

## **Aanderson Service Dog Prescriber Guidelines©**

### **Kristine Aanderson, Registered Psychologist**

*Registered Psychologist experienced in treating veterans and first responders with PTSD, Executive Director of Hope Heels Service Dogs, Registered dog breeder with the Canadian Kennel Club*

### **Introduction**

Service Dogs are dogs that have been specifically trained to perform skills that mitigate the symptoms of a person with a disability. Studies have shown that Service Dogs can improve quality of life and reduce the symptoms of people living with physical or psychiatric disabilities. In order to obtain a Service Dog, an individual with a disability must receive documentation that their symptoms qualify as a disability. As with any other intervention, it is vital that the prescriber determine that a Service Dog is an appropriate treatment approach and method of supplying the intervention to minimize the risk of harm to the patient, the service dog and to the public.

### **Definitions**

**Service Dog** – A dog that has been specifically trained to perform behaviors (tasks and/or alerts) to minimize the limitations of a person with a disability and accompany their handler in public spaces.

**Task** – A specifically trained behavior that the Service Dog performs on directed cue of the handler. *Example: Getting a phone to call for assistance.*

**Alert** – A specifically trained behavior that the Service Dog performs on a non-directed cue from the handler. *Example: Putting their head in the handler's hand when the handler's leg starts to bounce from anxiety.*

### *Related Definitions*

**Pet Dog** – A companion dog that may not have any specialized training, but whose presence provides comfort to a person.

**Emotional Support Dog** – A vague term for a pet that a person finds comforting. Depending on jurisdiction, they may be allowed in places where a normal pet may not be.

### **History (brief)**

In 1929, the Seeing Eye Inc. introduced the first formal Guide Dog program in the United States. In 1975, Dr. Bergin created the idea of having a trained Service Dog help people with mobility impairments and founded the first Service Dog Training School.

Throughout the 1970's, 80's and 90's, the ways Service Dogs could help expanded to include Hearing Ear Dogs, Autism Support Dogs, Seizure Response Dogs and Diabetic Alert Dogs.

In the 2000's, Service Dogs began to be trained for assistance with Psychiatric Disorders, including PTSD Service Dogs for veterans. Psychiatric Service Dogs can assist their handlers through a variety of tasks (such as getting medication), alerts (such as the dog putting its head on its handlers lap when their legs shake) and work (such as the handler actively using the dog for grounding/reality checks).

## **Efficacy**

### *Service Dogs for psychiatric disabilities*

A study from Laval University<sup>i</sup> found that at 3, 6, 9 and 12 months after being paired with a service dog, symptoms of depression and post-traumatic stress disorder were significantly reduced, sleep quality had increased, quality of life was significantly improved, mobility outside of the home increased and there were significant increases in feelings of competence, self-esteem and adaptability.

A study from Purdue University<sup>ii</sup> found that military veterans diagnosed with PTSD who were paired with service dogs produced cortisol in a pattern more similar to healthy adults without PTSD. The Purdue study also found that veterans with PTSD paired with a service dog showed less anger and anxiety and had better sleep than veterans with PTSD without a service dog.

### *Service Dogs for physical disabilities*

A study published in the Journal of the American Medical Association showed that pairing individuals with severe ambulatory disabilities with service dogs resulted in substantial improvements in self-esteem, internal locus of control and psychological wellbeing after being paired for 6 months. It also showed that participants showed improvements in community integration, increases in school attendance and/or part time employment and dramatic decreases in the number of both paid and unpaid hours requiring assistance<sup>iii</sup>

Owners of service dogs trained to assist with 28 functional tasks reported that the service dog helped them to feel safe, increased their social interaction and reduced their physical assistance by others. Problems with service dogs included difficulty with service dog maintenance and their role relating to public awareness/public interactions<sup>iv</sup>.

## **Indications and usage**

To qualify under legislation for public access with a service dog, two criteria must be present in the patient:

1. The patient must meet the criteria to be diagnosed with a disability
2. The symptoms of that disability must be specifically mitigated through the trained behaviors of the service dog

### **Criteria 1**

The patient must meet the criteria to be diagnosed with a disability in their jurisdiction of residence.

### *Concerns with self-reported symptoms for a diagnosis*

There are a minority of patients who seek to be prescribed a service dog that do not qualify for the diagnosis of a disability in the jurisdiction where they live, but falsify their symptoms in order to obtain a prescription. Reasons for falsifying/overstating symptoms can include but are not limited to; wanting their pet dogs to fly in the passenger cabin of airplanes with them, wanting to have their pet live with them in non-pet housing, or enjoying the company of their pet in public.

It is also important to note that a patient reporting they “feel better” with a dog in public is not criteria for a disability that would warrant the prescription of a service dog.

The presence of DSM or ICD diagnostic codes does not necessarily mean that a patient’s symptoms qualify as a disability. A prescriber must be familiar with the qualification criteria for a disability in the jurisdiction where the patient resides. These often include qualifications for how the symptoms impact the patient’s ability to engage in activities, but can have great variation across jurisdictions.

**Care must be taken when using self-reported symptoms in diagnosing of a disability for the prescription of a service dog and prescribers must be aware of the qualifications of a disability in the jurisdiction where the patient resides.**

### **Criteria 2**

The symptoms of that disability must be specifically mitigated through the trained behaviors of a service dog.

*Note:*

Improvements in symptoms due to the presence of the dog may be beneficial, but do not qualify for criteria 2 as the presence of a service dog does not represent a trained behavior.

