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THERAPEUTIC REHABILITATION: SOCIAL ASPECTS AND PHYSICAL HANDICAP

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THERAPEUTIC RIDING WORK WITH
PSYCHOTIC PATIENTS:
THE PINDAR PROJECT
*A PSYCHIATRIC AND VETERINARY
RESEARCH*



WHAT IS THERAPEUTIC RIDING?

- THERAPEUTIC RIDING IS A REHABILITATION TECHNIQUE BASED ON THE HORSE EMPLOYMENT
- THERAPEUTIC RIDING HAS EFFICIENCY BOTH IN PSYCHIC AND PHYSICAL DISABILITIES
- IT HAS BEEN PRACTICED SINCE THE END OF THE WORLD WAR II
- IT IS PRACTICED WORLDWIDE

THERAPEUTIC RIDING AND PSYCHIATRIC PATIENTS

- IN PSYCHIATRY IT IS EXTREMELY NECESSARY TO FIND FORMS OF CLINICAL AND REHABILITATIVE INTERVENTIONS
- PSYCHIATRIC PATIENTS CAN IMPROVE BY MEANS OF T.R. TECHNIQUES, ESPECIALLY IF BASED ON A PSYCHOLOGICAL WORK CONSIDERING BOTH PSYCHODINAMIC AND METACOGNITIVE ASPECTS

PSYCHIATRIC DESEASES TREATED BY THERAPEUTIC RIDING

- THERE ARE A LOT OF PSYCHIATRIC DESEASES WHICH CAN BE TREATED BY T.R

Pervasive disease of development

Schizophrenic axis diseases (DSM-IV)

Alimentary Behaviour diseases

ADHD

Anxiety

SCHIZOPHRENIA

- Schizophrenia is a very complicated disease, whose symptoms are personality disorders, delirium, hallucinations, paranoid disorders, difficulties in communications with the Other, etc.
- We can differentiate chronic schizophrenia from elderly one

CAN THERAPEUTIC RIDING PLAY A ROLE INTO PSYCHIATRIC REHABILITATION IN ELDERLY SCHIZOPHRENIA?

**THIS IS THE QUESTION WE ARE TRYING TO ANSWER BY
THE PINDAR MULTICENTRIC RESEARCH PROJECT IN
THERAPEUTIC RIDING**

PSYCHIATRIC REHABILITATION

- THE PSYCHIATRIC REHABILITATION TRIES TO ACT ON THE MOST IMPORTANT INVALIDATING CONSEQUENCES OF MENTAL DESASES: THE DIFFICULTIES IN HAVING A DEFINITE SOCIAL ROLE
- ITS FINAL AIM IS THE RECOVERING, SO THAT THE PERSON COULD BE ABLE TO SATISFY APPROPRIATELY HIS OWN REQUESTS AND NEEDS AND THE ONES OF THOSE WITH WHOM HE LIVES OR WILL LIVE

PSYCHIATRIC REHABILITATION MISSION

- LET THE PERSONS ABLE
 1. TO IMPROVE THEIR SOCIAL LINKS AND BEHAVIOURAL ORGANIZATION
 2. TO CARRY OUT A TASK IN A SATISFACTORY WAY FOR THE COMMUNITY
 3. TO SATISFY THEIR OWN NEEDS
 4. TO DEMAND THE LEAST CONTINUATIVE MEDICAL CARES

THERAPEUTIC RIDING AND PSYCHIATRIC REHABILITATION

- OF COURSE THERE ARE A LOT OF WAYS TO GET PSYCHIATRIC REHABILITATION, *for example*
- TO TAKE DRUGS
- TO HAVE PSYCHOTHERAPY
- TO WORK WITH THE THEORY OF THE MIND
- OTHER "NON-TRADITIONAL" WAYS TO WORK, USING HOWEVER SPECIALIZED OPERATORS AND SOMETHING OF TRADITIONAL TECHNIQUES

