

interactions

THE HUMAN-ANIMAL HEALTH CONNECTION®

Pet Partners Supporting Our Veterans



DELTA SOCIETY®
The Human-Animal Health Connection®

Supporting Our Veterans with Wags and Paws

ANDREA LEIGH PTAK



Thea Wasche and Pet Partner Lacey marched alongside soldiers in the annual Veteran's Day Parade at Schriever AFB in Colorado Springs

No matter what their political views, Americans show overwhelming support for our military veterans.

Congress authorized the first medical facility for United States veterans in 1811. After the Civil War, many states established veterans' home facilities that provided medical treatment for all injuries and diseases. According to the U.S. Department of Veterans Affairs, "Indigent and disabled veterans of the Civil War, Indian Wars, Spanish-American War and Mexican Border period, as well as discharged regular members of the Armed Forces, were cared for at these homes."

In 1930, Congress authorized the President to consolidate veterans' services under the national umbrella of the Veterans Administration (VA). Since then, the VA health care system has grown from 54 hospitals to include 153 medical centers, 882 ambulatory care and community-based outpatient clinics, 136 nursing homes, 45 residential rehabilitation treatment programs, and 92 comprehensive, home-based care programs. These facilities

provide a broad spectrum of medical, surgical, mental health, and rehabilitative care. The men and women served — over 23 million — include veterans from military conflicts as far back as World War II to the present day, with the largest group (7.5 million) from the Vietnam era.

Pet Partners have been bringing their special brand of assistance to patients at VA facilities since the early 1990s. A report by the Congressional Budget Office notes that the number of patients served by the VA medical system has increased substantially over the last 10 years, making the work of these Pet Partners teams even more necessary.

The Early Days

In 1994, Kristie Goedhard was a rehabilitation therapy student at the University of Missouri in Columbia. As part of her course requirements, she helped develop an Animal-Assisted Therapy (AAT) program during her 54-week internship at the VA Puget



A wounded soldier undergoing acute rehabilitative care at VA Puget Sound shares his own fond experiences with pets while visiting with Pet Partners Ellie and Lynda Brady

Sound Health Care System in Seattle. She recognized the quality of Delta Society's Pet Partners program (in its infancy at the time) and enlisted them to help.

The hospital had a resident cat, so the staff could see the value of incorporating human-animal interactions into treatments, and Delta Society's well-researched and well-documented protocols helped to remove any barriers. Jean Rassbach and her Sheltie Weegit were the first Pet Partners team to participate in the program. Jean and Weegit had been regular visitors at a nursing home in Seattle when they got a call from Delta Society asking if they would like to volunteer at the VA and help Kristie get the program established. Since Weegit was already used to working around wheelchairs and other medical equipment, Jean thought it would be a good fit.

And it was. Jean and Weegit began visiting in the hospital's long-term care unit where they saw a variety of veterans, from the retired World War II soldier to the young man severely disabled from combat injuries while serving in Iraq. Amputees had a special bond with Weegit who had lost a leg himself after he was hit by a car. His career as a show dog cut short, Weegit embraced his role as therapy dog instead. The team visited on a weekly basis until Weegit's death six years later. Jean continued to visit with her new Pet Partners teammate, a Border Terrier named Reiver, until they retired from the Pet Partners program last year. The VA Puget Sound program continues to thrive today with teams visiting twice

a day, seven days a week in the long-term care, sub-acute care, acute rehabilitation, and hospice units.

In the years that followed, Delta Society Pet Partners have spread their work with veterans to a wide assortment of facilities across the country, visiting them anywhere from VA hospitals to nursing homes. Their experiences are rich and varied.

Minneapolis VA Medical Center

In 2009, Delta Society Team Evaluator Patti Anderson approached the Center's Therapy Coordinator Shannan Anderson (no relation), CTRS, about getting some teams into the Polytrauma Rehabilitation Center at the facility. Shannan, a dog lover, was intrigued. The facility was currently running an Animal-Assisted Activities (AAA) program — basically, a meet-and-greet — but she wanted to do more for her patients and knew it was possible. When Patti approached her, she was thrilled, saying, "It was like an angel just walked in my door, because it was exactly what I wanted to do. I am a recreational therapist by trade. I knew Delta Society was preparing people and their pets to do more than meet and greet. Between the two of us, we were able to come up with a program. Our policy now differentiates between AAA and Animal-Assisted Therapy (AAT). We're documenting it."

