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Exploring the Effect of Service Dogs on PTSD Symptoms in Veterans

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EXPLORING THE EFFECT OF SERVICE DOGS ON PTSD SYMPTOMS IN VETERANS

by

Lauren Floore-Guetschow

A Dissertation Submitted in
Partial Fulfillment of the
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August 2020

ABSTRACT

EXPLORING THE EFFECT OF SERVICE DOGS ON PTSD SYMPTOMS IN VETERANS

by

Lauren Floore-Guetschow

The University of Wisconsin-Milwaukee, 2020
Under the Supervision of Professor Stephen Wester

Utilizing psychiatric service dogs for PTSD is a relatively new area of research and treatment option for veterans. This qualitative research study aims to look at the effects of the use of psychiatric service dogs on veterans with PTSD for veterans who have or were previously receiving traditional mental health treatment. The researcher was looking to see: how does day-to-day life look for these veterans, have they noticed a change in PTSD symptoms, what are their views on mental health treatment, and how do they view being in public? 7 veterans, from a variety of conflicts and branches were interviewed to gather information about their day to day life since obtaining their dog. A semi-structured interview was utilized to look at both positive and negative aspects of owning a dog. The interviews were coded and analyzed to look for themes or patterns. These themes were used to postulate potential areas of benefit/drawbacks for these veterans. Overwhelmingly positive results were found with all veterans, and further, recommending the use of service dogs for other veterans with PTSD, if it was thought to be beneficial for that specific veteran.

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To

My husband, my parents, my grandparents and my sister thank you for your support throughout these challenging years.

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Chapter 1

More and more veterans are returning home from deployment after experiencing some form of trauma/combat and meet criteria for a PTSD diagnosis. This is in part due to the ongoing conflicts in the Middle East requiring more frequent and longer deployments, and exposure to more violent and traumatic situations while deployed. Further, the stigma surrounding mental health problems tends to interfere with a veteran seeking out services that could address trauma-related symptoms. This study is looking at the use of psychiatric service dogs for veterans with PTSD who are receiving traditional mental health treatment, including being prescribed psychiatric medications and/or participating in psychotherapy, and the changes the veteran notices in their daily life since obtaining the dog. This chapter is intended to present an overview of study, including background information, description of the problem, and why this study is important.

According to information from the Defense Casualty Analysis System 60,194 Americans have died and information from the Department of Defense (DOD) from 2013 states 51,179 have been injured since the wars in Iraq and Afghanistan began; through 2012, 253,330 have experienced some form of traumatic brain injury (TBI), and based on information from 2012 from the Army alone, 73,674 soldiers have been diagnosed with PTSD (Epstein, Yount, Wilson, Netting, & Quinlan, n.d.). It has been questioned whether PTSD is more prevalent in Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) and Operation New Dawn (OND) service members due to more sophisticated weapons, tactics and overall warfare (Reisman, 2016). These numbers are astronomical in comparison to cases in civilian population. But, these numbers only take in to account reported cases, or those which have reached out and sought treatment. It is estimated 6.4-6.8% of the veteran population who does not seek out treatment

meets criteria for PTSD. The reasons for not seeking out treatment could be things such as shame, perceived stigma, fear, or job loss among other reasons (Department of Veterans Affairs). This does not count the veterans who committed suicide or decided to deal with their problems on their own. Other veterans try to “deal” with their problems on their own, well beyond the onset of symptoms. It has been found only a very small percentage of veterans newly diagnosed with PTSD seek out treatment right away; it is thought less than 10% will seek out treatment following diagnosis. Not only is combat PTSD thought to be the most difficult to treat due to the depth and severity of the “wounds” but due to its comorbidity with other concerns (Kloep, Hunter, & Kertz, 2017).

PTSD is typically thought of as primarily a military-related diagnosis. While veterans are at a higher risk due to the nature of their work, over 8 million American adults are affected by PTSD every year (Reisman, 2016), or roughly 6.8% of the general population (Kloep, Hunter, & Kertz, 2017). Since September 11, 2001, over 2 million veterans have been deployed overseas (Finley, 2014) which makes the Overseas Contingency Operations the largest armed conflict since Vietnam (Owens, Kragh, Wenke, Macaitis, Wade, and Holcomb, 2008). It has been found that PTSD rates among OIF, OEF, and OND are as high as 13-20% (Finley, 2014). As of 2004, it was estimated over 500,000 American veterans were suffering with PTSD (Stern, et al., 2013). In more recent research, it is estimated over 500,000 troops who served in the wars in the Middle East are experiencing PTSD (Reisman, 2016). The cost to treat PTSD has continued to rise. As of 2004, the United States was spending upwards of \$4.3 billion a year on disability claims for veterans with PTSD. By 2012, PTSD had become the third highest cause for disability payments among U.S. veterans (Finley, 2014).

Mental health treatment at the VA strongly emphasizes the use of empirically validated treatments. Presently, this includes treatments such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing (EMDR) (Schnurr, 2008). CPT focuses on the impact of the trauma. This form of treatment requires the veteran to identify their negative thoughts relating to their trauma and learn how to replace and cope with the thoughts and feelings. PE requires the veteran to “re-live” their trauma, this typically takes place through reading and/or recording a narrative of the event. Research shows by continuing to come in to contact with the event, the anxiety will eventually decrease to a point the veteran can resume a “normal” life. PE typically takes place over 12 weekly sessions, but can also be utilized in more intensive programs. EMDR is a form of treatment wherein a clinician will guide the veteran to make eye movements or to follow hand taps at the same time as they are re-telling their trauma narrative. Because of the focus on the eye movement or tapping during the narrative, and the repetition of the therapy the goal is to continue reprocessing until the anxiety decreases. In addition to these empirically validated psychotherapy treatments, pharmaceutical options can be utilized. While some medications are used off label and can be effective, Selective Serotonin Reuptake Inhibitors (SSRI) have the strongest evidence for their effectiveness. The most commonly prescribed are Sertraline and Paroxetine (Reisman, 2016).

It is not uncommon for veterans to either deny or dropout of mental health services before finishing (Stern et al., 2013) or have a poor response to treatment in both the civilian and VA settings (Kloep, Hunter & Kertz, 2017). On one hand, seeking mental health services in the military culture is very stigmatized and can lead to various penalties, including discharge from the military, which can negatively impact civilian life. Also, services provided to veterans in the VA setting are not always regular, and appointments can be up to a month or two apart

(Rothbaum, 2013). While this goes on, it is also important to note that mental health services for veterans are not as easily accessible as they could be. It is not uncommon for veterans to be put on a waitlist before being allowed to see their service providers due to an overabundance of veterans seeking services, and understaffed facilities that are not able to keep up with demands for mental health services. In addition, to qualify for medical care through the VA one must have had an honorable or general discharge (Reisman, 2016). Currently, the VA is working to provide more regular, easily accessible mental health services for all service members, by providing regular trainings to providers and community organizations, but this is still a work in progress (homebase.org). Because of these barriers, some veterans begin to seek out less stigmatizing, alternative forms of treatment, such as the use of a service dog.

In addition to working on providing more accessible mental health services, the VA has begun to conduct research on Complementary and Alternative Medicine (CAM). CAM are “treatments not considered to be standard in the current practice of Western medicine” (Strauss & Lang, 2012, p. 1). These treatments could include treatments such as hypnosis, acupuncture, energy therapy, service dogs, etc. The National Center for Complementary and Alternative Medicine (NCCAM) has recommended a five-category classification system for CAM therapies, these include: “natural products (herbal dietary supplements), mind-body medicine (meditation, yoga), manipulative and body-based practices (massage, chiropractic work), other alternative practices (movement, energy therapies), and whole medicine systems (traditional Chinese medicine)” (Strauss & Lang, 2012, p.1). In 2010 the VA began a review of CAM treatments to inform policy decisions on further research in the area. The results were flawed and did not give the most reliable data. More empirical research is needed to decide whether CAM treatments are

beneficial, and if they can be useful for PTSD, although preliminary results show promising data for future studies (Strauss & Lang, 2012).

While there is research on the use of service dogs for veterans with PTSD, it is still a newer concept. It is important to distinguish between service and emotional support animals. A service animal can, by law only be a dog or a miniature horse. They must be trained to provide a specific service for their handler, depending on their handler's needs (e.g. vision, hearing, balance, etc.). An emotional support animal provides comfort for their handler, and typically does not go through as extensive training as a service animal. Any type of animal can qualify as an emotional support animal and requires only a letter from a mental health or medical provider stating its therapeutic necessity (Monitor on psychology, p. 40).

Utilizing service dogs has been around for a long time for use with those with hearing and vision impairments, and more recently for those who have experienced traumatic brain injury (TBI) or mobility issues. Beginning in 2009, veterans diagnosed with PTSD used to be able to go to specific VA hospitals and obtain a trained service dog at no cost to them. More recently, Congress decided to change the policy to no longer provide service dogs for veterans only suffering from PTSD; those with TBI, mobility, hearing or vision impairments and PTSD can still receive a service dog, but those with only PTSD cannot (Nunley, 2014). In addition, the VA and Army only approve dogs trained by Assistance Dogs International (ADI) or International Guide Dog Federation (IGDF) for the dogs they provide, which currently does not include psychiatric service dogs. In these facilities, they tend to breed their own dogs; this they claim, allows them to have a better chance of weeding out certain behavior and health concerns. Other non-accredited agencies tend to obtain their dogs from shelters or rescues (Walther,

Yamamoto, Thigpen, Garcia, Willits, & Hart, 2017). There is no research showing if one method is superior over another.

Service dogs have been found to be beneficial for veterans in numerous ways. The training piece can be beneficial for the veterans receiving the dog, if they are heavily involved in the process, and can also be beneficial if a veteran is training the dog for another veteran; this allows that veteran to feel as though they are needed (Yount, Olmert, & Lee, 2012). The dogs also require the veteran to be active, as the dogs are relying on the veteran for their basic needs to be met. The dogs provide the constant companionship the veteran is used to from serving; the dog becomes the veterans battle buddy (Lorber, 2010). The bond created between handler and dog can surpass that of any other connection in the handler's life. The handler comes to rely on the dog, the dogs provide a sense of security which helps the veteran to reintegrate back in to their daily life, and decrease PTSD symptoms (e.g. hypervigilance, being constantly on guard, thinking the world is an unsafe place, etc.).

While the use of a service dog for PTSD symptoms has been found to be effective in reducing PTSD symptoms, and thus improving daily life for the veterans who have obtained one (O'Haire & Rodriguez, 2018) there appear to be downfalls as well. The dogs are living, breathing creatures with needs and require a financial responsibility from the owner, including feeding, vetting, bathing, etc. Also, the dogs will not be alive forever and their passing can be very traumatic for the handler. In the same vein, when the dogs start to get older, they may end up with more health problems that either require more frequent veterinary care and/or retirement from working. On the flip side, going into a grocery store, restaurant, or anywhere animals are not typically allowed may bring on questions, comments, staring, etc. For a person with PTSD

who already feels like the world is an unsafe place, this may cause more stress and anxiety. Also, the logistics behind traveling with a dog can be stressful and require advanced preparation.

It is evident through the aforementioned research that there is a greater need to enhance veteran participation in mental health services, either traditional or alternative. The VA is currently working on obtaining more information in the area, through a massive longitudinal study, which will hopefully help to bolster the knowledge of this concept, and lead to more empirical research (Saunders, et. al, 2017). If the use of service dogs to treat PTSD becomes empirically validated it would not only help veterans be more easily able to obtain a service dog but could potentially provide another option to help manage and/or treat PTSD.

Further research needs to be conducted to assess benefits of alternative forms of treatment, such as the use of psychiatric service dogs, which may be more appealing to military personnel. While quantitative methods are appropriate to gather data from a large sample, obtain and estimate baseline effectiveness, and identify general benefits, the type of information needed to investigate the specific impact and value of service dogs requires a more personal, comprehensive approach. Interviews that are able to gather more in-depth information and allow the researcher to become more in touch with the participants, through follow-up questions will paint a richer picture of daily life with PTSD, and how the use of service dogs is able to change daily life for these veterans. A phenomenological approach will be utilized, which will analyze the details given by the participants to help understand their lived experiences (Hein & Austin, 2001; Laverly, 2003).

Phenomenology allows the researcher to gain insight into the day-to-day life of the veterans participating in the study, including how they interact with family, friends, and their service dog. This method allows the researcher to use the lived experiences of that specific

participant, instead of generalizing based upon information received from another source. This method will also help the researcher learn more about how the veteran makes sense of their experience (Patton, 2015). Taking the information gathered from all the interviews allows the researcher to look across the data for patterns and themes to try to explain a phenomenon.

The purpose of the current qualitative interview study will be to investigate how living with a service dog impacts veterans with a PTSD diagnosis, currently engaged or who has previously engaged in mental health treatment in the United States. The researcher will look at changes in daily life for the participants before and after receiving their service dog. The results of the current study will hopefully be able to help veterans diagnosed with PTSD more easily obtain a service dog if it is deemed to be beneficial for that specific veteran. By furthering the research in this area, the researcher hopes to be able to provide better guidelines for clinicians on which veterans might benefit from the use of a service dog to improve daily life. This study will attempt to answer the following questions:

- How does living with a service dog affect the life of veterans with PTSD?
 - How does the veteran's day-to-day life change?
 - What affect does having a service dog have on seeking out mental health services?
 - How do veterans with service dogs view going out in public?
 - What affect does having a service dog have on PTSD symptoms?

Professional Relevance

This study is relevant to the field of Counseling Psychology, as it aims to help provide clearer guidelines of the effectiveness and utility of utilizing psychiatric service dogs for veterans with PTSD. Also, the goal is to help provide insight as to which veterans might benefit from the use of a service dog based upon personality, trauma, lifestyle, interests, etc. to help clinicians better identify ideal candidates for this form of treatment. The current study will look at the

interaction between the participant and their service dog; this will help better understand the relationship between handler and dog, how the dog minimizes the impact of PTSD symptoms on daily life for their handler, as well as provide a sense of stability and security.

From a social justice perspective, this study aims to focus on and shine light on the struggles and challenges of owning a service dog including finding the agency/funding, training, access issues, public interactions, etc). While focusing on providing clearer guidelines for which veterans might be the most appropriate recipients of a service dog. The author aims to discuss some of the negatives to owning a service dog to help assure that those who seek out the assistance of an organization to obtain a service dog realize the potential downfalls that could occur. Also, enacting policy change to allow more transparency regarding ADA regulations and what can and cannot take place from a legal perspective (i.e. asking what the dog is for, asking for paperwork, etc.). The goal is to streamline the process, and assure the handler is not re-traumatized every time they take their dog out in public, but instead are able to return to a new “normal” daily life where they are able to complete the tasks needed, return to work (if desired), interact socially, be in public. The counseling psychologist’s role in this is to use professional skills to determine if this alternative form of treatment would be beneficial to their client, or if this could potentially be detrimental to the well-being and needs of their specific client.

Definitions

Below is a list of definition for terms and phrases used throughout the current study.

- ADA: American’s with Disabilities Act provides guidelines of reasonable accommodations that must be met for those with disabilities.
- Alternative forms of treatment: any non-empirically validated treatment (i.e. service dogs, acupuncture, etc.)
- DoD: Department of Defense, an agency within the executive branch in charge of supervising all agencies and entities relating to national security and the military.

- Interoceptive: a therapeutic approach, which asks the client to conduct physical activities (i.e. high knees, spinning in a desk chair, breathing through a straw, etc.) to mimic the symptoms of a panic attack. This technique can be used in conjunction with techniques such as prolonged exposure, or as a stand-alone treatment for anxiety and panic.
- MST: military sexual trauma, any unwanted or uninvited sexual advances or sexualized comments that occurred during a person's military career.
- Operation Enduring Freedom: The United States military involvement in the middle East in response to the 9/11 attacks, took place from 2001-2014.
- Operation Iraqi Freedom: The United States involvement in Iraq in response to the 9/11 attacks from 2003 to 2010.
- Operation New Dawn: The United States military involvement in Iraq and Afghanistan from 2010-2011.
- Phenomenology: A method in qualitative research that allows the researcher to study the lived experience, as told by the participant.
- PTSD: post-traumatic stress disorder, characterized as long-lasting grief in relation to a traumatic experience, as manifested as recurring nightmares, hypervigilance, isolation, potential dissociation, avoidance, and believing the world is not a safe place.
- Service Dog: dogs that are individually trained to do work or perform tasks for people with disabilities, including a physical, sensory, psychiatric, intellectual, or other mental disability.
- TBI: traumatic brain injury, any kind of injury to the brain, leading to dysfunction, such as changes in balance, memory, cognition, etc.
- Thematic Analysis: a form of analysis in qualitative research involving looking through the data for patterns and themes associated with the research question.
- Traditional mental health treatment: any empirically validated treatment used to treat a specific mental health diagnosis, including medication (i.e. DBT for borderline personality disorder, CBT for depression, etc.)
- VA: Veteran's Health Administration, the governing body providing medical and mental health services, and distributes benefits to veterans, both active and retired.

Summary

This chapter provides an overview of the need for research regarding the utility of psychiatric service dogs for veterans diagnosed with PTSD and engaged in mental health treatment. The need for increased research in the area, as well as the current problem, and why this particular study is needed were discussed. The methodology for this study was briefly described, as well as key terms for the study defined. The next chapter will review literature

relevant to the proposed study, focusing on the history of the use of service dogs, defining PTSD and discussing hallmark symptoms, providing statistics regarding PTSD, military culture, prevalence of suicide and current mental health practices for those with PTSD.

Chapter 2: Exploring the Effect of Service Dogs on PTSD symptoms in Veterans

As indicated in Chapter One, the current study intends to examine the effect of service dogs on PTSD symptoms in the veteran population. This chapter will provide a review of relevant literature pertaining to the present topic. First, literature describing the use of animals in daily life as well as benefits of having a fully trained service dog will be discussed. The second section of this chapter will look at other forms of treatment for PTSD, and how they may shed light on the benefits of using a service dog to help those with a PTSD diagnosis. The third section of this chapter will review and critique the use of service dogs for veterans with PTSD compared to traditional empirically validated mental health treatments. Finally, potential areas for future research, will be discussed.

What is PTSD?

The Diagnostic and Statistical Manual of Mental Disorders -III (DSM-III) made PTSD a mental health disorder; previously, it was not known how real it was, or how to deal with it (Taylor, Edwards, & Pooley, 2015), which can be shown by its previous terminology (“battle fatigue,” or “shellshock”) (Heagwood, 2013). The concept of PTSD goes back to at least WWI, where service members were screened out based upon their vulnerability to “break down,” this was measured by temperament, genetics, and childhood history. Their “treatment” was to be removed from the unit and taken to the rear for treatment; recovery was low due to questions of malingering. During WWII, thoughts on PTSD changed; it began to be thought of as a psychological reaction to combat, versus earlier thought predisposition. During this time treatment became more effective due to the quick implementation in the moment (Burke, n.d.).

PTSD became more prevalent during the Vietnam War, but not much was known about it at the time (Taylor, Edwards, & Pooley, 2012). It is thought around 700,000 troops who

deployed during Vietnam meet criteria for PTSD symptoms (Reisman, 2016). Twenty-five percent of veterans who seek health related services end up being diagnosed with a mental illness, and 52% of those end up being diagnosed with PTSD (Taylor, Edwards, & Pooley, 2012). It has been found that those who have panic disorder or depression are more likely to be diagnosed with PTSD after a traumatic event than those without that diagnosis (Heagwood, 2013). Also, those who have a more severe case of PTSD tend to be those who experienced more combat (Heagwood, 2013). The original treatment for PTSD was to remove the soldier from the battlefield, but not send them home, which did little to help the veteran dealing with a traumatic event (Taylor, Edwards, & Pooley, 2012). Typical treatment now includes therapy, which involves things such as trauma focused care, EMDR, medication, behavioral treatment (stress/anger management), etc. SSRIs have also been approved by the FDA for treatment of those diagnosed with PTSD (Heagwood, 2013).

The DSM-5 criteria for diagnosing PTSD states someone must experience trauma by either directly experiencing the trauma themselves, witnessing a traumatic event happening to someone else, learning a traumatic event happened to a close family member or friend, or by experiencing repeated or extreme exposure to explicit details of a traumatic event (i.e. first responders who collect human remains, police officers exposed to details of child abuse, military, etc.) (American Psychological Association, 2013). After the trauma, the person must experience one or more intrusive symptoms related to the traumatic event; avoidance of certain places, events, thoughts, situations, etc.; “negative alterations in cognitions and mood associated with the traumatic event, beginning or worsening after the traumatic events,” as well as “marked alterations in arousal and reactivity associated with the traumatic event” (American Psychological Association, 2013, p. 271-272).

Intrusive symptoms are characterized by the presence of: recurrent, vivid dreams relating to the trauma, dissociation/flashbacks when presented of triggers relating to the trauma, intense distress when presented with reminders of the trauma, and intense reactions to internal or external triggers that remind one of the event. In turn, individuals take extreme effort to avoid memories, thoughts or feelings that are related to the trauma by circumventing people, places, things, activities, and/or conversations that could potentially remind one of the event. Also, negative alterations in mood or cognition that began or worsened after the traumatic event are present: the inability to remember important aspects of the trauma, thinking the world is an unsafe place, or blaming oneself for the events (American Psychological Association).

The last category involves hyperarousal symptoms. This includes constantly being on-guard or watchful, withdrawing from previously enjoyable activities, feeling detached from others, and an inability to experience positive emotions. One can experience difficulty concentrating, trouble with sleep, irritability and/or aggressive behaviors. Duration of symptoms must be present for at least a month, and they must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. PTSD can be diagnosed later, if it is at least six months after the traumatic event, it can be specified with delayed expression, which is how so many Vietnam veterans are being diagnosed now, as PTSD was not available as a diagnosis at that time (American Psychological Association).

PTSD in the Military Population

While PTSD is typically thought of as a diagnosis primarily in military populations it does occur in the civilian population as well. The lifetime prevalence of PTSD in the general population is 6.8%, and in military population the prevalence jumps to between 10.1 and 30.9% (Kloep, Hunter, & Kertz, 2017). But it has been thought that 50-70% of the American

population has encountered some kind of traumatic event that would count under the diagnostic criteria for PTSD. It is important to note, the majority who experience a traumatic event either while serving, or in their civilian life, will not necessarily go on to be diagnosed with PTSD (Markowitz, 2007).

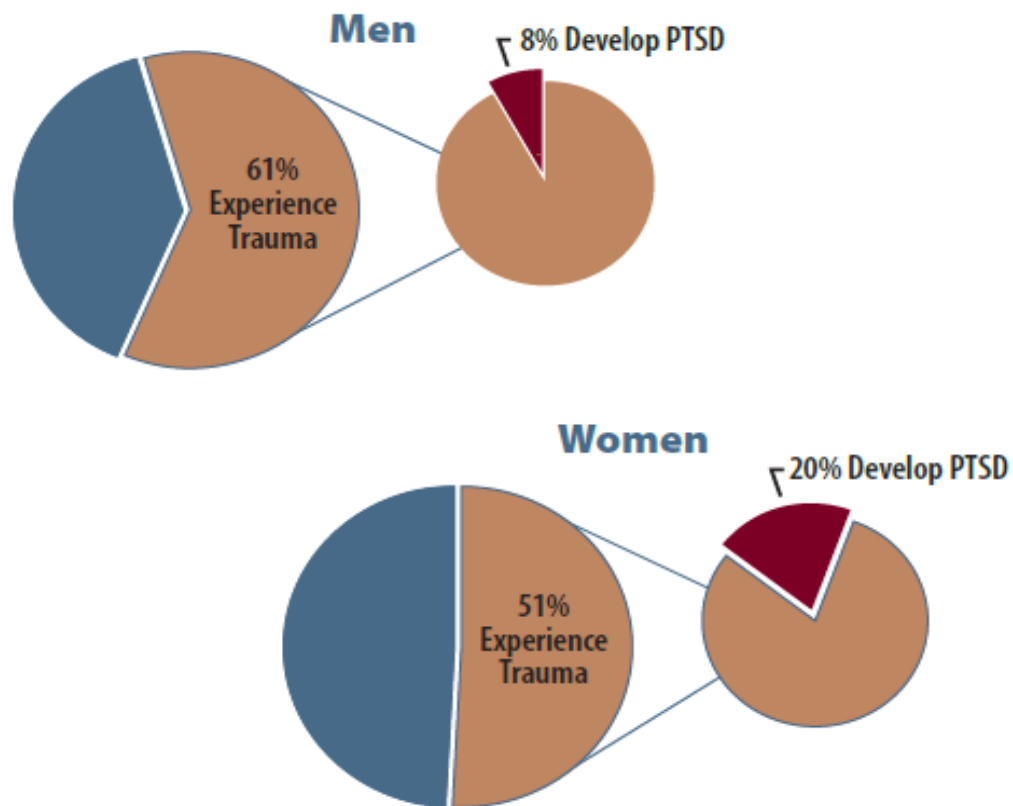


Figure 1 Campbell, D. (2016)

It has been found that half of Vietnam era veterans with PTSD still have the diagnosis 20 years later. This is common in the military population as veterans typically do not present for mental health treatment until years after the initial trauma(s). Because of the chronic nature, it tends to lead to a more complex presentation, and potentially other comorbid diagnoses, which can complicate the diagnosis and treatment processes (Creamer & Forbes, 2004). It has been suggested retirement tends to worsen symptoms of PTSD. This could be due to a couple of different factors. First, the veteran might be discharged from the military, which is a major life

change. This could put them face to face with the symptoms they did not consider strange, or out of the ordinary until returning fully to civilian life; this can be exacerbated by not having work or military life/ others to distract them. They may begin to realize how uncomfortable they feel while in public situations, which could point these symptoms out, among many other possibilities (Markowitz, 2007).

It is thought that multiple, more frequent deployments could potentially lead to “treatment resistant PTSD” (Creamer & Forbes, 2004). Because of this, and due to the nature of military life, veterans either choose not to seek out treatment, or are physically unable to seek out treatment due to being on deployment or away from a facility with mental health professionals. In addition, they are more likely to experience multiple traumatic situations on deployment, which could compound existing trauma, leading to more complicated PTSD. Researchers have found treatment for PTSD tends to be more effective when received right after returning home rather than years later, like is the case with most veterans (Fontana & Rosenhack, 2010).

In addition, the nature of war (the idea, tactics, training, deployments, etc.) has changed in recent years, making not only the prevalence, but the PTSD presentation vastly different than previously. In WWII, the technology and types of warfare used were rudimentary compared to today’s standards. Those deployed in the wars on terror were forced to worry about not only air strikes, but also children used as decoys and improvised explosive devices (IEDs) on a daily basis. Because of this, as well as the differences between military and civilian types of PTSD, there is no standard form of treatment. A veteran may receive treatment for months or years with no improvement (Yehuda, Vermetten, McFarlane, & Lehrner, 2014). Treatment outcomes can also vary from veteran to veteran and from treatment to treatment. While there are a handful of treatments that have been empirically validated for use with PTSD, there is not a cure all, or

“magical” treatment that works with all who have a PTSD diagnosis. While this sounds disheartening, there is hope; research is being conducted to develop and enhance treatment for PTSD.

The goal for treatment of those still in the military is to increase resilience and to reduce relapse when presented with another traumatic situation. Because of the sustained stress response from being deployed, it can lead to an increased state of hypervigilance. Due to this, the first step in treatment is to work on arousal reduction, which goes against pre-deployment training, but helps the veteran to live with decreased PTSD symptoms and a less anxiety-ridden life. Anger has been found to impair PTSD treatment by interfering with the veteran’s ability to get in touch with their trauma related fear during exposure work in prolonged therapy sessions. Successful psychological treatment can help with both psychological and physical symptoms. But, in some cases, veterans are left with nightmares even after treatment, because of this treatment is aimed not as “curing” the veteran, but instead providing a decrease in the sometimes-debilitating symptoms (Creamer & Forbes, 2004).

It is interesting to note that the reported cases of PTSD in the military population is lower in the United Kingdom’s (U.K) Army than in any other country. This could be due to a few factors: their military is smaller than other countries, they are not as actively involved as other countries in combat; or their military is less likely to report PTSD-like symptoms to obtain the diagnosis. Because of underreporting, in some cases, PTSD has been thought of as not a war wound, which has led some countries to not allocate funds for treatment. Also, in some cases, countries are not accepting liability for PTSD which was obtained from serving (Yehuda, Vermetten, McFarlane, & Lehrner, 2014). This serves to reinforce the stigma already

surrounding mental health in military population and could also potentially lead to more complicated PTSD if left untreated.

