

## IN OUR Community

# ‘Is Karl In?’: Paws That Heal

*A program combining pet therapy, therapeutic recreation, and social reintegration benefits wounded service members—as well as the blind volunteers and their guide dogs.*

Since 2005 Paws That Heal (PTH), a program for wounded service members at Naval Medical Center San Diego (NMCS D), has used an innovative combination of pet therapy, therapeutic recreation, and social reintegration activities to rehabilitate these servicemen. Through this program, off-duty guide dogs and their blind handlers work with both inpatient and outpatient service members in ways that benefit all involved.

### HOW IT BEGAN

NMCS D is a large teaching hospital and military referral center providing care to service members with a variety of injuries and illnesses; it receives between two and 15 new patients weekly. Lengths of stay vary from a few days to months.

In September 2005 I was at work at NMCS D, where I’m the Diabetes Program manager, when a serviceman on medical hold requested permission to pet my guide dog, Karl. The serv-

Karl (at right) relaxed at a Guide Dogs–Wounded Warriors Day Out with a furry colleague on February 2, 2006. Karl has since gone into semiretirement: he has a day job as a greeter at a small independent sporting goods store in Palm Coast, Florida. Karl enjoys his new job, where he is appreciated by the customers, the owner, and the owner’s children. Meanwhile, Whittington continues her work in Paws That Heal with her new guide dog, Scout.



Photographs courtesy of NMCS D Public Affairs Office

iceman had a profound stutter, which ceased when he began petting the dog. We spoke briefly, and he told me how he had been injured in Iraq. (In the military, medical hold, or “med-hold,” designates patients deemed well enough for hospital discharge but not for a return to full active duty. At NMCSO such service members live on-site in a dormitory-like setting and perform duties as they are able; most, though not all, are marines. I believe that for many of our patients, my being not only an RN but also someone with multiple disabilities, including rheumatoid arthritis and blindness secondary to autoimmune disease, helps to make me approachable.) As we parted, the serviceman requested that Karl and I spend time with him and others on med-hold, perhaps on an ongoing basis.

To set this up, I met with various people in my chain of command to secure the necessary approvals. I then proposed to the marine med-hold platoon leader that Karl and I come for regular visits. After discussion, he agreed, and I began offering sessions to the med-hold servicemen using traditional pet therapy, also known as animal-assisted therapy. For most med-hold patients, this was their first experience with pet therapy; the hospital had an established pet therapy program, but only inpatients were eligible.

Since then, Karl and I have continued meeting regularly with service members on med-hold before or after scheduled marine formations (twice-daily meetings involving the entire platoon). Our focus is on socialization skills. Everyone, from the platoon members to the NMCSO staff, seems to enjoy these sessions. And the service members know they can come to my office for extra time with Karl and me as our schedules permit; they often stop by the department desk to ask, “Is Karl in?”

### EXPANDING THE PROGRAM

Soon after beginning to work with the med-hold group, I realized that if more handlers and guide dogs became involved, more extensive contact and greater benefits might result. Because I know many blind people with guide dogs, I explored taking the program in this direction and obtained the necessary permissions.

In November 2005 small groups of five to seven med-hold marines began spending one day a month at a local dog park with 10 to 12 off-duty guide dogs and their handlers. Initially called Guide Dogs–Devil Dawgs Day Out (“devil dogs” has been a nickname for members of the U.S. Marine Corps since World War II), by mid-2007 the event included members from other service branches, so it’s now known as Guide Dogs–Wounded Warriors Day Out. After two hours of throwing balls for the dogs, playing tug-of-war with them, and chatting, the service members

help serve lunch; the dogs rest while the humans eat and socialize.

Because such outings are part of the rehabilitative plan for these service members, NMCSO staff document their participation and outcomes in their permanent medical records. Five NMCSO employees from various disciplines, including mental health nursing, helped to develop the documentation forms (which are available from me on request). Many departments have rescheduled activities so that service members can participate in these outings.

