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This project, submitted by Katrena M. Heagwood, has been approved and accepted

In partial fulfillment of the requirements for the degree of

Master of Occupational Therapy from the University of Puget Sound.

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Abstract

An educational manual was created to provide increased knowledge and functional benefit of use of a service dog for veterans with Post-Traumatic Stress Disorder. This manual was designed for the All American Dogs Foundation to use in conjunction with the training manual provided by All American Dogs Foundation for the service dogs. It has been designed to help veterans identify potential ways service dogs can improve overall quality of life. The manual provides veterans with the knowledge to advocate for themselves and their service dog. There are five sections provided in this manual to educate on ways to promote healing and recovery for veterans with PTSD.
Context of Problem

A report to the Ranking Member Subcommittee Health Committee on Veterans, House of Representatives reported that from 2004 thru 2008 the number of veterans receiving treatment for Post-traumatic Stress Disorder (PTSD) increased by 60% (U.S Government Accountability Office, 2011). According to the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association {APA}, 2000), there are five criteria that determine the diagnosis of PTSD: the traumatic event itself, the re-experiencing the event, avoidance, continuous increased arousal, and experiencing these symptoms for longer than a month. A study by Owens, Steger, Whitesell & Herrera (2009) has shown that depression is often reported after stressful experiences such as combat. Veterans who have more severe cases of PTSD report having more combat exposure which leads to severe symptoms of depression and/or guilt, and experience less meaning in life than those who have less severe cases of PTSD (Owens et. al., 2009). These symptoms make it difficult for veterans to explore leisure activities and enjoy areas of occupation. Numerous studies have been done on the incidence and treatment of PTSD in the past years, and recently there have been studies on how service dogs could play an important role in improving quality of life for veterans presenting with PTSD.

The All American Dogs Foundation (AAD) is a local organization working with veterans diagnosed with PTSD. Veterans participating in this program initially have limited participation in social or leisure activities, due to associated anxiety and/or depression. The AAD program matches service dogs in training with veterans seeking assistance. The match is determined by the needs of the veteran, the personality of the dog, and the type of needs the dog may fulfill. The service dogs are able to assist veterans by
alerting them to the surrounding environment, retrieving medications, turning on lights in dark areas when returning home, support with the veteran’s balance and mobility and by providing emotional regulation, such as calming the veteran experiencing an anxiety attack. (Esnayra & Love, 2009). According to the director of the AAD, Aaron McCarthy, veterans who participate in the program have a decrease in symptoms associated with PTSD and are working with trained dogs to increase their ability to be independent (A. McCarthy, personal communication, March 13, 2011). Esnayra and Love (2009) reported 82% of respondents diagnosed with PTSD who were paired with service dogs, have reduced symptoms associated with the disorder and 40% have decreased the use of medication for symptoms associated with the disorder.

However, more could be done to effectively enable veterans to increase leisure activities and social participation. Due to the interest in soldiers with PTSD desiring the ability to participate in typical daily routines and leisure activities, an educational manual was created for AAD. The educational manual was designed to provide veterans participating in the program strategies on ways to use their dogs in the community. These strategies may be used to increase participation in leisure activities, social participation and self-advocacy to increase independence and improve quality of life.

**Literature Review**

**Post-Traumatic Stress Disorder**

PTSD is defined as an anxiety disorder which occurs after an individual has witnessed or experienced a traumatic event that involved death, near death, or serious injury and caused the individual extreme fear, shock or powerlessness (APA, 2000). PTSD
is linked with life threatening events, so it is considered to be different from other anxiety disorders (Davis, 2011). Previously PTSD was referred to as “shellshock” in World War I and “battle fatigue” in World War II, the Korean War, and the Vietnam War (Birmes, Hatton, Brunet & Schmitt, 2003). Some traumatic events that may lead to PTSD include severe abuse, sexual assault, combat, and vehicle accidents (Regan, Hagwood, Hamer, & Wright, 2006). Those who have a history of panic disorders or depression are more likely to be diagnosed with PTSD after a major traumatic event (Davis, 2011).

