, conceptualized as a combination of multiple emotional and physical ailments manifesting cognitively or within the workplace, could ensue and jeopardize both the counselor's well-being and treatment efficacy" (p. 131). Burnout is a phenomenon that affects individuals personally and also, affects how they interact in a workplace setting. Counseling is a unique profession that has many aspects that can leave

individuals highly susceptible to burnout. Madhavilatha (2008) stated that "For helping the client to exercise control, cope, confront and condition the thoughts, perceptions, views and beliefs, the demand on the counselor's effectiveness will be in terms of the ability to cater to psychological demands, physiological demands and professional demands" (p. 49). To deal with "psychological demands, physiological demands and professional demands" on a daily basis, can be especially taxing on any individual. Kirk-Brown and Wallace (2004) believed that burnout was "a consequence of employment in jobs characterized by long-term involvement in emotionally demanding situations" (p. 29). While emotional demands may contribute to counselor burnout, it is just one potential trigger of burnout for counselors. Other potential triggers include daily job demands and organizational factors. Osborn (2004) discussed that there can be a lack of resources available and that "mental health practitioners are challenged to do more with less" (p. 320). Lee, Lim, Yang, and Lee (2011) believed that heavy caseloads could also play a role in job stress and burnout. Other organizational factors influencing burnout may include "work group conflict, poor supervisory practices, or job design" (Kirk-Brown & Wallace, 2004, p. 29-30).

A result of emotional and organizational stress is emotional exhaustion, which can be described as feeling emotionally drained (Hardiman & Simmonds, 2013; Lee, Lim, Yang, & Lee, 2011). During initial studies of burnout in human-service providers, emotional exhaustion was identified as one of the three major factors of burnout (Maslach & Goldberg, 1998). Lent and Schwartz (2012) believed that emotional exhaustion was the main component of burnout and described it as "feeling overextended affectively and a belief that one does not have adequate emotional resources to cope with

and function in the work environment" (p. 356). In a study conducted by Kirk-Brown and Wallace (2004), 82 workplace counselors were given an emotional exhaustion subscale from the MBI. Based upon the scores, they believed that "emotional exhaustion for the present sample of workplace counselors [was] a cause for concern" (p. 35). The evaluation of emotional exhaustion is highly important because of the effect it has on mental health counselors. For this study, I have decided to study and use the term exhaustion. Exhaustion not only covers emotional exhaustion, but also the physical and cognitive aspects of feeling exhausted (Demerouti, Mostert & Bakker, 2010).

Burnout Factors

Organizational. Burnout in counselors has been widely acknowledged and researched, with an area of interest being how to prevent burnout. The effects of burnout are known for being multifaceted and it would make sense that interventions must also be multifaceted. Hardiman and Simmonds (2013) described that the research in burnout had identified two broad categories of antecedents: work environment and personal factors (i.e., demographics, personality characteristics, or coping styles). Several studies have discussed similar categories when discussing research on burnout and possible interventions. Regarding interventions for burnout, Dreison, Luther, Bonfils, Sliter, McGrew, and Salyers (2018) discussed that "Starting in the 1980s, a number of burnout interventions have been conducted and published, with the intervention types falling into three broad categories: organization-directed, person-directed, or a combined approach" (p. 19). Morse et al. (2012) discussed that burnout prevention programs focused on individual workers, the work environment, or a combination of both. Lent and Schwartz (2012) stated that their "present study attempted to understand the concept of burnout as a

multifaceted construct by looking at variables that were both internal (e.g., demographic and personality factors) and external (e.g., work setting)" (p. 364).

Research has identified that the workplace and personal factors are important factors in burnout. However, when comparing the two, Morse et al. (2012) stated that "organizational–environmental variables tend to be more potent predictors of burnout than individual characteristics" (p. 347-348). Maslach and Goldberg (1998) supported the idea that external factors were more strongly associated with burnout: "The empirical research on these contributing factors has found that situational variables are more strongly predictive of burnout than are personal ones. In terms of antecedents of burnout, both job demands and a lack of key resources are particularly important. (p. 65). In a study that evaluated factors predicting burnout and compassion fatigue in a sample of 213 mental health counselors, results showed that the more positively a counselor rated their work environment, the less burnout reported. In addition, the authors found that of "Perceptions of working conditions (e.g., coworker support, work atmosphere) was a significant predictor of burnout" (Thompson, Amatea, & Thompson, 2014, p. 71). Another study by Dreison, White, Bauer, Salyers, and McGuire (2018) found that "job resources (i.e., supervisor autonomy support, self-efficacy, and staff cohesion) were negatively correlated with emotional exhaustion and depersonalization [symptoms of burnout]" (p. 126). Organizational factors appear to have a more significant influence on counselor burnout than personal factors. Thompson, Amatea, and Thompson (2014) stated "that working conditions matter and should be addressed in efforts to ameliorate burnout" (p. 71). Addressing burnout within an organization would be very helpful for counselors since the workplace is significant in the creation of burnout. One potential

workplace factor that has not yet been researched is that of counseling approaches and if they affect burnout.

Counseling Approaches

Traditional Therapies

As discussed previously, traditional therapies are based on traditional counseling theories which are viewed as conceptual frameworks to better understand and assist with client needs (Halbur & Halbur, 2018). In conducting a literature review on counseling theory trends over time, Barth and Moody (2018) found that trends consistently changed over the years. The findings of their study indicated that the four most influential theories for a sample of American Mental Health Counselors Association (AMHCA) members were Cognitive-behavioral, Person-centered, Strength-based, and Solution-focused. The theories that were found to be slightly less influential were Behavioral, Reality/Choice, Family/Systemic, and Multicultural. Other theories mentioned in this study were Existential, Adlerian, Psychoanalytic, and Gestalt. Previously mentioned were three counseling textbooks that were reviewed to identify traditional counseling theory approaches. The following textbooks were used and the names of the chapters were noted (see Figure 1).

Theories of Counseling and Psychotherapy: An Integrative Approach (Jones-Smith, 2016)	*Current Psychotherapies* (Wedding & Corsini, 2018)	*Theories of Psychotherapy and Counseling: Concepts and Cases* (Sharf, 2015)
• Psychoanalysis and Psychodynamic Theories (Psychoanalytic, Psychodynamic, Adlerian) • Behavior Therapy and Cognitive Therapy (Behavior, Cognitive, Reality/Choice) • Existential and Humanistic Theories (Existential, Person-Centered, Gestalt)	• Psychodynamic Psychotherapies • Adlerian Psychotherapy • Client-Centered Therapy • Rational Emotive Behavior Therapy • Behavior Therapy • Cognitive Therapy • Existential Psychotherapy • Gestalt Therapy	• Psychoanalysis • Jungian Analysis and Therapy • Adlerian Therapy • Existential Therapy • Person-Centered Therapy • Gestalt Therapy • Behavior Therapy

• Social Constructivism and Postmodernism (Multicultural, Transcultural, Feminist, Lesbian and Gay, Solution-Focused, Narrative, Strengths-Based, Family) • Neuroscience and Theories of Psychotherapy (Neuroscience, Neuropsychotherapy, Integrative)	• Interpersonal Psychotherapy • Family Therapy • Mindfulness and Other Contemplative Therapies • Positive Psychotherapy • Integrative Psychotherapies • Multicultural Theories of Psychotherapy	• Rational Emotive Behavior Therapy • Cognitive Therapy • Reality Therapy • Constructivist Approaches • Feminist Therapy • Family Therapy • Other Psychotherapies • Integrative Therapies

Figure 1. Textbooks and Counseling Theories Chapters

After comparing the chapters of the three textbooks, the following counseling theories list was compiled:

- Psychoanalysis and Psychodynamic Theories (Psychoanalytic, Psychodynamic, Adlerian, Jungian)
- Behavior Therapy and Cognitive Therapy (Behavior, Cognitive, Reality/Choice, Rational Emotive Behavior Therapy)
- Existential and Humanistic Theories (Existential, Person-Centered, Gestalt)
- Social Constructivism and Postmodernism (Multicultural, Transcultural, Feminist, Lesbian and Gay, Solution-Focused, Narrative, Strengths-Based, Family, Integrative, Mindfulness, Positive)

In reviewing the literature on counseling theory and burnout, there was not any research found that examined if there was a relationship between the two.

Creative Therapies

Creative therapies have previously been described as counseling approaches that are “process oriented, emotionally sensitive, socially directed, awareness focused, and applicable in numerous forms for working with clients over the life span” (Gladding,

2016, p. 8). The unique aspect of creative therapies is that across the different types, self-expression can be done in a variety of formats to assist with counseling. Iliya (2014) discussed that creativity "encourages people to play with the possibilities of new meanings and new ways of interacting with the world" (p. 112). Creativity from this viewpoint can then become a very powerful tool to use within counseling sessions. For this research study, we are focusing on the creative therapies of:

- Art Therapy
- Dance/Movement Therapy
- Drama Therapy
- Music Therapy
- Play Therapy
- Animal-Assisted Therapy

While current research has shown that creative therapies are helpful for many different populations of clients with a variety of mental health issues, "Few accounts of [creative arts therapies] show what occurs in the mental, physical and relational space from the perspective of the therapist" (Edwards, 2017, p. A1). Edwards (2016) stated that:

> …it is increasingly well known that professionals working with distressed and vulnerable populations can experience negative effects in their bodies and minds. The arts therapies can be a way to provide support and care to people who are working in the health services. (p. A1)

While Edwards may not have been referring specifically to mental health counselors, counselors are in the "health services" and the assumption can be made that creative arts therapies could be beneficial for counselors.

An area that does have some research is how creative therapies may affect counselors that engage in them outside of the therapist role. In a study conducted by Ifrach and Miller (2016), 30 counselors working with domestic violence and sexual assault victims engaged a single, group, social action-based art therapy directive. The Psychological Stress Measure 9 (PSM-9) was used as a pre- and post-measurement for stress. Results indicated stress was significantly reduced after participants engaged in the art activity. A possible explanation for the positive findings that stress can be decreased for counselors engaging in creative therapies, is that creativity can help with personal and professional development (Iliya, 2014). In a study conducted with 541 creative art therapists and students, an evaluation of artistic-social personalities that engaged in creative therapies was done. The measurements used were a demographics questionnaire, a work burnout subscale from the Short Compassion Fatigue scale, a career commitment scale, and Holland's RIASEC. The overall findings suggested that "that creative arts therapies students and professionals who are more self-expressive, creative, and original (artistic) as well as more communicative, supportive, and interested in helping others (social) are more resilient to the adverse effects of work burnout on career commitment" (Orkibi, 2016, p. 79). In a separate study done by Huet (2015), a literature review was conducted on 11 articles on the relation of art therapy and work-related stress. Participants in the studies were workers across a variety of work settings: mental healthcare, general healthcare, palliative care, and oncology care. A pattern across all of

the articles was that “art therapy seems to have some beneficial impact on work-stress” (p. 75). Lastly, Jue (2017) conducted a survey study with 59 art therapy practitioners and 181 art therapy students, which “[investigated] their views on the identity, approaches, necessity of art work, work contents, and exhibitions” (p. 32). An interesting finding was that participants believed that art therapists should continue to make their own art. Jue believed that this “raised an expectation that [therapists] will use art as a way of managing their own psychological health as an art therapist in the future” (p. 36).

The previous research studies indicated that engaging in creative therapies can decrease the stress level of counselors and may help to protect against burnout. While during sessions, creative therapists may not create personal art during sessions with clients; they sometimes create art or engage in creative activities with clients (Iliya, 2014). It has not been researched if engaging in creative activities with clients during sessions affects the rates of burnout in creative therapists.

Canine-Assisted Psychotherapy (CAP)

A well-known saying is: “Dogs are man’s best friend.” Throughout history, dogs have shared a special relationship with humans that is oftentimes, indescribable. Child psychologist, Boris Levinson, is credited with founding AAT in the 1960s and subsequently, CAP (Geist, 2011; Turner, 2007). In 1962, Levinson was working with a young boy and after several months, he was having continuing difficulty building a therapeutic relationship. Levinson had a dog named, Jingles, that often accompanied him to work but would not be present during his sessions. One day, the young boy arrived early before Levinson had taken Jingles out of his office. The boy began to interact with Jingles and become more open. Levinson began to keep Jingles in his office for his

sessions with the boy, which led to the client talking to the dog and then, eventually interacting with him. Levinson subsequently began to use Jingles more in his work and believed that Jingles helped to establish rapport with clients quicker (Morrison, 2007; Nicholas & Gullone, 2001; Sacks, 2008). Even earlier than Levinson, the famed Sigmund Freud had begun to ponder on the relationship between humans and dogs. Freud wrote about the realization that dogs appeared to have a positive effect on humans' psychological states and speculated as to why this may be (Sacks, 2008). Freud had recognized that when he had his dog present in his office, his clients appeared to be more open and receptive (Policay & Faulkner, 2018). The realization that canines can have a positive effect on clients, has led to the incorporation of canines in the counseling field.

As discussed previously, CAP is a type of AAT and uses the same guidelines as AAT. AAT is the term that is often used when it comes to using animals in mental health counseling settings due to the facets of setting goals and being purposeful about being therapeutic in the activities conducted. Chandler (2012) further specified AAT to counseling by introducing the term Animal-Assisted Therapy in Counseling (AATC) to counseling. AATC is "an intentional intervention, implemented by a mental health professional who is part of the client's treatment process" (Stewart, Chan, & Rice, 2013, p. 330). Stewart, Chang, Parker, and Grubbs (2016) stated that:

> AATC is an evolving field of specialized skills and competencies that allows professional counselors to incorporate specially trained animals into the counseling process. Together, the mental health professional and the therapy animal influence the therapeutic process in ways that are beyond the scope of traditional counselor– client helping relationships. (p. 2)

While AATC and CAP are often regarded positively in the counseling field, many do not fully understand the reasoning of why these approaches are effective. The relationship between humans and animals that lends to animals being therapeutic, is a phenomenon called the human-animal bond (HAB). The HAB is important to understand because it helps to explain not only how humans interact positively with animals in general, but why dogs have such positive effects on humans within counseling settings.