THERAPEUTIC RIDING AS A “NON TRADITIONAL” REHABILITATIVE TECHNIQUE

- AMONG THESE WE CAN CONSIDER FOR
EXAMPLE MUSIC-THERAPY, PET-THERAPY,
PLAY-THERAPY, OCCUPATIONAL THERAPY
AND SO ON

SO THE QUESTION IS

- ***CAN THERAPEUTIC RIDING ACT AS A NON
TRADITIONAL PSYCHIATRIC REHABILITATION
WAY SUCCESSFULLY?***

AN ITALIAN PILOT PROJECT ABOUT PSYCHIATRIC REHABILITATION AND THERAPEUTIC RIDING

- IN 2009 THE ROMA F MENTAL HEALTH DEPARTMENT DECIDED TO PUT A FEW PSYCHOTIC PATIENT IN A PROJECT OF HIPPO THERAPY
- THESE PATIENTS WERE 18-40 YEARS OLD DIAGNOSED WITH ELDERLY SCHIZOPHRENIA (DSM- IV), AND IN THE MENTAL HEALTH CENTER THEY WERE CONSIDERED VERY DIFFICULT TO HOOK
- THEY WERE IN TOTAL 9 PERSONS
- IN THE PREVOIUS YEAR THEY HAVE HAD A TOTAL OF 80 HOSPITALIZATION DAYS *(for all the patients)*

THE RESULTS OF THE PILOT PROJECT

- THE RESULTS WERE EXCELLENT!!!
- AFTER 8 MONTHS SPENT IN A RIDING CLUB THE PATIENTS HAD
 1. NO MORE HOSPITALIZATION (*and no more after a 8 months follow up*)
 2. A BETTER COMPLIANCE WITH THEIR PHARMACOLOGICAL CARES
 3. A GOOD ACQUISITION OF THE BASIC RIDING TECHNIQUES
 4. AN IMPROVEMENT IN THE INTERPERSONAL RELATIONSHIPS

THE RESULTS OF THE PILOT PROJECT

- ALL THE RESULTS HAVE BEEN MONITORIZED THROUGH THE SOMMINISTRATION OF SOME PSYCHOLOGICAL TESTS ANS SELF-EVALUATION SCALES
- THE TEST USED WERE
 - SF 36
 - VGQ
 - ALEXITHIMIA SCALE
 - PANSS WITH 8 ITEMS
 - BPRS
 - All administered at the beginning and at the end of the project, lasting 8 months

WHY THESE GOOD RESULTS?

- I THINK WE CAN GIVE MANY DIFFERENT ANSWERS
- NO ANSWER IS ABSOLUTELY THE UNIQUE AND RIGHT ONE
- EVERY ANSWER HAS ITS PECULIAR MEANING IN THE GENERAL SITUATION OF THESE PATIENTS

ANSWERS

- THE REHABILITATION WAS NOT EXPERIENCED AS A BORING ACTIVITY IN THE MENTAL HEALTH CENTER BUT AS A REALLY EXCITING EXPERIENCE IN A COMPLETELY NEW WORLD, THE RIDING CENTER, WHERE THE PATIENT COULD MEET OTHER RIDERS AND INTERACT WITH THEM
- PSYCHIATRISTS AND NURSES WERE ON THEIR SAME LEVEL, BECAUSE THEY OUGHT TO LEARN RIDING TOO
- THEY HAD TO LEARN THE SPECIFIC HORSES' WORLD, WITH THEIR TYPICAL BEHAVIOURS AND TRY TO UNDERSTAND THEIR WAYS OF COMMUNICATION
- THEY HAD THE POWER AND THE STRENGTH TO RIDE AND TO "DRIVE" A HORSE BY THEMSELVES

GENERAL IMPROVEMENTS

- **INCREASE OF THEIR SEL-ESTEEM**
- **IMPROVEMENT OF THEIR QUALITY OF LIFE**
- **IMPROVEMENT OF THEIR SOCIAL ARTICULATION**
- **IMPROVEMENT OF THEIR BEHAVIOURAL ORGANIZATION**
- **ACQUISITION OF NEW ABILITIES**

THE FISE PINDAR PROJECT

ON THE BASES OF THESE VERY INTERESTING RESULTS, ITALIAN EQUESTRIAN FEDERATION THERAPEUTIC RIDING DEPARTMENT DECIDED TO START A NEW AND WIDER MULTICENTRIC RESEARCH PROJECT REGARDING THE POSSIBILITY OF USING THERAPEUTIC RIDING IN PSYCHIATRIC REHABILITATION WITH PSYCHOTIC PATIENTS DIAGNOSED WITH ELDERLY SCHIZOPHRENIA

