June 8, 2021 Briefing Note

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“The committee is focusing its study on:
(a) the efficacy and use of psychiatric service dogs by Canadian Armed Forces veterans to alleviate the symptoms of post-traumatic stress disorder (PTSD);
(b) the resources required by the Department of Veterans Affairs to implement access to psychiatric service dogs;
(c) the challenges associated with housing faced by veterans with a psychiatric service dog; and
(d) what should constitute minimum national standards for the training of PTSD psychiatric service dogs”.

Thank you for this opportunity to share the expertise of our research office, and our work in this field for the past 5 years with Service Dogs (SD) specifically, and 10 years with animals generally in a therapeutic manner with this VAC committee. Below is a briefing note on points we covered in our presentation¹, additional points, and expanded points.

There are key five points related to service dog research that we would like to contribute to the committee’s discussion.

**FIRST**, the research question of critical importance to our team is ‘**what is the extent to which SDs are beneficial to Veterans’ wellness & how are they beneficial**’? This is similar to the past work of our office on the role of Indigenous culture in healing from addictions – it is about understanding how it works, not questioning if it works¹. That would be disrespectful. This approach recognizes the value of lived and living experience (that is, what we know through practice) alongside scientific evidence, which is continuing to emerge in the SD field.

In asking this research question it is important to keep in mind that SDs are one distinct category of canines with a job, but they are also domesticated animal companions that live within our households. This domestication has occurred over thousands of years and there are some solid implications from this². For example, a vast majority of Canadian households identify and treat pets as family members³. From our research experiences, this proportion is even more likely among Veterans who are paired with a SD and supported by them⁴. This cannot be lost in the discussion. We often refer to these human animal relationships in academic circles as **zooeyia**⁵, which is defined as the benefit of animals to human health, and more generally known as the human animal bond. The human animal connection

¹ Recording available at: [https://www.ourcommons.ca/Committees/en/ACVA/StudyActivity?studyActivityId=11273379](https://www.ourcommons.ca/Committees/en/ACVA/StudyActivity?studyActivityId=11273379)
can be powerful. The pandemic has highlighted this with the increase in animal adoptions and reflections about the support companion animals have provided to many of us over the past yearvi.

SECOND, research is still emerging on the benefits of SDs in the lives of Veterans diagnosed with posttraumatic stress disorder (PTSD), and our team has produced a fair amount of outcome data specific to Canada in the past few yearsvii. We know PTSD is complex, as is recovery, and we have concluded to date that the SD is a source of personalized support and a complement to treatment. So how does this happen? Said simply, and alluded to above, SDs are sentient beings with the ability to bond with humans and also who are task-trained to have technical skills to assist Veterans with PTSD diagnoses (see below for research evidence). It is in this former role that SDs generally provide what other humans cannot or choose not to provide. For example, Veterans perceive their SDs to be non-judgmental. We found this is our work with people in recovery generally from problematic substance use and their petsviii and as well this is emerging in our current study with Veterans with SDs who are in or seeking recovery for problematic substance useix.

Highlights from the SD and Veteran PTSD research tell us that:

From others’ work: The 2017 VAC study identified a decrease in PTSD symptomsxi; two topic related systematic literature reviews and one scoping reviewxii call for increased methodological rigor; specifically, a scoping review by van Houtert (2018)xii concluded that “[t]here is little empirical evidence on the influence of service dogs for veterans with PTSD”, this “[l]ack of evidence limits the application and development of PTSD service dogs”, and they suggest to “include evaluation methods besides self-perceived welfare of assisted humans”, meaning increased objective, standardized measures. We agree with the above, but are also of the opinion that qualitative understanding is key to answering the question of ‘how’ SDs are beneficial to Veterans diagnosed with PTSD. There is also research emerging (e.g., Rodriguez and colleagues @ Purdue University) that is aligning with our own and others’ (e.g., Yarborough and colleagues @ Kaiser Permanente Northwest Center for Health Research) findings.