Because the hospital already had dogs visiting, there was no additional clearance needed to get AAT teams into the Polytrauma Center, though Shannan notes that her recreational therapists pre-assess patients to determine if AAT might benefit them. They ask questions such as, "Do you like dogs? Do you have pets? Are you afraid of dogs?"

At the Center — one of only four for acute comprehensive polytrauma rehabilitation in the entire VA system — veterans from the age of 18 to 81 are treated. Polytrauma care is for service members with two or more injuries to more than one physical region or organ system of their body, one of which might be life-threatening. Examples include traumatic brain injury, hearing loss, amputations, fractures, burns and visual impairment. Some patients were injured in combat; others were injured stateside during active duty. Many, but not all, of the combat-injured troops are also suffering from post-traumatic stress disorder (PTSD). Older, non-active-duty veterans might be recent amputees caused by diabetes or recovering from a stroke, in addition to having physical injuries — not all conditions are the result of war.

A missed opportunity led Patti to approach Shannan. She had applied to participate in a longitudinal study at the VA for mental health patients. "I didn't get picked," notes Patti, "but had filled out all the paperwork, gotten pictures taken for it, and had my security clearance." She thought, "What can I do with these?"

The needs of veterans were close to Patti's heart. "My dad was hospitalized for three months after the Vietnam war," she says. "He had a nervous breakdown. Our family was destitute, and the VA saved him and helped him get his life back. I am really grateful to the VA." She wanted to give something back.

She showed Shannan an hour-long presentation she had developed, and the two immediately went to work to establish the program. "She was very into it and very open," says Patti of Shannan's reception to the idea. They enlisted Dee Dee Grant and her German Shepherd Jäger, and Hannah Fairman, who also

happened to work at the VA, and her Golden Retriever-mix Sal to participate.

Patti and her two dogs, Siberian Husky Charlie and Cairn Terrier Ballard, round out the trio of teams. The dog she selects for each visit depends on the needs and preferences of her patients because, as she notes, “We can’t assume all vets like big dogs.”

Ballad’s size is ideal for patients in wheelchairs. “I can put him on a rug on top of a table, which brings him to eye level,” says Patti. “They (the vets) are looking right into the eyes of the dog instead of looking down. It’s very expressive. Ballad is a big eye-contact dog. He watches the vets and looks for the opportunities to make eye contact. He’s just curious and interested in the person.”

Service Dogs Assist Veterans Too



Alexis was severely injured resulting in permanent damage to her spine, immune and nervous systems when she was serving in the U.S. Coast Guard. Her life changed forever.

In March 2009 Alexis was paired with Sooner, her new service dog, sponsored by Delta Society. Sooner is trained to pick things up when Alexis is unable to. If she falls and needs the support of a person to get up, Sooner will retrieve a phone and bring it to her. Sooner can sense when Alexis is getting weak and begins to sway — he quickly gets closer to her and helps her to stay upright.

Alexis shared, “With Sooner’s help I have regained my independence.”

Alexis is a mother — her 6-year-old daughter said, “I’m happy Sooner will be with you to take care of you when I’m at school, then I won’t have to worry about you being home alone.”

She does note though that Ballad’s small stature can sometimes be an issue. “I have to really be proactive with him because he is so little. If we’re walking down a hall with a lot of equipment and we have a double leash on him, I don’t want him to get squished. Or if the vet loses his balance, the dog can’t balance him.” That is when her Husky, Charlie, has the advantage.

The team usually works with one patient for an hour-long session. Patti paces the activities so neither dog nor patient gets exhausted. After physical exertion such as kicking a ball to work on leg extensions, Patti will have the patient put a special puzzle together. Patti’s past career as an elementary school counselor gave her the idea to create a personalized puzzle for each dog. Charlie’s, for example, features a picture of the dog in a Superman cape. Though some veterans have no trouble putting the eight pieces together, others with limited brain function or impaired fine motor skills find it challenging.