PINDAR PROJECT GOALS

- TO EVALUATE WHETHER THERAPEUTIC RIDING IS A GOOD MANNER TO APPROACH ELDERLY SCHIZOPHRENIA FROM A REHABILITATIVE POINT OF VIEW
- TRYING TO DEMONSTRATE THAT AN EARLY REHABILITATION CAN INFLUENCE THE COURSE OF THE ILLNESS
- TO VERIFY IF THE PATIENTS SUBJECTED TO T.R. HAVE REAL BENEFITS IN SOCIAL RELATIONSHIPS, BEHAVIOURAL ORGANITATION AND SOCIAL ARTICULATION

PINDAR PROJECT GOALS

- TO IMPROVE THEIR COMPLIANCE TOWARDS THE CARES
- TO DECREASE THE HOSPITALIZATION DAYS
- TO IMPROVE THEIR QUALITY OF LIFE
- TO IMPROVE THEIR “CARE-GIVER” QUALITY OF LIFE
- TO VERIFY FROM A SCIENTIFIC POINT OF VIEW IF T.R. HAS SUBSTANTIAL AND MEASURABLE EFFECTS AS A REHABILITATIVE TECHNIQUE ON ELDERLY SCHIZOPHRENIA

PINDAR PROJECT MATERIAL

- **55 PATIENTS – MALES AND FEMALES – WITH A DIAGNOSIS OF “ELDERLY SCHIZOPHRENIA”**
- **AGED 18-40**
- *SUBJECTED TO USUAL PHARMACOLOGICAL TREATMENT*
- **WITH UNSATISFIED PREVIOUS EXPERIENCE OF OTHER FORMS OF PSYCHIATRIC REHABILITATION**
- **WITH PRECEDING SEVERAL DAYS OF HOSPITALIZATIONS IN THEIR CLINICAL HISTORY**

PINDAR PROJECTS MATERIAL

- THE PATIENTS COME FROM MENTAL HEALTH SERVICES IN DIFFERENT REGIONS OF ITALY
- *SOME OF THEM (about 15) LIVE REGULARLY IN RESIDENTIAL STRUCTURES FOR MENTAL ILLS*
- THE HIPPOTHERAPY TREATMENT OCCURS IN THE ITALIAN EQUESTRIAN FEDERATION THERAPEUTIC RIDING CENTERS

THERAPEUTIC RIDING CENTERS IN ITALIAN EQUESTRIAN FEDERATION (F.I.S.E.)

- IN EVERY CENTER THERE IS A SPECIALIZED EQUIPE COMPOSED OF
 1. A DOCTOR (specialized in psychiatry, neurology, childhood psychiatry, ecc.)
 2. A RIDING INSTRUCTOR SPECIALIZED IN THERAPEUTIC RIDING
 3. A PSYCHOLOGIST
 4. A VETERINARY
 5. THERAPEUTIC RIDING AUXILIARIES

HORSES

- OF COURSE WE MUST NOT FORGET THE HORSES
- ALSO THE HORSES ARE INCLUDED IN THE PINDAR PROJECT RESEARCH
- THE HORSES USED BY THE PATIENTS DURING THE PROJECT ARE 25
- THE HORSES HAVE BEEN CHOOSSEN BY VETERINARIES CONSIDERING THE PARTICULAR WORK THEY HAD TO PLAY
- EVERY HORSE WILL BE EVALUETED FROM A BEHAVIOURAL POINT OF VIEW

PINDAR PROJECT METHODS

- THE PROJECT HAS STARTED IN APRIL 2010
- IT WILL FINISH IN FEBRUARY 2011
- TOTAL NUMBER OF THE SESSION 35-45
- THE PATIENTS MONITORING WILL TAKE PLACE AT THE BEGINNING (time 0), IN THE MIDDLE (time $\frac{1}{2}$) AND AT THE END (time f) OF THE PROJECT
- THE HORSES MONITORING IS DONE EVERY MONTH

PINDAR PROJECT METHODS (PATIENTS)

- FOR EVERY PATIENT THE T.R. EQUIPE FORMULATES AN INDIVIDUAL PROJECT TO WORK ON HIS OWN SPECIFIC PSYCHIC, COGNITIVE AND SOCIAL- RELATIONAL DEFICITS
- THE INDIVIDUAL PROJECT MUST IDENTIFY THE SPECIFIC CHANNELS RELATED TO THE PARTICULAR CONTEXT (the riding center) WHERE THE EQUIPE WORKS TO STIMULATE THE PATIENT SKILLS IN ORDER TO OBTAIN AMELIORATIVE RESULTS OF THE SINGLE PERSON CAPABILITY