Our team’s completed work: Drawing on our research findings to date, SDs are a source of personalized support and a complement to treatment. We found in our preliminary qualitative study (2016) that SDs assisted with decreasing the problematic use of substances and prescribed medication and supported physical health, a sense of psychological acceptance, social connection and a spiritual purposexiii; in our qualitative exploratory study (2017) we again identified a decrease in problematic substance use, decrease in PTSD symptoms, and decreased or stabilized medication use with reported negative side effects (e.g., psychiatric medications)xiv, and in phase 1 of our pilot study (2019)xv we identified a reduction in problematic alcohol and opioid use and PTSD symptoms (using both qualitative and quantitative standardized measures), and an uptake in medical cannabis use amongst Veterans to cope with PTSD symptomsxvi.

Our team’s emerging work: We are currently working alongside 12 SD organizations in a community-directed, patient-oriented study, of which our goal is: To have service dog organizations working with Veterans diagnosed with PTSD address recovery from problematic substance use, by using evidence-informed practice, with specific attention to substance use and distance peer support in their training
programs. We have several studies with Veterans diagnosed with PTSD and in recovery or seeking recovery for problematic substance use informing this work; some of the emerging findings include:

- SDs have a positive impact on Veterans’ challenges with mental health and substance use, physical health promotion, feelings of connection, and socialization outside the home (interviews with 16 Veterans);\textsuperscript{xvii}

- SDs assist Veterans with mattering, which is the human need to feel important or significant in the eyes of others, and this can be a protective factor against self-harm activities and suicidality of which Veterans are disproportionately affected by in Canada (interviews with 5 Veterans);\textsuperscript{xviii}

- Benefits and challenges within families developing bonds (or not) with the SDs and their integration (or not) within the family unit, and reliance on family and friends and their influence in training the SDs (e.g., interviews with 5 veterans and their spouses (3) and close friends (2));\textsuperscript{xix}

- Outcomes of an evaluation amongst a group of Veterans currently training their SDs online (increased isolation from the pandemic, technology challenges, life challenges, virtual presence of peers/peer support in the Veterans’ homes) (5 veterans);\textsuperscript{xx}

- Outcomes of an evaluation with peer support training suggest peer support has many forms, the need and desire to provide it, peer supporters need support, and attention to grief and loss in the Veterans’ lives generally, including with their SDs (30 Veterans);\textsuperscript{xxi}

- Experiences with online training opportunities with SD organizations has seen strong uptake, especially around the topics of mental health, peer support, and animal welfare. The vast majority of participants have reviewed their online training experiences as beneficial while being excited to learn about new topics, through a new medium (zoom), and with some new SD colleagues;\textsuperscript{xxii}

- Using time series data collected via a movement Fitbit, ibeacon (movement of the SD), and a qualitative and quantitative data collection mobile phone application (Ethica), the Veterans’ SDs role is multi-dimensional and not static;\textsuperscript{xxiii}

- Areas of SD organization interest: grief and loss of a SD, SD standards, dog welfare, the human animal bond, and supporting client mental health.\textsuperscript{xxiv}

All of these studies have identified challenges in public spaces in some form or another for Veterans with their SDs (e.g., access, stigma). This is very important to recognize.