PTSD Treatments

Depending on the setting and specific situations the client needs, there are both empirically validated and more holistic or "alternative" forms of treatment for PTSD. These treatments can be used alone or in tandem. Twenty-five to 30% of OIF and OEF veterans who go on to be diagnosed with PTSD tend to present with compulsive checking behaviors. These are typically treated with in-community PE in either an individual outpatient setting or in a specialized program which will help the veteran come face to face with these behaviors and learn to overcome and re-train their brain. Interoceptives can also be paired with traditional PE to help the veteran deal with the anxiety that comes along with fighting the urges to check or tied to their traumatic experience. Interoceptives require the veteran to complete tasks, such as holding their breath, high knees, or spinning in a chair to mimic the sensations of a panic attack. This allows the veteran to not only realize these sensations and symptoms cannot physically last forever, but also sitting in the anxiety instead of running away and avoiding will help the symptoms go away faster and stay away in the long run (Tuerk, Grubaugh, Hamner, & Foa, 2009).

CPT is a widely used, empirically validated treatment for PTSD. It was originally developed for females who had been sexually assaulted and went on to be diagnosed with PTSD. It includes both a cognitive and exposure component. It is a manualized form of treatment and can be used in a group setting (Monson, et al., 2006). As in PE, CPT focuses on the impact of the trauma, versus the actual events that took place, utilizing a trauma narrative to process the details of the trauma, if desired. It asks the veterans to identify the negative emotions surrounding their trauma and then teaches them to cope with these thoughts and feelings as well

as how to replace these negative thoughts (Reisman, 2016). In addition to, or in place of more traditional mental health treatments, it is common for a veteran to be scheduled to see a psychiatrist to create a comprehensive treatment plan utilizing medication to help manage PTSD or comorbid mental health symptoms. The VA has a set of recommendations for pharmacotherapy depending on the veteran's current needs, if they are involved in therapy, if they are treatment resistant, etc. They lay out recommendations for and against certain medications to help prescribers decide on what may be the best option for their patient based on current research (Department of Veterans Affairs, p. 34-35).

A hallmark symptom of PTSD is nightmares; in some cases, they can be so vivid and realistic the veteran wakes up in a panic feeling as though they are re-experiencing their trauma. These nightmares tend to occur during light sleep, or during disrupted REM sleep. They can lead the veteran to either not be able to fall asleep due to anxiety of having nightmares, or broken sleep due to the nightmares waking them up and interrupting their REM sleep. Prazosin (Alpha-1 blocker) is a widely-used drug to help treat PTSD-induced nightmares and has been found to drastically reduce PTSD related nightmares, in drug trials thus far. It helps to correct adrenergic regulation of the prefrontal cortex, which helps to reduce PTSD related nightmares, leading to more sound sleep. This is imperative due to the importance of sleep on daily function, social interaction and potential depressive symptoms (Raskind, et. al, 2003).

Nightmares can also be managed with imagery rehearsal therapy (IRT). IRT has the most empirical support for the treatment of nightmares than any other form of treatment. It is a two-component treatment, the first component focuses on "nightmares as a learned sleep disorder" (Krakow & Zadra, p. 48), the second part focuses on "nightmares as the symptom of a damaged imagery system" (Krakow & Zadra, p.48-49). The treatment takes place in four 2-hour

sessions, not including follow-up to process the results. Treatment begins by focusing on how the nightmares affect the individual's sleep. Eventually, the participant learns how to select a nightmare, change the nightmare into a more positive dream and then rehearse that dream, eventually leading in a decrease of nightmares. IRT does not focus on previous traumatic events, or other PTSD symptoms (Krakow & Zadra, 2006).

CAM treatments include things such as animal-assisted therapy, typically with dogs or horses. Acupuncture, art, music, or dance therapy, exercise, writing, meditation, mindfulness, yoga and recreational therapy are all examples of alternative forms of treatment. While some might consider these coping skills, they teach veteran's the ability to sit with their emotions, to become aware of what their body is telling them, and in some cases, be more aware of when to seek out empirical forms of treatment. All the above-mentioned treatment modalities do not currently have enough research providing evidence for or against their effectiveness to call them an empirically validated treatment. Because of this, it may be harder to find a way to receive these forms of treatment, either through the VA or in the community utilizing traditional insurance. In some instances, VAs have incorporated some of the broader treatment options, such as recreation and music therapy as treatment options available for veterans who desire them (Department of Veteran's Affairs).

In addition to those with traditional combat PTSD, there are other veterans who experienced military sexual trauma (MST) while serving. Treatment with these veterans can be quite challenging for many reasons, it is important to empower these veterans during the session. It is common for MST survivors to avoid treatment due to the guilt, blame and shame they might have experienced when reporting their abuse. It is also common for male veterans with PTSD secondary to MST to avoid treatment due to the stigma or fear of punishment for seeking out

mental health services while still serving, for either fear of repercussions, discharge, etc. Also, veterans may not realize they have a problem, it becomes normal to stay at home all day with the curtains closed and go to the grocery store at midnight to avoid being around people. The therapeutic alliance is crucial when working with these clients as it can not only affect the outcomes, but whether that veteran decides to come back for treatment at all (Schottenbauer, Glass, Arnkoff, Tendick, & Hafter Gray, 2008).

PTSD Complications

It is very common for veterans to be exposed to some kind of trauma while deployed or serving in general. This is why PTSD is thought to be primarily a military diagnosis, and not as applicable to the civilian world; while this is untrue, it highlights the great number of experiences military personnel are exposed to while serving. While some demonstrate resilience, and recover naturally from trauma exposure, some are not, or some may encounter re-experiencing of previous traumatic events, which can end up causing more issues. As mentioned previously, 13-20% of veterans deployed in the wars on Iraq and Afghanistan have developed PTSD (Finley, 2014). However, data exists for prevalence in non-treatment seeking populations. This also doesn't take into consideration those service members who may develop delayed onset PTSD years down the road.

PTSD is often accompanied by comorbid disorders: substance use disorder, mood disorder/ depressive disorder, and anxiety disorder. (Brady, Killeen, Brewerton, & Lucerini, 2000). In the case of substance use disorder, this tends to start out as a coping skill, a way to numb the pain and get out of their head, but, ends up turning in to a major problem when they have to drink or use more and more to get the same effect, and using begins to affect other portions of their lives. Along with this, they are more likely to engage in riskier, even life

threatening behaviors to get the same kind of “high,” or adrenaline rush they got from the activities they did when they were serving, or for the sheer fact they could care less if they died or were seriously injured, as they tend to feel they have nothing left to live for.

In the case of depression and anxiety, the anxiety stems from the hypervigilance and thoughts of the world being an unsafe place, and not feeling able to trust other people. This in turn causes isolation, which can then lead to depression, and ends up creating a cycle which is perpetuated until the veteran decides to get treatment or ends up hitting rock bottom. It is a sad realization, but the number of veterans who have taken their own lives recently has increased. It is estimated around 20 veterans commit suicide on a daily basis in the United States, which is twice as high as before the wars in Iraq and Afghanistan (Ritchie, 2012). It tends to be when at this rock bottom state that a veteran will realize something needs to change; this could be after an aborted attempt, after a failed attempt, or after realizing they have more to live for. In some cases, this is the wake-up call they need to seek out mental health services or may be pressured by friends or family to get help. In some cases, veterans will begin to seek out alternative forms of treatment, holistic medicine, or even the use of a psychiatric service dog. Currently, the VA is utilizing a variety of CAM treatments including: acupuncture, meditation, relaxation, and yoga. These treatments allow those who are not comfortable seeking out traditional mental health services to receive some form of treatment or can be used in conjunction with traditional mental health services (Strauss, Lang, & Schnurr, 2017).

The History of Working Animals

Animals have been a part of human life as far back as 14,000 years ago. There is evidence that domesticated wolves lived with humans. As far back as 9,000 years ago there is evidence humans considered both dogs and cats valuable companions. In Greek and Roman

societies dogs were kept as hunters, gatherers, herders, and pets. In Peru, cemeteries were found that contained dogs buried with blankets and food alongside their human companions (Pachana, Massavelli, & Robleda-Gomez, 2011). The first documented use of pets for a therapeutic reason dates back to 1792 in York, England (Pandzic, n.d.). Using dogs in therapeutic sessions with veterans goes back to the 1940's (Watkins, 2012). Their use in mental health treatment dates back to the 18th century; animals were used in psychiatric hospitals to encourage socialization amongst patients (O'Haire, Guerin, & Kirkham, 2015). Animal assisted therapy, or "the use of trained animals in facilitating patient's progress toward therapeutic goals" (Pandzic, n.d.).

Animals have historically been used for centuries to provide support for various issues (hearing loss, vision loss, physical disability, etc.) (Sweaney, 2012). While many types of animals can be trained as service animals, dogs are the preferred choice because they are social, easily trained, and dependent on their handler (Beck, et. al, 2012). Dogs have developed the ability to understand human cues, which makes them an ideal candidate to be trained as a service animal (Hicks & Weisman, 2015). To lawfully use a service dog, a person's mental health impairment must drastically impede them in at least one major life area (Esnayra & Love, 2009).

The Veterans Administration (VA) began providing service dogs to veterans in 1958 for vision-impairment. In 2002, Congress authorized the VA to begin providing service dogs to hearing-impaired veterans. This coverage was expanded yet again in 2009, when Congress stated service dogs could be provided to veterans with mental health disabilities. However, in 2012, this coverage was limited to only hearing, vision and mobility needs. Under this new restriction, veterans with only PTSD did not qualify for a service dog, but those with a TBI and PTSD would qualify for coverage from the VA; funding was pulled due to a lack of research, and their evidence-based model (Nunley, 2014; Weinmeyer, 2015). While veterans with a

diagnosis of only PTSD are not able to obtain a service dog provided by the VA, they are able to seek out a service dog from private service dog agencies across the country (Johnson, 2013). In these programs, veterans are able to seek out a fully trained service dog, use their own dog, or train their own service dog (Nunley, 2014; Krause-Parello, Sarni, & Padden, 2016).

The VA has been working on research studies to provide empirical evidence to show the benefits of utilizing service dogs for veterans with PTSD. The Service Dogs for Veterans Act was initiated by Senators Al Franken and Johnny Isakson. The study will take place over three years and will assess benefits of using service dogs to help with mental injuries or disabilities. The study began at the end of 2014, but has run in to some issues with logistics, so actually began more recently (Weinmeyer, 2015). The introduction of this study by our country's government is a promising step in the right direction for both the mental health field and for the countless number of veterans returning home from deployment with a PTSD diagnosis.

ADA Regulations

In 2011, The Americans with Disabilities Act (ADA) changed their regulations to require a service dog to perform some task for their handlers, relating to their disability (Hicks & Weisman, 2015). ADA define a service dog as, "dogs that are individually trained to do work or perform tasks for people with disabilities, including a physical, sensory, psychiatric, intellectual, or other mental disability" (Parenti, Foreman, Meade, & Wirth, 2013). Service dogs are protected under ADA law, and as long as the dog is well-behaved, is allowed to go anywhere with their handler (Wynn, 2015). ADA regulations do not require the dog to be registered (Nunley, 2014), and according to regulations the only questions a person can ask a handler are: Is the dog a service animal required because of a disability? And what work or task has the dog been trained to perform (Rothberg & Collins, 2015)?

According to ADA regulations, basic tasks such as housebreaking, basic obedience, barking, and aggressive behaviors should be taken care of before beginning training. The dogs should be able to handle loud noises, other animals, and being pet while in public. The dogs can help in a variety of situations, such as in medical crises, treatment related assistance, grounding (by providing stimulation: licking face, nudging their handlers knee, snuggling next to the person, etc.), and security fears. The dogs can be trained to do specific tasks such as bringing medication, bring help where needed, alert to alarms, can walk in front of their handler to make space, wake up from nightmares, etc. (Froling, n.d.)

Service Dog Training

Training a service dog typically takes 3-4 months, and once completed the veteran and dog are awarded with a Canine Good Citizen (CGC) certification (Swendson, 2014). Researchers have begun to investigate different methods for training to help decrease wait time for veterans (Krause-Parello, Sarni, & Padden, 2016). The veteran is able to use his or her own dog, if the dog is able to pass a temperament test and can follow through with training (Swendson, 2014). While a veteran is able to train their pet as their service dog, it is important to differentiate between pets and psychiatric dogs, and the service they provide (Krause-Parello, Sarni, & Padden, 2016). The dog chosen for training must be good-natured, happy, bright, and good with travel and stress (Beck, et. al, 2012).

The act of training the dogs can be highly beneficial, and in some cases, therapeutic for veterans. In the case of training their own dog, they are getting social interaction by being out of the house and going to the training facility for months at a time, and bonding with their dog. And, if volunteering to train a service dog for another veteran, they are not only being forced to engage in social interaction, they are getting a sense of meaning, or a sense of purpose, by

feeling as though they are doing something for another veteran. They feel as though they are making a difference in that veteran's life, which is engrained in the military lifestyle; everyone that serves has a connection to each other, and everyone is your "brother or sister" (Yount, Olmert, & Lee, 2012).

In a number of cases, a veteran will choose to adopt a dog from a shelter to feel as though they are saving something, and in some cases, will choose to adopt a dog with an injury because they have an injury as well. During training the veteran and their dog become a team, the dog becomes the veteran's "Battle Buddy" which they are trained never to be without while in battle (Swendson, 2014; Taylor, et. al, 2013). Although it is typically more beneficial for the veteran to train his or her own dog, this is not always feasible, so the dog can be trained by another veteran (Yount, et. al, 2013). As mentioned earlier, training a service dog for another veteran is a meaningful task, and allows the veteran to feel like they are making a difference (Wagenfeld, Roy-Fister, & Mitchell, 2013).

The current demand for service dogs more than outweigh the supply, as waiting lists at some agencies can be over a year long. This is in part due to the larger demands on private agencies due to the VA cutting funding, and due to the fact only about 50% of dogs that begin service dog training end up becoming a service dog. Training typically costs between \$10-20,000 for a fully trained service dog. The dog's characteristics are matched to type of job they are to perform, so a larger dog will be used for someone with mobility issues, whereas a smaller dog could be used for a hearing or seeing eye dog (Parenti, Wilson, Foreman, Wirth, & Meade, 2015).

Psychiatric service dogs are trained to complete a task for the veteran; this could be making the veteran aware of a nightmare, reminding them to take their medication based on heart

rate, make the veteran aware of an impending panic attack before it comes on, etc. While the dog must provide a service to their handler, they also provide a sense of security by having their veteran's back; this is a typical worry while out in public. They are also able to put themselves between their veteran and strangers, which can be comforting to their handler. The dogs help the veteran become more mindful of their surroundings and stay in the moment instead of being stuck in their head. This helps to decrease the PTSD symptom of hypervigilance. The dogs are good with helping the veteran be more social by helping to reduce PTSD symptoms. While out in public, the veteran is more likely to be approached by strangers because of the presence of their service dog, and this gives them a good chance to practice being social (Lorber, 2010).

It has been suggested some service dog agencies will breed their own dogs to avoid behavior and health issues. This has not been proven but has thought to help pick and choose qualities which would make for a better service dog. Other agencies pull from shelters and rescues which helps by providing a more readily available pool of dogs to use for the training (Parenti, et. al, 2015).

After the training process is when the real changes start to happen. The veteran is no longer in the safe environment of the training center with the trainers who have helped them along the way, they will have to return to their normal life and face the challenges of daily life as they create their "new normal."

Benefits of a Psychiatric Service Dog

Service dogs help their veteran live a more "normal" life (Lorber, 2010). Pachana, Massavelli, and Robleda-Gomez (2011) found veterans also feel more comfortable opening up to their dog, as the dog is non-judgmental, supports unconditionally and provides protection at

home and in public. The dogs can also provide the veterans with a sense of purpose by requiring the veteran to take care of the dog. (Taylor, Edwards, & Pooley, 2013).

More recently, dogs have been used in transition units to help veterans reintegrate back into their civilian units. Dogs have also been used more often in medical centers (Watkins, 2012). The skills used with the dogs are able to be translated to other parts of the veteran's life (career, relationship, parenting, etc.) (Yount, Ritchie, Laurent, Chumley, & Daley Olmert, 2013). The use of dogs can be very therapeutic for veterans in many aspects. First, the dogs do not pass judgment, they love unconditionally, working with the dogs helps provide confidence, and the veteran must learn how to talk in a calm, normal tone when working with the dog (Swendson, 2014).

Because the service dogs live and work with their owners, they help to facilitate independent living (Johnson). Service dogs have been found to reduce PTSD symptoms by decreasing avoidance behaviors, increasing physical activity and social interactions (Rothbaum, 2013; O'Haire, Guerin, & Kirkham, 2015). By building a relationship with their dog, the veteran is able to reduce trauma symptoms, which in turn helps increase relationships with others. It has also been found veterans who participate in training programs by training dogs for other veterans also tend to experience a decrease in trauma symptoms (Epstein, Yount, Wilson, Netting, and Quinlan, n.d.). In previous studies it was found that dog owners stated their pets were their only source of companionship, and provide social facilitation (Rhoades, Winetrobe, & Rice, 2015; Yount, et. al, 2013). It's also been found that those with a dog are more likely to engage in physical activity compared to those who do not, this is thought to be due to the requirements of taking care of the dog (Cangelosi & Sorell, 2010; Stern, et. al, 2013) (Stern, Donahue, Allison, Hatch, Lancaster, Benson, Johnson, Jeffreys, Pride, Moreno, & Peterson, 2013).

The animals are a reminder danger is not present and to act as a secure base for mindful experiences in the present (O’Haire, Guerin, & Kirkham, 2015). The dogs also help to provide a sense of security at night, which can help the veteran sleep better (Stern, et al., 2013). Service dogs can help break through rumination tendencies by requiring the veteran to get out of their head and to be present with the dog (Yount, et. al, 2013). This is important because veterans tend to feel disconnected from friends and family at home after returning home from deployment; if left unchecked this can lead to risk-taking behaviors, which could be fatal (Ritchie, 2012).

In a study with married and unmarried veterans, both reported feeling less lonely after obtaining their dog (Stern, et al., 2013). Veterans participating in a study reported feeling calmer, less lonely, depressed, and less worried about their own and their family’s safety after receiving their service dog. This study also found high levels of attachment to their service dog was predictive of lower amounts of depression symptoms (Stern, et. al, 2013).

It is interesting to note the physical effect thought to be related to the presence of a service dog. It has been found the presence of an animal is more effective than the presence of a friend or significant other in reducing the cardiovascular effects of stress (Pachana, Massavelli & Robleda-Gomez, 2011). The presence of an animal has been found to increase the secretion of oxytocin, which helps to reduce the arousal of anxiety (O’Haire, Guerin, & Kirkham, 2015). It’s also been thought increasing the amount of oxytocin through social support could help to decrease PTSD symptoms (Yount, et. al, 2013). Currently, there is no FDA approved oxytocin treatment for PTSD (Krause-Parello, Sarni, & Padden, 2016). Researchers have also found the same hormone response that bonds humans to babies occurs in relationships with dogs (Grimm,

2015). This helps to explain the bond that develops between human and dog and how powerful and strong this bond can become.

Along with the straightforward benefits of owning a dog to the veteran specifically, there are other benefits that can help the veteran reintegrate back into their civilian life, as well as help at home. It has been thought empathy and patience learned while training their dog can help in personal relationships and with parenting. This is very important because veterans with PTSD are more likely to have poorer parenting skills and their children are more likely to have increased behavioral issues than those without PTSD. These service dog programs tend to focus on attachment between handler and dog, as well as emotional regulation skills when dealing with a stressful situation, patience and learning how to build behaviors and skills gradually when working with the dog. It is common for those with combat-related PTSD to experience more intense anger, which can affect the veteran's ability to get close to their partner or children after returning home. It has been found in couples where the veteran has PTSD, there tends to be more violence than in couples where the veteran does not. It has also been found to be lower levels of self-disclosure and emotion expression in couples where the veteran has PTSD (Epstein, Yount, Wilson, Netting, & Quinlan, n.d.).

In some cases, the service dog is able to serve as the "bridge" for veterans who may not have been comfortable, and/or ready to seek out more traditional mental health services. The dogs provide constant companionship and support for their handler, which helps to provide a sense of security, this could potentially help the veteran be more willing and ready to begin processing the events of their service and deployment. The dogs are thought to facilitate exposure therapy and help the veteran become desensitized to things which previously bothered them. This could include situations such as being in public, grocery shopping in the middle of

the day, entering a dark room, going back to work, etc. (Kloep, Hunter, & Kertz, 2017). The dogs have also been thought to help the veteran more easily develop a relationship with their therapist, which improves attendance, this in turn facilitates the ability to progress farther through the treatment process (Pandzic, n.d.)

Challenges of Owning a Service Dog

Though research generally highlights the benefits of owning a service dog, there are difficulties associated with obtaining and owning service dogs. As mentioned earlier, obtaining the dog can be a lengthy, exhausting process. Due to current regulations, the veteran is required to independently seek out an organization to help them through the process. In addition, veterans have the added expense of feeding and providing medical care to their dog. Depending on the size and potential health issues this could be a large expense the veteran may have trouble keeping up on.

Beyond the basic issues there are more logistical issues, such as the extra planning required when taking the dog in public. On one hand, traveling with the dog can be exciting, but at the same time, one must try to predict how things will be, or issues that could arise in a new place. The veteran must also think about others and how it might affect them if the dog is brought around: a friend may potentially not want the dog at their house, the presence of the dog could be a safety hazard in a public place like a pool, or in a place where a person might be allergic or bothered by the presence of a dog. Also, the thought of being questioned in public about why the dog is in a non-pet friendly place can be very anxiety provoking. More planning in general must take place when traveling with a pet so as to look out for their best interests, in regards to safety, amenities, comfort, etc. (Hicks & Weisman, 2015).

Health, PTSD and the Use of Service Dogs

With all else controlled, veterans with PTSD reported more health concerns than those without PTSD. The use of service dogs has been found to help veterans decrease the amount and number of medications they take to help manage their PTSD symptoms (Lorber, 2010). This has the potential to decrease medical costs, not only by decreasing medication usage, but also by decreasing the amount of medical and psychological assistance needed, which in turn could result in better healthcare for all veterans (Sweaney, 2012). It is interesting to note some veterans refuse to seek out services at the VA because they feel as though they are not worthy, and there are other veterans who need these services more than they do (Mattocks, et. al, 2012). This leads to more veterans who are not being treated, either because they do not have insurance outside of their military benefits, or because they do not see the need to seek out services.

Those with PTSD are at a higher risk of developing hypertension, obesity, higher blood sugar, and heart disease (Stern, et. al, 2013). But those who have a service dog are more likely to exercise regularly and be in better health than those who walk with another human. Those who walk with a dog are more likely to walk at a faster pace than those walking with another person. Also, those who walk with a dog are more likely to walk regardless of weather conditions versus those who walk with a human companion. This is thought to be due to the dog not caring about the weather or various other excuses, whereas someone could be easily swayed by another person to put off or not go on a walk (Sorrell, 2010).

Lass-Henneman, and colleagues (2014) explored if the presence of a service dog helped to reduce stress reaction and levels of cortisol in stressful and non-stressful situations. They recruited 80 female college students to participate in their study; the participants were divided in to 4 groups of 20. All the groups were shown a traumatic film clip. The first group had a

friendly person (female graduate student) in the room with them, the second group was shown the clip alone, the third group had a life size Collie doll present, and the last group had a friendly trained therapy dog in the room with them. The participants were asked to self-report their levels of anxiety, tension, and worry. Researchers used a measure to note changes in both positive and negative mood before and after being exposed to the traumatic film clip. The participants had their blood pressure, cortisol levels and heart rate monitored throughout the study. They were given a survey to fill out regarding their attitude toward pets. Researchers ended up finding those in the group with the friendly dog ended up reporting lower levels of anxiety and negative affect. This finding is important, not only for the work with service dogs, but for others who experience severe anxiety, or for use in more stressful or anxiety provoking situations (Lass-Hennemann, et. al, 2014).

While the results of this study are promising, the methods for the study are not even close to the same as experiencing combat trauma while deployed, or witnessing something traumatic happen firsthand. They utilized an artificial setting, exposing the participants to a “traumatic” situation while having them watch a video clip. The study only utilized female undergraduate students, making the results not generalizable to the general population. Also, they did not take into consideration the participant’s thoughts and feelings on dogs.

In a more recent study O’Haire and Rodriguez (2018) compared veterans with a service dog who were receiving traditional treatment compared to those who were currently on a waitlist and receiving traditional treatment. They hypothesized those with a service dog would have decreased PTSD and depression symptoms, increased quality of life and increased social interaction. They ended up using 141 veterans (66 on the waitlist, and 75 who were paired with a service dog). All participants went through K9s for Warriors, all the dogs utilized were rescue

dogs, and all handlers had been paired with their dog from 1 month to 4 years. This study utilized both longitudinal and cross-sectional check-ins. The longitudinal portion included a baseline, during waiting, immediately before obtaining their dog, 3 weeks after obtaining the dog, during training, and once the dog was in the home. The researchers gave participants a battery of assessments to assess functioning and severity of symptoms. They ended up finding no significant decreases in PTSD symptoms of those on the waitlist, but did find significant decreases after being paired with their service dog (11.54- 21.36-point decrease on PTSD checklist, which is larger than the standard cutoff of 10 points). They found lower depression scores on the PROMIS in those with a service dog, and a medium effect on the PHQ-9. Participants with a service dog had higher quality of life scores on the Satisfaction with Life Scale, and higher social functioning over the waitlist group.

These results are interesting for a couple of different reasons. First, this study is more recent than a majority in the area. Also, while a more in-depth longitudinal study comparing PTSD in veterans with a service dogs to a veteran paired with an emotional support dog is currently underway (Saunders, et. al, 2017), results will not be available for at least the next two years. This study helps provide tangible evidence to show the effects on daily life and a variety of mental health concerns. This study is not without its downfalls. Participants had to have served post 9/11 and not have more than two pets in the home currently. This limits the sample they could recruit, which could bias the results they obtained. While those who served post 9/11 represent the younger portion of the veteran population, less can be surmised about older veterans with PTSD. The researchers did not take in to consideration extraneous variables which could have affected their results such as the length of time the veteran had been paired with the

dog, a person's thoughts or beliefs of having "pets", or how long the participants had been on the waitlist.

Limitations in Service Dog Research

The research on service dogs suggests they are a good addition to traditional therapy or a stand-alone treatment, in part due to the lack of stigma of using a service dog. The dogs are not intended to be a cure for PTSD but meant to be used in addition to traditional therapy (Krause-Parello, Sarni, & Padden, 2016; Esnayra & Love, 2009). There have been some disagreements among mental health professionals on when is the appropriate timeframe to pair the veteran with a service dog. Some think once the veteran has exhausted all other benefits from traditional therapy, while others believe once the veteran has lived on their own for a year. Still others believe the dog can be used as a bridge to help the veteran feel more comfortable to seek out traditional therapy (Lorber, 2010). Another concern is that a service dog might impede a veteran's ability regain mastery over their environment and in specific situations, which could produce anxiety (Finley, 2014).

The use of psychiatric service dogs falls under the complementary alternative medicine (CAM) category, this includes various treatments such as meditation, yoga, and art therapy. They have begun to be more widely used across the United States, but the efficacy research is limited, which leads to clinicians being more skeptical to suggest, or use these methods with their clients. These forms of treatments are meant to fill gaps traditional treatments do not fill, as well as provide more options if traditional empirically validated treatments do not work (Wynn, 2015).

While the small body of research conducted regarding the use of psychiatric service dogs appears to be positive, there is currently no empirically validated research looking into the effect

of service dogs for decreasing PTSD symptoms in veterans. As mentioned earlier, the VA has begun a longitudinal study to hopefully provide some empirical evidence but has run in to some snags along the way. As of the end of 2017, all participants had been matched with their dogs. They struggled to find participants due to concerns of not being able to keep the dog after the study ended (Saunders, et. al, 2017). Also, the mechanisms to explain why service dogs work tend to be understudied (Kloep, Hunter, and Kertz, 2017). This is a problem, as the VA does not use treatments which are not empirically validated. Current validated treatments for PTSD include: Prolonged Exposure (PE), Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), Written Exposure Therapy (WET), as well as medications including paroxetine and sertraline (Wynn, 2015). But, exposure therapy is not as widely used as it could be, even with the information discussing its efficacy (Schottenbauer, Glass, Arnkoff, Tendick, & Hafter Gray, 2008). To be able to bring back the programs previously in place to provide psychiatric service dogs to veterans diagnosed with PTSD more research needs to be conducted to show the benefits of providing service dogs to veterans for mental health issues.