The three women visiting Minneapolis VA sometimes get together to brainstorm ideas. Patti is on staff at the regional animal shelter, Animal Humane Society, and has access to a lot of equipment that they can try. “We try out new things off site,” says Patti, “so we don’t have to do it with the vets. We tried different ways of walking with a double-leash, especially for people in walkers. We physically practice and have gotten together with three recreational therapists in the program and have had a couple of meetings where we review, monitor and adjust to determine what’s working and what’s not. We’ve come a long way.”

In the course of chatting with veterans from the Iraq War, Patti learned that they have a military exercise called “Where’s Waldo” to help troops be aware of the whereabouts of every member of their patrol. Patti had developed a lesson plan using a squeaky toy. “We have the vet hide Ballad’s toy in the room, then I bring the dog in to track it,” she describes. “Once Ballad finds the toy, he’s back on the table and we have some vets work with a ‘Where’s Waldo’ book with military themes. I love it when things just unfold like that.”

Patti also uses a cognitive exercise she calls “A Day in the Life of Ballad.” She has pictures of the Terrier in various poses (waking up, getting his teeth brushed, putting on his vest, eating, etc.) mounted on individual cards. The veterans have to put them in order as a sequencing exercise.

Over the past two-and-a-half years, the teams and staff have made huge strides. “We’ve learned quite a bit from each other — all of us,” says Patti. “The patients teach us, the recreational therapists, the dogs — it’s been a real journey so far.”

Dee Dee Grant had always wanted to work with the veterans’ community. “I wanted to be part of the solution to a problem I had no control over,” she says. “I wasn’t sure what that would look like for me. Patti Anderson told me about the program starting at the VA. It was perfect.”

Dee Dee notes that what they do definitely fits the description of AAT. “It’s very focused. The recreational therapists are our conduits to the veterans. They meet with us every week and talk about each patient’s needs. How do we make it fun? Ahead of the visit, they give us a list of four or five patients. There is a goal for each session. That gives us time to think of what the dog could do to help with that.”

She continues, “Our sessions have a lot of human interaction. I was an athlete and athletic coach, and I have an athletic dog. The things I think of to do with my dog are more action-oriented. Patti thinks more of what games we can play or social things. She, Hannah and I bring very different perspectives to our sessions. We are three very different tools for this group. If someone is very unresponsive or flat, Jäger may not be interested. That may be great for Patti and her dog. We all draw on our own experiences and backgrounds, and our dogs, to see what will work. Patti and I brainstorm upfront to come up with all kinds of things to create a list of activities. Sometimes the patient and dog improvise together — they just kind of tune in to each other.”

Hannah Fairman was a perfect fit for the team. Because she was an employee of the VA, she already had her clearance. All she needed was a little extra training with her Pet Partners teammate Sal to get used to the special equipment and more chaotic environment of the Polytrauma Rehabilitation Center.

Relative novices to AAT, Hannah considers her and Sal’s time in the Polytrauma Unit as a unique experience. Their only similar experience was working with a group for adolescent girls who had experienced trauma. “Here, we’ve been working with people toward meeting their social and emotional rehab goals,” notes Hannah.

She finds it rewarding to be able to help individual patients heal and meet their rehabilitation goals over time. “We worked with one young vet who had been exposed to an IED and had significant injuries, including brain injury. When we first saw him, he was not able to verbalize, and his eyes did not track. It was hard to know what he could understand or see. But from the first time we met, he was so drawn to Sal; his body would just drift toward the dog. Over the course of several months, it was amazing to see a young person with significant life-changing injuries getting better and to know the dog helped him with his progress.”

“Later, the young man was able to give a thumbs-up for ‘yes,’ and could do small things like a sit command with his hand. We did a lot of therapy work to get him to that point. He’d pet Sal. By the time he went home, he was able to call out to Sal.

“Building up long-term relationships is one of the best things we’re doing. We can get to know the patients better and understand their goals to better help them. Because we see them just once a week, we can sometimes gauge their progress better than the therapist who sees them every day.”