Training. Not discussed much in the literature was the number of therapists using canines in counseling settings. There was an article that discussed mental health practitioners and Animal-Assisted Counseling (AAC). In a study conducted with 310 mental health practitioners, 83.1% of respondents would likely use AAC as a modality, 57.0% reported that they had interest in being trained in AAC, and only 12.0% reported that they already had training in AAC. The training indicated was volunteer work with therapy animals, such as Pet Partners Therapy Animal Program, which is not actual clinical work. Dogs were among the top five animals that practitioners would want to work with (Hartwig & Smelser, 2018). Policay and Falconier (2018) conducted a search on LinkedIn profiles for therapists and found that over 4900 licensed therapists in the United States offered AAT when working with couples or families.

After reviewing the literature, it was also clear that there was not a specific process for how to incorporate canines into counseling. There was not a certification board or specific association for therapists using canines. One of the organizations mentioned in the literature was Delta Society, which is now known as Pet Partners (Thompson, 2009). Geist (2011) referred to Delta Society/Pet Partners as “a nationally known organization that certifies therapy dogs” (Geist, 2011, p. 244). Stefanini et al.

(2015) made a brief reference to “Pet Partner guidelines” (p. 44), in regard to following sanitary protocol for the dogs being used in their study. Another organization found was Therapy Dog International, Inc. (TDI). Thompson (2009) described it as oldest and largest therapy dog organization in the United States, that was “dedicated to regulating, testing, and registering therapy dogs and their volunteer handlers for the purpose of visiting nursing homes, hospitals, prisons, schools, and wherever else therapy dogs are needed” (p. 206).

While the therapy dog programs identified assist with training “therapy dogs,” there was not a program identified that was mental health counseling specific. However, in 2016, the American Counseling Association (ACA) published, *Animal-Assisted Therapy in Counseling Competencies*. The AATC Competencies were developed out of a grounded theory study and it was acknowledged that there was not currently a definition of counseling-specific competencies to guide therapists/counselors in the areas of AATC. Twenty experts in AATC were recruited and interviewed which resulted in a theoretical framework of knowledge, skills, and attitudes (see Figure 2) (Stewart, Chang, Parker, & Grubbs, 2016). In addition to a competencies framework, Chandler et al. (2010) proposed that in relation to mental health counseling, counselors could apply counseling theory orientations to AAT in order to create theoretical frameworks to follow. While neither framework is canine-specific, it does provide some structure and guidelines for therapists using canines in counseling.

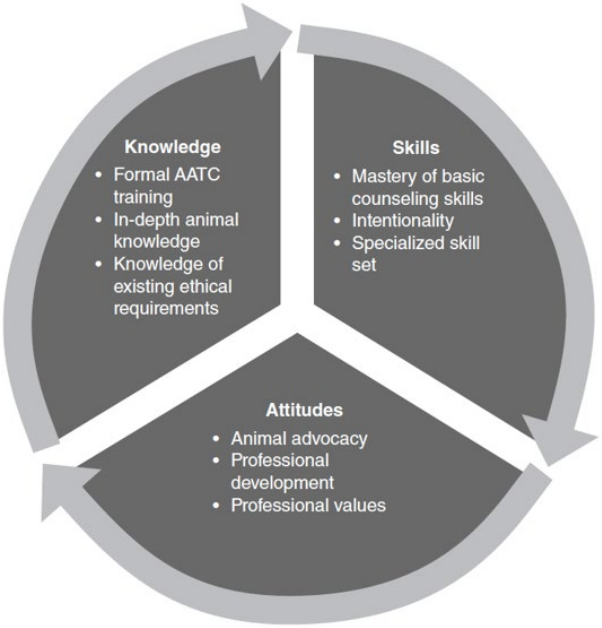


Figure 2. Animal-Assisted Therapy in Counseling (AATC) Competencies Framework

Potential Issues. While there are many positives to including canines in counseling sessions, there are also some issues to be aware of. Screening for which dogs to use in CAP is highly important. Thompson (2009) stated that some of the important characteristics for dogs are:

> …being well socializedt(especially to children); having an interest in playing with humans; possessing the ability to calm itself easily; being able to handle loud noises, lots of activity, and quick movements by children; desiring human contact; having a high frustration tolerance; lacking aggressive tendencies; and getting along with other canines. (p. 205)

Screening and obtaining the proper training for dogs is important to prevent any potential issues from arising between dogs and clients within sessions. Hunt and Chizkov (2014) warned that animals can be unpredictable, even with adequate training, and those using animals in counseling should be mindful of that.

Equally important is screening clients for potential concerns about having canines within session. Clients that may have dog allergies or phobias, should not have canines in their sessions (Hunt & Chizkov, 2014; Policay & Falconier, 2018). Hartwig and Smelser (2018) recommended that practitioners develop an informed consent for clients in regard to interacting with therapy dogs. Potential areas of the informed consent should include "client allergies, client interest in working with an animal, previous positive and negative experiences with animals, and potential for animal harm, and [should] outlines the guidelines and rules for working with animals in counseling" (p. 55). An informed consent may help clients and therapists to better understand how canines can be used in session with each client.

In addition, it is highly recommended that the temperament of the dog be matched with client, as well as client goals. There is the assumption that canines can be useful for all clients, which is not necessarily true. Therapists must be mindful of potential aggression issues coming from clients directed towards the dog, as well as potential reactions of aggression coming from the dog towards the client either from protection or fear (Parshall, 2003; Policay & Falconier, 2018).

Another challenge to keep in mind is that when dogs are present in session, therapists must balance the dynamic and the needs of both the dog and the client in session. This increases how much a therapist must balance in a session, as they become responsible for balancing the well-being of two entities versus one. If a therapy dog misbehaves or creates a disruption, a therapist must be able to balance that with the flow of a counseling session (Policay & Falconier, 2018). In addition, there are concerns regarding canine well-being that therapists should be mindful of. Watching for signs of

fatigue or anxiety in therapy dogs and attending to the dog when these signs are shown, is highly important for therapists wanting to utilize this modality. If the well-being of canine partners is not a priority, it can lead to potential issues in interactions with clients in the counseling sessions (Dravsnik, Signal, & Canoy, 2018).

Human-Animal Bond

The HAB movement was started by veterinary medicine which held conferences for HAB research and eventually offered courses on the topics at various veterinary schools. The conferences conducted help to give HAB "definition, credibility, and scope" (Hines, 2003, p. 9) and were what allowed for the development of the Delta Society. Pet Partners is currently a well-known organization in the AAT industry that was developed during the original HAB movement of the 1970s and 1980s (Hines, 2003; Sacks, 2008) under the name Delta Society. Delta Society was created in 1981 by a veterinarian named Dr. Leo Bustad, a psychiatrist named Dr. Michael McCulloch, and a doctor named Dr. William McCulloch (Morrison, 2007; Pet Partners, n.d.d.). Delta Society had the goal of promoting HAB research in order to further grow the field and establish it (Pet Partners, n.d.d.; Sacks, 2008). Those involved in the HAB movement acknowledged that "the need for top-quality research was evident—research that would identify the methodological approaches and provide a theoretical base for the HAB" (Hines, 2003, p. 11). While HAB was initiated in the veterinary field, it was built on "theoretical perspectives from the fields of anthropology, biology, semiotics, and zoology" (Netting, Wilson, & New, 1987, p. 61). Delta Society eventually created a journal for human-animal interaction research, known as "The Journal of the Delta Society"; the journal is currently still in publication and is now known as "Anthrozoos". There have been significant research findings in the

field of HAB. Unfortunately, many fields are behind veterinary medicine regarding the recognition of the value of HAB (Hines, 2003). Hines (2003) shared "Dr. Boris Levinson [1960s] described to me the ridicule he received from his colleagues when he presented his ideas at psychology meetings, including questions of whether he shared his fee with the dog" (p. 10). While such ridicule may have decreased since Levinson, it is still important to establish a strong theoretical base for HAB to support the use of AATC and CAP in counseling.

Theoretical foundation of HAB

Russo (2002) stated that there are three conditions necessary for a "fully developed HAB": a) "a relationship between a human and an individual animal"; b) "[it is] reciprocal and persistent"; and c) "[it promotes] an increase in well-being for both parties" (p. 34). However, HAB needs further research that evaluates the potential benefits of such a bond. Mueller (2014a) stated that there is a need for "research to begin to explore the precise nature of the complexity in characteristics and actions involved in mutually influential human animal relations in the context of health promotion, skill building, and overall positive development" (p. 15).

One potential path to studying this phenomenon is the development of theoretical frameworks to support the use of HAB in counseling settings. Hosey and Melfi (2014) argued that "As a field of study, [HAB] research appears to have grown without any particular theoretical foundation, and some effort has been made to supply those underlying theoretical bases." Since HAB has developed out of fields other than counseling, many current theories are not counseling specific. Beetz (2017) discussed a term called the "biophilia effect" and described it as:

> On a subconscious level, humans seem to monitor the behavior of animals in their surroundings and interpret the calm and resting behavior of animals as a signal of a safe environment, which promotes physiological relaxation and a feeling of security in the human. (p. 140-141)

The biophilia effect focused on humans' natural reaction to animals. Nicholas and Gullone (2001) discussed that humans have an affiliation with nature that has led to "expressed enjoyment in making contact with or viewing other species" (p. 125). This theory is very basic and does not do much other than explain why humans may enjoy the presence of animals.

Another theory that also focused on ecology, but included psychology, is that of Relational Ecology. Putney (2013) discussed that Relational Ecology:

> …bridges developmental theory (growth-task), psychodynamically informed relational theory (object relations), and anthropology (the concept of liminal spaces) with the science of ecology, which investigates the human and non-human worlds with a particular focus on dynamic relationships between organisms and/or species, and their environment. (p. 68)

This theory combined ecology and psychodynamic theory to "explain how animals help shape humans' identities and foster well-being" (p. 57).

There is also another theory found in the literature called the Relational Developmental Systems Approach. Mueller (2014a) discussed that "The type and quality of human-animal relationships may vary based on the developmental period of both the human and the animal involved in the interaction, as well as the duration and intensity of that relationship" (p. 7). This theory believed that there is a mutually beneficial

relationship between humans and animals that could have a wide array of benefits, such as the development of "cognitive, social, moral, and physical skills" (p. 9).

A final theory that has its roots more in counseling is that of the Attachment Theory of Bowlby (Udell & Brubaker, 2016). Payne, DeAraugo, Bennett, and McGreevy (2016) discussed that "Attachment is a specific type of reciprocal emotional bond, developed over time, which is commonly attributed to the parent-offspring relationship" (p. 115). Udell and Brubaker (2016) described attachment "as an affectionate tie between two individuals that promotes a balance of proximity seeking and independent activity/exploration" (Udell & Brubaker, 2016, p. 329). Within the counseling context and for this study, Attachment Theory may make the most sense when evaluating the human-animal "bond" and how it affects both parties. Wells (2009) stated that "Just as humans can develop close bonds of affection with other people, so too they can develop strong emotional ties with their pets" (p. 530). An example of a strong bond of affection with animals, is the relationship that humans have with dogs.

The Effects of the Human-Canine Bond. Within animal-assisted interventions, the most commonly used animals are dogs (Morrison, 2007). Gavriele-Gold (2011) discussed that:

> The human–canine bond offers a unique, nonverbal communication… We are developing a greater understanding that dogs offer a way to communicate on a basic level, bringing us closer to being in nature and to a sense of oneness in the world. There is a power in nonverbal contact and in the companionship dogs offer. (p. 104)

Humans and dogs have an attachment bond that is very strong. In studies done on humans' attachment to their animals by Mueller (2014b), the results indicated that participants that owned a horse or dog had significantly higher attachment scores than those that owned other species. Mueller discussed that "the findings also indicated that dog owners reported higher commitment scores than non-dog owners. Again, these findings may be explained by the uniquely social relationship that humans have with dogs…" (p. 304). One possible explanation of what strengthens the relationship between humans and dogs is the ability that dogs have to socialize with humans. Chandler (2018) discussed that "dogs view the world as predators, [dogs are] very adept at perceiving and responding to the state of another social being" (p. 3). The positive way in which dogs respond to social cues from humans, may help to explain the attachment that develops between the two. The attachment may also help to explain the positive physiological effects that humans experience when interacting with dogs.

Physiological Effects of Canine Interactions. Many research studies have evaluated the physiological effects that occur within humans to try to understand the beneficial relationship between humans and dogs. Finn-Stevenson (2016) discussed:

> Why are dogs so effective? One scientific explanation centers on oxytocin, the neurohormone that facilitates bonding at birth and promotes feelings of contentment and trust. Oxytocin is released in the presence of a dog, especially during a mutual gaze, and there is a reciprocal benefit dogs, too, show increased levels of oxytocin when gazing at or interacting with people. Oxytocin is activated not only in the presence of a dog but also when people look at photos or videos of dogs. A cascade of other measurable physiologic changes includes

> decreased stress levels and lowered blood pressure. Secondary benefits can include increased social interactions, less loneliness, and the ability to be "mindful"— to focus one's attention on the here and now. (p. 438)

There are many studies that support that dogs increase oxytocin, decrease stress hormones, lower blood pressure, and increase feelings of social support.

Oxytocin. Several studies have supported that oxytocin increases during interactions between humans and dogs. A study conducted by Odendaal and Meintjes (2003) "[investigated] the neurochemical and hormonal correlates for human–dog affiliation behaviour based on available knowledge of neurochemical changes during affiliation behavior" (p. 296). Results indicated that blood pressure decreased for humans and dogs during positive interactions of humans talking to, low key playing, and/or petting the dogs. Blood samples were taken before and during the interaction, both humans and dogs had significant increases in plasma b-endorphin, oxytocin, prolactin, phenyl acetic acid, and dopamine. Humans also showed a decrease in the stress hormone, cortisol. In a literature review on the effects of human-animal interactions (HAI), Beetz (2017) discussed findings that supported the role of oxytocin in canine-human interactions:

> Several studies found that interactions with animals, especially familiar dogs, can increase the levels of oxytocin in humans… Therefore, it is likely that oxytocin is involved in the positive effects of HAI in several ways: the reduction of stress and anxiety as well as an increase in social interaction and affiliative bonding, thereby strengthening the basis for stress regulation via social support… The positive psychological, social, and physiological effects of oxytocin, which can be

> achieved via HAI may support mental and physical health throughout development, including during times of stress. (p. 143)

Oxytocin has been described as "a component of the mechanisms that forge social bonds" (Carter & Porges, 2016, p. 90) and it can help to explain the bonding that happens between humans and dogs. After reviewing studies on the effect of human-canine interaction on oxytocin levels, Thielke and Udell (2017) discussed that "results indicate that OT likely plays an important role in social attachments between dogs and humans," as well as research showing that owners and dogs both showed a significant increase in oxytocin after interactions (p. 380).

