

UNDERSTANDING PARENT'S ATTITUDES ON EFFICACY REGARDING THEIR CHILDEN'S INVOLVEMENT IN OCCUPATIONAL DOG-ASSISTED THERAPY: QUALITATIVE STUDY

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**Understanding Parents` Attitudes on Efficacy Regarding Their Children`s
Involvement in Occupational Dog-Assisted Therapy: Qualitative Study**

Final thesis

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Split, September 2024

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**Understanding Parents` Attitudes on Efficacy Regarding Their Children`s
Involvement in Occupational Dog-Assisted Therapy: Qualitative Study**

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Understanding Parents` Attitudes on Efficacy Regarding Their Children`s Involvement in Occupational Dog-Assisted Therapy: Qualitative Study

1. Introduction

1.1. Historical context of animal-assisted therapy

The notion that animals can impact human well-being has ancient roots (Gee et al., 2021). Since the late 18th century, companion animals have been utilized to aid in the rehabilitation of individuals facing social ostracism, loneliness, and recidivism among the mentally ill, chronically ill, and criminal populations. Florence Nightingale, a British social reformer, nurse, and statistician, emphasized the value of pets as companions for the sick. She noticed particular benefits of pets in prolonged cases (Nightingale, 1860), suggesting a longstanding recognition of animals' potential to enhance human welfare (Oyama & Serpell, 2013). Historically, the pioneering figure in the integration of animals into therapy is believed to be Dr. Boris M. Levinson. He employed animals to aid emotionally disturbed children in his New York practice. While Sigmund Freud, along with several other psychoanalysts and therapists, had sporadically incorporated animals into their practices over the years, it was Dr. Levinson who formalized the approach as a systematic method of therapy (Parish-Plass & Bachi, 2021). In his research he recognized that utilizing his dog, Jingles, encouraged timid children to be more engaging and often diffused aggression in those prone to violence (Firmin, 2016).

Without further discussion, it can be concluded that animals have long played a significant role in the lives of many individuals. Through much research it has become a common knowledge that parents have encouraged the presence of household pets for generations; however, the formal utilization of animals for therapeutic purposes only gained traction towards the latter part of the twentieth century (Hüsgen et al., 2022). During this period Animal-Assisted Activities (AAAs) and Animal-Assisted Therapy (AATs) became widespread therapeutic approaches recognized both in health services and higher education.

1.2. Dog-assisted therapy

Dog-assisted therapy (DAT) is the most commonly used in the context of AAT (Nimer & Lundahl, 2007). Study from Niemer & Lundahl (2007) suggested that “the use of dogs in AAT is consistently associated with moderately high effect sizes, which is not the case with all other animal groups”. Consequently, according to the International Therapy Dog

Association, the main definition that distinguishes between dog as a household pet and therapy dog is that

therapy dog is a trained dog that is involved in individual or group work with the user of the therapy dog in order to achieve predefined goals of the therapeutic and/or rehabilitation procedure (ITDA, n.d.). The professional handler of a therapy dog is a professional person trained to work with therapy dog who carries out a therapeutic and/or rehabilitation procedure with the user of the therapy dog and the therapy dog within the scope of his profession to achieve predefined goals of the therapeutic and/or rehabilitation procedure. Dog-assisted therapy is most often intended to be structured in a way that a therapy dog is present during therapeutic intervention together with the client and the therapist, and it is used to improve the social skills of the client, to reduce psychological symptoms and/or to promote neurobiological processes (Gut et al., 2018; Jegatheesan et al., 2018; Hüsgen et al., 2022). Additionally, animal-assisted therapy (AAT) with therapy dogs is recognized as a promising intervention for children with different types of behavioural and developmental disabilities (Hoagwood et al., 2016; Schuck et al., 2018; Hüsgen et al., 2022). Dogs are the most common animals involved in AAT, since they seem to be among animals that have the greatest ability to adapt to human behaviour, read and react to human (body) language, availability, and trainability (Duranton & Gaunet, 2018; Glenk, 2017; Miklósi & Topál, 2013; Hüsgen et al., 2022).

1.3. Theoretical frameworks supporting animal-assisted therapy

Several theoretical frameworks surrounding AAT tried to explain the positive effects of animal interactions on humans. Firstly, attachment theory suggests relationships with therapy animals enhance emotional welfare, self-confidence, and mental health through encouraging the development of secure attachment (Lass-Hennemann, 2022). Although attachment theory has traditionally been applied to human relationships, recent research by Zilcha-Mano, Mikulincer, and Shaver (2011) emphasizes its relevance in understanding the human-pet bond, where pets can serve as attachment figures. This perspective suggests that pets often fulfil the four key prerequisites of an attachment bond: proximity seeking, safe haven, secure base, and separation distress (Zilcha-Mano et al., 2011). Furthermore, the stress-coping model views animals as social support that aids in managing stress. Article in question is a study carried out by Jennings et al. (2021) on AAI within the framework of pediatric inpatient acute care hospitals, which found positive influences of AAI on mood, salivary cortisol levels and activity. Essentially, it was discovered during the study that repetitive AAI visits might

bring down children's tension while increasing their movement and maybe even motion in the ICU context in general. Finally, the biophilia hypothesis according to Kellert, S. R., & Wilson, E. O. (1995) posits that humans are naturally inclined to connect with nature, and research shows that calm, friendly animals can soothe human moods, enhancing the effectiveness of animal-assisted therapy (Buljan Flander et al., 2018; Legović, 2019).

Furthermore, the recent study from Kerulo et al. (2020) investigated the perspective of 239 professionals working in the field of animal-assisted interventions (AAT) (Hüsgen et al., 2022). Their research showed that the medical world does not always readily accept AAT, sometimes attributing its noted successes to the phenomena of the placebo effect. Also, some other aspects to be considered are that some clients may require forms of attention that animals are unable to provide, some clients may have previous negative experiences with animals, and some clients may be mentally, emotionally, or physically unable to care for animals. Despite these circumstances, animals have played a significant role in hospital settings, improving both mental and physical health of individuals with variety of disturbances (Ang & MacDougall, 2022; Firmin et al., 2016).

1.4. Diverse benefits and effectiveness of animal-assisted therapy recognized in previous research

Previous research on potential benefits of AAT has recognized different potential impacts. For instance, interactions with animals have been linked to decreased blood pressure, thereby reducing fear, stress, and anger in a number of individuals (Firmin et al., 2016). Additionally, participation in AAT has been associated with lowered cortisol levels, particularly beneficial for patients with post-traumatic stress disorder, easing their fear and anxiety as well. Overall, the results of the study highlighted six key elements of AAT identified by therapists: promoting positive behaviour patterns, building trust, fostering caring for others, developing empathy, teaching cooperation and responsibility, and facilitating unexpected benefits through flexible approaches (Firmin et al., 2016). "Levinson (1980) estimated that feelings of compassion directed towards pets can develop and become feelings of empathy and understanding towards human suffering" (Groman, 2023). Consequently, caring and having warm and loving relationship with the animal allows the child to be empathetic to its feelings and to open up to the others, and from this to consider them and their feelings. Thus, it was found that children who had pets at home achieved higher scores on tests examining the level of empathy, compared to children who didn't have pets (Dadds et.al., 2008; Paul & Serpell, 1992; Groman,2023).

Additionally, study from Buljan Flander et al. (2018) emphasized that animals provide the child with a feeling of safety in the therapeutic environment and encourage spontaneous behaviours and communication. They stated that children are often more open with therapy animals because they do not feel these animals are judgemental. Also, in consideration of animal reactions to participants, research done by Ang & MacDougall (2022) found that “therapy animals did not reject people with autism but made them feel accepted”. Another study emphasized on the increased willingness to participate due to dogs’ presence. More specifically, “the therapy dog helped counter-act the tendency of patients with mental illness to self-isolate” (Sikstrom et al., 2020). In other words, researchers later concluded that the patient's interaction with the dog, where he reached out to pet and whisper to the animal, significantly improved his engagement, leading him to participate in the focus group discussion. This brief encounter with the dog was profoundly meaningful for the patient, highlighting the importance of touch and connection with another living being, an experience often scarce in interactions with fellow patients or staff. Such instances underscore the therapeutic potential of animal-assisted therapy in enhancing emotional support and social engagement for individuals with mental disorders (Silkstrom, 2020). Literature often attests to the same potential impact and benefits for children. For example, in the process of rehabilitation, the therapeutic dog is often found to be a motivator of improving skills and knowledge. In addition to that, due to the reduced stress and the pleasant social atmosphere created by the dog, positive prerequisites for learning can be created. Studies confirmed that children were able to concentrate on the task of memory and paid more attention to the teacher in the presence of the dog (Karnjuš, 2021).

