

## PSD LIFESTYLE

# A Survey of Mental Health Patients Utilizing Psychiatric Service Dogs

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### ABSTRACT

This paper explores an innovative management strategy for refractory mental health symptoms among dog-loving patients. The study's purpose is to generate knowledge about how Psychiatric Service Dogs are being utilized by patients and to generate hypotheses about the types of patients who may benefit from Psychiatric Service Dog partnership in the future. Ours is a descriptive study based upon a voluntary paper survey. The volunteer sample was recruited via email. The singular eligibility criterion is membership on one or more Psychiatric Service Dog listservs. Ninety-five individuals volunteered to participate in the survey. Seventy-one completed surveys were returned. 84.4% (n=54) of respondents report that their psychiatric symptoms have diminished subsequent to canine partnership, and 40.0% (n=26) of respondents report that their use of psychotropic medication has decreased. Interestingly, survey data that characterize the cohort are concordant with independently proposed metrics for assessing the likelihood of Psychiatric Service Dog partnership success.

**Keywords:** service dog; mental health; psychiatric; survey

### INTRODUCTION

Animal Assisted Therapy (AAT) is routinely provided in a variety of medical settings, including inpatient psychiatric wards and therapists' offices (Granger et al., 2000). Research demonstrates its efficacy at helping withdrawn children speak (Law and Scott, 1995; Levinson, 1964), nursing home residents socialize (Fick, 1993; Winkler et al., 1989), and anxious patients relax (Barker and Dawson, 1998). A drawback of AAT is when the session ends. Dog and patient go their separate ways. Indeed it has been proposed that the beneficial effects of AAT are not sustained after the session is over (Beck and Katcher, 1984). What would happen if this form of therapy was allowed to continue? What would happen if dog and patient could be together every minute of every day? Corson, et al, proffered as much when, in 1975, they wrote, "...it may be worthwhile to consider the feasibility of arrangements in which the patient could be provided with a dog,...to take home to provide a continuing stabilizing therapeutic environment in the patient's home. The...dogs could thus serve a function comparable to that of a 'seeing eye' dog; [these] dogs would be 'feeling heart' dogs" ( Corson et al., 1975, p. 281).

The Psychiatric Service Dog (PSD) is today's analogue to Corson's 'feeling heart' dog. By law, Service Dogs are "...individually trained to do work or perform tasks for the benefit of an individual with a disability..."<sup>1</sup> Psychiatric Service Dogs are being utilized by patients as adjuncts to standard of care psychiatric treatments. The dogs are trained to assist in the management of refractory mental health symptoms through the performance of disability-related tasks and/or by providing a therapeutic function (i.e., doing work). One example of a therapeutic function is getting a person with Agoraphobia outside of the home on a regular basis.

Table 1 lists a repertoire of Psychiatric Service Dog tasks. By law, Service Dogs must be permitted to enter places of public accommodation such as, doctor's offices, hospitals, restaurants, retail stores, public transportation, etc.<sup>2</sup> There is no accurate census of how many Psychiatric Service Dog teams are on the streets today, but a reasonable approximation is 5,000-10,000.<sup>3</sup> The popularity of this therapeutic adjunct has recently extended to other countries.<sup>4</sup>

**TABLE 1: A Repertoire of Psychiatric Service Dog Tasks**

Psychiatric Service Dog Tasks*		
Disorder	Symptoms	Trainable Tasks
Major Depression	Hypersomnia	Wake-up owner
	Memory loss	Remind to take medication on-time Scent tracking to find lost objects
	Disorganization	Assist daily routines and household chores

The Psychiatric Service Dog concept got its start in 1997 (Esnayra, 1998), when a group of mental health consumers gathered online to discuss the role of dogs in managing one's own mental illness (Hendrickson, 2005; Johnson, 2005). Many reported that their dog could sense oncoming episodes of mental illness even before they could perceive a change themselves. Health-related canine alerting behaviours are well documented in the research literature. There are published reports on dogs' abilities to detect melanoma by sniffing human skin (Church and Williams, 2001; Williams and Pembroke, 1989), bladder carcinoma in blind-tested urine samples (Willis et al., 2004), hypoglycemia among diabetics (Chen et al., 2000), and seizures among patients with epilepsy (Kirton et al., 2004). In addition, there are countless anecdotal reports of dogs' abilities to detect incipient manic episodes (Smith et al., 2003),