Another area in this same realm which tends to be understudied is the idea of Human Animal Bond. Human Animal Bond is “the mutually beneficial and dynamic relationship between people and other animals influenced by behaviors essential to the health and well-being of both. This includes, but is not limited to emotional, psychological and physical interactions of people, other animals, and the environment” (Hicks & Weisman, 2015, p.4). The human animal bond has been thought to have a strong influence as an intervention with different types of people. Handlers tend to feel a strong sense of trust and safety when they are with their dogs and interacting with their dogs on a daily basis helps to increase this bond. Because of this, the dogs

tend to become an “extension” of the handler. Due to the emotional connection the handler builds with the dog, they tend to keep their dog past retirement age, and up until the dog passes. In some cases, the service dog agency will require the handler return the dog to them once the dog is unable to work anymore; this can be very emotionally draining and traumatizing to the handler. In some instances, if a handler must retire a dog, and ends up receiving another service dog, they might end up placing their retired dog with a friend or family member who is able to continue to care for the dog (Hicks & Weisman, 2015).

Like in any form of research there tends to be inconsistencies in findings, either inconclusive results or opposite findings in similar studies. Some studies show significant benefits to the veterans, where they can reintegrate back in to their civilian lives, rebuild and create new relationships, obtain a job, travel, etc. Other studies show no decrease in suicidal ideations or treatment attendance, as well as no decrease in depression or PTSD symptoms (Stern, et. al, 2013). Another issue relates to the confusion between Emotional Support Animals (ESA) and service dogs, but ESA have no regulations or federal protection, and do not perform a specific task. ESA’s provide emotional support for their handler and do not receive any specialized treatment (Walther, Yamamoto, Thigpen, Garcia, Willits, & Hart, 2017).

Some research purports that owning a service dog could be seen as humans “using” animals. Malamud (2013) discusses how humans “using” animals for either vision, hearing, stability, or mental health assistance are, in actuality, using the animal for strengths humans lack. For example, for those who are vision impaired, the dogs are trained to become the eyes for this person. In other cases, a dog’s sense of an upcoming seizure is used to help either better prepare or be able to better manage seizures. While the dogs are aiding humans, some researchers and experts in the field deem these relationships to be mutually beneficial, as the dog has a “purpose”

and gets to live life by its owners' side versus other animals who would be left at home (Malamud, 2013).

Malamud goes on to state by definition, the word service means servant. This again, does not take into consideration the mutually beneficial nature of the relationship, and the benefits the dog is receiving out of the relationship. While this author paints a very different picture than most of the other research in the area, it is crucial to have research which not only supports the idea, but also provides an alternative theory and thoughts. This article concludes by stating the owners and service dog organizations need to look out for the dog's needs and what it is they are getting out of the relationship, if anything (Malamud, 2013).

Drawbacks with Veteran Research

A vast issue when conducting mental health treatment research with military veterans is the lack of follow-through, including dropping out of studies, not completing follow-ups, or not participating in studies. It has been found in some cases the dropout rate can be as high as 50%, this can lead to inconsistent, or ungeneralizable information. Also, it is important to note when someone drops out of a study (beginning, middle, end, etc.), why they dropped out (if you can get them to state), if they improved before they dropped out of the study, and whether the participant dropped out of a research or clinical setting. These are important questions to ask and can help researchers have a better idea of what is going on and potentially a way of how to salvage some of the data obtained. Along the same lines, it is important to note some participants could drop out of a study because their symptoms improved, or they might have gained something from their participation. In some cases, due to successes and benefits received, some participants might not find themselves to be a drop out, therefore do not speak to the researcher before deciding to not complete the study. It is also interesting to note, research

shows when participants do not get what they want they are more likely to drop out of a study (Schottenbauer, et. al, 2008).

According to Edna Foa, the creator of prolonged exposure, those who are in greater need of therapy are most likely to drop out or not respond to treatment. Personality and environment factors can also affect outcomes. Although, environmental factors are typically not taken into consideration for outcome studies. This is where it gets challenging to either get those clients back in to therapy or help them to realize things might get worse before they get better, and that treatment takes time (Schottenbauer, et. al, 2008).

It is also hard to extrapolate results to generalize when comorbid diagnoses muddy results. Studies have found mixed results as to whether comorbid depression affects treatment outcomes for those with PTSD. It has been thought, although not definitively, that trauma-related anger predicted poorer treatment outcome for those patients receiving prolonged exposure or CBT treatments. Also, those with high expressed emotion tend to have less of a decrease in level of PTSD (Schottenbauer, et. al, 2008).

Future Research Areas

Due to the novelty and age of this technique for use with mental health disorders, it would be beneficial to continue to explore and gather information regarding the utility of the use of dogs. As mentioned previously, the VA is currently conducting a massive longitudinal study to gather further evidence for this technique, which could lead to psychiatric service dogs becoming an empirically validated treatment. If this does indeed take place, it would lead one to believe it could be integrated at VAs across the country making it easier for veterans to obtain service dogs for mental health needs. In addition to this study, more research needs to be conducted looking at quality of life, community involvement, academic attainment, vocational

changes, etc. While the current study focuses on the quality of life in the participants, more areas need to be focused on to help give a better picture of the pros and cons to obtaining and utilizing a psychiatric service dog.

In addition to further research on the utility of the dogs themselves, the process of obtaining the dogs (i.e. training, finding the organization, etc.) should be studied. Due to the limited nature of funding and organizations providing the dogs, as well as the time necessary to train a dog the waitlists can be lengthy. It could be helpful to study potential ways to help mediate symptoms during this wait time, either by providing informative sessions about what is to come, pre-training activities, other involvement in the organization, etc.

Another area of future concern could be how to prepare veterans for, or how to deal with either the retirement of their dog, or the passing of their dog. As mentioned previously, in some cases, organizations will ask for retired service dogs to be returned. This can be extremely difficult, both emotionally and physically, and should be something the veteran is prepared for. While not something which is typically pleasant to think about, with the previous traumatic experiences, it can be potentially further traumatizing to lose their dog, especially with the bonds created and the closeness of being able to bring the dog with wherever. Further research could study the potential detrimental effects this has on the veteran's well-being and mental health, and if the benefits gained during the dog's life are maintained, or if they regress to their pre-dog lifestyle.

Summary

The literature review above suggests that the use of psychiatric service dogs, while around for a considerable amount of time, does not have enough research to empirically validate their use for treatment of PTSD. Based upon studies previously completed, there is promise in

the utility of the dogs to help facilitate an easier transition back into civilian life and management of PTSD symptoms. Research and previous interviews suggest while the use of service dogs appear to be helpful, there are challenges as well as roadblocks that muddle outcomes.

Areas that have not been adequately addressed in previous research include identifying qualifications or a categorization system regarding which veterans could benefit most by the use of a service dog. Providing more utility for the use of dogs beyond aiding with vision and mobility impairments could help create more promise and interest in the use of alternative forms of treatment either independently, or in conjunction with traditional mental health services. While not intended as a stand-alone treatment, alternative techniques and forms of treatment can create a “bridge” to provide some improvement and decrease stress, anxiety and stigma regarding seeking mental health services.

Chapter 3: Methods

This chapter will present the methods which were employed in the current study. First, the research questions will be identified, followed by a description of the research paradigm. The next section will describe the research team and their training. The participants in the study will then be described. The subsequent section will describe the data collection procedures, including participant recruitment and the interview protocol. Researcher biases and expectations will then be addressed; finally, the procedures for preparing and analyzing the data will be described, followed by a chapter summary.

Research Questions

In an attempt to provide answers to the holes identified through the literature reviewed in chapter two, this study investigated the following research questions: How does living with a service dog affect daily life of veterans with PTSD? More specifically: 1. How does the veteran's day-to-day life change (i.e. Are they able to return to work, date, interact socially)? 2. What affect does having a service dog have on seeking out mental health services (i.e. Are they more likely to seek out traditional mental health services after obtaining a service dog)? 3. How do veterans with service dogs view going out in public (i.e. Do they still feel the world is an unsafe place? Are they able to go grocery shopping whenever they need versus at midnight to avoid people? Are they afraid of being approached by a stranger to ask about their dog)? 4. What affect does having a service dog have on PTSD symptoms (i.e. Have the nightmares decreased or gone away? Are they still constantly on guard? Do they still think they're being watched when they go out)?

Biases & Expectations

As with all research, biases and expectations cannot be completely removed to provide completely pure results. In the case of this study, the researcher has been involved in research

looking at the use of service dogs for veterans for several years. While the researcher made her best efforts to be completely unbiased and open to see what the interviewees presented, it is hard to differentiate between information given during the study and opinions, thoughts and beliefs of the researcher. To try to combat this, the researcher had codes, patterns, and themes verified by an unbiased third party to assure they accurately depicted the data. This process involved the research team reading through the de-identified transcripts, looking at the codes, and stating whether they agreed with placement and labeling of codes for the information presented, and if they agreed or disagreed with the individual codes, themes, and patterns. The researcher utilized methods including bracketing, reflexivity, and checking in with the participants to try to keep these biases in check to assure they did not affect the results.

Based upon research presented in this study and previous information obtained, the researcher expected to see a noticeable difference in daily life between pre-obtaining a service dog and post service dog amongst the veteran population, as measured by decrease in PTSD symptoms. This could be seen in a variety of ways: increased social interaction (e.g. friendships and/or romantic partner), return to the work force, volunteering, return to normal daily activities (e.g. grocery shopping, being in public, etc.), decrease in PTSD symptoms (e.g. less nightmares, less hypervigilance, less anxiety, etc.), and an increase in mood (e.g. less depression, anxiety, stress, etc.). The researcher has had contact with veterans and civilians who have obtained and utilized a service dog in their daily life. Based upon these interactions and the observations made, the researcher assumed this method will be true, or at least comparable with other similar participants. The researcher recognizes this is a newer area of research and tried to keep in the forefront the lack of research when conducting the literature review to remember results may not currently be replicable, and may not paint the entire picture of what is going on with the

participants in this study. During the course of the study it was important for the researcher to practice bracketing. This requires one to continually revisit and assure bias are kept in check to not place one's experiences or expectations on that of the participants. The researcher also utilized graduate assistants to help assure biases were kept in check and the participant were able to tell their own story.

Research Paradigm

Phenomenology is the study of the lived experiences or the "life world" (Lavery, 2003), or the study of phenomena (Kafle, 2011). Langdrigen (2007) defines phenomenology as a technique which "aims to focus on people's perceptions of the world in which they live in and what it means to them; a focus on people's lived experience" (p.4). Berrios states the term phenomenology refers "to a set of philosophical doctrines loosely sharing; a) assumptions as to what the world is like (ontological) and how it can be known (epistemological) and b) strategies for the descriptive management of the mental entities relating to such a world" (Kafle, 2011). All of which aim to showcase the essence of the lived experience. Grbich states phenomenology is an approach whose goal is to understand the hidden meanings and the essence of an experience together (Lavery, 2003); (Kakkori, 2009). Phenomenology looks at the lived experiences of the researcher as well as the participant and requires the researcher to learn to see through the lens of prejudice (Kaffle, 2011). By this, the researcher is required to become aware of their biases and how it might color the interactions with participants, and/or how it might affect the data analysis process.

The method of phenomenology was created in Germany before World War I (Dowling, 2007); Edmund Husserl is typically thought of as the "father of phenomenology" (Lavery, 2003). It is considered to be "the pursuit of knowledge" (Dowling, 2007, p. 131).

Phenomenological researchers suggest the idea that experience is the source of knowledge (Dowling, 2007). Phenomenology was created as a science of consciousness. According to Hein and Austin (2001) there is no correct way to conduct phenomenological research; like many other forms of qualitative research phenomenology depends upon your specific participants, and the experiences they have had and are willing to discuss. The specific type of phenomenology you choose to use provides guidelines that can be modified to meet the specific needs of your study (Hein & Austin, 2001).

Phenomenology is important because it helps to tease apart how the participant's experiences shaped their current life, their interactions with family, friends, and their service dog (Patton, 2015). It is vital to be aware of what has shaped the participant's life, because we do not want to assume based on previous knowledge, or information of others. This approach helps to differentiate between participant's experiences and the information we receive. This will help differentiate between military service, length of service, deployments, etc. Phenomenology focuses on "exploring how human beings make sense of experience and transform experience into consciousness, both individually and as shared meaning" (Patton, p. 115). It focuses on the lived experiences, how a person perceives their daily life and the things in it (Patton, 2015). This type of research will allow a deeper understanding of the daily life of these veterans and how it has changed after obtaining their service dog. By taking the time to sit down with the veterans and allowing them to tell their story, it will allow for deeper analysis of themes, and to look for patterns across interviews to attempt to explain a phenomenon.

Looking deeper into the concept of phenomenology, one will realize there are various forms, and deciding which specific one to use can be difficult. For example, there's Husserlian, Hermeneutic, Transcendental, Descriptive, Genetic, etc. Transcendental Phenomenology is the

original form of phenomenological philosophy created by Husserl (Kafle, 2011), and includes the transcendental reduction. Descriptive phenomenology goes only as far as the eidetic reduction, which is a method allowing the researcher to move from the conscious awareness of the individual and concrete objects to the essence of the thing or being. Genetic phenomenology is below everyday consciousness, it can be thought of as a more primitive state, which helps to construct everyday consciousness (Kakkori, 2009). Husserlian phenomenology is built around the idea of reduction: the act of suspending or becoming aware of one's biases and instead trying to reach the core of the topic being investigated (Kafle, 2011), it comes from a more positivist paradigm (Dowling, 2007). Hermeneutic phenomenology is focused on the human experience as it is lived (Kafle, 2011), it is the art of interpretation (Kakkori, 2009). Whereas other forms of phenomenology are the study of the essence of an experience, Hermeneutics looks at the interpretation (Kakkori, 2009).

In most, if not all forms of qualitative research the “research” takes place in the field, whether that includes observations, interviews, or a combination of the two, phenomenological research is no exception (Geelan & Taylor). Unlike other research paradigms, phenomenology is looking at the meaning of a specific phenomenon (if service dogs are helpful for veterans with PTSD, why could that be?) (Kafle, 2011). With this particular study, the use of Hermeneutic phenomenology provided the best fit with the design of the study, participants used, and topics studied. While phenomenology will guide the present study, thematic analysis will help guide the second phase of the study to look for patterns and themes throughout the data.

Thematic analysis or looking across data to identify themes and patterns allows the researcher to notate recurring themes, which are more than likely of interest. This method searches “...for themes and patterns. An important aspect of thematic analysis is segregating

data into categories by codes or labels. The coded clumps of data are then analyzed in a variety of ways” (Glesne, p. 184). This process requires the researcher to look through the individual pieces of data (interviews) to develop codes that appear to best represent the information given in the interviews. The codes will represent the most important pieces of data, or data that provide some insight on the posed research questions. The researcher revised and reduced codes with the help of the research assistants to create the most concise list possible, to help prevent an abundance of similar codes. By grouping the data based on these themes and patterns it allowed the researcher to better understand what could potentially be going on and make conclusions based upon these patterns and themes. This permitted the researcher to make a claim aimed at providing a potential response to the original research questions, and in cases with a more diverse sample, potentially be able to generalize to the population at large, who might have had a similar experience or reaction in a similar situation.

Justification

The purpose of the current study was to look for themes and patterns in the participant’s daily life since obtaining their service dog. The researcher was looking for a richer picture to help explore the participant's daily life and be able to represent what it has looked like since obtaining the service dog compared with before obtaining the dog. While quantitative research could help answer whether service dogs are helpful in the reintegration to civilian life, or if PTSD symptoms have decreased, it is unable to gather and depict the results in the same way qualitative research can. The bond between handler and dog is not one which can be quantified, as it will look different from participant to participant and from dog to dog. Daily life, challenges, successes and PTSD symptoms vary from person to person and cannot be measured with numbers and black and white surveys. With the use of qualitative research, the researcher

could create a bond with the participants and get to know them, their dogs, and their story; they were more than a number in a study. After the interview, the researcher was able to look through the transcriptions of the data, looking for patterns and themes, these were compared across the interviews to look for larger connections. Using the results of this analysis helped the researcher to paint a picture of what life has been like for these participants, what their dogs are able to do for them, and what changes have come since obtaining their dog. This study hopes to help provide more in-depth information on the utility and social benefits of service dogs for veterans diagnosed with PTSD.

Measures

Participants in this study were asked demographic questions during the initial interaction. This included questions such as age, race, gender, dates served, branch, rank, conflict served, etc. Participants were not asked specifics of service, such as details of trauma, as this does not directly pertain to the study; participants could discuss this information if they chose, but it was not directly asked. If needed, resources for mental health services or crisis hotlines could have been provided, but was not necessary.

Semi-structured interviews, with a set script were used (see Appendix 2) to help standardize from one interview to the next. The researcher had the ability to ask clarifying questions as needed, and if necessary, follow-up questions based upon a participant's response to a question. These questions helped the researcher get a better idea of the participant's process to obtain their service dog (i.e. training, struggles, triumphs, etc.) and changes observed since obtaining their service dog. This information was used by the researcher during the coding process to look for patterns between and within the interviews to see if there were similarities or differences to gain a better understanding of the positives or negatives of owning a service dog.

Data Collection

The participants were recruited voluntarily by contacting service dog organizations through social media and email and individual's social media (e.g. Facebook, Instagram, etc.). The researcher chose service dog organizations based upon willingness to distribute study materials to their veterans, and presence in the service dog community. Organizations across the nation were contacted if they provided service dogs for veterans with PTSD, even if they provided dogs for other services as well (e.g. hearing, vision, seizures, etc.). The researcher emailed/messaged an organization a brief description of the study (see Appendix C) to gauge interest, and if interested the organization distributed the recruitment flyer to their veterans (see Appendix D). After receiving notification that veterans were interested in participating, an email containing a informed consent form (see Appendices A & B), as well as the question list was provided. If the electronic informed consent form was too inconvenient for participants, the researcher offered to obtain a verbal consent before completing the interview. Participants were asked to return the informed consent forms prior to being interviewed, and if they had any questions were asked to email the researcher. The researcher worked with the participants to find a mutually beneficial time to conduct the interview.

Before agreeing to be involved in the present study, participants were given information about the study: what to expect, purpose of the study, inclusion criteria, time commitment, etc. Participants were asked to reach out to the researcher (through email) if they were still interested in the study, so as not to feel pressured. The researcher answered any questions the participants had to see if they were a good fit for the study. The researcher gathered basic information from the participant to assure the participant met inclusion criteria for the study. None of the

interested participants did not meet criteria, therefore referrals to outpatient providers were not needed nor provided to participants.

Before beginning the interview, the researcher went over the informed consent participants received before the interview began (Appendix A). All participants opted to provide verbal informed consent. Time was given for the participant to ask questions, voice concerns, and decide not to participate if they changed their mind. The researcher informed the participant of the recording process, to assure accuracy in information gathering. The participant was made aware that research assistants would have access to the recordings to assist in the transcriptions process. Participants again were given the opportunity to back out without penalty if they were not comfortable with the recording process. Participants were not offered compensation, but referrals for mental health treatment could have been provided, if necessary. All the participants agreed to participate voluntarily and were allowed to pull out of the study at any point in time without any penalty. Confidentiality was discussed with all participants; the use of pseudonyms for both the participant and their dog were utilized to help participants feel more at ease and willing to share in the interview. Any city names, military bases, or specific identifying information were not used to help protect the identity of the participants.

Interviews were conducted over the phone, due to geographical barriers. The interviews were between 30 and 90 minutes long depending on the participant. The interviews were semi-structured based upon the question list sent to the participants before the study began (Appendix 2). The questions were derived from the research questions, and based upon previous studies, their findings, and gaps in the literature. Due to a lack of empirical research in the area, the questions attempted to provide some clarification on the changes in day to day life for the veterans utilizing service dogs. The answers to these questions helped to paint a picture of what

daily life currently and previously looks like for participants. These questions helped the researcher to better understand the successes and struggles of the participants, and how the dog has either helped or hindered this process. By allowing the participants to tell their story including prior to obtaining their dog, to life currently, the researcher gained a greater understanding of not only the bond between dog and handler, but the progression of PTSD symptoms and reintegration of the veteran.

The researcher was able to go off the questions list based upon the topics the participant brought up, and what seemed appropriate for the pace and point in the interview. Questions gathered basic information about the participant, their military service, mental health treatment, both historical and current, as well as information about their dog, how they obtained the dog and changes in their life, both good and bad since obtaining their dog. The participants were allowed to answer in any way they felt fit and were able to go off topic if it related to the overall theme of the interview. At the end of each interview the participants were asked if there was anything else they thought would be beneficial for the researcher to know, or information not already covered. Once the questions had been asked, the researcher briefly reviewed the information gathered to check for holes or questions that required further exploration to accurately depict the information presented by the participant.

To prevent bias during the interview, the researcher did not assume any information based upon previous responses or extraneous information offered during the interview. Clarifying questions were utilized to better understand the participant's response and to assure the researcher correctly understood the information given. While the researcher has conducted extensive research with the use of service dogs and PTSD, every participant's experiences are different and were treated as such throughout the interview. If needed, after transcription and

reviewing the transcripts, the participants all consented to allow the researcher to contact them, if needed, to clarify information given during the interview, and/or ask questions to help gain a better understanding of the participant's daily life, and to assure the life experiences are being presented accurately, this was not needed.

Participants

This study included 7 veterans who served in various branches of the military (including the National Guard and Reserves), earned an honorable discharge from the military, were at least 19 years old, and have a PTSD diagnosis from a licensed clinician (per their self-report). The participants could have served in any conflict, with any length of service, and who obtained their service dog in a variety of ways (organization, self-trained, pet, received fully trained, etc.). They had to be currently receiving mental health services, either traditional therapy and/or medication management. Any gender, age, race/ethnicity was included. Veterans with a current substance abuse issue, or active psychosis were excluded from the current study to prevent introducing potential confounding variables. While no interested participants were excluded, the researcher compiled resources for mental health and/or substance abuse treatment. Interested participants were screened by the researcher before being accepted to assure they met the inclusion criteria. If at any point in time in the study the veteran decided they were unwilling or unable to participate they were allowed to end their interview. During the interview, if the researcher were to have become aware of exclusion criteria the interview would have been ended, the participant would have been referred to their current mental health provider and/or other community resources would have been provided. Resources were provided to any participant, at any point in time during the study, either by request, or at the need assessed by the researcher. No participants needed or asked for any resources.

Data Analysis

The researcher created research questions based upon holes in the current body of literature, and to provide information to support the changes in daily life for veterans with a service dog. The interview questions were designed to help answer and provide more information for the research questions. The table below connects the interview questions to the specific research question they were designed to gather information for.

Research question	Interview question to answer research question
How does living with a service dog affect the life of veterans with PTSD?	Tell me about your life since obtaining your service dog.
How does the veteran’s day-to-day life change?	<ol style="list-style-type: none"> 1. Tell me about your life since obtaining your service dog. <ol style="list-style-type: none"> a. Describe a typical day for you and your dog. How is that different from before? b. As you think about your life with your dog, can you tell me about an experience that has happened that you always remember? This could be positive or negative, but what is something that has stood out for you?
What affect does having a service dog have on seeking out and/or participating in mental health services?	<ol style="list-style-type: none"> 1. What forms of treatment have you tried? <ol style="list-style-type: none"> a. How have your thoughts on mental health treatment changed since obtaining your dog? b. Has your participation in mental health treatment changed since obtaining your service dog?
How do veterans with service dogs view going out in public?	What kinds of changes have you noticed in your PTSD symptoms since receiving your dog? Do you feel safer when in public if your dog is with you?

<p>What affect does having a service dog have on PTSD symptoms?</p>	<ol style="list-style-type: none"> 1. Can you describe some of your PTSD symptoms. What kinds of changes have you noticed in your PTSD symptoms since receiving your dog? <ol style="list-style-type: none"> a. Do you feel less on guard and watchful? b. Do you feel more comfortable in social situations? c. Do you have less nightmares? d. Do you feel less like the world is an unsafe place? e. Do you feel less numb and detached from others? f. Do you feel like you avoid people and places that remind you of your trauma less?
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Table 1- Research Questions

After the interviews were completed, the researcher began the transcription process. The interviews were transcribed using Express Scribe, which is a software program that allows audio to be played and transcribed in the same screen to ease the process. After the interviews were transcribed the researcher began the coding process. Interviews were coded one by one with the help of research assistants based upon the information in each interview specifically. After the initial coding process was complete the researcher and team looked across the interviews to see if the codes all made sense based upon the data and were applied accurately across interviews. After this process the codes were revised and reviewed to assure accuracy and conciseness. Once the codes were decided upon, the researcher looked across the interviews to assess for themes or patterns. A theme or pattern could have been something such as where they obtained their dog from, successes and struggles faced since obtaining their dog, etc.

Individual interviews were reviewed once more to look for areas where the participant mentioned the same thing multiple times. This could have been a repetitive theme or topic; the researcher believed this was a way for the participant to show importance. These individual topics and themes were then compared across the interviews to see if there was a theme or

pattern across all, or if they are specific to the single interview. After this process the researcher reviewed the themes and patterns picked out from the interviews to see if these appeared to provide some insight to the original research question. The researcher utilized the research assistants and their knowledge of the data and codes, this assured accountability and reliability amongst the team.

Because the researcher has been involved in this area of research for the past several years, the codes were reviewed by an unbiased third party (research assistants) after looking through a de-identified interview transcript. Their ideas and thoughts were given, and codes, themes and patterns were revisited based on feedback given. This helped the researcher to remove her bias of the benefit of using service dogs for PTSD, and previous interactions with other veterans currently utilizing this form of treatment. This form of analysis and structure were chosen to give the best possible chance of understanding the phenomenon utilizing service dogs to help with PTSD symptoms and being able to provide some evidence on the (positive or negative) changes in the day to day life of the veterans utilizing them. The themes analyzed and picked out across the interviews helped provide insight of similarities between participants. While the researcher is not able to provide generalizable conclusions, the study will hopefully be able to provide more insight into the use of dogs and the changes they are able to provide on a daily basis to their handler.

Research Team & Training

Due to the nature of the study conducted and the participants utilized, the researcher conducted all the interviews to assure standardization across the interviews, and to ask follow-up questions as necessary. The researcher had contact with all participants before the interview was conducted to answer any questions the participant may have had, and to help the participant feel

comfortable with the researcher because of the type of questions asked. The research assistants were not involved in the study until interviews were completed.

The research assistants consisted of two graduate students in a counseling/educational psychology master's or doctoral program. It was beneficial if the assistants had an interest in the research area, but those looking to gain more research experience and/or learn more about qualitative studies and the dissertation process were utilized. They had to attend one training session to go over, learn, and demonstrate understanding of the coding manual; were asked to complete coding within a timely manner; and had to have taken an ethics course prior to assisting in the current study. The research assistants were asked questions, such as previous experience with and thoughts on topics relating to the study (military culture, use of service dogs, PTSD, mental health, etc.) to assure biases did not affect the coding process, and to assure fit for the study. If there was deemed a potential to be triggered or bothered by the information disclosed in the interviews the assistant was not allowed to help with the study, due to potential to bias the results. This was not a concern with the current study.

Research assistants were used to assist with the coding process. The researcher completed all transcriptions of the audio recordings. After the interviews and transcriptions were completed, the researcher transferred de-identified transcriptions of the interviews to the assistants to code. The transfer occurred through encrypted emails, and the computer used to transcribe had additional security measures (password, encryption, etc.). The researcher read through all completed transcripts while listening to the audio recordings to assure accuracy.

Once all the transcriptions were completed and reviewed, the researcher trained the research assistants on the coding manual. As mentioned previously, the codes arose out of the interviews, and were checked across interviews to assure all codes presented were accounted for.

Codes were pared down by the researcher until a concise group of codes that adequately described the data were left. The team reviewed all codes and discussed applicability based upon the completed transcriptions. Research assistants were asked opinions on conciseness of codes to assure all presented topics were accounted for, and multiple codes would not be used for the same type of information.

Due to the nature of semi-structured interviews, it was possible interviews could look vastly different from one another. Because of this and to assure accuracy/understanding practice coding occurred during the training to practice how codes can vary from interview to interview. Coding took place in pairs; this required both research assistants to code the same interview to assure agreement across the pair. In the event of a discrepancy in coding, the assistants were given the opportunity to discuss the discrepancy to see if an agreement could be reached. If not, the researcher reviewed the information and decided upon which code would best fit the data.

If for some reason the assistants experienced a connection to a particular story, or felt triggered based upon their own experiences, the researcher was available for consultation. As is the same with the participants, resources could have been provided to the assistants as well, if needed. No such incidents occurred, but if one did, the researcher would have asked the assistant to refrain from coding data to assure the data would not be biased or skewed based upon this experience.

