

Utilization of a therapy-dog to assist patients of the ambulatory addiction treatment centre in Fribourg: a case report

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Introduction:

What is a therapy-dog?

Therapy dogs are specifically trained dogs to interact with patients in a defined setting.
The goal is to improve the outcome of a therapy

Animal Assisted Therapy: AAT

There may be different goals depending on the working field

- Motivational:
 - Improve interaction with others
 - Improve interaction with the staff
- Mental Health:
 - Increase attention
 - Increase self-esteem
 - Reduce anxiety
- Physical:
 - Improve fine motor skills
 - Improve wheelchair skills

In the US, therapy-dogs are used for more than 20 years in different working fields such as Occupational therapists or mental health professionals and the standards are set by the

Delta Society (www.deltasociety.org)



In Switzerland we have two organisations training dogs for AAT with similar standards:

Verein Partnerhunde Schweiz
(www.partnerhunde.ch)



Verein Therapiehunde Schweiz
(www.therapiehunde.ch)



The benefit of AAT has been documented in several studies:

- J ECT 2003 Mar; 19(1): 38-44:
Effects of AAT on patients' anxiety, fear, and depression before ECT. Barker SB, Pendurangi AK, Best AM, Departement of Psychiatry, Virginia Commonwealth University, Richmond, USA
- West J Nurs Res. 2002 Oct; 24 (6): 657-70
AAT for children with pervasive developmental disorders. Martin F, Farnum J, College of Veterinary Medicine, Whashington State University, USA
- Am J Geriatr Psychiatry. 2001 Fall; 9(4):439-42
AAT for elderly schizophrenic patiens: a one year controlled trial. Barak Y, Savorai O, Mavashev S, Beni A, Psychogeriatric Dep., Abarbanel Mental Health Center, Israel
- AORN J. 2000 Sep.; 72(3);477-83
Perioperative nursing and AAT. Miller J. Ingram L., Trinity Mother Frances Health System, Tex. USA

The AAT setting at the UST in Fribourg:

The UST (Unité Spécialisée en toxicomanie) in Fribourg is an addiction treatment unit with a Methadone and Buprenorphine program with about 400 out-patients.

For now 6 months we use a therapy-dog called "Lupa" at our unit, originally trained by Partnerhunde Schweiz.

Once a week regularly every Wednesday the therapy dog is present to assist the ambulatory consultations.

She was also used for semi-urgent situations and for patients with comorbid conditions (addiction patient with personality disorders or schizophrenia).

The patients were asked to be willing to try AAT and could choose after the first experience to go on with the AAT setting for the next consultation or not.



UST (Unité Spécialisée en Toxicomanie) Fribourg

A case report:

R.O., 29 years old female patient, non-employed, single,

history of sexual abuse and working as prostitute, 4 years old daughter given to adoption after birth,

Heroin and Cocaine abuse since 14 years old, on Methadone substitution treatment since 1993 with interruptions,

Heptatitis C and HIV positive at least since 1995, both actually non treated.

Transfer from an other region to our unit 5 months ago.

At the first medical consultation the patient did simply not appear, because, of her enormous anxiety of an eventual physical examination, done by a man, as we learned afterwards.

Reassured by the presence of the female nurse for the second consultation the patient got to know the physician and at the same time the therapy-dog "Lupa" which joined the patient immediately and as long as the consultation went on, stayed with her.

The patient accepted the animal in reverse as an emotional and also physical reinforcement of herself.

With the therapy-dog in her arms the patient could tell us also some of the more difficult parts of her personal history.



Due to this consultation, where the patient got first in contact with AAT, we could go on to establish a therapeutic relationship. Over the last 6 months the substitution therapy with Methadone could be stabilized at first at 40mg and then be switched to Buprenorphine after the introduction of an antidepressive treatment with Mirtazapine 30mg.

Over all, even with this not easy to guid patient, the consultaions with AAT turned out to be much less stressful for her and difficult decisions seamed to be easier to undertake for her than in those without AAT. Also the patient turned up more regularly at the days when AAT was planed than those without. Actually the patient accepted after all a laboratory check-up to prepare for an eventual start of an anti HI-viral treatment and status of the Hepatitis.

Conclusions:

As we knew already from a lot of our patients, the population on an addiction treatment unit is easily interested in accompaniment and family dogs, we expected also good results with a therapy-dog present in the therapeutic setting, expectations that were widely fulfilled. Even in critical situations the animal's behaviour was always working towards a normalisation of the situation.

The patients felt more naturally accepted and less exposed in the presence of another living being. Even or probably because the therapy-dog did often not do a lot more than be at the side of the patient, regardless of their hygienically or mental conditions.

So soon the staff at our addiction treatment unit attributed to the therapy-dog some kind of additional catalytic factor in the complex system of therapeutic relationship with addiction patients.

These first experiences motivated us to go on with this additional offer at our unit. Of course, to prove scientifically the real value also in this field, studies are needed.