<b>Bipolar</b>	Hyper focus or Irritability Olfactory cue?	Alert to incipient manic episode
	Aggressive driving	Alert to aggressive driving
<b>Anxiety</b>	Restlessness Distractibility	Tactile Stimulation
	Social Anxiety	Assist owner to leave situation
<b>Panic</b>	Olfactory cue?	Alert to incipient panic attack
	Fight or Flight response	Lead handler to a safe place
	Dizziness	Brace or lean against the owner
<b>Post Traumatic Stress</b>	Hyper-vigilance	Alert to presence of other people
	Fear	Safety check a room
	Nightmares	Turn-on lights and wake owner
<b>Obsessive Compulsive</b>	Repetitive behaviours	Interrupt behaviours
	Hallucinations	Hallucination Discernment
<b>Schizophrenia</b>	Confusion or disorientation	Take owner home
	Feeling overwhelmed	Buffer owner in crowded situations

\*A more extensive list of tasks may be found at <http://psychdog.org/tasks.html>

panic attacks<sup>5</sup> and dissociative episodes.<sup>6</sup>

Canine alerting in a mental health context provides the dog's owner critical information that s/he may leverage cognitively to better manage an episode, either through medication adjustments or implementation of cognitive behavioral skills. Furthermore, Allen and Blascovich demonstrate in a randomized controlled clinical trial involving persons with severe ambulatory disabilities that Service Dog partnership, itself, produces substantial improvements in self-esteem, internal locus of control, psychological well-being, and community integration (Allen and Blascovich, 1996).

Increasingly, clinicians are recommending that patients partner with a Psychiatric Service Dog as an adjunct to their current treatment plans. Though, Psychiatric Service Dogs are not appropriate for everyone. Individuals with a history of animal abuse or domestic violence perpetration should not be encouraged to get a dog (Ascione, 1997). For others, the demands inherent to training a Service Dog and the necessity to master the many complex laws that govern one's use of a Service Dog are too overwhelming. Still others are ambivalent enough about dogs, in general, not to be inspired. Nevertheless, there are many suitable dog-loving patients whose functioning has been restored through Psychiatric Service Dog partnership. It is to this group that we now turn our attention.

In order to generate hypotheses about Psychiatric Service Dog utilization practices and to identify key characteristics of individuals who may likely benefit from such a partnership, the Psychiatric Service Dog Society conducted a scientific survey of individuals who are currently using these dogs successfully. Survey data characterize the cohort in a manner that is consistent with proposed metrics for assessing the likelihood of psychiatric service dog partnership success. These metrics provide a hypothetical basis for further research. Clinicians may wish to recommend a Psychiatric Service Dog to select patients in light of these findings.

## METHODS

### Sample:

There was no intention on our part to generate a representative sample. Since this is a web-based survey, and the total number of internet users cannot be calculated, we cannot therefore calculate a response rate when the denominator, itself, is unknowable. Furthermore, the target population is also unknown. Thus, the results of the survey cannot be generalized beyond the responders themselves. We did not establish main outcome measures prior to data collection, because the purpose of the study is descriptive and hypothesis-generating.

A volunteer sample was recruited via email to participate in the survey by virtue of their membership in one or more Psychiatric Service Dog listservs. Those who wished to participate in the study were directed to a secure website where they were asked to register their contact information so that a survey could be mailed to them. 'Eligible respondents' are defined as any person who provided contact information via this mechanism. The contact rate (CON1) = 1 (AAPOR, 2006).

Six potential respondents contacted PSDS staff to discuss their concerns about completing the questionnaire. Those who were concerned about potential triggers among the questions or those who were concerned about the confidentiality of the survey were apprised of their right not to participate.

Ninety-five survey forms were distributed. Responders are defined as those individuals who returned a completed or partially-completed survey. (All returned surveys were in fact completed). There were 71 responders. A non-responder is defined as any individual who requested, but did not return a survey. There were 24 non-responders. The cooperation rate (COOP1) = 74.74%. The refusal rate (REF1) = 25.26%.