Credibility

While the researcher is not and has never been a member of the armed forces, she is the child of a veteran, and has previous experience working with military personnel. Through not only personal experience with trauma survivors, but also extensive research in the PTSD and service dog literature, and research into the military culture. The researcher set a goal to help the

participants in the study feel at ease, without the need to explain their situation, acronyms, experiences, etc. Due to the nature of the study, and the topic being studied, veterans were not asked to describe details of their trauma, or their military service, unless they chose to divulge this, on their own accord, so as not to trigger the participant.

As discussed above, the researcher planned to have contact with the participants before the interview allowing the participant to ask questions, voice concerns, receive more information about the study, etc. Because of the protected nature of the population utilized in this study, it was important to assure they felt comfortable and informed being completely open in the interview. This contact came more as a way for the researcher to introduce herself to the participants and help bridge the gap to allow the participant to feel more comfortable before the interview.

Because of the nature of qualitative research, and the methodologies used, it was easy to gain understanding of the daily life/ lived experiences of the participants. With the interview method, the researcher gained intimate information from the participants, as well as the ability to ask clarifying questions to help paint the richest picture. Unlike quantitative research, where the researcher is required to rely on statistics and extrapolations of the data, a qualitative study permitted the researcher to go deeper into the participant's daily life. A qualitative study allowed the researcher to provide narrative directly from the participant to not only illustrate their daily life but allowed them to narrate their own stories.

While analyzing the data and striving to portray the participant's life as presented to paint the clearest picture, the researcher was aware meaning can be lost in translation. Where the participant may say one thing, but it may be interpreted completely different. In the same vein, it may be coded in a way that does not adequately depict what the participant presented in the

interview. Because of the aforementioned concerns, the researcher had assistants work in tandem to code the same section of the interview to see if codes remained the same across the duo. If there was discrepancy during coding, the issue was brought to the researcher who reviewed the data and decided upon the best code for the specific piece of data. All coding was reviewed by the researcher before moving forward with the analysis. If there were concerns of a participant's story being portrayed incorrectly, the participant was asked to review material relating to their specific interview. If the material presented was incorrect, or interpreted incorrectly, the participant was allowed to provide clarifying information. Also, to assure accuracy of statements from participants, all interviews were recorded; these recordings were transcribed by the researcher. The researcher checked the transcriptions upon completion and made corrections, as needed.

Ethical Considerations

Because of the nature of the participants needed for this study, and the type of information sought, the researcher understood the necessity of making sure confidentiality and ethical considerations were upheld throughout the course of the study and after. Participation in this study was voluntary and the participants were allowed to end their involvement at any point in time, including after the interview was completed. This was reviewed with participants not only in the initial communication, but also before the interview began. As mentioned earlier, the participants were contacted by the researcher before the interview to discuss the study, what they could expect, and allowed them to ask any questions they may have had regarding the study, information asked, etc.

As previously stated, the researcher did not ask about details of the participant's trauma experiences. If the participant chose to disclose information regarding a traumatic situation, they

were able to, with the understanding that the interview was not meant to be a therapeutic session. The researcher had a list of referral resources ready if needed to provide to participants. If a participant did disclose details of their trauma experience the information was not utilized in the study unless it directly related to the content of the study and was allowed by the participant.

Once the interviews were completed the researcher read through the information relating to each specific interview, to assure information was presented accurately based upon the interview. If something appeared incorrect or did not make sense, the researcher asked further questions to clarify and assure the correct information was included in the study.

Throughout the process of the study, all raw data was kept de-identified (pseudonyms, no people, places, etc. were identified), the researcher had a master list of participant's information with the pseudonym used. This list was kept on a locked computer, which has remained in the researcher's possession. Research assistants were only given data once it had been de-identified to assure privacy of the participants.

Challenges

While qualitative research requires fewer participants due to the in-depth nature of the interviews, it can be more difficult to acquire participants. In the current study, the researcher did not struggle to find participants, but instead struggled to find agencies willing to pass along the information to their veterans. In some cases, the agencies were conducting their own research, had paired up with someone else who was conducting research, have a policy not to participate in studies, did not have veterans who met the criteria, or did not have very many veterans utilizing their services. During the interview process, no ethical dilemmas or unexpected questions arose. The participants were more than willing to answer all questions posed and even tended to go off questions to provide extra information, which allowed the

researcher to obtain a deeper understanding of their current functioning, history and day to day life.

In the coding phase, as expected there were a couple of incidents where the coders disagreed on codes or thought two codes could be used. The researcher allowed the coders to discuss the disagreement between them, if they were unable to reach a consensus the researcher made the final decision. In the case where the coders thought more than one code could be used the researcher reviewed the material and made a judgement call based on the context of the specific data piece. All interviews were double checked after coding was completed to assure codes were consistent across coders and that they made sense within the context of the rest of the interview.

Summary

This chapter offered an overview of the methods utilized in this study, including presenting the research questions, identifying the study design, describing the research team, participants, measures, data collection, biases & expectations, data analysis, credibility, and ethical considerations. The specifics of the use of Hermeneutic phenomenology and thematic analysis were discussed as well as why this design was chosen and how it can lend itself to the specifics of the current study. The basis for the design of the study was described, how the participants were recruited, exclusion criteria, pre-interview information, the types of questions asked during the interview, and checks and balances for the data collected. The research assistants helping with the study, as well as how the researcher accurately portrayed and safeguarded the data were described.

Chapter 4: Results

The purpose of the current study was to explore the use of psychiatric service dogs for veterans with PTSD, in addition understanding the daily life of these veterans and how the presence of the dog might have changed this. By interacting with participants through qualitative interviews the researcher was able to gather a deeper understanding of the bond between handler and dog, and the changes in day to day life for these veterans. In this chapter the overall themes will be addressed using quotes from the participants.

Demographic Information

There were 7 participants in the study, 4 females and 3 males, from 6 different service dog organizations and 5 different states. Two participants came from the same organization, one being referred to participate in the study by another participant. Participants served in a variety of conflicts from Vietnam to Iraq and Afghanistan. Ages ranged from early 30's to mid-70's. They served in the Army, Navy and Air Force. Participants were recruited through social media and emails to service dog organizations. If the organization agreed to participate in the study, they were asked to distribute study materials to their veterans. All participants currently possessed a trained service dog, and in the incidence of two participants were currently on their second service dog. All participants were honorably discharged from the military and served a range of years in the military.

Teresa is a 60-year-old, single, Caucasian female who served 28 years in the Army, she was a schoolteacher prior to joining the military, and is currently retired. She discharged from the military in 2017, she experienced combat on a couple of occasions. Her service dog, Susie was trained by close friends of hers who felt Susie would be a good match for her. Teresa had previously had a service dog, who had passed away a few years before obtaining Susie. She was diagnosed with PTSD after returning home from Iraq and was discharged from the military because of her PTSD.

Jason is a 31-year-old divorced, currently partnered Caucasian male who served in the Marines. He is the father of 3 children. He discharged from the Marines in 2012; since

discharging and obtaining his service dog he began his own security business, which has been successful in his area. He obtained his service dog, Solomon from a local service dog organization to help him regain his independence. Solomon knows 83 commands and goes to work daily with Jason. He has both combat and medical-related trauma.

Jennifer is a 57-year-old, single, Caucasian female who served 4 years in the Army. She identifies currently as disabled, so is no longer able to work. Jennifer was diagnosed with PTSD after returning home from the military in 1984. She obtained her service dog, Madeline through a training service dog organization, but was very involved in each step of the training. Madeline is Jennifer's second service dog. Jennifer is currently receiving mental health services through her local Vet Center; she notes having a psychiatrist at the VA for her medication management.

Evelyn is a 46-year-old, divorced, Caucasian female. She served 15 years in the Navy and 5 years in the Marines. She was diagnosed with PTSD after exposure to combat trauma leading to serious medical complications. She obtained her service dog Sarah while still in the military, she noted Sarah is semi-retired as she is 12 years old now. She went to Bergin for dog training and worked with her dog while she made the transition from show dog to service dog. Evelyn currently works as the military liaison at a service dog organization and for a doggy daycare.

Rebecca is a 50-year-old, married Caucasian female. She served in the Air Force, Rebecca was exposed to natural disasters and MST while in the service. She tried several dogs prior to being introduced to her current service dog. She was referred to the study by Evelyn. Frank, her service dog had failed 2 seeing eye tests prior to being paired with Rebecca. She currently works in administration for a school. Rebecca tried a variety of mental health treatments included TMS, ECT and DBT, but felt they were not effective long-term, and impacted her day to day life and the life of her husband, because she was not able to work while she was receiving TMS.

Graham is a married, Caucasian male, who served in the Navy. He was stationed in Vietnam and ended up serving two consecutive tours so his brother, who was a Marine would not end up on the front lines. He has combat trauma from things he seen and was asked to do. Prior to obtaining his dog, he had dealt with PTSD for almost 40 years. He chose to join the military prior to being drafted, in hopes of being deployed anywhere but Vietnam. Graham struggled after returning home, working as a private investigator he carried a knife and gun with him and had frequent thoughts of harming others. His wife had talks with him about her desire for divorce due to the massive change in personality. Graham was unaware of the ability to obtain a service dog for his PTSD but was eager to go through the process. He describes his dog Franny as his constant companion, he was Franny's 9th home.

Louis is a partnered, Caucasian male who served in the Army. His father was also in the Army, which led him to join. Louis had previously tried countless other mental health services and felt nothing was effective in helping to manage his symptoms. He obtained his dog Garrison from an inmate training program in Colorado after watching a news

special about the organization. He has since begun travelling the country with Garrison educating national businesses, government organizations and psychology graduate programs. Louis' goal is to help create a better world for other veterans, he has created multiple campaigns to help raise money and gather supplies for the homeless. He has amassed a social media following on his page where he documents his travels with Garrison, using it to help educate others and bring awareness to veteran's issues.

The interviews were conducted between September 2018 to March 2019, over the phone.

Phone interviews were utilized due to the geographic location of participants. All participants were offered the option of having their interview over the phone or utilizing video call software, if preferred. All participants agreed to participate and were provided the opportunity to ask questions prior to the beginning of the interview. All consented to being recorded to assure accuracy of information presented. Express scribe software was utilized for transcription of all interviews.

Research Questions

The researcher aimed to answer the following questions:

- How does living with a service dog affect the life of veterans with PTSD?
 - How does the veteran's day to day life change?
 - What affect does having a service dog have on seeking out mental health services?
 - How do veterans with service dogs view going out in public?
 - What affect does having a service dog have on PTSD symptoms?

Themes

From the data came themes (see appendix E) across the interviews, these themes could then be combined under an overarching theme which helped to better describe the phenomena presented in the interviews.

Overarching Theme	Individual Codes
Background information	Family dynamics, transition from military to civilian life, negative thoughts, requirements of having a dog, hearing about the idea of a service dog

Support	Family support
Trauma	Loss of a service dog, military sexual trauma, social isolation
Medical/ Mental Health	Prior mental health history, comorbid diagnoses, medical issues, physical disability
Treatment	Traditional mental health treatment, alternative forms of treatment
Benefits of having a dog (Pros)	Tasks the dog can perform, decreased PTSD symptoms, positive bond with the dog, educating the public, increased freedom, community involvement, better compliance in medical treatment, ability to work, increased positive social interactions
Drawbacks of having a dog (Cons)	Interacting with the public, access issues
Service Dog Training	Alternative forms of training, traditional training organizations

Table 2- Themes and Codes

Background Information

Knowing a person’s history can tell you a lot about them, whether it be where their quirks come from, the expectations from family, the dynamics they were raised in, or even what their hometown could mean for their outlook on life. For a good majority of the participants in the current study, joining the military was a family tradition, which seemed to span a few generations. For others, the military was seen as an escape; something at home was not going well, maybe they didn’t feel college was for them, they felt pressured, or they just felt the military was their only way out.

Family Dynamics

Family is a big piece of the military, whether that’s following in the footsteps of family members by joining the military, or the familial-like bond formed while in the military. Most of the veterans interviewed for the current study endorsed being close with their family and wanted to make family proud by joining the service, including Jason, who stated:

My family who they all, they all thought of me as superman, this is no lie, my brother when I was first went to boot camp sent me a letter saying with great power comes great

responsibility, and uhhh they just basically knew that I am the type of guy that doesn't accept failure, but also they had never seen me in such a place.

For others, they joined the military alongside siblings, which can make for challenging decisions, especially when in a war zone.

They wouldn't allow 2 family members in a war zone at any one time. So, my brother was a marine and he just finished boot camp and they were gonna, he got orders for Vietnam, but I was already there, so they gave me the option of extending for another year or allowing him to come over. And I knew if he came over, he would be put at the front lines and he would probably never come back except in a body bag, so I extended for another year.

For Graham, he knew if he went home and allowed his brother to be deployed to Vietnam, he would more than likely not come home. While he endorsed this as an easy decision, he has been dealing with the consequences of this deployment daily. He discussed regrets about his time there, from things he was required to do and the things he saw. These demons haunted him so much, so he felt as if suicide were his only way out.

In other cases, veterans achieved normal life goals while in the service, getting married, having kids, etc.

I had one daughter who was born while I was still stationed at (name of base) her name is (name of daughter) and then I had my son, (name of son), so then in 2014, I had my last daughter her name is (name of youngest daughter).

For Jason, having kids changed his outlook on many things, including his military career. It helped to slow him down and realize he was unable to put himself out for things as easily as he previously had, due to risk of harm and an obligation to come home to his kids.

For some, their time in the military may have changed their views on time with family or family relationships. This could have led them to want to be closer to families after discharging. This was especially true for Teresa, which helped her to deal with PTSD symptoms.

My mom and oldest brother, and then my other brother is about 45 minutes away in (city name).

Transition From Military to Civilian Life

Transitioning home after a deployment or after discharge can be very challenging for service members. Not only can it be a culture shock if returning home from war, but their civilian lives have gone on without them. Family members have created new routines and gone on with life while the service member was deployed. This was historically very challenging for veterans returning home from Vietnam. In addition to struggling with their own actions, actions of others and what they were exposed to while deployed, but they were not kindly welcomed home. They were called names, yelled at, demeaned for their service, and rallies boycotted their time overseas.

In addition to the lackluster homecomings, the actual transition out of the military mindset can be rough. For Graham, he had a hard time letting go of the mindset he was taught in the military and was required to have while deployed overseas.

So that was our mentality, so when I got back to the United States it was them or me and that was umm, I got into incidences on the road with road rage. I always carried this pipe that was a cut up, or probably maybe 3/4 inch in diameter and it had, it was probably 12 inches long, and I carried it in my vehicle and people I ended up involved in road rage incidents because I didn't know any other way because I had been taught you kill people. Cause that was all I had been trained to do.

Jason also endorsed experiencing intense rage. He describes an incident which would normally be handled differently, but because of his experiences, he felt unable to regulate his emotions as others would.

I hear a car pull up in the front of my house, and it's about 2.5 acres away from the road and so I uhh see this car and I I'm the type of good individual who I see, he goes to the back of his car and he starts throwing a few things on the ground. I think they have a flat tire, so I tell my neighbor, hey (name) I'm going to see if he has a flat and all that. I'll be back up there so I take one more second look and he hops in the back in the car again and says to the driver hey lets go, so uhh it didn't take me more than about 7 seconds to make it to my patrol vehicle which is a 2014 dodge charger hemi with all-wheel drive and uhh I immediately woop woop woop all the way down country roads, and cut him off and I stop in front of him, and I'm in a pair of shorts and no shirt and my first reaction is to stick my hand up in the air and say "hey

motherfucker what did you throw in my yard.” And uhh so then they don't say anything, and I'm the type of guy that I'm living with PTSD, I'm very polite and courteous. I say you know what man we all make mistakes, how about you turn around and you can come back and pick up whatever the fuck you threw in my yard, so then you know the guy says we'll come back and pick it up. So, I pull up so they can turn around, they turn around and I follow them back and put my spotlight on so they can pick up what they threw. And uhh I uhh watched them pick up trash bags and a Gatorade bottle and I said “hey brother you know, you're more than happy to drive to any other county and throw this in anyone else's fucking yard, or I have trashcans right there you can throw that shit in.”

This can be challenging for friends or family to deal with, especially if the veteran was not this irritable or unregulated prior to joining the service or deploying. Because of the changes, divorce can be increased in military population. Such was the case for this veteran; in other cases, spouses are more willing to stick it out and help the service member obtain help.

Negative Thoughts

It is not uncommon, or a shock, especially considering recent spotlight in the media, suicide rates in military population are high. Statistically speaking, 22 former service members complete suicide daily. Suicidal ideation was prevalent in many of the interviews conducted for the current study. This is easy to understand taking into consideration the veteran's time in service, deployments, training, traumatic experiences, potential return to civilian life and unrelenting PTSD symptoms. For Graham, it felt like the only solution.

I was at a point where I told my wife, I don't know what I'm going to do if I don't get a dog, cause I was at the verge of, I thought about suicide a number of times. I even thought about suicide back in the 60s when I was in the military, cause I didn't want to be there. I was going to shoot myself in the leg just because I hated it so bad, I wanted to get out of there.

In his case, the thoughts were relentless, he carried the thoughts for over 50 years, unsure of how to make things better.

Well it does, but you know, I mean cause when I had been for 50 years. For 50 years I've been dealing with this and nothing worked, and it was kind of like why do I keep going out here, it just doesn't seem worthwhile. So, you start weighting things, and it's kind of like and then it was right at the time when they cut all the opiates off from everybody, and I thought why are they doing this and then I went to an opiate class. I was still working for the

company, or the I still had my business and they just said the VA changed their policy so you couldn't get opiates, now you could only get opiates if you are umm in the hospital and they discharge ya and that's all they are gonna get you. So, they put me on some opiates, but a really low dose, but it made me hallucinate.

It can be discouraging when you feel as if you have tried everything and nothing has worked.

Rock bottom seems never ending and having a light at the end of the tunnel can be enticing to even the most hardened of service members.

In some cases, veterans did attempt suicide, thankfully, they were unsuccessful. Suicide attempts illustrate how overwhelming the thoughts can become. For others, the thoughts became overwhelming and worrisome and in Jason's case, he was able to reach out and obtain assistance.

Oh, I tried to commit suicide, I was having thoughts of driving my motorcycle in to the in the middle of the highway, the median. And I was scared, why am I having these thoughts? I went to the hospital, I told them about my thoughts.

The VA has many programs in place, including a veteran crisis hotline, this allows the veteran to be able to call 24 hours a day and speak to a licensed clinician about the thoughts they are having, and if needed can connect them with in-person resources. Marketing materials, including wallet cards, stress balls and koozies are widely available in all VA's to assure veterans are aware of the services available.

The recurring theme for veterans in the present study was the timing of obtaining their dog. Most, if not all felt they had hit rock bottom, and for those having suicidal ideations they did not know where to go next. The dog became their "saving grace," and helped to pull them back up to a place where they could decide where to go next.

She came along at a time when I was contemplating going the other way, and saying so long I can't deal with this anymore, so I mean, like I said from the very beginning, I don't know what I would have done without her if she didn't come along when she did.

This is saying a lot. For some of these veterans, like Graham, they have been to "hell and back."

Some have tried various methods to get better. Some have dealt with the PTSD symptoms for

many years, while others not as long. But the message is the same. The dogs provided a comfort and support nothing else could, and helped these veterans dig themselves out of the hole PTSD had put them in.

Requirements of Having a Dog

While it might seem like an obvious concept, having a dog, whether a pet or a service dog, comes with extra responsibilities. The same cannot be said about other forms of treatment, but, unlike other forms of treatment, a service dog is able to accompany the veteran anywhere they go and is with them 24/7. While the benefits are plentiful, it is imperative one considers what is involved with taking on the responsibility of having a service dog.

Umm you know, I've got to feed her, I got to take care of her, I got to you know walk her, I got to take her out to play, she wants to play... -Teresa

Time, I feel like I need 26 hours in the day, and remembering he is a dog. I need time to get him ready, to train with him, to get all of my things done, it can be overwhelming. -Rebecca

Yeah, patience is key, uhh in addition to remembering they are a dog. They may shed everywhere and Hoover up chicken bones. No matter how much training they go through, they are still a dog and they will act like a dog from time to time. We have to be patient and realize they aren't perfect. -Rebecca

Um, has to be something to do besides think about my stuff ya know it's like, I gotta take care of him, ya know it's like its work, I mean even though he is the easiest, Garrison has never done anything wrong, he just never gets in trouble, and besides probably have an amazing trained dog ya know, it's still work. You gotta take care of him, you gotta make sure he's well fed, medically taken care of, you know. It's work, and that kind of work is good, especially when you got anxiety disorder. -Louis

It's a constant responsibility, it's your job, this is not, this dog is not here as a merit badge, this dog is here, this dog depends on you, and you can't depend on him if he can't depend on you. -Louis

In addition to meeting the dog's basic needs, there are extra requirements with having a service dog, including training, assuring you have all their items (i.e. food, water, leash, treats, etc.) with

you, making sure they are clean, which requires more diligence than owning a pet because it is in public with you at all times. Jennifer discussed the importance of consistency:

You have to work on it every day, even when we're not just like right down here, we're doing some training, but, but when she goes upstairs I'll let her push the door open and if she wants to go outside from there she has to sit and wait you know, they have to do that all the time because wherever they go they can't just go barreling out of a door you know.

For some veterans, this transition was not difficult; having had previous experience with pets, they were aware of what was required on a day to day basis, and the financial burden of pets.

Graham noted he was not caught off guard with what was required of him due to his previous experiences.

Um, I don't really find any difficulty with her because she needs to eat just like the other pets we've had, and she doesn't beg when I'm eating and um... Difficulty, ummmmmm, I don't really find any difficulty with her, she's just there. I mean she's not a bother, so I guess um I'd have to say I don't have anything that's really, you know I mean, I've had dogs my whole life and her being as she's being the way she is, have her jacket on when she's a pet at home. Um she still is very protective of me and (wife's name) and she's, this became her domain as soon as she came in to it, so if you're a mailman or someone delivering something she's going to bark out and let you know, but like any other dog would. But um she just loves to give out kisses and just she's just so warm and loving, I can only see positive, I can't really say anything negative about her.

For others, such as Teresa, they have realized the drawbacks of having a service dog. They enjoy the company of their dog, the ability to take them everywhere and the sense of security the dog provides while in public, but at some points, it would just be easier to not have the dog along.

They don't understand what's involved with having one. And it's not just feeding and watering and letting them out. They're going with you all the time and sometimes, it it seems like a little bit of a hassle if you're just going in to, let's say you gotta run in the gas station and get a coke or something, and every once in a while I'll think Susie wait here and I'll go, and 'll start to go and go nope you're going with me.

While she identified the ease of running in the store without her dog, she also understood the commitment she made to the dog when seeking out the responsibility of obtaining a service dog.

Such can be said about the other veterans involved in the present study who continually take time to educate others not only on what a service dog is, but how to obtain one, requirements to obtain one, but what things they may not realize come along with the responsibility. Louis noted:

Umm I wrote an article about it, do you really want a service dog, and uhh so I asked some of those questions. Are you going to be able to afford it? It's expensive, you need to look at your finances, can you afford it? Cause this dog you know, these dogs are training if you get your dog from an agency, it can cost anywhere from 12-40,000 dollars, so it's a big burden, and you have to make sure it has the right food. You gotta make sure he goes to the vet, gotta make sure he gets his vaccinations, gotta get his teeth cleaned, you gotta make sure and on and on and on. Can you afford him? Are you going to be able to, are you well enough, it's funny you need a dog because you're sick, but are you well enough to take care of that dog at a level that's gonna, not gonna injure that dog's well-being. I know some agencies won't give dogs to people with bipolar disorder and there's a reason, and it's because a guy goes in to a manic state and slips in to the severe depression stage, and the dog is neglected or dies, and are you still drinking or drugging at all, and if you are you sure as hell shouldn't have a dog. And so, you know, until you are able to devote you know that dog is part of your treatment plan. Part of your treatment plan means you utilize it correctly, yeah, you know. I'm pretty harsh on people that want to get one, I want to make sure the dogs are fully taken care. That's my biggest thing, can you take care of this dog?

For these veterans, they want people to understand the dog is not the end all be all, there is still work involved on the veteran's side. They pull from their own experiences to help other realize not only the work involved, but the realities of having the dog are in day to day life, especially in the case of Louis, who never blindly recommends a service dog.

It depends, a dog is not the magic cure. They are able to help, but they are not the cure all. They also have to realize they have to take care of the dog and what that entails. So if they are willing and able to take care of the dog I would recommend it. I would suggest they be educated and understand what comes with having a service dog.

While the veterans in the current study have done an effective job of educating the public and advocating for the proper placement of service dogs, the need for better procedures from service dog organizations to educate applicants and confirm proper placement of dogs to assure success for both handler and dog was mentioned.

Hearing About the Idea of a Service Dog

For some veterans, they felt as if they had nowhere to go. They had tried traditional therapy and it did not work for one reason or another. Some did not connect with their therapist, others felt as if they fell through the cracks, and for some they may have not been ready to process their traumatic events. In some cases, as mentioned previously, participants felt as if death were their only way out. They felt as though they could not go on with the suffering they were dealing with and were not able to engage in daily life as they had desired. For some, such as Graham, they heard about the dogs, but didn't feel they qualified, until doing further research.

Yeah, and in a way that I can only see it described as magical because I was at a point in my life before I got her, and I didn't realize that I was eligible for a service dog. Had I known what I know now, I would have applied for her back in 1969, when I was diagnosed with PTSD, but nobody ever told me I would be eligible. I don't know if the program even existed back then.

He felt he struggled unnecessarily for decades, and wished he knew then what he knows now. This is part of his motivation for helping others, to avoid them having to deal with the struggles he dealt with. He finds this as his way to give back to fellow veterans. In other cases, it was a specific organization which drew their attention. Media is a powerful tool to help educate the masses. Louis, quoted below now uses social media to advocate for other service dog teams, he goes above and beyond to educate businesses, community organizations and individuals. He has gone so far as to work with local and federal politicians to pass legislature preventing fake service dog teams from gaining access potentially causing harm to legitimate teams or create access issues for legitimate teams.

Well I was having a lot of trouble physically and besides the PTSD I have a lot of trouble physically. I was living in China at the time I was a professor at a Chinese university. There were a couple of stray animals in the complex I lived and I worked with them and I happened to watch a, I think it was ABC special with Jane Pauley about a group in Denver called (name of organization) and then I looked them up in the off chance I could get a dog. And at that time that was 8.5 years ago, uhh 6, 6.5 years ago and they were only giving dogs for

people with physical issues, in which I did have, which is why and uhh you know this would mediate both things and 7 months later, which not the norm they asked me to come for 3 weeks of training with Garrison and the rest was history.

Support

Lack of support can be an issue for veterans returning from deployment, even more so for veterans returning home after seeing combat or being exposed to traumatic events (e.g. witnessing death, being asked to shoot someone, IEDs, bombing, etc.). They can feel as though no one understands where they are coming from, may not feel as though they fit in, or that they cannot understand what is going on. This support can come from a friend, family member, partner, etc. and can make a huge difference in a person's ability to interact socially, their feelings of comfort in public places, and their ability to engage independently in ADLs, ability to work, etc. Teresa described support she received from her family:

Mom came up a few times and stayed with me and uhh then about 2-3 weeks at one time just to kind of help me out.

In addition to providing physical support, support can come in the form of growth and learning. Veterans sometimes need to "re-learn" what it means to be a civilian, what it means to interact in everyday life without being told what to do, how to act, where to go, etc. They have to re-learn how to interact within their family unit, or friends' group, what social expectations are and how to adjust to this difference. In addition, those returning from combat have a higher rate of experiencing a comorbid Traumatic Brain Injury (TBI), which could require extra support from friends and family. Jason noted:

My girlfriend actually has a psych degree and she studies traumatic brain injuries, and she's a nurse so she notices that I am you know stumble if you will she's very quick to, she doesn't right away do it, but she's able to help me learn. Umm but that's probably been my biggest supporter.

Trauma

Loss of a Service Dog

Throughout training, handlers and dogs form a close bond, and by the end of training tend to rely on each other, both for needs to be met, companionship and security. The dogs end up becoming an extension of the person, and at times can be more well-known than their handler by those in their community. The downside of relying on a dog is the lifespan, which is less than desirable. When it comes time, the loss of a dog can be re-traumatizing, or open new wounds.

Teresa describes how she handled the loss of her first service dog:

I had, I had work caused me to spiral, I had a service dog that I had lost her and umm, without (dog name) I just spiraled.

I mean I took care of (previous dogs name) until she was you know 15 you know, until kidney failure took her, and I had to put her down.