In March 2006 PTH began offering a separate weekly event for inpatients on the medical–surgical and mental health units; this event has become known as Guide Dog Day Inside Out. Off-duty guide dogs and their handlers interact with small groups of two to five service members selected by the NMCSO staff. I lead these sessions. As with outpatient participants, NMCSO staff document the inpatients’ participation and outcomes in their permanent medical records.

### PARTICIPATING IN PTH

To participate in the PTH program, both humans and canines must meet certain criteria. A service member must be either an inpatient or on med-hold at NMCSO, be capable of independent ambulation (with or without assistive devices), have received medical clearance, and report enjoying being around dogs. A handler must use a guide dog, be well-adjusted to her or his blindness, and be both a “good listener” and “other-centric” (willing and able to focus on someone else).

After evaluating candidate handlers through telephone and in-person interviews, I meet with them and their guide dogs and assess the dogs. Guide dogs must have been provided by an established guide dog school, obey their handler even when off leash, and be able to relate well to both other humans and other dogs when off leash. Finally, each handler–dog pair has a trial session with med-hold service members, either before or after a scheduled formation, when both desirable and undesirable behaviors are assessed. Pairs that pass muster become PTH volunteers through two organizations, the Armed Services YMCA and Our Best Friends; the latter provides insurance coverage for the dogs.

After acceptance into the program and before participation, service members, handlers, and dogs are further prepared.

**Certifying the dogs.** All guide dogs have already undergone extensive training. (For more information on guide dog training, visit [www.seeinye.org](http://www.seeinye.org); click on “About Us,” then “Our Programs,” and then “Instruction and Training.”) Certified pet therapy dogs must pass the American Temperament



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Karl is shown conducting a Paws That Heal session with a group of marines on medical hold at Naval Medical Center San Diego, in this photo taken in 2006. Beyond pet therapy and therapeutic interaction with an RN, Paws That Heal also brings wounded service members together with the handlers, who demonstrate "living well" with a disability. "The humans are just as important a part of the therapy as the dogs," says Whittington.

Test Society examination. The test evaluates several aspects of temperament, including stability, aggressiveness, and friendliness. (For a description of the test, go to [www.atts.org/testdesc.html](http://www.atts.org/testdesc.html).) Although such testing isn't required for guide dogs, whose temperaments have been thoroughly vetted already, the handlers in the PTH program have their dogs tested to reassure all involved that the dogs are trustworthy. Thus far the PTH guide dogs have achieved nearly perfect scores.

**Training the humans.** All service members who attend Guide Dogs-Wounded Warriors Day Out learn proper sighted guide technique to use in assisting handlers whose dogs are off duty. Sighted guide technique ensures that assistance is welcome and that the methods used in helping handlers are effective. (For more, see the American Foundation for the Blind's *Being a Sighted Guide*: [www.afb.org/Section.asp?SectionID=36&TopicID=163&DocumentID=2104](http://www.afb.org/Section.asp?SectionID=36&TopicID=163&DocumentID=2104).) Those who are willing might practice with a partner, each taking a turn at being guided while blindfolded.

All handlers complete NMCS's volunteer orientation program, which includes a background check,

physical examination, and confidentiality training. I also provide basic training in motivational interviewing—a client-centered counseling approach that promotes behavioral change by helping individuals explore and resolve ambivalence. The handlers have reported that such training has improved their interactions with service members. (For more, see "Motivational Interviewing," October 2007.)

Both groups are instructed to use first names only. This practice preserves confidentiality and encourages relaxed, casual interaction. It also eases the burden on the handlers, who are meeting several service members at a time and can't see their name tags. The service members and the handlers are further instructed not to ask each other about their experiences of blindness or war, respectively. Those who wish to may share their experiences, but reciprocity shouldn't be expected. In my experience, blind people tend to present a "low threat" to the service members, many of whom have disfiguring injuries. And in giving the service members—many of whom will soon be reunited with friends and family—a chance to practice socializing with civilians, the program may help foster their reintegration.