Specially trained service dogs can be useful for adults for the long-term treatment and mitigation of symptoms of:

- **Post-Traumatic Stress Disorder**
  - Interruption of recurrent, involuntary and distressing memories of the event
  - Reduction in distressing dreams or sleep disturbances
  - Interruption of dissociative reactions
  - Reduction in physiological or psychological distress (through redirection) at exposure to reminders of the traumatic event
  - Reducing distress during exposures to previously avoided situations by providing physical distance between the patient and the people/situation
  - Reduction in negative emotional states
  - Increase in ability to experience positive emotions
  - Redirection of irritability
  - Redirection and reduction in hypervigilance
  
- **Anxiety Disorders**
  - Interruption of worry behaviors
  - Reduction of symptoms of panic (including heart rate, breathing rate and cortisol levels)
  - Balance for light-headedness or faintness
  - Increase in feelings of being able to cope with panic reactions
  - Redirection of fear of social situations to a positive reminder (the dog)
  - Reduction in feeling trapped in situations

- **Depressive Disorders**

*Aanderson Service Dog Prescriber Guidelines – March 4, 2019 – written by Kristine Aanderson, Registered Psychologist – for questions about the guidelines, email [KristineAandersonPsychologist@gmail.com](mailto:KristineAandersonPsychologist@gmail.com)* 3

- Increase in positive affect
- Reduction of insomnia or hypersomnia through the prompting of waking or going to sleep
- Decreasing feelings of worthlessness

- **Physical Disabilities**

- Assisting with balance, grasping/grabbing, retrieving, carrying, placing objects, opening/closing doors, turning on/off light switches, assisting in transfer from wheelchair and obtaining assistance in case of an emergency.

*Note: Benefiting from companionship, reduction in loneliness (or other non-diagnostic symptoms) or the subjective state of 'feeling better' does not require the treatment of a service dog.*

## **Contraindications**

There are situations where a service dog must not be prescribed or used for safety reasons.

### **Violent or Abusive Behavior**

Service dogs are contraindicated in situations where the patient has a history of violence or abuse towards animals. If violent behavior towards humans or animals has occurred at any point in the patient's life and it is related to low frustration tolerance or becoming overwhelmed by emotions, a service dog must not be prescribed.

### **Active Psychosis**

A service dog is contraindicated for patients currently experiencing active psychosis.

### **History of Abusive Behavior Towards Minors**

Service dogs must not be prescribed to individuals who have a history of perpetuating physical or sexual abuse towards minors, as this represents both a risk to the safety to the dog and a risk to the public if the dog could be used as a lure for minors.

*(Note: A Vulnerable Sector Check can be used to determine if this contraindication is present)*

### **Use of Dog for Aggression**

A service dog must not be prescribed to or used by patients who wish to have the service dog act as an aggressive deterrent to perceived threats.

*Example: A dog that is trained to attack or look aggressive on cue from the patient.*

### **Inability to interact with the dog using Humane Methods**

Service dogs must be trained and handled using Humane Methods. Service dogs are contraindicated with patients who feel that force, pain or discomfort are training methods to be used with a dog. Representatives from the Canadian Veterinary Medical Association have determined that the use of harsh, aversive training methods are inappropriate in the training of a service dog as they have a high likelihood of causing unstable and unsafe behaviors in a dog. Furthermore, patients with a psychiatric diagnosis are at a high-risk level to use these tools in a way that is very harmful to the dog.

*Aanderson Service Dog Prescriber Guidelines – March 4, 2019 – written by Kristine Aanderson, Registered Psychologist – for questions about the guidelines, email [KristineAandersonPsychologist@gmail.com](mailto:KristineAandersonPsychologist@gmail.com)* 4

Inappropriate methods include but are not limited to: yelling at the dog, hitting, pinching, pushing, ‘alpha rolls’ and using choke chains, prong collars or shock collars/e-collars.

### **Unsuitable Pets**

If the patient wishes to train their own dog as a service dog and their dog has: any history of aggressive or fearful behavior (as determined by a dog behavior professional) or has a physical health condition that may cause pain (as determined by a veterinarian), the use of the patient’s own pet as a service or emotional support animal must not be prescribed as that indicates a severe risk to the safety of the patient and the public.

### **Precautions**

Prior to prescribing a service dog, the following factors should be assessed to determine suitability.

### **Worsening of symptoms**

Patients whose symptoms are worsened by unprompted interactions with strangers in public will likely struggle working with a service dog. Evidence indicates that the use of a service dog significantly increases the number of strangers in public who approach and initiate conversations (that can range from friendly to aggressive interactions). A patient must be able to manage conversations with strangers in public without worsening of their symptoms prior to being prescribed a service dog.

Patients with strong avoidance tendencies can use the service dog as an excuse to avoid situations that are therapeutically beneficial for the patient.

*Example: A patient saying they cannot engage in prolonged exposure therapy homework because they are worried the dog will bark or they will be challenged in public access.*

Patients with avoidance tendencies may also misconstrue misbehavior of the service dog as the dog ‘alerting’ or ‘assisting’ the patient. This can result in behaviors such as avoidance or hypervigilance becoming more pronounced. This is why it is critical that service dogs be obtained through reputable sources, as ongoing client care can identify these as dog behavior problems and provide remedial training.

*Example: A dog gets up when it was asked for a down stay, the patient identifies this behavior as the dog ‘cueing me to my anxiety’, despite the trained cue not being present. After repeated pairings of this behavior, the dog’s obedience skills are degraded and the patient begins to be superstitious about going to certain locations because the dog’s previous behavior.*

Patients with persistent beliefs that the world is not safe who wish to use the service dog (or their tasks) to reinforce these negative beliefs can result in stagnation or regression of symptoms.

