

Your complete guide to natural dog care and training

# Whole Dog Journal™



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Photo courtesy of Intermountain Therapy Animals



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# Become a Trainer

*It's probably not your career goal, but if you have a dog, it behooves you to try it out!*

Tell the truth: How many of you got a dog even *partly* because you love training dogs *soooo* much and you couldn't wait to devote hours every week to dog training? Anyone? Anyone? Bueller?

Actually, you guys probably skew the results a bit; I would hazard a guess that people who pay for a subscription to a dog magazine are more interested in training and behavior than most dog owners.

But my point is, the average dog owner doesn't get a dog because they are *so excited* and eager to study learning theory, compare classical and operant conditioning, and test the relative value of various reinforcement schedules. Few people who get a dog look forward to practicing their leash-handling skills and refining the subtleties of treat delivery timing and placement.

No, most people get dogs because they want to enjoy canine companionship! They get a dog to walk with and talk to, nap with, play with the kids, or guard the house or property. Most people intellectually understand that it will take *some* time and a little effort to teach their new dogs the new house rules. But it seems that very few people remember or realize how much time it *really* takes to teach a dog everything she needs to know in order to live in a human's home in a human society, without making any errors that could result in the loss of said home. And nobody anticipates ending up with a dog with serious behavioral issues! Few people are prepared when their new dog or puppy develops separation anxiety, canine compulsive disorder, a pathological fear of children, or a dangerous aggressive response to the sight of other dogs.

And yet, our dogs depend on our ability to train them and to take appropriate and effective action if they develop behaviors that are in conflict with the home, schedule, and family we have imposed on them. If we fail to succeed in our new roles as amateur dog trainers and their behavior becomes problematic for our family (say, growling at Grandma or the baby), or neighbors (barking all day), or the dog they just met at the park (where an off-leash dog runs up too fast and our dog badly bites the other dog in the melee that results), they could lose their homes or even their lives.

So, even though I am a total geek about learning theory and behavior analysis and absolutely *anything* having to do with teaching dogs and humans to enjoy and understand each other better, I understand that not all dog owners are up for all that. My goal, and that of WDJ's Training Editor Pat Miller and all of our contributing writer/trainers, is to help you understand how to teach stuff to your dogs, in the simplest, most effective, and most enjoyable way possible – with a *sprinkling* of nice, modern behavioral science and theory thrown in for our fellow training nuts.



NK



# Bloat: The Mother of All Canine Emergencies

*Familiarize yourself with the symptoms of bloat, so you can act quickly enough to save your dog's life.*

No word strikes fear into the hearts of dog owners like bloat. It is a fairly common occurrence and requires immediate intervention and surgical treatment. But what exactly is it? And what should you do if you suspect that your dog is suffering a bloat?

Bloat is the nontechnical term for gastric dilatation and volvulus (GDV), a condition in which the stomach rotates around itself to become twisted. The stomach can twist halfway (a 180-degree torsion), all the way leading to a 360-degree torsion, or anywhere in between. Once twisted, the stomach becomes stuck, and fluid and gas cannot exit. A dog cannot vomit, as the entrance to the stomach (the cardia) is obstructed, and nothing can leave the stomach via the intestines, because the exit (pylorus) is also blocked.

Due to this twisting, the stomach rapidly fills with fluid and gas, leading to abdominal distention. As the stomach quickly expands, blood vessels supplying it rupture and lead to hemorrhage. The massive stomach pushes on the diaphragm, making it hard for the dog to breathe. It also causes pressure on the caudal vena cava, which brings deoxygenated blood from the body back to the heart. Without blood circulating, shock occurs rapidly.

## BLOAT SYMPTOMS

The symptoms of bloat are classic and include restlessness, discomfort, pacing, abdominal distention, gagging, salivating, and non-productive retching.

The earliest signs may be as subtle as increased drooling and pacing/restlessness. Frequently, this occurs soon after a meal, especially if the meal is followed by exercise. Certain breeds are more likely to develop bloats such as Great Danes, Standard Poodles, and Dobermans, but *any* breed can bloat. Sex does not seem to be related.

Bloat is an immediate emergency. The longer the stomach stays twisted, the more damage is done. If twisted long enough, the stomach

tissue will die and rupture, leading to spillage of stomach contents into the abdomen.

If you suspect your dog is bloated, an emergency trip to the veterinarian is a necessity. Do not wait overnight to see your veterinarian in the morning. The sooner that GDV is addressed, the better the chances for recovery.

## AT THE VETERINARY CLINIC

When you arrive, the technical staff should take your dog directly to the treatment area for examination. Bloat can often be determined based simply on signalment (age and breed) and physical examination. The belly will be tight and tympanic (meaning like a drum).

To confirm the diagnosis, your veterinarian may take a right lateral abdominal x-ray. This will reveal a classic “double bubble” – a folded, compartmentalized stomach. They are often called “Smurf hats” or “Popeye arms” because of their characteristic appearance.

Time is of the essence, so your veterinarian will treat your dog immediately. A quick physical exam generally will reveal the following abnormalities: an elevated heart rate, panting or fast breathing, a tight, drum-like abdomen, and abdominal pain.

*People most commonly associate bloat with Great Danes, Standard Poodles, and Dobermans, and the condition is relatively common in those breeds. But it can happen to ANY dog of any size, age, or breed.*



*Great Danes are kind of the poster dogs for GDV; about one in every three will experience this life-threatening emergency sometime in his or her lifetime, unless a prophylactic gastropexy surgery is performed.*

An IV catheter will be placed to administer fluids and correct shock. Pain medications are needed as soon as possible and may include an opioid such as hydromorphone, morphine, or fentanyl.

As your veterinarian and the technical staff work to stabilize your dog, they will also conduct diagnostic testing. This will include bloodwork to evaluate for internal organ damage, as well as checking blood pressure. In a specialty setting, it's likely that the veterinarian will also check coagulation factors (your dog's ability to clot) and blood lactate levels.

Lactate has been extensively studied in GDV. It is produced as a backup source of energy in the body. Lactate is always being produced, but in shock, when oxygen levels are decreased, lactate production is much higher. It can be measured with a hand-held device much like a blood glucose monitor. Many studies have been done to evaluate how helpful this is in determining outcome in GDV patients. Currently, it is thought that a high lactate level that decreases with IV fluids and surgery is a good indication for recovery.

GDV often occurs in older dogs, so your veterinarian also may recommend three-view chest x-rays to evaluate for the presence of any abnormalities. One study showed that 14 percent of dogs with GDV have concurrent aspiration pneumonia, likely

*A right lateral x-ray is the most common view for a suspected bloat, and this one shows a classic "double bubble" or "Smurf hat." The stomach is dilated with gas and folded on itself, forming two distinct compartments, shaped like a Smurf hat. This is an eight-year-old Great Dane with the classic signs of GDV: pacing, restlessness, retching, bloated abdomen.*



from gagging and inhaling drool and watery stomach fluid that can escape the twisted stomach. Many GDV patients are older, and three-view x-rays can also evaluate for metastatic cancer that would make the surgery prognosis poorer. This recommendation is dependent on the vet who treats your dog. Any delay in surgery can be detrimental to your dog, so in cases of elderly dogs (greater than eight years of age) in particular, this recommendation must be weighed carefully.

### DECOMPRESSION

Before surgery, your veterinarian will likely try to decompress the stomach – that is, relieve the gas buildup in the stomach. This can be done in one of two ways. The first is to pass a tube down the esophagus into the stomach – an older but still accepted method. It

can often be done in an awake patient. This rapid decompression can help buy time for the twisted stomach. In some rare cases, passing a tube can untwist the stomach, but the procedure also poses the risk of puncturing through the twisted stomach entrance (cardia).

Another method of decompression is called trocarization. In this technique, large gauge needles are inserted through the skin into the stomach to relieve the air. This is currently the more commonly used approach because it is quick, doesn't require multiple staff members, and can be very effective. It poses a much lower risk to the dog, but is not without risk altogether: it's possible to lacerate the spleen during this procedure.

There is a great video online of a veterinarian performing trocarization on a Bernese Mountain Dog with GDV. See [atdove.org/video/gdv-gastric-trocarization](http://atdove.org/video/gdv-gastric-trocarization).

### SURGERY FOR BLOAT

The goal in a GDV is to stabilize the patient as quickly as possible before surgery. A GDV can be successfully treated only with surgical intervention. This often puts the veterinarian and owner in a very difficult spot. Decisions must be made quickly and with decisiveness to allow for the best outcome. GDV surgery can be very costly, and most dogs will remain in the hospital for two to three days post-operatively. The prognosis is dependent on each dog and how long the torsion has been

## Arrhythmia and Bloat

It is very common for a dog that has GDV to suffer from arrhythmias during or after surgery.

The most common are ventricular tachycardia and slow idioventricular rhythm. The ventricles are the lower chambers of the heart. When a dog goes into shock, the heart muscle becomes irritable and can develop irregular beats, particularly in the ventricles. Tachycardia occurs when the heart rate is faster than 150-160 beats per minute. When the heart rate is normal but the rhythm is abnormal, this is a slow idioventricular rhythm.

