



Therapies that give Paws

Envoy the lucky therapy assistant who can take a nap after lunch. Sacked out on the floor, no less. “Normally, Caleb’s very active, but he just took a long walk and he’s tired out,” explains **Jill Fox MD (A/S ’86, MED ’91)** of her golden retriever whose usually lively presence is invaluable in treating young patients at Key Life Directions in Rossford, Ohio.

Fox’s psychiatric practice has made use of animal-assisted therapy for years; Caleb, now three years old and certified through Assistance Dogs of America Inc., is the newest member of the team. To illustrate what he can do, Fox reaches behind a file cabinet and fishes out a small stuffed toy. Caleb is immediately awake and watching intently as Fox says, “I tell the kids we’re going to play a silly game. I throw the toy and when the child catches it, he answers a question. It’s a way to get kids talking without feeling pressured.”

When she tosses the toy across the room, Caleb lunges to catch it on the arc, then brings it back. “The kids love that,” Fox notes. “And they don’t mind if the toy’s slobbered on.”

Fox recalls one young patient who sat silently in the office, arms folded, mouth set in an unrevealing line — until Caleb entered. “We just talked about Caleb while we brushed him,” Fox says. “Pretty soon, after we’re discussing dogs in general, you slip in a question you want to know and [the patient] has been talking so much that it’s no longer a big deal.

“That’s the magic of therapy animals.”

Caleb also shines in a group where Fox and a social worker use therapy dogs to help treat troubled adolescent girls. “They’ve lived with terrible things: rape, abuse, neglect. But those girls have taught Caleb new commands; that ability to teach is such a thrill for them,” Fox says.

As a psychiatrist, Fox is in the teaching business herself, with plenty to say about the most effective therapies. “Rather than putting labels on kids — because we don’t have a blood test for autism or Asperger’s — here we try to empower and encourage the child and the child’s family, to help them be their own best doctors.

“Take a child with an obsessive-compulsive disorder, for example. The child may think things like ‘If I don’t catch this ball with this hand, my parents will die in a car wreck.’ We have them personify that fear into a monster they draw. Then we help them reduce the monster to a manageable size. Pretty soon that big monster is down to being just a small monster, and the child is much bigger.”

Treating adolescents presents other challenges, though she says, “When I meet a patient who has green hair and every orifice pierced — those kids are some of the easiest patients to talk with, as long as they’re respected. You know they’re crying out for attention, or that there’s some issue, but the piercings are cues that everything is out there.

“I look at them and think, ‘Great! Now we can get down to business, without a lot of defenses.’”

With or without defenses, Fox sees more depression in children, a trend she calls “worrisome. But kids are resilient.” What worries her more is the public’s fear of anti-depressants, caused by the so-called “black-box warnings” issued by the Food and Drug Administration (FDA).

“The FDA came out with the warning that certain medicines could trigger suicidal feelings, and some studies do show that. There are other studies, though, that show the opposite — a decrease in such thoughts. What has been very sad is that of the cases that inspired the warning, not one child died, though some were hospitalized. And parents now are absolutely terrified of medicines.

“But here’s a very troubling statistic: The risk of suicide in a child or adolescent who has an untreated depression is almost ten times higher than the risk that prompted the black-box warning.”

Fox’s approach to the issue, characteristically, is education. “We don’t use medicines in every single person we see here because sometimes it’s not appropriate. If parents are dead-set against medication, we’ll honor that, but we try to put the medication within a framework of treatment. If after five or six weeks without medication, we’re not seeing progress, we can reconsider.

“In the meantime, we’ll help families find good information on the debate. When parents are able to do that, they come back feeling more empowered.”

Educating lawmakers as well would improve the practice of medicine on many levels, Fox believes. “But physicians are too busy to give politicians the straight answers they need.”

Practicing medicine today is complicated by legal considerations physicians of a generation ago didn’t have, she knows. “I want to help people; that’s why I went into medicine. Physicians have a different philosophy of helping than lawyers do.”

But before things go down that road, Caleb shakes himself awake. Time to get back to what Fox loves: “It’s very powerful, healing people.”