Another research aimed to explore the effectiveness of animal-assisted therapy (AAT) in children, with the emphasis on dog-assisted therapy and horse-assisted therapy for children with autism spectrum disorder (ASD) through semi-structured interviews and thematic analysis. The research identified three major themes in their analysis: perceived benefits of AAT, how AAT works and potential limitations of AAT. Results of mentioned research showed that both therapists and parents perceive AAT as beneficial for children with ASD, which aligns with existing literature on AAT's effectiveness (Ang & MacDougall, 2022). Therefore, it would be beneficial to conduct more in-depth research on potential impacts on children in case of dog-assisted therapy. For example, in children with developmental disabilities, such as ADHD and ASD, interactions with dogs have been shown to positively influence social functioning (Ang & MacDougall, 2022).

In consideration of potential physical benefits in occupational therapy rehabilitation, the introduction of a therapy dog could influence physical activity. This stems from the knowledge that engaging in activities such as throwing a ball to the dog, guiding the dog, and navigating obstacles in interaction with the dog can make therapy more enjoyable for the child and encourage cooperation; and increased physical activity through active play (Christian et al. 2020; Westgarth et al., 2013; Karnjuš, 2021).

1.5. The role of occupational therapy and therapy dogs in addressing diverse mental and physical health needs in children

Considering the wide range of disorders, interventions, professional influence, and policy agendas in child and adolescent mental health, it is crucial to hypothesize on the potentially most appropriate type of intervention. While pharmacological options proved to be limited in some cases, there's a great interest toward "talking therapies." However, studies suggest that cognitive behavioural therapy and family therapy are not more effective than standard care in some cases (Brooks & Bannigan, 2021). In this context, occupational therapy emerges as a valuable healthcare profession that promotes health and well-being through participation in everyday activities (World Federation of Occupational Therapists, 2013). Therefore, as one of the potentially emerging alternative interventions contemporary research includes therapeutic dogs as a helpful modality in occupational therapy; but also emphasizes on combining different types of therapeutic interventions to ensure that the needs of each child are properly met (Buljan Flander et al., 2018).

1.6. The role of parental involvement and perceptions in child rehabilitation process

It is important to emphasize the knowledge that parents play a vital role in their child's rehabilitation process, especially when faced with the reality of their child's developmental challenges. This often brings feelings of concern, fear, and a strong desire to protect their child. Because of that, throughout the diagnostic process, parents continuously seek professional support, knowledge, and skills to care for their child, leading to heightened parental responsibility and increased stress. However, actively participating in the rehabilitation process can potentially empower parents, providing them with a sense of contribution and control. Also, in that way parents can potentially gain better insight into improvements, especially those with which they struggle to implement themselves (Ashcraft et al., 2020). For example, research that examined parental attitudes on AAT for children

with ASD found that “a significant motivator for parents who sent their children to AAT was that they were able to learn behavioural control, which they themselves struggled to teach their children, and to manage their challenging behaviours” (Ang & MacDougall, 2020). Since occupational therapists try to embrace the principles of family centred care (Hanna & Rodger, 2002), where the parent is the decision-maker and the expert in knowing their child and the therapist is a technical resource to the family, DAT in this context can also positively impact parents stress levels in cases of their presence in therapy (Novak & Honan, 2019). Research also found that 13% of paediatric occupational therapy interventions are directed at the parent, so parents can deliver intervention at home within daily parenting (Novak & Honan, 2019). Therefore, it can be hypothesized that including parents' opinions on research regarding their children's involvement in occupational dog-assisted therapy would be beneficial as well. For example, research shows that parents frequently attest to the benefits of animals as companions for their children, nurturing responsibility, providing companionship, and offering a sense of security (Schneider and Harley, 2006). Therefore, it is crucial to explore methods that positively influence and boost motivation to drive positive change. A study by Karnjuš (2021) in Croatia found that 75.47% of parents completely agree, and 15.09% mostly agree, that a therapy dog could help motivate their child in rehabilitation. This raises the question of whether programs like dog-assisted therapy are necessary if parents could have a therapy dog at home, potentially benefiting the entire family. Only 7.54% of participants had a certified therapy dog, which led to recognition of factors like accessibility and cost (Karnjuš, 2021).

1.7. The therapist's role in the rehabilitation process

Trained therapists may offer enhanced therapeutic outcomes due to their skills. In this way, the therapist's critical role in guiding the rehabilitation process with the dog is emphasized upon. Effective AAT practice relies on therapist traits like motivation, openness, commitment, and flexibility (Karnjuš, 2021). Research by Karnjuš (2021) also stated that the therapy with a dog requires a tailored approach, which also suggests a necessity for an expert who understands both the child's needs and dog psychology. The interdisciplinary team includes occupational therapists, physiotherapists, special education teachers, psychologists, speech therapists, and educators. Whether with a therapy or assistance dog, therapy leverages the dog's positive effects, encouraging engagement with the therapist.

Impact of dog characteristics on the effectiveness of dog-assisted therapy

However, it's important to consider whether the benefits of dog-assisted therapy vary depending on the dog used. Therapy dogs require special, regulated training to gain a therapeutic license and belong to the category of assistance dogs, selected and trained for specific purposes. Literature poses that effective therapy dogs need intelligence, the right personality traits, obedience, predictable behavior, and a fondness for human companionship (Karnjuš, 2021). On the other hand, handlers must maintain control to ensure the dog's cooperation in all circumstances. The dog's temperament is also crucial; younger, lively dogs may suit adolescents, while older, calmer dogs may be better for small children or the elderly (Karnjuš, 2021).

1.8. The role of nonverbal communication between therapy dogs and children in emotional and social support

It's worth noting that emotional and social support, according to Cobb (1976; cited in Langford et al., 1997), is often expressed through communication, which is particularly intriguing within the context of this research topic, as animal communication is primarily nonverbal. While initially seeming limiting, some authors (Zimmerman & Russell-Martin, 2008; VanFleet & Faa-Thompson, 2010) argue that one reason animals and children connect is because both primarily communicate nonverbally. As vocabulary and verbal communication skills develop over time through learning, it's presumed that this observation applies more to younger children. However, it's essential to consider that children with developmental difficulties often exhibit nonverbal behaviour or struggle with speech and language communication (Lakatoš & Vejmelka, 2013). Therefore, in therapy sessions, the therapist could manage verbal communication, while the dog contributes other forms of support.

1.9. The role of oxytocin in enhancing the benefits of dog-assisted therapy for children

The many benefits of dog-assisted therapy discussed above could be largely attributed to the influence of oxytocin, since many of the benefits found in DAT are also proven to have connection to oxytocin release. Produced in the hypothalamus and released in response to sensory stimuli like breastfeeding, sexual intercourse, touch, and warmth, oxytocin modulates many physiological, psychological, and behavioural functions. It enhances social interactions,

eye contact, empathy, trust, social skills, self-perception, and generosity, reduces depression, and promotes maternal behaviours and bonding. Oxytocin also has an anti-stress effect, reducing glucocorticoid levels and increasing pain thresholds, particularly under social stress (Uvnas-Moberg & Petersson, 2005). Studies show human-dog interactions increase oxytocin levels in both, with physical contact being significant (Buljan Flander et al., 2018). For instance, Odendaal and Meintjes (2003) found increased oxytocin and reduced cortisol after 5 to 24 minutes of stroking a dog. Similarly, Handlin et al. (2017) demonstrated significant oxytocin increases in both humans and dogs after just three minutes of interaction (Buljan Flander et al., 2018). This oxytocin-mediated response to human-dog interactions suggests a complementary nature between animal-assisted therapy and occupational therapy for children. Occupational therapy aims to enhance engagement and participation in daily life roles (Mandich & Rodger, 2006), including personal independence, productivity, and recreational activities (Rodger et al.). When children face barriers to participation due to disease, disability, or skill deficits, it can lead to marginalization, social isolation, and lowered self-esteem (Mandich & Rodger, 2006). Occupational therapists tailor interventions based on an analysis of the child's daily life roles, how their disability impacts performance, and environmental factors (Mandich & Rodger, 2006). By integrating therapy dogs into occupational therapy sessions, the potential benefits of oxytocin release can enhance therapeutic outcomes.

