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“She Makes Me Feel Comfortable”: Understanding the Impacts of Animal Assisted Therapy at a Methadone Clinic

*Anna-Belle the Therapy Dog*¹; *Georgette Sharilyn Sewap*²; *Colleen Anne Dell*³ (PhD); *Brenda McAllister*⁴ (BA, BSW) & *Jill Bachiu*⁵ (BSW)

¹Anna-Belle has been a Therapy Dog with the St. John Ambulance Therapy Dog program in Saskatchewan, Canada since March 2013. She visits various places and groups of people, but most enjoys her one-on-one time with the humans she meets.

³Colleen Anne Dell (PhD) is a Professor and Research Chair in One Health and Wellness at the University of Saskatchewan. She also works alongside Anna-Belle as a handler in the St. John Ambulance Therapy Dog program.

CONTACT AUTHOR

Colleen Anne Dell, University of Saskatchewan, 1109 Arts Building, 9 Campus Drive, Saskatoon, SK S7N 5A5 Canada. Tel: 306 966-5912 E-mail: colleen.dell@usask.ca

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Once upon a time there was a St. John Ambulance Therapy Dog named Anna-Belle – and that dog is me! I live in the province of Saskatchewan, work in the addictions field, and like to share stories about what happens when I visit people. I want to give you a heads-up though that this isn't a fairy tale-type story. It is a work of non-fiction. It is a true story. This story highlights the celebrations and heartaches of every-day life, and in particular the life of my friend Cora.

This story is joyful nonetheless, including how it started. My human, Colleen the Professor, and her team were pretty excited when they received a research grant from Universities Without Walls. We received this money to study the impact of me, yes me, in the Saskatchewan Health Authority (Saskatoon) Methadone Maintenance Treatment Program (MMTP). Well, it was to study me and another Therapy Dog named Subie, but this is my story. Actually, me and Cora's story. Cora is a client of MMTP. And although this is a real story, Cora is not her real name.

MMTP clients are really loving and resilient. I know this because I have visited there a lot. A recent study by one of Colleen's students found that for MMTP clients who love their pets, their companion animals are an important support in their recovery journeys (Kosteniuk, 2018). For example, one of the people she interviewed shared about their changed lifestyle, and attributed it to their pet: "...Being healthy and going out and walking our dogs and doing things to extend our lives, if we're not healthy and something happens to us, our animals are going to be left without anybody...and I quit smoking I haven't smoked for almost a year now too. I just said to hell with it, I just got tired of and you know I struggled with it. It's the same with addictions and crystal meth, and down, and opiates and that. I just quit everything...they brought me up to the point where I needed to quit" (Kosteniuk, 2018: 23).

Various MMTP clients are human immunodeficiency virus (HIV) positive or are at risk for contracting HIV because they are part of higher risk groups (e.g., people who share injection equipment, or engage in unsafe sexual practices). Hepatitis C (HCV) infection/co-infection with HIV is also a concern among MMTP clients. Starting and re-starting methadone is common as well. About 50% of MMTP clients are Indigenous. The HIV rate for First Nations and Métis people in Saskatchewan is much higher than in any other part of Canada (MacQueen, 2015; Mann, 2017). Indigenous people have higher rates of Hepatitis C in Saskatchewan too (Pandey, 2017). I really agree with humans that say it's about time we get even more creative and culturally specific in our province to address this public health crisis (CBC, 2017; Woroniuk, 2017).

Studies have identified how visiting with a dog can reduce things like anxiety and loneliness in people, decrease their stress hormone (cortisol) and increase their feel-good hormone (oxytocin) (Bell, 2013; Friedmann, Thomas, & Eddy, 2000; Handlin et al., 2011; Miller et al., 2009). And there are lots and lots and lots of what humans refer to as anecdotal stories. The story I am going to share here is not anecdotal though, rather, it is based on the outcomes of our team's research evaluating the impact of my visits with Cora, who has been a MMTP client for the past several years.

