

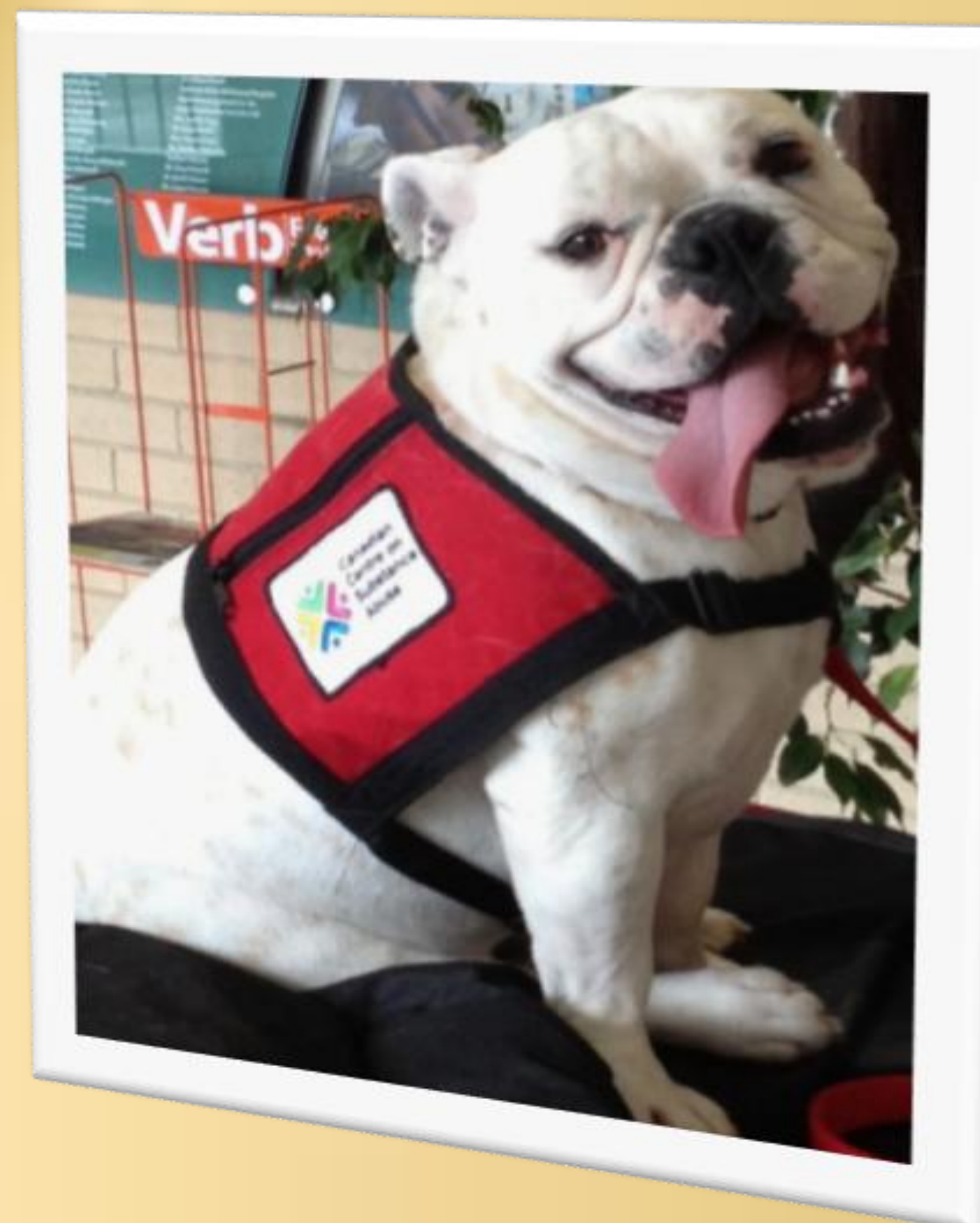
# Treating Drug Addiction with Animal-Assisted Therapy