1.10. Enhancing occupational therapy outcomes with dog-assisted interventions

The emotional support and stress reduction provided by therapy dogs could be seen as complementary addition to the traditional occupational therapy interventions, potentially improving children's engagement and participation. This holistic approach may offer a more effective way of addressing long-term recovery challenges without interfering with therapy mechanisms. This way, a therapy dog could be seen as a contributor to better overall well-being and quality of life for children undergoing occupational therapy interventions, and for their primary caregivers as well (Buljan Flander et al., 2018). This study hypothesizes that DAT can significantly enhance various aspects of children's lives, including engagement into the therapeutic process, trust building, motivation, improvement of social skills, emotional well-being, and physical activity, based on parental feedback and observed improvements. By addressing the existing gap in qualitative research, especially concerning the perceptions of parents, this study seeks to provide valuable insights into the impact of DAT and identify

areas for further development. The goal is to contribute to the advancement of effective therapeutic interventions and ensure that they align with the best interests of the children involved, recognizing the crucial role that parental insights play in shaping these approaches.

2. Research Question, Aim and Purpose

The research question guiding this qualitative study is: "How do parents perceive the efficacy of occupational dog-assisted therapy for their children?"

The study will focus on parents of children who are currently involved in dog-assisted occupational therapy for more than six weeks. This study aims to explore and understand parents' attitudes towards their children's involvement in dog-assisted occupational therapy (DAT). It will employ a qualitative research design, utilizing one-on-one interviews with parents to gather in-depth insights. A semi-structured interview schema has been developed to guide the conversations, ensuring that key aspects such as perceived benefits of DAT, how DAT works, and potential limitations are thoroughly explored. The evaluation of the study will involve analysing the qualitative data gathered from the interviews to assess the perceived efficacy of dog-assisted therapy.

The purpose of the study is to gain an understanding of the potential effects of dog-assisted therapy (DAT) on different aspects of children's lives during their engagement in the therapy and the existence of need for further development of the therapeutic direction.

3. Methods

3.1. Setting and Sample

This qualitative study was conducted at the Clinical Hospital Centre in Split within the Department of Psychology and Educational Rehabilitation, as part of the Clinic for Children’s Diseases. An empty office was assigned for the interviews, without interruptions during the interviews. Data was collected via in-depth, semi-structured interviews. The participants were parents of children who use the service of a therapy dog as a part of occupational dog-assisted therapy scheduled for once a week and are included in therapy for over six weeks. The aim was to recruit 10 participants, parents of children involved in dog-assisted occupational therapy at the Clinical Hospital Centre in Split. However, the sample size was increased during the conduction of interviews to reach saturation, totalling in 13 participants (from 13 different families), including one male and twelve female participants (See *Table 1. Demographic Characteristic of the Participants and Their Children*. The predominance of female participants can be explained by the fact that mothers more often have the status of primary caregivers, and it is usually the mother's name that appears most frequently on the parents' contact list. Also, in cases where both parents were present during the initial approach, females were more interested in participating. All research participants resided in Split and vicinity, except for one with a residence in Omiš.

Table 1. Demographic Characteristic of the Participants and Their Children

| Participans' number | Sex of Participant | Sex of Child | Age of Participant | Age of Child | Number of Finished Therapy Sessions (at the moment of interview) |
|---------------------|--------------------|--------------|--------------------|--------------|------------------------------------------------------------------|
| 1 | Female | Male | 36 | 4 | 6 |

| | | | | | |
|-----------|--------|--------|----|---|-----|
| 2 | Female | Male | 35 | 2 | 8 |
| 3 | Female | Male | 33 | 2 | 6 |
| 4 | Female | Male | 39 | 5 | 7 |
| 5 | Female | Female | 41 | 5 | 7 |
| 6 | Female | Female | 29 | 2 | 8 |
| 7 | Female | Male | 37 | 2 | 7 |
| 8 | Female | Male | 40 | 3 | 6 |
| 9 | Female | Male | 39 | 5 | 8 |
| 10 | Female | Male | 39 | 3 | >20 |
| 11 | Female | Male | 43 | 3 | >20 |
| 12 | Female | Male | 38 | 4 | >20 |
| 13 | Male | Female | 40 | 2 | 6 |

Note. The table represents demographic data concerning both participants (parents) and their child who is included in therapy. It includes sex and age of the participants and the child's sex and age, as well as the number of finished therapy sessions at the moment of conducting the interview with parents' child.

Furthermore, information about concurrent inclusion in other therapies was gathered, as well as the method of inclusion. More than half participants reported that their children participated in multiple therapies simultaneously, such as speech therapy, occupational therapy, or physical therapy. However, an exact number of those children couldn't be precisely captured due to the fact that some children are between therapies or waiting to start it. This holistic approach was seen as beneficial by some parents, as they said the different therapies complemented each other and contributed to the child's overall development. Regarding the method of inclusion, all of the children were referred by healthcare professional, except in one case in which parent took the initiative to seek out Dog-Assisted Therapy (DAT) themselves because their paediatrician was reluctant to provide a referral.

3.2. Intervention

This study examines the integration of a certified therapy dog into occupational therapy sessions for children with developmental disturbances. It is conducted at the Clinical Hospital Centre in Split within the Department of Psychology and Educational Rehabilitation, as part of the Clinic for Children's Diseases. The therapy dog, Dora, is a poodle certified through the Center for Rehabilitation Silver and is currently the only therapy dog in Croatia specifically certified for working with children. Dora is guided by Matea Videk, a Bachelor of Occupational Therapy, who is both her handler and legal owner. The intervention involves the inclusion of Dora in the occupational therapy sessions from the initial session, facilitating a consistent and structured interaction between the child and the therapy dog. These sessions are conducted once a week and are part of a comprehensive therapeutic program designed to address the specific developmental needs of the children involved. For most of the children involved in the intervention, the number of therapy sessions is set at eight sessions. Each parent involved in this research has a child who has participated in dog-assisted therapy sessions for a period exceeding six weeks, corresponding to a minimum of six therapy sessions. This duration is considered adequate to assess the impact of the intervention.

3.3. Procedures surrounding pre-interview rationales

Research materials, i.e. topic guide was developed based on the pre-existing literature to capture the wide range of questions related to the interest of the research topic (see **Appendix A**).

3.4. Data Collection and Research Procedures

A purposeful sampling method was used to select participants who met the study's criteria. Potential participants were approached by their child's therapist to gauge interest. Interested participants then had the opportunity to discuss the study with the interviewer, ask follow-up questions, and review information sheets and consent forms. Interviews were conducted from March to May 2024, instead of planned timeframe (February to April) due to availability of participants. The interviews were audio-recorded and conducted by a proposed associate (female undergraduate psychology student).

The in-depth, semi-structured interviews were guided by a pre-assembled topic guide. The semi-structured interview method was chosen because it allows respondents to provide descriptive answers, offering insights into their subjective experiences of the phenomenon,

which is crucial given the qualitative approach used in this research. Additionally, since it is easier to direct conversations when they involve only one respondent, with reduced risks of saturation and increased possibilities of observing non-verbal communication, as well as the issues with accessibility of participants, the one-on-one interviews emerged as a better solution compared to focus groups. The interviews were scheduled according to pre-arranged appointments in agreement with the children's therapist and parents and lasted approximately 30 minutes per interview. Interviews were audio-recorded and conducted in an empty office room to ensure privacy. All participation was voluntary, and all participants were allowed to drop out of participation if needed or wanted.

3.5. Data processing

The collected data were transcribed verbatim by the researcher (student using Sonix programme and analysed using thematic analysis. Additionally, Sonix programme (<https://sonix.ai>) operates on a subscription-based model, and the fees for therefore covered by proposed associate conducting this research. The study applied an inductive coding with the aim of ensuring the development and generation of insights directly from the data, without being constrained by pre-existing theories or frameworks, due to the lack of prior research on the topic. Also, it enabled discovery of perspectives and attitudes emerging directly from the participants' experiences as parents. The Braun and Clarke (2006) method was used for data analysis, following a six-step approach: become familiar with the data, generate initial codes, identify themes, review themes, define and categorize themes, create a report. positive changes, as well as difficulties and challenges experienced by parents since their children's involvement into therapy.