EVALUATION TESTS

- BPRS Version 4.0 (T/0,T/1/2, T/f)
- PANNS REMISSION WITH 8 ITEMS (T/0, T/1/2,T/F)
- VGF (T/0,T/F)
- SF 36 (T/0,T/F)
- TCQ (self-administration) (T/0,T/F)
- METACOGNITION QUESTIONNAIRE (T/0,T/F)
- TAS- TORONTO ALEXITHYMIA SCALE (T/0,T/F)

PINDAR PROJECT METHODS (HORSES)

- TO EVALUATE THE HORSES FROM A BEHAVIOURAL POINT OF VIEW
- THE VALUTATION IS DONE BY THE MONTHLY ADMINISTRATION OF A SCALE PROCESSED FOR THIS PURPOSE
- AT THE END OF THE PROJECT THE VET WILL ESTIMATE WHETHER AND HOW THE HORSES BEHAVIOUR HAS BEEN MODIFIED

PINDAR PROJECT – VETERINARY FORM

HORSE N° microchip

Age

Genetic Type

Sex M F Gel

Stereotypy

Y

N

type

intensity (1-5)

Appearance.....

Linear Evaluation of the Behaviour at Rest

1 2 - 3 - 4 5

Hypersensitive-sensitive-insensitive

1 2 - 3 - 4 5

Intolerant-tolerant-Hyporeactive

1 2 - 3 - 4 5

Provoker-cooperative-indifferent

1 2 - 3 - 4 5

Nervous – calm – apathetic

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Linear Evaluation of behaviour at work

1 2 - 3 - 4 5

Hypersensitive-sensitive-insensitive

1 2 - 3 - 4 5

Intolerant-tolerant-Hyporeactiv

1 2 - 3 - 4 5

Provoker-cooperative-indifferent

1 2 - 3 - 4 5

Nervous – calm – apatethetic

General Clinic Examination

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Harness

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Aids

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Observations

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date.....

signature

WORK INSTRUMENTS

- THE WORK INSTRUMENTS OF THE PROJECT ARE
 1. SETTING
 2. HORSE
 3. HARNESS
 4. GROOMING
 5. BASIC ELEMENTS OF RIDING TECHNIQUE

WORK INSTRUMENTS

- **SETTING** – The setting is the specific situation where the Therapeutic relationship is acted . The Therapeutic Riding Setting consists of the Patient, the Horse, The Therapist and the Riding Instructor.

FEATURES:

- *Covered or not arena of mt. 20x 40*
- *Lenght of the work divided in homogeneous parts : 1 part on ground, 1 part riding, 1 part on ground again - total lenght about 45-50 minutes*
- *Fixed days and hours of work*
- *The starting setting, whenever the patient is for the first time in T.R. work, will be individual, at least for the first 4 times, so that he can become familiar with the horse and the bases of riding technique.*

WORK INSTRUMENTS

- **HORSE**

- The Horse choice is done according to the Vet. Where possible they try to use no more than two different horses for each patient. The horse must have behavioural and mental characteristic fitted to T.R.

The name of each “part” of the horse body must be indicated in the right way to the patient, and we must stimulate him to repeat and remember these names.

WORKING INSTRUMENTS

- **HARNESS**

- The preferential harness is the english saddle with the horse in snaffle. Sometimes also a vaulting girth can be used. The horse is harnessed by the patient, together with the therapist, and it is very important to work on the right operations succession, as well as on the harnesses nomenclature.

WORK INSTRUMENTS

- GROOMING

- The grooming is very important as a cognitive and relational fundamental moment with the horse world, his behavioural and communication codes. In this phase the possibility of tactile and pre-verbal communication stimulated by the horse must be exploited to the utmost

WORKING INSTRUMENTS

- **BASIC ELEMENTS OF RIDING TECHNIQUE**

Even if the learning of the riding technique is not the goal of T.R., however the therapeutic program must teach to the patients the bases of the riding. For each patient the riding instructor will consider the possibility and the level of riding capabilities, until the self leading of the horse.