The symptoms of PTSD affect all areas of occupation such as sleep and rest, health management, leisure exploration, social participation and community mobility (American Occupational Therapy Association {AOTA}, 2008). The current version of the *Diagnostic and Statistical Manual of Mental Disorders* (APA, 2000) lists five criteria that determine the diagnosis of PTSD. The first criterion: the individual experienced or was exposed to a traumatic event involving death or serious injury to the self or others and experienced feelings of fear, horror and/or helplessness (APA, 2000). The second criterion: re-experiencing the event through nightmares and/or flashbacks, which may disrupt sleep or rest patterns (APA, 2000). The third criterion: the avoidance of events related to the traumatic event (APA, 2000). Avoidance can be centered on certain smells related to the trauma, people who remind the individual of the traumatic event and conversations or activities associated with the event. Recollection of particular or important details of the traumatic event, are also a form of avoidance (APA, 2000). Avoidance can affect the way the individual socializes, participates in leisure activities, and determines if s/he feels safe in the community. The fourth criterion: symptoms of increased and sustained arousal (APA, 2000). One may experience difficulty falling or staying asleep, difficulty
concentrating, sudden outbursts of anger or irritability, and/or an exaggerated startle response (APA, 2000). These symptoms interrupt the natural flow of participation in everyday occupations and the way an individual is able to function in typical activities, such as shopping, resting and social interaction. The fifth criterion: the symptoms noted in criteria one through four occurring for longer than one month (APA, 2000).

Veterans

A veteran is anyone who served on active duty in the uniformed services of the United States. Soldiers in the National Guard and Army Reserves do not work for the Army full time, whereas active duty Army soldiers work seven days a week. Active duty Army soldiers are required to have someone on duty at all times to relay information to everyone else in the unit. National Guard and Reserve soldiers do not live on a military base, do not volunteer for full-time service, and do not expect to be involved in prolonged deployments (Regan et al., 2006). National Guard and Reserve veterans return to civilian life upon ending their deployment. National Guard and Reserve veterans rarely receive the same amount of re-integration training and emotional support as Army Active duty soldiers (Regan et al., 2006). Thus, a potential factor in the large increase of National Guard and Reserve veterans diagnosed with PTSD.

Increasing Incidence of PTSD

PTSD symptoms may be demonstrated by 20% of the U.S. adult population who experienced a traumatic event (U.S. Department of Veterans Affairs, 2011). In recent literature, it was reported that 60% of the adult population in the U.S. has experienced some sort of traumatic event (U.S. Department of Veterans Affairs, 2011). Following the
September, 2001 World Trade Center attack and the subsequent invasions of Afghanistan and Iraq, an increased incidence in the diagnosis of PTSD of U.S. veterans was reported rising from 19 soldiers per year to 109 per year (Rosenheck & Fontana, 2007). The number of veterans receiving treatment for PTSD has also increased from 274,000 in 2004 to over 442,000 in 2008 (U.S. Government Accountability Office, 2011). Due to the increased number of diagnosed cases of PTSD more research has been done on the variety of treatment options available to effectively treat PTSD. In the past year, the number of diagnosed cases of PTSD in the military jumped 50% (U.S. Department of Veterans Affairs, 2011). Of the soldiers deployed in the past six years, 20% were diagnosed with PTSD (U.S. Department of Veterans Affairs, 2011). Recent studies have also demonstrated an increase in the diagnosing of PTSD following combat exposure in Afghanistan and Iraq (Rosenheck & Fontana, 2007). The increase of PTSD in veterans since the Vietnam War may likely be associated with soldiers occupying countries for an extended period of time (Regan et al., 2006). Of the 539,634 Army and National Guard veterans from the U.S. who led invasions in Afghanistan and Iraq 171,432, approximately 29%, were diagnosed with PTSD. Of these veterans, National Guard veterans have a higher reported incidence of PTSD than Army active duty veterans (Regan et al., 2006).

**Treatment Options**

Current treatments for PTSD include medical treatment and/or rehabilitation interventions. Medical treatments include prolonged exposure (PE), eye movement desensitization and reprocessing (EMDR), and medications, such as selective serotonin reuptake inhibitors (SSRI) (Stapleton, Taylor, & Asmundson, 2006). Clients undergoing PE
are exposed to real situations relating to the traumatic event and exposed to images of their traumatic memories in a controlled environment. The client re-experiences the event and learns strategies to decrease anxiety levels and increase relaxation techniques in order to decrease the symptoms related to PTSD (Foa, Hembree, & Rothbaum, 2007). EMDR is a complete eight phase information processing treatment, which allows the client to attend to past experiences, future experiences and current triggers while focusing on positive external stimuli. EMDR may enhance adaptive techniques for behaviors and emotional disturbances (Shapiro, 2001). SSRI’s are medications that can be used in combination with other treatments to decrease symptoms of PTSD (Stapleton et al., 2006). SSRIs such as Paroxetine (Paxil) and Sertraline (Zoloft) are the first medications approved by the Food and Drug Administration to be prescribed for clients with PTSD (Friedman, Keane & Resick, 2007).