As a group, non-responders cannot be characterized. Although, two non-responders did contact PSDS via telephone reporting that they could not complete the survey, because some of the questions on it were too psychologically triggering for them. Each was told that they did not have to complete the survey, if they did not wish to.

### Instrument:

The survey is a 118 item paper and pencil instrument with multiple response formats. While the majority of the responses use a Likert

format (i.e., instructions to circle the best-fit answer(s), several items also offered the option of indicating “Other” with space allotted for open-ended responses. Response rates vary across items depending on the occurrence of skip patterns. Items were presented in spacious format with the questions distributed over seventeen pages with ample white space and separation among answer options to minimize confusion.

Most of the questions addressed information about the respondents, their dogs, or their mental health. The question domains included:

1. basic background information (e.g., demographics, income, history with dogs),
2. mental health and care (e.g., history, diagnoses, treatments)
3. their dogs (e.g., source, breed, care)
4. training and usage (e.g., training method, forms of assistance, reported outcomes)
5. interactions with others (e.g., family acceptance, access challenges, workplace)
6. mental healthcare provider acceptance and support for the Psychiatric Service Dog

In regards to demographics, Race/Ethnicity was self-reported by individual respondents. The survey investigators generated the following classifications, and respondents were instructed to “circle all that apply”: African American (non- Hispanic); Caucasian (non- Hispanic); Hispanic or Latino; American Indian; Asian; Pacific Islander; Other\_\_\_\_. The purpose for asking about race/ethnicity is to further characterize the respondent population.

Only seven questions required respondents to provide opinions or make judgments. Two questions asked about doctors’ and therapists’ support for the Psychiatric Service Dog. Two questions asked about families and friends’ acceptance of the Psychiatric Service Dog. One question asked respondents to judge whether disability-related tasks or therapeutic functions (non-tasks), or both, are most important to the respondent. Finally, two questions serve as outcomes indicators and asked whether use of a Psychiatric Service Dog results in a reduction in refractory psychiatric symptoms and/or medication usage.

### **Procedure:**

The human subjects procedures followed in this study were in accordance with the ethical standards of the responsible committee on human experimentation and with the Helsinki Declaration of 1975, as revised in 2000. The Westat Institutional Review Board (IRB) is a certified human subjects protection agency that requires documentation on every aspect of a study pertinent to human subjects participation. IRB approval in this context assures that all required features of the consent form and the protocol meet legal requirements.

That said, written materials including the proposed survey were submitted to the IRB, by the research team, and were approved with minor changes. After IRB approval was obtained, a solicitation for participation in the survey was emailed to all members of the PSDS listserv with permission to cross-post to other Psychiatric Service Dog listservs. The message included a statement about the importance of conducting research on Psychiatric Service Dogs, in order to develop a better understanding of how dogs are being utilized to manage refractory symptoms. Those interested in participating in the study were instructed to click on an embedded hyperlink that connected to a secure portion of the PSDS website in order to enroll in the study. Potential respondents were asked to provide their name, mailing address, and email address.

Those who enrolled were sent the following documents: 1) a number-coded questionnaire on white paper; 2) instructions on how to complete the questionnaire and return printed materials; 3) a white self-addressed stamped envelope destined for Westat; 4) a same-number-coded consent form on pink paper; 5) a pink self-addressed stamped envelope destined for PSDS. Respondents were instructed to complete the white survey form and send it to Westat in the enclosed postage paid white envelope. They were also instructed to read and sign the pink consent form and send it to PSDS in the enclosed postage paid pink envelope. Respondents were given three weeks to return the questionnaire.

The survey form had no individual identifiers and respondents were instructed not to identify themselves on the questionnaire. In no instance were the list of names and coded survey numbers matched. A research assistant at Westat provided PSDS staff the code numbers on all returned questionnaires. PSDS subsequently sent individuals who successfully completed the questionnaire a \$10.00 incentive. It is noteworthy that twenty-four of seventy-one respondents spontaneously refused the incentive asking instead that the money be donated to PSDS. Refusing the stipend was not offered as an option or in any way suggested to respondents.