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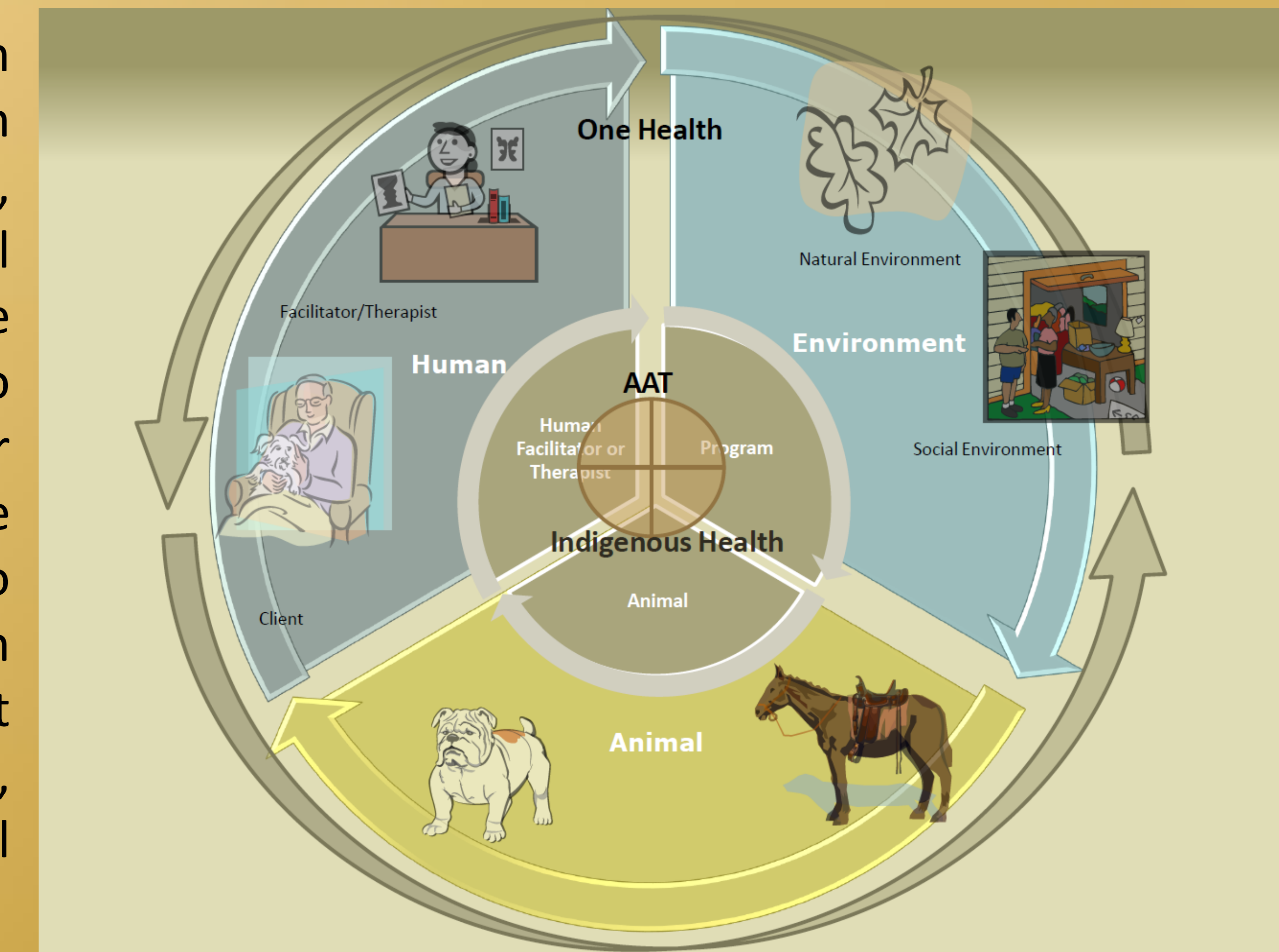
**Strong Rationale:** Saskatchewan offers addictions treatment, trauma-informed and trauma-specific programming and Animal Assisted Therapy (AAT) to support client wellbeing. There has been limited work, however, in examining their interactive and collective impact as health intervention(s).

**Focused Purpose:** We will explore: AAT with dogs in a youth and adult residential addictions treatment facility; and with horses in a youth residential care facility. The problematic use of drugs and other substances is a common form of coping among individuals with trauma histories.

**Project Questions:** How can human experiences of trauma, together with drug use as a coping mechanism, be addressed with the assistance of AAT? Paying specific attention to the need for human service integration and evidence-based practice, who should be involved in this? What is the role of each of these participants? How do the One Health and Indigenous paradigms guide us in developing our knowledge? How do we address the role and welfare of the animal in AAT interventions? How do we ensure our knowledge is shared with service providers and systems through a leading edge knowledge translation strategy?



**Guiding Framework:** We will work within the Western-derived One Health framework to draw from medical, animal, social and environmental specialists to better understand the human-animal-environment interface to achieve wellbeing. We will account for the significant overlap between One Health's holistic approach to conceptualizing health and an Indigenous worldview grounded in First Nations cultural knowledge (physical, emotional, mental, and spiritual harmony).



**Attainable Work Plan:** (1) review knowledge documented in the literature and Elders' focus groups regarding the three key elements of AAT as a drug intervention; (2) hold a three-day meeting to develop reciprocal relationships and address our project questions; (3) establish pre- and post-meeting communications via a virtual network; (4) attend our intervention sites for hands on knowledge gathering and continued relationship building; (5) undertake knowledge translation activities; and (6) confirm a solid research partnership amongst our team members and write up a Stage II CRISM proposal.

**Collaborative Team:** We are building on existing relations, extensive expertise and scholarly and practice-based experiences among a multi-disciplinary team including Indigenous Elders, service providers, researchers, decision makers, communication experts and those with lived experience.