Rehabilitation interventions for PTSD include cognitive processing and cognitive behavioral therapy (Spinazzola, Blaustein, & van der Kolk, 2005). Cognitive processing therapy focuses on treating anxiety and a range of emotions related to the traumatic event. It includes both the exposure to the traumatic event as well as a cognitive component to focus on thoughts about the event (Monson et al., 2006). Cognitive Behavior Therapy focuses on techniques to change the way people think in order to increase their emotional state and behavior. It is assumed that the way one thinks causes a decreased emotional state, which leads to negative behavior (Tsang, Siu, & Lloyd, 2011). The National Center for PTSD states that group therapy, therapy with other members experiencing the same symptoms, and family therapy, therapy involving the whole family, are also effective forms of treatments for PTSD (Hamblen, 2010).
One form of treatment in combat environments is called combat stress control. Combat stress control involves a medical professional that will help support the soldier in learning strategies to decrease stress. Combat stress control treatments are used when a soldier is continuously under stress and is unable to effectively control the stress. (Potter, Baker, Sanders, & Peterson, 2009). In a study by Potter et al., (2009), soldiers who received combat stress control treatments after traumatic events on the battlefield had fewer symptoms of PTSD than before the treatment (Potter et al., 2009). In a systematic review of treatment for PTSD, Bisson and Andrew (2007) reported that CBT, EMDR, and combat stress control are more effective than other non-trauma related therapies when treating PTSD. However, even with these reported positive results following treatment, soldiers often face both internal and external barriers when seeking treatment.

**Barriers to Treatment**

For some veterans, the barriers to receiving treatment are personal such as: being embarrassed, being seen as weak for asking for help, feeling blamed for the problem, or fear of negatively impacting their career due to admitting symptoms of PTSD. (Hoge et al., 2004). Other barriers mentioned were that veterans believed mental health treatment does not work, they do not trust mental health professionals, and they are unaware of where to receive help (Hoge et al., 2004). In a study regarding perceived societal barriers by Hoge et al., (2004), 731 of 6153 soldiers and Marines met the screening criteria for having a mental disorder. Of the 731 soldiers and Marines 59% stated they believed members in their unit would have less confidence in them if they were to receive treatment (Hoge et al., 2004). The largest barrier reported by these veterans was the belief that their
unit leaders would treat them differently (Hoge et al., 2004). An alternative way to overcome these perceived and/or real barriers to treatment may be the use of a service dog.

**Service Dogs**

A service dog is any dog trained to provide support to an individual with a disability (U.S. Department of Justice, 2010). Service dogs provide assistance to those who are unable to do tasks independently (U.S. Department of Justice, 2010). Studies have shown that service dogs help people with physical, emotional, social, and economic functioning (Fairman & Huebner, 2000). It has been stated that service dogs are able to assist in activities of daily living, such as health maintenance, mobility, and household maintenance (Fairman & Huebner, 2000). Other activities that service dogs are able to assist with include play and leisure, locating items, turning lights on and off, and alerting an individual to various stimuli in their surroundings (Fairman & Huebner, 2000). People utilizing service dogs report an increase in independence, sense of safety, and a feeling of having control of their life (Fairman & Huebner, 2000). Fairman and Huebner (2000) found that people with service dogs are approached more in public than those without service dogs, which increased their social participation (2000). Service dogs may be effective in supporting veterans with PTSD.

