

# Caregiver Experiences of an Integrated Trauma-Informed Support Approach for Rescued Dogs

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**Abstract:** *This study explores caregiver experiences of integrated trauma-informed support for rescued dogs. The approved proposal envisaged a retrospective qualitative multiple-case study with approximately 10–15 adult caregivers. Semi-structured interviews were conducted without recording for privacy; the researcher retained private notes. The reported analysis uses thirteen questionnaire responses because interview notes were not available for this analysis. Optional written accounts underwent descriptive content analysis, supported by counts and ordinal summaries. Accounts described safety, predictability, learning, trust, emotional relief and spiritual meaning. Ten respondents reported substantial and three moderate overall dog improvement; twelve reported substantial and one moderate caregiver benefit. Median confidence increased from 2 to 5 and overwhelm decreased from 5 to 2 on recalled five-category ratings. One dog-related item included a less favourable individual rating. Nine respondents attributed substantial and one complete contributions to other factors. Private interview notes were not coded or used for quotations or corroboration. Retrospective recall, sparse written accounts, practitioner involvement, concurrent care and ambiguous dog-case boundaries limit interpretation. Findings describe perceived experience and do not establish treatment effectiveness or a Reiki-specific mechanism.*

**Keywords:** rescued dogs; caregiver experience; trauma-informed support; qualitative accounts; Reiki

## 1. Introduction

Rescued-dog caregiving involves practical care and interpretation of distress. Shelter research has examined cortisol during admission and human interaction [1,2], while fostering research links environmental change with rest and stress-related measures [3]. Caregiver strain is also relevant: care of dogs with behavioural disorders has motivated development of a caregiver-burnout instrument [4]. An integrated approach may combine environmental support, reward-based training, education, emotional guidance and complementary practices. Caregiver perceptions can inform service design, but cannot independently establish effectiveness.

## 2. Literature Survey

Reward-based and aversive training have been compared using behavioural and physiological welfare measures, with poorer indicators reported in the aversive group on several outcomes [5]. A prospective study of 709 dog owners found associations between dog-related difficulties and poorer well-being but no significant potential causal effects [6]. These studies show why observable welfare, subjective experience and causation should be distinguished.

A systematic review of miscellaneous complementary veterinary therapies found insufficient evidence for clear clinical conclusions and no eligible studies for several healing-related categories [7]. This was not a direct evaluation of the sessions described here. The present study examines reported experience and meaning without assuming that Reiki or an energy mechanism treats illness or trauma.

## 3. Problem Definition

The research question was how caregivers described integrated support, recalled dog and caregiver changes, rated its components and identified concurrent influences. The aim was descriptive. No hypothesis about a Reiki-specific effect or clinical efficacy was tested. The psychological focus was caregiver confidence, understanding, emotional overwhelm, guilt and support.

## 4. Methodology

### 4.1 Design and participants

The guide-approved proposal envisaged a retrospective qualitative multiple-case study with approximately 10–15 adult caregivers and semi-structured interviews. Unrecorded interviews were conducted for privacy reasons, with notes retained privately by the researcher. The interview count, dates and linkage to form responses were not supplied. This manuscript reports qualitative content analysis of available questionnaire accounts with supporting descriptive ratings. Private interview notes were not included in coding, quotations or corroboration; fully reconstructed interview cases are therefore not claimed. Purposive criterion sampling through caregiver and shelter networks was described in the study materials. The final export contained 13 submissions dated 30 September–8 October 2026.

All thirteen affirmed electronic consent, adult status, substantial rescued-dog caregiving, receipt or close observation of two or more eligible support components and support between 2018 and 2026. The intended unit was one caregiver reporting on one dog and support period. Two narratives explicitly described multiple dogs; unique dog identities and shared caregiving could not be verified. The

analytic unit was therefore an eligible caregiver response rather than a confirmed distinct dog case.

#### 4.2 Instrument and analysis

The study-specific questionnaire included eight component-helpfulness items, twelve dog statements rated for recalled before and end or now periods, ten caregiver statements similarly paired, global change, concurrent factors, Reiki attitudes and observations, acceptability and optional text. Both time periods were rated at the same survey occasion. Dog frequency codes ran from Never=1 to Almost always=5; caregiver agreement from Strongly disagree=1 to Strongly agree=5. These were not validated clinical scales.

Counts and percentages used N=13 unless stated otherwise. Medians and quartiles used ordinal codes; Q1 and Q3 were calculated by linear interpolation. Paired direction was calculated within response. Increases were favourable for positive statements, and decreases for dog avoidance, vigilance, startle, defensive behaviour and difficulty being alone and for caregiver overwhelm and guilt. No composites or imputation were used. No exact duplicate response rows were found excluding timestamps, and all 44 paired-rating fields were complete. Anonymous repeated participation or shared dogs could not be ruled out.