In most cases, these resolve within a week without specific treatment. If the arrhythmia persists, it is important to have the heart evaluated by a cardiologist. Since Great Danes in particular are prone to both GDV and cardiomyopathies, concurrent heart disease could be present.

## Mesenteric Volvulus: A Diagnostic Puzzle

While less common than GDV, mesenteric volvulus is a similar condition that requires immediate veterinary care and can be deadly in a matter of hours. For owners of German Shepherd Dogs and Pit Bulls (the most predisposed breeds) it is especially imperative to know about this condition.

With a mesenteric volvulus, the small intestines twist at their origin (called the root of the mesentery). This leads to obstruction of blood flow and death of the upper GI tract. The cause of MV is unknown. There seems to be an association with exocrine pancreatic insufficiency (EPI) in which the pancreas does not produce digestive enzymes. However, this has been shown in only one study. Other causes have not been identified.

The symptoms are frequently very sudden in onset and include vomiting, extremely bloody diarrhea, abdominal pain and distention, and collapse in a dog that was previously normal. The gums will be pale, and the heart rate and breathing rapid. The abdomen may be distended and extremely painful. An emergency trip to the veterinarian is warranted. Do not wait!

Unfortunately, these symptoms present a diagnostic dilemma for the veterinarian. Acute collapse can represent several conditions including Addisonian crisis, anaphylaxis, and acute hemorrhagic diarrhea syndrome. If mesenteric volvulus is not identified within one to two hours, death often results. Therefore, if your dog exhibits these symptoms, your veterinarian should conduct treatment and diagnostics immediately.

### TREATMENT FOR MV

Initial treatment and testing should happen simultaneously when possible. An IV catheter will be placed to administer fluids and correct shock (manifested by low blood pressure, high heart rate, and rapid breathing). Oxygen may also be given by face mask or nasal prongs. MV is an extremely painful condition, so pain medications should be given.

Your veterinarian should also be conducting diagnostics at the same time. X-rays and/or ultrasound of the abdomen are critical in diagnosing MV. Bloodwork should also be done concurrently to evaluate internal organ function, as well as determine the severity of shock and to rule out other diseases. Most MVs are

readily apparent on x-ray, but this is not always the case. Ultrasound also can be helpful.

### TREATMENT

The treatment for mesenteric volvulus is immediate surgery. Even with prompt surgery, the prognosis is extremely guarded for survival. While the stomach can be twisted for hours in a GDV and the patient recover, the intestines do not tolerate the lack of blood flow for long. As a result, the veterinarian must intervene quickly and decisively.

This can lead to a hard decision for both owners and veterinarians. The diagnosis often cannot be definitively made on x-rays and ultrasound. It can be heavily suspected based on clinical signs, breed, and testing, but until the doctor performs surgery, it is not always a certainty. As a result, owners are often forced to make a major decision with an ambiguous diagnosis and recovery. Like any major emergency surgery, it is expensive. MV surgery and post-operative care can cost several thousand dollars. This is an excellent example of why it is important that you have a close and trusting relationship with your veterinarian, as well as an emergency fund and/or pet insurance, which can help offset the cost and stress in the case of MV.

If mesenteric volvulus is suspected, your dog will undergo rapid emergency surgery to de-rotate the intestines. If too much damage has occurred and the intestines cannot be saved, a resection and anastomosis (removal of intestines and sewing ends together) can sometimes be done. However, in some cases, the damage is too extensive, and euthanasia is necessary.

Post-operatively, the patient will likely be hospitalized for several days and undergo careful monitoring. After surgery, complications such as sepsis, systemic inflammatory response syndrome, disseminated intravascular coagulation, and organ failure can occur. Thus, it is imperative that patients are observed closely after surgery. Complications can occur for several days to a week afterward.

Mesenteric volvulus carries a very guarded prognosis for recovery. It is critical that owners of German Shepherds and American Pit Bull Terriers be aware of the symptoms and act rapidly if they are noted.

present. In general, survival rates for the surgery are high.

Your veterinarian will take your dog to surgery as soon as possible. This should not be done until the patient is as stable as can be expected. To some extent, full treatment of shock is impossible until the stomach is de-rotated in surgery. The patient's condition should be optimized. This means stabilizing blood pressure, bringing heart rate down to normal or near normal, controlling pain, and decompressing the abdomen either via stomach tube or trocarization.

In surgery, your veterinarian will open the abdomen, identify the twisted stomach, and then de-rotate it. Once de-rotated, the stomach is checked for damage. In some cases, part of the stomach tissue has died and must be removed. The spleen will be checked next. It lies alongside the stomach and shares some blood vessels. When the stomach twists, the spleen does as well. Damage to those blood vessels can lead to a damaged spleen. In some cases, the spleen must also be removed.

Once the stomach and spleen are addressed, the stomach is sutured to the right body wall. This is called a gastropexy. This will prevent the stomach from rotating again in 90 percent of cases. However, in about 10 percent of cases, a dog can still develop a bloat.

It is imperative to always monitor your dog for the symptoms of bloat, even when they have undergone gastropexy.

There are several different techniques for gastropexy. The most common is the incisional. This is when an incision is made into the outer layer of the stomach (serosa) and a matching one made on the wall of the body. The two are then sutured together, holding the stomach in place.

Surgery generally lasts about an hour to an hour and a half.

### POST-OPERATIVE CARE

Most dogs will remain hospitalized for one to three days after surgery. Post-operative care will include IV fluids to maintain hydration, pain relief, and close monitoring. Complications can include arrhythmias, hemorrhage, and infection. In some cases, a syndrome called systemic inflammatory reaction syndrome (SIRS) can occur. Disseminated intravascular coagulation (DIC), a massive and fatal collapse of the ability of the body to clot blood, can also occur.

Patients should be monitored around the clock after surgery, preferably at an emergency and/or referral hospital. Not all veterinary hospitals have staff on duty all night, so be sure to ask your veterinarian if this is something that will be available, or whether

a transfer to a clinic with a night staff is possible.

Excellent attention to recovery is important. This will include monitoring of heart rate and rhythm (by ECG), temperature, and comfort level. Most patients are fasted for about eight to 12 hours after surgery. They are then offered a bland, easily digestible diet.

### BLOAT PREVENTION

Much research has been devoted to this topic. The causes for GDV are poorly understood. At various times, an array of different recommendations have been made to prevent bloat, including the use of raised food dishes, the *avoidance* of raised food dishes, avoiding exercise after meals, and feeding smaller, more frequent meals rather than one large meal. More recent research has identified a possible link between motility disorders and GDV. At this time, unfortunately, there are no hard and fast rules for preventing bloat.

Prophylactic gastropexy is strongly recommended for the highest risk breed, the Great Dane, as some estimates show one in three will experience GDV. This can be done at the time of spay for females. It can also be done laparoscopically for males at practices that offer this modality.

Standard Poodles, Rottweilers, Irish Setters, and Weimaraners are also considered at-risk breeds for which prophylactic gastropexy should be considered. In other breeds, the benefits versus risks of preventative gastropexy are less clear. But one thing is certain: No matter what type of dog you own, if you observe the classic symptoms of bloat – restlessness, discomfort, pacing, abdominal distention, gagging, salivating, and non-productive retching – you need to get your dog to a veterinary emergency room ASAP. 🐾



*Raised feeders became popular on the strength of anecdotal evidence that they helped reduce the incidence of bloat; studies have since shown that their use can actually cause bloat.*

*Catherine Ashe graduated the University of Tennessee College of Veterinary Medicine in 2008. After a small-animal intensive emergency internship, she practiced ER medicine for nine years. She is now working as a relief veterinarian in Asheville, North Carolina, and loves the GP side of medicine.*



# Fear Not!

*Dogs who are fearful are becoming increasingly common. Learn how to prevent your dog from developing chronic fear – or, if it's too late, how to improve his security and happiness.*

An increasing percentage of clients are bringing dogs to me for help with fear-related behaviors. Many of my fellow behavior professionals agree: They, too, are seeing more fearful dogs than they used to.

The increase in clients seeking help *could* be because more people are realizing that it might be possible to modify their dogs' fearful behaviors.

However, it might also be because more shelters and rescue groups are rehoming fearful dogs who, in the past, would have been euthanized as “not adoptable.”

Many of us trainers also have been called upon to help owners with extremely under-socialized and fearful dogs imported from elsewhere, such as the Chinese and Korean meat-market dogs and “street dogs” brought here from Puerto Rico, Mexico, and elsewhere.

Whatever the reason for the seeming increase in the population of fearful dogs, good behavior professionals will do their best to help these dogs (*and* their humans) have a better quality of life – and there definitely are things that can help.



## DIFFERENTIATING BETWEEN FEAR, PHOBIA, AND ANXIETY

In order to successfully modify fear-related behaviors, it's important to understand the difference among the closely related behaviors of fear, phobia, and anxiety.