*Example: A dog that is trained to search the house for intruders or block the patient from individuals in public reinforces the negative belief system that the world is not safe and the dog is needed for protection.*

### **Timing during treatment**

*Aanderson Service Dog Prescriber Guidelines – March 4, 2019 – written by Kristine Aanderson, Registered Psychologist – for questions about the guidelines, email [KristineAandersonPsychologist@gmail.com](mailto:KristineAandersonPsychologist@gmail.com)* 5

Service dogs are only effective if prescribed at a time in treatment where the presence of a service dog will enhance the patient's ability to function. A patient must be able to perform a task (even with great difficulty or assistance) prior to being able to benefit from a service dog.

*Example: A client is unable to go outside for a walk in their neighborhood, but feels that they would do it if they had a dog = unsuitable time in treatment. A client is able to go outside for a walk in their neighborhood, but only with a safe person = possibly benefit from a service dog*

The patient's symptoms must not be volatile to the point where the patient may be regularly unable to care for the service dog (such as recent or high likelihood of future hospitalizations, emergency room visits, police interactions, substance treatment center admissions or similar events).

### **Ability to care for a dog**

The patient must be able to demonstrate that prior to prescribing the service dog, they are able to meet the care needs of the service dog. This Duty of Care includes but is not limited to financial (minimum \$100/m), dietary requirements (maintaining the service dog at an appropriate body mass index/non-obese), physical/exercise needs (walk or jog minimum 30 minutes per day), emotionally (being able to show the service dog respectful positive regard) and intellectual (maintaining the dog's training for a minimum of 30 minutes per day). An inability to meet any of these criteria indicate that this is an unsuitable time to prescribe a service dog.

### **Consistency in training**

A patient must have the capacity and insight to maintain the service dog's training. This includes being able to consistently apply cause and effect relationships, and take actions to maintain the training of the dog. Failure to do so will result in degradation of the effectiveness of the service dog.

*Example: If the service dog is trained to alert when the patient is anxious by bumping their hand, the patient must be able to react to this by focusing on the service dog and providing a verbal or physical reward for the service dog behaving correctly.*

### **Stability of medication**

A variety of prescribed and non-prescribed medications may be used to manage symptoms of PTSD. To be able to handle a service dog safely, a patient must be free of substances that may cause significant behavioral variability. Instability of medications can occur by changing or significantly adjusting medication or if a patient is over-using a medication / self-medicating substance use (such as marijuana or alcohol). A potential handler of a PTSD service dog must have stability of medication use to ensure that the service dog is safe and treated appropriately.

### **Adverse reactions**

Minimal Adverse Reactions have been reported with well-trained service dogs from reputable service dog training schools, when proper patient selection processes have been followed.

Adverse reactions have been reported with:

- Poorly selected or trained dogs
  - o injuries to the public and the patient
  - o increase in symptoms
  
- Patients attempting to train their own pets to be their service dog
  - o injuries to the public, the patient or the dog
  - o significant worsening of symptoms
  - o increase in rumination
  - o increase in anxiety in public
  - o increase in negative affect
  
- With service dog training schools that are not reputable
  - o injuries to the public, the patient or the dog
  - o significant worsening in symptoms
  - o triggering/activating traumatic symptoms
  - o financial distress

## Side Effects

### **Increase in daily care activities**

Having a service dog introduces an increase in the daily care activities for the patient in caring for the dog. This includes feeding, toileting, exercise, grooming and maintenance training. As these activities must occur every single day, a patient must have a support plan in place for an individual/group who is able to assist in these tasks when the patient is unable to.

### **Distress tolerance and stress level**

The average wait time to obtain a service dog for psychiatric disabilities is 2 years and this waiting period can cause stress in the patient. A client must have strong distress tolerance skills to manage the stress of being on a long waitlist for a service dog.

In the early stages of working with a service dog (first 6 months), the stress level of the patient often increases due to the adjustments and requirements of working with a service dog. A patient should have significant distress tolerance skills prior to being prescribed a service dog to account for this initial period of increased stress and have ongoing, in person training support from the service dog placement organization/individual for the lifetime of the working team.

## Type of Intervention

### *Service Dogs*

A Service Dog can be a life-changing intervention for a patient with a disability. However, not every patient who wishes to benefit from a dog is a suitable candidate for a service dog. There are pre-requisites needed to ensure the health and safety of the service dog and the public and service dogs represent considerable investments of time, energy and finances, from the process of acquiring the service dog through the entire working life of the dog (approximately 8-10 years).

## *Pets*

Many of the benefits of a service dog can be achieved through pet ownership. Pet ownership has been shown through research to support self-efficacy and strengthen a sense of empowerment, serve as ‘family’ or support, provide connections in social avenues and provide empathy<sup>v</sup>.

### *Emotional Support Dogs*

‘Emotional Support Dog’ is a vague term that refers to a pet dog that the owner finds comforting, that is granted various access rights, depending on the jurisdiction. They may be allowed rights to non-pet housing or transportation, depending on where the handler resides. Many of the benefits seen with pets can be seen with Emotional Support Dogs, and handlers report the provide a sense of comfort when accessing public transportation (such as buses or airplanes).

#### *Risks with Emotional Support Dogs*

*The difficulty with this term is that there is no training or behavioral standards for an Emotional Support Dog. This can cause severe consequences for the dog, the handler and the public. Public Transit is one of the most difficult situations to train a dog to work in and the lack of training standards for Emotional Support Dogs has resulted in a number of airline passengers being bitten by Emotional Support Dogs on airplanes<sup>vi</sup> and cases of the dog itself having reported ‘panic attacks’ while in flight.*

The additional benefits to an Emotional Support Dog (above pet ownership benefits) do not outweigh the risks to the public. If a patient feels they need an Emotional Support Dog for public transit reasons, a Service Dog should be used.