### **Statistical Analyses:**

Because the sample was not randomly selected, it is not appropriate to use inferential statistics. Rather, the study focused on description and correlations. The resulting findings are to be the basis of further research. Similarly, since the study has engaged a potentially select sample, no attempts at weighting were made.

## **RESULTS**

### **Demographics:**

Survey respondents’ ages range from 20 years to 69 years. 88.7% (n= 63) of respondents are female. 95.8% (n= 68) of respondents are Caucasian. The cohort lives in 28 states with equal representation from rural, suburban, and metropolitan areas. All completed high

school, and 87.3% (n= 62) has some college-level education. All respondents have internet access. 69.2% (n=45) of respondents are unemployed, and 60.6% (n=43) receive some form of public assistance. 42.3% (n=30) receive Social Security Disability Income. 45.7% (n=32) of respondents earn less than \$25,000 per year. 52.9% (n=37) of respondents rent their dwelling compared to the national housing rental average of 33.8%.<sup>7</sup>

All respondents grew up in families that had pets. For 89.9% (n =62) of respondents this included at least one dog. All report having owned animals as an adult. 76.6% (n=49) of respondents report some prior dog training experience. The cohort's current status with regard to Psychiatric Service Dog partnership is shown in Table 2.

**TABLE 2: Survey Respondents' Service Dog Partnership Status**

Service Dog Partnership Status	Percentage Reporting	Number
Partnered with Fully-Trained Psychiatric Service Dog	38.6	27
Partnered with Psychiatric Service Dog In-Training	40.0	28
Partnered with Physical Disability Service Dog that Provides Psychiatric Support as a Secondary Function	12.8	9
Not Yet Partnered with a Dog	8.6	6

**Clinical Status:**

93.0% (n=66) of respondents indicate they are currently receiving mental healthcare. 93.9 % (n=62 ) of these report seeing a psychiatrist, and 71.2% (n=47) report seeing a therapist. 98.6% (n=70) of respondents report that psychotropic medication has been recommended to them by a provider, and 84.5% (n =60) report actually taking psychotropic medication. In addition, 82.4% (n=56) of respondents report using some form of Complementary or Alternative Medicine, in order to manage mental health symptoms.

78.2% (n=54) of respondents indicate that their physician is supportive (yes or somewhat) of their use, or planned use, of a Psychiatric Service Dog. 81.2% (n=52) of respondents indicate that their therapist is similarly supportive. 58.0% (n=40) of respondents have on file a doctor's letter of support for the patient's use of a Psychiatric Service Dog.

In order to lawfully utilize a Psychiatric Service Dog, a patient's psychiatric impairment must substantially limit him/her in one or more major life activities.<sup>8</sup> The following data address this requirement. Table 3 reflects the range of DSM-IVR psychiatric diagnoses that characterize the cohort.

**TABLE 3: Survey Respondents' Self-Reported DSM-IV Psychiatric Disorders**

Respondents' Psychiatric Disorders		
Disorder	Percentage Reporting	Number
Depression	69.0	49
Anxiety	67.6	48
Post Traumatic Stress	59.2	42
Panic	42.3	30
Bipolar	42.3	30
Personality	23.9	17
Agoraphobia	22.5	16
Obsessive Compulsive	21.1	15
Eating	19.7	14
Asperger's Syndrome	5.6	4
Autism	4.2	3
Schizophrenia	4.2	3
Schizoaffective	4.2	3

Additional metrics of impairment severity and their prevalence within the cohort are presented in Table 4. Respondents who self-identified as taking psychotropic medication were asked to gauge their own impairment severity using forced-choice statements. These data are presented in Table 5. It should be noted that while the law requires one's level of impairment to be severe in order to be eligible to utilize a Service Dog, one's impairment cannot be so severe that it precludes the patient from being able to care for a dog appropriately. Table 5 reflects this delicate balance well. Few respondents report that they are completely stable or unstable. Indeed most respondents cluster somewhere between these two extremes.