Hannah views the entire VA Medical Center as a place for future growth for incorporating AAA and AAT. “I work in research at the VA on post-deployment mental health. It is a separate department from Polytrauma. There is a social worker at the VA who is working hard to implement AAT procedures, but each department has to go through very specific channels. I would be interested in working in other areas of the hospital.”

Making Strides in Denver

Government red tape and paperwork can be daunting obstacles to visiting at VA facilities, but little by little, our Pet Partners teams are getting their feet and paws on the ground in every state.

Amy McCullough, MA, is the Director of Animal-Assisted Therapy at Delta Society Affiliate American Humane Association

(AHA) in Denver. The group’s Pet Partners teams visit patients and their families at Evans Army Hospital at Fort Carson in Colorado Springs and homeless veterans at the St. Joseph’s Home for Veterans in Denver.

The American Red Cross runs the volunteer program at Evans Army Hospital. Amy explains that because the Red Cross was familiar with requirements, her teams got through all the necessary steps to volunteer on a military base. She explains, “Pet Partners have to go through a security clearance to be able to drive onto the base. They have to go through some extra training steps and background checks for their civilian cars to be able to get through the gates. The paperwork is more thorough than at a civilian hospital. They ask about citizenship and ask more extensive questions about where you’ve lived, school, employment history, and such. The teams also get additional training in terms of how to access the base and how to conduct themselves in a military situation.”

At the hospital, Pet Partners teams can work with patients who have the gamut of medical issues, from mothers having babies through end-of-life care. Many teams work in the physical rehabilitation units to help patients rebuild their motor skills.

In addition to the AAT provided at the hospital’s medical units, Pet Partners also provide AAA to patients and their families at Fisher House. The facility is a short-term residence unit for out-of-town patients who need treatment, or for the families of patients in long-term care at the hospital.

Amy notes that their group is also working with the National Military Family Association to assist families at the organization’s “Operation Purple Camps” in the summer. The association runs 40 camps across the country to bring cheer to children who have a parent deployed. With Amy’s help, Pet Partners will be there.

Despite the success at Fort Carson, Amy notes that she has not yet been able to get Pet Partners teams into the Denver VA Medical Center. She notes that the facility is in the process of moving to a different location, and “has their hands full.” In the meantime, she keeps contact with the Volunteer Coordinator at the Denver VA and sends them pertinent information, such as the section of the Centers for Disease Control’s website on visiting animal policies, and information about zoonotic diseases published in the American Journal of Infection Control for Hospitals. She is definitely not giving up.

Years of Positive Work Pay Off

Getting a paw in the door at a VA hospital often takes perseverance, but sometimes luck plays a part.

Lynn Malayter, coordinator and liaison for the Madison, Wisconsin Pet Partners Affiliate Dogs on Call notes that the group had been trying to get their teams into the Madison VA for at least 10 years. “It was one obstacle after another: zoonotic issues, behavior



Lacey brings a moment of normalcy to the infant child of a returning veteran in Denver as part of the Wounded Warrior Program

issues, you name it — every reason in the world was thrown back to us as an obstacle.” Lynn, whose previous Pet Partners teammate Yellow Lab Murphy won Delta Society’s 1998 Beyond Limits™ Award for Therapy Work, was perplexed. “Dogs on Call had teams in the four major hospitals in Madison. We had dogs visiting in dorms, a medical college, an ER and psych units.”

Suddenly, in early 2011, doors opened. Lynn relates, “One of our coordinators heard we might be able to run a pilot program with Dogs on Call and the VA. We just about fell out of our chairs! We think all the good publicity that we had been generating had finally paid off. That, plus the three women at the VA who had been lobbying for years to get us in there.”

She continues, “Our facilities director and I met with the nursing staff, lead psychologist and director of the mental health unit. They had done their homework and knew all about Dogs on Call and Delta Society. Basically, they were all set. They said we could start the program on a trial basis. We had to be able to study and measure the results; then, we’d have to present the data to the Executive Director to enable the program to continue.”