**A service dog is indicated if the patient requires the dog to perform specifically trained behaviors to help mitigate their disability in public.**

**A pet dog is indicated when the patient requires emotional support, comfort, companionship and gentle prompts for increases in physical activity or social interaction.**

**If the patient feels that a pet dog is not a strong enough intervention and advocates that an Emotional Support Dog is needed, a Service Dog is the indicated intervention.**

The following (*Table 1*) is a table to help professionals and patients determine if a service dog is the right choice for the treatment of the patient.

*Table 1 – Determining if a pet or service dog is the right choice*

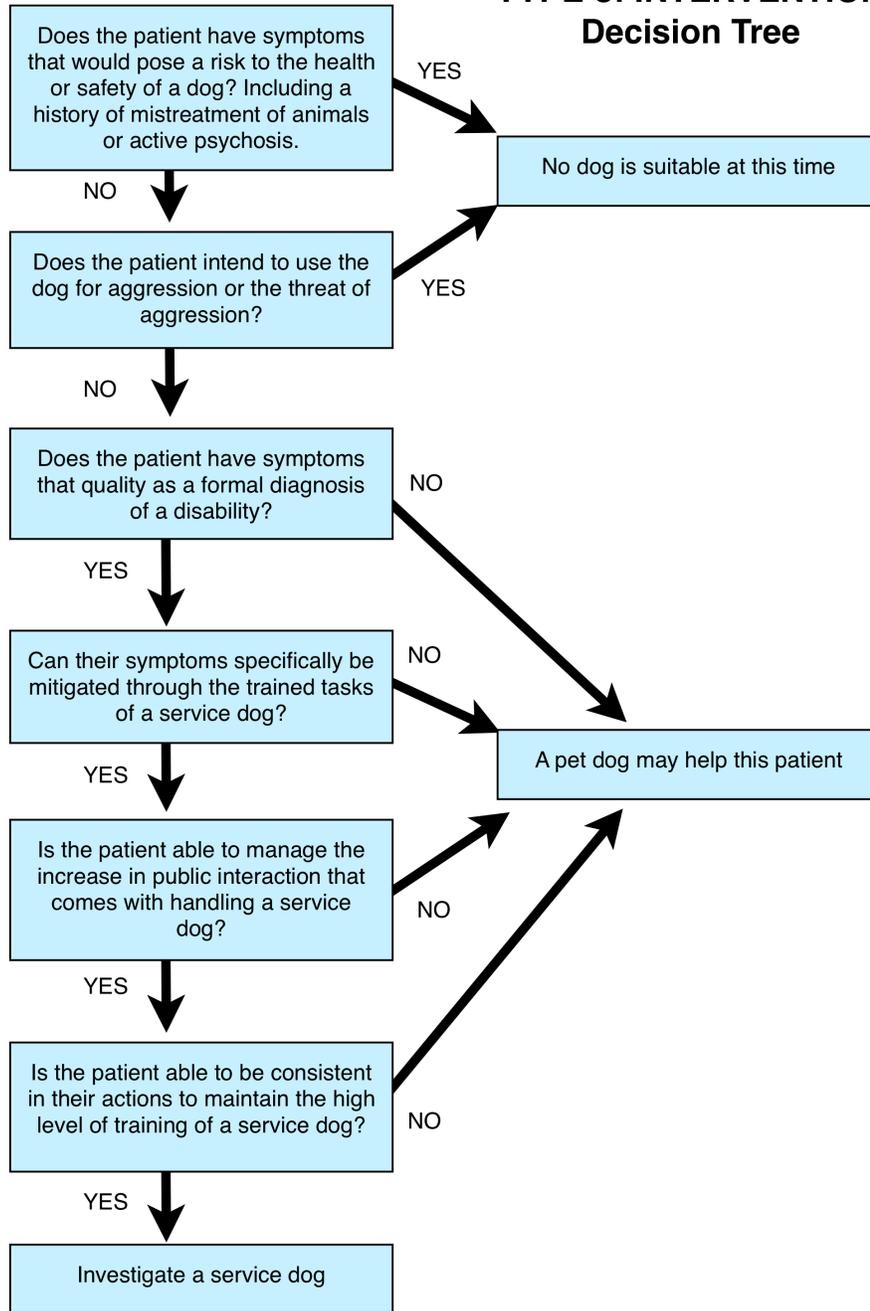
<b>Name</b>	<b>Pet Dog</b>	<b>Service Dog</b>
<i>Access rights</i>	In home only	Full public access
<i>Indication</i>	Emotional support in home, companionship, encourage	Behaviors that are performed at home and in public to mitigate

	exercise and social interactions.	symptoms of disability and emotional support.
<i>Warnings</i>	Ensure patient or dog do not have risk factors for health and safety.	Increased visibility of disability, increased public interaction, financial or logistical problems in obtaining a suitable dog
<i>Ongoing training requirement</i>	None required	30 minutes per day
<i>Initial Cost</i>	\$250	\$25000 (or low/no cost if from an Assistance Dogs International School)