Thematic analysis was chosen as the method for processing the collected data due to the substantive responses of the respondents, the volume of collected data, and the existence of certain previous findings and knowledge about the support provided by therapy dogs. Latent approach was used in interpretation of data, to capture what may not be immediately apparent in the data, due to the inexperienced structuring of the topic guide, interpersonal skills, and willingness of participants' to share their experience on, what for some might be, sensitive topic. Additionally, experiential approach was applied, since the researcher aimed to understand underlying meanings, experiences and perspectives of parents while interpreting the data. The current study chose to examine the parents' attitudes and experiences by taking the realist theoretical position. As the realist approach emphasizes the importance of identifying and understanding the causal mechanism influencing parents' perceptions. It

considers personal backgrounds, prior therapy experiences, beliefs about animal-assisted interventions and other broader contextual elements, such as cultural attitudes, and institutional practices in children's health care.

3.6. Researcher reflexivity

(See **Appendix B**).

3.7. Ethical Issues and Protection of Privacy

Ethical clearance for the study was obtained from the ethics committees of both the Faculty of Humanities and Social Sciences and the Clinical Hospital Centre Split. During the research, ethical principles of privacy protection and confidentiality, informed consent to participate and record, as well as the informed consent and statement of confidentiality when processing the data from medical documentation required from Clinical Hospital centre in Split were observed. Despite the potential for temporary discomfort when discussing sensitive topics, no risk was posed for the participants. Also, steps were taken to ensure participants' awareness of their anonymity and the option to withdraw. In terms of potential benefits, participants might have gained an enriched awareness of the therapeutic impact of dog-assisted therapy on their children. The valuable insights shared during the interviews have the potential to contribute significantly to the development of effective therapy approaches. Additionally, participants may find a sense of satisfaction in contributing to the culmination of the student's final thesis. It is important to note that no specific funding details were disclosed for this study, aligning with ethical considerations. Moreover, the research followed up to the standards outlined in relevant ethical codes, such as the Ethical Code of the Croatian Psychological Association (APA, n.d.), Ethical Code in Research with Children, and the Code of Ethics of the Faculty of Humanities and Social Sciences in Split (https://www.ffst.unist.hr/o_fakultetu/dokumenti_s_fakulteta/eticki_kodeks).

4. Themes and subthemes

All themes and subthemes were derived from parental observations, emphasizing the therapy dog's presence and its potential impact on therapeutic processes and outcomes.

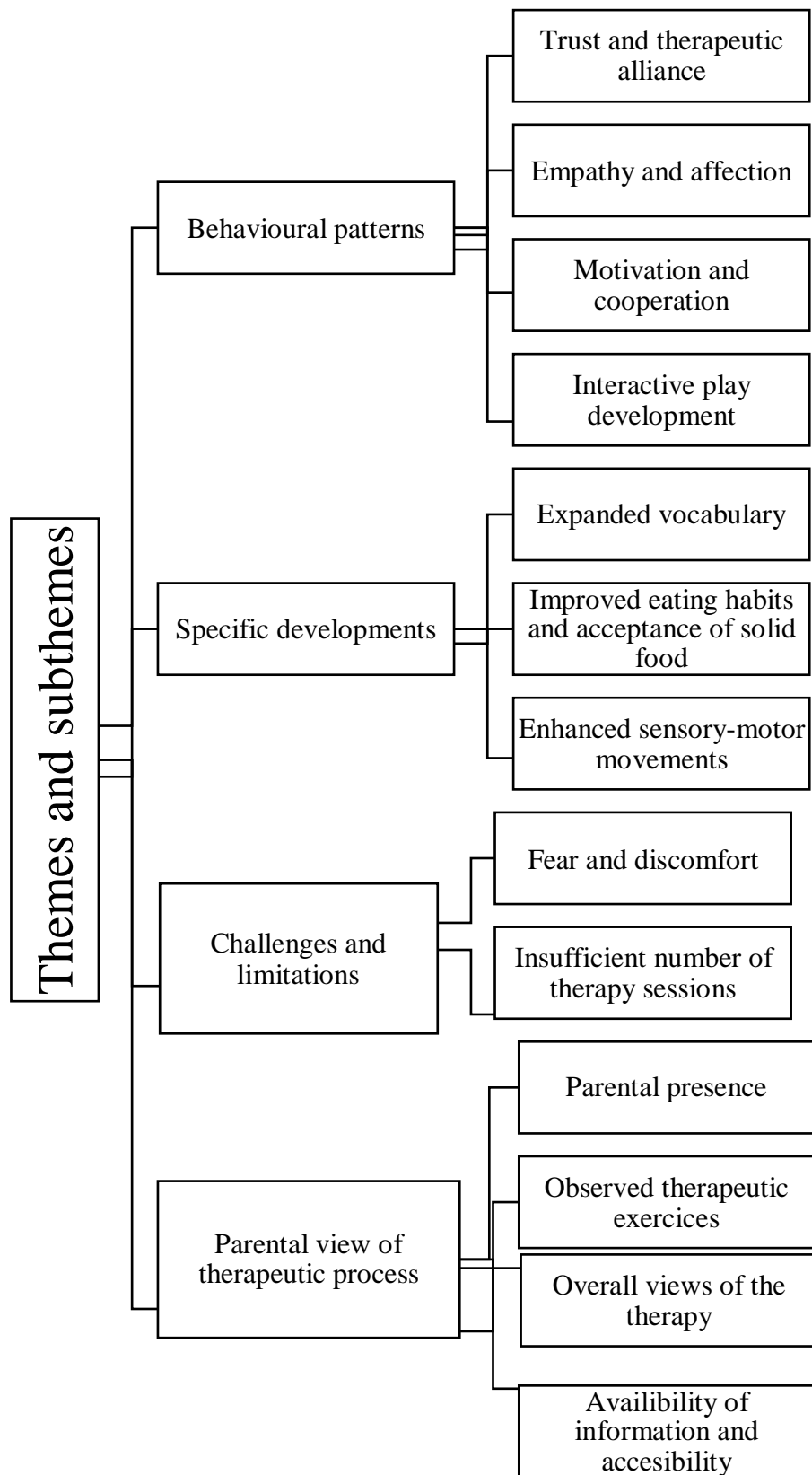


Figure 1. Thematic map (themes and subthemes)

4.1.1. Behavioural patterns

The theme of behavioural patterns captures participants' perspectives on behavioural improvements and benefits observed due to the therapy dog's intervention. This theme includes subthemes such as trust and therapeutic alliance, empathy and affection, motivation and cooperation, and interactive play development. Trust and therapeutic alliance refer to the development of trust between the child, the therapist, and the therapy dog, especially to create safe and trusting atmosphere in first few therapy sessions. Empathy and affection involve the child learning to be gentler and more considerate around animals and humans and show emotional development. Motivation and cooperation describe the child's increased willingness to participate in the therapeutic process, with the therapy dog serving as a motivating figure. Interactive play development refers to the child's engagement in play activities with the therapy dog, fostering social and interactive skills.

Trust and therapeutic alliance. Participants reported a notable development of trust between their children, the therapist, and the therapy dog. This trust-building was, according to most of the parents attributed to the unique dynamic created by the presence of the therapy dog. Most of the parents stated that a therapy dog facilitated trust building atmosphere for children and served as an “icebreaker”.

C: I think it's easier to get close to them, the approach is better because they don't immediately accept just anyone, you kinda have to win the kid over a bit, you can't just stand there. You need to reach them a bit with emotions, with trust... because the kid feels everything. And when the dog is there, then it's different. In an emotional sense, it's much easier to start something and make progress when the dog is there.

(3)

M: I think the therapist is a warm person, and kids like her, but Dora is there to bring them closer. She really is there to bring them closer. That initial fear when kids come to the doctor, you can really see it when they come in all those white coats... Dora is the one who breaks that. (13)

I: He [child] has this fear of the unknown. But like, he would only go in if Dora came to get him. (9)

The child-dog-therapist relationship appeared to play a crucial role in helping children feel more secure and open during therapy sessions, thereby enhancing the overall therapeutic process according to the parental observations.