Stress reduction. Research also supported that human-canine interactions can lower blood pressure and reduce stress hormones. In a metanalysis conducted by Beetz, Uvnäs-Moberg, Julius, and Kotrschal (2012) where they focused on the psychosocial and psychophysiological effects of human-animal interactions (HAI), they discussed the reduction of stress in study participants. Findings indicated that interactions with dogs resulted in a significant lowering in the level of stress hormones of cortisol, epinephrine (adrenaline), and norepinephrine. In addition, other studies indicated that the presence of friendly animals effectively reduced heart rates and blood pressure, with these effects being stronger when it was one's own pet. In a study conducted by Barker, Knisely, McCain, and Best (2005) with 20 healthcare workers, they found that cortisol in the blood and saliva of the participants lowered when they were interacting with dogs. They discussed that "the data suggest a possible dose-dependent effect of greater stress reduction with longer exposure to the dogs" (p. 727).

In a study on anxiety conducted by Wheeler and Faulkner (2015), they had 223 undergraduate students pet a friendly, yet unfamiliar, dog and examined the effects of canine interactions on state anxiety and trait anxiety. Participants that petted the dogs showed lower state anxiety scores than that were asked to pet a stuffed dog. For participants with high trait anxiety, their heart rate and blood pressure lowered during interactions with the dog. In a different study conducted with university students, 61 students were randomly divided into a therapy dog group or a rest group. After 10 minutes of either therapy dog exposure or rest, the participants were given a task that was meant to induce a stress response and then stress was measured using a questionnaire and galvanic skin response was measured. Results indicated "therapy dog exposure significantly buffered the stress response" (Fiocco & Hunse, 2017, p. 713), as evidenced by galvanic skin response. Another study on anxiety evaluated the impact of therapy dogs on "the emotional and cognitive processes directly relevant to cognitive behavioral therapy" (Hunt & Chizkov, 2014, p. 465). The participants consisted of 107 undergraduate students that were split into two groups that wrote either a traumatic memory essay or a room description essay. The participants that wrote trauma essays with a dog present reported significantly less anxious arousal than those that wrote without a dog present. In addition, the participants that were in the dog condition showed a decrease in depressive symptoms at follow-up compared to the participants in the no-dog group.

Social Support. Studies have found that interacting with dogs, can also have the effect of perceived social support. In their metanalysis, Beetz, Uvnäs-Moberg, Julius, and Kotrschal (2012) discussed that:

> A relatively large body of research investigated the effect of a friendly animal on the perception of the human in its company and on the stimulation of social behavior. This is also called the social catalyst effect when it refers to the facilitation of interpersonal interactions. (p. 2)

The overall findings across the studies on social interaction that used dogs, indicated that canines promoted the social catalyst effect and encouraged participants to engage in more social interaction. In a study done by Bryan et al. (2014), 198 undergraduate dog owners completed the medical outcomes study (MOS) social support scale, Ambivalence over emotional expression (AEQ), and the Pet Attitude Scale. Results indicated that that participants that viewed their pets more favorably, perceived that they had higher social support in their lives. In a qualitative study conducted by Jackson-Grossblat, Carbonell, and Waite (2016), participants that interacted with their dogs in a more mindful manner reported the development of:

> …the ability to make improvements in their relationship with not only their dogs, but also in their relationships with others. Each participant reported experiencing their current friendships enhanced, new relationships with other dog owners rewarding, improved work relationships, and greater community involvement overall. (p. 158)

These studies indicated that dogs have a positive effect on social interaction.

Beetz (2017) stated that "In addition to attachment theory, social support theories relate to the regulation of stress. Social support can take different forms, such as informational, instrumental, or emotional support" (p. 144). While the studies did not indicate what specific type of social support that dogs provided, Chandler (2018)

discussed that what "makes animals such valuable participants in counseling sessions is animals' keen ability to detect and immediately respond to a person's emotional experience" (p. 3) This may indicate that animals, including dogs, may provide both emotional support and therefore, social support. For counselors, having social support in the work environment can be especially helpful since stress can be high and counselors are often working independently in counseling sessions. Based on previous burnout research, social support is very important for counselors. Maslach and Goldberg (1998) stated that "[burnout] is an individual stress experience embedded in a context of complex social relationships, and it involves the person's conception of both self and others" (p. 64). Regarding helping counselors find stamina which protects against burnout, Osborn (2004) believed that "Engaging in enriching, personally meaningful activities and relationships, therefore, fuels counselor stamina and aids in sustaining professional longevity" (p. 324). In discussing the utilization of social resources in relation to burnout prevention, Maslach and Goldberg (1998) stated that social support "is often recommended for preventing burnout… [it] can provide direct assistance, emotional comfort, new insights, and personal rewards and recognition" (p. 67).

Canines and Counselors

While canines are considered a mental health intervention for clients, research has not yet studied what effects canines may have on counselors during sessions. Chandler (2018), a leading researcher on AAT in the counseling field, developed human-animal relational theory (HART) which serves as a guide for the practice and supervision of AAT in Counseling (AATC). Chandler believed that within the counseling session, there were relational moments (RMs) that occurred between therapy animals and the client, but

also the counselor. She classified the interactions as falling into four categories: "(a) between client and therapy animal while the counselor is observing; (b) between counselor and therapy animal while the client is observing; (c) between client and counselor while the therapy animal is observing; and (d) during simultaneous counselor-client-animal interaction" (p. 4-5). Two of the interactions listed include animal-counselor interaction, this supports the idea that canine-counselor interactions are indeed a dynamic within counseling sessions. Zilcha-Mano, Mikulincer, and Shaver (2011) stated that "A pet may sustain feelings of stability and continuity of the therapeutic bond despite hardships and ruptures in the therapeutic alliance" (p. 552). While many may assume this statement is directed towards the client within counseling sessions, this positive phenomenon can also support counselors. In a qualitative study conducted by Policay and Falconier (2018), 8 licensed therapists were interviewed about using a therapy dog with couples and families in counseling. Findings indicated that the therapists believed that their therapy dog helped to maintain a therapeutic alliance with the members of the client system. Many of the participants described their therapy dogs as co-therapists that helped to balance the emotional work during sessions. Another theme was that the presence of the therapy dog not only assisted with client self-regulation, but also with therapist self-regulation. Chandler (2018) supported the idea that animals can assist counselors with emotional regulation during sessions. Chandler stated that "the animal might attend to the counselor in a nurturing way or try to break-up the tension by re-directing focus, such as bringing a toy to the counselor" (p. 9). Zilcha-Mano, Mikulincer, and Shaver (2011) stated that:

> When a [secure attachment] develops with a pet, the pet becomes a relied-upon provider of a safe haven and secure base. During difficult sessions, the pet can help the client feel more comfortable in taking risks while exploring and reflecting on painful experiences (p. 551).

If a client is able to develop a secure attachment with a therapy dog, it can be assumed that a counselor can do so as well, especially since the therapy dog may be their pet. Therefore, the therapy dog may also serve as a safe and secure base for counselors to explore painful experiences with clients. Zilcha-Mano, Mikulincer, and Shaver (2011) expanded on this idea and summed up previous findings:

> Pets can be especially important for therapists when they find themselves in difficult, challenging, and complicated meetings. The therapy pet may help novice therapists in handling situations in which they feel anxious and may be a source of comfort for more experienced ones. Therapists may find a haven of safety in the pet's presence when feeling attacked by a client's tantrums or when feeling helpless due to their failure to help the client. They could also find themselves more capable to handle painful disclosures from their clients as well as breakdowns in the therapeutic alliance. (p. 555)

In addition to the positive physiological responses that therapy dogs may elicit in counselors, they might also serve as a tool in counseling sessions. Therapy dogs may assist counselors with emotional regulation, building and maintaining therapeutic alliances, and serve as a safe presence during counseling sessions. While these topics may not have yet been fully researched within counseling, one topic that has been researched is the function of dogs in workplaces.

Effects of Canines in Workplaces

Research has shown that dogs have positive effects on humans and now studies are being done to evaluate the effects of dogs within workplace settings. One section of research has identified that when dogs are present, it can positively affect the perceptions of the workplace. In a qualitative study conducted by Hall, Wright, McCune, Zulch, and Mills (2017) to evaluate the perceptions of employees on dogs in the workplace. Four questions were asked to 776 employees that worked in an office-based environment and whose work did not directly involve animals, and the content was analyzed for themes. For the question, "If employees are allowed to take dogs to the workplace, do you know of any positive comments from colleagues?", 58 participants responded. Three significant themes that emerged were (a) general positivity (many participants commented that colleagues loved seeing dogs at work), (b) improvements to social interactions, and (c) improvements to stress and atmosphere ("the atmosphere in their working environment is better with dogs, with particular reference to the stress-reducing effects of the dog") (p. 301). Another study conducted by Perrine and Wells (2006) with 482 undergraduate students evaluated the perceptions of pets in the workplace. Participants were shown 11 slides of an office environment: a control slide that showed only the office environment, 6 slides with different breeds of dogs, and 4 slides with different breeds of cats. Participants were asked to rate the slides from an employee perspective and a customer perspective. Findings indicated that participants believed that employees would perceive their mood to be better in an office environment that had a dog or a cat. For customers, participants believed that an office with a dog or cat would enhance their moods and increase their social interaction. Both of the previous studies indicated that dogs in the

workplace would positively affect the perception of individuals within that office environment, as well as lower stress. Stewart and Strickland (2013) discussed that lowering stress in the workplace become an important concern for employers due to stress affecting employee productivity and health:

> A lower-cost approach to stress management at the workplace is to include a policy that allows employees to bring their companion animals to work. Including a nonhuman animal in the workplace could reduce the stress of employees and provide greater performance on the job. (p. 250)

Freeman and Vatz (2015) argued that dogs may be a low-cost alternative to human employees in healthcare settings, and they can provide emotional support for employees and patients. In an exploratory study by Wells and Perrine (2001), they "examined the possible functions and psychological and organizational effects of pets in the workplace" (p. 81). 193 surveys were collected from 31 companies, with 32% of the companies referring to cats and 74% referring to dogs. Results from the questionnaires indicated that pets relieve and reduce stress, make the environment friendlier, offers a pleasant diversion from work, provides companionship, and fosters social interaction. Findings across the previously discussed studies indicated that dogs would improve mood and increase social interactions. These findings support previous research that was discussed on general effects of human-canine interactions.

There were also a number of studies in current literature that addressed dogs affecting socialization within the workplace. Fitzgerald and Danner (2012) discussed that:

> … increasing human and animal social interaction in the workplace may help

decrease stress and anxiety among employees. If people can talk to each other, they can

> develop cooperative relationships which may facilitate greater group mentality and worker efficiency in the future. Allowing employees to bring their dogs to work will increase many cooperative and productive behaviors as well. (p. 776)

Wells (2009) also noted that "Companion animals can facilitate social interactions between people. Pets, and in particular dogs, have long been noted for their socializing role" (p. 527). There have been several studies that support this anecdotal evidence. Aydin et al. (2012) conducted a controlled laboratory experiment in which 68 participants were evaluated on social exclusion. Participants were randomly assigned to a high exclusion or low exclusion group with either a dog present or a dog absent (2x2 factorial design). After taking the Satisfaction with Life Scale, Meaning in Life Questionnaire, and Roseburg Self-Esteem Scale, results indicated that the socially excluded participant group that were exposed to the dog "reported higher levels of life satisfaction, perceived meaning in life, self-esteem, and general feelings of social acceptance compared with socially excluded participants who were not exposed to a dog" (p. 449). In a study on work groups, Colarelli, McDonald, Christensen, and Honts (2017) evaluated if a companion dog would "increase prosocial behavior, intimacy, and trust in small work groups" (p. 80). The participants were 120 undergraduate students and they were randomly assigned to either a dog present or a dog absent group. The two groups were asked to engage in a group-based problem-solving task. Results indicated that the group in the dog condition had greater verbal cohesion (spoke in a friendlier, more positive manner with one another), cooperation, and physical intimacy (better eye contact, leaning

towards one another, touching one another). Studies supported that dogs offer positive benefits not only to employees, but also to workplace settings.

Gaps in Literature

While there have been a variety of topics researched in burnout and human-canine interactions, there is also a substantial lack of research on certain topics in these areas. Within burnout literature, many authors have discussed the need for more research on burnout among mental health providers. Across current literature, many authors have noted the need for more research on burnout in mental health. Lent and Schwartz (2012) disccussed that: “A review of burnout-related literature in general between 1974 and 2012, completed using PyscInfo, yielded over 4,000 results. However, few publications within this plethora of studies specifically address causes of burnout among mental health professionals” (p. 356). Morse et al. (2012) stated that “Some studies have examined limited aspects of burnout among mental health providers, but there have been relatively few systematic attempts to better understand or ameliorate burnout in mental health” (p. 342). There is a need for research that seeks to understand what may cause burnout in mental health providers and what can be done to prevent burnout within this population. Lee, Cho, Kissinger, and Ogle (2010) believed that there was a need “to design interventions dedicated to the prevention and alleviation of counselor burnout” (p. 137). Morse et al. (2012) stated that “Given the prevalence and consequences of burnout among mental health workers, there is a great need for additional, future development and research of burnout prevention and intervention programs” (p. 349). Maslach and Goldberg (1998) discussed focusing on the workplace as a strategy for burnout prevention:

> The implication of the burnout-engagement continuum is that strategies to promote engagement may be just as important for burnout prevention as strategies to reduce the risk of burnout… A focus on what would constitute a more engaging workplace could be a better way of developing strategies to change the job situation, as opposed to a focus on reducing stress, which tends to lead to strategies of changing the person. (p. 66)

Engaging counselors within the workplace could assist with burnout prevention. This research study acknowledged that there is a need for better understanding of burnout and sought to identify if counseling approaches within the workplace could be a way to ameliorate or prevent burnout in counselors.