Even though the loss can be detrimental to one's mental and physical health, the veterans are willing to put themselves out there again and obtain another dog. They must live day to day life without the constant companionship and safety they have come to rely on. Teresa described her experience without her previous service dog:

Well, when I had (previous dogs name) I lucked out, she lived to be 15.5 years old, she got sick in '16 and everyone was telling me it takes like 2 years to get a dog. And my anxiety level was through the roof, so anyway I spent 4 months just getting around. I couldn't stop so I really needed a dog.

In most instances, veterans had younger dogs but were thinking about what the future would bring and how they would deal with the loss of their dog before their dog had even passed on.

For Jason and Louis, this was brought on by a health scare, or just sheer fear of what was to come.

...has too big of a heart which means someday he'll probably have a heart attack and die.
-Jason

I guess the only hardest thing is that someday he isn't going to be here. -Jason

when he had his seizure, his first one, uhh I didn't know. Clearly, I thought he was going to die then. -Jason

Oh yeah, he's absolutely, he's absolutely part of my being and that's going to be tough to ever lose him. -Louis

And that's I think I kind of grieve Garrison every day, cause he's such a fantastic gift to my life it's horrific thing to think one day we aren't going to be together, so... -Louis

I think that may be the most difficult thing and uh because Garrison and it's not because he's mine, it's because, if you were around him you would get it immediately. You'd go "oh my god and he's unique." There will never be another dog like you had last time, and there will never be another Garrison and everyone that's ever met him says the exact same thing, and it's like wow and we have probably met about 200 other service dog teams, so that's the biggest thing. What will I do to replace him or what coping skills will I have to develop before he's not here? You know. -Louis

While it seems as though the loss of the dog intensifies PTSD symptoms, veterans noted relying on social support to be able to get through the difficult time, and in most cases were already connected to traditional mental health services. Those who had lost a service dog were able to obtain another service dog, either through independent training, or through a service dog organization, which helped to decrease the pain felt after the loss of their previous dog. Throughout the process, whether grieving prior to losing their dog, or after their passing, the veterans were able to help other veterans, this could have been by educating the public, assisting other veterans through connection to resources (service dog organizations, mental health providers, etc.), social justice, political advocacy, etc. Having a dog made the veteran better able to continue their daily life, as they had developed basic coping skills that would help them while in public.

Military Sexual Trauma

For men and women in the military, military sexual trauma (MST) is a very real experience which occurs more than one can imagine. It includes any unwanted or uninvited sexual advances, sexual harassment, or sexualized comments that occur while one is in the military, not necessarily by another military member, but is true in most cases (Street and Stafford, n.d.). It is interesting to note all four female veterans interviewed endorsed MST on at least one occasion while in the military. Rebecca discussed how far her perpetrator went and the “hazing” experiences she went through:

I had a guy who got master keys to the dormitories because there was 300 rooms, and I moved rooms 8 times so he wouldn't know what room I was in but he would eventually find me. This is the horrible part; he would fold the bed back and he would lay out my negligees.

And uhh my first duty station, I worked on (boats name) from the Vietnam era umm I was in about 89 to 92 and umm my first duty station was called (name of base) but the what people call it hazing now, or sexual assault, all of that stuff actually started in basic training.

In some cases, the veterans could return home after deployments, or discharge from the military and are able to go on with their lives, have children, get married, start careers; but in some cases, the MST effected their lives from the transition back to civilian life. For Rebecca, the MST was not brought out until years down the road, and then it impeded her ability to live a “normal” life.

I was in a little over 3 years, umm 3.5 years and I got out and went about life, normal, and I started you know, got married, had a baby, did perfectly normal normal life and umm I am started having flashbacks, is the way it started and I kept remembering bits and pieces, snippets of umm of rape and and different things like that.

These memories can present in a variety of ways, for some they experience flashbacks, some have issues with men, or women who look like their perpetrator, some struggle with physical intimacy, which can make intimacy with future partners difficult, leading to relationship strain. For some, such as Teresa they may avoid people, places or things that remind them of that event,

including people who have features of their perpetrator, generalizing to males or females in general.

...and I'm also uhh a rape survivor, and MST survivor and I didn't want any body's hands on me.

In some cases, veterans have sought out treatment for their trauma, in other cases, the dogs have acted as the bridge, to help the veteran feel more comfortable working on this and any other trauma they had experienced. Teresa discussed how she dealt with her traumatic experiences:

...most was working with the (name of veteran support organization), umm you know I went to what about a little over a year ago to deal with my combat and went back to deal with my MST.

With MST being more mainstream in the media, it sometimes makes it easier for these veterans to reach out to obtain trauma focused treatment for their experience knowing they are not alone.

In addition, the VA has mandated routine screenings to assess whether service members have experienced any MST-like event while in the service. While these are not always the most thorough, especially when asked by non-mental health professionals, it is a step in the right direction.

Social Isolation

While social isolation is not a symptom of trauma, per se, avoidance of people, places and things that remind one of their trauma is. For the veterans in the present study, isolation was endorsed across the board.

Yeah, big time, big time I've I'd spend a week at the house and only go out if I needed you know milk or bread or something, and then I'd go out like 1-2 in the morning get my groceries whatever I needed and go back home and umm isolate again.

For Teresa, she modified her daily schedule, she knew if she went into the grocery store in the middle of the day she would have to be around people. So, instead, she reinforced this fear of public places by going to the store in the middle of the night when she could guarantee the store

would be empty. In other cases, like Louis' this is still a work in progress, while he has noted changes in his ability to be more social, there are still times when he struggles.

I've worked very hard to accommodate my own illness and one of those ways to, I stay the you know I can't do invisible illness, so problems are less. I have stressful situations, I will have panic attacks that will last anywhere from 5 minutes to 45 minutes, trouble breathing, it's uhh it's daunting to say the least and uhh you know trepidation about doing things, not wanting to get out in public, isolation, you know even when I have talks and things like that and I go with Garrison it can be very difficult.

It was important for these veterans to remember their dog was not a “magical cure.” Some had suffered with PTSD for many years, feeling as though they were out of options, for others they may not have had to deal as long, but were still feeling defeated and as if they would not be able to live their life as they desired. While their dog is not a cure, it has, in most situations helped these veterans to get back out and feel more comfortable in day to day life and interacting in social situations.

Medical/Mental Health

Prior Mental Health History

A majority of those diagnosed with PTSD are also diagnosed with or experience some comorbid mental health concerns. While this is not always the case, from research and experience, most veterans have at least one mental health diagnosis. These diagnoses could be from childhood, during their time in the service, or may not present until years after being discharged and reintegrating back into civilian life. For those who experienced childhood trauma, it shaped their lives, it molded them into the person they are today and, in most cases has allowed them to seek out prior treatment unlike those who experienced trauma later in life.

I got therapy before joining the military. Let me back up, I went from a public high school to a private Lutheran school. I went from 200 kids in the class to 30 kids. These kids had gone to school together since 1st grade. I didn't fit in. So, I either went on to 10th grade with a 1.5 GPA, or I repeated 9th grade. So not only was I the kid that didn't fit

in with this group of kids, but they all knew I was repeating the 9th grade. So, I was talking to someone about this. Group therapy didn't work for me. The groups I fit in, are usually other veterans who have lost a limb. I still have all of my limbs, I started comparing my PTSD to theirs, and it wasn't good.

In Evelyn's case, she felt as though she was not good enough to receive services at the VA and for a short period of time stopped going before being persuaded to return and begin receiving traditional one on one mental health services.

In addition, while going through training and during deployment veterans are placed in very dangerous situations. They are away from home from long periods of time and can be sent to remote isolated places. It is not uncommon for depressive symptoms to be either exacerbated or develop because of this. In conjunction with depressive symptoms, is anxiety. Being in a war zone or put through extreme training can bring out anxiety and panic in even the strongest of strong. Jason discussed his struggles after a previous traumatic experience.

Um, yeah, they did things like they did things where I relived things, like what happened in the mountains, I started having panic attacks and uhh cause you know clearly they wanted me to go to high places and try that...

He thought of himself as a "badass" but struggled through training after dealing with various health issues which in turn led to either previously unidentified or new mental health concerns. These issues led to problems in his military career, struggles in his civilian career, finances and ultimately ended his marriage.

Mental health issues, while not always deemed a priority in military population, even though times are changing, these concerns can impact a veteran's entire life, including their time in the service. Those with PTSD may end up being discharged due to symptoms, or after time in the service be unable to work or live their daily life as they choose or as they did before, such as Jennifer's experience.

...that's when they put me on basically temporary retirement until my permanent came through, umm because I just couldn't work anymore, my PTSD was totally out of control, and between 2011 and umm yea 2011-2013 I was in the hospital probably about 8 or 9 times.

She was discharged from the military due to her PTSD symptoms. She has been unable to return to work as a civilian and relies on her disability. To obtain disability she was put through a rigorous claim process which ultimately required her to document her trauma, what actions were taken, if they reported the abuse, if MST, etc. They basically are asked to PROVE the trauma happened. For some this can be too much to bear, so they are never compensated for the lasting effects and functional impact connected to what they went through. Other times, claims are denied or probed for more information and it can become a long drawn out process. Jennifer is also dealing with a bipolar diagnosis, which can make day to day life more challenging, depending on her mood and medications.

Well I went through those phases too, but the Bipolar I was very hard for me so you know. When people would see me way up and crash down you know, and you know I already take enough meds and now I have to take more meds, and I had to come to the realization that you have to take them cause when you don't take them it doesn't work for you; you're all over the place you know, you go way up or way down, you know. I've come to realization with them that one just recently that one was a hard one.

That is when I started having flashbacks, but I didn't know what was going on. With the Bipolar, Anxiety, panic attacks, depression. I went to the VA and they asked me a bunch of questions and thought I had PTSD.

Comorbid Diagnoses

As discussed above, it is very common to be diagnosed with more than one mental health concern, especially when thinking about PTSD. In fact, PTSD is more commonly found to be comorbid with another mental health diagnosis than alone. It is thought to be most comorbid with major depressive disorder (Armetta et al, 2019), substance use disorder (Tripp, Jones, Back & Norman, 2019), and TBI (Jak, et al., 2019). Those who had experienced childhood trauma are

more likely to go on to develop PTSD and depression versus those who only experienced a trauma later in life. Researchers have also found those who experience chronic pain were more likely to experience increased symptoms of PTSD and MDD (Armetta, et. al). For those with both substance use disorder and PTSD they were more likely to have an increase in suicidal ideation, history of past attempts, and were more likely to have other comorbid disorders than those with only PTSD or substance use disorder. In addition, those with comorbid PTSD and SUD were less likely to be involved and/or compliant in treatment, leading to less effective outcomes (Tripp, et al.). In more recent times, or for those who served in OIF/OEF/OND, they are more likely to present with comorbid PTSD/TBI. Researchers found 20% of those who served during these conflicts sustained a TBI, and about 23% went on to be diagnosed with PTSD. When looking at this group of veterans as a whole, researchers found 73% with a mild TBI who were seeking out treatment also had a PTSD diagnosis (Jak, et al.).

In the present study, all 7 veterans identified being diagnosed with a comorbid concern, and in some instances, multiple comorbid diagnoses. In most cases, veterans, such as Jennifer, identified being diagnosed with depression and anxiety.

They did say I had PTSD and you know, anxiety, depression.

Ok, well I have depression, you know, umm I have anxiety, I sometimes still have flashbacks of an incident that happened in while I was in (name of city) where I saw two people try to get away from (name of city) to (name of city) and they weren't letting us go through checkpoint charlie and that was not our area and it was the (name of forces) between the one border to the other so they shot them down. So, sometimes I dream I try to save them, and I can't save them and I get shot.

When one has multiple diagnoses, it is common for physicians to want to prescribe multiple medications, sometimes one or more for each diagnosis, to help mitigate symptoms. Some people, or veterans are okay with this, if decreases symptoms. Others are completely against

medication, but might feel backed in a corner, overwhelmed and feel as though there is nothing else they can do.

I probably had PTSD from all of my deployments, but it was after the Humvee accident in 2007 that the PTSD became unbearable. Before it was manageable, if I didn't think about it, it didn't bother me. But after that I couldn't manage it. I was on 15 different medications for PTSD, depression, anxiety. I'm a pharmacist by trade, but I can't remember all of them. I can remember colors and shape profile.

Evelyn identified being on 15 different medications and losing track of what all the medications were for, but instead was only able to remember their shape and color. She is a woman with a higher education, and experience with pharmaceuticals. In the case of others, they are prescribed the same amount or even more, but they do not have the same education and might be more trusting to just take whatever is given to them. For some, the medication can lead to medical concerns, and can lead to further complications. In situations such as this, it can be challenging for providers to tease apart what is actually going on versus what could just be a side effect from medication.

Medical Issues

Medical Issues are any physical disability impeding a person's ability to function in day to day life. This can be something as simple as a broken bone to something more complex such as a neurological concern, loss of vision, etc. Based upon the experiences military members are placed in, they have a greater risk of dealing with medical issues. Jason experienced quite a few medical complications both during training and while deployed.

I fell over 25-30 feet while training for the special forces in the mountains.

I had an ammo can explode in front of my face and uhh...

Uhh no, and uhh that meant lots and lots of sand and other stuff being in my face and eyes uhh so uhh basically I had so much sand in my eyes I couldn't see anything. I still kept trying

to run in the exercise we were doing and I ended up running in to the medical Humvee and they then rushed me to the hospital and I uhh. Took about 10 people to hold me down to get the sand. They were squirting saline in my eyes and you can imagine a marine... But yeah, so I pretty much 3 days went by I had things on both my eyes, I couldn't see, they didn't know if I was going to be blind the rest of my life, so on the 3rd day. they I started being able to see a tiny bit out of one of my eyes, I was able to convince my instructor not to drop me that I was I'll get better, I'll get better. For roughly 30 days I still couldn't see anything out of my other eye...

I had a boulder that went through my left arm, I was bleeding all over the place and dying. So I umm didn't know it at the time but um I was basically, uhh I had broken my back again, I had torn everything in my right shoulder again, I had pretty much torn everything in my right wrist, and broken some stuff and umm messed up some stuff in my left leg and my lower back LP 4 and 5, T12 vertebrae completely inverted 180 and so uhh kinda like being paralyzed pretty much. And I also had a TBI at the time and they didn't know it and I so that is the beginning part of it.*

I broke almost every bone in my body. I broke ribs right at my spine, my left humerus, my neck, vertebrae in my spine, my ankle. I broke the same bone Christopher Reeves broke.

3 shoulder surgeries, broken back, 2 jaw surgeries, wrist surgery and a traumatic brain injury with memory loss, and I was in a wheelchair for 2 and a half years and some other stuff that I'll get to.

Graham also endorsed experiencing health concerns while deployed.

Well, during the time I was in Vietnam I ended up with malaria, so I was hospitalized for 3 months

These injuries, from more basic to life-threatening are taught about and trained to treat during basic and advanced training. While military personnel are taught about these types of injuries, it doesn't make it any easier when you are experiencing it for yourself, or witnessing it happen to someone else. These injuries are one reason veterans are returning home from deployments with PTSD. These injuries can cause lifelong changes, including amputations and disfigurement, complications from treatment or surgery and even connected conditions down the road.

In addition to injuries obtained while actually training and serving, one tends to forget about more discreet issues. For Jason, he learned the water on base, the water they drank, used

to cook and bathe with, was toxic and could lead to health problems. In his case, he would go on to develop renal failure and kidney stones requiring multiple surgeries.

And yup and I ended passing in 5 years, 352 kidney stones.

And I had 6 kidney surgeries, renal failure twice.

..notice I was peeing blood every day. It did not stop for over 3 years.

Well I was getting ready to have my 4th kidney surgery; I didn't realize it was going to lead to renal failure. But, umm so that pretty much happened and so then uhh you know I umm I began slightly getting a little better each day, but I eventually had my 6th kidney surgery by a world renowned kidney surgeon and he removed over 36 kidney stones out of my left and more than 17 out of my right.

While injuries in the military are prevalent, those who serve and have served are also likely to have experienced injuries before and after their time in service. If an injury prior to joining the service has caused any kind of lasting effect, it is a possibility it could either impede or prevent a person from joining the service or limit the type of positions they could be offered. For Jason, he discussed his injuries prior to joining the service and how another service member helped him cover them up so he would still be able to join and fulfill his life's dream.

..in regards to medical stuff that's wrong with me, not really the stuff I went through and I didn't have any problems then and basically yeah. In 7th grade I had broken my back and I had already torn everything in my right shoulder and had surgery once and I had already broken my wrist already twice, I had numerous other incidences where you know, I fought through it and you know in terms of it made me a stronger person.

In his case the previous torn muscles in his shoulder and broken back might have made him ineligible to join, but because he had help from a recruiter assuring the record would not be part of his records, he was allowed to join.

In addition to injuries while in the military, it is possible these veterans could have experienced an injury or diagnosis of a medical condition which could affect their day to day life, their ability to work, strain on the relationship, change in mood, thought process, life

outlook, etc. In Jason's case, he continued to struggle with health complications, injuries and accidents after the military as well. Jason describes a car accident he was in and the life altering changes he dealt with, fought through and overcame.

And after that after relearning how to walk in 2014 it was either right before I got Solomon its the same time I'm thinking July 14, 2017 a gentlemen, I was taking my 2 kids to (name of school) for preschool if you will, but it's more higher level education for kids, and so I was taking them to school uhh about 7:45 in the morning, and this guy decided to run a red light ran head first in to me, and uhh basically um it put me right back in a wheelchair and then it caused more head injury. And then I also developed 2 blood clots in my left leg because of that and then the blood clots they didn't catch right away, so the tendons in my feet I couldn't move my tendons and they actually went the opposite way and so it was really bad, and I just couldn't do it anymore. So they decided that they were going to send me to physical therapy in my leg and to be able to walk again and that's when Solomon started to come in to play and when I started that all of a sudden I thought I broke my back again I couldn't move, I could I felt like I was paralyzed from the waist down and they immediately paramedics stuck needles in my legs and toes, and uhh we don't know what's wrong with you so we're going to rush you to the hospital and well they rushed me to the hospital and basically long story short, they went to go release me because they couldn't figure out what was wrong with me, other than my back was still broken and it was fractured all the way through T12 that shouldn't be the reason, that would definitely be a reason why you'd be having problems, but you're a tough mother fucker so umm. Then you know keep going we'll just send you on your way, sure enough I go to get out of bed and my dad was there to help me and my whole entire left leg my femoral artery swelled up probably the size of a half dollar all the way down to my leg, the whole, from my femoral artery down my leg, it was about to burst, so it was veins wrapped around veins and uhh basically they immediately said don't move and uhh then I uhh was taken back inside the hospital for everything, and they decided so right after that happened I had my second renal failure. My first was in 2009, and my other renal failure was in 2014 after my 4th kidney surgery and so all that happened about the same time.

This injury changed his life completely, he not only had life threatening injuries, but also ended up in a wheelchair because of the accident, which in turn, put him on the path to receive his service dog. In addition, he describes one of many TBI incidents, including:

umm I have a TBI injury too from back when I was in (name of city), getting hurt by someone cutting me off the road.

These TBIs have affected his cognition, memory and at times his ability to interact socially. This has been tough on him as he is a social person and enjoys being able to connect with others. He notes his girlfriend helps him to stay on track and helps him to be mindful when he is talking too much or getting too off topic. Because of the TBI and other injuries endured either during or depending on the circumstances, after serving these veterans can go to the VA to receive services either free of charge, or a reduced charge.

I did 6 months of speech therapy, 6 months of (inaudible) therapy, 9 months of occupational therapy and 3 years of physical therapy.

Because of this therapy and the healthcare he receives from the VA, Jason was able to make a full recovery and get back to work in his business.

In other cases, veterans feel as though their concerns are not heard, and instead are either pushed off on another provider (referred to another clinic), given options which do not address their concerns, or are handed a prescription for a medication, which does not get at the root of the problem. Because of the aforementioned issues with medication and abuse of pain medication, the VA has begun to crack down on certain painkillers. They have a monitoring system and do not prescribe certain types of medications to assure they are not being abused.

So I said I can't take these anymore, cause they weren't for pain, but they were to help me with nerve pain I was experiencing, and I just said can't you give me some oxycodone or something like that and they said nahhh, can't do that, okay. So, it was only a couple of things I wasn't allergic to and one of them was morphine, and one of them was umm Vicodin. The only two things I'm not allergic to and they said we can't give you any of that either, so I said ok and anyhow. I've got a vascular disease of my left leg and um so I get a lot of pain in that leg, a lot.

Graham felt his concerns were not heard, he had tried out pain psychology, using biofeedback and other alternative forms of pain medication and did not have success. In addition, he has allergies to other pain killers they were willing to give him, but because of regulations he was not able to receive what would work for him. In his case, it is sad that others abuse of medication

has affected the ability for all veterans to obtain what could be a potentially life changing medication to be able to live without pain.

Due to newer regulations, the VA has worked drastically to create alternative programs to allow veterans to receive needed services, without relying on pain medication. In some locations, chiropractic and acupuncture services are offered in-house. In locations where this is not available, doctors can put in consults to providers in the community to allow the veteran to receive these services without paying out of pocket. Also, as mentioned above the VA has integrated psychologists into primary care clinics. These psychologists provide services, typically in a group format to help veterans increase mindfulness through meditation practices and biofeedback. Aquatic therapy has also been an option in some locations to allow veterans to work on increasing strength and mobility if the pain is joint or muscle related, which is provided through the physical therapy department. In addition, the VA is willing to provide TENs or Alpha Stim machines for veteran to take home to be able to have muscle stimulation capabilities at home when pain may be impeding their normal quality of life.

Physical Disability

In addition to the above-mentioned medical conditions, these veterans are experiencing or previously experienced a temporary or permanent physical disability. In most cases, they had to use a wheelchair for a period of time while participating in rehabilitation, though did not need this device permanently for mobility.

...being in a wheelchair and not being able to walk...

In Jason's case, he automatically assumed the worst, he was in a wheelchair and his life had changed forever, he would not be able to walk again, he would not be able to work or play with

his kids. While having to use a wheelchair is definitely a life-changing experience, for this veteran using a wheelchair challenged his identity both as a man and father, but even further as a soldier.

...you'll probably never walk again; you'll probably live out the rest of your life in a wheelchair.

For him, this identity not only made it harder to accept this news, it also drove him to prove the doctor wrong. He was told the second time he was in a wheelchair he had done so much damage he would not be able to walk again and would have to use a wheelchair for mobility. But he was able to use his strength and determination taught to him in basic and advanced training and the experiences he had previously had to push himself harder than anyone else could to go against the odds and prove the doctor wrong.

While some veterans fight to prove doctors wrong, because they do not believe their prognosis, others have had time to come to terms with their new normal. In the case of those who receive VA benefits, they receive a disability rating ranging from 0-100%, which attempts to quantify how disabling each diagnosis is. All of the veterans in this study should qualify for a disability rating for their PTSD if they decided to file a claim and reported how it impacted social and occupational functioning. Disability ratings can be stacked if a person has multiple injuries or things which impede their daily life. These disability ratings equate to a dollar amount they will be compensated for their injuries paid out on a monthly basis. For those who are unable to work, this check can be the difference between feeling safe and secure and being homeless.

I'm a 56-year-old lady, I'm disabled, that can't work anymore.

I'm 100% permanently and totally disabled by the VA and I have no future reviews.

For Jennifer, her disability leaves her unable to seek out employment, therefore she relies on her monthly check to be able to survive. In her case her claim will not be reviewed, instead she will continue to have 100% disability rating as long as she lives. In others cases, their case could potentially be reviewed as deemed necessary. When these reviews happen, their rating could be increased or decreased based on newer information. Veterans can request an increase if their symptoms worsen and they are negatively impacted by them.

In other cases, the disabilities are more life-long, such as the veteran described above. These could include autoimmune disorders where the prognosis is unknown, or waxes and wanes. It could be an amputation with prosthesis, it could be a bad limb (arm or leg) that impedes mobility or ability to complete fine motor tasks, loss of vision or sight where the veteran has to use some kind of device and/or going through specialized training to manage day to day live. And, in more extreme cases it could be a combination of any of the above and others.

...with my disability and my bad leg with walking...

In Graham's case, he has difficulty walking, this limits his day to day activities and impedes his ability to engage in vocational tasks, because of this, he has decided to engage in volunteering activities to regain a sense of purpose.

Treatment

Traditional Mental Health

Traditional mental health treatment is anything deemed "normal therapy" (individual therapy, group therapy, telehealth, etc.) with empirically validated treatment modalities (cognitive behavioral therapy, dialectical behavioral therapy, prolonged exposure, etc.). The veterans involved in the study could have received treatment in any type of setting or format, in or out of the military, including currently while using their service dog in day to day life. Those

involved in the study received various forms of treatment and were able to discuss what did and did not work for them. Treatment is a key part of improving symptoms in those with PTSD. Evidence based treatments such as prolonged exposure and cognitive processing therapy are available in all VA medical centers. Every service member who endorses experiencing an unwanted or uninvited sexual advance while in the service is able to receive mental health services for this experience, even if they do not qualify for medical care. This initiative shows the evidence for receiving services for these traumatic experiences, as well as the training going in to certifying mental health clinicians in each facility to be able to provide these forms of treatment to our service members. Graham discussing seeking out treatment after his wife recommended it and he realized the extent of his symptomology.

My wife told me that you know you probably should get some help. And I kept saying I don't need any help I'm fine and then after a while I got in to too many skirmishes with people, and I thought maybe I should so I went to the VA and went through every possible program that was available to me, to no avail.

One problem with traditional mental health services in the veteran population is lack of follow-through. This could be due to a variety of issues: forgetting an appointment, being unable to get an appointment, irregular appointments, thinking things are good, not meshing with the provider, feeling ill prepared or unwilling to process the traumas, etc. Such was the case with Graham:

Well no, I'm just saying I went through, I bet I went through about a dozen different programs at the VA that they offer. I went to marriage counseling at the VA, and umm there was always something wrong, either my wife and I would think my god this person is off base, doesn't understand what we're talking about so we would we would quit going and that was it, and we'd try another different counselor and umm, and so that's kind of the jist of it. This went on for years and years, not just program here or program there.

Various organizations exist to help veterans who may not want to receive services through the VA for whatever reason: may not be close enough to a community based outreach clinic

(CBOC), do not like going in the hospital, or are unable to meet the hours of services offered at the VA due to work or other commitments. These organizations, depending on the location, can work hand in hand with the VA to assure care is coordinated between facilities.

...ended up right back in the hospital and umm then I've done, I was in the Stress disorder treatment unit in (city name) three times, last time in Oct of 2013, and umm I've since, since I've worked with the Vet Center with one of their therapists, I'm right now working with a psychologist at the (city name) VA, doing CPT with PE. -Teresa

At this time, I have a doctor at the VA in mental health that I see, umm but I I have been doing more of my time at the Vet Center, because I can go to the Vet center and I see (therapists name) for services every week. -Jennifer

...most was working with the (name of organization) program, umm you know I went to what about a little over a year ago to deal with my combat, and and umm then a third time I worked with the anniversary dates. -Teresa

In addition to working with organizations outside of the VA setting who pair with the VA, in some instances these veterans are able to seek out services in civilian facilities and be covered as if they were seeing someone within the VA system. While this process can be labor intensive and requires special permission, it can help those who do not feel as though they deserve the services or feel uncomfortable going in the VA receive the services they need, such as in Teresa's case.

A little bit of that when I was going to uhh another hospital in (state). It was an outside hospital, but it wasn't, my psychologist got me in there. They have a doc that was really good, so that was actually a psych hospital, but I was in there for couple of months.

In addition to receiving traditional psychotherapy, medication management can be a key component to helping these veterans work through their PTSD symptoms. While medication is not the cure all to the veteran's problems, sometimes the medications can take the edge off or help them focus or sleep to be able to work more effectively while in treatment.

They sent me to a psych hospital called (name of hospital), that's where I met Dr. (name), my psychiatrist. I am so lucky to have met him. I have his cell phone number. If I have an appointment and I don't show up, or I'm late and I don't call, he will call the police and

have them do a well-check. I can call him whenever and say this is what's going on. My husband can get on the phone with him. I usually see him once a month, but sometimes it's every week, every 3 days. I have a good relationship with him; with the flexibility where we work out new plans for medication, switch things up. I have this book that I keep next to my medicine where Dr. (name) has said, if this is going on go up to this and this is what it will look like or go down and this is what it will look like. -Rebecca

I'm surprised at my age, I'm 71 years old and had I known about this program when I had the opportunity, I would have probably been able to eliminate a lot of issues I've had over the years. Um, fortunately for me I chose to go into a field that um you couldn't have had a felonies or serious gross misdemeanors cause the state would not accept me with that. Luckily for me, I went in the right direction for profession, but I still had a lot of anger, internal issues because I would look at my grandkids who are 12, 10 and 6 right now and realize that I went through villages and shot and killed kids that age and never. I won't say I never gave a second thought to it, but it was my job. And now I look at them, I can almost, I weep of sadness at what's happened to what I did, but now I got a psychiatrist at the VA to say (name) you did the right thing. I got, I had to admit that, I did the right thing at the time, cause I was told to do that. -Graham

Integrative treatment teams are working together to assure veterans mental health needs are being met within the context of comorbid diagnoses, whether these are mental health or medical related. They can advocate for the holistic care of the veteran and are able to discuss with the team how the person's mental health could be affecting their medical health. In addition, it is the responsibility of the psychologists, social workers, nurses and primary care providers to regularly screen for PTSD as well as military sexual trauma to assure veterans are being offered and connected to all possible resources which could be beneficial for them.