Supporting rating analysis remained descriptive, consistent with the experiential aim and small purposive sample. No hypothesis tests or efficacy effect sizes were reported. Optional text was read across ten questions and grouped into descriptive content categories based on explicit meanings. Categories overlapped; short quotations were checked against the export. No independent double-coding, member checking or saturation claim was made. A sensitivity description omitted the two plural-dog narratives without changing the primary inclusion rule.

#### 4.3 Ethics and reflexivity

The researcher confirmed guide approval of the topic and interview methodology and separately confirmed institutional ethics approval before collection. The scope of the approval for questionnaire collection and unrecorded interviews must be checked against the record. Approving committee: Dr Richa Gupta, Psychology Department, Jain University, Bangalore ; approval date: Sep 28, 2026. All respondents

consented to brief anonymised quotations. The author has a practitioner role in the support context, a potential professional and intellectual competing interest. The anonymous export does not establish the extent of prior client relationships. Accounts expressing gratitude were interpreted with attention to possible loyalty and expectancy effects. No direct animal experiment was conducted in this survey.

## 5. Results and Discussion

### 5.1 Respondent and support profile

The thirteen roles were community caregiver (3), foster caregiver (2), shelter volunteer (2), independent rescuer (2), adopter or permanent caregiver (2), and shelter employee (2). Care settings were shelter or rescue organisation (4), community setting (4), foster home (3) and adoptive home (2). Six respondents had over five years of rescued-dog caregiving experience. Ten still cared for the dog discussed. No caregiver age distribution, gender or location variables were collected.

Reported dog sex was female in eight responses and male in five; life stages were adolescent (5), senior (4), puppy (2) and adult (2). Ten reported illness, injury or pain during support. Support began in 2024–2026 in six responses; earlier periods occurred in seven. Duration was over six months in four, one to three months in three, four to six months in three and continuing in three. These heterogeneous intervals limit interpretation of the combined end or now endpoint.

### 5.2 Global and paired changes

Ten respondents reported substantial overall dog improvement (76.9%) and three moderate improvement (23.1%). Twelve reported substantial caregiver benefit (92.3%) and one moderate benefit (7.7%). Table 1 presents selected paired items; all twenty-two item statements were examined in the dissertation. Ten of twelve dog statements had favourable change in all thirteen responses. Defensive vocalisation or behaviour improved in eleven, was unchanged in one and less favourable in one. Difficulty being alone improved in ten and was unchanged in three. Eight of ten caregiver items improved in all thirteen; understanding reasons for behaviour improved in twelve and professional-help recognition in eleven, with the remainder unchanged.

**Table 1:** Selected paired ordinal ratings N equals 13

| Statement                                                            | Before median<br>(Q1–Q3) | End or now median<br>(Q1–Q3) | Favourable/ same/<br>unfavourable |
|----------------------------------------------------------------------|--------------------------|------------------------------|-----------------------------------|
| The dog was able to settle or rest                                   | 2 (2–2)                  | 5 (4–5)                      | 13/0/0                            |
| The dog recovered after a stressful or frightening event             | 1 (1–2)                  | 4 (3–4)                      | 13/0/0                            |
| The dog showed avoidance, hiding or withdrawal                       | 5 (5–5)                  | 2 (2–3)                      | 13/0/0                            |
| The dog showed fear-related barking, growling, snapping or lunging   | 5 (5–5)                  | 2 (2–2)                      | 11-01-2001                        |
| The dog had difficulty being left alone                              | 5 (4–5)                  | 2 (2–2)                      | 10-03-2000                        |
| I felt confident responding to the dog's behaviour                   | 2 (1–2)                  | 5 (5–5)                      | 13/0/0                            |
| I felt able to remain calm during difficult situations               | 2 (1–2)                  | 5 (5–5)                      | 13/0/0                            |
| I felt emotionally overwhelmed by caregiving                         | 5 (5–5)                  | 2 (2–2)                      | 13/0/0                            |
| I felt guilty or believed I was failing the dog                      | 5 (5–5)                  | 1 (1–1)                      | 13/0/0                            |
| I knew when veterinary or professional behavioural help was required | 4 (3–4)                  | 5 (5–5)                      | 11-02-2000                        |

Codes are 1–5 in the original response direction. Decreasing difficulty, overwhelm and guilt is favourable; increasing

positive statements is favourable. Counts reflect individual paired direction, not a test of treatment effect. Selection

illustrates caregiver outcomes and nonuniform dog changes rather than statistical significance.