Fear is defined as an unpleasant emotion caused by the belief that someone or something is dangerous, likely to cause pain, or a threat. Most of us who have had dogs with fear issues (or are fearful ourselves) can agree, especially with the “unpleasant emotion” part. We tend to think of fear as a bad thing, but fear is also a life-preserving response to physical and emotional danger. If we didn't feel fear, we would likely fail to protect ourselves from certain threats.

Phobia is an exaggerated, persistent, excessive fear of a particular object, class of objects,

or situation. Common canine phobias include loud noises (thunder, gunshots, fireworks, household sounds), intense fear of humans, and riding in cars.

Anxiety is the anticipation of future dangers from unknown or imagined origins that result in normal body reactions (known as physiologic reactions) associated with fear. Fears and phobias occur in the presence of the emotion-causing stimuli, but dogs who are anxious present emotional and physiological fear responses even in the absence of the stimulus.

Of the three “shades” of fearful behaviors, the best prognosis is for dogs dealing with fear. At least we're working with something real and present, rather than something exaggerated or imagined! A fearful dog may have significant behavioral responses, including a lowered body

*This formerly feral dog is obviously still quite fearful, as evidenced by his pinned-back ears, pulled back commissure (corners of his mouth), wide eyes, stress lines in his face, body posture (lowered and behind-the-vertical), and tucked tail. Dogs who are this fearful are likely to be lifetime projects, and “love” alone isn't enough to fix them.*

posture, trembling, salivating, hiding, fleeing, growling, snapping, biting, shutting down, and more.

Phobias and anxieties can also manifest in these behaviors, but also may include more extreme panicked responses such as jumping through windows, chewing through walls, urinating, defecating, and worse. Dogs with true phobias and anxieties often require pharmaceutical intervention before any modification efforts can even begin to be successful. (See “What About Drugs?” below.)

If you think your dog’s emotional responses go beyond fear into phobia or anxiety territory, please seek the help of a qualified behavior professional and a behavior-savvy veterinarian.

## PREVENTING FEAR

My students have all heard me say this before: “We’re always better off preventing unwanted behaviors than we are trying to fix them.” Here’s another of my favorites: “Behavior is always a combination of genetics and

*This pup is attending a puppy social, but he’s afraid of the other participants, as evidenced by his shut-down, withdrawn behavior. He would benefit more from one-on-one interaction with a very calm pup, or even an easy-going adult dog, to build his social confidence. It’s also possible that allowing him to safely sit on the sidelines and watch the other puppies play (fully protected by a see-through barrier like the exercise pen in the photo) may be enough to build his confidence. It’s not unusual for a pup to be shy the first night of class and get bolder as he habituates to the class.*



environment.” A good fear-prevention program recognizes both – hence the importance of breeding behaviorally solid dogs as well as proper puppy socialization. (See “The Puppy Conundrum,” WDJ January 2016, and “Social Studies,” WDJ October 2015.) Of course, you will also need to diligently protect your dog from traumatic events throughout her life.

If you raise two puppies – one genetically confident, one genetically fearful – in the exact same environment, giving them equal socialization, the

odds are very good that the genetically solid pup will turn out just fine, while the one that came from a line of fearful dogs will likely be fearful.

Since many puppies come from shelters and rescue groups with little or no information about their genetic background, and because even good breeders sometimes receive unexpected rolls of the genetic dice, the best approach is to socialize every puppy properly, extensively, and thoroughly. Poorly socialized fearful dogs can be helped and their behavior improved upon, but will probably never be the dogs they could have been if they’d had a better start in life.

The puppy’s environment – even in utero – has as large an influence on him as his genetics. We now know that puppies born to mothers who were significantly stressed during pregnancy are likely to suffer from fear and stress-related behaviors throughout their lives, due to the flood of cortisol they were subjected to while still in the womb. *Note to shelters and rescue groups: This means you need to work very hard to place your pregnant dogs in appropriate foster homes, rather than subjecting them to the stress of a shelter or kennel, to give those pups the best chance for a long and happy fear-free life.*

Puppies observe and learn from their mothers, so if their mother is fearful, they learn this from her as well. It’s no wonder that recent studies suggest that puppy-mill puppies have significantly more and greater behavioral issues

## What About Drugs?

As a non-veterinary behavior professional, it is inappropriate for me to suggest specific behavior modification drugs to my clients or to our WDJ readers.

Medication can and does have a vital role in behavior modification, however, and I have – on many occasions – suggested that my clients to discuss behavior medications with their veterinarians. Here’s the rub: Most veterinary schools don’t require their students to take a single course in behavior, and the field of behavioral medicine is a complex one that most vets know very little about.

Here’s the solution. There are now about 70 veterinary behaviorists in the U.S., and many of them will generously do phone consults with general practitioners to help guide appropriate selection and dosage of behavior medications. Some offer this service to other veterinarians for free, others charge a reasonable fee for their time.

In any case, when I do ask my clients to discuss medications with their vets, I urge them to ask their veterinarian to take advantage of this service in order to ensure they are getting the best advice regarding pharmaceuticals. This helps to avoid the bad experiences some clients have (“the drug turned my dog into a zombie, or made her worse”) when well-meaning but uninformed veterinarians select an inappropriate medication or an improper dosage.

A complete list of board-certified veterinary behaviorists can be found at [dacvb.org/search](http://dacvb.org/search). If medication is in the cards for your fearful dog, urge your veterinarian to make use of this resource.



throughout their lives than dogs born in more suitable environments.

Significant life events can create fear in an otherwise confident *adult* dog, even one who is genetically sound and well-socialized. These events may have the biggest impact during puppyhood and adolescence, but can also cause fear later in life. A car accident can cause a previously car-loving dog to become fearful of cars. A single significant attack by another dog can turn a canine-loving hound into one who is fearful and defensively aggressive toward other dogs. And inappropriate actions by other humans toward your dog can convince her that people should be feared.

So the better you are at protecting your dog throughout her life from events that cause her to become significantly afraid, the less likely you will need to manage and/or modify her fear behaviors at some point. And, with a “get back on the horse” recommendation, science suggests that the sooner you work to modify a negative association (fear) due to a traumatic event, the more successful the modification efforts are likely to be.

### MANAGING FEAR

I’m sorry if this sounds daunting, but in order to successfully modify fear-based behavior, you *must* painstakingly manage your dog’s exposure to the fear-causing stimulus.

Every time your dog has an over-threshold (fear-causing) exposure it can sensitize her further, making it even harder to convince her that she doesn’t need to be afraid. Barking, lunging, hiding, running away: whatever her avoidance strategies may be, each time she employs them she will become even more convinced that the strategies are effective, because she didn’t get injured or killed. Those

*Once your dog learns to target your hand with his nose, you can guide him past things that would ordinarily frighten him; this gives him something safe and rewarding to focus on, instead of getting riveted by the scary thing. Thanks to trainer Sandi Thompson of Bravo!Pup, Berkeley, CA, for demonstrating.*

behaviors are negatively reinforced (her behavior made a bad thing go away), and behaviors that are reinforced persist and increase.

If you want her to get more confident and less fearful, you *must* control your dog’s environment to protect her from the things that frighten her. Be your dog’s invincible advocate. If your dog is afraid of strangers, you must vehemently prohibit strangers from approaching her, even the sweet little lady who insists, “It’s okay, dogs love me!”

If your dog is fearful of visitors, put her in a safe place before anyone arrives – shut in a back bedroom, or even at a friend or family member’s house so she’s far away from the action, not trapped in a crate in the corner of the living room where guests can frighten her even more. Avoid taking her places where fear-causing sights or sounds might occur, and use appropriate medications to help her deal with scary situations that you cannot avoid, like trips to the veterinary clinic.

### MODIFYING FEAR

So, how do you help your fearful dog get brave? My favorite approach is

tried-and-true counter-conditioning and desensitization (CC&D): giving your dog a new, happier association with the scary stimulus. CC&D is simple and straightforward, and after a training/coaching session, my clients are usually able to practice successfully on their own, without me holding their hand every step of the way. (For a sample CC&D protocol for desensitizing your dog to a vacuum, see the next page.)

There are even more simple exercises you can use to help your dog maintain her equilibrium while you are working with your preferred behavior modification protocol. Many of these involve “priming” – putting your dog’s brain in a happy place by asking her to do something she loves so she can more easily cope with the stress of the fear-causing stimulus. Here are some examples:

■ **Targeting.** It may sound like a marketing technique, but it simply means teaching your dog to touch a designated body part to a designated target. That description doesn’t do it justice – targeting is tons of fun! Nose-targeting draws your dog’s eye-contact



## Counter-Conditioning and Desensitization (CC&D)

The easiest way to give most dogs a positive association with something that they regard as scary is with high-value yummy treats. I like to use chicken – baked, frozen strips, canned, or boiled, since most dogs love chicken and it's a low-fat, low-calorie food.