**Service Dogs and Veterans with PTSD**

A psychotherapist working with children, A. H. Fine (2000) noted an immediate icebreaker in psychotherapy with the presence of his dogs and birds as they greeted the clients at the door. Fine was able to build rapport more quickly when using a dog in
therapy by educating his clients on the level of safety in the environment by observing the level of anxiety in the dog. When the dogs were relaxed it indicated that the environment and people in the environment were safe (Fine, 2000). In a study by Barker, Knisely, McCain, Schubert, & Pandurangi (2010) it was shown that service dogs decrease blood pressure, anxiety levels and stress levels. Another advantage of service dogs is that participation in therapeutic activities lasts longer when utilizing service dogs (Velde, Cipriani, & Fisher, 2005). Service dogs can assist those with PTSD in many areas of occupation. With symptoms of PTSD ranging from medical emergencies to nightmares, service dogs can be trained to address numerous issues that may arise. Aaron McCarthy, a 16 year veteran of the military and director of AAD has used a service dog to alleviate symptoms of PTSD for the past three years. Mr. McCarthy stated that his service dog turned on the lights inside his home when it was dark to decrease anxiety, awakened him during nightmares, and alerted him to external stimuli to decrease symptoms of PTSD (A. McCarthy, personal communication, March 13, 2011). Mr. McCarthy stated that the service dogs at AAD are trained to retrieve objects such as medication and the telephone in case of emergencies, alerting veterans to their surroundings, turning on lights in dark areas, awaken veterans from nightmares and assist with other needs of the veterans.

In a recent study prepared for the U.S. Army Medical Research and Material Command, 95 surveys were sent out to members of the Psychiatric Service Dog Society in order to determine the effectiveness of service dogs (Esnayra & Love, 2009). Of the 95 surveys sent out, 71 of the surveys were completed and returned. The survey consisted of open-ended questions regarding the therapeutic functions the service dogs provided (Esnayra & Love, 2009). Ninety-three percent of the participants reported currently
receiving mental health care. Out of 71 participants, 55 reported being partnered with a
fully trained psychiatric service dog or partnered with a psychiatric service dog in training
and 54 reported that having the canine companion diminished psychiatric symptoms. Out
of the 55 participants with psychiatric service dogs, 21 reported the dogs provided a
calming presence as well as companionship, 18 reported the dog make them feel safer, 14
reported the dog provided emotional support, and 10 reported the dog was able to get
them out of the house (Esnayra & Love, 2009).

According to the Americans with Disabilities Act (ADA) (2010), examples of what
service dogs are trained to do include: retrieve medications, retrieve the telephone,
provide assistance with balance and stability, interrupt impulsive behaviors, and assist in
emergency situations amongst other reported tasks. Service dogs are seen as a safety
companion the individual can trust and rely on in times of increased depression, fear, or
anxiety; and therefore are able to assist with emotional regulation (A. McCarthy, personal
communication, March 13, 2011). As previously mentioned veterans with PTSD experience
various symptoms that interfere with everyday tasks. With the use of a service dog
veterans may improve their participation in everyday tasks. With the increase in veterans
diagnosed with PTSD, the AAD is seeking assistance in providing meaningful activities for
veterans to promote reintegration into the community by social participation, self-
advocacy, and leisure activities. The educational manual may assist the veterans in
understanding PTSD, ways to continue training the service dogs, activities for the veterans
and service dogs to increase social participation, and where to go if assistance is needed.
Purpose Statement

The purpose of this project was to provide an educational manual to the All American Dogs Foundation to increase knowledge and functional benefit of service dogs for veterans with PTSD, and identify potential ways service dogs may improve the veteran’s quality of life.

Overview of Project

An educational manual was created for AAD to provide a means to educate veterans diagnosed with PTSD who are utilizing service dogs. Content of the educational manual focused on the importance of social participation, leisure activities, ways to implement strategies to increase all areas of occupation and information on veteran’s rights when using a service dog. The manual contains five separate sections as follows:

Section one Post-Traumatic Stress Disorder: provides the definition of PTSD, the criteria of PTSD, possible symptoms veterans may be experiencing and information regarding the potential negative impacts PTSD may have in regards to social participation and leisure activities.

Section two Service Dogs: contains educational materials on the functional benefit of a service dog for veterans with PTSD, information regarding how to effectively utilize a service dog to promote an increase in leisure activity and how to improve overall quality of life.

Section three Rights and Responsibilities: includes information on how to use a service dog, the rights and responsibilities associated with a service dog, contact
information should rights be impeded and information regarding self-advocacy when using a service dog.

Section four Activities: describes activities the veteran and service dog may participate in together to increase social participation and leisure activities.

