



Research article

Promoting psychosocial adaptation of youths in residential care through animal-assisted psychotherapy[☆]Nekane Balluerka^{a,b}, Alexander Muela^{c,*}, Nora Amiano^d, Miguel A. Caldentey^d^a University of the Basque Country UPV/EHU, Department of Social Psychology and Methodology of the Behavioural Sciences, Avenida de Tolosa, 70, 20018 San Sebastián, Gipuzkoa, Spain^b Biodonostia Health Research Institute, Doctor Begiristain Kalea, 20014 San Sebastián, Gipuzkoa, Spain^c University of the Basque Country UPV/EHU, Department of Personality, Evaluation and Psychological Treatment, Avenida de Tolosa, 70, 20018 San Sebastián, Gipuzkoa, Spain^d ANOTHE, Association of Animal and Nature-Assisted Therapy, Particular de Club, 4 – 4º E-1, 48930 Getxo, Bizkaia, Spain

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ABSTRACT

The goal of this study was to examine the influence of animal-assisted psychotherapy (AAP) on the psychosocial adaptation of a group of adolescents in residential care who had suffered traumatic childhood experiences and who presented with mental health problems. This study recruited 63 youths (mean age = 15.27, $SD = 1.63$) who were divided into two groups: a treatment group of 39 youths (19 female and 20 male; mean age = 15.03, $SD = 0.51$) and a control group of 24 (five female and 19 male; mean age = 15.67, $SD = 1.63$). The youths who underwent the AAP program had higher school adjustment in comparison to their peers who did not receive treatment. Their hyperactive behavior decreased, and they showed better social skills, more leadership, and fewer attention problems. They also showed a more positive attitude toward their teachers in comparison to controls. No differences were observed in other variables associated with clinical symptoms or personal adjustment. These results suggest that AAP can be effective with teenagers who have suffered childhood traumas and who present with problems of psychosocial adaptation.

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Introduction

Children and adolescents requiring input from child protection agencies due to traumatic experiences (such as child maltreatment), and who have been exposed to certain risk factors for psychopathology (insecure attachment style, low self-esteem, poor social skills and risky behavior, poor school integration, etc.), have a high probability of developing mental health problems and showing poor psychosocial adjustment into adulthood (Lawrence, Carlson, & Egeland, 2006; Luke, Sinclair, Woolgar, & Sebba, 2014; Van Beinum, 2008). Ensuring that these children and adolescents receive adequate psychological treatment is therefore of particular importance, not least as such treatment has been shown to act as a protective factor, it being associated with improvements in emotional well-being and better psychosocial adjustment among this group (James, Alemi, & Zepeda, 2013; Luke et al., 2014).

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Residential Care and Psychosocial Adaptation

Various studies performed both with and without comparison groups have revealed a high prevalence of clinical symptoms among adolescents in residential care (Luke et al., 2014; Muela, Torres, & Balluerka, 2012; Van Beinum, 2008). In terms of their self-perception, these youths report poorer personal adjustment, characterized by a deficit in coping skills and low family and social support, and also regard themselves as being less successful and less satisfied in their relationships with others, including with their biological relatives (Bravo & Del Valle, 2003; Lázaro & López, 2008). In addition, these young people have less confidence in their ability to solve problems and make decisions, and generally report lower self-esteem (Lázaro & López, 2008; Muela, Balluerka, & Torres, 2013). Some authors also claim that youths in residential care, compared with children who are not in such facilities or who are under other protective measures, show low socialization (Carrasco, Rodríguez-Testal, & Hesse, 2001; Lázaro & López, 2008; Muela et al., 2013), high social withdrawal, and are more likely to commit criminal offenses related with these shortcomings (Carrasco et al., 2001; Ryan, Marshall, Herz, & Hernandez, 2008).