WORK SESSION

- 1° PHASE – ON GROUND

Lenght 10-20 minutes

Activity: Grooming

Goal: Acquisition of specific capacities (ethological, meta-cognitive, etc.)

WORK SESSION

- 2° PHASE – RIDING

Lenght: 30-40 minutes

Activity: Acquisition of basic riding technique

Goal: To improve Self-Esteem, to decrease the “stigma” of mental ill,
acquisition of social role and capacities

Be aware of the patients’ attention and concentration capacities

Important to present interesting and reflexion hints about horse world

WORK SESSION

- 3° PHASE – ON GROUND

Lenght: 10-15 minutes

Activity: Grooming and psychological talk

Goal: Meta-cognitive work, integration by educational- informative activities (observation of the horse in the paddocks, blacksmith activity, etc.)

DISCUSSION

- THE PINDAR PROJECT FUNDAMENTAL GOAL IS THE STUDY, INTRODUCTION AND VALIDATION OF A SCIENTIFIC INTERVENTION METHODOLOGY IN THERAPEUTIC RIDING WITH PSYCHIATRIC PATIENTS
- SO THE DATA EVALUATION IS THE CRUCIAL POINT TO DISCUSS

DATA EVALUATION

- At the end of the work session to draw up a short “empiric” observation of what is happened
- The described tests (T/0, T/1/2, T/F) must be administered by a psychologist
- This is the right way to quantify the starting of the different situations, the improvement both of the general and the single ones, the difficulties, the failures and the deficits with relation to specific functions or objectives