Perhaps your dog is afraid of your vacuum cleaner. Here's how you would use CC&D to change her response from fearful to comfortable with the vacuum:

- 1 Determine the distance at which your dog can see the non-running, stationary vacuum cleaner and be aware but not extremely fearful. This is called the threshold distance.
- 2 With you holding your dog on leash, have a helper present the non-running vacuum at threshold distance X. The instant your dog sees the vacuum, start feeding her bits of chicken, non-stop.
- 3 After several seconds, have the helper remove the vacuum, and stop feeding the treats.
- 4 Keep repeating steps 1-3 until the presentation of the vacuum at the original distance consistently causes your dog to look at you with a happy smile and a "Yay! Where's my chicken?" expression. This is a conditioned emotional response (CER); your dog's association with a non-running vacuum at threshold distance X is now positive instead of negative.
- 5 Now increase the intensity of the stimulus slightly, by decreasing the distance between the dog and vacuum by a few inches, by increasing the movement of the vacuum at distance X, or by turning the vacuum on (*pick only one of these*). I'd suggest decreasing distance first, in small increments, by moving the dog closer to the location where the vacuum will appear, achieving your CER at each new distance, until your dog is happy to be right next to the non-running, non-moving vacuum, perhaps even sniffing or targeting to it.
- 6 Then return to distance X and add *movement* of your non-running vacuum, gradually decreasing the distance between the dog and vacuum and attaining CERs along the way, until your dog is delighted to have the non-running, moving vacuum in close proximity.
- 7 Now, back to distance X, with no movement. Have your helper turn on the vacuum briefly. Feed treats the instant it's on, then turn it off and stop the treats.

8 Repeat until you have the CER. Gradually increase the length of time you leave the vacuum running, until your dog is happy to have it running continuously.

9 Begin decreasing the distance between the dog and vacuum in small increments, moving the dog closer to the vacuum, obtaining the CER consistently at each new distance.

10 When your dog is happy to have the running, stationary vacuum close to her, you're ready for the final phase. Return to distance X and obtain the CER there, with a running, moving vacuum. Then gradually decrease the distance between your dog and the vacuum until she's happy to be in the presence of the running, moving vacuum cleaner. She now thinks the vacuum is a good thing – a reliable predictor of treats.

The more complex the stimulus and the more intense the response, the more challenging the behavior will be to modify, and the longer it will take. *This process takes time*. We say in behavior modification, "If you think you're going too slow . . . slow down." Or, "Think crockpot, not microwave" (attributed to trainer Laura Glaser Harrington).

If you prefer an operant approach, you can use Constructional Aggression Treatment (CAT). Although fear is an emotional response, there is also an operant element involved in its expression. As described above, your dog learns she can make scary things go away by barking and lunging at them. With CAT, you slowly and carefully teach your dog that being calm makes the scary thing go away, by having the scary thing approach until you see low-level signs of tension, stopping, waiting, and then moving the scary thing away when you see some slight sign of relaxation. ("Phew, the scary thing isn't coming any closer!")

With many repetitions, your dog will begin to deliberately offer relaxation behaviors on purpose in order to make the scary thing go away. Eventually, by doing so she actually becomes relaxed and no longer feels the need to make the scary thing go away because it is no longer scary. This process can be highly effective and usually requires much closer supervision by a qualified behavior professional than the CC&D procedure does. On the plus side, in many cases it can be effective at modifying behavior more quickly than the CC&D process.



*The game of "Find it!" is simple and effective. Like a target, a tossed treat gives your dog something enjoyable to focus on besides whatever might be concerning him. Thanks to trainer Sarah Richardson, The Canine Connection, Chico, CA, for demonstrating.*

dog's behavior – having her do something she loves – you can manage a scary encounter and eventually change her association with something previously scary to her.

■ **Find It.** Like targeting, "Find it" is a behavior many dogs love and another game you can play to change behavior in the presence of a fear-causing stimulus.

With your dog in front of you, say "Find it!" in a cheerful tone of voice and toss a treat at your feet. When your dog finds the treat, click just before she eats it. Then say "Find it!" again and toss another at your feet. Click – and she eats the treat. Do this until your dog's eyes light up and she looks toward your feet as soon as she hears the "Find it" cue.

Now when a scary skateboarder appears, say "Find It!" and toss treats at your feet. Your dog will take her eyes off the scary thing and switch into happy-treat mode. You've changed her emotion by changing her behavior.

These games can also work to walk your timid dog past a scary, stationary object, like a manhole cover, or a noisy air conditioning unit. Touch-and-treat as you walk past, or toss Find It treats on the ground ahead of you and slightly away from the scary thing, to keep her moving happily forward.

■ **Play.** You can use any behavior your dog already loves – a trick, toy, or game – to convince her that good things happen in the presence of something scary. If she loves to roll over, ask her

to do that. If she delights in snagging tossed treats out of the air, do that. High five? Crawl? Spin and twirl? Do those.

The key to making any of these games work is to be sure you stay far enough away from the scary thing that your dog's brain is able to click into "play" mode. You'll be more successful if you start the games when you see low levels of stress, rather than waiting until she's in full meltdown. If she's too fearful, she won't be able to play. If she'll play games with you while the scary thing is at a distance, you'll be able to move closer. If she stops playing and shuts down, you've come too close.

### BE PATIENT AND KIND

Whatever protocol you use, always err on the side of caution, and remember that your canine pal is not being a "bad dog" – she is truly terrified. It should go without saying that any application of force, coercion, or punishment will only make things worse in the long run, even if it succeeds in shutting down behavior in the short term. With empathy, patience, and appropriate management and modification, you can help make your dog's world a happier, safer place. 🐾

*Author Pat Miller, CBCC-KA, CPDT-KA, is WDJ's Training Editor. She lives in Fairplay, Maryland, site of her Peaceable Paws training center. Miller's newest book is Beware of the Dog: Positive Solutions for Aggressive Behavior in Dogs. See page 24 for contact and book purchasing details.*

and attention from a worrisome stimulus to a pleasant one and can be very useful for timid dogs.

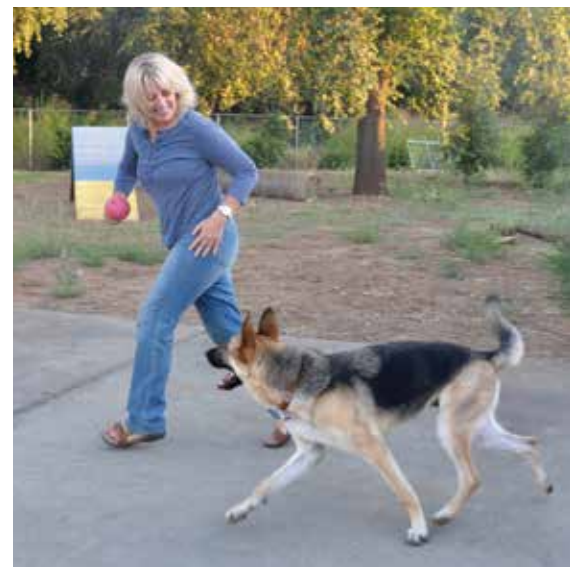
To teach it, hold your open palm in front of your dog, nose level or below. When she sniffs it (because she's curious!), click your clicker and feed a treat (or use a verbal marker – a mouth click, or a word). Remove your hand, then offer it again.

Each time she sniffs, click and treat. If she stops sniffing ("Boring! I've already sniffed that!) rub a little tasty treat smell on the palm of your hand and try again. When she deliberately bumps her nose into your hand, add the "Touch!" cue as you offer your hand. Encourage her with praise and high-value treats. Make it a game, so her eyes light up when you say "Touch."

When she loves the targeting game, try playing when your dog is a little nervous about something. Scary man passing by on the sidewalk? Hold out your hand and say "Touch!" Your dog takes her eyes – and brain – away from the scary thing and happily bonks her nose into your hand. Click and treat!

She can't be afraid of the man and happy about touching your hand at the same time. And she can't look at your target hand and stare at the scary man at the same time. By changing your

*You can see from this dog's body language that he is enjoying the opportunity to play ball. This happy frame can help him maintain his equilibrium in the reasonable presence of a scary stimulus.*





# Therapy Dogs: Bringing Comfort and Germs?

*Despite recent alarming headlines, experts cite simple precautions that therapy dog handlers can take to protect dogs and patients.*



Photo © Monkey Business Images / Dreamstime.com

therapy dogs might pose an infection risk to patients with weakened immune systems, so they tested four therapy dogs (Pippi, Poppy, Badger, and Winnie) as they visited 45 patients ages two to 20 who were undergoing cancer treatment and who did not have Methicillin-Resistant *Staphylococcus aureus*, or MRSA, the antibiotic-resistant infection feared by hospitals and nursing homes.

In different settings and sessions, the young patients petted, hugged, kissed, played fetch with, and brushed the dogs. “It’s amazing to watch just how excited the children get when they see the dogs for the first time,” says Johns Hopkins PhD candidate Kathryn Dalton, VMD, MPH. “The visits are really helpful in easing their anxiety and stress.”

As Dr. Dalton explains, “We wanted to explore the risk for a therapy dog to serve as a vector for the spread of hospital-associated pathogens, such as

MRSA, to patients within a pediatric oncology clinic.”

## THE STUDY

The therapy dogs and patients were examined over 13 visits in 2016 and 2017. During seven control visits, the dogs received “normal pre-visit practices,” which include bathing and grooming, and on arrival at the hospital the dogs were considered “generally clean of MRSA.” At the end of the visits, 10 percent of samples taken from patients tested positive for the bacteria, and so did nearly 40 percent of samples taken from the visiting dogs.