**TABLE 4: Independent Metrics of Psychiatric Impairment Severity**

Metrics of Psychiatric Impairment Severity	Percentage Reporting	Number
1. Doctor has recommended psychotropic medication	98.6%	70
2. Patient is taking psychotropic medication	84.5%	60
3. Patient has seen two or more psychiatrists in his/her lifetime	82.9%	58
4. Patient reports that mental illness affects him/her on daily basis	77.5%	55
5. Patient was sexually abused as a minor	68.6%	48
6. Patient has made at least one suicide attempt	59.2%	42
7. Patient has had at least one psychiatric hospitalization	59.2%	42
8. Patient is a Social Security Disability Income recipient	42.3%	30

**TABLE 5: Self-Reported Psychiatric Impairment Severity Among Respondents Taking Psychotropic Medication**

Psychiatric Impairment Severity Among Respondents Taking Medication		
Forced-Choice Statements	Percentage Reporting	Number
"I am extremely stable, and I no longer have any episodes of mental illness."	5.1	3
"I am mostly stable though, once in awhile I experience episodes of mental illness."	33.9	20
"I am stable sometimes, and I experience regular episodes of mental illness."	44.1	26
"I am stable only once in awhile, and I experience frequent episodes of mental illness."	6.8	4
"I am not stabilized, and episodes of mental illness are nearly constant."	10.2	6

Importantly, respondents were asked if their psychiatric symptoms have diminished since partnering with a Psychiatric Service Dog. 84.4% (n=54) of respondents report that symptoms have indeed diminished. 6.3% (n=4) of respondents state that symptoms have not diminished, and 9.4% (n=6) of respondents were 'not sure'. When asked if their use of psychotropic medication has decreased since partnering with a Psychiatric Service Dog, 40.0% (n=26) of respondents report that their medication usage has decreased. 47.7% (n=31) said that medication usage has not decreased, and 4.6% (n=3) were 'not sure'. These findings are stratified by DSM-IVR diagnosis in Table 6.

**TABLE 6: Effects of Psychiatric Service Dog Partnership on Respondents' Self-Reported Mental Health Symptoms Manifestation and Medication Usage by Diagnosis (in Rank Order)**

Respondents' Symptoms and Medications Reductions by Diagnosis					
Number of Respondents	Reduced Symptoms		Reduced Medication		Number of Respondents
	Respondent's Diagnosis	Percentage Reporting	Percentage Reporting	Respondent's Diagnosis	
16	1. Personality	93.8	66.7	1. Agoraphobia	15
15	2. Agoraphobia	86.6	56.3	2. Personality	16
44	3. Anxiety	86.3	42.9	3. Panic	27
45	4. Depression	82.2	42.2	4. Anxiety	44
39	5. PTSD	82.0	42.2	5. Depression	45
27	6. Panic	81.5	40.0	6. PTSD	39
26	7. Bipolar	80.7	40.0	7. OCD	15
15	8. OCD	73.4	38.8	8. Bipolar	26

**The Dog:**

Dog ownership brings with it many responsibilities. Some have questioned the abilities of psychiatric patients to adequately care for a dog. 95.4% (n=62) of respondents report that their dog currently has a veterinarian. 98.5% (n=64) of respondents report their dog is current on all its vaccinations. 78.9% (n=49) of respondents report that their dog needs on average two or more veterinary visits per year. To this end, 84.3% (n=59) report that a car is available to them when needed. 90.8% (n=59) of respondents report walking their dog on a regular basis. 78.5% (n=51) of respondents play with their dog regularly. In terms of training, the cohort is very much hands-on. 89.2% (n=58) of respondents report active involvement in the training of their Service Dog. 50.8% (n=30) of respondents report training their Service Dog primarily by themselves. 35.6% (n=21) report training primarily under the guidance of a professional dog trainer.

A Psychiatric Service Dog is trained to meet the individual needs of a given patient. 81.3% (n=52) of respondents report that their dog is trained to perform disability-related tasks, while 18.8% (n=12) report their dog is not task trained. An open-ended survey item asks respondents to describe the 'non-task' forms of assistance provided by their Service Dog, and these data are presented in Table 7. When asked about the relative importance of task versus 'non-task' forms of assistance, 4.6% (n=3) of respondents report that the performance of disability-related tasks is most important. 30.8% (n=20) of respondents indicate that 'non-task' forms of assistance are most important, and 61.5% (n=40) of respondents report that, both, tasks and 'non-task' forms of assistance are equally important.