Section five Journaling: promotes the use of keeping a journal for self-awareness. This section encourages the veteran to write their feelings about participating in the activities, what they have experienced during an activity, documenting successful means to decrease anxiety during the activities, identifying the areas the service dog has helped, and areas where the veteran feels assistance is still needed.

Outcome of Project

The desired outcome of this project was to run a trial of the educational manual, to allow the director of AAD to determine if the manual, effectively met the needs of the program. A survey (see Appendix) was created but was not provided to the program in time to incorporate the response into the finished project. The project lead underestimated the time required to complete such a project and did not plan for as much editing to the manual that was required. The project lead was unable to complete the trial run for this project due to time constraints. The manual will be given to the AAD once completed. The following goals and objectives were established for this project:

**Goal 1:** After reading through the educational manual, veterans involved with the All American Dogs Foundation utilizing service dogs will have increased knowledge of
PTSD, how it affects daily activities, what types of symptoms they might encounter and how the service dogs may help with these symptoms.

Objective 1: After reading through the educational manual, the veterans will be able to define PTSD and list three daily activities that PTSD affects.

Objective 2: After reading through the educational manual, the veterans will better understand what types of symptoms they could experience with PTSD and identify three ways the service dog can assist with these symptoms.

Goal 2: After reading through the educational manual, veterans involved with the All American Dog Foundation utilizing service dogs will better understand the type of activities that can be done with service dogs to improve participation in socialization, leisure activities, and other typical daily occupations, as well as improve their understanding for why leisure and social participation is important.

Objective 1: After reading through the educational manual, veterans will be able to identify three reasons leisure and social participation are important to improve quality of life.

Objective 2: After reading through section four of the educational manual, veterans will be able to list three leisure activities they can participate in with their service dogs.

Objective 3: After reading through the educational manual, veterans will be able to list three ways they can use their service dogs to increase social participation.
Goal 3: After reading through the educational manual, veterans involved with the All American Dogs Foundation utilizing service dogs will be introduced to techniques to advocate for themselves and their service dogs.

Objective 1: After reading through the educational manual, veterans will be able to state three ways to advocate for themselves and the service dogs.

Objective 2: After reading through the educational manual, veterans will be able to identify where to locate their rights as service dog owners.

Implications for Occupational Therapy

This project directly relates to occupational therapy by implementing many elements of educating veterans with PTSD who are using service dogs about the importance of social participation, leisure activities, and self-advocacy, and other areas covered under the Occupational Therapy Practice Framework (OTPF) (AOTA, 2008). Occupational therapy plays a major role in the recovery of PTSD by engaging clients in meaningful occupations to achieve goals made by the client and therapist (AOTA, 2008). According to the current version of the Diagnostic and Statistical Manuel of Mental Disorders (APA, 2000), regulation of emotion, sensory processing and cognition is usually affected with PTSD. When these skills are impaired it can impact social participation, self-care and other meaningful areas of life. While increasing knowledge regarding the importance of these areas, a significant goal is that the veterans are able to identify the symptoms they are experiencing. Service dogs can assist with achieving recovery goals made in occupational therapy, while at home or in public and relieving symptoms associated with PTSD. The manual was designed to identify the importance of these areas...
and to provide suggestions for how the veterans may apply what was learned to improve social participation, leisure activities and self-advocacy. It is hoped that this educational manual will encourage veterans to engage in meaningful occupations that may lead to an improved quality of life.

**Theoretical Model and Application to the Framework**

The theory of Occupational Adaptation (OA) is a model that combines both occupation and adaptation, which are both important aspects of occupational therapy (Schultz, 2009). There are six assumptions that were proposed by the founders to guide the theory of occupational adaptation. These six guiding assumptions are that, demands to perform are natural and are part of a continuous process of adapting to internal and external demands of a person’s occupational role (Schultz, 2009). There is a greater demand for a person to change his/her adaptive process the greater the dysfunction. When a person’s performance demands are overwhelmed by physical or emotional disabilities or unexpected stressful events the inability to adapt allows for a dysfunction to occur (Schultz, 2009). For a person to be successful in occupational performance one must master the ability to adapt, to fulfill self-needs and the needs of others. According to the theory of the occupational adaptation model the client will become more functional once he/she becomes more adaptive (Schultz, 2009).