Another gap in literature is how to address burnout within workplaces by building support for mental health counselors. Morse et al. (2012) discussed that an important area for research is developing burnout prevention programs that not only focus on how to cope with stress, but how to develop positive qualities "such as a sense of meaning, gratitude, and fulfillment in work" (p. 349). Hardiman and Simmonds (2013) stated that burnout research may want to explore personal resources available to clinicians to see how this may affect them. They discussed that there is a need to "increase the depth and range of resources that clinicians may draw on in response to [workplace] hazards. Such research may ultimately aid clinicians to maintain an improved level of well-being that facilitates the effective treatment of clients" (p. 1053). The identification of what may be considered "personal resources" for counselors, could be very beneficial in relation to workplace burnout. Given the positive effects of canines on humans, they may possibly be a good "personal resource" for counselors.

Another area that lacks research is that of social and organizational support. Kirk-Brown and Wallace (2004) stated that "One further area of interest might involve the investigation of the amount of social and professional support that workplace counselors experience and the consequent relationship between support levels, emotional exhaustion, and intrinsic job satisfaction" (p. 36). Workplace support is very important because literature has identified work factors as contributing to burnout, however, there is a lack of research on how to mitigate this factor. Lent and Schwartz, (2012) discussed that there is a need "for interventions that positively impact the work setting because certain work environments seem to put professional counselors at greater risk for burnout" (p. 366). Morse et al. (2012) discussed that within research, there is a lack of organizational intervention models despite such an intervention "[showing] considerable promise for reducing burnout (p. 348). They also discussed that the most effective burnout reduction programs will be those that address both individual and organizational interventions. Counseling approaches, including canines, may be used as potential "interventions" within the workplace to assist counselors with burnout.

One potential burnout intervention that could positively affect both individuals and organizations is that of dogs in the workplace, specifically in counseling sessions. Literature has discussed the positive effects of human-canine interactions, benefits of canines in counseling sessions, and benefits of canines in the workplace, but research has not yet addressed potential benefits of canines to counselors in the workplace. Barker (2005) called for research that addressed how companion animals in the workplace affected the health and quality of life for their employee pet owners. Barker also called

for research that addressed the social support that companion animals provide and if it could help with buffering stress in the workplace.

Lastly, there is a gap in the literature that highlights the need for better designed studies in AAT and CAP. There was a lack of studies that had strong research designs that would make for sound findings in the area of not only CAP, but AAT in general. When discussing HAI studies, Crossman (2017) stated that "Pervasive methodological problems and limitations [compounded] the problem by making it difficult to determine whether conflicting findings are due to methodological problems and variations, or to genuinely unreliable effects" (p. 264). Maujean, Pepping, and Kendall (2015) discussed that small sample and effect sizes were issues in AAT quantitative studies. Amerine and Hubbard (2016) also discussed that AAT studies had major methodological issues, including small sample sizes and a lack of standardized treatment interventions. They also stated that "The amount of literature and research on the subject of AAT is growing, with much of it remaining qualitative or descriptive or being case reports with inconsistently measured outcomes (p.17). A final limitation noted in the literature was that in AAI studies, animals are often grouped together which contribute to unclear results in studies since there is not any variation in how different animals may affect findings (Kazdin, 2017).

Conclusion

Burnout is a significant issue for mental health counselors due to the highly emotional and stressful aspects that such a job entails (Dreison, Luther, Bonfils, Sliter, McGrew, & Salyers, 2018). Literature has identified that burnout research that is

specifically aimed towards mental health professionals is essential. Researching the effects of counseling approaches on burnout and if CAP counselors have lower burnout compared to counselors practicing other counseling approaches, would help to address many of these gaps in literature. There is not any research that has evaluated how different counseling approaches may affect burnout. If counseling approaches have an effect on burnout, it could potentially be an organizational and individual tool in burnout prevention or amelioration. The literature has addressed that research is needed in the area of burnout prevention and burnout amelioration for counselors, especially within the workplace. Evaluating if counseling approaches potentially affect burnout would be highly beneficial because counselors engage in counseling approaches daily. Understanding how this potentially affects counselors could help individual counselors and organizations be more mindful of choose counseling approaches and could help to identify if certain counselors need more support based on their approach.

In addition, there is minimal research on how counselors that engage in CAP relate to the canines that they work with. There have been research studies on how canines may affect clients, but there has been very little research that has addressed how canines may affect counselors, especially in the aspect of burnout. Research has identified that dogs have positive effects on humans and in workplaces, but it is unknown if counselors are experiencing the same positive effects in counseling sessions. The positive effects that dogs provide physiologically and socially, may assist counselors with burnout prevention or amelioration. Literature has identified that emotional demands and organizational factors can lead to burnout in counselors. CAP has not been researched to evaluate if it can be a form of individual and organizational support for counselors.

Having a counseling approach (CAP) that serves as a buffer to both burnout factors, could be highly beneficial in the field of counseling.

Chapter III

METHODOLOGY

The purpose of this study was to explore if there was a difference in the burnout aspects of disengagement and exhaustion between mental health counselors that practice traditional therapies, creative therapies, or CAP. The counseling approaches of traditional counseling, creative therapies, and canine-assisted psychotherapy (CAP) are the independent variables. Exhaustion and disengagement from work are the two dimensions of burnout that were the dependent variables. There has not been research evaluating if counseling approaches affect counselor burnout either positively or negatively. In addition, there has not been any research on the effects of CAP on counselors, specifically burnout, despite research supporting that canines can be a positive asset to counselors in counseling settings.

The following chapter describes the methodology of this study. The topics discussed are: research questions, research design, study participants, instruments, data collection, and data analysis.

Research Questions

There are two research questions that this study sought to answer:

1. How does burnout, as defined by 2 scales of exhaustion and disengagement, vary in mental health counselors practicing traditional, creative or CAP counseling approaches?
2. How is burnout, as defined by 2 scales of exhaustion and disengagement, different or similar in mental health counselors that practice CAP 51% of the time or more

versus mental health counselors using traditional or creative counseling approaches 51% of the time or more?

Research Design

The quantitative design selected for this study was a causal-comparative design, also known as an ex post facto design. Causal-comparative designs are used "To investigate possible cause-and-effect relationships by observing some existing consequence and searching back through the data for plausible causal factors" (Isaac & Michael, 1995, p. 46). The goal of causal-comparative research is to "determine whether the independent variable affected the outcome, or dependent variable, by comparing two or more groups of individuals" (Brewer & Kubn, 2010, p. 125). The method of causal-comparison design can be seen in Figure 3 (p. 126).

Method	*Investigates Cause–Effect*	*Manipulates Variable*	*Randomly Assigns Participants to Groups*	*Involves Group Comparisons*	*Studies Groups or Individuals*	*Focus*	*Identifies Variables for Experimental Exploration*
Causal-comparative research	Yes	No (it already occurred)	No (groups formed prior to study)	Yes	Two or more groups of individuals and one independent variable	Focus on differences of variables between groups	Yes

Figure 3. Method of causal-comparison design from Brewer & Kubn, 2010, p. 126

The reason that this was the best design was for this study is that counseling approaches are reliant on personal preferences of counselors, something that cannot manipulated. Counselors have already chosen their counseling approaches and therefore, the effects of counseling approaches can best be evaluated in retrospect. Another reason is that the dimensions of burnout of exhaustion and disengagement from work, often occur across time and this phenomenon would be difficult to observe within a structured

study. Within this study, it was not possible “to select, control, and manipulate the facts necessary to study cause-and-effect relations directly” (Isaac & Michael, 1995, p. 54) which is why the causal-comparison design was the most appropriate.

Study Participants

This study sought to evaluate burnout in licensed mental health therapists. Criteria for participants in the study were that they were a) a licensed or certified mental health therapist and b) currently practiced mental health counseling at least 15 hours per week. Participants were originally recruited from the United States through American Counseling Association (ACA) Connect Calls for Study Participants Community, American Mental Health Counselors Association (AMHCA) listserv, and e-mail recruitment through a social media platform (Facebook). In order to obtain enough participants, a second round of sources were identified and used for recruitment five weeks after the initial survey was sent out to the first round of participants. The additional sources included Eagala, Pet Partners, North American Drama Therapy, Animal-Assisted Counseling Academy: Texas State University List of Graduates, ACA Human-Animal Interactions in Counseling, American Play Therapy, Animal-Assisted Intervention International, International Society for Anthrozoology, and other individual programs identify by using Google and searching for “canine assisted psychotherapy therapists”.

There was a total of 375 participants recruited for this study that met the study criteria. Of these participants, the gender breakdown was 90.7% female, 8.5% male, 0% non-binary/third gender, 0% self-described, and .8% preferred not to answer. For the ethnicity, the participants were .8% Asian, 3.2% African American, 87% Caucasian,

5.9% Hispanic/Latin, .3% Native American, .3% Pacific Islander, .8% Other, and 1.9% prefer not to answer.

Participants were sorted into three groups: traditional therapies, creative therapies, or CAP, based upon which counseling approach they used 51% of the time or more. For participants that practiced CAP, an additional question was asked of "What percentage of the time do you engage in Canine-Assisted Psychotherapy (CAP) with clients?" Since CAP is a newer approach to counseling and I wanted to be able to compare it to other counseling approaches, this question gave me the opportunity to evaluate the average percentage of time counselors are using CAP. This allowed for me to adjust the percentage requirement for this group if there were not enough counselors using CAP 51% of the time or more. A similar question of "What percentage of the time do you engage in Creative Therapies

with clients?" was asked to the participants that engaged in creative therapies for the same reasons.

Instruments

An online survey was created using the purchased online platform of SurveyMonkey. The textbook, *Internet, phone, mail, and mixed-mode surveys: The tailored design method* (4th ed.) (Dillman, Smyth, & Christian, 2014), was used as a reference for construction of the survey. Dillman, Smyth, and Christian (2014) stated that "surveyors have to customize or tailor their survey designs to their particular situations" (p. 16). In looking to answer my research questions, an online custom survey was needed for participants to be able to answer the demographics questions and burnout instrument in an efficient manner. Another advantage of online surveys was the allowance of skip

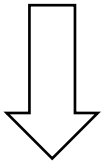
patterns that allowed for the survey to be better tailored to participants. A final advantage was the minimization of error. Dillman, Smyth, and Christian (2014) stated that "Computerization eliminates [follow-up question errors] because rather than leaving it up to interviewers or respondents, who inevitably make errors, the computer itself can be programmed to present the correct question based on previous answers" (p. 106).

When accessing the survey, the first page was a consent form that also served as the recruitment e-mail and posting for the study. Participants had to agree to the consent form before continuing the survey (see Appendix A). The second page contained two screening questions: a) Are you a licensed or certified mental health counselor? And b) Do you currently practice mental health therapy with clients at least 15 hours per week? If both questions were marked yes, the participant was allowed to continue onto the demographic portion of the survey.

Demographics Survey. The section after the screening questions contained the demographics questionnaire. Used to develop the demographics questions was a Google web search titled: "politically correct demographic questions." The demographic questions used on the survey were a result of reviewing many different types of questions and combining them to be inclusive, respectful, and politically correct. The questions included: gender, age group, race/ethnicity, marital status, counseling experience, setting, location, and region.

The next section included questions on the types of counseling approaches: traditional therapies, creative therapies, or CAP, that participants were using with clients. The list for traditional therapies was compiled by comparing three counseling theories textbooks to create a thorough list (see Figure 4):

Theories of Counseling and Psychotherapy: An Integrative Approach (Jones-Smith, 2016)	*Current Psychotherapies* (Wedding & Corsini, 2018)	*Theories of Psychotherapy and Counseling: Concepts and Cases* (Sharf, 2015)
• Psychoanalysis and Psychodynamic Theories (Psychoanalytic, Psychodynamic, Adlerian) • Behavior Therapy and Cognitive Therapy (Behavior, Cognitive, Reality/Choice) • Existential and Humanistic Theories (Existential, Person-Centered, Gestalt) • Social Constructivism and Postmodernism (Multicultural, Transcultural, Feminist, Lesbian and Gay, Solution-Focused, Narrative, Strengths-Based, Family) • Neuroscience and Theories of Psychotherapy (Neuroscience, Neuropsychotherapy, Integrative)	• Psychodynamic Psychotherapies • Adlerian Psychotherapy • Client-Centered Therapy • Rational Emotive Behavior Therapy • Behavior Therapy • Cognitive Therapy • Existential Psychotherapy • Gestalt Therapy • Interpersonal Psychotherapy • Family Therapy • Mindfulness and Other Contemplative Therapies • Positive Psychotherapy • Integrative Psychotherapies • Multicultural Theories of Psychotherapy	• Psychoanalysis • Jungian Analysis and Therapy • Adlerian Therapy • Existential Therapy • Person-Centered Therapy • Gestalt Therapy • Behavior Therapy • Rational Emotive Behavior Therapy • Cognitive Therapy • Reality Therapy • Constructivist Approaches • Feminist Therapy • Family Therapy • Other Psychotherapies • Integrative Therapies



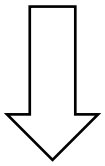
- Psychoanalysis and Psychodynamic Theories (Psychoanalytic, Psychodynamic, Adlerian, Jungian)
- Behavior Therapy and Cognitive Therapy (Behavior, Cognitive, Reality/Choice, Rational Emotive Behavior Therapy)
- Existential and Humanistic Theories (Existential, Person-Centered, Gestalt)
- Social Constructivism and Postmodernism (Multicultural, Transcultural, Feminist, Lesbian and Gay, Solution-Focused, Narrative, Strengths-Based, Family, Integrative, Mindfulness, Positive)

Figure 4. Creation of Counseling Approaches Process

The list for creative therapies was developed by comparing two recent books that discussed creative therapies. The first book was *ACA The Creative Arts in Counseling* (Gladding, 2017) and the second book was *Using the Creative Therapies to Cope with Grief and Loss* (Miraglia & Brooke, 2015). The creative therapies listed in each book

were reviewed and then compared to create one list of creative therapies that were found in both books (see Figure 5).

ACA The Creative Arts in Counseling (Gladding, 2017)	*Using the Creative Therapies to Cope with Grief and Loss* (Miraglia & Brooke, 2015)
• Music and Counseling • Dance and Movement in Counseling • Imagery and Counseling • Visual Arts and Counseling • Writing and Literature in Counseling • Drama and Counseling • Play and Humor in Counseling • Animal-Assisted Therapy in Counseling, Therapeutic Horticulture, and Wilderness/Nature Therapy	• Art • Play • Music • Dance/Movement • Drama • Animal Assisted



- Art Therapy
- Dance/Movement Therapy
- Drama Therapy
- Music Therapy
- Play Therapy
- Animal-Assisted Therapy

Figure 5. Creation of Creative Counseling Approaches Process

The final counseling approach included in the survey was canine-assisted psychotherapy (CAP). For counselors that indicated that they practiced CAP, an additional question was asked of "Would you be interested in being contacted for participation in follow-up studies on Canine-Assisted Psychotherapy (CAP)?" followed by the opportunity to give their e-mail address.