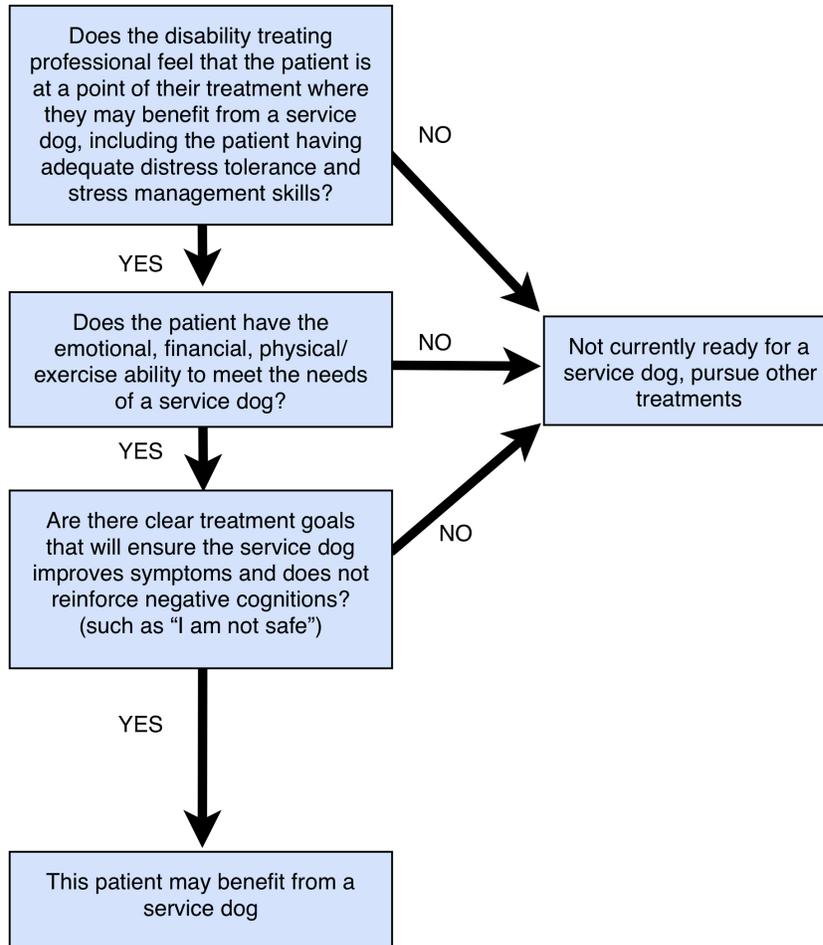
### Assessment

Deciding if a service dog is the right treatment option for a patient can be difficult. To assist with this, the following 3 decision trees – Type of Intervention, Readiness and Method of Acquisition - should be followed:

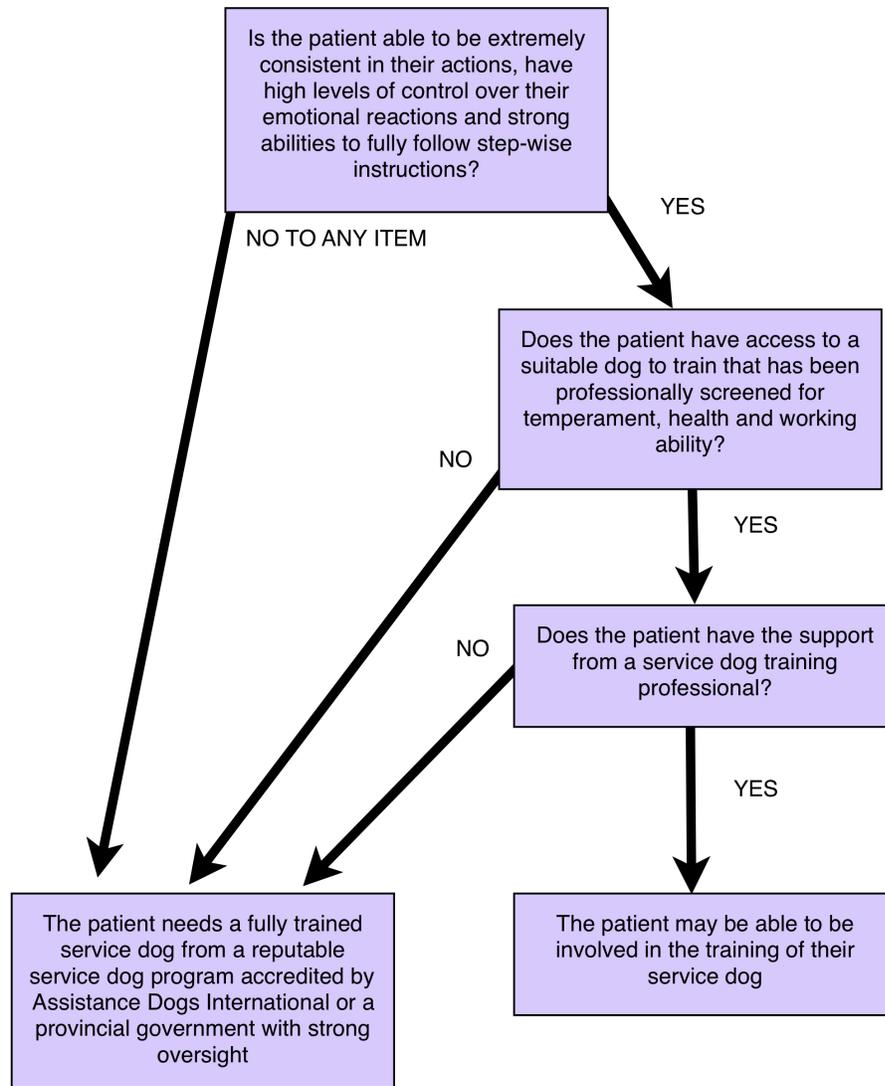
**Prescriber Guidelines  
TYPE of INTERVENTION  
Decision Tree**



**Prescriber Guidelines  
Service Dog READINESS  
Decision Tree**



**Prescriber Guidelines**  
**Service Dog METHOD of ACQUISITION**  
**Decision Tree**



*Note: Private sector organizations with strong oversight, such as Wounded Warriors Canada can also recommend suitable programs to obtain PTSD service dogs.*

## Documentation

Many patients have their physician or mental health care professional write them a letter documenting that they have been prescribed a service dog. If it is decided that a service dog is the correct treatment option for a client, any letter documenting this decision should include:

- The patient's name and identifying information
- The patient's diagnosis and qualification as a disability in the patient's jurisdiction of residence
- Details of how it was decided that a service dog is the correct and safe treatment choice for the patient
- What symptoms of the patient's disability can be mitigated through the use of a trained service dog
- Any concerns relating to any warnings or side effects the client should be vigilant for
- Recognition that the client is aware of the difficulties with obtaining and handling a service dog
- Suggested means for the patient to obtain the correct service dog for their disability, to ensure they are not harmed in the process

The requisition form that can be used by health professionals to communicate the patient needs can be found in appendix A.