Lynn and her team assumed that the pilot program would start out in one of the less challenging units in the hospital. “We’re thinking they wanted AAA in the hospital — let us go visit the guys and the gals.” She asked the VA staff what they were looking for so she could pick the right teams for the program. She was surprised when they responded that they wanted the pilot program on the double-lock-down floor — the PTSD Suicide Prevention Unit. The Pet Partners teams would need to enter through one locked door to a foyer, then that door would lock behind them. The team would then be buzzed through a second door that also locked after they passed through. Lynn said to the staff, “You’re just dropping us into the boiling water here for the pilot program.” Nevertheless, she knew exactly which teams to select.

The pilot program would operate as a meet-and-greet every other weekend in the patient-gathering room. The teams would enter the empty room and the patients would be notified that the dogs were there. Patients could opt in to visit; it was not required. There would be a volunteer in the room with the teams at all times, plus one or two additional staff, either with them in the room or directly across the hall, observing through the glass.

They started the program in June 2011 and by early August, it was evident that it was a success. “Because it was a pilot program, I required the teams to make a written report,” notes Lynn. “How many staff were present? Were the Pet Partners teams briefed and debriefed? Did the teams report their observations to the staff?” She gave a chronicle of the first visits to the head psychiatrist and the pilot program was given the green light to continue.

Unlike the teams at the Minneapolis VA, the Dogs on Call teams do not get to create long-term bonds with the veterans they visit. Since the lock-down unit is for acute-care only, a patient might be there for only 10 days at the most. If the patient’s condition does not improve in that time, he or she is then sent to one of the psychiatric wards for chronic PTSD at one of the other

hospitals. With the teams visiting every other weekend, it is rare that they see any patient more than once. Lynn notes though that several of the teams have visited patients who have returned after a relapse.

This might change soon because the hospital is in the process of building a community residential living center for chronic issues. “They want us in the new unit when it opens in December 2011 as well as in the PTSD unit on a weekly basis,” says Lynn. “The facility will have hospice beds, nursing beds and chronic-care beds, so if someone in acute care isn’t released, they can go to the new center for a longer time.” Lynn is going to ask staff from the long-term PTSD unit to come and talk to her new teams before they expand the program. “I’m not going to put an inexperienced team into the new facility.”

Cathleen Benson, RN, echoes Lynn’s thoughts, “The Pet Partners are very much needed in the community living center as it is more long-term care. It’s just so nice what they do. It brings out something in people that other human beings just can’t. They can relax and they can relate to the animal, and they don’t feel threatened.”

Since the program started, the teams have visited with several female veterans, as well as soldiers who served in Vietnam, Iraq

“Even patients that acted at first like they didn’t care, eventually they were sucked in. It was like an automatic thing; they couldn’t stay away from the dog. I have seen female vets with PTSD — they won’t reach out and talk to too many people, but when the dog comes they’ll get down on the ground to hold and pet the dog and really open up.”

and Afghanistan. Cathleen Benson was amazed at the interactions the teams evoked. “Even patients that acted at first like they didn’t care, eventually they were sucked in. It was like an automatic thing; they couldn’t stay away from the dog. I have seen female vets with PTSD — they won’t reach out and talk to too many people, but when the dog comes they’ll get down on the ground to hold and pet the dog and really open up.”

“People go to a very dark place with PTSD,” says Lynn. “The relief of having the dog come in takes them to a bright place for a few minutes.”

She does admit that the work can be rewarding, and it often brings the teams and the staff to tears. She recalls the first visit that she and her current Pet Partners teammate, Chocolate Lab Tootsie, made to the unit.

“In the pre-session briefing, the nurse had said there was one fellow, Shane, who was ‘on the edge.’ She just didn’t think he’d calm down from his agitated state. She told us he hadn’t slept or eaten, and that tranquilizers weren’t taking the edge off. He was getting belligerent,” says Lynn. She asked the nurse how she would know if Shane was there, and the nurse told her that she would give Lynn a signal from the hallway.