Alternative Forms of Treatment

Alternative forms of treatment are anything not empirically validated to be used to treat PTSD. Typically, if a treatment is not empirically validated, it is not funded as a treatment option at the VA. In some cases, a veteran can petition to have services covered out in the community. This includes the use of psychiatric service dogs for PTSD, because their use is not empirically validated, they are not currently offered by the VA. As mentioned previously, this is

currently being studied in a longitudinal study funded by the government; based upon the results of this study it could lead to empirical evidence showing the use of psychiatric service dogs are an effective PTSD treatment.

Some veterans, such as Rebecca are open to more extreme forms of alternative treatment, such as the use of transcranial magnetic stimulation (TMS) which uses magnetic fields to stimulate pulses in the brain which can help with depression. Because of the extreme nature and more intense side-effects it is typically not a first run treatment, but instead used when other treatments have been unsuccessful.

I tried TMS as soon as it came to the area about 4-5 year later. It was good, but wasn't as effective as the shock therapy, but it wasn't restarting my brain, it was just rebooting it.

Electroshock therapy, TMS, ... ummm, what's the other one? My husband will come up with it any time now. I've tried pretty much everything there is out there to try. Electroshock therapy was super helpful, it helped to re-start my brain, I went from taking medicine to not taking any medicine.

The use of psychiatric service dogs, while less invasive and extreme compared to TMS, is considered to be an alternative form of treatment due to the lack of empirical evidence. While it is best to utilize a psychiatric service dog in conjunction with some other form of mental health treatment, in some cases, a veteran could be over trying new treatments and endorse symptom reduction with just the use of their dog, such as in Louis' case.

Yeah, I, you know, I have complex PTSD so a lot of the techniques that are out there are for people who you know you get to them early on with trauma, you know and it's relatively effective and you know short term work with benzos, mindfulness therapy, those are good in early stages, but you got complex PTSD and its gone on as long as I have there's not really. I mean I can do things to mediate things, but Garrison is probably the best (inaudible) I have.

In addition to psychiatric service dogs, horses and a variety of other animals have been used in therapy to provide similar results. In the same vein as using the dogs, the veterans are able to

brush the horses, take care of the horses and ride the horses to help decrease anxiety, improve mood, and build a bond.

Veterans, such as Evelyn endorsed trying a variety of types of coping strategies, more sedentary to more active. This including taking various workout classes, being active, going on walks, etc.

...aquatic therapy, hiking therapy. I tried anything and everything available to me.

More sedentary forms of treatment could include things such as meditation, mindfulness, music therapy, art therapy, etc. Louis describes his previous experiences with traditional and alternative forms of treatment.

About everything, uhh meditation, uh medicine, um everything from uh you name it. You name it, I've tried it. Because I was a medical professional, so I tried virtually everything, brain waves you know, biofeedback, uh benzodiazepines, different alpha neurotic blood pressure medicines, uhh yeah, you name it.

While most alternative coping strategies are thought of as being “healthy,” they do not necessarily have to be that way, instead it can be anything used or taken to mediate some kind of symptom. In some cases, veterans, such as Graham, have a history of engaging in risky, unhealthy coping behaviors, such as drug use, reckless, or even dangerous behaviors to get an adrenaline rush, to numb the pain, or just because they do not care what might happen to them.

And during this time umm I was you know, keep in mind after Vietnam I continued using drugs. Marijuana primarily was the drug of choice and so um, because you know that was readily available.

For the veterans interviewed, it appeared as though obtaining a psychiatric service dog was a last resort, all had tried at least one other form of treatment alternative, traditional or both and were unsure of where to go next. All mentioned the dogs being a saving grace and providing something they just could not achieve from any other form of treatment or coping.

Benefits of Having a Dog

Tasks the Dog Can Perform

For the veterans involved in the present study and those who are seeking service dogs, the requirement is for the service dog to provide some kind of aid to their handler they cannot provide for themselves. This could be something as simple as blocking, where the dog will sit or stand either in front of or behind the veteran. This little gesture can help the veteran feel safer by keeping people at a safe distance, or by alerting the veteran someone is approaching from behind.

What a block is say she is walking in front of me and someone is coming straight towards me and I don't like that they're coming, I can put my hand in front of me like where my right knee is and I say block, and she'll take and turn around and hit with her nose my hand and then stand right there so that person is blocked by her. She's keeping them out of my space, you see what I'm saying. -Jennifer

I don't like going in the house with the lights off after it's dark, Frank will go in and turn lights on. He's able to alert me when someone is coming by uh or when I should avoid a certain area. We were in Costco recently and he started nudging me. He speaks to me with nudges and blocking, and I speak to him in sign language and code words. No one knows what is going on. We were in an aisle and he started nudging me, there was a person I've known for a long time, they're a family member and they're not a good person. He will alert me to people I may not notice, it could even be people I do not know. There have been times where I will have an "attack" he will get me out of there, where I can go outside and recollect myself and go to the greeter and let them know I left my stuff inside. -Rebecca

She's, she's you know umm she lets me know if there's anybody coming, if you know somebody. If I'm standing and I'm talking with somebody, this happened at a class reunion. And I'm standing and Susie was at my left side and somebody came up, and Susie shifted a little bit to kind of where her head was between the 2 of us, and then somebody up came up beside them, so there were 2 people in front of me, and Susie moved herself forward more to where it was her shoulders and head between us and then somebody else came up there were 3 people in front of me and Susie moved herself all the way up so that where she was totally standing in front of me, and they looked at me and said why is she doing that? I said she's blocking, she's making sure that you're giving me my space, and then if somebody is coming from behind me she'll react and kind of give a tug on the leash so I know that somebody is coming up behind me. -Teresa

For these veterans, the simple act of being in a public place, such as navigating a grocery aisle, can be very intimidating, sometimes to the point the veteran will avoid it all together, or go late at night to assure there is less of a crowd. Teresa explained how she uses her dog to help her get through crowds:

I say Susie, Susie get me through, and she'll pull me through the crowd, all I got do is hold on. So it's kind of like my own little battering ram. She just makes room for me to get through.

The tasks can be more complex, such as to remind the veteran to take their medication, seek out help if the veteran is in distress, or even wake their handler up from a nightmare they may be experiencing.

Madeline (previous dog name) would umm alert that the alarm was going off so I would know depending on what time it was if I was going to do meditation during the day or if it was time to take medication. -Jennifer

...they trained her up for you know to alert to my alarms, she wakes me up from nightmares, she helps me get through crowds. -Teresa

...uhh so then uhh Solomon I ended up passing out and he ended up going to get help. Cause if I ever snap my fingers he will go find someone to help me and bring them back to where I was, so he did that and ohh also, during my house fire I would be dead along with my 3 kids, ... but uhh but Solomon actually saved us, we were all suffocating from carbon monoxide poison, 6 hours of it, Solomon he actually umm he, he went downstairs set off my motion sensors, so all the sensors are going off, all the smoke alarms are going off, the ADT alarms are going off, nothing is waking me up. Finally Solomon jumps on top of me and starts head butting me. So Solomon ended up saving me and my 3 kids from the house fire and... -Jason

Madeline has woken me up from a dream, she puts her head down on my chest not wicked hard, but hard enough to wake you up. She also, one time put (trainers name) she kept nudging her leg and nudging her leg and she was like leave me alone you know then all of a sudden she has her dog she was like woahhh so Madeline was trying to tell her, hey this is gonna happen, so she can feed off of things really good. She really can... -Jennifer

He turns the lights on, he can call people for me. I have it set up so he can call the police, fire department, my aunt. There's a recording when someone answers that will say Hi, my name is Frank I am a K-9 service dog, please send help to, wherever I am. -Rebecca

Yeah, I use oxygen at night, so if I stop breathing, he will wake me up. He wakes me up from nightmares, he knows when something is off. I will go through, did I take this one, yes, and this one. I must be missing something. He knows when something is off. -Rebecca

I have trouble sleeping she'll come up and lay with me, and I just kind of work on my breathing to breathe with her, and then once I fall asleep, she goes over and she'll get down and go over in her own bed. And then I have a nightmare she'll wake me up and umm stay with me until I calm down and then she'll go back over to her own bed once I fall asleep. -Teresa

In addition to the basic mental health type needs discussed above, the dogs can help in a more practical sense. This could be to assist with a medical concern, taking medications, or mobility.

In Garrison's case I have, I also have a lot of arthritis needs, Garrison can open doors, he can turn on lights, he can and Garrison can be he's not been on a leash in 6 years because it's really painful to hold a leash, and I have shoulder issues too, so even a shoulder leash is a problem, which means he's always off leash, which can mean he can block for me, he can brace, he can do all these things when he's off. -Louis

Uhhh, well when we first met, this one morning something was just weird. I wasn't sure if I was weird or what. I keep my pills by my coffee maker, cause that makes sense to me, make your coffee, take your pills. Well I noticed Srash was acting weird, she was sitting in front of the coffee maker staring at the counter. There was no context, I wasn't sure what she was doing. I forgot to take my pills. -Evelyn

When I broke my leg she ended up picking up a pen, I was trying to do bills I had a broken leg I couldn't bear weight on it, and I had it on top of 2 pillows up high and I had just taught her to pick up things and I wondered if I called Madeline over if she would pick it up, I pointed to the pen and she picks it up and I turned my hand over and she gives it me. -Jennifer

(dog trainer) knew she could pick up things already and knew about my back injury so she thought it was a good fit for me, and I'm not a tall person, so Madeline even though she's low to the ground I can sit down and she can hand me things that she picks up, so I don't have to bend. -Jennifer

Madeline can pick up- things for me, which I taught her to do. -Jennifer

I've taught to pick up everything, they're now teaching other dogs to pick up leashes, and it's harder for some dogs than others. -Jennifer

But basically, everything from pulling me in a wheelchair to, at dinner time he has a hard time listening, but he uhh basically he would help get me up help get me down. We even made up a few special commands that are specific to me and him and the military code names that he would understand and umm, for instance if he was next to me and whether I

was in a wheelchair or standing and I would say Solomon wingman, uhh if I said Solomon wingman, he would go behind me and you know with his body, forcefully with his body he would shove someone who was too close to me. -Jason

In some cases, these veterans have been able to regain their independence. More than being able to go out in public but being able to move around their own home. Not having to worry about how to pick up something that fell on the ground because they do not have the range of motion to pick it up. Not having to worry about forgetting to take their medication and what kinds of consequences may come. In addition to these benefits, just the simple act of companionship can be just as beneficial. They do not have to worry about preconceived notions, judgements, not understanding, or feeling left out. The dogs love their handlers unconditionally and their presence can help brighten their handler's day.

If I had a bad day at work or something happened, she knew how to comfort me and help me to calm down. -Rebecca

Uh, that she's the, companionship, she is um she's just there for you all the time if there's nothing yeah, there's never a moment where, for example when I'm feeling down she comes over and nudges me and she can sense that I'm not having a good day and she you know she just brings me out of whatever I'm feeling and makes me feel better. -Graham

Oh my god he's Garrison Is the uh Garrison is probably the most compassionate, intelligent creature that ever that most people have ever met, so he's uh you know, he kind of gets it on a level, he has a massive vocabulary. He uhh, probably knows 200 people by name and on sight, which is extraordinary for a dog, you know he has an incredible memory up to a year up to a year he can remember where things were put, you know if he hasn't seen it in a year and you know dogs just don't do that. He's just different Garrison is definitely different. We just got back from lunch and I took a friend and we went to 3 or 4 different places, stores and things like that and some people that haven't seen him in a while, and literally everyone in every place we go to comes up to him and he's made quite an impression on thousands of people. -Louis

Decreased PTSD Symptoms

The major draw for the veteran's in the current study to obtain a service dog was to decrease PTSD symptoms. This could have occurred after reaching rock bottom, having suicidal

thoughts, having tried traditional treatment, having tried medication management, isolating themselves, being unable to hold down a job, alienating themselves from friends or family. In some cases, it was on the recommendation of a friend or family member, for others it was fate, for some it was the last hope.

For Louis and Teresa, they are well versed in what PTSD symptoms look like, and how their dog mediates these symptoms for them.

So, uhh yeah, yeah, I couldn't have done that 5 years ago, umm but uhh yeah, I can now, it's in there. So, yeah you know I have all the classic symptoms, don't like to be in crowds, don't like to, loud noises are especially, we can't go to IMAX, it's uhh that's ridiculous, you know I'll have to leave. The good news is we've been going to same movie theater for 6 years, so if I'm sitting in the hall we know all the movie staff, they all ignore Garrison and we know what movies are on, and go a little loud, and they go do you need anything, and they'll bring me a water, they'll bring Garrison a water and they don't pass any judgement. And we're there all the time, we did 192 movies last year. -Louis

It's gotten better, it's gotten better. I'm not as vigilant, I'm not as hypervigilant as I was umm unless I'm by myself, which but when I'm with her, I don't always have to watch my back. -Teresa

Yeah, I would if their PTSD is really bad, and their anxiety is bad and they're hypervigilant, a service dog is overwhelmingly good. I mean I, I there's times that I if it weren't for her, I don't know if I would be here right now. -Teresa

They also identified how their dog's presence makes daily life more enjoyable.

I can be on the verge of a panic attack but having Garrison will make it a little easier to get out there and kind of blow through it. -Louis

Everything has you know, everything is less you know, um less troublesome than it was, you know, the symptoms are on a scale of 1-10 and they were a 10 and now they can be anywhere from a 3 to a 6 you know, but it's you know... -Louis

So being you know having a service dog has helped me to be a little bit, you know go pretty much during decent times, I still go in the evening, I just don't go you know 2 o'clock in the morning anymore, I'm able to go between 6 and 8 later in the evening. -Teresa

.. umm my legs used to just bounce constantly but when she's with me, it's more calm, more serene. Umm it decreases my anxiety, umm my depression is not as bad, umm it's because I'm not, you know, isolating. -Teresa

For Jennifer, Evelyn and Rebecca, the dog did not completely take away the symptom, but instead made them more manageable, or helped in a different way (decreased medication, increased motivation, etc.).

Well, before I obtained either one of them, I could just stay in bed all day, you know, I could get up, but nothing would get accomplished all day, I could do that for days without taking a shower. Umm, you know and I'm a person who takes a shower every day and I was waiting 3 or 4 days and I would say I should probably take one by now and just be starting to do anything. -Jennifer

They've gotten better. I'm not sleeping better, but I'm comfortable in my own home, and in my skin. -Evelyn

But overall, they are helpful, I went from 15 medications to 2. -Evelyn

I went from taking medicine to not taking any medicine. -Rebecca

The presence of the dog decreased symptoms in a way where they felt more comfortable going about their day to day life, interacting socially, grocery shopping, and just being in public, which may have previously been a challenge.

They've become more manageable, I'm able to go out to stores, I can leave the house, I feel closer with my family. -Rebecca

My wife tells me, and I feel that I don't have... I've kind of lost the anger issues to the point where um, um they subsided. -Graham

Well my PTSD involved that I was, I always felt people had an ulterior motive, they were always trying to get me or something they were always against me, and um I had a little bit of that still, but not so much I wasn't really, I don't feel that the world is unsafe and so I don't have a cause against that. I just always, before Franny came around was kind of a nutcase where I felt like oh everything has some reason against me for something and um... -Graham

Umm, well with having Madeline, umm I don't really have time to think about my mental health problems because umm she is such a, umm she minimized my mental health problems ...when she came to me, she just changed my life. I wasn't having to do the lorazepam like before. I was so focused on things and before I wasn't focused. So, it made a big difference

when I got to have her in only 4 months after you know losing (first service dogs name).
-Jennifer

I mean we're able to pretty much do whatever we need to do, I try to make the best of it, but yeah Solomon calms them, actually instead of taking panic attack medicine like lorazepam uh they you know, Solomon will help me to breath and not like help me, but be there to comfort me. -Jason

And for Graham, Rebecca, and Teresa, symptoms have improved since obtaining the dog, whether this is because of the presence of the dog, or merely coincidental timing.

I did have nightmares for a long time, but they finally subsided. -Graham

Even talking on the phone, like to you right now he's sitting next to me, 2 years I wouldn't have been able to do that. -Rebecca

Umm I don't my nightmares are not, I'm not having as many because I've been dealing with those with treatment, ummm so they're not as bad as what they were, and plus the Ambien level I'm on I usually sleep through the night once I fall asleep. Soo umm the Ambien pretty much knocks me out so if I'm having nightmares, I'll know it because she'll wake me up, but then I'll fall right you know I'll fall right back to sleep pretty much. -Teresa

Overall, the consensus appeared to be having the dog around drastically decreased the veteran's PTSD symptoms, which in turn improved their lives. A few of these veterans went from rock bottom, contemplating suicide, to educating the public, advocating for other veterans, working, supporting their families, engaging socially, having a thriving romantic relationship.

Positive Bond with the Dog

The biggest piece to whether having a service dog is going to be beneficial or not is whether there is some kind of connection. In some ways, the veteran is relying on the dog to have their back and provide them a comfort or support that nothing else has been able to. In addition, the dog has to feel comfortable with the handler and rely on the handler keeping up their end of the bargain (taking for walks, feeding, seeking veterinary care as needed, etc.). For Teresa and Graham and others in the study, it was not always easy, but when they found the right dog they just knew.

I got out of the hospital and they invited me over for a weekend, and I spent the weekend and Susie was there and they said what do you think about Susie, and I said I love her. -Teresa

Yeah, so it was really, it was a real cheerful for me anyhow greet, it was that type of a meeting. And so, she's been at my side ever since, she has needs, and I have needs. I always put her needs before mine, but then I can, I lay down with her at night and she'll lay down right next to me and I'll rub her and she'll fall asleep and I'll kind of doze off. But this bond you have with your dog, it's just indescribable, she went through 8 other people before she came to me. -Graham

I sat down with her and she put her head right on my thigh and looked at me, looked up at me with those big brown eyes and I knew that was a match. Yep, her tail was wagging, I was just so happy and then from then on she came on, she came to Saturday meetings, I got to know the host family really well and then umm I got hospitalized after that and umm, so I couldn't pick her up when the time came and, and then the host family was leaving on a honeymoon 2 days after I made the arrangement and got released, and had to take a whole week off to rest up, and then the rest is history. She came here to the house, and the first night was kind of odd for her because she didn't know where she was and then umm, but the second night, from then on it was and now we're almost like 5 months in to her living here and she she's just very comfortable. -Graham

The dogs become “a part” of their handler, they become a service dog team, but more than that, some veterans equate their dog to be their “battle buddy.” This term, while typically used in reference to another person, more specifically someone else serving alongside you with whom you have an agreement to have each other’s back can also be used to describe the bond between dog and handler. This term is common in military culture, whether in a war zone or not, you will hear veterans refer to a fellow service member as a battle buddy. It is typically someone who the veteran became close with during their time in the service and could put their life in this other person’s hands without a second thought and vice versa. These are bonds that typically become lifelong. Teresa and Evelyn describe their dogs using the same language, feeling the same comfort and safety they felt from their time in the service.

.. so, she has become my battle buddy. -Teresa

I got divorced, I bought a house, I trained a service dog. I transitioned in to a new role at work. She's been there for me through the highs and lows. While the lows have been low,

they haven't been suicidal ideation low. She's been there with me through everything and I couldn't just leave her, she needs me to take care of her. -Evelyn

Just they know she's part of me... -Teresa

Jennifer and Graham described their day to day life with the dog, including the dog accompanying them in their everyday tasks.

But, she's she's very loving, she loves to give love and get love, she could get it all day. She's great that way, I take her to bingo at the VA, and I take the vest off when she goes up there and that's when she can get the guys to pet her and stuff and it makes them very happy, so at times like that I've done it like that. -Jennifer

Yeah, and then like right now she's laying at my feet and she's sleeping, but she has to lay on part of my body like my foot or my shoe because she wants to know if I move, then she wants to be, she'll jump up and she knows that umm I'm moving so she wants to be, and she will follow me everywhere I go in this house and she wants, that's how much of a bond we have. -Graham

The little ways the dogs show their love was one of the things the veterans mentioned as being worth all the extra work they had to do for their dogs (feeding, walking, bathing, vet appointments, etc.), Graham discussed this special moment with his dog:

But when we were down in Florida, we were on a trip and (wife's name) and I decided we were gonna go to bed, we jumped in bed and of course Franny, we don't have a travelling bed, a bed we travel with for her. Um, she jumped up on the bed, it's a king sized bed and Franny was laying there and all of a sudden, she came up and put her head right on (wife's name) neck and laid there for (wife's name) couldn't believe it she was like oh my gosh! Is this some sense of the dog is accepting me now as you know, I mean. She laid like that on (wife's name) for most of the night she said and didn't move until (wife's name) turned over and Franny laid right on her back side then, but it was like something that Franny decided to do. I mean you know; it was like yeah and then umm the only other thing I can remember that she did for me was. I hadn't seen her for a month cause that's when I was recuperating and stuff, and as soon as um she came in for the, me to take her home she did this little crying thing and she just twirled and twirled and twirled around in a circle, but she kept hitting my legs and she just was all so excited to see me. It was pretty, it was pretty emotional, I was like oh my gosh, you know, so.

In other cases, Jennifer and Teresa note feeling as though their dogs have made them a better person. This could be by giving them a reason or motivation to advocate, helping them to

decrease mental health symptoms to be able to go out and help others, be more present for family, be socially active, etc.

She helps me when I'm there if I feel anxious, I can pet her, you know she's right there. She's there for me. You know, but yeah, she does a lot for me. She's a good girl. -Jennifer

..she's key, like I said I don't know if I'd be here today if it weren't for her. -Teresa

Yeah, she's she's that thread that holds me together. -Teresa

It was very powerful to hear about not only the bond between handler and dog, but the impact the dogs have had on their handlers. As Teresa and Jennifer mentioned, they were at rock bottom. Graham did not learn of the use of psychiatric service dogs until more recently, noting he was close to giving up. He completed recommendations by clinicians and doctors, he tried new therapies, he took medications prescribed, he relied on his family, but his “demons” or PTSD symptoms just would not go away. Hearing him talk about the bond with his dog from day 1 was inspiring and gave hope for other veterans who are going through something very similar.

Educating the Public

For the veterans in the present study, it was important to help create change for future veterans coming after them. This could be by participating in studies to show the potential benefits of utilizing a psychiatric service dog, by telling their story, or putting themselves out there and getting involved. It is taught within the military culture you never leave a man/woman behind; it was evident by talking to these veterans they take this statement to heart. For some veterans, they have chosen to devote their future to helping others, in some cases, they are helping others, but not in the typical way.

Because of current media portrayal and those who are taking advantage of the wording of service dog laws, it has become very easy for the public to obtain paperwork and vests to make

their dog a service dog. While this might appear harmless, it has led to access issues for legitimate teams. In addition, trained, well-behaved, necessary service dogs have been attacked while trying to work, by non-trained pets whose owners are trying to pass them off as service dogs. Because of this, legitimate teams have begun to receive more push back from businesses trying to deny access, being asked to leave, and questioning their legitimacy, such as Rebecca and Frank.

I turn it in to an educational thing. Same with going out in stores. I had someone tell me I had to leave a store, I kept asking them why and they wouldn't say. I asked if it was the dog, was it me, was it both of us. They finally said you can't have a dog in here, I said he is a service dog and here is my ID. I love showing that, we worked hard for that! I told them under ADA they couldn't ask me this or do this, they followed me around the store and made comments on his behavior.

As an aside, these legitimate teams are facing social issues as well, they are being approached by the public and being asked questions about the dog's use, in addition receiving backlash and irritation from others when informed they are not allowed to pet their service dog. In Jennifer's case:

...for instance, you should she's working you cannot pet her, I'm taking some more classes soon, people always want to pet her. They don't ask, trust me. You know, so I deal with that, people trip over her with her under the chair, thinking she's scared because she's under there and I have to explain she's fine, you know. People just want to talk to you and find out everything about her. And the one thing is umm when they ask you what your disability is, you don't have to say what exactly it is.

Teresa and some others interviewed discussed how, after time they have felt a calling to stand up and help others.

Yeah and you know, every once in a while, I'll pull my paperwork out and show them and say they should be carrying this on them. Technically you can't request it, but if the dog is out of hand, the dog starts barking or goes at somebody lunges at somebody, anything like that I said you can request to see their paperwork. They should be carrying it on them.

In addition to educating people in stores, some veterans have taken it a step further and have begun educating groups of people through formal education classrooms and going into businesses and educating on laws. Louis discussed his hope for future handler teams to be able to interact with society without having to worry about having the police called on them, and having cops being uneducated about laws.

Oh god, there really is no typical day because we're so busy, we do uhh you know we probably end up in about 8 or 9 places you know in public you know so we'll go get the mail, stop by and get something to eat, go shopping, we might teach a class somewhere. We travel a lot, we probably travel half of the year and during that time we camp out probably 35-40% of the time, so you know we're in, we're in parks and that kind of thing, but we'll go in to the city and we'll give presentations to community groups or school or colleges or vet school. We've probably spoken to probably 100 colleges, vet schools, med schools that kind of thing. Ours is not normal, to give out what we do. So yeah, we might be in the car 7 hours to do stuff for homeless vets, so you know so the only usual thing is we're always together and uhh, we're in the car a lot. Lots of...

In addition to educating the public through formal education classes and taking the time to work with businesses and police agencies, Louis takes the time to answer letters and emails he receives from others in the community (veteran or civilian). He takes it upon himself to help educate others on what it means to have a service dog and the qualifications to get one, and what alternative options are based upon their answers.

So, you know I, when people ask me about them, I sit down and talk with them about the dogs. I had a guy write me yesterday, how do I get a service dog? If it's ok and you'll tell me these things, tell me what your issue is, tell me what disability you want the dog to mediate, and then list a whole bunch of questions and generally they'll come back with I really need a companion and I've got... I've got slight mobility problems, but I'd like a little dog. So, you're not using the dog for mobility, you're using that dog for companionship. That means you're taking that dog everywhere and, and what's the dog, what will the dog do to mediate? I said what you do, you do a disservice to guys who need that dog to mediate, and I said so that's a great concern to me. So, no I don't always recommend it, it depends on the symptoms and if the dog can mediate the symptoms, and in some cases it can't. What are you going to train it to do, what can't you do for yourself that it can do for you?

In Garrison's case he does what I can't do for myself, but for another guy, it would make me feel better to have a dog. Well that's not a good reason, I'd recommend you have a dog, keep

him at home take him out as much as you can, find places that will let you take him in, like Lowes or Petsmart or whatever, but...

It was amazing to hear these veterans discuss their openness and willingness to take time out of their day to potentially help future veterans. This is a newer treatment modality, thus explaining the public's lack of information on what is and is not acceptable when approaching a team. But it is not expected that veterans be willing or able to answer the questions presented. While the veterans in this study were more able to educate the public, it is not to be expected that all veterans are in the same place. It is because of this that research such as the current study hopes to help make the public more informed and aware of the intricacies of the use of psychiatric service dogs and how to approach handlers.

Increased Freedom

For most, if not all the veterans in the present study, the transition from military back to civilian was not the smoothest. For one, they all had experienced trauma while in the service and returned home to later be diagnosed with a PTSD. For others, they also experienced comorbid medical or mental health issues. They felt as though no one understood them, and some did not even feel safe in their own home. While society is aware of PTSD, for these veteran's families it became a real culture shock. They were unable to work, felt scared to leave their homes, had to sleep with the lights on, go to the grocery store in the middle of the night, and just felt on guard all the time. For some, this ruined marriages, for others careers were ended. The return home created additional stress on top of the already experienced traumas.

For those in the present study, the presence of their dog allowed them to re-establish their independence in a variety of ways: starting new relationships, beginning a new career, traveling, etc. For Jason, this meant starting his own business, for Louis it meant regaining his ability to speak in public.

...so, then me and Solomon we went to work and uhh, so I actually started my own security company along with helping other local security companies. And uhh they always let me take Solomon with me pretty much. Solomon and I tracked down the guy that was robbing all the local Walgreens here in (name of state).