Empathy and affection. Most of the participants mentioned empathetic behaviour development. They explained it in a way that a presence of the therapy dog provided a unique opportunity for children to practice empathy and affection in a tangible way.

A: Now, he involves himself in play, like taking a teddy bear and pretending to feed it syrup or candies. He wasn't interested in that before. Now, he's developing a closeness with toys. (1)

A few parents stated that therapists guided the children on how to be gentle with the dog, explaining that the dog would withdraw from interaction if the child was too harsh. They stated that therefore this dynamic motivated the children to adjust their behaviour to gain the dog's attention and affection.

E: Dora is the same, being, I mean ...she is alive. She must be cared for in the same way, I think the therapist also takes care of her dog. And since he [child] is a bit reckless, maybe she also warns him about what is allowed and what isn't. (5)

I: He didn't have the sense that he was hitting someone hard or, he was quite stiff and firm, but somehow since Dora, he developed a sense of tenderness, now he hugs her more gently and all that... (9)

Some parents noted that these lessons in empathy extended beyond interactions with the dog, as they saw improvements in their children's empathetic behaviours and affection towards others, suggesting a broader impact on their social and emotional skills.

B: I see how much they progress here, they have fewer panic attacks, and are like... are more connected with loved ones, and learn to hug, which they didn't do before. (2)

Motivation and cooperation. Parents observed a marked increase in their children's willingness to participate in therapy sessions. One parent compared how a child was motivated to come to the therapy each time, while they struggled to stop him from crying in other therapies that they had tried, while the few other parents mentioned how the therapy dog was the main motivator for children to come into the therapy room in the beginning.

I: He has this fear of the unknown. But like, he would only go in if Dora came to get him. Like, that first contact with Dora was super positive for him. And it stayed that way. So, he was scared to come here and he would just stand in front of the door, Dora would come to get him, sit there and wouldn't want to go in until he did. It meant so much to him... how Dora wouldn't go play without him. (9)

The presence of the therapy dog served as a powerful motivator, making children more eager and happier to return each time. The therapy dog acted as a positive reinforcement, encouraging children to cooperate more with the therapist.

B: The benefits are clear when Dora is around. I think the dog is essential alongside the therapist. The dog motivates everything. When she walks and Matea works with him, he follows her. The dog is a motivator. (2)

K: Maybe it's also because she really loves dogs so much and is so excited about them that she'll do anything. (11)

I: My X [child] is quite distrustful... he didn't want to eat at all without me... actually, Dora was the turning point. Dora was there the whole time next to him, and she was eating with him and all that. And the second time I came, I brought bread, and he didn't want to put it in his mouth at all, despite Dora being there. Dora hid under the table because he started panicking, crying... and when we got home, he was sad because Dora didn't want to be next to him... and he says, 'Come on, mom, next time bring bread, and I'll chew so Dora eats with me.' And so he started chewing after two and a half months. (9)

This increased motivation and cooperation were evident in the children's improved engagement and responsiveness during therapy for almost all children, ultimately enhancing the effectiveness of the therapeutic process. Parents highlighted how the therapy dog's involvement made the sessions more enjoyable for their children, fostering a positive association with the therapy itself.

Interactive play development. A few parents emphasized that their children showed a heightened interest in free play and various activities, such as playing with soap bubbles and balls. One parent explained that the presence of the therapy dog stimulated the child's curiosity and engagement in these playful activities and improved concentration.

A: Overall, things are much better. Before, he wouldn't join in any games with others or anything like that. He lost focus easily, like in basketball, but she [therapist] managed to redirect his focus to other things that interest him now in a short period of time. (1)

E: He [child] spends more time playing with one thing and even comes up with his own games...at home, he's built himself a little obstacle course...all sorts of things, he's progressed quite a bit, and I think it's better when Dora is involved in that play, there was some ball throwing involved. (5)

Parents also noted that their children not only enjoyed these activities more but also included the therapy dog in their play. This interaction with the dog during playtime further enhanced their social and interactive skills, as they started to take a more interest in their environment and how to use it for play and amusement outside of therapy sessions.

4.1.2. Specific developments

The theme of specific developments encompasses notable improvements reported by participants, regardless of whether these changes are attributed to the therapy dog's presence or other therapeutic means. This theme includes subthemes such as expanded vocabulary, improved eating habits and acceptance of solid food, and enhanced sensory motor movements. Expanded vocabulary refers to the child's increased language skills. Improved eating habits and acceptance of solid food describe positive changes in the child's dietary behaviors. Enhanced sensory motor movements indicate improvements in the child's physical coordination and motor skills.

Expanded vocabulary. Some parents reported significant improvements in their child's language skills.

B: He only had three words: mom, dad, grandma, grandpa, but with this early intervention, he's already learned two or three new words. (2)

H: So we got to the four/five words, and before...it was literally just Smoki. (8)

While initially, the child's vocabulary was limited to just a few essential words, early intervention has led to the acquisition of new words. This indicates an enhancement in the child's ability to communicate, suggesting that the interventions are effectively supporting language development.

Improved eating habits and acceptance of solid food. While most of the parents observed positive changes in their child's eating habits, such as starting to eat solid foods, few of them continued to face significant challenges. One parent noted success in introducing solid foods, marking an important milestone.

B: He started eating solid foods. (2)

F: As we have that problem with eating all the time. And we don't, at least at home, we don't have any success, she refuses all food. But this is still under quotation marks beginning. (6)

However, another parent highlighted ongoing difficulties with food refusal at home, indicating that while progress can be made, some children may require more time or different strategies to improve their eating behaviours.

Enhances sensory-motor movements. Parents reported improvements in their child's sensory-motor movements, including better fine motor skills and increased tolerance for various tactile stimuli.

M: Well, in principle, his fine motor skills have improved. He concentrates more on something... from touching mud, we used to have problems with that touching, he would immediately go to wash his hands... from holding scissors, pencils, playing with foam... all of that is getting much better. (13)

B: He's very sensitive to sensory and tactile stimuli, but he's made progress in that area too. (2)

For instance, children showed progress in activities like holding scissors and playing with foam, which indicates enhanced sensory integration and motor coordination.

4.1.3. Challenges and limitations

The theme of observed challenges and limitations encompasses participants' attitudes and opinions on the downsides of the therapeutic process that have emerged or might emerge. This includes subthemes of fear and discomfort and an insufficient number of therapy sessions. Fear and discomfort pertain to the concern that some children might feel insecure around dogs, or scared of dogs, or have had previous negative experiences with them. The subtheme of an insufficient number of therapy sessions refers to the limited number of sessions established at the beginning of the therapeutic process.

When asked about limitations or challenges they have observed, almost all parents expressed that they felt there aren't any. However, later in the interview some parents mentioned the following limitations.

Fear and discomfort. This subtheme was particularly significant, since three parents mentioned that the therapy dog had to act as a passive observer because the child was initially frightened when the dog rushed toward them during the first therapy session. While, other two children later adapted and lost the fear according to parents, for one of them therapy dog is now still not included into the therapy.

A: Dora did scare him a bit at first, so he's still a bit afraid of her, but he talks about her all the time and loves coming here. He enters without any issues now, though he's still a bit scared.... But she waits under the table. (1)

C: There was some fear initially. He kept his distance, but then it stopped when we gave her food and he fed her. (3)

Even though, most of the parents highlighted that a potential limitation could be the initial fear or negative encounters children might have had with dogs in the past, they noted that their child wasn't scared at all.

Insufficient number of therapy sessions. The subtheme of an insufficient number of therapy sessions was another key concern. Nine parents felt that the limited number of sessions set at the beginning of the therapeutic process was inadequate to achieve substantial and lasting benefits and to address each individual's needs.

E: We have it once a week, I would say that's okay, but the thing is that we have only eight sessions, we're on the seventh one. It would be better if we could go regularly every week, for as long as he needs, that would be another thing. (5)

A: Everything just fell into place perfectly, and I'm really sad that we have to move on. Honestly, we have the right to eight sessions. It's like counselling, and we're sad to leave. (1)

They suggested that more frequent or extended sessions could enhance the effectiveness of the therapy, allowing for greater progress and deeper engagement between the children, therapists, and therapy dogs.