## How supplied

The main safe supply of service dogs in Canada is through schools accredited with Assistance Dogs International or schools that are sanctioned through government bodies that have rigorous standards and oversight (such as Provincial Governments that conduct on-site assessments). These schools use positive reinforcement (pain/compulsion free) training methods and provide support to the handler throughout the life of the Service Dog. Rigorous oversight from a reputable third-party is vital to ensure the quality of the service dog and the program, the safety of the patient, the service dog and the public.

## High Risk Sources

The need for service dogs far outstrips the capacity of ethical programs to train and place good quality service dogs. This has resulted in a number of organizations turning to unethical methods to produce service dogs. Unethical methods include those that use punishment-based training methods to force a dog to comply, organizations or websites that provide fraudulent credentials in exchange for payment, organizations with fraudulent accreditations/accreditations from organizations that do not exist or are not designed to accredit service dog schools, organizations who do not have knowledge and experience working with special disability populations causing harm and trauma due to their lack of knowledge, programs that provide little/no training follow-up and programs with poor business practices surrounding high payments for poor quality service dogs. *These programs represent a very high risk of harm to the patient.*

### *Unethical Methods of Training Dogs*

Service dog training schools or private professionals who use punishment/compulsion/discomfort/pain in the training of the service dog should NEVER

be used with a dog intended for service work, especially for those with psychiatric disabilities.

Tools or methods that are unacceptable include but are not limited to: shock collars, e-collars, prong collars, choke chains, citronella collars, collar ‘pops’ or jerking on the collar, tying a leash around the dog’s waist, ‘alpha rolls’, ear pinching/toe or tail stepping, poking/jabbing, kicking or knee’ing.

The use of these methods has been shown by research to create unstable, unpredictable, unsafe behavior in dogs and interfere with appropriate bonding of the patient and their service dog. These methods have been rejected by the Canadian Veterinary Medical Association<sup>vii</sup> as ineffective and unnecessary. If pain/discomfort/compulsion punishments are needed to compel a dog to perform, it is not the correct dog to be a service dog.

In addition, patients who are taught to use pain or discomfort to force their dog to comply are; reinforcing their own negative behavior patterns and biases, receiving positive reinforcement for using physical aggression and focusing on using force/reactivity to gain compliance. Patients/handlers also commonly escalate the punishment severity based on their subjective emotional state. These are all negative outcomes for patients.

**In short, punishment-based training is an unacceptable method for both the dog and the patient.**

#### *Unethical Methods of Working with Patient Populations*

Financial harm to patients can come from organizations or websites that exchange payment for fraudulent service dog credentials. Financial harm and emotional distress can be caused by organizations or trainers that charge (or require patients to fundraise) high fees for service dogs that may or may not meet their needs (often in excess of \$20,000). Emotional distress and symptoms worsening can be the outcome if patients are allowed to select their service dog candidate (as they do not have the capacity to do so successfully) or a poor-quality candidate is selected for them, as the slim chance for success does not outweigh the risk of failure.

Most seriously, programs with professionals that are not specifically trained in working with these patient populations run the very high risk of worsening patient symptoms through improper treatment/interactions, including retraumatizing the patient and serious patient decompensation of symptoms. There is also significant risk to a patient if appropriate follow up care is not provided for the entire working life of the team.

**These unethical organizations can cause significant harm to a patient.**

It is imperative that prior to prescribing a service dog, a safe source of obtaining the dog be established.

#### ***Special considerations – A patient training their own pet dog***

Any patient who wishes to train their own pet to be a service dog should be given considerable warning about this practice.

*Aanderson Service Dog Prescriber Guidelines – March 4, 2019 – written by Kristine 14  
Aanderson, Registered Psychologist – for questions about the guidelines, email  
[KristineAandersonPsychologist@gmail.com](mailto:KristineAandersonPsychologist@gmail.com)*

It is extremely rare that a patient's symptoms be severe enough to qualify as a disability, but be mild enough as to not interfere in their ability to train a service dog. In order to train their own service dog a patient must be able to restrain their reactivity in difficult/stressful/challenging situations, be extremely consistent in their actions, have high levels of control over their emotional reactions and have strong capacities to understand and carry out step-wise instructions. To be successful, the patients' symptoms must not interfere with any of these requirements (See *Table 2* to illustrate the symptoms required for a PTSD diagnosis and the traits required in a service dog trainer).

In addition, the dog training knowledge based needed to successfully train a service dog is extremely rare in patient populations.

The temperament and working ability of a potential service dog candidate is also a requirement for success. Patients training their own dogs should engage in extensive screening of their dog with a dog training professional to ensure that neither the patient nor the public are put at risk by placing their pet dog into service training/public access situations. There is also a 50-90%\* chance that the dog that they have selected will be unsuccessful in its training to become a service dog and this can have significant emotional repercussions for the patient.

\*In programs that breed, raise and train service dogs, the average non-success rate for an individual dog in the program is 50%. Current statistics indicate that less than 10% of patients with psychiatric diagnosis are able to successfully train their pet dog to the minimum level of safety needed for public access.