\textbf{THIRD}, we want to talk further about SDs being a personalized support and complement to treatment. As identified above, SDs perform technical tasks for the Veterans (e.g., interrupting a nightmare). In our research we consistently hear that SDs are a source of support in the Veterans’ wellness. And we often learn this is because the Veterans are not receiving adequate formal support elsewhere. In our experience, SDs (and animals generally) can be an entry point for relationship development with an individual seeking and receiving care. The SD is one pathway into the Veterans’ lives. In the therapy dog research realm, we simplistically state based on our research findings and practice that a dog can “open the human heart a little bit”. We see this in our work most prominently in two correctional programs we offer with prisoners and visiting dogs\textsuperscript{xxv}. Professionals working with Veterans need to be aware of the role of SDs generally for PTSD, and how to incorporate SDs into their practice.
At the same time, SDs can also be a barrier for Veterans seeking and receiving care. These concerns reside primarily at the systems level. A Veteran with a SD being denied service at a counselling office is a concern. A Veteran being denied housing because of a SD is a concern. And there seems to be no standard experience across the country. Once again, it follows that there is a need for health care and allied professionals to be educated about the role of SDs and their benefits in Veterans’ lives. What is standard though is the fact that Human Rights Codes are a provincial jurisdiction and SDs fall under them (at least in SK)xxvi. This does not mean that policy on Service Animals is always implemented, but there is policy guidance.

This leads us to a FOURTH point. Standards. There is a need for leadership. While on this end we are doing the research to establish the efficacy of SDs (and how it occurs) to assist with the wellness of Veterans, there appears to be a void, and conflict as well as confusion about standards across the provinces and territories. The lack of consensus with the Canadian General Standards Board process several years ago has likely had many unintended, negative consequences.

The lack of national standards has resulted in individual provinces taking assorted approaches to SD public access (one consequence, in turn, is difficulty for Veterans to travel with their SD). It is also leading to individualized policies being developed by organizations that are not experts in this area (such as a university campus). We also think it is important to point out that more than military Veterans paired with Service Dogs for PTSD are being impacted (e.g., survivors of sexual assault, First Responders, current Armed Forces Members) and also other forms of SD assistance (e.g., autism SDs, diabetes alert SDs).

We are making this statement to offer the insight that part of the ‘lack of consensus’ during that process may have been that standards are trying to be made for dogs that are not doing standardized jobs – for some SD organizations the job of the SD is more the bond and less the technical skills and vice versa; SDs are not trained in standardized ways. Some Veterans receive a fully trained SD and others are paired with a minimally trained dog and work with a SD program to train the dog. What we have witnessed is that there are various approaches to training SDs and thus varied SD program designs across Canada and elsewhere.

A caution from our perspective about standards development is the need for a made-in-Canada approach that fits within our context (e.g., provincial/territorial Human Rights SD policy), as well as our point that Service Dog organizations vary significantly in the programs that they offer and how SDs are trained. These and other significant points need to be considered in standards development. That said, the goal of each SD training program is likely very similar in intent -- to improve Veteran wellness. Maybe this is the starting point for development of national standards.

And our FIFTH and final point, linked with the need for standards, is our team’s adoption of a patient-oriented approach to our research in the area of Veterans, PTSD and SDs. This translated for us into the first Veteran group (AUDEAMUS) we worked with where suggesting that we, as researchers, needed to train a SD alongside the Veterans in the program as part of an informed research process. And so we have, and in fact, many members of our team have taken part in SD training. And our key finding, if we can call it that based on our experiences, is making sure that SD welfare is at the centre of our
conversations. This may be the final point in our list today, but it is likely also the most important. Quite simply, SDs are not tools or devices for human welfare, even though they are complements in Veterans’ treatment and supports to them. They provide both technical skills and the benefits of the human animal bond. Returning to one of the systematic reviews above, van Houtert (2018) and colleagues concluded that “the lack of... knowledge regarding welfare of PSDs [psychiatric service dogs] creates risks for both human and animal welfare”.

And why is this important? From a One Health perspective, and some Indigenous ways of knowing, humans cannot be healthy without healthy animals and a healthy planet. We attempt to account in all of our work for the intersections of humans, animals and the environment.

Select related Animal Assisted Intervention studies from our office that may be of interest:


See www.servicedogresearch.ca & www.colleendell.ca


A PAWSitive Support Project for Veterans with PTSD and Who Problematically Use Substances. Lead: Dr. Randy Duncan, Dr. Betty Rohr with Erin Bentley.

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