As Johns Hopkins public health researcher and veterinarian Meghan Davis, DVM, explained, “Our hypothesis is that it’s really person-to-person transmission, but it happened through contact with the fur.” Hospital protocols require therapy dogs to be bathed within a day of their visits and checked for wounds or other health problems. The children who see

*Therapy dogs can play an important role in hospital settings, providing a much-needed dose of the outside world to patients and staff alike – and in a direct, genuine way that no human can emulate. So it’s important for their handlers to take every known precaution to ensure the safety of the dogs, the patients, staff, and themselves.*

Here is a tale of two headlines that appeared on October 5, 2018. The first exclaimed, “Therapy Dogs Can Spread Superbugs to Children, Johns Hopkins Study Finds.” The second said, “Medical ‘Dog Wash’ Cuts Risk of MRSA Spread from Therapy Dogs: Pilot study of intervention in pediatric oncology ward shows promising results.” Only the first headline went viral – and that’s a shame, because only genuine, unsolvable risks ought to sideline therapy dogs and their handlers.

The stories came from a press conference held during “ID Week,” a meeting of the Infectious Diseases Society of America in San Francisco, co-sponsored by the Pediatric Infectious Diseases Society, the Society for Healthcare Epidemiology of America, and the HIV Medical Association.

## MRSA CONCERNS

As the conference reported, physicians at Johns Hopkins Hospital in Baltimore suspected that

them are supposed to use hand sanitizer, but, according to Dr. Dalton, “That wasn’t strictly enforced.”

In preparation for the study’s final visits, the dogs were bathed with an antibacterial shampoo, and every five to 10 minutes during visits they were treated with antibacterial wipes. The shampoo and wipes contained chlorhexidine, which came into medical use in the 1950s and which is used around the world to disinfect skin, sterilize surgical instruments, and clean wounds. Dozens of chlorhexidine products are sold for canine use.

## RESULTS

Those simple disinfecting steps, which are said to “decolonize” harmful bacteria, dramatically decreased the dogs’ bacterial levels, says Dr. Dalton.

The patients who interacted closely with the dogs were six times more likely to become MRSA carriers than those who did not interact closely. But when the dogs were decolonized, the close-interaction group’s risk for becoming MRSA carriers was no different from the group of patients who did not interact closely with the dogs.

Dr. Dalton hopes further study will show that such cleaning can reduce any risk of superbug infections. “I really had the opportunity to see how important these dogs were to the patients,” she says. “After the sessions with the dogs, the kids would say how much this made their day.”

Genetic studies in companion animals have shown that they tend to carry strains of bacteria distributed in humans or that they pick up strains from their owners or people they come in contact with, explains Dr. Davis. However, the results of this study apply only to pet therapy animals in an immune-compromised population. “We

don’t recommend that you run out and treat every dog or cat,” she says.

The press conference’s moderator, Chris Nyquist, MD, of Children’s Hospital Colorado in Aurora, says that pet therapy has been limited in oncology patients because of concerns about infection transmission. The research project’s positive results, she says, will make it possible to expand the therapy dog program. The study found that patients receiving pet visits had decreased blood pressure, decreased heart rates, and improved mental health scores after visits with the dogs.

“This innovation of cleaning the dogs so they don’t become a vector for transmission is really important,” says Dr. Nyquist. “For humans, it’s washing your hands. This is a way of washing the dogs and making them as safe as possible in a very vulnerable population.”

The Johns Hopkins team has received additional funding to do a larger study looking at this intervention method in multiple hospitals. “Ours is the first study to look at this novel intervention,” says Dr. Dalton. “If we can safely learn whether this can be used in other settings, we can increase safety to [more] patients.”

## DOCUMENTING THE PATH OF INFECTION

MRSA isn’t the only infection that concerns public health officials and hospital administrators. *Clostridium difficile*, usually abbreviated *C. diff*, is a highly contagious bacterium that causes diarrhea and life-threatening inflammation of the colon, and diseases such as influenza and norovirus can be transmitted through physical contact as well.

In 2005, the *Journal of Hospital Infection* reported that an 11-year-old Border Collie

acquired MRSA in a general hospital in the United Kingdom after visiting elderly patients. Both dog and owner were asymptomatic and had no apparent source of MRSA, but swabs collected after the visit tested positive for MRSA.

The report concluded, “It is suggested that pet therapy dogs can acquire and spread MRSA ... Further studies are required to assess carriage sites and prevalence of MRSA in pet therapy dogs and the potential risk to patients.”

The following year, the medical journal *Infection Control and Hospital Epidemiology* published a report on canine visits to hospital patients in Ontario, Canada. Sandra Lefebvre, DVM, a veterinarian and PhD candidate in population medicine at the University of Guelph in Ontario, led a research team that conducted a cross-sectional survey of 231 hospitals, 223 of which allowed dogs to visit. Some were registered therapy dogs and others belonged to hospital visitors.

Of the 90 dog owners included in the study, 18 said they did not practice any infection control, 66 allowed their dogs on patients’ beds, 71 let their dogs lick patients, and 36 were unable to name any zoonotic diseases that may be transmitted by dogs.

The study concluded, “Although canine-visitation programs have become standard practice in non-acute human healthcare facilities, infection control and dog-screening practices are highly variable and potentially deficient. Hospital staff, visitation groups, pet owners, and veterinarians need to work together to protect both people and pets.”

In May 2006, Dr. Lefebvre announced the results of a separate study in which 102 visitation dogs from across Ontario were checked for 18 specific pathogens, including *S. aureus*. Fifty-eight percent carried *C. difficile* bacteria; other pathogens detected in the dogs were *Salmonella*, multi-drug-resistant *E. coli*, and *Pasteurella spp.* None of the dogs carried *S. aureus* or its MRSA strain.

In a May 2009 letter to the *Jour-*



Otis is the Mastiff-mix partner of Eric Eikenberry, shown here visiting Primary Children’s Hospital in Salt Lake City.

nal of Hospital Infection in London, Dr. Lefebvre described a 2007 study in which therapy dog teams visited long-term and acute-care facilities. The dogs were tested before and after visits for MRSA and *C. difficile*, and both were transferred to the dogs. She concluded that in order to contain the transmission of pathogens through contact with pet therapy animals, all patients and handlers should follow recommended hand sanitation procedures.

“The problem lies in the fact that dogs can carry disease-causing germs and still look healthy,” says Dr. Lefebvre. “Dogs can also pick up bacterial strains that originate in hospitals and transfer them to people in the community on a day-to-day basis. Hand washing before and after handling dogs is probably the best way to avoid contacting a zoonotic organism. Hand sanitizers are readily available in hospitals and nursing homes, and since dogs can’t do anything, it just makes sense that people should take extra precautions. Placing a sheet on patients’ beds or laps to protect them from direct contact with the dog is also a good way to protect both patients and dogs.”

Dr. Lefebvre warns, however, “If there is any indication that a patient is infectious, that patient shouldn’t visit with a therapy dog in order to protect the people who handle the dog and to protect the dog.”

Despite the potential risk of transmitting illnesses directly or indirectly from dogs to humans, health officials

*A cuddle with Jazzy the Portugese Water Dog (partner of Lisa Towner) lights up this little girl at Primary Children’s Hospital in Salt Lake City.*



Photo courtesy of Intermountain Therapy Animals

and facility administrators are in no hurry to ban pet visits. As Heidi DiSalvo and fellow researchers concluded in their report “Utility of dogs in health care settings and infection control aspects” (*American Journal of Infection Control*, 2005), with careful planning and well-constructed policy guidelines, well-trained and healthy dogs can safely perform useful functions in therapy programs.

Researchers Sarah Brodie, Francis Biley, and Michael Shewring came to a similar conclusion in their 2002 article, “Exploration of the potential risks associated with using pet therapy in healthcare settings” in the *Journal of Clinical Nursing*. “A search of the literature has assessed potential and actual risk and concludes that the hazards are minimal,” they wrote. “The potential to suffer harm does exist, but it can be minimized by taking simple measures, including careful selection of animal and client, thorough planning and allocation of responsibility, rigorous health care of the animal, and informed practices by all involved.”

More recent reports in the medical literature show the same general result. Only a small number of studies listed at PubMed.gov in October 2018 mention infection risk while over 95 percent document the benefits of therapy dog visits to a variety of populations.

## Suggested Infection Control Guidelines

In March 2015, the Society for Healthcare Epidemiology of America (SHEA) published recommendations for policies regarding the use of animals in healthcare facilities, including animal-assisted activities, service animals, research animals, and personal pet visits to acute care hospitals. The guidelines were published in *Infection Control & Hospital Epidemiology*, the organization’s journal.

For animal-assisted activities (pet therapy visits), SHEA recommends that facilities develop a written policy for visits and designate an animal-assisted activity visit liaison; that animals and handlers be formally trained and evaluated; that infection prevention and control teams and clinical staff be educated about the program; that animal handlers have all required immunizations and prevent their animals from having contact with invasive devices; and that everyone who touches the animal practice hand hygiene before and after contact.