4.1.4. Parental view of the therapeutic processes

The theme of parental view of the therapeutic process encompasses the overall observations and opinions regarding therapeutic aspects as perceived by parents. This includes subthemes of parental presence, observed therapeutic exercises, overall views of the therapy, and availability of information about dog-assisted therapy. The subtheme concerning parental presence investigates whether parents stay with their child during the therapy or wait outside. The subtheme of observed therapeutic exercises highlights the specific activities and interventions parents have noticed during the therapy sessions (i.e. playing fetch, petting a dog, feeding a dog and other). The subtheme of overall views on therapy captures parents' perspectives and feelings regarding Dog-Assisted Therapy (DAT); and explores parents' feelings about including their child in DAT. Finally, the subtheme of the availability of information assesses parents' opinions on how well information about DAT is disseminated to others and the accessibility of such information.

Parental presence. The subtheme concerning parental presence during sessions investigates whether parents stay with their child during the therapy or wait outside. Some parents preferred to stay and observe, feeling that their presence provided comfort and security to their child. Others chose to wait outside, believing that their absence allowed the child to interact more freely with the therapist and the therapy dog, fostering independence.

F: Mostly we are both there [parents]. But when it comes to X [child] with the therapist, initially both parents were there, then it was just one of us, and now sometimes no one is, but then we hear how Matea [therapist] is struggling with her.

(6)

C: I was only there briefly because X [child] is independent and goes in by himself. I was only there the first time we came. (3)

M: He drives me out and says, "Mom, go outside". (13)

Two parents stated that their children even asked them to wait outside, showcasing independent needs of each child regarding the question of parental presence.

Observed therapeutic exercises. Parents observed a wide range of activities such as playing fetch, petting the dog, feeding the dog, and other interactive exercises. These activities were noted to engage the children actively, enhancing their social, motor, and emotional skills.

A: Matea has a playhouse and teaches him where things go, making him tell her. (1)

H: She always starts like she's gonna feed the dog, she finds that interesting...then somehow Matea gives her one spoonful and she gives Dora treats and manages to make contact so that she even accepts the food. (8)

J: We were trimming nails and drinking syrup, Matea says that Dora won't play with her other games, with ball... until she drinks it...and then she drinks it. (10)

Parents state a variety of other tasks they've done because they struggle with implementing them at home.

Overall views of the therapy. Regarding the appropriateness of having a dog present in a hospital, no one held any negative views. While most of parents felt that it was highly beneficial and contributed positively to their child's therapy experience, few others just stated that it couldn't hurt. However, it was obvious that participants who had pet dogs at home had more positive comments.

B: I think this is an excellent program. Animals are here for a reason. They may not talk, but they feel, know, and understand, just without words. I'd love to see therapy

dogs included in other therapies too...Matea is excellent, a great instructor. Her approach really makes a difference. Given that the dog is also important, Matea is the key to everything. (2)

K: My opinion hasn't changed, it's positive. I was really looking forward to the therapy, but I didn't even know how they (the child) would react and what to expect... for me, this has been a really positive experience and I would recommend it to everyone. (11)

M: Everything is positive. I think it's really the best thing for the child. I think the kids really bond with the animals... (13)

Additionally, almost all parents at some point in the interview mentioned how they know someone who they think could benefit from the dog-assisted therapy, potentially emphasising the need for the development of this therapeutic direction.

Availability of information about DAT. Parents evaluated the accessibility and quality of information about DAT. Many indicated that they had actively sought out information and resources about therapy dog programs, often relying on personal networks, healthcare providers, or online sources.

A: I think people aren't well-informed enough. This kind of program should definitely be expanded. (1)

B: There should be open days for people to see how animals are involved, making it better for the kids. (2)

D: I saw it on the internet, on Facebook...in article of Slobodna Dalmacija, I think. (4)

However, some expressed challenges in finding comprehensive and reliable information, suggesting a need for improved dissemination of information to facilitate informed decision-making about participating in DAT.

5. Discussion

The aim of this qualitative study was to explore parents' perceptions of the efficacy of occupational dog-assisted therapy (DAT) for their children, focusing on the perceived benefits, limitations, and overall views of this therapy. The analysis of the data showed several key themes that provide insight into the impact of DAT on children with developmental difficulties and the broader implications of such therapeutic interventions. The thematic analysis identified four primary themes: behavioural patterns, specific developments, observed challenges and limitations, and parental views of the therapeutic process, which together provide a comprehensive understanding of how DAT influences children's therapeutic experiences and outcomes from the parents' perspectives.

5.1. Limitations of the study

However, the study has several limitations that must be acknowledged. Firstly, since participants were recruited through a unique therapy program—the only one of its kind in Croatia—there's a chance that this could introduce selection bias. It's possible that the therapist, who recommended participants, may have favoured those with positive experiences to reflect well on the therapy. Not obtaining detailed diagnostic information for each child was another potential limitation, which could have led to less individualized findings. Moreover, the interviews were conducted by an inexperienced researcher (a student), which may have affected the depth of the data collected and the rigor of the interpretation. Furthermore, a potential limitation that occurred during the interpretation of results but was not sufficiently examined during interviews was the near conclusion of therapy for most participants' children. This might have influenced the interpretation of the results, though this factor was not explicitly examined. Although the inclusion criteria was set to a minimum of six weeks, most children were enrolled in therapy for eight weeks. Therefore, parents' attitudes during the interviews might have been guided by the fact that their children had only two sessions remaining, which some parents considered insufficient. This potential influence on participants' attitudes was not explored in the study. Also, the themes that occurred after the analysis of data were not sent to participants for a review with the possibility to comment on existing interpretations and add new insights, due to the deadlines for writing this research paper. These factors should be considered as potential limiting when evaluating the study's findings and conclusions.

5.2. Behavioural patterns

The participants in the study observed that their children exhibited significant improvements in behavioural patterns, particularly in terms of trust-building and forming a therapeutic alliance. This observation aligns with previous research in a way of emphasising the role of therapy dogs in creating a secure and open environment, facilitating trust between the child, therapist, and the dog (Firmin et al., 2016). Furthermore, the presence of a therapy dog could be seen to serve as an "icebreaker", helping children to overcome initial fears and anxieties regarding the therapy. This finding is consistent with the broader literature on AAT, which suggests that animals, especially dogs, can act as non-threatening companions, making it easier for children to engage in therapeutic activities (Buljan Flander et al., 2018). Also, another aspect worth considering that was brought to light by participants' observations regarding the therapy dogs' role in the therapeutic process was the, as referred in the literature, *common enemy effect*. This phenomenon occurs, when two parties who otherwise typically would not experience a deep connection, form an attachment while uniting in overcoming a common "enemy" (Firmin, 2016). According to this phenomenon, therapy dog can be seen as the one who teach the skills, and the therapist in this context is the one who seeks to reinforce this. Even though the therapist isn't seen as the "enemy" in a therapeutic context, it is hypothesized that the presence of a therapy dog makes it easier to overcome potential obstacles like fear of the unknown, fear of hospital environments, etc.

Moreover, the findings regarding the growth of empathy and affection in children are consistent with a study by Buljan Flander et al. (2018), which also noted that therapists involved in AAT observe empathy development as a benefit of their work. This is further backed by research showing that children with pets tend to exhibit more empathy compared to those without (Groman, 2023).

Interestingly, nearly all the parents we interviewed pointed out that having a therapy dog present significantly boosted their children's motivation to engage in therapy sessions. This finding aligns with existing research indicating that therapy animals can greatly enhance motivation, particularly for children facing developmental or behavioural challenges. For example, research by Gee et al. (2021) and Hart (2010) indicates that animals can enhance motivation and engagement in therapeutic activities. Thus, providing a source of positive reinforcement and making the activities more enjoyable. Since, the research states that the impact of applied methods on specific difficulties often progresses slowly, leading to insufficient motivation among children and parents, making exercises uninteresting and

monotonous (Karnjuš, 2021), DAT seems to be the appropriate solution. The underlying idea is that having a therapy dog makes therapy sessions more exciting and fun, which can help lessen the challenge of tasks and encourage kids to participate (Krause-Parello, 2016). This view is further supported by our findings, which showed that children became much more enthusiastic about therapy activities when a dog was involved. Our study findings also supported this view, showing that children were noticeably more enthusiastic about therapy tasks when a dog was involved.