Oldenburg Burnout Inventory (OLBI). The final section of the survey was the embedded Oldenburg Burnout Inventory (OLBI). The OLBI is a "a measure that [was] designed to overcome shortcomings of the Maslach Burnout Inventory" (Demerouti & Bakker, 2008, p. 75). The OLBI measured two factors of burnout using two scales: exhaustion and disengagement from work (Demerouti & Bakker, 2008; Demerouti, Mostert & Bakker, 2010; Halbesleben & Demerouti, 2005). A unique feature of the OLBI is that the "subscales include four items that are positively worded and four items that are negatively worded. This means that both ends of the energy and identification dimensions are included in the OLBI" (Demerouti, Mostert & Bakker, 2010, p. 212). This information can be reviewed in Appendix B, which is the OLBI (Demerouti, Mostert & Bakker, 2010, p. 222). A common instrument used in burnout studies is the Maslach Burnout Inventory (MBI), which has different versions according to the participant population being measured. The MBI followed a multidimensional model of burnout that consisted of three factors: emotional exhaustion, depersonalization, and reduced personal accomplishment (Demerouti & Bakker, 2008; Maslach & Goldberg, 1998). Demerouti, Mostert and Bakker (2010) stated that "the MBI-GS has one important psychometric shortcoming, namely that the items within each subscale are all framed in the same direction. Accordingly, all exhaustion and cynicism items are phrased negatively, whereas all professional efficacy items are phrased positively" (p. 210). This differs from the OLBI that included both positively worded and negatively worded items for each factor.

Another difference between the OLBI and MBI is that the OLBI measured two factors versus the three factors of the MBI. The two factors measured in the OLBI

covered multiple components of each factor. For exhaustion, the OLBI is meant to measure the affective, physical, and cognitive aspects of it. For disengagement, it "refers to distancing oneself from one's work in general, work object, and work content" (p. 210-211). The three factors of emotional exhaustion, depersonalization, and reduced personal accomplishment measured on the MBI are more specific and not as multifaceted as the two factors on the OLBI (Halbesleben & Demerouti, 2005). Demerouti & Bakker (2008) discussed that reduced personal accomplishment was the weakest burnout dimension. They also argued that "depersonalization is only one form of disengagement," these two factors were the reasoning for the two factors chosen for the OLBI. For this study, the OLBI was a better fit than the MBI due to including negatively and positively worded items, as well as the multifaceted component of the burnout factors.

The OLBI is scored across the dimensions of exhaustion and disengagement. There are a total of 16 items on the OLBI. Each dimension (exhaustion, disengagement) has 8 items with 4 items being worded positively and 4 items being worded negatively. The items are scored on 4-point Likert scale of 1 ("strongly agree") through 4 ("strongly disagree), with four indicating higher distress (Dahlin, Nilsson, Stotzer, & Runeson, 2011; Demerouti & Bakker, 2008). When scoring, the 8 items of exhaustion and the 8 items of disengagement are scored separately and two different scores are given. Total scores for each factor on the OLBI can range from 8 to 32. Like other burnout scales, the OLBI does not have "clinical cutoff scores" and results are interpreted by evaluating how high the scores for each dimension are (Halbesleben & Demerouti, 2005, p. 218).

Reliability and Validity. The OLBI was originally developed in German and has been tested for validity and reliability in Germany, Greece, and the United States with

positive findings of reliability and validity across the different languages (Demerouti & Bakker, 2008; Halbesleben & Demerouti, 2005). When evaluated by Demerouti & Bakker (2008), the German version of the OLBI was translated into Dutch and then back to German. The study found that for the dimensions of exhaustion and disengagement, the reliability was α = .85, without any substantial differences in internal consistencies between the two dimensions. The results for an MTMM model indicated that it "had a satisfactory fit to the data (fit indices > .92 and RMSEA = .05) and proved to be superior to both the Trait and the Method model, Delta (51) = 933.53, $p < .001$ and Delta (51) = 1845.80, $p < .001$" (p. 72). In addition, the authors stated that "the results of the MTMM model showed that both kinds of factors are important and that eliminating the method factors resulted in a worse fit of the model to the data" (p. 75).

In a study conducted by Halbesleben and Demerouti (2005) on the English translation of the OLBI, they tested the reliability of the measurement using internal consistency (setting Cronbach's alpha at a .70 cutoff) and test-retest reliability. The sample for the study consisted of 2431 working adults from varying work backgrounds, work experiences, ethnicities, and ages. The results for internal consistency were acceptable with the scores ranging from .74-.87, which were above the α = .70 cutoff. The test-retest window was set at four months between time 1 and time 2 and results indicated that there was moderate correlation (r = .51, $p < .001$, for exhaustion; r = .34, $p < .01$, for disengagement) which supported that OLBI scores remain stable over time. For factorial validity, a confirmatory factor analysis was used to evaluate the fit of the two-factor measurement model of the OLBI. Three models were compared: unidimensional model, positive/negative wording model, and proposed two-factor model using five

goodness-of-fit indices: the Comparative Fit Index (CFI), the Non-Normed Fit Index (NNFI), Akaike's Information Criterion (AIC, the Bayesian Information Criterion (BIC), and the Root Mean Squared Error of Approximation (RMSEA) with confidence intervals. After evaluating the results of the five indices, it the authors stated that there was "ample evidence to suggest that the proposed two-factor model is the best fitting model for these data" (p. 215). Construct validity was evaluated using a multi-trait, multi-method (MTMM) framework, which tested the OLBI against the MBI. The evaluation was "to ensure that its measurement properties appropriately account for distinctive traits (exhaustion and disengagement) and different methods (the OLBI vs. the MBI)" (p. 211). The results indicated that that the OLBI showed acceptable and discriminant validity when compared to the MBI and the authors explained that "that while there is clearly some convergence in the measurement of traits related to burnout, the scales offer enough divergence to support their independent contributions in the measurement of burnout" (p. 217). After evaluating the validity and reliability of the OLBI, the authors noted that "the present [study suggested] that the OLBI may be a suitable alternative measure of burnout to the MBI" (p. 217).

Piloting. The final survey was piloted per the recommendation of Dillman, Smyth, and Christian (2014). The survey was given to a group of 8 doctoral students and they were asked to give feedback on potential improvements. The feedback was reviewed and incorporated into the survey before it was sent out to participants.

Data Collection

Data was collected and stored using the secure online platform, SurveyMonkey. The first page of the survey in SurveyMonkey was an informed consent and potential

participants were given the option to agree to the informed consent. Participants that agreed to the informed consent were allowed to complete the survey. Participants that did not agree to the informed consent were exited from the survey. Once participants completed the survey, the data was stored within SurveyMonkey. When data collection was complete, the complete data set was transferred to SPSS using the secure process that was purchased through SurveyMonkey. The SPSS data was then transferred to Excel and stored on a USB drive that was kept in a secure lockbox when it was not in use.

Data Analysis

Demographics. In reviewing the data, demographics were recorded through the built-in SurveyMonkey software that showed numbers and percentages of survey answers. Demographics were recorded for the population sample (N=375). The data was then sorted into three groups (traditional therapies, creative therapies, and CAP) based upon which counseling approach participants used 51% of the time or more. Data was then transferred to SPSS for further evaluation. SPSS was used to randomly select 40 participants from the traditional group and the creative group to compare against the group of participants that used any CAP (n=40).

The data was sorted a second time by placing participants that used any CAP into a group (n=20) and participants that did not use any CAP into groups that used either traditional or creative counseling approaches 51% of the time or more. Data was then transferred to SPSS for further evaluation. SPSS was used to randomly select 20 participants from the traditional group and the creative group to compare against the group of participants that used CAP 51% of the time or more (n=20).

Scoring. The scores for each of the 16 questions of the OLBI for all participants were calculated in SurveyMonkey, including the questions that had reverse scores. The data with the scores was then exported directly to SPSS with other information for participants. After participants were sorted into groups in SPSS, the 16 questions were sorted into two sets of 8, according to the two factor categories of disengagement and exhaustion dictated on the instrument (see Figure 6). The scores for each category were totaled to give the final score that was used in data analysis.

Note. Disengagement items are 1, 3(R), 6(R), 7, 9(R), 11(R), 13, 15. Exhaustion items are 2(R), 4(R), 5, 8(R), 14, 16. (R) means reversed item when the scores should be such that higher scores indicate more burnout.

Figure 6. Scoring the Items of the OLBI

Statistical Analyses. The analysis of the survey data was completed using the software, Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequency of means and standard deviations, and demographics were recorded for each of the three counseling approaches groups for both sets of data (n=120; n=60). Demographics for the CAP groups were recorded from SurveyMonkey. The Shapiro-Wilk test was then conducted on each of the two data sets to evaluate the assumption of normality for each group. The Levene's test for Equality of Variance was conducted on the groups to evaluate the equality of variances. Results were recorded.

A one-way analysis of variance (ANOVA) was used to analyze the scores from the embedded OLBI. ANOVAs were conducted to compare the groups of traditional therapies (n=40) and creative therapies (n=40) that did not use any CAP, against the CAP group (n=40), that used any CAP (N=120) in counseling. Two separate one-way ANOVAs were conducted. The first ANOVA evaluated the means of the total scores for

the disengagement questions and the second ANOVA evaluated the means of the scores for exhaustion questions. For each data set (exhaustion, disengagement), the *F* test results were evaluated for significance differences ($p<.05$) between groups. Results were recorded.

A second set of one-way ANOVAs were conducted to compare the groups of traditional therapies ($n=20$), creative therapies ($n=20$), and CAP ($n=20$), that used their approach 51% of the time or more ($N=60$); to identify if there were significant differences in the means of the dependent variables of exhaustion and disengagement, for each of the three groups: (Pelham, 2013). Two separate one-way ANOVAs were ran. The first ANOVA evaluated the means of the total scores for the disengagement questions and the second ANOVA evaluated the means of the scores for exhaustion questions. For each data set (exhaustion, disengagement), the *F* test results were evaluated for significance differences ($p<.05$) between groups. Results were recorded.

Conclusion

This chapter has discussed the reasoning and justification for the quantitative research design of this study. A causal-comparative design was selected based on the difficulty of measuring the independent and dependent variables in an experimental study format. The OLBI was chosen because it is "a measure that [was] designed to overcome shortcomings of the Maslach Burnout Inventory" (Demerouti & Bakker, 2008, p. 75) and offered positively and negatively worded items. In addition, it offered additional burnout components of exhaustion and disengagement when compared the MBI. Lastly, a one-way ANOVA was chosen as the statistical analysis for the data because it is used to measure differences in means between independent groups (Pelham, 2013).

Chapter IV

RESULTS

The purpose of this exploratory study was to evaluate if counselor burnout varied between counselors that engaged in different counseling approaches with clients, with an emphasis on CAP. This chapter contains the results of the causal-comparison, quantitative study that sought to answer the following research questions:

1. How does burnout, as defined by 2 scales of exhaustion and disengagement, vary in mental health counselors practicing traditional, creative or CAP counseling approaches?
2. How is burnout, as defined by 2 scales of exhaustion and disengagement, different or similar in mental health counselors that practice CAP 51% of the time or more versus mental health counselors using traditional or creative counseling approaches 51% of the time or more?

This chapter also includes a brief overview of the data collection process, a description of the sample, data and analysis, additional data collected, and summary.

Data Collection

Data was collected using the online platform of SurveyMonkey using a URL link that took participants directly to the survey. Dillman, Smyth, and Christian (2014) believed that sending e-mail survey invitations should be spaced out during the collection period. In addition, they believed that the number of times survey invites were sent to the same potential participant group, should be gauged off the amount of responses received. These guidelines were used in deciding when to send out surveys and which groups to

send them to. There were two rounds of participant recruitment that were five weeks apart. Per the recommendation of Dillman, Smyth, and Christian (2014), the survey recruitment postings were done in the morning when possible since early morning e-mail invites tend to have more success.

The first round consisted of the American Counseling Association (ACA) Connect Calls for Study Participants Community, American Mental Health Counselors Association (AMHCA) listserv, and e-mail recruitment through a social media platform (Facebook). Out of the first round of recruitment, American Counseling Association (ACA) Connect Calls for Study Participants Community and the social media platform were the recruitment sources that were posted to more than once, 3 weeks apart. The AMHCA listserv was originally purchased from a marketing group, named InFocus Marketing, which was a 3rd party used by ACA to purchase listservs. Due to lack of responses from the first purchased listserv, a second listserv was not purchased.

When enough participants were not obtained from the first round of recruitment, a second round of sources was used for further recruitment. The sources included Eagala, Pet Partners, North American Drama Therapy, Animal-Assisted Counseling Academy: Texas State University List of Graduates, ACA Human-Animal Interactions in Counseling, American Play Therapy, Animal-Assisted Intervention International, International Society for Anthrozoology, and other individual programs identify by using Google and searching for “canine assisted psychotherapy therapists”. These recruitment requests were only sent out once due to the large number of participants that replied to these sources.

The OLBI was embedded in the survey accessed through the link and the scores for each of the 16 questions were calculated in SurveyMonkey, including the questions that had reverse scores. The data with the scores was then exported directly to SPSS. In SPSS, the 16 questions were sorted into two sets of 8, according to the two factor categories of disengagement and exhaustion dictated on the instrument (see Figure 4). The scores for each category were totaled to give the final score that was used in data analysis.

Description of the Sample

Demographics for participants were collected during the survey and analyzed in SurveyMonkey. Demographic questions were placed after the consent questions and before counseling approach questions. A total of 375 participants completed the entire survey and were included in the population sample. Demographics for the participant sample that completed the survey (*N*=375) are located in Table 1. Out of the 375 participants, 340 (90.7%) were female, 32 (8.5%) were male, and 3 (.8%) preferred not to answer. Ages ranged from 24 years or under, to 65 years and older with participants in each of the six categories. For race/ethnicity, participants were Caucasian (*n*=326, 87%), Hispanic/Latin (*n*=22, 5.9%), African American (*n*=12, 3.2%), Prefer not to answer (*n*=7, 1.9%), Asian (*n*=3, .8%), Other (*n*=3, .8%), Native American (*n*=1, .3%), and Pacific Islander (*n*=1, .3%). The marital status of participants were married (*n*=259, 69.1%), never married (*n*=64, 17.1%), divorced (*n*=42, 11.2%), widowed (*n*=6, 1.6%), and separated (*n*=4, 1.1%).