Should a patient qualify for a service dog, and have the level of knowledge/skill needed for training, and have the capacity to select or own a suitable candidate, and have support structures in place, and have the symptom/emotional stability to cope should the service dog candidate be a failure, then one more unique requirement remains. All reputable service dog training schools provide upwards of 80 hours of how to work with a service dog in public. This includes but is not limited to; training in public access rules, how to handle a service dog in the unique situations of public access, navigating access challenges and reading dog body language to prevent problems from occurring in public. Patients who are successful in training their own dog are required to find a source of this information and demonstrate they are able to adhere to the requirements in order to safely handle a service dog in public.

*Table 2 – Symptoms of PTSD compared to traits needed to train a service dog*

<b>DSM-V criteria for PTSD, simplified</b>	<b>Traits needed to train a service dog</b>
<p>Intrusive symptoms, such as:</p> <ul style="list-style-type: none"> <li>• Intense psychological distress at exposure to triggers or marked physiological reactions at exposure to triggers</li> <li>• Dissociation reactions (loss or interruption of awareness of the environment)</li> <li>• Intrusive, distressing memories or nightmares</li> </ul>	<ul style="list-style-type: none"> <li>• Positive reinforcement for the dog when they remain calm and focused when the handler is experiencing strong reactions</li> <li>• Low-key awareness of the environment to provide the dog with positive experiences</li> <li>• Calm focus in situations where the dog will be need to be able to perform a task or alert (such as triggers)</li> </ul>
<p>Persistent avoidance of triggering people, places, activities or objects.</p>	<p>Ability to be relaxed while training the dog in a wide variety of places, activities, objects and with people/crowds – especially those related to triggers.</p>
<p>Negative alterations in mood or thoughts such as:</p> <ul style="list-style-type: none"> <li>• Persistent negative emotional state</li> <li>• Negative beliefs of the world, yourself or others</li> <li>• Detachment/estrangement from others</li> <li>• Inability to experience positive emotions</li> </ul>	<ul style="list-style-type: none"> <li>• Positive attitude at all times when training</li> <li>• React with optimism when facing difficult situations</li> <li>• A strong emotional bond with the dog</li> <li>• Positive encouragement for the dog when training</li> </ul>
<p>Alterations in arousal and reactivity such as:</p> <ul style="list-style-type: none"> <li>• Angry or irritable outbursts</li> <li>• Problems with concentration</li> <li>• Exaggerated startle response, hypervigilance</li> </ul>	<ul style="list-style-type: none"> <li>• Calm reactions in difficult, confrontational and non-successful situations</li> <li>• Consistency in behaviors whenever around the dog in training</li> <li>• Non-startle responses to novel things and sounds in the environment</li> </ul>
<p><i>Note: Failure to have the traits needed to train a service dog will likely result in a dog whose behavior is unstable, unpredictable, inconsistent, not therapeutic and not able to work in public access.</i></p>	

### **Key points patients should know**

- A Service Dog is a dog that has been specially trained to work in public and at home to perform behaviors that mitigate the handler’s disability.

- A service dog has the potential to be a good treatment option to mitigate the symptoms of a disability
- Service Dogs have been shown to be beneficial for many patients with PTSD, Anxiety, Depression and physical disabilities
- Not everyone who benefits from animal companionship would benefit from obtaining a service dog
- Anyone with a history of violent behavior towards animals, people or minors, who is currently experiencing active psychosis, intends to use the service dog for aggression (or the threat of aggression), believes that force should be used in handling a service dog or intends to use their own untrained/untested pet as a service dog should not be prescribed or handle a service dog
- Significant difficulties are included when working with a service dog, including financial stress, physical/exercise needs of the dog, grooming, emotional and intellectual stimulation requirements. These needs must be met consistently for the service dog to be able to be effective
- Service dogs can worsen symptoms in select groups of patients
- Handling a service dog can increase distress and stress in a handler's life
- Service dogs are only effective if prescribed/obtained during specific points in treatment
- A handler must be able to be consistent in their behaviors to maintain the training of a service dog
- Adverse reactions to service dogs have been reported if the dog is poorly selected or trained, if a patient attempts to train their own service dog or if the patient obtains a service dog from an unethical or non-reputable source
- Obtaining a service dog from a reputable school often takes up to 2 years
- Service dogs should only be obtained from schools accredited by Assistance Dogs International or by organizations qualified by government

**Aanderson Service Dog Prescriber Guidelines© Requisition Form**

Practitioner Number: Name: Address:	Patient name: Birthdate: Address:	Does the patient meet the criteria for a disability in the jurisdiction they reside? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	---	---

**Note: Please read the service dog prescriber guidelines and complete decision trees prior to completing this form**

Is a service dog the correct intervention for this patient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decision tree not completed	Is this patient currently ready for a service dog? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decision tree not completed
--	---

**1. PTSD presenting symptoms (check all that apply within the last month)**

Intrusion	Avoidance	Negative Alterations	Hyperarousal
<input type="checkbox"/> Distressing memories <input type="checkbox"/> Distressing dreams <input type="checkbox"/> Dissociative reactions - specify <input type="checkbox"/> Depersonalization <input type="checkbox"/> Derealization <input type="checkbox"/> Psychological distress when triggered <input type="checkbox"/> Marked physical reactions to triggers	<input type="checkbox"/> Avoidance of internal reminders of trauma (please list)  <input type="checkbox"/> Avoidance of external reminders of trauma (please list)	<input type="checkbox"/> Memory alterations <input type="checkbox"/> Persistent negative beliefs about oneself, others or the world <input type="checkbox"/> Distorted blame about the traumatic event <input type="checkbox"/> Persistent negative emotional state <input type="checkbox"/> Diminished interest in activities <input type="checkbox"/> Detachment/estrangement from others <input type="checkbox"/> Inability to feel positive emotions	<input type="checkbox"/> Irritability <input type="checkbox"/> Angry outbursts <input type="checkbox"/> Reckless behavior <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Exaggerated startle response <input type="checkbox"/> Problems with concentration <input type="checkbox"/> Sleep disturbances