### 5.3 Components and alternative influences

Twelve respondents rated decompression, predictable routines and positive-reinforcement training very helpful and one moderately helpful on each item. All thirteen rated caregiver education, emotional guidance, dog Reiki, caregiver energy healing and coordination with professional care very helpful. Restricted variation prevents meaningful component ranking. The separate overall energy-healing question received twelve very-helpful and one moderately-helpful response; it is retained as a distinct item.

Concurrent medication was reported by nine respondents (69.2%), veterinary examination or treatment by seven (53.8%), pain management and surgery or illness recovery by five each (38.5%), routine or environment change by four (30.8%), other professional advice and placement change by two each (15.4%), and caregiver change and increased exercise or enrichment by one each (7.7%). Categories overlap. Three reported no other important change. Nine judged other factors to have contributed substantially and one completely; one each selected moderately, not at all or unsure. These responses preclude attributing the overall changes to any individual component.

### 5.4 Reiki observations and acceptability

Before support, attitudes were neutral or unsure in six respondents, favourable in five and sceptical in two. All selected dog rest or sleep, personal calmness and emotional support during or after sessions; twelve selected apparent dog relaxation and eight voluntary approach or proximity. These observations do not demonstrate an energy mechanism. Only one respondent answered the alternative-explanation text prompt, and that answer did not offer an alternative explanation.

Eleven rated the approach completely acceptable and two mostly acceptable. Twelve rated daily strategies very practical and one moderately practical. Eleven would definitely choose it again and two probably would; the same distribution applied to recommending support with qualified care available when required. Only two explicitly answered no to an unhelpful-component prompt; eleven left it blank. Missing criticism cannot be interpreted as absence of difficulty or adverse experiences.

### 5.5 Written accounts and integrated interpretation

Twelve respondents provided at least one optional narrative. Descriptive categories concerned safe space and predictable care, learning and agency, trust and relational change, emotional relief, spiritual meaning and appreciation of the package, and concurrent medical or environmental care. C13 wrote, "A safe space to rest, a backyard to decompress." C06 described learning to "identify triggers and make better choices." C09 wrote, "We had built trust in the process of understanding each other". These brief extracts support interpretation of experience, not verification of clinical outcomes.

Some narratives attributed major healing effects to Reiki. Such accounts were treated as participant beliefs. Others described medication, injury treatment, relocation and organised caregiving, reinforcing the importance of concurrent influences. The structured confidence and overwhelm pattern is compatible with perceived agency and relief, but the survey cannot distinguish a genuine longitudinal change from recall and expectation effects.

Removing the two plural-dog narratives left eleven responses. All eleven retained positive global dog and caregiver classifications. This sensitivity description shows that the overall favourable pattern was not confined to those two responses, but does not establish independence of the remaining cases.

### 5.6 Limitations

The thirteen documented questionnaire responses are numerically within the approved 10–15 caregiver range, but interview participation and linkage were unverified. Restricted access to interview notes limits alignment with the approved multiple-case design and prevents audit of interview-derived interpretations. The reported corpus contains short written answers rather than full interview cases, and participation was self-selected. Invitation counts, nonrespondent experiences, recruitment channels and pilot records were unavailable. Ratings were retrospective, unvalidated and supplied by the same respondent for caregiver and dog. Several endpoints showed ceiling effects, and practitioner involvement may encourage favourable reporting. Variable recall periods, continuing support, concurrent treatment and no comparator prevent causal attribution. Multiple-dog narratives and possible shared cases limit the unit of analysis. Sparse critical text prevents detailed assessment of difficulties. These findings cannot be generalised to all rescued dogs or caregivers or used to advertise treatment success.

## 6. Conclusion

Thirteen caregiver responses described favourable experiences of integrated support and perceived improvements in dog adjustment and caregiver confidence and strain. Written accounts emphasised safety, learning, trust, emotional support and spiritual meaning. Item-level exceptions and substantial concurrent influences qualify the global pattern. The contribution is a small descriptive account of caregiver experience; efficacy and a Reiki-specific effect remain unestablished.

## 7. Future Scope

Future research should recruit beyond practitioner networks, document participant flow, confirm one dog per case or model clustering, collect prospective baseline and fixed follow-up assessments, and use validated caregiver measures with independent dog observations. Intervention dose, medical care and environmental changes should be logged separately. Appropriate comparators and attention-matched conditions would be needed for component-specific evaluation. An auditable interview corpus, including neutral

and dissatisfied caregivers, could explore practical barriers and alternative interpretations more deeply.

### Declarations

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