The next set of demographic questions focused on the counseling information of the participants. The counseling experience of the participants were 1-3 years (*n*=33,

8.8%), 4-7 years (*n*=81, 2.6%), 7-10 years (*n*=59, 15.7%), and 10+ years (*n*=202, 53.9%). The primary practice setting of the participants were private practice (*n*=240, 64%), community mental health agency (*n*=74, 19.7%), and other (*n*=61, 16.3%). The primary practice locations were urban (*n*=233, 62.1%) and rural (*n*=142, 37.9%). The practice regions of participants were Midwest (*n*=105, 28%), Northeast (*n*=73, 19.5%), Southeast (*n*=73, 19.5%), Southwest (*n*=65, 17.3%), and West (*n*=59, 15.7%).

Lastly, the participants were also sorted into three groups based on which counseling approach they reported using 51% of the time or more. The traditional group consisted of 171 participants (45.6%), the creative group had 208 participants (55.5%), and CAP had 20 participants (5.3%).

Table 1

Demographic Results of Participants That Completed Entire Survey (N=375)

Factor	*n*	%
Gender		
Female	340	90.7
Male	32	8.5
Non-binary/third gender	0	0
Self-describe	0	0
Prefer not to answer	3	.8
Age		
24 years or under	3	.8
25-34 years old	69	18.4
35-44 years old	112	29.9
45-54 years old	86	22.9
55-64 years old	72	19.2
65 years and above	33	8.8
Race/ethnici		
Asian	3	.8
African American	12	3.2
Caucasian	326	87
Hispanic/Latin	22	5.9
Native American	1	.3
Pacific Islander	1	.3
Other	3	.8
Prefer not to answer	7	1.9
Marital Status		
Married	259	69.1
Divorced	42	11.2

Widowed	6	1.6
Separated	4	1.1
Never Married	64	17.1
Counseling Experience		
1-3 years	33	8.8
4-7 years	81	21.6
7-10 years	59	15.7
10+ years	202	53.9
Primary Practice Setting		
Private Practice	240	64
Comm Mental Health Agency	74	19.7
Other	61	16.3
Primary Practice Location		
Rural	142	37.9
Urban	233	62.1
Practice Region		
Midwest	105	28
Northeast	73	19.5
Southeast	73	19.5
Southwest	65	17.3
West	59	15.7
Approach (51% or more)		
Traditional	171	45.6
Creative	208	55.5
CAP	20	5.3

Data and Analysis

In order to evaluate if burnout varied between the counseling approach groups of traditional, creative, and CAP, four between-groups ANOVA were conducted. Prior to conducting the ANOVAs, statistical tests were conducted to evaluate the assumption of normality and equality of variances. The assumption of normality test used was the Shapiro-Wilk test. The Levene's test for Equality of Variance was used to evaluate for equality of variances. These tests will be discussed further in conjunction with each ANOVA.

Research Question 1

The first set of data analyzed sought to answer the research question, 1) How does burnout, as defined by 2 scales of exhaustion and disengagement, vary in mental health

counselors practicing traditional, creative or CAP counseling approaches? In total, there were 40 participants that answered yes to engaging in any CAP. SPSS was then used to randomly select 40 participants from the traditional group (*n*=171) and the creative group (*n*= 208).

Descriptive statistics. Descriptive statistics for participants that were randomly placed into the counseling approach groups of 40 (N=120) are located in Table 2. In reviewing the descriptive statistics, the numerically lower to higher means for the factor of exhaustion (with higher scores indicating more burnout) for the three groups were CAP (mean=17.60, SD=1.75), traditional (mean=17.60, SD=1.72), and creative (mean=17.78, SD=1.86). For the factor of disengagement (with higher scores indicating more burnout) for the three groups were CAP (mean=18.30, SD=1.56), creative (mean=18.83, SD=1.53), and traditional (mean=19.20, SD=1.83).

As previously discussed, the OLBI does not have a clinical cutoff score and scores range from 8 (low burnout) to 32 (high burnout). In reviewing the descriptive statistics, scores obtained were in the mid-range for burnout for all 3 groups. In calculating a rough score, CAP scored .55 on exhaustion, while the highest obtained score was .56 for the creative group. For disengagement, CAP scored a .57, while the traditional group scored a .60.

Table 2

Descriptive Statistics for Study Participants in Comparison Groups of 40 (N=120)

Approach	*n*	**Mean**	SD
Exhaustion			
Traditional	40	17.60	1.72

Creative	40	17.78	1.86
Canine-assisted	40	17.60	1.75
Disengagement			
Traditional	40	19.20	1.83
Creative	40	18.83	1.53
Canine-assisted	40	18.30	1.56

Demographics. Demographics for the groups are found in Table 3. Of the 120 participants, 11 (92.5%) were female and 9 (7.5%) were male. Ages ranged from 25 years or under, to 65 years and older without any participants in 24 years or under category. For race/ethnicity, participants were Caucasian (*n*=108, 90%), Hispanic/Latin (*n*=6, 5%), African American (*n*=4, 3.3%), and Other (*n*=1, .8%). The marital status of participants were married (*n*=83, 69.2%), divorced (*n*=15, 12.5%), never married (*n*=15, 12.5%), widowed (*n*=4, 3.3%), and separated (*n*=2, 2.5%).

The next set of demographic questions focused on the counseling information of the participants. The counseling experience of the participants were 1-3 years (*n*=6, 5%), 4-7 years (*n*=22, 18.3%), 7-10 years (*n*=18, 15%), and 10+ years (*n*=74, 61.7%). The primary practice setting of the participants were private practice (*n*=76, 63.3%), community mental health agency (*n*=25, 20.8%), and other (*n*=19, 15.8%). The primary practice locations were urban (*n*=74, 61.7%) and rural (*n*=46, 38.3%). The practice regions of participants were Midwest (*n*=29, 24.2%), Northeast (*n*=26, 21.7%), Southeast (*n*=25, 20.8%), West (*n*=21, 17.5%), and Southwest (*n*=19, 15.8%).

Table 3

Demographic Results of Study Participants in Comparison Groups of 40 (N=120)

	Total sample		Traditional		Creative		CAP	
Factor	*N*	%	*n*	%	*n*	%	*n*	%
Gender								
Female	111	92.5	36	90	36	90	39	97.5
Male	9	7.5	4	10	4	10	1	2.5
Non-binary/third gender	0	0	0	0	0	0	0	0
Self-describe	0	0	0	0	0	0	0	0
Prefer not to answer	0	0	0	0	0	0	0	0
Age								
24 years or under	0	0	0	0	0	0	0	0
25-34 years old	20	16.7	8	20	9	22.5	3	7.5
35-44 years old	36	30	14	35	14	35	8	20
45-54 years old	20	16.7	5	12.5	4	10	11	27.5
55-64 years old	29	24.2	5	12.5	12	30	12	30
65 years and above	15	12.5	8	20	1	2.5	6	15
Race/ethnicity								
Asian	0	0	0	0	0	0	0	0
African American	4	3.3	2	5	2	5	0	0
Caucasian	108	90	37	92.5	35	87.5	36	90
Hispanic/Latin	6	5	1	2.5	2	5	3	7.5
Native American	0	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0
Other	1	.8	0	0	0	0	1	2.5
Prefer not to answer	0	0	0	0	1	2.5	0	0
Marital Status								
Married	83	69.2	28	70	27	67.5	28	70
Divorced	15	12.5	3	7.5	3	7.5	9	22.5
Widowed	4	3.3	2	5	1	2.5	1	2.5
Separated	3	2.5	1	2.5	2	5	0	0
Never Married	15	12.5	6	15	7	17.5	2	5
Counseling Experience								
1-3 years	6	5	3	7.5	3	7.5	0	0
4-7 years	22	18.3	7	17.5	8	20	7	17.5
7-10 years	18	15	4	10	9	22.5	5	12.5
10+ years	74	61.7	26	65	20	50	28	70
Primary Practice Setting								
Private Practice	76	63.3	25	62.5	23	57.5	28	70
Comm Mental Health Agency	25	20.8	8	20	13	32.5	4	10
Other	19	15.8	7	17.5	4	10	8	20
Primary Practice Location								
Rural	46	38.3	16	40	13	32.5	17	42.5
Urban	74	61.7	24	60	27	67.5	23	57.5
Practice Region								
Midwest	29	24.2	5	12.5	16	40	8	20
Northeast	26	21.7	17	42.5	5	12.5	4	10
Southeast	25	20.8	7	17.5	8	20	10	25
Southwest	19	15.8	5	12.5	7	17.5	7	17.5
West	21	17.5	6	15	4	10	11	27.5

ANOVAs. Two ANOVAS were conducted to compare participants that engaged in any CAP (*n*=40), against random samples of participants that used either traditional (*n*=40) or creative approaches (*n*=40), 51% of the time or more, and did not use CAP in counseling. The first ANOVA evaluated the burnout factor of exhaustion, data consisted of total scores from exhaustion questions on the OLBI (see Figure 4). In evaluating the assumption of normality using the Shapiro-Wilk test, the assumption of normality was rejected ($p<.05$), therefore, readers should share this information with caution. The assumption of homogeneity of variances was tested using Levene's *F* test, $F(2, 117)=.442$, $p=.664$ and it did not reject the equal variance assumption. The independent between-groups ANOVA did not indicate a statistically significant effect, $F(2, 117)=.129$, $p=.879$, $\eta^2=.002$; therefore, there was a failure to reject the null hypothesis of no differences between the means.

The second ANOVA evaluated the burnout factor of disengagement, data consisted of total scores from disengagement questions on the OLBI (see Figure 4). In evaluating the assumption of normality using the Shapiro-Wilk test, the assumption of normality was rejected ($p<.05$), therefore, readers should share this information with caution. The assumption of homogeneity of variances was tested using Levene's *F* test, $F(2, 117)=.499$, $p=.608$ and it did not reject the equal variance assumption. The independent between-groups ANOVA did not indicate a statistically significant effect, $F(2, 117)=3.021$, $p=.053$, $\eta^2=.049$; therefore, there was a failure to reject the null hypothesis of no differences between the means.

Research Question 2

The second set of data analyzed sought to answer the research question, 2) How is burnout, as defined by 2 scales of exhaustion and disengagement, different or similar in mental health counselors that practice CAP 51% of the time or more versus mental health counselors using traditional or creative counseling approaches 51% of the time or more? In total, there were 20 participants that answered yes to engaging in CAP 51% of the time or more when counseling. SPSS was then used to randomly select 20 participants from the traditional group (n=171) and the creative group (n= 206) that answered no to engaging in CAP.

Descriptive statistics. For the second set of data, descriptive statistics for participants that were randomly placed into the counseling approach groups of 20 (n=60) are located in Table 4. The descriptive statistics showed that the numerically lower to higher means for the factor of exhaustion (with higher scores indicating more burnout) for the three groups were CAP (mean=17.65, SD=1.77), creative (mean=18.15, SD=1.63), and traditional (mean=18.6, SD=1.70). For the factor of disengagement (with higher scores indicating more burnout) for the three groups were CAP (mean=18.3, SD=1.26), traditional (mean=19.1, SD=2.1), and creative (mean=19.5, SD=16.4).

Additional review of the descriptive statistics showed that the scores obtained were in the mid-range for burnout for all 3 groups (range from 8 to 32). In calculating a rough score, CAP scored .55 on exhaustion, while the highest obtained score was .58 for the traditional group. For disengagement, CAP scored a .57, while the creative group scored a .61.

Table 4

Descriptive Statistics for Study Participants in Comparison Groups of 20 (N=60)

Approach	*n*	Mean	SD
Exhaustion			
Traditional	20	18.6	1.70
Creative	20	18.15	1.63
Canine-assisted	20	17.75	1.77
Disengagement			
Traditional	20	19.1	2.1
Creative	20	19.5	1.64
Canine-assisted	20	18.3	1.26

Demographics. Demographics for the groups in the second data set are found in Table 5. For the 60 group participants, 55 (91.7%) were female, 4 (6.7%) were male, and 1 (1.7%) preferred not to answer. Ages ranged from 25 years or under, to 65 years and older without any participants in 24 years or under category. For race/ethnicity, participants were Caucasian (*n*=51, 85%), Hispanic/Latin (*n*=6, 10%), African American (*n*=1, 1.7%), Other (*n*=1, 1.7%), and Prefer Not to Answer (*n*=1, 1.7%). The marital status of participants were married (*n*=44, 73.3%), divorced (*n*=8, 13.3%), never married (*n*=6, 10%), widowed (*n*=1, 1.7%), and separated (*n*=1, 1.7%).

The additional demographic questions on the counseling information of the participants showed that the counseling experience of the participants were 1-3 years (*n*=4, 6.7%), 4-7 years (*n*=13, 21.7%), 7-10 years (*n*=11, 18.3%), and 10+ years (*n*=32, 53.3%). The primary practice setting of the participants were private practice (*n*=40, 66.7%), community mental health agency (*n*=10, 16.7%), and other (*n*=10, 16.7%). The

primary practice locations were urban (*n*=39, 65%) and rural (*n*=21, 35%). The practice regions of participants were Southeast (*n*=18, 30%), Midwest (*n*=14, 23.3%), West (*n*=13, 21.7%), Northeast (*n*=9, 15%), and Southwest (*n*=6, 10%).