## INFECTION CONTROL

Kathy Klotz, executive director of Intermountain Therapy Animals (ITA), headquartered in Salt Lake City, Utah, says infection prevention is a top priority for therapy dog organizations.

“ITA is committed to holding our teams to the very highest standards and in protecting the health and safety of our patients, our dogs, and our handlers,” she says. “We have always required that dogs visiting hospitals be freshly bathed, use an allergy deterrent, use barrier sheets on beds, and observe any and all additional requirements that a hospital may have. In the past few years we have instructed hospital teams not do any kind of ‘shake’ or ‘high 5’ interactions with patients in case the dogs’ paws pick up germs from the hospital floors.

“Those insidious germs are everywhere, outside the hospitals as well, so our handlers should take every precaution to make sure that they themselves are not affected by superbugs. Another concern for our hospital dogs is whether required disinfecting products could affect them adversely with constant use, and I am glad to know that our organization’s veterinarian considers 3-percent chlorohexidine disinfectants to be safe for this purpose.

“On a personal note,” she adds, “I wish that the media reporting on this study had focused less on the dire and scary parts and more on the balanced observations of the researchers themselves, who noted the importance of the dogs to the children’s well-being. But of course, I’m biased.”

## PROTECTING VISITING DOGS FROM INFECTION

MRSA is a concern to dog owners because it can infect and kill our best friends (see “Defeating the Resistance: Antibiotic-resistant *Staph* can be spread between dogs and humans,” WDJ January 2008). It makes sense

to help protect therapy dogs from not only MRSA but from any pathogens they might be exposed to during hospital or nursing home visits.

According to Mary G. Enig, PhD, an expert on dietary fats and oils, coconut oil's medium-chain fatty acids inhibit the growth of many pathogenic microorganisms, including *Staph* bacteria. Coconut oil's caprylic acid significantly reduces *Salmonella* and *Campylobacter jejuni* (another serious foodborne pathogen) when fed to chickens and other animals. In a 2005 study published in *Molecular Cell Biochemistry* ("Minimum inhibitory concentrations of herbal essential oils and monolaurin for gram-positive and gram-negative bacteria") Dr. Enig tested two strains of *S. aureus* and found that monolaurin from coconut oil combined with the essential oil of oregano (itself a powerful disinfectant), worked better than the most potent antibiotic.

She wrote, "This research showed that these safe antimicrobial agents could be useful for prevention and therapy of *Staphylococcus aureus* and numerous other infections. It is now clear and scientifically validated that the inclusion of coconut oil in the diet could and should be utilized for its preventive and healing properties."

Give up to ½ teaspoon daily to a dog weighing 10 pounds, 1 teaspoon to dogs weighing 25 pounds, 1½ teaspoons to a dog weighing 50 pounds, or 2½ teaspoons to a dog weighing 100 pounds. These quantities represent about five percent of caloric needs for all sizes. Start with smaller amounts and increase gradually.

Oregano essential oil can be given to dogs by placing drops in an empty two-part gel cap (available at natural food markets), closing the cap, and placing it in a small amount of food so that the dog swallows it whole. Dogs do not like the taste!

When buying, be sure the label says *Origanum vulgare*, preferably wild-crafted or organic. Use 1 drop of oregano oil per 50 pounds body weight once or twice per day. For small dogs, dilute 1 drop essential oil in ½ teaspoon vegetable oil and give

¼ teaspoon per 10 to 15 pounds of the dog's body weight.

The Johns Hopkins researchers studied decolonization with chlorohexidine, which is widely regarded as safe. However, some dogs develop skin irritation from its application, in which case microfiber cleaning cloths provide some protection, though their efficacy on therapy dogs remains untested.

Microfiber cleaning cloths are far more popular in Europe than in the U.S. Americans may be conditioned to consider disinfecting chemicals to be more effective than simple cloths that can be used dry or dampened with water. But research such as a 2016 study reported in the *American Journal of Infection Control* ("Improving operating room cleaning results with microfiber and steam technology") and the July 2011 *Journal of Hospital Infections* ("Assessing the efficacy of different microfiber cloths at removing surface micro-organisms associated with healthcare-associated infections") show that microfiber cloths can be an effective tool for reducing levels of MRSA, *E. coli*, *C. difficile*, and other pathogens on a variety of surfaces.

Rough-textured microfiber cloths made of polyester-polyamide were originally developed for "clean room" applications in the semiconductor industry. Used wet or dry, they attract and trap dust, dander, loose hair, and other particles. Microfiber fabric does not disinfect, but it picks up and removes bacteria, hair, and dander. Dogs can be wiped with clean microfiber cloths during therapy visits to minimize the transfer of potentially harmful bacteria from hands that pet them. Start with a clean folded cloth, wipe the dog with one side of the cloth, then fold it to expose a new surface for wiping later. The cloths can be microwaved or washed in hot water with bleach and dried in a hot dryer. Don't use fabric softeners or dryer sheets, which reduce their effectiveness. 🐾

*CJ Puotinen, who lives in Montana, has participated in animal-assisted therapy programs for 25 years. Her books include The Encyclopedia of Natural Pet Care.*

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ACTION  
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# The 7 Habits of Highly Effective Dog Owners

*These powerful lessons can improve your overall relationship with your dog and improve his behavior as a positive side effect.*

Almost 30 years ago, *The 7 Habits of Highly Effective People* by Dr. Stephen Covey was published for the first time. The self-help book went on to be called the “most influential business book of the 20th century.” To date, more than 25 million copies of the book have been sold.

As a small business owner, I found the book very enlightening and helpful, but I mostly found myself relating to Dr. Covey’s “7 habits” as things that would really help anyone who lived with and worked with dogs!

As a professional dog trainer, I get to work with people from all walks of life and the dogs

they love. Interestingly, no matter who they are, what they do for a living, or what kind of dog they have, their issues are similar: They call me because they want their dog to stop doing “X.” Usually, they say they have “tried everything,” but the dog just won’t listen.”

I love the opportunities I have to work with so many amazing dogs. But a lot of what I do comes down to coaching the dog’s owners on how to look at things differently to obtain a new outcome.

With Dr. Covey’s “seven habits for success in business” in mind, allow me to apply them

to people who want a more successful relationship with their dogs.

**1 BE PROACTIVE.** Much of the old-fashioned dog training we were exposed to growing up focused on waiting for the dog to make a mistake and then harshly correcting him. While most of us simply accepted this as “how you train a dog,” we were missing the bigger picture. This method never taught the dog what he was supposed to do in that situation the next time.

It doesn’t make sense to let an untrained dog loose in your house and then follow behind correcting him with “No! Don’t! Off! Stop! Get down! Quit that!” for every wrong decision he makes. It is much more effective and productive to take the time to teach this new family member how to act appropriately in your home.

In modern, science-based animal training we understand the importance of teaching the learner, in this case the dog, what to do by being proactive. To use the example above as what *not* to do when you bring your new dog or puppy home, start things off on the right foot by first showing your new family member where she is supposed to go potty – before you ever bring her indoors! Stay out there until she goes, and immediately reward her with treats and praise!

Then, instead of turning her loose in her new home, allow your new dog to have access to just one room or area in the house at first – a place where she won’t be able to make mistakes like jumping up on the bird cage, soiling a precious rug, or chewing up a family heirloom. Allow her to relax in an area where it’s safe to explore without being able to make any major mistakes and where her water, food, toys, and beds are located. Reward her for sitting politely as she meets each member of the family and each visitor to the home!

Dogs do what works for them and what’s safe for them. If you introduce behaviors that are safe for the dog and work for you both, your dog will begin to choose them naturally.

**2 BEGIN WITH THE END IN MIND.** To change an unwanted behavior, you first need to decide what you want your learner to do instead. It is very easy to say, “I want my dog to stop jumping” or “I don’t want my dog to bark at the mailman.” You need to turn that around and decide exactly what you’d rather have your dog do in those moments.

To modify the unwanted behavior, we must be able to picture the final goal. If your dog is



*Author/trainer Tiffany Lovell (luring dog into “down”) loves teaching dogs new skills, but finds it even more rewarding to teach their owners how to build a better relationship with their canine family members, so their own training can become more effective.*



jumping on guests, you would probably prefer that he sit politely instead. If your dog is barking, you may decide you want him to play with his toy or go to his bed while the mailman passes by. These are the finished behaviors you can have in mind so you know exactly what you're going to teach your dog to do.

If you don't have a goal in mind and you're only focused on *stopping* a behavior, your dog will never learn what he's supposed to do the next time a guest comes to visit or the mailman delivers a package. This will set up an endless cycle of wrong behavior, harsh correction, confused and scared dog, frustrated guardian. This cycle can be broken easily if you begin dealing with your dog with your end goal in mind.