Well, physically my you know my resting, I had been an athlete for years, and my resting heart rate had gone to 120 beats per minute and when I got Garrison it had gone back down to normal and hasn't returned to anything bad, uhh you know, life has completely changed. I can you know I was a public speaker, uhh you know I did national conferences back in the day and had to not do those anymore, and now I'm public again and I can give talks and I can uhh I can teach again you know and uhh its just it's just good Garrison has taught me how to be you know a caring human being again.

For these two veterans, they regained their independence in their ability to work. This was something very important for most of the veterans, and their dog could facilitate their ability to engage in their desired vocation. While it was not always a necessity for the veterans to work due to retirement pay, service connected disability payments, and/or social security payments, etc. having the ability to work and provide for themselves and their families helped to ease the transition and make them feel like a “normal” person in society.

For other veterans, increased freedom gave them the ability to go out in public to run errands at a normal time of day, and live life the way they choose to versus what their PTSD symptoms were allowing them to do. The veterans interviewed discussed either avoiding public places completely (ordering groceries online for delivery or pick-up), running in grabbing one item and running back out, or shopping later at night to avoid crowds. This severely limited their ability to live their lives as they chose. They noted being in frightening situations in public places and having to leave their groceries and walk out of the store. Rebecca and Evelyn note their dogs have allowed them to shop when they want to, even if it might be more time consuming to bring the dog along.

I've gotten my life back. I'm able to go to the grocery store. -Rebecca

Being able to live my life. Before I wouldn't leave the house. I couldn't go to Walmart or Costco; uh I would go in for one thing. Now I can go to Costco, Walmart and Target all in the same trip. -Rebecca

Well, there are certain times I could get in and out of a grocery store or store a lot quicker without Sarah, but at the same time, I don't want to go in the store without her. It's a double edge sword. There are also still times when I just want to be alone. -Evelyn

For the veterans in the current study, travel was another big stressor. Some did not feel comfortable traveling, whether in general, or whether it be by plane and having to deal with going through the airport. Others did not even feel comfortable leaving their home, so travel was definitely out. Most noted after receiving their dog they regained this piece of their identity. As mentioned in previous sections, there were some access issues. The veterans noted having to jump through a couple more hoops, providing paperwork, calling doctors, etc. to prove the legitimacy of their dog.

Oh, we've traveled down to Texas by plane. -Teresa

Yep, she does, she's very good, so I've flown 3 times with her already. She went to Florida with my parents, and one time to VFW conference for veterans of foreign wars in New Orleans. So she's flown 3 times, she does great, they're very nice with me, with getting her you know by the time I get to the seat that there's not a seat in the front, she lays on the ground at my feet and just lays right there. -Jennifer

In addition to being able to travel and run errands as desired, the dogs gave the veteran's their lives back, they helped them to recognize what they were missing out on and gave them back a piece of themselves they had lost. It could be something as simple as going to a grandchild or child's sports game or seeing the sunrise without the fear something bad would happen.

And Franny has helped immensely with that, just, we used to spend time with her and uh we take her places, um I had 3 grandchildren who are involved in baseball, football, basketball, dance. 1 of them is a little girl who is 6 and she dances, so because Franny is a service dog I can take her to all these events and participate in them and still focus on her, but you know still umm go to all these activities my grandkids are in. And they love her to death, so my life has changed immensely from that standpoint because she has been the steppingstone that has helped me through a lot of my issues. -Graham

They can change your life; I was living in the closet for so long. I only saw the sun from under the door, never saw the outside world. To having something that can open the door. It was like seeing the sun for the first time, seeing a butterfly for the first time. It was amazing. The moth likes being in the closet, the butterfly doesn't. -Rebecca

Umm, to face the day I don't know why I feel like something is going to happen, you know what I'm saying. I run things through my head, you know. Should I really get out, you know, it might be dangerous, you know. So, but you know I get them, and I say no and I gotta go, and it makes me feel like okay, I'm going to go now, cause they help me get out the door, you know. -Jennifer

So we'll go out to the VA and um she'll, um you know she'll, she's just so good out there she walks with me if I tell her to slow down she slows down, but we'll go to the doctors and um we might go to a store to get something I need to pick up at a Home Depot or whatever. I might meet a friend for lunch, she goes with me everywhere. She's gotten used to going with me everywhere and vice versa. We go to like, when the weekends come my grandkids are in basketball right now, so we'll go to their basketball games sometimes they'll have 2. I have 2 grandsons, they're both in basketball, the second youngest, he wrestles. So we'll go to the wrestling tournaments with him, we just have a fulfilling day to watch them grow and it's, they have baseball in the spring, football is in the fall, basketball over the winter, but we (wife's name) and I we leave and go to Florida. We have a place like Ft. Meyers, we'll leave here in January, we won't leave until ice is out. So, we spend about 5.5 months total down there, our mornings down there are great. We get up in the morning, we sit out on the lanai, and then (wifes name) will take her for a 3-mile walk cause I can't walk that far. I might be able to bike, I'm trying to be able to get my knee prepared so I can ride my bike again; that requires me to go down to Florida to get my physical therapy in January, and then once that's completed I should be able to start biking again. And I take Franny during the day. Now, like January it would be beautiful weather down there 75 during the day, 65 at night. I'll take her to the dog park to let her run with her buddies, after about half hour-45 minutes, she's done. -Graham

Overall, for the veterans who participated in the current study, it was overwhelmingly positive the effect their dogs had on their day to day life. For some, they were not leaving the house at all, having to be checked on by friends to assure things were going okay. Others were forcing themselves to do the necessary tasks but isolating the rest of the time. They were not traveling or engaging in enjoyable activities for fear of something bad happening or being approached by

strangers while in public. Their dogs were able to not only help to get them out of the house but help them to re-engage with people and things that provide them joy.

Community Involvement

The veterans in the present study were not only looking to improve their day to day life, but were also interested in helping others, as mentioned above when describing advocating for other veterans and educating the public. These veterans were looking to make a difference for others; they wanted to be able to give back after all they had been given and all the time others took to help them regain their independence.

For Teresa, she was involved in a veteran organization which specializes in treating PTSD with alternative treatment modalities over a weekend long session. It is run by volunteers, both veteran and civilian. They not only cover PTSD, but MST and hold a couple's weekend to help improve marriages struggling due to PTSD. She felt such a benefit from this weekend, in conjunction with the use of her dog she has been educating the public on this program as well as the use of service dogs. She has felt compelled to drive hours on a regular basis to help run these groups to assist other veterans who have experienced similar situations as she has.

I know (name of organization) has been a god sent to me. It has changed my life.

Others, such as Jason, Jennifer, and Evelyn are getting involved and giving back in other ways, by getting involved in veteran's organizations, creating groups to support veterans, training service dogs, or even going out and advocating for other's needs. They just want to help make the world a better place, for other veterans going through similar situations.

That Solomon and I sit on the board for the YMCA, so we sit on the board for them, and we also uhh we answer directly to 2 companies that do stuff for the government, and uhh we are just trying to make this world a better place. -Jason

I try to keep involved, they're getting ready to do a women in the military, and they want a panel to talk after to answer questions, so I'm going to be on the panel. -Jennifer

I'm the trustee, and umm I'm still active with and I still do home health hospice, I took a course. I'm getting ready to take another on bereavement. And I deal with veterans, I do veterans ceremonies for veterans who are passing away, and they're really, they're very powerful. They're very touching. -Jennifer

Yeah, so instead of talking to a civilian trainer who doesn't know the unique needs, or what it's like to put on the uniform and sign your will at 19, I'm the bridge to be able to help communicate between the service member and the trainer. So, they only have to deal with me. Sarah is a mentor, or the pack leader for dogs that are being trained. -Evelyn

While some veterans focused more on their local town or part of the country, others were looking more nationally. They knew they had the platform, so they began using it to help veterans and those with service dogs across the country. Louis manages a decently followed social media page. They have used their following to help provide supplies to homeless veterans, raise awareness for PTSD, veteran suicide and illegitimate service dogs. They have gone above and beyond to help advocate for better educate in public businesses and go into the community to help advocate and provide easier access for service dogs and veterans.

Yeah, a lot of travelling, a lot of connections with other people, a lot of time with other vets Yeah, you don't have enough time for that, so we're in the process of writing another book, we have one book. You know it might be fun for you to read, one of the things we did year before last, we played TAPS every day at a different national cemetery, across the country like 46 states. And we would read the name of 22 veterans who lost their lives to suicide and we would bring a family who lost someone to suicide. And what I can remember is all the interaction Garrison had with the family and he was most in tuned with those who needed him most he would go lean on them and help them. He is like the ultimate empath.

Well we're actually sponsoring legislation in the state, you know to criminalize uhh counterfeit service dogs, so we've been very active in the national scene, we've trained hospitality international, we've trained vantage international, we've trained Starbucks, we've trained Walmart, we've trained uhh a lot of national stores and uhh, in service dog access and what to do and how to encounter veterans who have dogs, and what to do and not to do and when you're trying to confront them, and we're working real hard to train them. What I've found is most guys really don't, actually these days the vets that get them don't really need a dog. You know these agencies need to give away dogs to justify their existence and donations, and it ain't happening.

Better Compliance in Medical Appointments

A big area where veterans struggle after returning home is following up with medical recommendations. This could be due to a variety of factors: they do not agree with recommendations, they do not feel comfortable going in the VA, they don't have access to the VA, they don't like leaving the house, they have had bad experiences with doctors, their doctor leaves and they don't like the replacement, etc. These are very common barriers and can lead to detrimental outcomes, in some cases. With the presence of the dog, the veteran tends to feel more comfortable not only seeking out medical services, as needed, but have a motivation to follow recommendations, their dog. Jennifer discusses how she would regularly put off doctor's appointments and how this has changed since obtaining Madeline.

I would tend to call and cancel them and work it maybe later down the road to do it, or put it off and not do it, but this has changed since obtaining my dog.

Ability to Work

It is human nature for people to want to work, it provides a sense of purpose, it can give one's life meaning. The same is true, if not more so for the veterans in the present study. When they discharged or retired, they lost their identity, they went from serving in the military to being a civilian. This transition can be very difficult, especially for those who were medically retired, or forced out for whatever reason. In some cases, the veterans in the present study were not able to work, this could have been due to disability, choice, or inability to obtain a job. For others, it was not until after they obtained their dog. A few of the veterans went out and started their own companies, or for others, found jobs that allowed them to work in a field that was meaningful to them.

I work at a doggy daycare.

Evelyn quoted above works at a doggy daycare and trains dogs, this allows her to bring her service dog to work, and interact with other dogs, which brings her happiness. Jason created his

own security business, this allows him to make his own schedule, bring his dog along as his partner, and know that he is making a difference in his community. Rebecca works for the school district and is successfully able to interact with others on a day to day basis, and Louis is heavily involved in the community, he and his dog travel the country educating on service dog teams, PTSD, and do things to give back to the community through their charity. Graham and Jennifer are retired, or not currently working, either due to disability or working long enough to qualify for retirement from their civilian job.

It was interesting to note, all the veterans interviewed who had jobs worked where they could work independently, make their own schedules, or did not have to work with the general public. All participants did note they had not run in to any difficulty with bringing their service dog to work with them.

Increased Positive Social Interactions

For those with PTSD, military or civilian, social interaction can be challenging. Typically, those with PTSD struggle in public due to fearing for their safety, feeling others are out to get them, constantly being on guard and watchful. They tend to feel safer and more comfortable at home when by themselves or with family. Because of this, returning veterans tend to run in to marital strife, sometimes leading to divorce, strain in relationships with friends, family and inabilities to connect with others. For the veterans in the current study, they all agreed with this statement. Jason discussed his failed marriage; Graham discussed the strain in his and others discussed their loss of friends due to changes in their personality and their desire to be alone. Jason and Rebecca not only noticed changes in their relationships, but their ability to interact in typically scary social situations with people they do not know.

*My relationship with my husband is better, I'm closer with my daughter and grandkids.
Frank saved my marriage.*

... so my girlfriend actually has a psych degree and she studies traumatic brain injuries, and she's a nurse so she notices that I am you know stumble if you will she's very quick to, she doesn't right away do it, but she's able to help me learn. Umm but that's probably been my biggest supporter.

In all cases where there was a partner involved, the partner was completely on board for the veteran obtaining a service dog. Based on responses given, it seems as though relationships would not have been as successful if partners were not on board. In situations where the veteran did not have a partner their social supports helped throughout the process, which made the decision much easier for these veterans.

Drawbacks of Having a Dog

Interacting With the Public

One of the biggest struggles for those with PTSD is going out in public and interacting with strangers. At times, they struggle to go grocery shopping, out to eat, or even to a local gas station. For those that are able to be in public, being approached by a random stranger can be hard. This can be even more challenging after obtaining their service dog. People by nature are curious, which leads them to question the utility of the dog, questions about the dog, about the handler and in most cases, if they are able to pet the dog. This fear of being approached can lead the veterans to slide back into their old ways of isolation to avoid the potential of someone approaching them. Jason, Jennifer, Rebecca and Louis discussed interactions they have had while in public with their dogs.

Some people will come up and try to pet him. -Jason

People that want to pet her. People that want to pet her, some people don't like to take no for an answer, like one time we were having an event at the VFW, guy came out and was getting ready to pet her and I was like she's working right now. He said fine, I won't give you any money for your poppies then. I had to close my mouth because I didn't want to say anything, and he probably wouldn't wouldn't have wanted to hear me. I probably would have said

something mean but I would have said, no biggie, ya know. She's doing her job, you know, so if you don't wanna give don't give. -Jennifer

Yeah, and then they get mad because I don't want to say, and I just want to do my job and go in the store and do whatever I'm doing. -Jennifer

I don't want people to come up and ask me about my dog and want to pet her. Even when she is wearing a vest that says working dog, do not pet, leave alone. JUST READ THE VEST! She's a show dog, so she's used to being oogled and fawned over and is able to walk away and ignore it, so I like that she is fine with being the center of attention, but there are days when I just want to be left alone. -Jennifer

Um, having to deal with other people who don't understand service dogs. -Louis

Everyone always thinks they can pet him though; I work in a school and I will go into classrooms and teach children you can't just run up and pet a dog you don't know. -Rebecca

Oh yeah, we can't get and it's worse, cause Garrison is a celebrity, we can't get even in the early days before anyone knew him, we couldn't get 15 feet without someone going "Oh, what is he?" "What do you have him for?" But you know, but that's, which is counterintuitive when you're there to have him for anxiety issues. -Louis

But beside that I kind of have to be stern with people, I'm sorry, she's working you know, you can't pet her. It seems to be hard sometimes with the adult, a lot of times the kids will be like look mommy, working dog. -Jennifer

While some veterans do not like being approached while in public, others use this as a time to educate others on what a service dog is, and what you can or cannot do or what you can or cannot ask. They feel this is their way to give back and make things easier on future veterans who follow. Teresa discusses how she deals with people when approached:

Well I do that, if somebody asks me. Sometimes people will ask me, can I pet her and I'll say well she's working right now hun, we can't pet her right now, and they'll say what kind of a dog is she and I'll say she's a service dog for PTSD and TBI.

...umm do you need her, and I said I wouldn't be able to be in here without her, and I always carry my paperwork on me. I carry my note from my psychologist, and her shot records so I've got her paperwork with me.

Most of the time, the veterans interviewed detailed smooth sailing, not being questioned, or asked to leave. But a few mentioned incidents where they have been questioned, ask to leave a

place, or encountered “fake” service dogs. “Fake” service dogs are either pets with no training a handler tries to pass off as a service dog, or one with minimal training. This can be dangerous for a few reasons, first, it makes legitimate service dog’s teams have to jump through unnecessary hoops to prove their legitimacy, it can cause injury to people or other dogs, and it provides false information to the public. Teresa endorsed experiencing a couple of different situations which were distressing or required her to justify her need for Susie.

Umm just this one time in a grocery store in my small town. They came up someone was saying something about a dog being in there, one of those, one of the workers assistant manager or something came up and asked if I needed her and I said I wouldn't be able to be in the store without her and they said ok, that's all I needed to know.

The only problem I've had is she's been attacked 3 times at the VA in (city name) by other dogs that are not service dogs. There are some veterans that will take their dogs, but they're not certified service dogs, they're not trained and one of them was wearing a muzzle, and I was like you've got a muzzle on what are you doing in here anyway, and that same dog attacked Susie twice, once upstairs and once downstairs, so it's like, I had to go to patient advocate and turn the other dog in.

It is instances like this and media portrayal that at times can discourage a veteran from obtaining a service dog, and business owners to be warier of service animals in their doors. This creates a bigger hurdle for veterans who are already struggling to engage in public, to leave their homes and put themselves in situations where they might be confronted.

Access Issues

As mentioned in the previous section, obtaining access to public places can be difficult. Under ADA law, service animals are protected and allowed to enter any public place with their handler, no matter if they would typically be allowed or not. While this is black and white, written in law, it does not always play out as so in real life. Recent media has shown fake service animals attempting to be passed off as legitimate. While this is not only unethical, and in some places illegal, it also creates issues for legitimate teams. As mentioned above, these teams

are being turned away, questioned about their use and demeaned because business owners have become so skeptical of service dog teams due to recent experiences. This can trigger the veteran, and in some cases, may cause backward slides in progress achieved through traditional therapy and work with their dog.

For the veterans in the present study, this has been very true while flying. Airlines have been in the media lately for their stance on animals in the cabin, and deaths of others under the plane in cargo. Traveling with a service dog can be difficult not only because of the airport process, but logistics while on the plane. People may come up and ask questions about the dog or complain about having to sit by the dog. This can be a very stress-provoking experience for anyone, but especially for someone with PTSD. The veterans in the current study only identified issues while in the airport, but did note being questioned by employees, and put in situations where they're ability to fly was either denied or scrutinized. Teresa discussed issues she has experienced while flying with Susie.

There will be some, I mean there was I think one time they they said well your letter is over a year old you need we can't let her fly and I said bull I said this letter is good for you know until they give me another one, and they ended up calling my doctor and seeing yeah she is a service dog and she is supposed to be with me at all times. So, they went ahead and let us go through.

For Louis, as mentioned before has taken it upon himself to begin educating businesses, community organizations, and even police departments on ADA laws. In addition, he has been speaking to graduate programs to help educate future generations on how to not only handle veteran's needs, but how to approach service dog teams. He details these trainings on his social media; this allows him to educate the organization or business he is speaking to, but to educate a wider audience through the ability to share posts.

Service Dog Training

Alternative Forms of Training

When thinking about service dog training, multiple options come to mind, for those who do not have as much experience with service dogs, they might believe the dogs must be obtained through a traditional training organization. While this is an option, to be a certified service dog it does not require a dog be obtained from a training organization, instead the dog must pass their access test, be able to perform trained tasks to assist their handler and behave in public places. Because of this, dogs can be obtained in a variety of ways, such as Teresa training her pet as her service dog.

My previous service dog, I had, she was she was already a pet, and when I got back, I got her trained as a service dog. Went through obedience training, one of the requirements is they have to be basic obedience trained and uhh that kind of depends on the dog how long it takes, how well it catches on to stuff, and then they have to be canine good citizen trained, and that's so they get used to having walkers or bed pans falling, or crutches, just different things around them so they don't they don't get skittish. And then on top of that, umm well even Susie now they're trained in specific tasks for me, one of them I set my alarms, and as long as I remember to set my alarms.

In some cases, veterans will find it easier to train the dog themselves, this way the dog learns the tasks they want it to learn, and it serves as a bonding experience between handler and dog. Such was the case for Jennifer and Evelyn.

Oh, well umm my first one Madeline I ended up doing classes with her and she did so well that I ended up getting her certified so she could be a service dog.

I had attended schooling at Bergin University in dog training. So, I became a certified service dog trainer, so the things I learned while in training I worked on with Sarah. She transitioned from show dog to service dog very well.

In other cases, the dog is already trained when it comes to its handler, this could be from a traditional training organization where the pairing didn't work out, the dog and handler did not mesh, the dog couldn't provide required tasks, etc. or from someone else who completed the training for the new handler. Teresa and Rebecca talked about the alternative ways they obtained their dogs.

...they thought she would be a good fit for me to push me to more one on one cause they didn't really have time to work with her, so they got Susie) trained for me Susie went to basic obedience, she went through canine good citizen.

My neighbor across the street trains the dogs, and she got this one and said, "I think this is the one." He just fit. I got Frank, he's a lab, an 88 lb. He had a career change, he was training to be a seeing eye dog, but he failed a test. We've passed 2 public access tests; he's trained to do many things for me.

As previously mentioned, the major component is being able to pass all certification testing, therefore, as long as the dog is able to provide necessary services (e.g. alerting to nightmares, reminding to take medications, turning on lights, alerting for help, etc.) and is able to demonstrate basic obedience they are able to become certified as a service dog, without going through the wait time and requirements of service dog organizations.

Traditional Training Organizations

More often than not, when someone thinks of a service dog, they think of guide dogs for the visually impaired. Historically, this is what they have been used for, more recently, the dogs have begun to be used for mobility, seizure alert, anxiety, PTSD, etc. It is these organizations that provide guide dogs for the visually impaired that one typically thinks of when thinking of a service dog organization. When googling service dog organizations, you will get hundreds of results, these range from more well known, nationwide organizations, to very small local organizations. Some specialize in guide dogs for one thing, while others will specialize in multiple types of dogs. For the veterans in the present study there was a mix of those who obtained their dog from an organization and those that obtained their dog through alternative measures.

Some were aware of the process, and others received the education along the way. It is important the veteran understood the process, in some cases it can take upwards of a year to two to obtain a dog as most organizations rely on donations to keep them going. For Graham, his

process required a little more education, while Teresa needed the ability to work up to even filling out her application.

Umm, I filled out an application, I found out I was eligible and filled out an application and (names of organizers), (name) is the veteran's coordinator and (name) runs the program. And they came out to my house and brought a training dog with them, another golden and we sat and chatted for a while and umm then they told me that uhh to fill out an application and send it in with a \$50 check, which I did and then umm they reviewed it, and I had to bring in a letter from umm, my psychiatrist wrote a letter from the VA, confirmed I did have PTSD and I'd had it for a long time. And then I had to have some letters sent about me as a person and then once that was all completed, they accepted me in the program, and then I started going to the meetings on Saturdays, but I didn't have a match at that time, and then I came in one day and it was separate from the meeting on Saturdays, and I started going through working with dogs and then umm the third dog I worked with was Susie and we had a match.

Susie was, I had just gotten, I was in the hospital in (city name), I filled out an application with (name of organization) out in New Jersey for a new service dog, and umm it had taken like a year and a half just to get the application filled out.

In most traditional service dog organizations, the dogs go through training within the organization, depending on the organization this could be within the facility, or in some cases in prison settings. In these types of settings, the benefit is reciprocal, the inmate receives benefit knowing they are doing something to give back, and the dog receives the necessary training to be ready to assist their new handler. The new handler will come into the facility to be matched with a dog prior to training, in most cases. This will allow them to let the organization know what it is they are looking for their dog to help them with.

Yeah, (name of service dog organization) helped with the training of it all, I just told them what all I needed them to do you know. -Jason

It is, when they first told me it when they were interviewing me (service dog organization staff member name) said I have her here would you like to see her. And I was like this dog must look weird. But she's got a cute face with a collie face, the only thing is her legs are close to the ground like a basset. So, but she can run on those little legs and jump straight up, she can jump like 3 feet straight up. She can jump up to the knob and stuff. -Jennifer

After the dog has gone through some training, the handler is brought in to do training with the dog, this allows the handler and dog to build a bond and to allow the new handler to work with

the trainers in the organization to assure they are ready to take on the task of having the dog full time.

Gained, in about 4 months period of time, well it's been longer than that. I worked with her for about 3 months before I actually received her. And I couldn't receive her with the rest of my class because I was in the hospital, so umm I, we had this bond initially and then we worked together for like a few months or couple of months, and then when it came time to get her I was hospitalized, so the host family kept her and then finally I got, umm they made arrangements for them to bring her in to (name of service dog organization) in (name of city) and I was to then greet her and she didn't forget me.

-Graham

Yeah, a little specialized training, but mostly bonding and learning the commands and stuff they had done with him, and they take you through a course and show you how to take care of the dog and what you can and can't do. You know it was very comprehensive, you leave there with a pretty good working knowledge of how to take care of a dog and what you can and can't do and that kind of stuff. -Louis

...but people can do classes, they're about an hour, that's enough time to train them, you know. You can do it almost every day of the week, but one day. The least you go two days of the week to get done in the 18 months eventually. -Jennifer

In addition to the training done prior to the veteran taking the dog home, some organization will build in a transition week, this allows all the kinks to be worked out prior to being on their own.

This week is there to allow veterans to see how the process works, any additional training needed, questions that need answered, etc. Evelyn described the training process at the organization she works for:

Yeah and we don't advertise that we train dogs for PTSD, we train dogs for mobility. So if a veteran has an amputation and PTSD, we will train the dog for mobility, and during the transition week when the veteran takes the dog home, the veteran is able to see what their needs are and what they might want to train the dog to do. We don't do the traditional transition week as other mainstream organizations. We didn't want our trainers to have to give up their 2 weeks of vacation. And this way the veteran is able to bond with their dog. When they come back from the transition, the dog doesn't want to be with the trainer, it's bonded with its handler. It's hard for the trainer, but it's what needs to be done.

Another plus to obtaining your service dog from a traditional organization is thinking forward, as much as we would like, dogs do not live forever. Taking into consideration the length of

training, and ability for dogs to accompany their handlers everywhere, there is a window in time when the handler will be able to utilize the dog to provide assistance and accompany them in day to day life. In some organizations, they will provide another dog to replace one that has passed, which Jason found out about through the training process.

...but (organization) will replace the dog for free and get training and school and everything.

It is important to be informed of requirements of the organization, because in some cases, they ask for the dog back once the dog is no longer able to work. This can be very hard on the veteran. Teresa discussed her experiences with an organization out of New Jersey.

I would suggest that they umm contact (name of organization) out of New Jersey, that's one of the few that I found out the dogs are free, they do the training, they bring you out to train with them. I think they changed a few things now, but when you get the dog the dog is yours, so many places now you get the dog, but if the dog, when the dog gets old, the dog retires they take the dog back.

Most often, when veterans were asked about their advice to other veterans, they would recommend the organization they worked with. Some went further to give more specific advice about overarching service dog organizations (Assistance Dogs International), and others again mentioned the stigma surrounding service animals due to others trying to get a “quick fix” and fraudulently claiming their dog is a trained service animal.

I have said before to people you know that you know you know; how do you get a service dog if you need one. I go you can go online and check out (name of organization) there's a couple of other ones I said to them, you know. So, you have to have a reason to have one too, you know. That's the hardest thing right now, we're dealing with fake service dogs, people are throwing the vest on the dog and it isn't even a service dog, it isn't trained, and it does bad things, you know. So, it's been really hard on us because of that. -Jennifer

I always send them all to (service dog organization) I try to send all of them I can meet or find tell them all about (service dog organization) and how they helped me, and setting them up with (names of staff at service dog organization) -Jason

Find a service dog organization that is certified with Assistance Dogs International, make contact, fill out the paperwork, to help bridge that time gap between applying and receiving your service dog. -Evelyn

I would tell that individual to, they should call (name of organization) there are a couple of agencies here, but that is the one I am most familiar with, so that's the one I would tell them. As a matter of fact, I have given out (name of organization)'s information to other veterans who are having seizures and said you should get ahold of these people, so. -Graham

All the veterans interviewed were not only willing to educate others on the use of a service dog, PTSD symptoms, what can or cannot be asked of a handler and anything really to help another veteran, most tended to recommend getting a service dog. In Louis' case, he did a little more digging prior to recommending a dog, noting what the person was looking for, how the dog could benefit and ability to care for the dog. He also noted a deficiency in most service dog programs, which shows an area for future growth if the demand for trained service dogs continues to increase.

You know, I think that's a one of the components that's missing in most service dog programs is the psychological component. Most agencies are dog centric, they're not people centric and, and so I don't think they do a really good job of evaluating the clients so and I don't think because there's not that many vets with issues because we're not involved in wars like we were dogs are going to people who don't really need them who would better with a companion animal than a service dog. So, you end up with a lot of people now that have the dog as kind of a, I don't know, for a lack of a better word, a social accessory rather than a uhh something to mediate a disability and so.

It was this attention to detail, the helps to understand the mindset of this population, they not only put their lives on the line while serving but subscribe to this idea of a higher good. All 7 veterans interviewed were willing to go out of their way to help another veteran, despite their struggles with medical or mental health concerns, relationship perils, financial strain, etc. They came home from war and continued to back their brothers and sisters in arms, which made it easy to understand why the use of a service dog can be so helpful for most, with the mindset instilled in military members during training and throughout their enlistment.