5.3. Specific developments observed by parents

When it comes to the topic of developing interactive play, current research has shown that parents report noticeable improvements in their children's imaginative play and overall play skills. However, it's important to note that there's a lack of earlier studies to back this up. Still, it would be worthwhile to explore whether there's a connection between the growth in interactive play and existing research indicating that dogs can motivate children to engage in more physical activities through play (Christian et al., 2020; Westgarth et al., 2013; Karnjuš, 2021).

The study's finding of expanded vocabulary among children participating in DAT is consistent with previous research on AAT. Research by Hüsgen et al. (2022) and Ang and MacDougall (2022) has demonstrated that interactions with therapy dogs can enhance communication skills, especially in kids with developmental challenges. The friendly and supportive atmosphere created by therapy dogs seems to encourage children to express themselves verbally, which is reflected in the vocabulary growth observed in this study.

Also, the improvement in eating habits, mentioned by few participants and acceptance of solid foods observed in the current study aligns with broader research on AAT's influence on health behaviours and should be further investigated. Jennings et al. (2021) found that AAT positively impacts mood and stress levels, which can be hypothesized to influence eating behaviours of children. The biophilia hypothesis (Kellert & Wilson, 1995) suggests that therapy dogs can help alleviate anxiety around mealtimes, potentially leading to more positive eating experiences and greater openness to trying different foods.

Moving forward, Christian et al. (2020) and Prothmann et al. (2006) documented improvements in motor skills and physical coordination through interactive activities with therapy dogs. Sensory integration theory (Westgarth et al., 2013) also suggests that engaging with therapy dog aids in sensory processing and motor skill development. These findings reflect the benefits of therapy dogs in promoting better motor coordination and sensory

integration, as recognized by participants. This finding could be explained by the knowledge that petting a therapy dog can fulfil the need for touch and contact and promote controlled movements, while guiding the dog can facilitate directed movement, improving coordination and balance (Karnjuš, 2021). However, stimulation of physical activity is observed among adult dog owners due to the obligation of walking the dog, and there is still insufficient research linking such activity with child-dog interaction (Christian et al., 2020; Westgarth et al., 2013; Karnjuš, 2021).

5.4. Limitations of DAT recognized by parents

The challenge of initial fear or discomfort when interacting with therapy dogs recognized by few participants is consistent with findings from Hüsgen et al. (2022) and Ang and MacDougall (2022), who noted that some children experience anxiety or fear at the start of AAT. This initial resistance can affect the therapy's effectiveness, as noted in previous studies, which highlight the need for a careful introduction and gradual acclimatization to therapy animals (Karnjuš, 2021).

There's also a concern regarding the limited number of therapy sessions, as mentioned in existing literature. Researchers like Firmin (2016) have pointed out the challenges in achieving long-term benefits with brief interventions. The findings of this study suggest that a standard number of sessions might not be enough for significant, lasting improvements, echoing concerns raised in past studies about the benefits of longer therapy durations (Gut et al., 2018). Extending therapy length could boost its effectiveness, which participants in the current research also highlighted.

5.5. Overall views of therapeutic process

Regarding the parental view of the therapeutic process participants often discussed parental presence during therapy session. This observation extends to the subtheme of parental presence during sessions. While there isn't much research supporting this specific subtheme, it could be beneficial to observe in future research how parental presence impacts the effectiveness of the treatment and whether it influences parents' attitudes regarding the therapy.

Furthermore, participants observed various exercises during the therapy sessions. This diversity could be explained by the fact that contemporary approach to occupational therapy emphasizes the therapeutic value of participation itself, making occupational therapy a potentially beneficial addition to the spectrum of interventions in child and adolescent mental

health, as it includes a wide range of therapeutic interventions seeking to include what is most appropriate for each child individually (Brooks & Bannigan, 2021).

Regarding the subtheme of parental attitudes towards DAT, Karnjuš (2021) concluded that parents of children with disabilities have a positive attitude toward introducing a therapy dog in rehabilitation, which is consistent with current research findings. Overall, parents generally concluded their feedback on dog-assisted therapy (DAT) on a positive note, highlighting the benefits of the therapy dog's presence in enhancing their child's experience. Despite variations in individual experiences, all parents appreciated the therapy dog's role in making sessions more engaging and enjoyable.

The availability of information emerged as a crucial subtheme, underscoring its significance in this study and highlighting a key area for improvement in the therapeutic context. The lack of comprehensive information about DAT was a often mentioned concern for parents, emphasizing the need for better dissemination of details to guide families in making informed decisions about therapy. Since there is currently no research specifically addressing this issue, future studies could quantitatively confirm this concern via surveys to assess the impact of information availability on families' engagement with and perception of DAT. This approach would provide valuable insights into improving the effectiveness and accessibility of therapeutic programs. Furthermore, not obtaining detailed diagnostic information could be adjusted in future research, since it prevents the study from focusing on specific cases and instead results in broader, less individualized observations.

5.6. Directions for future research

Future studies could also investigate integrating other therapies with current interventions to see if that makes a difference in outcomes. Research by Prothmann, Bienert, and Ettrich (2006) indicated that children and adolescents who participated in DAT alongside psychotherapy had significantly better results in several areas, such as emotional balance and social engagement (Buljan Flander et al., 2018). Additionally, given the observed improvements in children's eating habits, it might be worthwhile to investigate DAT as a targeted intervention for feeding disorders. Since there is not much research on potentially most successful intervention further examination of effectiveness of this therapeutic intervention could aim to alleviate consequences of long and challenging journey that will include many medical and clinical experts (Ismail, 2015) for both parents and children. In conclusion, further research could aim to investigate individual cases of diverse disturbances

in children to better navigate and examine effectiveness of therapeutic interventions including therapy dog.

6. Conclusion

There is growing interest in dog-assisted therapy, especially within child health studies. In Croatia, however, this is still a relatively new topic, with only one therapy program by Centre for Rehabilitation Silver, which conducts education and licensing of therapy dogs. By examining the only example of DAT with children in Croatia through in-depth observation of parental perspectives, the current research provides valuable insights into the perceptions of parents regarding occupational dog-assisted therapy, highlighting its benefits and limitations. By understanding these perspectives, practitioners and researchers can better tailor therapeutic interventions to meet the needs of children and families, ultimately improving the overall efficacy of therapy programs.

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Abstract

This qualitative study explores parents' perceptions of the efficacy of dog-assisted therapy (DAT) for children with developmental disorders focusing on perceived benefits, limitations, and overall views of the therapy. The research was guided by the question: "How do parents

perceive the efficacy of occupational dog-assisted therapy for their children?" Using a thematic analysis of one-on-one interviews with 13 parents were conducted at the Clinical Hospital Centre in Split, Croatia. Four key themes were identified: behavioural patterns, specific developments, observed challenges and limitations, and parental views of the therapeutic process. The findings revealed that the presence of the therapy dog facilitated trust-building between children and therapists and enhancing the therapeutic alliance. Parents reported improvements in their children's empathetic behaviours and affection, noting that interactions with the dog encouraged gentler, more considerate behaviour, which extended beyond therapy sessions. The therapy dog also significantly increased children's motivation and cooperation, making them more willing to participate in and enjoy therapy. Furthermore, children showed enhanced interactive play skills and a heightened interest in various activities, including those involving the dog. Specific developmental gains, such as expanded vocabulary, improved eating habits, and enhanced sensory-motor movements, were also noted, though challenges such as initial fear of the dog and the perceived insufficiency of therapy sessions were highlighted. Overall, parents viewed DAT positively, appreciating the unique benefits it brought to their child's therapy experience. However, they also indicated a need for more information about DAT and suggested that the therapy could be even more effective with an increased number of sessions. This study contributes valuable insights into the parental perspective on DAT, highlighting its potential to improve therapeutic outcomes for children with disabilities while also identifying areas for further research and program development.