**3 PUT FIRST THINGS FIRST.** Prioritizing is a necessity in all aspects of our lives. Working with your dog is no exception. There will probably be sev-

eral things you wish to change or work on with your dog, but certain ones should take precedent. Any behavior that is necessary to keep your dog and other family members safe should be a top priority. This could be teaching your dog to come when called because you live near a busy street. It may be working on creating positive associations for your dog with babies because you're expecting. If you've recently brought home a new puppy, proper and humane socialization should be your number one priority due to the brief window of time puppies have to learn about their world and whether it's safe.

Focus on teaching your dog whatever behaviors meet your immediate needs; usually, the rest can be handled with proper management such as baby gates, fences, a leash, stuffed food toys, etc. There is nothing wrong with using management to keep everyone safe and happy until you have a chance to work on that next issue with your dog.

**4 THINK WIN-WIN.** Always think in terms of mutual benefit when working with your dog. I doubt you added a dog to your family to spend the next 10 to 15 years in an adversarial relationship. Therefore, it's not helpful to think in terms of dominating your dog or expecting your dog to spend his life trying to please you.

Instead, make the things you ask your dog to do just as beneficial for him as they are for you. Thankfully, this couldn't be easier, since most dogs will gladly work for food, toys, praise, and/or petting.

Your relationship with your dog should be like any other in your family, built on mutual respect and love for one another. If you stop and consider how your dog must feel in a given situation – just as you would for your partner or child – you can then approach it in a way in which you both receive what you need in that moment: a win-win.

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*We expect dogs to understand our language, but many of us have absolutely no clue what they are saying with theirs!*

your orders. He is responding to his instinct and emotions in the moment. Every one of us does this when we feel scared or threatened.

Learning how your dog communicates with his body means you care about this family member with whom you share your life. It also shows your dog that he can trust you to help him out of overwhelming moments and you will understand what he needs. What an amazing gift to be able to offer him!

## 5 SEEK FIRST TO UNDERSTAND, THEN TO BE UNDERSTOOD.

Humans are quick to demand full and complete comprehension from our dogs. It's surprising when you consider we expect this from an entirely different species – one that doesn't speak our language! On the flip side, consider that dogs speak to us all day long with their ritualized body language. Sadly, the majority of humans have never learned this language.

Dr. Covey wrote in his book, "Seek first to listen with the intent to understand the thoughts and feelings of others, then seek to effectively communicate your own thoughts and feelings."

We must remember that our dogs have their own thoughts and feelings and that the environment we subject them to affects both. If you cue your dog to sit or lie down while at the vet clinic or on a busy street corner and he doesn't do it, it's not because he is being stubborn. Your dog may be scared, anxious, or overwhelmed in this situation and feels that it would be unsafe or uncomfortable to sit or lie down. He is not defiantly disobeying

**6 SYNERGIZE.** This means recognizing your own strengths and celebrating the strengths of those around you. You may have adopted a dog because you thought it would be nice to visit nursing homes and cheer up people with a sweet, fluffy therapy dog. However, the dog you end up with might be full of energy and better-suited for an agility field.

Instead of seeing this as a failure in your dog's ability to be a therapy dog, consider the amazing possibilities you could have doing something more active together. Perhaps this unexpected development will open up a new world to you, with like-minded friends and fun travel. (And perhaps your dog will grow to share your interest in providing comfort to people later in his life!)

Just as you would with a child, try meeting your dog where he is, accepting him for who he is today. Be open to discovering the wonderful gifts he can bring to your life right now.

**7 SHARPEN THE SAW.** There isn't an individual on this planet that ever

stops learning. In fact, learning is always taking place, even when we don't realize it.

If you think of training a dog as something you do haphazardly (when you find the time) for the first few weeks he's in your home, you will not be happy with the results. Alternatively, if you weave training into your everyday life with your dog, thinking of each brief interaction as a teaching moment, you will be amazed by the outcome. Your dog will receive clear and consistent messages from you in all types of settings and situations. This will allow him to develop into a calm, confident dog who truly understands what is expected of him and which behaviors are appropriate to choose on his own.

It's not uncommon for someone to ask me, "How long will it take before my dog is trained?" The truth is, there really isn't an answer to this question because there should not be an "ed" on the end of the word train. As long as we are alive, learning is always happening and none of us is ever fully "trained."

Instead of being disappointed by this and thinking that you will have to train your dog for the rest of his life, I encourage you to flip that narrative and become excited about the opportunity to share a mutual journey in learning alongside each other – a journey that builds a bond like no other. 🐾

*Tiffany Lovell operates Cold Nose College, Space Coast in Brevard County, Florida. Tiffany offers in-home and online training and behavior consulting. She is co-instructor of the Malena Demartini separation anxiety certification program and a VSA (Victoria Stillwell) faculty advisor. See [coldnosecollege.com](http://coldnosecollege.com) for more information.*

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# Your Couch, Your Rules

*How to teach your dogs to observe the local ordinances regarding sofas, beds, and the comfiest chair in the house.*

I woke up at 6 a.m., stretched and glanced down to see Kai the Kelpie comfortably curled up on the corner of my bed under his blanket. My husband Paul had left for work an hour earlier, so Kai and I got in a little exclusive snuggle time before he would have to share my attention with Sunny, the Pomeranian-mix newcomer to our family. Sunny was still happily snoozing upside down on his bed in an exercise pen; he's not yet earned the nighttime freedom that would give him all-night access to our bed.

As you might have guessed, we are perfectly comfortable with dogs on our furniture much of the time, as long as they play by our rules.

Downstairs, in dog territory, Kai and Sunny both have open invitations to get on the living room sofa and recliners, but are not allowed on dining room chairs or, of course, tables, desks, or counter tops. They pretty much have free range of the first floor, unless we are going to be away from the house for an extended period, in which case they are baby-gated in my office. At any given time, we might find a dog on a dog bed, in a crate, or on the sofa or a recliner. In a culture where we tend to give our dogs very few opportunities to make choices, it's nice to be able to give them this one.

## DECIDE ON YOUR POLICY . . .

Of course, if you *don't* want your dog on the furniture, that's perfectly okay too – it's up to you – there's no right or wrong here!

I personally love a dog on my lap or under my arm when I'm sitting on the sofa. Not only do I enjoy the cuddling, I also get cold easily and love the warmth of dog bodies next to me. In our home, we keep the furniture covered with blankets for easy removal when company comes (dog hair begone!) and both dogs are taught to get off and/or stay off when asked to do so.



If you prefer your dogs to stay on the floor, then just teach them that's where they are supposed to be, using appropriate management and force-free training methods.

## MANAGE YOUR DOG WHEN YOU'RE NOT PRESENT, AND...

In this case, "management" means preventing your dog from having any opportunity to do what you don't want her to do. If you don't want your dog to be on the sofa when you are not home, take steps to prevent her from being able to get on the sofa! It's that simple!

To this end, some people remove the cushions from their sofa (or flip them up) when they leave their homes, until their dog has developed the habit of sleeping elsewhere. Others put boxes on the sofa to block the dog's access, or use a baby gate to keep the dog out of the room.

Some dogs are simply seeking the most comfortable place to sleep that they have access to. If it's comfort that she's seeking, you could look

*Kai and Sunny have furniture privileges, though Sunny still sleeps on a dog bed in an exercise pen at night as a management tactic. He's not yet reliably trained to refrain from chewing on non-chew items.*

for a much cushier dog bed and prevent her access to the sofa until she learns that her new bed is wonderful.

I have at least one client who actually bought a second (small) sofa for the dog. This way she can cuddle with the dog when she wants on the dog sofa and keep her human sofa pristine.

### “She knows better!”

- *If your dog “knows” she’s not supposed to get on the sofa, and she never gets on it while you’re home, but you come home from work to find dog hair on the cushions, it’s not because she’s being “sneaky” or disobedient.*
- *You think you taught her not to get on the sofa. But what you really taught her was that it’s not safe or at least “not okay” to get on the sofa while you are home because you will yell at her, or otherwise “correct” her in some manner. She has discovered that it’s perfectly okay to get on the sofa when you’re not home because no one tells her to get off, nothing bad happens, and by the way, the sofa is way more comfortable than the floor or the thin blanket you gave her to lie on in her crate!*
- *Rather than being annoyed or angry with her for being “sneaky,” you might, instead, admire her intelligence and problem-solving ability – and take steps to prevent her access to the sofa when you are not home.*

Just like we don’t tell dogs they can *never* go to the bathroom (instead, we teach them that it’s okay to eliminate in *this* place, but not *that* one) we can easily teach our dogs that it’s okay to lie on *this* sofa but not *that* one.

### TEACH YOUR DOG YOUR FURNITURE RULES

If you are comfortable with allowing your dog to get on the furniture any time she likes, you probably have but to invite her up, and praise her when she obliges. If she’s been previously reprimanded for getting on the sofa it may take a little more encouragement to convince her that now it’s okay, but it shouldn’t be too difficult.

If, however, you want her to get on the furniture only when you have cued her to do so, and to get off the furniture also on cue, you will have to teach her those behaviors. This is called “putting the behavior under good stimulus control” (she does it only when asked).