Overall, the consensus among the veterans was a positive change in their day to day life, some were able to get back to work, others improved or began new relationships, some utilized

their social media following to do good for the community, and others used their new found social skills to help others understand what it is a service dog is. The pairs involved were in various stages of life, served at a variety of different times and came from vastly different walks of life. It was easy to see looking across the interviews the positive changes the dogs have made in their handlers lives and the ability for the dogs to help ease PTSD symptoms to allow the veterans to engage in enjoyable activities, regain independence and engage in relationships with others. It will be interesting to see what comes of future research and how the area will continue to grow and develop as more is known and understood about the bond and connection between dog and handler.

Chapter 5: Discussion

Chapter 4 presented the results of the present study. This chapter will discuss the results and implications for further research on how service dogs can improve day to day live for veterans with PTSD, as well as limitations of the present study.

Summary of Results

The purpose of the current study was to attempt to answer the following questions: how does living with a service dog affect daily life of veterans with PTSD? More specifically: How does the veteran's day-to-day life change? What affect does having a service dog have on seeking out mental health services? How do veterans with service dogs view going out in public? What affect does having a service dog have on PTSD symptoms?

Based upon the seven interviews conducted, it appears having a service dog makes day-to-day life more enjoyable, in terms of veteran's level of engagement. Veterans were able to engage in valued activities, return to the workforce (if desired), had improved relationships, increased interactions socially, and more apt to help others. In addition, the participants all noted an increased ability to be in public places and a reason to get up in the morning. This in turn, gave them a sense of purpose, where they might have felt no one else needed them, having their dog that relies on them helped them to feel needed. All veterans interviewed endorsed a decrease in PTSD symptoms, some had more improvement than others, but all noted a decrease in symptomology, resulting in improved functioning. For some this meant a decrease in medications needed on a day to day basis. For others it meant an ability to return to the workforce, having the ability to maintain a romantic relationship and for others it meant being able to go to public places at a normal time of day. In other words, having the dog allowed the participants to live the life

they wanted to live without PTSD symptoms running their life and impacting their ability to do what they want.

All veterans interviewed either had previously or were currently receiving some form of mental health treatment. For some, the dog made it easier to obtain, or continue to return for ongoing mental health services. For others, they felt as though they did not need ongoing mental health services after obtaining the dog, or in one case, did not find mental health treatment helpful and had stopped receiving services prior to obtaining their dog. Some veterans had tried multiple mental health treatments, some going as far as receiving electroconvulsive therapy (ECT), which they found to be helpful, to a point, but was not sustainable with the extreme side effects. Most were receiving medication management, some continued so after receiving their dog, and others did their best to try to wean themselves off as much medication as possible, preferring to do it on their own.

All seven veterans interviewed were more able to go out in public places, whether that was in a vocational setting or being able to complete normal day to day tasks. Some noted they were unable to complete simple tasks such as grocery shopping and would tend to go later at night, make someone else go with them, or order things for pick-up. Now, they report feeling more comfortable going to public places when they know it will be busier; their dogs are able to block for them, or alert them if someone is getting too close. Because of this, they do not have to be as hypervigilant, in turn decreasing overall levels of anxiety. While there are still some days the veterans feel overwhelmed and may have to leave the store, this has significantly decreased with the presence of their dog.

Overall, the results of the present study paint a positive picture of day to day life for these veterans since obtaining their service dogs. The biggest downfalls of having the dogs were their

lifespan, as dogs do not live as long as humans, it is more than likely the veteran will have to deal with the passing of their service dog. In addition, veterans mentioned at times, it would be easier to run in a store to quickly grab something without their dogs. Outside of physically having the dog and what they entail for upkeep, veterans noted the public at times, could make things challenging. By this, veterans noted regularly being approached by people while in public places to either ask about their dog (why they have the dog, what their disability is) or to ask to pet the dog. For some, they used these experiences as a teaching moment to educate others on what you should or should not ask someone with a service dog, and proper etiquette when approaching a service dog. While most of the veterans in the study endorsed attempting to educate the public, when possible, there were times where they felt it would be much easier if they could be out in public without having to worry about others staring at them or coming up to them to ask questions. Besides being approached while in public, others mentioned being questioned while traveling (by airlines) or being denied entry was at times challenging and could be triggering by some. Fake service dogs were another downfall brought up by participants, some noting their dog being attacked by a pet while attempting to obtain care at the VA hospital.

In addition to educating the one or two people that would approach the veterans while out in public, one team took it a step further and began educating businesses, community organizations, police departments and graduate programs to enact policy change. Every set-back, every business that barred entry instead of viewing it as a set-back became a challenge to change views, to educate others on what a legitimate team looks like, what laws allow and don't and how to properly handle legitimate teams. He was not only looking to make things easier on himself for the future, but to help other legitimate teams have smoother access and less chances of injury when encountering "fake" service dogs in the future.

Conclusions

Research Implications

The results of the present study were promising, especially in light of the scant amount of literature currently in the area, and the wait for the larger study currently being taken on by the government (Weinmeyer, 2015). Research on the use of service dogs in veterans thus far has shown overwhelmingly positive benefits. Based upon the interviews conducted in the current study the researcher found a decrease in PTSD symptoms, and improved day to day life for veterans paired with a psychiatric service dog. Veterans were better able to reintegrate to their civilian life and return to the work force, if desired. Improvements in relationships, both romantic and platonic, along with increased ability to interact socially and ability to perform ADLs were also identified as benefits. While there is some research that shows not as positive results, these studies appear to be looking at the downfalls of owning the dog (e.g. finances, life-span, health concerns, etc.), as well as logistical concerns and the extra planning involved when thinking about how the dog could change dynamics (i.e. public transportation, people's allergies, having to get the dog in and out of the car when going in somewhere, etc.). For the veterans interviewed in the present study, they felt prepared to take on the extra responsibility of the dog, and for some had previously owned a dog and understood what was required.

As discussed in the literature review section, most research, what little there is in the area appears to be mostly positive. This maps on to what was found in the current study. Most participants struggled to think of a downfall to having their dog, other than the lifespan, which is out of everyone's control. Family members and those close to the veteran tended to be most impacted by the presence of the service dog, noting a change in their friend or loved one's personality and demeanor. Relationship strain was a major theme across the interviews, one

veteran noted getting a divorce due to his PTSD symptoms, another reported his wife had discussed leaving him if things did not change. Now, these two veterans are in happy, loving, supportive relationships. In addition, others reported being able to interact socially, either while at work, or to be able to go out and hang out with friends, which they previously were not doing.

In addition to the decrease in PTSD symptoms, the presence of a dog can help the veteran feel as though they are needed. Previous research showed the dogs gave the veterans a purpose, a lot of veterans feel as though without their connection to the military they have no purpose. Some had chosen not to, for a variety of reasons, or were unable to work after discharge. This left them feeling useless, with the dog, they were required to feed and give water, take them on walks, to the vet, etc. The same was found in the current study. Veterans who noted struggling to get out of bed on a daily basis, who refused to leave their home, unless absolutely necessary, now had a reason to get up in the morning. They stated knowing the dog was relying on them to be fed and taken out gave them a reason to get up in the morning which they previously did not have. In addition, the dogs became the “battle buddy” the veteran was lacking since discharging from the military. Military personnel must rely on others and others rely on them for safety while deployed to war zones. This adds to the lack of safety felt while in public, the constant companionship of the dog gives the veterans a little piece of their safety lost since discharging.

In addition, the thought of suicide was a recurrent theme among previous research and amongst the veterans interviewed. While none in the present study admitted attempting, they did endorse suicidal ideations. All who endorsed suicidal ideation noted it ended after obtaining their dogs, which is represented by the literature. In some cases, the presence of suicidal ideation was the motivating factor to seek out alternative forms of treatment. Other times, it was with encouragement from a loved one, or with the threat of divorce, loss of job, loss of relationship, etc.

For the veterans interviewed, they felt they had hit “rock bottom” prior to receiving their dog, and reported a noticeable increase in mood after obtaining their dog. These results are amazing to see, as in typical mental health treatments one expects suicidal ideation to decrease after one receives trauma focused treatment, but this is not always the case, in some instances an increase in symptomology can be seen. In addition to a decrease in suicidal ideation, as mentioned above, depression, anxiety and PTSD symptoms also decreased after receiving their dog. In other cases, veterans decreased engagement in poor coping activities, such as drinking, drug use, reckless behavior, or impulsive spending. This is complimented with an increase in social interaction, return to work, and increase in enjoyable activities.

Based on the results of the present study and previous studies, it is safe to say there is some connection between the presence of a service dog and a decrease in PTSD symptoms coupled with an increase in engagement in day to day life. From self-reported measures and information given by those close to the veteran, it shows the service dogs ability to provide support and stability for the veteran that traditional mental health treatment or medication alone cannot provide. For some, it is the combination of traditional mental health treatment and their dog, while for others they have not felt any benefit from traditional mental health treatment, and only find benefit from the presence of their dog. It is interesting to note, in most cases, those that did not find benefit from traditional mental health treatment, had a history of trying a variety of treatments within a variety of settings over the years.

Application of Results

As mentioned previously, the VA heavily favors empirically validated treatments and is required to offer certain ones to veterans with PTSD. Because alternative forms of treatment do not get the same research, effort and time to study, they typically do not become empirically

validated, and thus leave less options for potentially beneficial treatment. Because of this, veterans are left to look for and obtain outside services which in turn could be costly or pricey, take a long time or not be available in their area. In the case of psychiatric service dogs, typically organizations are funded by donations, which in turn limits the number of employees the organization is able to hire, thus limiting the number of dogs the organization is able to care for and train. Because of this, wait times can be lengthy, upwards of a year or two to obtain a trained dog. This leaves a veteran in a waiting pattern, in addition to having a trained dog, the organization is looking for fit of the pair. This means, just because an organization has a fully trained dog ready for a specific veteran does not mean the two will bond, the fit may be off, and the dog may end up being given to another veteran on the waitlist. Also, these organizations need to spend a large amount of time and effort seeking donations to continue to function to meet demand.

In addition to a lack of research in the area, leading to alternative forms of treatment not being offered in a VA setting, some veterans are falling through the cracks. It is normal for veterans to show up for an appointment or two and decide not to return, or not show up for mental health consultations at all. Veterans were trained to be strong and handle issues on their own, because of this, they are leery of seeking out help from others. In an attempt to combat this the VA has developed walk-in clinics for mental health to assure all veterans looking for treatment are able to obtain in, in most cases same day. The use of a service dog allows the veteran to feel as though they are doing it on their own, with the added support of their dog, who does not judge, criticize or blame. This makes it easier to rely on the dog for help than to ask another. Having the dog can help the veteran to feel more comfortable seeking out and following up with traditional mental health services.

The complication when throwing a service dog in the mix becomes the public's perception, as well as dealing with fake service dog teams. Most veterans interviewed for this study noted interactions with fake teams, one reported their dog being attacked while at the VA attempting to receive medical care. For someone suffering with PTSD symptoms the presence of these fake teams, and/or the possibility of their dog being hurt can impede their willingness to go in public places, such as the VA due to feared consequences. In addition, some veterans noted questioning and interventions from VA police or law enforcement in other public places. To assure all eligible veterans are able to seek and receive much needed services, such as mental health, the VA and other public places needs to have better training to be more easily able to weed out illegitimate service dog teams to assure safety for those who are legitimate.

Limitations

While every precaution was taken to assure a completely representative sample was obtained, there were limiting factors dealt with by the researcher. Agencies across the country and into Canada were contacted, most did not respond, some that did were unable to share information, and others had written rules against it. Those that agreed to share information about the study could not guarantee participation from any of their veterans, but instead agreed to send the information out to their veterans. The organizations that agreed to send out information to their participants did not completely represent nationwide, instead they tended to be grouped in major regional areas (Midwest, East Coast and West Coast). While not necessarily the case, most participants appeared to come from the Midwest region of the country, this could have been due to chance or because the researcher's institution being located within the Midwest leading organizations to be more willing to provide information to their participants. This also could have been due to a larger veteran population, or more service dog organizations with veteran focused

programs. In addition, in one case, two participants came from the same organization, which leads one to wonder if their experiences through the training and pairing phase were similar although not the focus of the present study. While the sample may not have been as representative as possible, there was a good range in types of organizations/means to obtain the dog. Traditional organizations, self-training, and correctional training programs were all represented within the sample.

As always when looking at a research sample, one looks at the type of person that agrees to complete a research study. This is more so the case when looking at a qualitative study, an hour interview is much more involved than completing a survey or questionnaire which typically takes 10-15 minutes. But, on the flip side, the information gathered is much richer and provides a deeper understanding of that person's story and what their day to day life looks like. This leads one to wonder what causes a person to agree to complete a research study, while the sample itself was fairly representative of the population descriptively (young, old, male, female, etc.) there are concerns that only people with positive experiences, or only those with a specific belief will be willing to participate. This in turn could bias the results, or not paint as accurately of a picture of what the rest of the population might have experienced or believe.

While thinking about qualitative research, it is common to have a much smaller sample size than in a quantitative research sample, this is in part due to the more in-depth nature of qualitative research, either conducting interviews or completing naturalistic observations. This requires more time than collecting questionnaires or surveys, which can largely be completed without the researcher needing to be present. In addition, qualitative research does not have to look out for statistical analyses, power, large sample sizes, etc. Because of this, it leads to only a small portion of the larger population being included and in turn, can leave out key parts of the

demographic being studied, which might have vastly different experiences from those who participated in the study.

The veteran population is one which is hard to reach, this is for a variety of reasons, they are considered a protected class, they are less willing to participate in studies due to the number they are presented with, or just not being interested. In addition, some are leery of completing studies outside of the VA setting. 2 participants were not from service dog organizations; one was from a request through social media and the other was a contact from the researcher's previous participation in a veteran organization. Both agreed to participate willingly and were asked the same questions as other participants.

A struggle with completing studies looking for a representative sample is the geographic limitations. While in-person, face to face interviews would have allowed the researcher to not only have information on day to day life with the veterans in the study, but also would have given the ability to see facial expression, more in-depth with the tone of voice and see the bond and connection between dog and handler. While all participants were offered the opportunity to conduct the interview through FaceTime or Skype, only one asked for that, and due to technological issues was not able to facilitate this. Being unable to see facial expression leaves out an important piece of any psychological work, as expressions can communicate more, sometimes than words alone can.

Future Research

This is a relatively new area in terms of research, both with quantity of research, and the length of relevancy. The use of service animals goes back to the 1700's, more recently and more commonly, service dogs are thought of for their use for those with a vision or hearing impairment. The use of service dogs for mental health diagnoses is a newer concept, and one that is still

questioned by some. In addition, because a large majority of service members receive care through the Veterans Administration, which does not currently offer psychiatric service dogs, therefore leaving a chunk of the population which could benefit, but instead are unaware of their presence.

As mentioned previously there is currently a longitudinal study being conducted to assess the utility of utilizing psychiatric service dogs in veterans with PTSD. It compares the use of companion animals with the use of a service dog over time looking to see if there is a difference. It seems if the research proves to be positive there is a potential for more easily accessible services, and potentially an opening for other alternative forms of treatments to gain traction to help increase the number of treatment modalities available to this population. Providing more options to veterans could lead to a better reception of mental health in general and a possibility for increased willingness to seek out treatment versus solely traditional treatment options.

In addition to the longitudinal study on changes in PTSD symptoms and day to day life currently being undertaken by the government, further research should look in to training options. Such as: what are the benefits between forms of training? Does having another veteran or person train a service dog decrease bonding? Is there increased benefit if the veteran trains their own dog? Are there differences between training programs (length, types of training, size of organization, etc)? Does it matter if the dog is from a shelter or from a breeder? Does age of dog at start of training matter (age 1 vs 3)? What are the benefits of using your own pet versus obtaining a dog through an organization? Is there a difference between dogs trained by their owner on their own or from those trained through an organization? Does the age of the veteran change the level of success? Is there a difference if a veteran has previously had a service dog versus someone who is obtaining their first? Complex trauma versus single incident? Does length of PTSD symptoms impact the use of a service dog? These are examples of a few questions thought of while

progressing through the current study, which if examined in-depth could lend some breadth to what works, what doesn't, what type of pairings are most successful and how can third party organizations improve pairings of veterans and dogs.

Further research in this area could help in a variety of ways, first and foremost, making it much easier and quicker to pair veterans with service dogs, if it is found, such as in the current study that the presence of the dog helps to decrease PTSD symptoms. In addition, by making it easier to obtain a psychiatric service dog, for those qualified it should help to decrease illegitimate service dog teams which would decrease access issues for legitimate teams. If further research found the use of service dogs to be effective it could help open the door for other alternative forms of treatment to gain more traction, and continue to provide more and more treatment options for veterans who so desperately need treatment for PTSD and other comorbid mental health concerns.

From a public perspective, as with anything new, continued exposure to novel things will help to provide ongoing knowledge and perspective of alternative uses for service dogs. With increased exposure and knowledge veterans will be able to go in to public places without constant fear or worry of what others will say, the stares from others, or how to deal with strangers asking to pet their dog or ask what they are for. Also, as previously mentioned with more legitimate teams due to easier access for those who qualify for one would lead to less people trying to pass their pets as trained service animals. This will allow trained teams easier access to public places without having to remind them of ADA regulations or having to constantly carry their documentation for fear of being kicked out of restaurants, flights, etc. This would lead to less strain on day to day life and one less thing potentially counterbalancing a decrease in PTSD symptomology.

Overall, further research on the use of psychiatric service dogs and their presence in regards to PTSD symptoms and day to day life would be helpful for veterans who might feel as if they

have no hope, or who are on the fence about obtaining a dog. In addition, further research on what makes pairings successful to increase effectiveness in team pairing and bonding overall. Continued research would not only provide more evidence for government funded programs but would also help to increase availability and efficiency to be able to provide dogs while decreasing wait time.

It will be interesting to follow the government funded longitudinal study looking at effects of service dogs on PTSD symptoms. If found to be effective, as in the current study, it would seem as though continuing to look into efficacy and further research would lend itself to setting up government funded programs within VA medical centers to make service dogs more easily obtained, for those who qualify.

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Appendix A: Informed Consent

University of Wisconsin – Milwaukee Consent to Participate in Interview Research

Study Title: Exploring The Effect of Service Dogs on PTSD Symptoms in Veterans

Person Responsible for Research: Lauren Floore-Guetschow, LPC-IT, Stephen Wester, Ph.D

Study Description: The purpose of this research study is to understand the effect of service dogs for veterans with PTSD in the United States. Ten subjects will participate in this study. If you agree to participate, you will be asked to participate in an interview. During this interview you will be asked questions about your PTSD and daily life. This will take approximately one to one and a half hours of your time. The interview will take place in a private location and it will be audio recorded.

Risks / Benefits: Risks that you may experience from participating are considered minimal; there is a chance some of the questions could be considered upsetting or triggering. If this occurs resources will be provided and the interview will be ended. Breaks can be taken as needed throughout the interview. There will be no costs for participating. There are no benefits to you other than to further research.

Confidentiality: During the interview your name will not be used. A pseudonym will be created to protect your confidentiality through the study. Your responses will be treated as confidential and any use of your name and or identifying information about anyone else will be removed during the transcription process so that the transcript of our conversation is de-identified. All study results will be reported without identifying information so that no one viewing the results will ever be able to match you with your responses. Direct quotes may be used in publications or presentations. Data from this study will be saved on a password protected computer in a locked room for two years. Only the PI and study staff (research assistants) will have access to your information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records. Audio recordings will be destroyed after the data have been analyzed.

Voluntary Participation: Your participation in this study is voluntary. You may choose not to take part in this study, or if you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Depending on how far through an interview, the data may potentially still be included in the study, if included you will be informed. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee.

Who do I contact for questions about the study: For more information about the study or study procedures, contact Lauren Floore-Guetschow at lfloore@uwm.edu

Who do I contact for questions about my rights or complaints towards my treatment as a research subject? Contact the UWM IRB at 414-229-3173 or irbinfo@uwm.edu.

Research Subject's Consent to Participate in Research:

To voluntarily agree to take part in this study, you must be 18 years of age or older. By signing the consent form, you are giving your consent to voluntarily participate in this research project.

Research Subject's Consent to be Audiotaped:

By signing this consent form you are giving your consent to be audio recorded for the purpose of the study.

Printed Name of Subject/Legally Authorized Representative

Signature of Subject/Legally Authorized Representative

Date

Appendix B: Interview Script

Script:

Thank you for your time, and willingness to allow me to learn more about you and your service dog. As mentioned before my name is Lauren Floore-Guetschow and I am a doctoral student at the University of Wisconsin-Milwaukee, this interview will be analyzed for my dissertation study. This interview should last between 60 and 90 minutes. I have a set of questions prepared, but I want you to feel comfortable branching off from the questions if you feel like I missed something, or if you have more to add. I would like to audio record our interview so I will be able to accurately present the information you gave me today. If at any point in time during the study you would like to end the interview, please let me know. All of the information given to me today will be kept confidential. Your answers will be used to get a better picture of your daily life and the role your service dog plays in it. The purpose of this study is to gain a better understanding of the effect service dogs have on veterans with PTSD.

Before we begin I would like to go over your consent form again, and review what will be asked of you as a participant of this study. This study will require you to complete this interview, your answers will be kept confidential, and your information will be coded to assure your privacy. We will both sign the consent form, I will keep a copy, and you will receive a copy as well.

Your participation in this interview is completely voluntary. At any point in time if you decide you need a break, or would no longer like to participate please let me know. There will be no consequences for deciding to withdraw from the study. Do you have any questions or comments before we begin? (If no questions begin interview, if there are questions answer and then move on with interview).

(These questions are just a guide, if the participant goes off the questions, but it is relevant to the study the researcher will allow. The researcher will also have the opportunity to ask other questions based on answers the participant gives)

1. Tell me a little bit about yourself.
2. When were you diagnosed with PTSD?
3. What forms of treatment have you tried?
 - a. How have your thoughts on mental health treatment changed since obtaining your dog?
4. Tell me about how you got your service dog. (What was the training process like?)
 - a. How would you describe your dog's personality to a friend or family member?
 - b. What do you like most about having your dog? What is the hardest thing about having your dog?
5. Tell me about your life since obtaining your service dog.
 - a. Describe a typical day for you and your dog. Do you feel safer in public if your dog is with you?
 - b. As you think about your life with your dog, can you tell me about an experience that has happened that you always remember? This could be good or bad, but what is something that has stood out for you?

6. Can you describe some of your PTSD symptoms. What kinds of changes have you noticed in your PTSD symptoms since receiving your dog?
 - a. Do you feel less on guard and watchful?
 - b. Do you feel more comfortable in social situations?
 - c. Do you have less nightmares?
 - d. Do you feel less like the world is an unsafe place?
 - e. Do you feel less numb and detached from others?
 - f. Do you feel like you avoid people and places that remind you of your trauma less?
7. What is the biggest difficulty about having a service dog?
8. Would you recommend other veterans dealing with PTSD obtain a service dog, why or why not?
9. What advice would you give another veteran who is seeking out a service dog?

Thank you for your time and allowing me to learn more about you and your service dog.

Appendix C: Recruitment E-mail

Hello,

My name is Lauren Floore-Guetschow, and I am a doctoral student in the Counseling Psychology program at the University of Wisconsin-Milwaukee. For my dissertation, I am conducting a qualitative research study exploring the experiences of veterans with PTSD. I am interested in daily functioning and symptoms experienced in veterans with a service dog who are receiving traditional mental health treatment. This study will include an audiotaped phone interview or an in-person interview that will range from an hour to an hour and a half long per veteran. The interview will include questions about how the veteran obtained the service dog, effects (positive or negative) the service dog has had on the veteran's daily life, information about their PTSD diagnosis (when they were diagnosed, types of symptoms experienced, etc.). No information will be gathered about the veteran's specific traumatic event, and resources will be provided, if needed.

This email is to inquire about the possibility of advertising for participants for the study through your organization. Please let me know if this is possible, and if there is anything you would need from me, or any other steps you would need me to take. I would be happy to answer any questions you may have regarding the study or any other information you would need. I have included a poster that can be provided to potential participants, or posted around your organization. Please feel free to forward this email to anyone you think might be interested in the study.

Thank you for your time and consideration,

Lauren Floore-Guetschow, M.A., LPC-IT
Doctoral Student
Department of Educational Psychology
Counseling Psychology
University of Wisconsin-Milwaukee

EXPLORING THE EFFECTS OF SERVICE DOGS FOR PTSD

- This study is looking to better understand the impact of owning a service dog and the changes in daily life for veterans with PTSD
- Researcher is seeking veterans with a PTSD diagnosis, who are over 19 years old, possess a fully trained service dog and receive mental health treatment, who are willing to share their experiences in a 1-1.5 hour phone or in-person interview.



Please contact Lauren Floore-Guetschow at lfloore@uwm.edu for more details.

This study is being conducted by Lauren Floore-Guetschow under the supervision of Dr. Stephen Wester, Ph.D, University of Wisconsin-Milwaukee.

Appendix E: Coding Manual

- Prior mental health history: veteran obtained mental health services of any kind before obtaining a service dog
- Comorbid diagnoses: veteran has received any other mental health diagnoses in addition to PTSD.
- Physical disabilities: issues with balance, walking, mobility, etc.
- Military Sexual Trauma: veteran was a victim of sexual assault while in the military.
- Negative thoughts (suicide, self harm): veteran identified experiencing thoughts of self-harm or committing suicide, or identified a previous suicide attempt prior to obtaining their service dog.
- Family support: veteran identified ways family has helped support them through their reintegration, PTSD diagnosis and obtaining of the service dog.
- Decreased PTSD symptoms: veteran identified a measurable decrease in PTSD symptoms (re-entering work force, going grocery shopping during normal hours, being home alone, etc.)
- Medical issues: any additional medical concern (surgeries, infections, medical diagnoses, etc.)
- Ability to work: veteran identified being able to re-enter the workforce in the same or new career area.
- Traditional mental health treatment: individual talk therapy, group therapy, EMDR, PE, CPT, etc.
- Alternative forms of mental health treatment: the use of service dogs, ECT, equine therapy, etc.
- Social Isolation: not leaving the home, lack of interaction with others (in person, phone, social media, etc.)
- Increased freedom: travelling, working, being able to run errands whenever (vs waiting until later in the day when stores might be emptier), etc.
- Better compliance with medical appointments and recommendations: veteran identified following through with medical recommendations and regularly attending and scheduling medical appointments.
- Educating the public: veteran identified efforts to educate the public on veteran concerns, use of service dogs, etc.
- Interacting with public: veteran discusses issues they encounter while in public (questions about dog, disability, access issues, etc.)
- Access issues: veteran discusses issues they have faced about entering public places, questions about their dog, being refused service, being asked to leave, etc.
- Loss of a service dog: veteran described the loss of a service dog, or thinking about how they would deal with the loss of their service dog.

- Traditional training organization: veteran discusses the process of obtaining a dog through an agency
- Alternative forms of training/obtaining a service dog: veteran discusses alternative ways of obtaining a dog, and/or how to get their dog certified.
- Positive bond with dog: veteran discusses the positive relationship/bond with service dog, references the dog as a piece of them, etc.
- Hearing about the idea of service dogs: veteran identified the first time they heard about service dogs
- Experience with healthcare: veteran describes an experience with a healthcare setting while receiving medical treatment (good or bad)
- Tasks the dogs perform: the veteran discusses specific tasks the dog is trained to perform
- Requirements of having a dog: feeding, taking to the vet, walking, etc.
- Transition from military to civilian life: veterans detailed struggles/challenges while discharging
- Community involvement: organizations, trainings, volunteering, etc.
- Family dynamics: veteran discusses details of their family make-up

Curriculum Vitae

Lauren Floore-Guetschow

Place of birth: Indianapolis, IN

Education

B.A., University of South Florida, December 2011
Major: Psychology

M.A., Ball State University, December 2014
Major: Clinical Mental Health Counseling

Ph.D., University of Wisconsin-Milwaukee, August 2020
Major: Counseling Psychology

Dissertation Title: Exploring the Effect of Service Dogs on PTSD Symptoms in Veterans

Graduate Internships

M.A.: Ball State University Practicum Clinic (September 2013-December 2014)
Ph.D: Medical College of Georgia/ Charlie Norwood VA Consortium (July 2019- June 2020)

Graduate Fieldwork

2015-2016: Aurora Psychiatric Hospital: Child and Adolescent Day Treatment Program

2016-2017: Rogers Memorial Hospital: PTSD Intensive Outpatient and Partial Hospitalization Program

2017-2018: Veterans Administration Spinal Cord Injury Center

Teaching Experience

2015-2016: Pathways to Success and Motivation Strategies

2016-2017: Trauma I & II