<input type="checkbox"/> Exposure to actual/threatened death, serious injury or violence	<input type="checkbox"/> Patient meets criteria for diagnosis of PTSD (DSM V 309.81)
--	--

**2. Is this patient currently experiencing or has experienced within the last 6 months:**

<input type="checkbox"/> Violence towards animals or minors ( <i>any history is disqualification</i> )	<input type="checkbox"/> Active psychotic episodes or instability	<input type="checkbox"/> Intends to use the service dog for aggression/protection	<input type="checkbox"/> Believes in using force with a service dog	<input type="checkbox"/> Intends to use inappropriate pet
--	---	---	---	---

**If yes to ANY of question 2 above – STOP – A service dog is NOT A SUITABLE INTERVENTION**

**3. Does the client have in place currently:**

<input type="checkbox"/> Distress Tolerance Skills	<input type="checkbox"/> Stress Management Skills	<input type="checkbox"/> A suitable support system for themselves	<input type="checkbox"/> A person who can care for the dog if the patient cannot	<input type="checkbox"/> Stability of medication	<input type="checkbox"/> Able to interact with the public ( <i>see pg 5</i> )
--	---	---	--	--	---

**4. Client is prepared to manage a service dog's:**

<input type="checkbox"/> Financial requirements	<input type="checkbox"/> Dietary requirements	<input type="checkbox"/> Exercise needs	<input type="checkbox"/> Grooming	<input type="checkbox"/> Intellectual/training requirements	<input type="checkbox"/> Emotional Needs
---	---	---	-----------------------------------	---	--

**If YES TO ALL items in question 3 and 4 above– continue**

**5. Select THREE (3) to FIVE (5) PTSD tasks/alerts that would help the patient (rank 1-5 from most needed to least)**

Intrusion	Avoidance	Negative Alterations	Hyperarousal
___ Nightmare Interruption- dog nudges, removes blankets or turns on light ___ Dog nudges or paws patient when they dissociate ___ Rest head or body on lap with heavy pressure when patient triggered ___ Other:	___ Dog solicits petting during internal or external exposures, creating corrective learning ___ Providing space between patient and exposure situation, facilitating patient tolerance ___ Dog pushes into patient during exposures to reduce distress Other:	___ Deep Pressure Therapy, dog lays across/pressure ___ Dog solicits petting to increase positive mood ___ Dog brings toy or leash to solicit positive interactions or exercise ___ Other:	___ Alert patient to irritable behavior, nudge/solicit petting ___ Cue patient to use therapeutic breathing skills ___ Dog assists patient in redirecting focus from anxiety/hypervigilance trigger ___ Other:

**Placement considerations**

Living situation: <input type="checkbox"/> Renting <input type="checkbox"/> Own	Physical activity level: <input type="checkbox"/> Zero/stays in home <input type="checkbox"/> Low/minimal <input type="checkbox"/> Moderate <input type="checkbox"/> High	Type of dog temperament preference: <input type="checkbox"/> Quiet, calm, less responsive OR <input type="checkbox"/> Active, assertive, quick to perform behaviors	Any dog behaviors that may trigger symptoms: (Barking, etc.)	Mobility restrictions? If so, please explain.
---	---	---	--	---

Patient has been advised of serious risks associated with obtaining a service dog from non-Accredited service dog schools or attempting to train their own pet (*see pg 13-14*)     Yes     No

**Send completed form to a service dog school that is accredited by Assistance Dogs International or Wounded Warriors Canada**

## Acknowledgements

Aanderson Prescriber Guidelines were developed with the support of Cous Cousineau, SC,CD, KStG, “Dogfather” of Wounded Warriors Canada.

The guidelines have been reviewed by Danielle Forbes, Executive Director of National Service Dogs and Mike Annan, Executive Director of Vancouver Island Compassion Dogs.

---

<sup>i</sup> Vincent, C. (2016). Effectiveness of Psychiatric Service Dogs for Veterans with Post Traumatic Stress Disorder. *Unpublished research in progress, Laval University.*

<sup>ii</sup> <https://www.futurity.org/service-dogs-veterans-ptsd-1782692-2/>

<sup>iii</sup> Allen, KM & Blascovich, J. (1996). The value of service dogs for people with severe ambulatory disabilities. *Journal of the American Medical Association*, 275, 1001-1006.

<sup>iv</sup> Fairman, S. & Huebner, R. (2001) Service dogs: A compensatory resource to improve function. *Occupational Therapy in Health Care*, 13, 41-52.

<sup>v</sup> Wisdom, J., Saeid, G. and Green, C. (2010) Another breed of ‘service’ animals: STARS study findings about pet ownership and recovery from serious mental illness. *American Journal of Orthopsychiatry*. 79 (3).

<sup>vi</sup> Emotional Support Dog Bites Passenger on Delta Flight. Atlantic Journal Constitutional. <https://www.ajc.com/blog/airport/emotional-support-dog-bites-passenger-delta-flight/7LWo0gv7hhhDssxl26NwoN/>

<sup>vii</sup> Humane Training Methods for Dogs – Position Statement (2015) Canadian Veterinary Medical Association. <https://www.canadianveterinarians.net/documents/humane-training-methods-for-dogs>