Table 5

Demographic Results of Study Participants in Comparison Groups of 20 (N=60)

	Total sample		Traditional		Creative		CAP	
Factor	*N*	%	*n*	%	*n*	%	*n*	%
Gender								
Female	55	91.7	17	85	19	95	19	95
Male	4	6.7	2	10	1	5	1	5
Non-binary/third gender	0	0	0	0	0	0	0	0
Self-describe	0	0	0	0	0	0	0	0
Prefer not to answer	1	1.7	1	5	0	0	0	0
Age								
24 years or under	0	0	0	0	0	0	0	0
25-34 years old	11	18.3	5	25	3	15	3	15
35-44 years old	13	21.7	4	20	8	40	1	5
45-54 years old	14	23.3	5	25	4	20	5	25
55-64 years old	15	25	4	20	3	15	8	40
65 years and above	7	11.7	2	10	2	10	3	15
Race/ethnicity								
Asian	0	0	0	0	0	0	0	0
African American	1	1.7	1	5	0	0	0	0
Caucasian	51	85	16	80	18	90	17	85
Hispanic/Latin	6	10	2	10	2	10	2	10
Native American	0	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0
Other	1	1.7	0	0	0	0	1	5
Prefer not to answer	1	1.7	1	5	0	0	0	0
Marital Status								
Married	44	73.3	15	75	13	65	16	80
Divorced	8	13.3	2	10	3	15	3	15
Widowed	1	1.7	1	5	0	0	0	0
Separated	1	1.7	0	0	1	5	0	0
Never Married	6	10	2	10	3	15	1	5
Counseling Experience								
1-3 years	4	6.7	3	15	1	5	0	0
4-7 years	13	21.7	4	20	6	30	3	15
7-10 years	11	18.3	3	15	4	20	4	20
10+ years	32	53.3	10	50	9	45	13	65
Primary Practice Setting								
Private Practice	40	66.7	12	60	13	65	15	75
Comm Mental Health Agency	10	16.7	3	15	5	25	2	10
Other	10	16.7	5	25	2	10	3	15
Primary Practice Location								
Rural	21	35	7	35	6	30	8	40
Urban	39	65	13	65	14	70	12	60
Practice Region								
Midwest	14	23.3	4	20	7	35	3	15

Northeast	9	15	6	30	1	5	2	10
Southeast	18	30	7	35	3	25	6	30
Southwest	6	10	1	5	5	15	2	10
West	13	21.7	2	10	4	20	7	35

ANOVAs. A second set of two ANOVAS were conducted to compare participants that engaged in any CAP 51% of the time or more (n=20), against random samples of participants that used either traditional (n=20) or creative approaches (n=20), 51% of the time or more, and did not use an CAP in counseling. The first ANOVA again evaluated the burnout factor of exhaustion, data consisted of total scores from exhaustion questions on the OLBI (see Figure 4). In evaluating the assumption of normality using the Shapiro-Wilk test, the assumption of normality was rejected (p<.05), therefore, readers should share this information with caution. The assumption of homogeneity of variances was tested using Levene's F test, $F(2, 57)=.217$, p=.806 and it did not reject the equal variance assumption. The independent between-groups ANOVA did not indicate a statistically significant effect, $F(2, 57)=1.249$, p=.295, η^2=.042; therefore, there was a failure to reject the null hypothesis of no differences between the means.

The second ANOVA again evaluated the burnout factor of disengagement, data consisted of total scores from disengagement questions on the OLBI (see Figure 4). In evaluating the assumption of normality using the Shapiro-Wilk test, the assumption of normality was rejected (p<.05), therefore, readers should share this information with caution. The assumption of homogeneity of variances was tested using Levene's F test, $F(2, 57)=2.93$, p=.062 and it did not reject the equal variance assumption. The independent between-groups ANOVA did not indicate a statistically significant effect,

$F(2, 57)=2.579$, $p=.085$, $\eta^2=.083$; therefore, there was a failure to reject the null hypothesis of no differences between the means.

Additional Data Collected

Participants that had answered yes to "Do you currently engage in Canine-Assisted Psychotherapy (CAP) with clients?" ($n=40$), were given an additional question than those that answered no. Participants were asked "Would you be interested in being contacted for participation in follow-up studies on Canine-Assisted Psychotherapy (CAP)?" 27 participants responded yes and provided an e-mail address for future contact. The e-mails were placed into an Excel document that is locked and stored on a locked laptop for future use.

Summary

This chapter discussed the data collection process, provided an overview of the 375 study participants, discussed data and analysis, and provided information on additional data collected. The purpose of this exploratory study was to evaluate if the two burnout factors of exhaustion and disengagement varied between the counseling approaches of traditional, creative, and CAP. Two datasets ($n=120$, $n=60$) were created to evaluate if the means of scores for exhaustion and disengagement on the OLBI varied between the 3 groups. All 4 ANOVAs conducted failed to reject the null hypothesis of no differences between the means, indicating no statistical differences between the groups. Chapter V will discuss an interpretation of the data and possible conclusions. Results will be discussed in conjunction with the literature review previously provided. Also discussed will be limitations of this study, along with suggestions for future research.

Chapter V

DISCUSSION

This research study was conducted to explore and gain a better understanding of how different counseling approaches may affect the burnout factors of exhaustion and disengagement in mental health therapists. This chapter will discuss the interpretation of the data from the study, along with possible conclusions.

Summary of Findings

Similarities and Differences Across Demographics

In reviewing the demographics of the population sample (*N*=375), the majority of the participants were female (90.7%), aged 35 to 44 years old (29.9%), Caucasian (87%), and married (69.1%). Counseling information indicated that the majority of participants had 10+ years experience (53.9%), practiced primarily in private practice (64%), in urban locations (62.1%), and were from the Midwest region (28%). When compared to the two subsets of data, similar demographics were found.

The demographics of the participants for the first set of data (*N*=120) indicated that the majority of the participants were female (92.5%), aged 35 to 44 years old (30%), Caucasian (90%), and married (69.2%). Counseling information indicated that the majority of participants had 10+ years experience (61.7%), practiced primarily in private practice (63.3%), in urban locations (61.7%), and were from the Midwest region (24.2%).

The demographics for the second set of data (*N*=60), indicated that the majority of participants were female (91.7%), aged 55 to 64 years old (25%), Caucasian (85%), and married (73.3%). Counseling information indicated that the majority of participants had

10+ years experience (53.3%), practiced primarily in private practice (66.7%), in urban locations (65%), and were from the Southeast region (30%).

In reviewing the demographics across the three participant samples (*N*=275, *N*=120, *N*=60), there were only two factors that varied for the majority. The first was that for the second set of data (*N*=60), the participants with the majority age range was 55 to 64 years old, when in the population sample and first set of data (*N*=120), the majority age range was 35 to 44 years old. The second factor that differed was the majority region in the second set of data (*N*=60) which was Southeast, whereas in the other two groups the majority region was the Midwest. This may have been attributed to the small sample size, which would have made small changes in demographic numbers have more weight on percentages.

Other. Lastly, the participants were also sorted into three groups based on which counseling approach they reported using 51% of the time or more. The traditional group consisted of 171 participants (45.6%), the creative group had 208 participants (55.5%), and CAP had 20 participants (5.3%). There was some overlap among which approach participants reported using 51% or more of the time as indicated in the participant numbers equaling over *N*=375. There appeared to be more overlap between the creative and traditional approaches, which may be accounted for since many creative therapies use the lens of traditional counseling theory approaches (Regev, Kurt, & Snir, 2016). There was also some overlap between creative and CAP approaches. In conducting research, I also found that there is an approach that combines play therapy and CAP (Sori & Hughes, 2014), which may account for this factor. Since CAP is a newer approach and it has does not yet have as much structure as other counseling approaches, there may not

yet be enough information that discusses how to integrate traditional counseling theory into this approach.

Research Question 1 Conclusions

The first research question that I sought to answer was, 1) How does burnout, as defined by 2 scales of exhaustion and disengagement, vary in mental health counselors practicing traditional, creative or CAP counseling approaches? The research for this question was conducted using a group of 120 participants that were split into 3 groups of 40. There were 40 participants that answered yes to conducting any CAP and therefore, 40 participants were randomly selected from the counseling approach groups of traditional and creative. An ANOVA was conducted to evaluate if there were differences in the means of the scores for exhaustion. A second ANOVA was conducted to evaluate the mean of the scores for disengagement. Both ANOVAs used the Shapiro-Wilk test to test the assumption of normality and Levene's *F* test to test the assumption of homogeneity of variances.

Exhaustion. In the exhaustion subset, the Shapiro-Wilk test rejected the assumption of normality ($p<.05$). The Levene's *F* test, $F(2, 117)=.442$, $p=.664$, did not reject the equal variance assumption. The independent between-groups ANOVA did not indicate a statistically significant effect, $F(2, 117)=.129$, $p=.879$, $\eta^2=.002$ and there was a failure to reject the null hypothesis.

Disengagement. In the disengagement subset, the Shapiro-Wilk test also rejected the assumption of normality ($p<.05$). The Levene's *F* test, $F(2, 117)=.499$, $p=.608$, also did not reject the equal variance assumption. The independent between-groups ANOVA

did not indicate a statistically significant effect, $F(2, 117)=3.021$, $p=.053$, $\eta^2=.049$ and there was a failure to reject the null hypothesis of no differences between the means.

The results of both ANOVAs indicated that there were not any significant differences ($p<.05$) in the means of the counseling approach groups of traditional, creative, and CAP, for the burnout factors of exhaustion and disengagement. While the ANOVA for disengagement indicated , $F(2, 117)=3.021$, $p=.053$, $\eta^2=.049$, the value was slightly over the cutoff value of $p<.05$. With a larger sample size, the results may have led to a more significant finding.

Research Question 2 Conclusions

The second research question that I sought to answer was, 2) How is burnout, as defined by 2 scales of exhaustion and disengagement, different or similar in mental health counselors that practice CAP 51% of the time or more versus mental health counselors using traditional or creative counseling approaches 51% of the time or more? The research for this question was conducted using a group of 60 participants that were split into 3 groups of 20. There were 20 participants that answered yes to conducting CAP 51% of the time or more. 20 participants that had answered no to using an CAP, were randomly selected from the counseling approach groups of traditional and creative as comparison groups. An ANOVA was conducted to evaluate if there were differences in the means of the scores for exhaustion. A second ANOVA was conducted to evaluate the mean of the scores for disengagement. Both ANOVAs used the Shapiro-Wilk test to test the assumption of normality and Levene's F test to test the assumption of homogeneity of variances.

In the exhaustion subset, the Shapiro-Wilk test rejected the assumption of normality ($p<.05$). The Levene's F test, $F(2, 57)=.217$, $p=.806$, did not reject the equal variance assumption. The independent between-groups ANOVA did not indicate a statistically significant effect, $F(2, 57)=1.249$, $p=.295$, $\eta^2=.042$ and there was a failure to reject the null hypothesis of no differences between the means.

In the disengagement subset, the Shapiro-Wilk test rejected the assumption of normality ($p<.05$). The Levene's F test, $F(2, 57)=2.93$, $p=.062$, did not reject the equal variance assumption. The independent between-groups ANOVA did not indicate a statistically significant effect, $F(2, 57)=2.579$, $p=.085$, $\eta^2=.083$ and there was a failure to reject the null hypothesis of no differences between the means.

The results of both ANOVAs indicated that there were not any significant differences ($p<.05$) in the means of the counseling approach groups that used traditional, creative, and CAP 51% of the time or more, for the burnout factors of exhaustion and disengagement. While the ANOVA for disengagement indicated, $F(2, 57)=2.579$, $p=.085$, $\eta^2=.083$, the value was over the cutoff value of $p<.05$. As with the previous ANOVA on disengagement for Research Question 1, the results may have led to a more significant finding with a larger sample size.

One possible explanation for the rejection of the assumption of normality and failure to reject the null hypothesis in the four subsets of data, is the small sample size. While the number of participants in groups for traditional ($n=171$) and creative ($n=208$) was high, the number of participants in the CAP was much smaller. The number of participants that engaged in CAP 51% of the time or more was 20, and the number of participants that engaged in any CAP was 40. Having such small participant groups for

CAP made it difficult to get an adequate comparison between the 3 groups, which could have potentially affected the significance of the findings.

Possible Conclusions

When reviewing the descriptive statistics and ANOVAs across all four data sets, some possible conclusions can be discussed even though no statistical differences were found. In reviewing the descriptive statistics (see Table 6), the means for the CAP group were consistently lower across the groups. The exception was for exhaustion (n=120) in the first set of data evaluated, in which the CAP and traditional group shared the lowest mean (mean=17.60); this was the only data set in which CAP did not have the lowest overall mean. Another interesting finding is that creative had the highest mean for an exhaustion scoring (mean=17.78) and for a disengagement scoring (mean=19.5), with traditional having similar results of the highest mean for a disengagement scoring (mean=19.2) and for a an exhaustion scoring (mean=18.6). While there may not have been a significant difference found, CAP tended to have lower means across data subsets for both exhaustion and disengagement. In contrast with the other two groups, the CAP groups did not ever obtain the highest mean across the four data sets.

Table 6

Descriptive Statistics for Study Participants Across Data Sets

Approach	*n*	Mean	SD
Exhaustion			
Traditional	40	17.60	1.72
Creative	40	17.78	1.86
Canine-assisted	40	17.60	1.75
Disengagement			
Traditional	40	19.20	1.83

Creative	40	18.83	1.53
Canine-assisted	40	18.30	1.56
Exhaustion			
Traditional	20	18.6	1.70
Creative	20	18.15	1.63
Canine-assisted	20	17.75	1.77
Disengagement			
Traditional	20	19.1	2.1
Creative	20	19.5	1.64
Canine-assisted	20	18.3	1.26

When reviewing the significance and effect sizes for the 4 ANOVAs that were conducted (see Table 7), there are a couple points to discuss. While the results were not significant, both ANOVAs for the factor of disengagement yielded a p-value closer to $p<.05$ than the ANOVAs for exhaustion. The results of the ANOVA for the first data set of disengagement indicated $p=.053$, $\eta^2=.049$, which was very close to the cutoff value of $p<.05$ and the results of the ANOVA for the second data set indicated $p=.085$, $\eta^2=.083$. A tentative conclusion may be drawn that including CAP in counseling may affect disengagement more than exhaustion.

Table 7

ANOVAs for Study with Significance

Factor	*n*	Sig.	η^2
Exhaustion	40	.879	.002
Disengagement	40	.053	.049
Exhaustion	20	.295	.042
Disengagement	20	.085	.083

Discussion

Despite not finding significant differences in burnout between the groups, the results of this exploratory study have several implications for current literature and research. The concept of burnout in mental health counselors is important to address. Morse et al. (2012) estimated that 21–67% of mental health workers were being affected by high levels of burnout. O'Connor, Neff, and Pitman (2018) estimated that as much as 40% of mental health professionals were experiencing emotional exhaustion. It is interesting to note that the mean scores across all four subsets of data (see Table 6) were above 50%. The scores on the OLBI ranged from "1-Strongly agree" to "4-Strongly disagree" for a total of 8 questions per factor (exhaustion, disengagement), with the lowest possible score being 8 and the highest possible score being 32. The range of means for all four data sets combined was 17.6 to 19.5, with a 50% score on either factor being 16. All means indicated that mental health therapists are experiencing the burnout factors of exhaustion and disengagement to some degree, which aligns with the literature that there are high rates of burnout among mental health professionals.