Once in the room, Lynn and Tootsie sat on the floor with a group of patients while discussing the various tricks Tootsie could

do. Lynn noticed a tall man in his early 30s who kept walking by. He would stop and watch, walk away, then return to watch again. "I kept my eyes on him but made no effort to go see him; I had Tootsie engaged with the patients in the room," says Lynn. "Then I saw the nurse give the signal. The young man stopped in the doorway. I whispered to Tootsie, 'Oh Toot, looks who's here,' her signal to visit. Tootsie got up, went over to him, and did the typical Lab-lean into his knees. I asked him, 'Would you like to pet her?' He started to pet her, and she leaned into him again. We engaged in conversation. Tootsie would not leave him; he was petting, petting, . . . and asked, 'Does she have any toys?' I said, 'Sure! Come in and join us.'"

Lynn watched as Shane played with Tootsie for a bit with her rubber duck. Then he asked Lynn if the dog could balance a cookie on her nose. Lynn saw her opening. She explains, "I fibbed and said, 'No, could you show her how to do it?' He did, and within a few minutes, Toot was doing the trick. Toot then went and got one of her toys from her bag and crawled into his lap. He started to give her a light massage, very gently from her ears, down her back. As he was doing it, she kept pressing into him. If she could have gotten inside him, she would have. We all sat and watched."

Lynn remembers that when Shane had come into the room, his shoulders were up, jaw tight, almost robotic. By the time Tootsie was sitting on his lap, his shoulders and face were relaxed; his tone of voice had changed. The 50-minute session had turned into two hours — an hour of which was with Shane. Though the session had been productive, Lynn knew it had to end. "I looked at my watch," she said, "and told Shane, 'I really need to go.'" He responded with, "Are you sure?" She made a judgment call. "Tootsie was totally relaxed, too, so I said we could stay a little longer. He continued to pet her gently, as if she were a newborn. I could see the staff watching from the window; they were mesmerized. When I went to leave, I thanked him for showing Tootsie a new trick.

"I asked the staff for follow-up on Shane. I wanted to know how long the effects of being with Toot would last. Two hours, 12 hours, a day? They told me that after we left, Shane sat back in a recliner and went to sleep for the first time in more than 24 hours. He woke to eat, then went back to sleep, and his peace lasted for well over a day, where the staff could engage him without him getting agitated. I have no idea where he is now."

Visiting Veterans — What Makes a Good Fit?

Based on her experience with the VA program in Minneapolis and as a Delta Society Team Evaluator, Patti Anderson offers this advice:

"An experienced animal that has settled down is really important. The team should have visited nursing homes and the quieter settings before considering it. The animal should be well desensitized."

Patti also believes that a people-loving personality helps. "The animal needs to love to tune into other people," she stresses. "Not constantly watching the handler, but really wanting to interact with other people. Animals that really want to get to know that



individual — not just working off remote obedience commands. That's when the magic happens, when you see that connection."

She talks about the traits of the human part of the team — the other end of the leash. "The person needs to be somebody with really good people skills, who enjoys people and is not so serious. They need to really want to get to know and make a connection with the patient."

The ability to be constantly vigilant is also important. "The human handler has to be scanning for different things, such as a wheelchair going over her dog's tail or pills left on the floor. When walking with the veteran and dog on a double leash, the handler needs to be able to talk and keep eye contact with the veteran while being hyper-vigilant with the dog. The ability to multitask is a must," says Patti.

Because visits with veterans can be intense, Patti stresses the importance of knowing when the dog has had enough. "Know your dog's stress signals. The dogs just soak up the emotions of the people they are working with." She recommends studying calming signals to help recognize stress or learning T-touch to relieve stress and to make the visit a more pleasant experience for the animal. "The handler needs to know in general how dogs think and how her own dog acts. Often, when dogs lick someone in the face, they are exhibiting stress, not 'giving a kiss.'" Patti recommends giving the animal a 10- to 15-minute break when stress is evident during a visit. "Take your animal into the lobby or give your dog a toy to play with."

Patti is pleased that the Minneapolis VA allows only registered Pet Partners to participate in their therapy programs. "When you work with vulnerable populations you want to be the best you can be, and Delta Society's training assures that."

Veterans benefit from experiences with animals of all species. This former Marine developed a special bond with Lauren Fitzgerald's Pet Partners teammate Smokey, a 22-year-old Shetland Pony, at High Hopes Therapeutic Riding in Old Lyme, CT