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14. ABSTRACT Because of policy changes at the Walter Reed facilities in Ft. Belvoir and at the Bethesda facility, the project as designed can no longer be conducted at WRAMC. As a result, the project is currently undergoing review by the Portsmouth Naval facility. We are currently revising our protocol to conform to the Portsmouth facility requirements. It will likely be reviewed by the Research Review Committee and then be reviewed by the facility IRB. Dr. Stephenson will be kept in the loop as there will probably need to be a review at his level. The Westat IRB has reviewed and approved the activities of the Westat team and has been apprised of the change in venue. In the meantime, the research team has had opportunities to present the project in a variety of settings and have been provided opportunities to further develop the theory behind the concept of using service dogs to reduce the symptoms of PTSD among returning soldiers with severe cases of the disability.					
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INTRODUCTION

The proposed project will study the effectiveness of service dogs in the reduction of PTSD symptoms among soldiers, Sailors and Marines returning to the Portsmouth Medical Facility from Iraq and Afghanistan. The Psychiatric Service Dog Society (PSDS) has been developing the concept of using service dogs with a variety of mental health disabilities, including PTSD for the past 13 years. In a 2005 survey of Psychiatric Service Dog (PSD) handlers, 82% of the respondents with PTSD who are using a PSD reported a decline in symptom manifestation. That finding among others and the strong interest of veterans and returning soldiers, the PSD launched a listserv community for veterans of all wars who are interested in using a service dog to help reduce refractory symptoms of PTSD. The community grows on a continuing basis and after 1 year has grown beyond 150 subscribers who are actually using service dogs.

The funded research project will be the first direct test of the effectiveness of service dogs for returning warriors who are suffering from PTSD. It is a “seedling” study that will engage only 20 soldiers. They will be randomly assigned to two groups one receiving the service dog and training to handle it and the second will not receive such support until the end of the project. The measures will include behavioral assessments of general mental health and PTSD symptom manifestations as well as the biological markers that are associated with anxiety, stress and depression. The parallel measures will strengthen the study and add power to the analyses. Once the data collection is complete, and if the findings are positive, there will be a need for a larger study examining the effects of PSDs on PTSD. The study is being administered and data collected by an independent party, the lead agency, Westat.

HUMAN SUBJECTS REVIEW ACTIVITIES

Dr. Long, with extensive support from Drs. Love and Esnayra, continues to work with the various review committees to ensure an efficient review of our protocol. We will submit the completed document with appropriate revisions within the next few weeks.

PRESENTATIONS AND PUBLICITY

In the meantime, the research team has had the opportunity to present the research project in several venues. The ensuing discussions have helped strengthen the development of the theoretical understanding of the way service dogs assist returning soldiers with PTSD. The veterans' listserv has provided extensive insight in ways that the dog assists persons with PTSD (See Appendix). It appears that the service dog provides assistance that is understood by the dog's handler. That is, the assistance is a construction in the mind of the handler, based on the dog's responses to the handler's behavior and understanding of his/her disability. This calls for a clear collaboration among the trainer, the treatment provider, the client and an expert on service dog functions.

One of the concerns expressed by the staff at the Portsmouth facility is the small number of subjects. Because of the required costs of establishing the intervention, the budget allowed only 20 subjects. However, we believe that the design will allow us to develop an effect size that can be used in future larger studies. The matching component in the randomization procedure, multiple data points and multi-method measurements will all contribute to a more stable variance and enhance the likelihood of a reasonable effect size.

Presentations:

1. September 2011. Presented at the "2011 National Conference of the Canadian Association for Suicide Prevention". The presentations focused on innovative ways to address PTSD and associated suicide among our returning soldiers. The concept was well received and much interest was expressed in the results of our study.
- 2.

Publicity:

1. Drs. Love and Esnayra have been interviewed by a New York Times reporter who is very interested in the project and some of the legal and political issues that have arisen in the course of advancing the use of service dogs for soldiers suffering from PTSD. We have not been apprised of any publication date.
2. In March 2011, the National Association for the Mentally Ill (NAMI) issued a report on a survey of their membership. Dr. Esnayra was identified, along with several luminaries in mental health, as one of the top ten most influential people on mental health policy and practice.

STAFFING ADJUSTMENTS

The key project staff have changed;. While Drs. Bouterie and Soumoff (WRAMC PI) will remain participants in any analysis and write up of the study, Dr. Long will become the on site project director. Dr. Love (Project PI) and Dr. Esnayra (Project Co-PI) are all very much involved. The training component has not changed. Because of the change in venue, a new trainer, Kim Danoff will be the trainer for the project.

APPENDIX 1

Service Dog Functions for Persons With PTSD

PSD Assistance for persons with PTSD

Symptom(s): assistive behaviors	assistance classification
reclusiveness: canine accompanies veteran outside the home	physical task
night terrors: dog wakes veteran (optional: turn on light)	physical task
startle reaction: canine-defined personal space perimeter	physical task
forgetfulness: canine medication reminder	physical task
dissociative fugue: 'take me home' command	physical task
hypervigilance: search a room for the presence of humans	physical task
neurochemical imbalance: Team walks to stimulate endorphin production	physical task
dissociative flashback: tactile stimulation mediates sensory re-integration and orientation to time/place	physical task
alert to presence of others (i.e., 'pop a corner' or 'watch my back')	work--leveraging a dog's natural senses
dissociative spell: canine interrupts	work--mind/body
emotional regulation: canine as therapeutic distraction	work--mind/body
sensory overload: canine as alternate focus	work--mind/body

social withdrawal: canine-facilitated interpersonal interaction	work--community integration
canine alert to emotional escalation	work-- leveraging a dog's natural senses (CBT)
hypervigilance: canine environmental threat assessment	work--leveraging a dog's natural senses (CBT)
hallucinations: canine-facilitated reality testing	work--leveraging a dog's natural senses (CBT)
suicidal ideation: 'suicide prevention dog'	work—(CBT)