What this research meant in practice for me and Cora was that we got to visit each week over an eight-week period. Well, that was the original research plan, but real life rarely sticks to a predetermined plan. We didn't always meet every week, and actually visited over 16 weeks because life got in the way for Cora. But that's OK, there was always someone hanging around the MARS clinic who wanted a visit with me. I honestly didn't mind when my friend didn't show up because I knew that if she could have she would have. I'm very understanding that way.

When I met Cora for the first time, I looked at her like a dog can, and saw a beautiful and loving First Nations woman. I also saw a mother who dearly missed her children because they were taken from her care. I also knew she was facing her addictions. Sadly, I know that is not what some humans realize when they see MMTP clients. In fact, many times they do not even glance. That's a real big difference between humans and dogs – dogs don't judge. Stigma hurts and can have really bad consequences. Even for dogs, certain breeds know this too well.

Cora and me became friends the minute we met. I am not kidding. I am not supposed to, but I gave her a great big kiss when she sat down beside me at the clinic. I didn't tell you, but I am a white bulldog with brown spots and am about 2 feet tall and 50 pounds heavy, and I like to sit on a table to visit closely with humans. Also, if you start to ignore me, I quickly remind you that I am here with a tap of my paw on your arm. Humans think it is very smart of me and very cute. I should also mention that I wasn't trained to be a Therapy Dog; no dog can be. I have obedience training but being what a human would say is empathetic and an extrovert is just my natural personality. I absolutely love people and so I am very outgoing around humans.

Cora's counsellor, Jill, asked her a few questions during our first meeting, but mainly, we just visited. We set some goals for our time together, and these included accessing a day support program, planning for when not great things happen in life, and to continue to make healthy decisions. This is called Animal Assisted Therapy, when I am there as part of a counselling session. Colleen tags along too, mainly because I need a ride. She really does do more than that, but this is my story with Cora, not hers.

Because we were doing an evaluation study, Cora, Colleen and Jill filled out forms after each of our visits. I didn't because I can't write. I just type (obviously). But Colleen always watches me and writes down what I do and tries her best to interpret my behaviour. She studied a bit of dog psychology, so she does an okay job of this most of the time. For example, on one of the forms she commented: "Anna-Belle just wants to be close to Cora, all her body language is telling me this". Jill likewise commented on her form that first visit: "I thought it was interesting how fast Anna-Belle took to liking the client".

I should also mention that we received an ethics exemption certificate from the University of Saskatchewan Human Ethics Research Board (because it is an evaluation), a certificate from the Animal Ethics Research Board and approval from the Saskatchewan Health Authority (Saskatoon) to do this study. In all the research work I am involved in with Colleen, we always make sure that everyone we are working with is a part of the research process. Including me!

From all of the forms that were filled out, through what is called an intrinsic case study method, we came to the conclusion that the goals of the St. John Ambulance Therapy Dog program were met. According to the work of Crowe, an intrinsic "case is selected not because it is representative of other cases, but because of its uniqueness, which is of genuine interest to the researchers" (p. 105). Of primary interest for us was Cora's experiences, gathered from her own and others' insights (Yazan, 2015). We found that Cora felt both **comfort/love** and **support** from our visits. As a reminder, these are the two goals of the St. John Ambulance Therapy Dog program. For example, Cora shared on nearly all of her forms comments like these ones: "Anna-Belle made me feel comfortable from start to end" and "I love being around her". She also wrote "I think I need to see her [Anna-Belle] to keep me on track to my road to being straight".

We also learned that through experiencing comfort/love and support from our visits, Cora felt a **connection**. Colleen has read lots of articles about the human-animal bond. She also recently

advised on the development of a Canadian survey of people in recovery from addictions. In it they found that 68% of respondents in Saskatchewan identified their relationship with animals and pets as an important informal support to their recovery (University of Saskatchewan, 2017). In fact, Colleen wrote on a form after a visit: “Cora spoke about her dog, and how he was an important part of her life when her kids were taken from her. After losing her dog she wanted another dog but it was not possible”. Right now, Cora’s housing rules won’t allow tenants to have a dog.