With respect to school adjustment, several studies have found that these youths have difficulties in both the academic and social spheres (see, e.g., Trout, Hagaman, Casey, Reid, & Epstein, 2008), and that their problems are greater than those presented by young people under other child protection measures (Flynn, Tessier, & Coulombe, 2013; Muela et al., 2013). Specifically, young people in residential care often show problems with attention and learning, poor relationships with peers and staff, aggressive behavior, a limited capacity to resolve conflicts, and a lack of maturity. In addition, staff members often have a negative view of these youths' social behavior and interest in learning, and the staff members frequently punish them (Attar-Schwartz, 2009; Martín, Muñoz de Bustillo, Rodríguez, & Pérez, 2008; Muela et al., 2013). In short, these youths exhibit behaviors that interfere with the proper development of academic activities.

It has also been noted that these young people are chosen less and rejected more in comparison to other students in terms of involvement in academic activities. However, the relationships with other youths seem to be more appropriate when the setting in which they occur is more informal, that is, in leisure activities outside the classroom (Bravo & Del Valle, 2003; Martín et al., 2008). In terms of adaptive skills, research suggests that both care staff and teachers believe that youths in residential care show poor social and leadership skills that prevents them from interacting successfully with their peers and adults at home, school, and community (Muela et al., 2013).

Despite these difficulties, however, studies have also found that these youths make progress over time (Bravo & Del Valle, 2003; Little, Kohm, & Thompson, 2005). From this perspective, it has been suggested that residential care can be a positive experience for some vulnerable youths because it offers a stable environment that meets their needs at the time (Kendrick, 2013). Positive changes include, for example, a reduction in clinical symptoms and in the number of youths arrested for juvenile delinquency, as well as improvements in academic performance (Knorth, Harder, Zandberg, & Kendrick, 2008; Little et al., 2005).

Finally, it should be noted that a considerable body of research has examined the problems presented by young people subsequent to their experience of residential care. Authors such as Dixon (2008) and Stein (2004), for instance, claim that many of these youths go on to experience mental health problems, high levels of marginalization and poverty, increased exposure to risky situations, heavy dependence on social services, poor academic performance, unemployment, difficulties in achieving stable home lives, and early parenthood.

In any case, because of the correlational nature of the statistical analyses used in the studies cited, it is not possible to establish whether the difficulties experienced by youths in residential care are due to their presence there, or whether they are in care because of problems manifested previously.

Animal-assisted Psychotherapy for Children and Adolescents in Residential Care

Animal-assisted therapy (AAT) is a therapeutic intervention performed by health professionals in which certain animals, especially selected for their therapeutic potential, form an integral part of the treatment for an individual or a group (Delta Society, 1996). The rationale for animal-assisted psychotherapy (AAP) derives from the improvements in physical and mental health that have been observed resulting from the secure attachment that is established in the interaction between the therapist, patient, and animals (Barlow, Hutchinson, Newton, Grover, & Ward, 2012; Zilcha-Mano, Miculincer, & Shaver, 2011).

Since the pioneering work carried out by the child psychotherapist Levinson (1969), in which he described the value of pet animals being present during psychotherapy with children and adolescents, many researchers have examined the ways in which animals may enrich the therapeutic process and maximize its benefits. According to Levinson (1969), animals possess attributes that make them unique for the therapeutic process: they show spontaneous behavior, they are always available for interaction, they do not prejudice, they provide unconditional love, they are loyal and affectionate, and, in general, if treated appropriately, they do not appear threatening. These innate characteristics come together to create a therapeutic space of trust, strengthening the therapeutic alliance, and promoting a secure patient–therapist relationship, all essential elements in a high-quality therapeutic process. The presence of the animal increases the patient's motivation (Lange, Cox, Bernert, & Jenkins, 2006/2007) and enhances his or her ability to focus and pay attention during the sessions (Martin & Farnum, 2002). In addition, it reduces feelings of rejection or stigmatization (Tedeschi, Fine, & Helgeson, 2010) and helps the therapy to focus more on abilities than on personal limitations (Tedeschi et al., 2010). The animal is a multisensorial

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