Again, teaching a dog to get up on the furniture is usually pretty simple. Use a cue (such as “Up!”) when you invite her onto the bed. Lure her up if necessary. When she’s up, mark the behavior with the click of a clicker or verbal marker, such as the word “Yes!” and give her a treat. Then say “Off!” and toss a tasty treat on the floor. When she jumps off to get it, click again, and she can get the treat off the floor.

After several repetitions of this, start “fading” the lures, by giving the “Up” or “Off” cue and then waiting a few seconds to see if she does the requested behavior. If she doesn’t, motion suggestively but don’t toss the treat on the floor or actually lure her onto the bed. When she responds, click and treat. Gradually reduce the suggestive movement until she’s doing the “Up” and “Off” behaviors on verbal cue only.

Next, start alternating other forms of reinforcement. If you click you must feed the treat, but occasionally skip the click and treat, just praising instead, or giving her a scratch behind the ear, or inviting her outside for a game of fetch.

So what should you do if she hops up on the furniture when you have not asked her to do so? In order for this to work, you also will need to train and reinforce her generously for a behavior that is incompatible with being on the furniture, such as lying on a comfortable mat nearby. Cue her to do that whenever she looks like she might jump up on the furniture without invitation – and make sure she gets reinforced for getting on the sofa only when she does it “on cue” (when she has been invited).

*If you have a small dog or one with physical limitations, she may need assistance. There are a variety of attractive ramps and “bed steps” that can help your dog climb up to the lap of luxury (see “Best Pet Steps,” WDJ January 2018).*

If you don’t want your dog to be on the furniture at all, teach and reinforce the incompatible behavior, and *never* invite her up or reinforce her for getting up on the furniture. Of course, the whole family has to be on board with this; if one family member invites/ allows/reinforces her for getting on the sofa, you can’t expect her to stay off!

And to repeat myself, whether you want her to have no access to the furniture or access by invitation only, you will need to manage the environment to prevent her from getting up uninvited when unsupervised, until you are confident that she is fully trained.

### AGGRESSIVE ABOUT FURNITURE?

What if your dog displays aggressive behavior when she’s on the bed or sofa? Often I hear from owners who allow their dogs on the furniture, but who become understandably upset when their dogs “act out” when they are comfortably ensconced – perhaps the dog growls or snaps at the husband when he attempts to join his wife in bed, or when a human tries to remove her dog from the couch.

This is the rare situation where I *do* recommend revoking the dog’s bed privileges unless and until the behavior is successfully modified. Again, it’s up to you: You don’t necessarily have to prohibit her from ever getting on the bed (or other furniture), but you should have a way to peacefully remove her from furniture when you need her to get off, and ultimately it only makes



## A Note of Caution

• *If your dog's growling or other furniture-related aggression is intense, if you are trying to work with it and not making progress, or if someone has been bitten, please seek the assistance of a qualified positive behavior professional. If you're afraid of your dog's behavior, don't attempt any of the tactics below without professional assistance.*

sense for her to learn to peacefully accept people approaching the furniture.

To accomplish these basic achievements, I recommend the following tactics (in addition to teaching your dog the “Up!” and “Off!” cues):

### ■ Institute a “Say Please” Program.

“Say Please” simply means teaching your dog to ask for all good things by sitting first. When your dog learns to sit for good stuff, she learns to be more deferent. “Want a cookie?” She needs to sit first. “Want to go outside?” Then sit first. “Want your dinner bowl?” Sit first. “Want me to throw the ball?” Sit first. You get the idea.

If status is part of what's motivating your dog's aggression on the furniture, convincing him to be voluntarily more deferent to you by sitting for good stuff can help modify the guarding behavior. However, you'll still need to do some modification work.

### ■ Counter-Conditioning Protocol.

Dogs who growl at someone approaching them when they are on the furniture do so because something about that approach is stressful for them. If you can change the dog's association with, and her emotional response to, the person approaching, she will change her behavior.

If she growls at you when she's on the bed, arm yourself with a pouchful of very tasty treats. (These days, my preferred treat for counter-conditioning is chicken strips; I buy them in the freezer section of the grocery store and thaw them as needed.) With your dog on the bed, walk casually past and toss a few bits of chicken to her on the bed. (You're not asking her to get off the furniture in this exercise.)

If she growls at you anyway, walk past at a greater distance, and toss chicken. *Don't make eye contact with her.* Continue to walk by the bed, back and forth, tossing treats each time you pass, until your dog happily anticipates your approach.

Then gradually decrease distance, and, assuming you still see your dog look happy when you pass by, start making your approaches more direct, until you can walk right up to her and get a happy “Where's my chicken!” expression. This replaces her negative stress association to your approach and her aggression with eager anticipation, as she realizes that your approach means she's about to receive some treats.

If she's growling at someone else approaching you in the bed, again, arm yourself with chicken and ask the person to stand at a distance where the dog sees him but isn't growling. That may mean totally out of the bedroom! Have the person take one step toward you, and immediately start feeding chicken to your dog; don't wait for a growl. After several treats, have the person step back, and stop feeding.

Repeat this process until your dog looks happy – and looks to you for chicken – as the person takes one step forward. Then, with the person at the same starting spot, have him take two steps forward. Repeat until the person can approach the bed without any sign of tension from your dog. Then have him do the walk-by chicken-tossing procedure described above.

### ■ Consider Operant Conditioning.

As an alternative to classical counter-conditioning, you could teach your dog a new behavior when someone approaches the bed, with the goal of changing her emotional response *and* behavior at the same time. This procedure is called “Constructional Aggression Treatment,” or C.A.T. If you decide you want to try this approach, I urge you to work with someone who is skilled at reading dog body language and understands the C.A.T. procedure, since its success depends on the observer's ability to

identify very small changes in your dog's body language.

In this process, you would move toward your dog on the bed. As soon as you see any small sign of tension, you would stop and just stand still. Wait there until you see a small sign of relaxation, then move away. As you repeat the procedure, your dog learns that being relaxed makes you go away, so she becomes more and more relaxed. As her behavior changes and she becomes deliberately relaxed, the change in her emotional response follows.

It can work, but it can be a little tricky to see the body language changes. You definitely need an experienced helper for this one.

## IN CASE OF GROWLING

I commend any dog owner who commits herself to improving her dog's behavior, but recognize that it might take a little time for the improvement to “stick.” Until your dog's new behavior is reliable, here's what to do if your dog growls at you or your partner when she is on the couch or bed: Calmly stop whatever you were doing, be still, and wait a few moments until the dog relaxes a little. Then invite her off the bed with her “Off!” cue (or a tossed treat as a lure, if she hasn't yet learned the cue) to defuse the current situation. Then start or increase your efforts at a management and modification plan.

Here's what *not* to do: Don't physically punish or attempt to verbally intimidate your dog. There's absolutely nothing to be gained by aggressing back when she growls at you.

That's so important I'll say it again. *Do not punish your dog for growling.* Punishment is likely to make her behavior *worse*, because your aggression will add to the stress that's making her behave aggressively (for more about this, see “Good Growling,” December 2016). It's your job, as a member of the supposedly more-intelligent species, to figure out how to remove stress from the situation for your dog. 🐾

Author Pat Miller, CBCC-KA, CPDT-KA, is WDJ's Training Editor.

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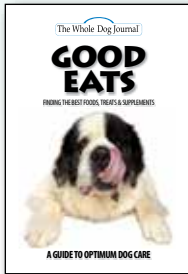
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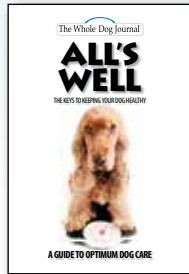
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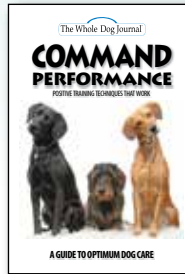
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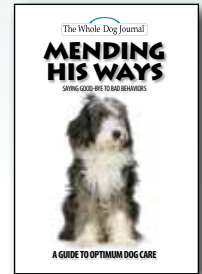
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- *Do Over Dogs: Give Your Dog a Second Chance at a First Class Life*
- *How to Foster Dogs*
- *Play With Your Dog*
- *Positive Perspectives*

and her most recent:

- *Beware of the Dog: Positive Solutions for Aggressive Behavior in Dogs*

All of these are available from [wholedogjournal.com](http://wholedogjournal.com)

*The Encyclopedia of Natural Pet Care and Natural Remedies for Dogs and Cats*, by WDJ contributor CJ Puotinen, are available from [wholedogjournal.com](http://wholedogjournal.com)

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For a list of holistic veterinarians in your area, send a self-addressed, stamped envelope to the address above, or search [ahvma.org](http://ahvma.org)



## What's ahead...

### ► Corticosteroids

Steroids are powerful and effective – and they can be overused to the point that they cause new health problems. Here's what you should know before giving them to your dog.

### ► Gear of the Year

The best dog-care and -training stuff we've seen all year.

### ► Muzzled!

Everything you need to know to choose, fit, and use a muzzle on your dog.

### ► DNA Tests for Inherited Diseases

A critical look at the tests that purport to warn you about the diseases to which your dog is genetically predisposed.

### ► Is Kong Still King?

Many new food-puzzle/interactive products have come along since we proclaimed Kong toys the "best."

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