I have a good example of Cora and me connecting. I was excited to see her the second week we met. My wagging little tail and tongue showed her this as well as my persistent bulldog attempts to kiss her. And I was super excited that she brought pictures of her babies to show me. She showed Colleen and her counsellor Jill too, but she showed me first. This confirmed what I already knew – we developed a friendship so fast at our first meeting. In some small way I think that the love that I showed Cora when we first met is kinda like that which many moms have for their newborn babies – it’s unconditional. Jill commented on her form in a later session that: “The interaction between the client and Therapy Dog was like two long lost friends meeting again”.

It is getting more common in the addiction field to refer to the significant impact of *disconnection* in the lives of individuals who problematically use substances; disconnection from one’s self (Weiss, 2015). Addiction experts like Gabour Maté say that experiences of trauma contribute to disconnection with our essence or self (Maté, 2009). This crosses into disconnection from other humans, the environment and animals too. Addiction is rife with loneliness for those it impacts.

Engagement was another outcome of Cora’s experiences with me. For example, Jill noted that she felt Cora was more open with her because of me. The papers Colleen reads refer to this as me helping to establish a therapeutic alliance between a client and her counsellor. This was found in Colleen’s other research projects with therapy dogs too (University of Saskatchewan, 2015; Dell et al., in press). As an example, one week, Jill wrote on her form: “As each week progresses, while the client continues to pet the dog throughout the session, she seems to spend more time/attention/focus on sharing and talking to the counsellor (myself) than solely on the Therapy Dog”.

Cora also started to engage more at the clinic and outside of it. For example, she started to drop into the clinic for a coffee and to just say hi to the staff. Her self-esteem seemed to increase. She mentioned on her forms, in response to a question about whether she practiced what was talked about in the session, that “I know how to in a way socialize more with all different kinds of people”, and “I shared with people at programming about therapy dogs”. Cora referred to this generally as me helping her to mature (her big word, not mine); she was putting her skills into practice. Sometimes in our sessions when Cora shared she wasn’t sure how to respond in a situation, Colleen explained how I did. For example, do you know that when faced with a stressful situation a dog really does try to *shake it off* – that’s when you see us wiggle from the top of our head to the tip of our tail. For a bulldog that’s a pretty short tail, but mine still wags!

I was also a **motivation** for Cora. For example, during our second meeting Cora brought me dog treats. In fact, she got me a whole box and said that every time we meet I would get some. I liked that she was thinking about me and that she was already thinking we would be friends for a long time. Colleen and Jill also seemed pleased. One day during a session Cora shared how I was a motivation for her to not use a lot of drugs. Jill's form says: "She relapsed on the week-end and shared that she thought about not wanting to miss her appointment with Anna-Belle". Colleen's form from the same session likewise shared: "She said she used on the week-end but unlike other times she did not use for days on end. She used and then stopped – even though she had access to it [drugs]. She said this is very different for her. When asked if she thought about Anna-Belle at all while using drugs, she said she did and did not want to miss seeing her again".

Jill also saw that Cora was thinking about others more too, which is difficult sometimes for people facing addictions. As an example, on one of Cora's forms she wrote: "I did a little research on what kinds of toys and what bulldogs were into". She brought me a bulldog friendly toy the next week. You know, one I can't destroy in under 60 seconds. Colleen also wrote on one of her forms: "A medical intern sat in on the session and Cora told her all about her relationship with Anna-Belle. How close they are; she thinks about her all the time. She shared...that she wants to do [a] media interview...because she wants the [Therapy Dog] program to be more widely available to other Indigenous people".

I also made sure that Cora knew I was thinking about her when we weren't visiting. I gave her lots of pictures of her and me and I wrote messages, with Colleen's help, on them. Honest things like *I am so glad you are my friend*. I also left cards for her at the pharmacy for when she picked up her methadone. The MMTP staff helped me a lot with this. Cora said she really likes the photos and cards and keeps them on her fridge. She also gives some of the photos to her kids when she sees them. It is easy for a Therapy Dog to share honestly from the heart.