**TABLE 7: Survey Open-Ended Responses Listing Psychiatric Service Dogs Therapeutic Functions (i.e., 'non-task' Forms of Assistance)**

Psychiatric Service Dog Therapeutic Functions	
'non-task' Forms of Assistance	# Respondents
Provides Companionship and a Calming Presence	21
Helps Me to Feel Safer	18
Provides Me Comfort or Emotional Support	14
Facilitates Structure to My Day	10
Gets Me Out Of The House	10
Is a Source of Unconditional Love	8
Provides a Meaningful Distraction	7
Serves as Social Lubricant with Others	6
Helps Me Exercise on a Regular Basis	5
Is My Suicide Prevention Dog	4
Is a Source of Self-Esteem	3
Carries Items (e.g. nebulizer medication,I.D.)	3
Assists with Hallucination Discernment	2
Provides Me a Reality Check	2
Is a Good Listener When I Need to Talk	2
Works as a Therapy Dog in Hospitals	2
Helps Create a More Positive Environment	1
Helps with Personal Boundary Establishment	1

The amount of time that a patient spends with his/her Psychiatric Service Dog is believed to impact the efficacy of the partnership. 78.5% (n=51) of respondents report that their dog is with them at least 90% of the time. This leads to access challenges in places of public accommodation (i.e., retail stores, restaurants, grocery stores, public transportation). Relationships with family and friends may also be affected by the partnership. Some friends and family are supportive of patients who choose this disability management strategy, while some are not. Table 8 features some of the stresses and supports that are associated with Psychiatric Service Dog partnership.

**TABLE 8: Sources of Support and Stress for Patients Using Psychiatric Service Dogs**

Sources of Support	Percentage Reporting	Number	Eligible but missing
Friends positively accepts Psychiatric Service Dog (yes or somewhat)	100	64	1
Family positively accepts Psychiatric Service Dog (yes or somewhat)	88.3	53	5
Respondent has at least one friend diagnosed with mental illness	78.2	43	10
Respondent made new friends as a result of having a Psychiatric Service Dog	56.3	36	1
Respondent knows other Psychiatric Service Dog handlers	46.2	30	0
Sources of Stress	Percentage Reporting	Number	Eligible but missing
Access Challenges in Places of Public Accommodation	76.2	48	2
Friend(s) or family member(s) have refused to be seen in public with respondent's Psychiatric Service Dog	31.3	20	3
At least one of respondents' relationships ended because of respondent's use of a Psychiatric Service Dog	24.6	16	0

## DISCUSSION:

The survey cohort is neither representative of the U.S. population, nor psychiatric patients, in general. They are a selected group of individuals who are using Psychiatric Service Dogs successfully and are connected to one another by virtue of their participation in one

or more Service Dog listservs. Independently and prior to conducting this study, the authors generated a list of proposed metrics for assessing the likelihood of Psychiatric Service Dog partnership success in the hopes that the metrics could be utilized by clinicians when deciding whether to recommend a Psychiatric Service Dog to a patient. In the course of analyzing the survey data, it became apparent that the survey cohort reflected many of the metrics previously identified. Table 9 lists the metrics, and their nexus to the survey cohort is elaborated below. Functionally, Table 9 serves as a launching point from which testable hypotheses may be drawn and subsequently tested in the context of a longitudinal outcomes study.

**TABLE 9: Proposed Metrics for Assessing the Likelihood of Psychiatric Service Dog Partnership Success**

Metrics for Assessing the Likelihood of Psychiatric Service Dog Partnership Success
<b>Patient's Clinical Status:</b>
1. Current DSMIVR Axis I diagnosis
2. Presence of an active mental health treatment plan with which patient is fully compliant
3. Takes psychotropic medication as prescribed
4. <i>Not currently a high suicide risk</i>
<b>Individual characteristics:</b>
5. <i>No history of animal abuse or domestic violence perpetration</i>
6. Positive history with dogs
7. Stable residence
8. Literate
9. Access to the internet
10. Accepts that use of a Service Dog will publicly identify him/her as a person with disability
11. Commits to 24/7 canine partnership
12. Commits to exercising dog on a daily basis
13. Presence of reliable support network
<b>Financial Health:</b>
14. Financial ability to support ongoing mental health care
15. Financial ability to support the needs of a dog, including unanticipated veterinary expenses
16. Access to a car in case of veterinary emergencies
17. Financial ability to retain a private professional dog trainer, or patient has prior dog training experience
<b>Subjective Criteria:</b>
18. Personal initiative, resourcefulness, creative problem-solving skills
19. Able to interact with others in a socially appropriate manner
20. <i>High degree of insight into his/her mental illness</i>
21. <i>Ability to apply cognitive behavioral skills</i>
22. <i>Ability to handle external stressors in healthy ways</i>