Keywords: Dog-Assisted Therapy (DAT), Parental Perceptions, Children's Developmental Disturbances, Therapeutic Outcomes, Qualitative Study

Sažetak

Razumijevanje stavova roditelja o učinkovitosti terapijskog psa u okviru radne terapije u koju su uključena njihova djeca : kvalitativno istraživanje

Cilj ovog kvalitativnog istraživanja je ispitati percepcije roditelja o učinkovitosti terapije uz pomoć pasa za djecu s teškoćama u razvoju, fokusirajući se na percipirane prednosti, ograničenja i općenite stavove prema terapiji. Istraživanje je vođeno pitanjem: "Kako roditelji percipiraju učinkovitost terapije uz pomoć pasa za svoju djecu?" Korištenjem tematske analize, provedeni su intervjui s 13 roditelja u Kliničkom bolničkom centru u Splitu, Hrvatska. Identificirane su četiri ključne teme: obrasci ponašanja, specifični razvojni napretci, uočeni izazovi i ograničenja, te stavovi roditelja o terapijskom procesu. Rezultati istraživanja pokazali su da prisutnost terapijskog psa olakšava izgradnju povjerenja između djece i terapeuta, čime dolazi do jačanja terapijskog saveza. Roditelji ističu poboljšanja u iskazivanju empatije i priverženosti kod svoje djece, ističući da su interakcije sa psom poticale nježnije i obzirnije ponašanje koje se protezalo izvan terapijskog okruženja. Roditelji također ističu kako je terapijski pas značajno povećao motivaciju i suradnju djece, čineći ih voljnijima sudjelovati u terapiji. Nadalje, djeca su pokazala poboljšane vještine interaktivne igre i povećani interes za razne aktivnosti, uključujući one u kojima je sudjelovao terapijski pas. Uočeni su i specifični razvojni napretci, poput proširenog vokabulara, prehrambenih navika i senzomotoričkog razvoja, iako su istaknuti i izazovi poput inicijalnog straha vezanog za prisutnost psa te percipirane nedostatnosti terapijskih sesija. Općenito, roditelji su pozitivno ocijenili radnu terapiju potpomognutu terapijskim psom, ističući jedinstvene prednosti koje je donijela iskustvu terapije njihove djece. Međutim, ukazali su na potrebu za većom dostupnosti informacija vezanih za samu terapiju i sugerirali da bi terapija mogla biti još učinkovitija uz povećan broj sesija. Ovo istraživanje doprinosi uvidima u roditeljsku perspektivu o terapiji potpomognutoj terapijskim psom, ističući njegov potencijal za poboljšanje terapijskih ishoda za djecu s poteškoćama u razvoju, dok istovremeno identificira područja za daljnja istraživanja i razvoj intervencija ove vrste.

Ključne riječi: Terapija uz pomoć pasa, Percepcije roditelja, Djeca s poteškoćama u razvoju, Terapijski ishodi, Kvalitativno istraživanje.

Appendix A

Table 2 Topic guide for semi-structured interviews

| Part of the interview | Objective | Questions |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introduction to the interview | Create a comfortable environment and build rapport with the participant. Discuss their reasons for enrolling their child in therapy, and gently guide the conversation towards the child's disorder, encouraging open communication. | <p>Tell me the process of enrolling your child into the therapy.</p> <p>Why did you decide to enroll into this specific therapy?</p> <p>For how long is your child enrolled into the therapy?</p> <p>What was your knowledge of and attitudes about therapy dog before the beginning of the therapy?</p> |
| Central part of the interview | Find out personal attitudes and expectations of parents regarding the dog-assisted therapy for their children. Determine parents' attitudes on effectiveness of the therapy (benefits, limitations, overall views). | <p>Did you have any expectations from the therapy?</p> <p>Do you see any benefits of the therapy? If yes, please explain them.</p> <p>Do you see any impact of therapy dog on your child? If yes, please explain what kind.</p> <p>Do you see any limitations of this therapy? If yes, please explain them.</p> <p>Where you present at any therapy sessions?</p> <p style="text-align: center;">(If yes, then:</p> <p>Can you describe what did you observe in regard to therapy dogs' involvement?</p> <p>Have you observed any reactions of your child due to therapy dog's presence? If yes, please state them.)</p> <p>From your perspective, do you consider this kind of therapy effective for your child?</p> <p style="text-align: center;">If yes, please explain in what way.</p> <p style="text-align: center;">If no, please explain.</p> <p>Please state your present attitudes towards the topic of dog-assisted therapy.</p> |

| | | |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| | | Do you have any opinion on availability of information surrounding this type of therapy? |
| End of the interview | Determine if participant has something to add or state something that hasn't been discussed. Conclusion of the interview. | Is there anything else you would like to add or anything else you think is important to mention? |

Appendix B

Researcher reflexivity

In conducting this research, my insider and outsider perspectives have somewhat influenced the study. My academic background and past experiences with therapy dog training process provided me with an insider's understanding and empathy. However, differences in sociodemographic characteristics, such as being outside of the age group of participants and not having any experience as a parent, positioned me as an outsider. These perspectives shaped the research approach, with my insider knowledge informing relevant and sensitive interview questions, and my outsider stance ensuring objectivity. Throughout data collection and analysis, I was mindful of how my positionality might affect the findings. However, from my position it did not pose any significant threat to the research findings. The reflexive practice was crucial in maintaining transparency and producing a credible, nuanced analysis that acknowledges my inexperience with conducting the research, since I am an undergraduate psychology student. Furthermore, time constraints might have occurred since the terms for interviews were pre-determined and some of them were scheduled one right after the other, possibly limiting the depth and the extent to which reflexivity could be practiced, since notes were made right after the interviews.

Appendix C

Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

| No. Item | Guide questions/description | Reported on Page # |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| Domain 1: Research team and reflexivity | | |
| <i>Personal Characteristics</i> | | |
| 1. Interviewer/facilitator | Which author/s conducted the interview or focus group? | 13 |
| 2. Credentials | What were the researcher's credentials? E.g. PhD, MD | 13 |
| 3. Occupation | What was their occupation at the time of the study? | 13 |
| 4. Gender | Was the researcher male or female? | 13 |
| 5. Experience and training | What experience or training did the researcher have? | 26 |
| <i>Relationship with participants</i> | | |
| 6. Relationship established | Was a relationship established prior to study commencement? | 13 |
| 7. Participant knowledge of the interviewer | What did the participants know about the researcher? E.g. personal goals, reasons for doing the research | 15 |
| 8. Interviewer characteristics | What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic | 14 |

| | | |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| Domain 2: study design | | |
| <i>Theoretical framework</i> | | |
| 9. Methodological orientation and Theory | What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis | 14 |
| <i>Participant selection</i> | | |
| 10. Sampling | How were participants selected? e.g. purposive, convenience, consecutive, snowball | 13 |
| 11. Method of approach | How were participants approached? E.g. face-to-face, telephone, mail, email | 13 |
| 12. Sample size | How many participants were in the study? | 11 |
| 13. Non-participation | How many people refused to participate or dropped out? Reasons? | N/A |
| <i>Setting</i> | | |
| 14. Setting of data collection | Where was the data collected? E.g. home, clinic, workplace | 11 |
| 15. Presence of non-participants | Was anyone else present besides the participants and researchers? | 11 |
| 16. Description of sample | What are the important characteristics of the sample? E.g. demographic data, date | 11 |
| <i>Data collection</i> | | |
| 17. Interview guide | Were questions, prompts, guides provided by the authors? Was it pilot tested? | 13 |
| 18. Repeat interviews | Were repeat interviews carried out? If yes, how many? | N/A |
| 19. Audio/visual recording | Did the research use audio or visual recording to collect the data? | 14 |
| 20. Field notes | Were field notes made during and/or after the interview or focus group? | 14 |
| 21. Duration | What was the duration of the interviews or focus group? | 14 |
| 22. Data saturation | Was data saturation discussed? | 11 |
| 23. Transcripts returned | Were transcripts returned to participants for comment and/or correction? | 26 |
| Domain 3: analysis and findings | | |
| <i>Data analysis</i> | | |

| | | |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-----|
| 24. Number of data coders | How many data coders coded the data? | 14 |
| 25. Description of the coding tree | Did authors provide a description of the coding tree? | 12 |
| 26. Derivation of themes | Were themes identified in advance or derived from the data? | 14 |
| 27. Software | What software, if applicable, was used to manage the data? | 14 |
| 28. Participant checking | Did participants provide feedback on the findings? | 26 |
| <i>Reporting</i> | | |
| 29. Quotations presented | Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number | 12 |
| 30. Data and findings consistent | Was there consistency between the data presented and the findings? | N/A |
| 31. Clarity of major themes | Were major themes clearly presented in the findings? | 17 |
| 32. Clarity of minor themes | Is there a description of diverse cases or discussion of minor themes? | 17 |

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