Creative Therapies

In previous counseling literature, there were not any studies that evaluated if counseling approaches had any effects on burnout rates. Several studies reviewed in the literature indicated that creative therapies could have a positive effect on burnout. Since there were not any studies that specifically evaluated the effect of creative therapy on therapist burnout, previous studies examined specifically referred to therapists or counselors either creating or engaging in creative activities themselves (Iliya, 2014; Jue, 2017). Orkibi (2016) discussed that creative arts therapies could assist students and

professionals engaging in them have more resiliency towards work burnout. One question that was not asked to the creative group was if they were engaging in the creative intervention with clients. This may have affected the outcome since an assumption was made that creative therapists would engage in the activity with clients, which can vary greatly between the different types of creative therapies that were included (e.g., art, dance/movement, drama, music, play, animal-assisted).

Canine-Assisted Psychotherapy

Theoretical foundation of human-animal bond. The human-animal bond (HAB) was used to create a framework for the potential benefits of using canines within counseling sessions, both for clients and therapists. HAB was defined in this study as "a mutually beneficial and dynamic relationship between people and animals that positively influences the health and well-being of both" (Pet Partners, n.d.b.). The HAB with canines, included many positive physiological benefits. Studies have shown that being in the presence of or interacting with a dog, can lead to an increase in oxytocin, decreased stress levels, and lowered blood pressure (Beetz, 2017; Finn-Stevenson, 2016. Such positive physiological reactions with canines may help to explain why the means of the CAP group participants were consistently lower than the comparison groups in exhaustion and disengagement.

Another aspect of HAB, is the bond of attachment that is created between canines and humans. Wells (2009) discussed that humans can develop strong emotional ties to their pets. In a study on human attachment to animals conducted by Mueller (2014b), individuals that owned a horse or dog had significantly higher attachment scores than

those with other types of pets. Having a high attachment to dogs, may assist those using dogs within the counseling setting.

On the OLBI, disengagement was defined as "distancing oneself from one's work in general, work object, and work content" (Demerouti, Mostert, & Bakker, 2010, p. 210-211). The disengagement comparisons in this study were closer to significance, than the exhaustion comparisons. High attachment to canines being used as a counseling approach, may account for less disengagement within the work setting. In addition, Finn-Stevenson (2016) believed that canines assisted individuals with being able to be more mindful and present. In a study conducted by Jackson-Grossblat, Carbonell, and Waite (2016), they concluded that participants that interacted with their dogs in a more mindful manner, were able to make improvements in their relationships with others, improve work relationships, and have greater community involvement overall. Fitzgerald and Danner (2012) discussed that employees that brought their dogs to work would have an increase in cooperative and productive behaviors. All these studies indicated that canines within the workplace, may assist with employees being more engaged.

Canines and counselors. In addition, another factor to consider is that of social support. Beetz, Uvnäs-Moberg, Julius, and Kotrschal (2012) discussed that "the effect of a friendly animal on the perception of the human in its company and on the stimulation of social behavior. This is also called the social catalyst effect when it refers to the facilitation of interpersonal interactions" (p.2). The social catalyst effect may help to possibly further explain why therapists using canines in sessions have lower rates of disengagement. Bryan et al. (2014) found that participants that viewed their pets more favorably, perceived that they had higher social support in their lives. Typically, social

support for counselors must occur outside of sessions since within sessions, it is just the therapist and the client, or clients. Perceiving having higher social support may assist therapists with engagement in their work since canines can provide this within sessions and offer support during counseling sessions. Zilcha-Mano, Mikulincer, and Shaver (2011) discussed that a therapy pet could assist therapists with handling difficult situations in sessions by serving as a safe haven. They believed that this could assist therapists when feeling attacked by clients, feeling helpless when failing to help a client, and being more capable of handling difficult client disclosures or therapeutic alliance breakdowns. Policay and Falconier (2018) also found that therapists believed that that a therapy dog assisted with maintaining the therapeutic alliance with clients, as well as assisted therapists with self-regulation. If a therapist could be assisted with these issues within sessions, a potential result could be better engagement when these issues are happening. Having perceived support in a canine, may help therapists to stay engaged when issues in counseling sessions arise, rather than the usual reaction of disengaging.

This idea aligns with qualitative studies previously discussed in which therapists reported that their dogs served as “co-therapists” during sessions (Policay & Falconier, 2018; Thompson, 2009). This was also an idea and finding originally discussed by the founder of the concept of CAP, Boris Levinson, in his book titled, *The Dog as a "Co-therapist"* (1962). If canines are perceived as co-therapists, this may assist with therapists feeling more supported during sessions and therefore, help them to remain more engaged. While hypotheses and tentative conclusions can be drawn based off of previous literature and current study findings, further exploration of why therapists using canines have lower disengagement scores is warranted.

Implications

This study addressed several gaps in the literature. The literature discussed that there was a need for more research on burnout among mental health providers. (Lent & Schwartz, 2012; Morse et al., 2012). This study evaluated the potential relationship between counseling approaches and counselor burnout, which has not yet been studied before.

Lee, Cho, Kissinger, and Ogle (2010) discussed that there was a need to identify and design interventions that helped to prevent and alleviate counselor burnout. Hardiman and Simmonds (2013) discussed that burnout research may want to explore personal resources available to clinicians to see how this may affect them. If counseling approaches could be used as a potential intervention and personal resource, this could be a widely used intervention since counselors use counseling approaches in everyday work and it would require minimal effort to implement. This concept helps to address another gap in literature, which is the identification of burnout interventions in the workplace (Lent & Schwartz, 2012; Morse et al., 2012). With the counseling profession and the work associated with it being so stressful, it is helpful to look at counseling approaches as potential workplace interventions that could help to address stress while it is happening.

The final gap in literature that was addressed was the potential benefits of canines to counselors in the workplace. There was one qualitative study found that explored the potential impact of canines on therapists within the counseling setting (Policay & Falconier, 2018). This study evaluated the dynamic between canines and therapists within the work setting, as well as provided a quantitative study which had not yet been conducted. Both of these factors address a large gap in counseling literature.

Limitations of the Study

This study was exploratory in nature and had several limitations. One limitation of this study is generalizability to mental health counselors from a wide variety of backgrounds. The demographics for the study indicated that the majority of participants (N=375) were female (90.7%), Caucasian (87%), and married (69.1%). These three factors were also majority in each of the two samples (n=120, n=60) that were analyzed. Therefore, the results of the study may not be generalizable in a multicultural context.

There were two limitations in the data of the study. A major limitation of this study was the small sample size for both CAP groups (n=40, n=20). Such small sample sizes make it difficult to assume generalizability and also, to achieve significant statistical differences. A second limitation was that the assumption of normality was rejected across all 4 data subsets when using the Shapiro-Wilk test (p<.05), therefore, the results of this study should be shared with caution.

Another limitation in this study is that it was solely reliant on self-report and there was only one instrument of burnout used. There is potential bias of self-report due to socially desirable responding (SDR) (van de Mortel, 2008). Burnout has a negative connotation, as evident in the previous literature discussed where burnout is identified as a ‘problem’ to be solved. It can be hard for mental health therapist to admit when they are experiencing burnout due to the negativity surrounding the concept. Participants may therefore answer questions on burnout according to how they “think” they should respond in order to present themselves better, rather than respond with how they are actually feeling.

The final limitation of the study is also related to self-report. Participants were asked which counseling approach they used 51% of the time or more, which was then used to sort the participants into 3 groups. This sorting method required that participants reflect on which approaches they used and make a calculated guess of which may be over 51%. Relying on the self-report of a calculated guess is a limitation because it is difficult to know which approach may have truly been used 51% of the time or more.

Suggestions for Future Research

There are many suggestions for future research based off the findings of this exploratory study. The first suggestion is the potential improvements that could have been made to this study. Further evaluating the creative therapies group would be helpful to better identify if therapists/counselors were engaging in the creative therapies with clients. In addition, the different creative subsets (e.g., art, dance/movement, drama, music, play, animal-assisted) may benefit from being categorized as separate comparison groups, instead of as one group. This may help to further evaluate if there are variations in burnout between the different types of creative therapies.

Another interesting comparison group would be Nature/Adventure Therapy. While this is a creative therapy, it was only listed in one of the textbooks (Gladding, 2017) that was used to construct the creative therapies list. Having a Nature/Adventure Therapy comparison group would assist with evaluating a wide variety of therapies and their potential implications on burnout.

There were many issues with getting participants that were engaging in CAP. The difficulty in obtaining CAP participants further highlighted that CAP is a new counseling approach and does not have as many counselors engaging in it as creative or traditional

therapies, which led to this study being exploratory. More research on how CAP is developing in the counseling field and how therapists/counselors are obtaining and possibly sharing information would be especially useful. For future studies, having a higher number of participants in CAP studies could help to further substantiate the usefulness of CAP as a treatment approach.

Another suggestion for future research would be exploring if there is a relation between age and burnout. Per the survey, 53.9% of participants had 10+ years of experience. It would be interesting to evaluate why the majority of the participants had such extensive experience and potential burnout rates of this population.

Continuing to study burnout and counselors within the workplace, could also lead to the development of a potential model for a counseling agency. If factors can be identified that help to mitigate burnout for mental health therapists, incorporating these preventative and/or mitigating factors into an agency model would be highly useful. Such a model could assist with the high burnout rates in mental health counselors and contribute to the literature on burnout prevention.

A final suggestion for future research is since a high number of CAP participants could not be obtained for a quantitative study, qualitative studies to explore possible underlying effects of the engagement phenomenon could provide more information. It is highly recommended that in conducting such research, previous attention is paid to the studies discussing how previous qualitative designs on CAP are flawed and steps are taken to build stronger qualitative designs.

Conclusion

While this research study did not find any significant differences in burnout rates among the counseling approaches of traditional, creative, and canine-assisted psychotherapy (CAP), an interesting finding was that the CAP groups had consistently lower means than the other two groups. Maslach and Goldberg (1998) stated that:

> A more recent approach may be especially promising for future work on the prevention of burnout. Here the multidimensional model is being used to focus on the direct opposite of burnout: engagement with work… The concept of a burnout-to-engagement continuum
>
> enhances our perspective on how the organizational context of work can affect workers' well-being. It recognizes the variety of reactions that employees can have to the organizational environment, ranging from the intense involvement and satisfaction of engagement, through indifference to the exhausted, distant, and discouraged state of burnout. (p. 65)

The assumption is made that engagement can help to mitigate exhaustion, which makes the findings of this study more interesting. Using canines in counseling, has many positive physiological effects and has potential effects on engagement. If there is the possibility that this counseling approach can help to mitigate the effects of burnout on mental health therapists, it is an approach that is well deserving of more focus and research to further evaluate its potential.

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Appendix A

We are conducting a research study to learn if counselor burnout varies between counselors that engage in different counseling approaches with clients.

If you volunteer to be in this study, you will be asked to engage in an online survey through SurveyMonkey. Your participation should take about 10-15 minutes.

This study is considered to be minimal risk of harm. This means the risks of your participation in the research are similar in type or intensity to what you encounter during your daily activities. You may experience some minor stress when reflecting on the potential impact of how your counseling work may affect you personally.

Benefits of doing research are not definite; but we hope to learn if counselor burnout varies between counseling approaches. In addition, we hope to gain a better understanding of the roles that canines may play in mental health counseling sessions. There are no direct benefits to you in this study activity.

The researchers and the University of Nevada, Reno will treat your identity and the information collected about you with professional standards of confidentiality and protect it to the extent allowed by law. You will not be personally identified in any reports or publications that may result from this study. The US Department of Health and Human Services, the University of Nevada, Reno Research Integrity Office, and the Institutional Review Board may look at your study records.

You may ask questions of the researcher at any time by calling Mona Martinez at (702) 353-6018 or by sending an email to monamartinez@nevada.unr.edu or the Principal Investigator Dr. Kenneth Coll, kcoll@unr.edu. You can also send any paper inquiries to Dr. Kenneth Coll, College of Education/0278, University of Nevada, Reno, 1664 N. Virginia St., Reno, NV, 89557-0278.

Your participation in this study is completely voluntary. You may stop at any time. Declining to participate or stopping your participation will not have any negative effects on your professional reputation.

You may ask about your rights as a research participant. If you have questions, concerns, or complaints about this research, you may report them (anonymously if you so choose) by calling the University of Nevada, Reno Research Integrity Office at 775.327.2368.

We appreciate your time and thank you for your participation in this study!
(please see link below to participate)

https://www.surveymonkey.com/r/mhcsurvey

Appendix B

Oldenburg Burnout Inventory

Instruction: Below you find a series of statements with which you may agree or disagree. Using the scale, please indicate the degree of your agreement by selecting the number that corresponds with each statement

	Strongly agree	Agree	Disagree	Strongly disagree
1. I always find new and interesting aspects in my work.	1	2	3	4
2. There are days when I feel tired before I arrive at work.	1	2	3	4
3. It happens more and more often that I talk about my work in a negative way.	1	2	3	4
4. After work, I tend to need more time than in the past in order to relax and feel better.	1	2	3	4
5. I can tolerate the pressure of my work very well.	1	2	3	4
6. Lately, I tend to think less at work and do my job almost mechanically.	1	2	3	4
7. I find my work to be a positive challenge.	1	2	3	4
8. During my work, I often feel emotionally drained.	1	2	3	4
9. Over time, one can become disconnected from this type of work.	1	2	3	4
10. After working, I have enough energy for my leisure activities.	1	2	3	4
11. Sometimes I feel sickened by my work tasks.	1	2	3	4
12. After my work, I usually feel worn out and weary.	1	2	3	4
13. This is the only type of work that I can imagine myself doing.	1	2	3	4
14. Usually, I can manage the amount of my work well.	1	2	3	4
15. I feel more and more engaged in my work.	1	2	3	4
16. When I work, I usually feel energized.	1	2	3	4

Note. Disengagement items are 1, 3(R), 6(R), 7, 9(R), 11(R), 13, 15. Exhaustion items are 2(R), 4(R), 5, 8(R), 10, 12(R), 14, 16. (R) means reversed item when the scores should be such that higher scores indicate more burnout.