Note: Italicized metrics are not directly related to the survey data. Rather, these items derive from other sources.

As a group, the survey cohort reflects a positive history with dogs. Most were raised in family households with dogs, and all have owned dogs as adults. In addition, most report having had some prior dog training experience.

The cohort is educated, literate, and enjoys access to the internet. It reflects a high rate of unemployment and low income. Nonetheless, it appears that sufficient resources are available to support the costs of ongoing mental healthcare and those associated with owning and training a dog. Other survey data not reported here indicate that the cohort is quite active and engaged in the care and maintenance of its dogs.

Most are severely mentally ill by any number of reasonable measures. They are medicated but continue to experience refractory symptoms. Mood and Anxiety Disorders predominate. Importantly, a majority report that use of a Psychiatric Service Dog has diminished symptoms. A substantial minority report reduced psychotropic medication usage subsequent to canine partnership. This is true more so among those with anxiety-related disorders. This finding is consistent with the claims of Mason, who report that among a cohort of psychotherapists, animal-assisted therapy (AAT) was deemed most successful with clients who have Anxiety Disorders (Mason and Hagan, 1999).

The cohort has adapted well to Psychiatric Service Dog partnership despite some of the stressors associated with it, such as access challenges and relationship issues. Notwithstanding, respondents reflect the presence of a support system that includes family and/or friends.

The group is enterprising and resourceful in its search for information about Psychiatric Service Dogs, and it reflects a willingness to network with like-minded others. As treatment seekers, many utilize complementary or alternative forms of medicine that include frequent exercise and play with their dogs. The survey uncovered no evidence of animal abuse or neglect. On the contrary, the cohort appears to be responsible, both, in terms of its approach to mental health treatment and animal guardianship.

**CONCLUSION:**

Clinicians may wish to recommend a Psychiatric Service Dog to select patients in light of these findings.\*



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## FOOTNOTES:

<sup>1</sup> 28 CFR 36.104; Available at: <http://www.gpoaccess.gov/cfr/index.html> Accessed May 26, 2007.

<sup>2</sup> Commonly Asked Questions About Service Animals In Places of Business, memo, Department of Justice. Available at: <http://www.usdoj.gov/crt/ada/svcanimb.htm> Accessed June 1, 2007.

<sup>3</sup> This rough figure is based upon the approximately 5,000 persons who have been served by the Psychiatric Service Dog Society listserv over the past ten years.

<sup>4</sup> The first Psychiatric Service Dog organization in Australia was founded in 2003. The organization is known as A.W.A.R.E. Dogs Available at: <http://www.awaredogs.org.au> Accessed June 21, 2007.

In addition, the Austrian government has appointed an individual named Ms. Gloria Petrovics who is charged with developing Service Animal regulations for the country. She reports that Psychiatric Service Dogs will be recognized by the Austrian government and provided with public access rights equivalent to those extended to Guide Dogs (pers comm).

In England, Psychiatric Service Dog advocates are mobilizing to achieve recognition and acceptance for Psychiatric Service Dogs by the governments of the UK.

<sup>5</sup> Unpublished data collected by authors over ten years in the context of a Psychiatric Service Dog listserv.

<sup>6</sup> Ibid.

<sup>7</sup> Housing Characteristics: 2000, Census 2000 Brief, U.S. Census Bureau, Available at: <http://www.census.gov/population/www/cen2000/briefs.html> Accessed June 22, 2007.

<sup>8</sup> Americans with Disabilities Act of 1990; definition of 'person with a disability' Available at: <http://www.eeoc.gov/policy/ada.html> Accessed June 26, 2007.

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