**BENEFITS FOR ALL**

Pet therapy and therapeutic recreation have been shown to independently facilitate healing when administered separately.<sup>1</sup> Social reintegration activities have as well.<sup>1</sup> Although there is nothing in the literature regarding the efficacy of these therapies in combination, feedback from both the humans and dogs involved in PTH indicates that the combination benefits all. Indeed, the vast majority of comments from both service members and handlers have been favorable.

Some service members with disfiguring injuries have commented on the benefits of socializing with civilians who themselves have disabilities. Typical comments have been, "Those people don't stare at my injuries" and "It's nice to spend time around people who have a medical problem and are dealing with it."

Many handlers reported having a smaller social circle before becoming involved in PTH. Several have said, "I get to work with other people" and "I can give to those serving our country, [who are] doing something I'll never be able to do."

There have been other unanticipated benefits. For example, while playing with the dogs, service members often provide play-by-play descriptions to the handlers of what the dogs are doing, a practice that has deepened communication among those involved. Both groups also report using skills they learned during PTH training in other settings. One service member told me that while home on leave, he used the sighted guide technique with his elderly, "wobbly" grandmother: "it worked like a dream." And a handler who used motivational interviewing skills with a "difficult" supervisor found it helped to keep their exchanges productive.

Two aspects of the program have proven particularly beneficial. Because it's left to the service members to decide whether to talk about their war experiences, they've reported feeling less social pressure during PTH events. As one service member said, "I can choose to talk about it or not." And both service members and handlers say they appreciate the chance to help others. Handlers' comments have included, "It feels good to know I played a part in helping someone heal," and "As a violent-crime victim and survivor [resulting in blindness], it helps me to help others who are at the stage I was all those years ago."

The most profound change occurred in a bed-bound, mute inpatient during his three-day hospitalization. Karl took 11 minutes to approach him in stages, first pausing three feet away, then stepping a few inches closer and pausing again, repeating this until the patient reached out to pet him and began talking. Later the patient remarked, "This is the best

thing that's happened to me since I got here." The NMCS staff member told me, "After that session, he opened up and began working out his issues. At his discharge interview, he said, unprompted, that participation in PTH was helpful."

That service member was one of many who entered the program as an inpatient and remained involved as a med-hold outpatient. Many service members have sought out additional time with the handlers and guide dogs. And some who participated in PTH as outpatients have asked to volunteer with the inpatients. This gives inpatients a chance to spend time with service members further along in their recovery. As for the dogs, they give ample nonverbal feedback. Many handlers have reported that when they approach any of the PTH venues with harnessed dogs, the dogs pull harder, as if thinking, "Hurry up! I've got something important and fun to do." During Guide Dogs-Wounded Warriors Day Out, these working dogs have a rare opportunity for extended off-leash play with other dogs and with young, sighted people willing to engage in vigorous games. On one occasion, a service member loosened his prosthetic arm before throwing a ball to Karl; both the arm and the ball, still cupped in its hand, landed some 50 feet away. While the service members were laughing and telling the handlers what happened, Karl studied the situation. Then he took the ball in his mouth and, dragging the prosthesis, returned both to their owner.

**REPLICATING PTH IN YOUR FACILITY**

Through replication and evaluation of the PTH program, outcome measures can be developed and the program's effectiveness tested and its strategies honed. The program has established guidelines and can easily be exported to any military treatment facility providing care to wounded service members. A similar program could be created in civilian settings to help people who have undergone amputation or endured physical trauma from vehicular or workplace accidents, crime, or other causes. I invite interested readers to contact me for further information. ▼

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**REFERENCE**

1. Warner CH, et al. Division mental health in the new brigade combat team structure: part II. Redeployment and postdeployment. *Mil Med* 2007;172(9):912-7.