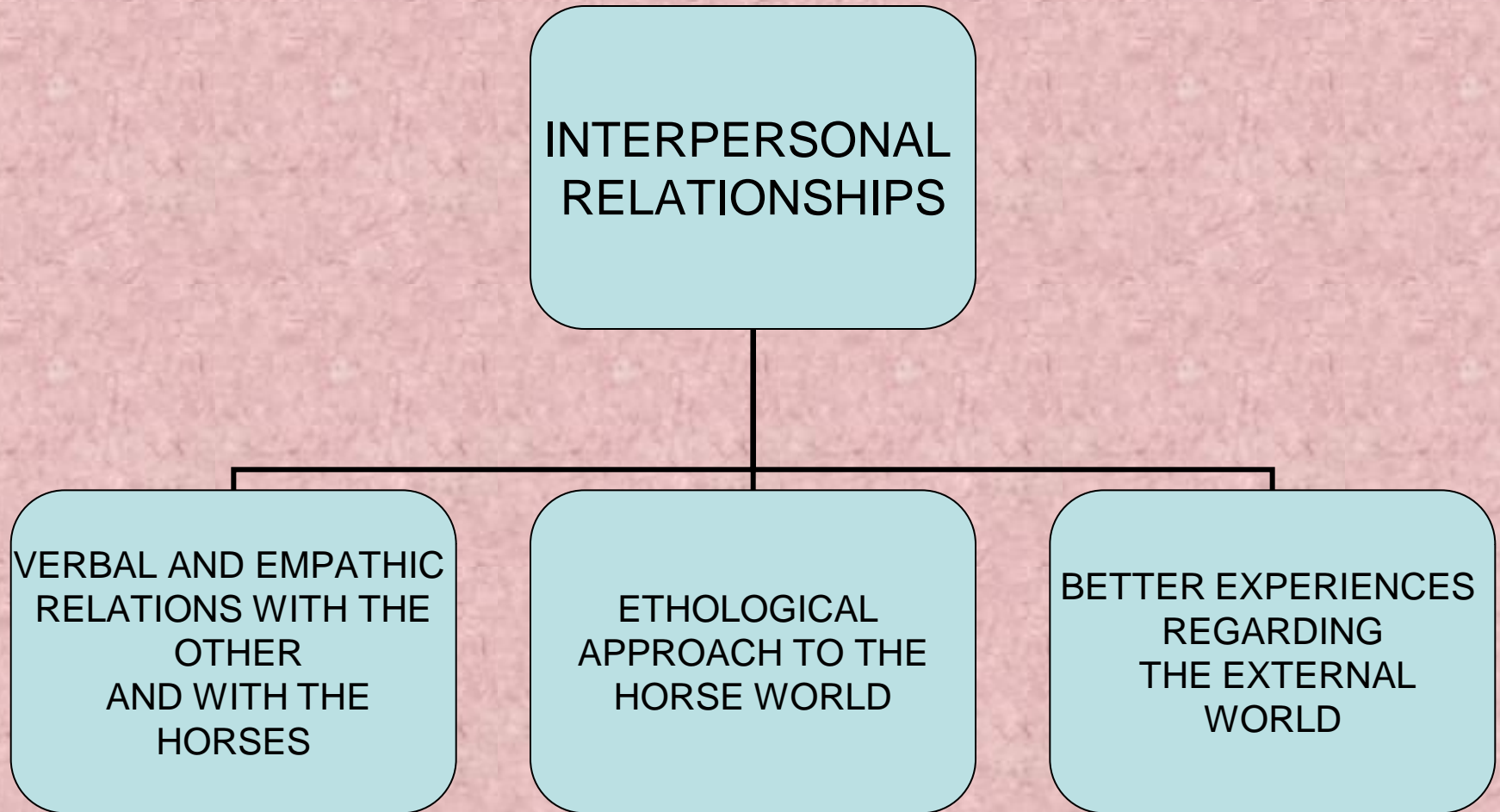
DATA EVALUATION

- AT THE END OF THE PROJECT EACH PATIENT WILL HAVE HIS OWN
 - **CASE SHEET,**
COMPOSED OF:
 - All the clinical data and the individual T.R. Project
 - Test and Questionnaires with the appropriate evaluations
 - Relation about the essential changes in the pharmacological care occurred during the project, the patient relationships with the external world, changes in case occurred in their familiar, working and educational situations.

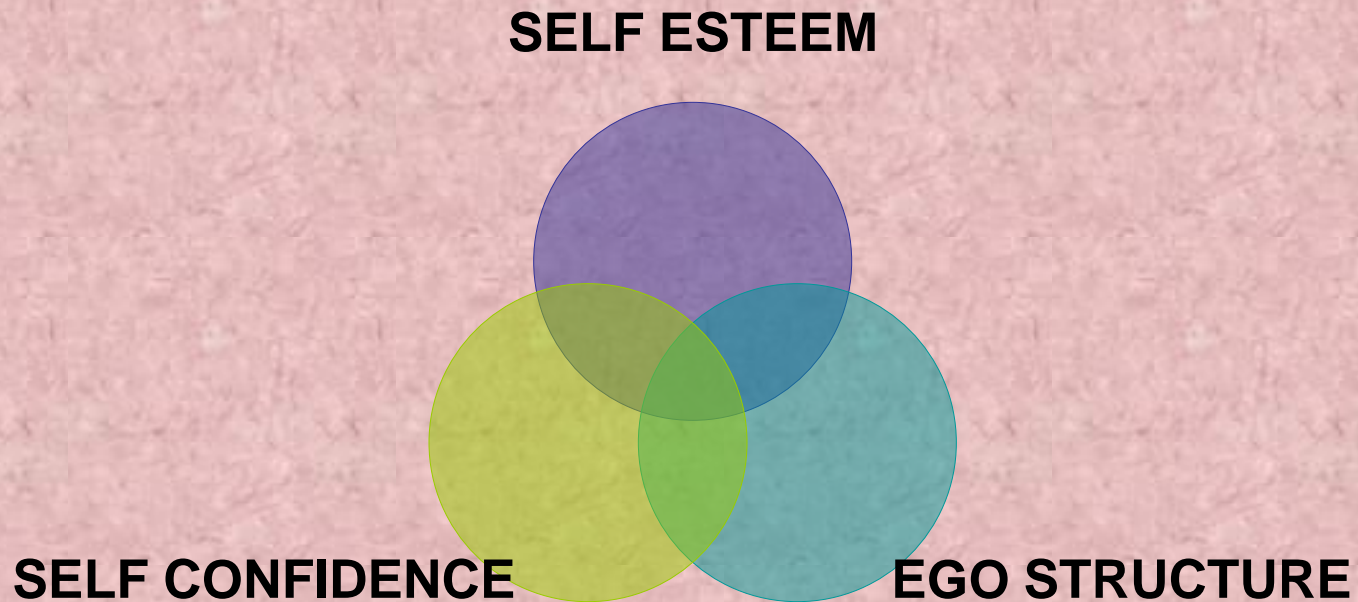
CONCLUSIONS

- NOW OF COURSE IT IS TOO EARLY FOR PRELIMINARY DATA EVALUATION
- WE CAN REFLECT UPON THE PROJECT GENERAL FEELINGS AND EVALUATIONS FELT BY THE OPERATORS INVOLVED INTO THE PROJECT
- AFTER THE FIRST ADMINISTERING OF THE TESTS THERE ARE NEVERTHELESS SOME GENERAL IMPROVEMENTS TO POINT OUT