As with any story, not all is happy and there is struggle. And I would say the daily struggles of living that Cora faces overshadow the good things happening between us, no matter how special our friendship is. Housing was a persistent concern. The intergenerational impact of colonization of Indigenous peoples in Canada cannot be ignored. Neither can Cora's disappointment in herself for not always keeping our appointments. But like I said, I understood, and I think deep down Cora knew this. She wrote one week on her form: "I am sorry I was late. I got confused but phoned. [I] also still came which is good, usually if I'm this late I don't even bother going/coming!" Jill wrote about this same time: "Following a missed appointment, [the] client spoke of the remorse, disappointment and shame she felt for having let everyone down due to her not attending. Client however felt comfortable enough to continue attending appointments and sessions where that hadn't been the case in the past".

Like I said, this story is in not a fairy tale (even though it involves a dog with a tail!). It does not end with *happily ever after*. Human lives are far from that. As I type this I have not seen Cora for a few months. I do mail her a picture of me once in a while so she knows I am lovingly and supportively thinking about her and not judging her. And I do this naturally, because I am a dog

(the acting humane part, not mailing a photo part). But maybe this story is not about an ending but rather a step toward a possible new beginning for Cora. Maybe it's a new beginning too, for some of its readers to acknowledge the potentially important role of animals in the health and lives of Indigenous and all peoples today and historically. I will end this story with a definition of wellness, as shared by Elder Jim Dumont and that is applied by Colleen and her team in their work in the addictions field: "Wellness from an Indigenous perspective is a whole and healthy person expressed through a sense of balance of spirit, emotion, mind and body. Central to wellness is belief in one's connection to language, land, beings of creation, and ancestry, supported by a caring family and environment" (www.tinyurl.com/CultureasInterventionResearch). I, Anna-Belle, am a being of creation.

EPILOGUE

As the Creator would have it, within a week of receiving feedback from the journal on this article, Cora and Colleen reconnected. They went for lunch and Cora shared that she wants to take me for a walk. She said that she speaks to people more now when she sees them with a dog, asking about the dog. She credits meeting me at the MMTP program with helping her to open up and use her verbal skills to meet some new people who are not using drugs. She also said that over the past several months (almost 9 to be exact) she has thought of me often. She worked hard on making me a little beaded hat, but someone took it from her without her knowing. She said she has shared memories about me in a MMTP group she attends these days. She still has my photo on her fridge and said that she talks to me when she is lonely. She is a smart woman. She is doing well, considering the challenges she faces today. We are planning on going for a walk one day. In the meantime, Cora knows in her heart that she has my FURever support.

Suggestions for setting up a Therapy Dog visiting program

If you are interested in offering a Therapy Dog visiting program at your service organization, you can start by connecting with a Therapy Dog organization in your area to see if there is a dog available to visit your centre. Many of the Therapy Dog programs are volunteer run and do not have a fee associated with visiting. Most of the dogs and handlers come in to visit groups of people, but it may be possible to have a dog in a therapy session like we did. Here's a tip to get you started – St. John Ambulance is a very popular Therapy Dog organization in Canada and it's the one that I volunteer with. There is also a history that we can't forget of grassroots organizations working with Therapy Dogs and people living with HIV dating back to the late 1980's and early 1990's. Maybe some of these programs are still being offered today and we could learn from them!

Also, you could integrate people's pets into your programming. I don't mean having your clients bring their pets with them (that would be interesting though!), but rather you could ask them if they have a pet. After my visits at MMPT the staff changed the client intake form to add a question about whether a pet is a support in their clients' lives. Recognition of this can go a long way in helping to establish a therapeutic alliance.

And last, please do not bring your own companion dog or any other animal to work to meet with your clients. This is a really important point. Us Therapy Dogs go through testing to make sure that we are friendly enough to work with humans and also to determine whether we want to work with them. Again, this is really important, and sometimes people forget about this.

Oh, one more thing. Please do connect with me on Facebook if you have any questions. Colleen will help me answer them. You can find me at AnnaBelleSubiesAdventures. You can also see all types of volunteer work that me and other therapy dogs do on this site. Bow Wow!

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