The theory behind the occupational adaptation model purports that it is essential for a person to adapt to external and internal demands in order to become more functional. This model could be useful for veterans with PTSD to utilize service dogs to adapt to internal and external demands caused by stressful events. Veterans with PTSD are exposed
to unexpected stressful events during combat that often leads to emotional disabilities and learning how to adapt to the environmental demands. Service dogs may help veterans overcome occupational barriers and assist with methods of becoming more functional.

The OTPF (2008) integrates all areas of occupation that are important to people in their daily activities (AOTA, 2008, p. 625). The OTPF was designed to “articulate occupational therapy’s contribution to promoting the health and participation of people, organizations, and population through engagement in occupation.” (AOTA, 2008, p. 625)

The areas of occupation involved in this project are care of pets, community mobility, health management and maintenance, safety and emergency maintenance, shopping, sleep, education, work, leisure, social participation, and stress management (AOTA, 2008, p. 631). Other areas of the OTPF that are addressed in this project are client factors, performance skills, performance patterns, context and environment, and activity demands (AOTA, 2008, p. 634).

The project addressed the areas mentioned above and provided veterans with PTSD utilizing service dogs suggestions on types of activities that can be done in the community to increase social participation and improve leisure activities. The project defined the ways service dogs can help with areas of occupation, orientation of time and place, emotional regulation, balance, and context and performance patterns (AOTA, 2008, p. 631).

**Procedures**

- Contact the AAD Foundation to determine the needs of the program.
- Explore the use of a Nikon camera.
- Develop a needs assessment.
• Education on the diagnosis of PTSD, what it was, what can cause it, how to get a
diagnosis, what types of symptoms are involved and what types of treatment can be
effective.
• Understand what a service dog is, what the laws and rights to those who own a
service dog include, and where to go for support if needed.
• Understand the role and function of the OTPF and how occupational therapy could
be involved in helping veterans with PTSD who use service dogs
• Explore and develop proficiency in Microsoft Publisher.
• Understand and explore the community to provide accurate examples of activities.

Special Considerations

While doing this project the limitations included working with military personnel.
Although the foundation is not a military funded program, it does work with military
veterans. A military member is considered property of the government, so any
photographs of members in uniform was denied unless granted permission from the
Department of Defense. Another issue that arose was the communication between the
director and project hand. After starting the basics to the paper and the manual, the
program wanted to expand to the dependents of veterans including their children and
other family members.

Sustainability

This manual will be given to the board members of the All American Dogs
Foundation (AAD). The board members will give the manual to new veterans participating
in the program to use in conjunction with the training manual for the service dogs. The board members of the AAD will update the manual when needed and add any additional information. Upon successful completion of all paperwork, a veteran will begin the process of being matched with a service dog. At this time the veteran will receive the educational manual to assist with training. It is recommended when working with the agency in the future to consider all populations. When working with a foundation related to the military not only the veterans are affected by PTSD, the family as a whole is affected. It is also recommended to ask those participating in the foundation, utilizing service dogs what is needed in the program to increase the effectiveness.
References


http://itt02.snjsca01.dekiondemand.com/@api/deki/pages/7673/pdf


Personal Reference

Aaron McCarthy

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360-584-5208
Appendix

University of Puget Sound
Occupational Therapy Program

SURVEY OF PTSD MANUAL FOR ALL AMERICAN DOGS FOUNDATION

Date___________________

My name is Katrena Heagwood and I am a student at the University of Puget Sound attending the Occupational Therapy program to obtain my master’s degree. I would appreciate your assistance in filling out this survey to evaluate if the PTSD manual effectively met your needs.

1. Does this manual meet the requirements you are looking for in order to successfully assist your program in training veterans on the effects of a service dog while managing symptoms of PTSD? Please circle the response.

Yes     No

2. Does this manual provide adequate information regarding PTSD to educate the veterans on PTSD? Please circle your answer.

Yes     No

3. To the best of your knowledge was the information in the manual presented factually? Please circle your response.

Yes     No

4. If not, what corrections would you suggest? Please explain.

5. Does this manual accurately educate veterans on their rights as an owner of a service dog? Please circle your answer.
6. If not, what would you suggest? Please explain.

7. Would you suggest adding anything else to this manual that would benefit your program? Please circle your response

Yes           No

8. If yes, what would you suggest?
Please explain.

Thank you for your assistance with this survey.
Please return to Katrena Heagwood at the University of Puget Sound.
If there are any question please contact:

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