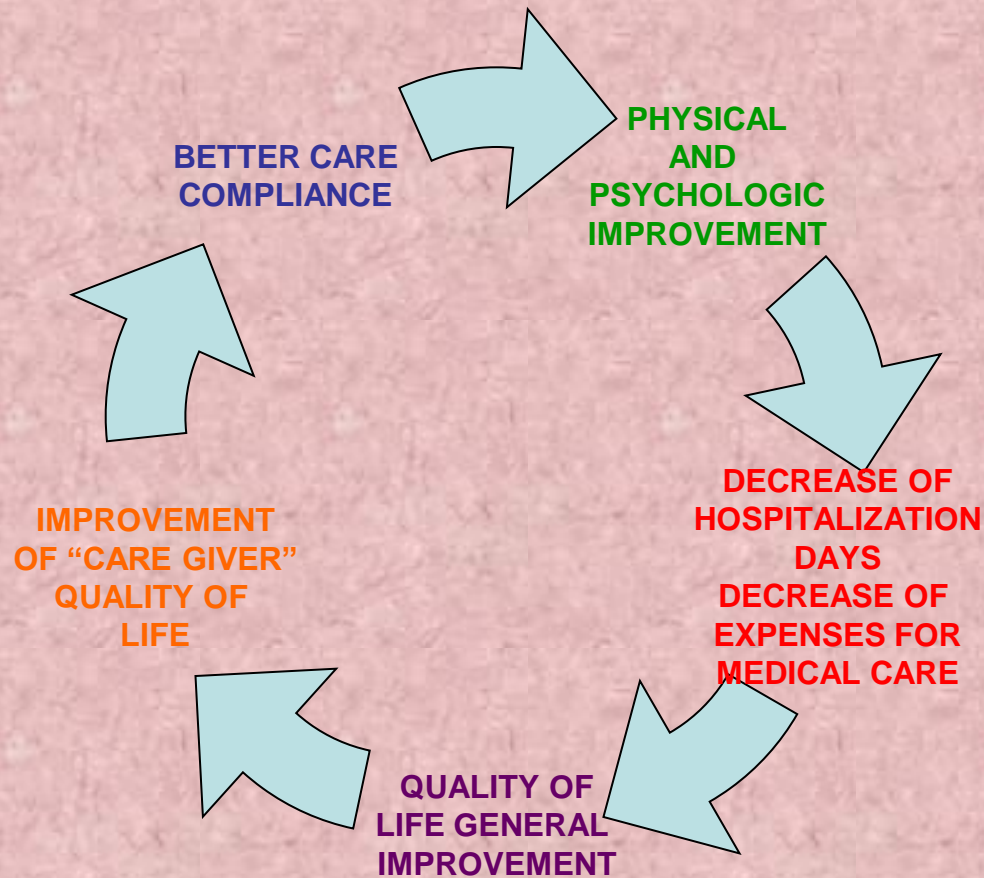
INTERPERSONAL RELATIONSHIPS GENERAL IMPROVEMENT



IMPROVEMENTS RELATED TO PSYCHOLOGICAL AREA



CARE COMPLIANCE



THE PINDAR PROJECT

**IN CONCLUSION THE PINDAR PROJECT IS EXPECTED
TO DEMONSTRATE THAT**

**THERAPEUTIC RIDING CAN ACT AS PSYCHIATRIC
REHABILITATION IN ELDERLY SCHIZOPHRENIA**

**THE RIGHT DATA COLLECTION AND EVALUATION IS
THE NECESSARY STEP TO OBTAIN SCIENTIFIC
INTERNATIONAL RECOGNITION FOR THERAPEUTIC
RIDING**

PINDAR PROJECT FINAL DATA

- *THE PINDAR PROJECT FINAL DATA WILL
BE AVAILABLE ON MARCH 2011*

THANK YOU FOR ATTENTION

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