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Peeling off the "Reactive Dog" Label – How to Help Clients Manage On-leash Interactions Inside and Outside of the Clinic Environment?

Leash reactivity is a common issue among dogs and one of the most frustrating problem behaviours for pet parents to deal with.

Vet nurses and technicians are first respondents not just in case of pet emergencies, but also when communicating with clients about their dogs' well-being. Emotional well-being is just as important as physical health.

Getting the right help can improve client compliance and improve the welfare of both dogs and their humans.

What is reactivity?

Reactivity is a stress response that is caused by an external trigger.

Lunging, growling, baring teeth, barking, air snapping, nipping, biting are usually the more overt signs, but it usually starts with stiffening, staring, difficulty disengaging from the trigger. The dog may stop taking high value food or takes it more quickly while keeping an eye on the trigger. Some clients say "my dog is not interested in treats when there is another dog around...". And that's because they are in a fight mode, over threshold.

Human 4 Fs are flight, fight, freeze and fawn (pleasing).

If dogs feel uncomfortable in a situation, they can show any of the following signs (depending on the individual, some dogs show more subtle signs, some are more overt):

Flight: moving away, avoiding a situation – e.g. turning head away from person/dog, not approaching

Fiddle/fidget: displacement behaviours – e.g. yawning, scratching, lip licking, shake-off (normal behaviours displayed out of context)

Freeze: slow motion or motionless body, shutting down (e.g. during vet visits)

Fight: growling, barking (defensive behaviour when feeling threatened) – the purpose is self-preservation

Possible reasons for reactive behaviour

- lack of proper early socialisation during puppyhood (3-14/16 weeks of age)
- genetics (working line German shepherds bred for specific traits – more likely to have reactive offspring)
- stressful pregnancy, stressful environment during whelping
- puppy school incidents (too many off leash dogs, or one bigger puppy scared a smaller one – having a well-run puppy school is important)
- social inaptness (puppies growing up during Covid lockdowns)
- health and medical issues
- rescue/shelter dogs – behaviour assessments (or lack of them) can have misleading outcomes (e.g. shelter dog showing no signs of reactivity at the shelter may be reactive in the new home)

Labelling dogs “reactive”

Is a dog barking at another dog a “reactive dog”? Are they barking due to fear, excitement, attention seeking, frustration?

Is it happening all the time? Is it situational?

We *feel* we understand *why* the animal does what it does, but it is really helpful when you're trying to help?

What's the problem with labels?

“We don't have to appeal to hypothetical mental processes inside our animal to understand, predict, or change behavior.” (Prof. Susan G. Friedman)

Instead of trying to label what the animal “is”, let's try to understand what the animal does (in an observational language), when this happens (what is the context) and how we can help the animal display a more desirable behaviour.

Find the individual dog's trigger(s)

- small, big, fluffy, black, brachycephalic dogs, Labradors, or all dogs?
- birds, bikes, scooter, cars?
- are they reactive towards humans – males, females, high-vis shirts, hats?
- debunking the “my dog is protective of me” myth

We also need to consider how long this behaviour has been going on, because the more humans/animals experience and practice this stress response, the stronger it gets... So early intervention is needed – don't just wait for the dog to grow out of it.

How can nurses, vet techs, receptionists, anyone working in a clinic help clients with “reactive” dogs?

Understanding clients

- owners of reactive dogs may feel embarrassed about their dogs' behaviour to ask for help – they avoid talking about it and just want to get the vaccinations done (less vet visits)
- quality of life for dog (if triggered every single time on a walk), but also
- quality of life for the owner (social reclusion, walking at odd times of the day to avoid bumping into other dogs)
- some think (hope?) that the vet staff can manage their dog better so will happily hand over the lead to the nurses
- some may not know how to recognise earlier signs and manage the behaviour before it escalates
- some may not even think it is a welfare concern for the animal (it's just a dog, it's supposed to bark)

Do you know if a patient struggles with social interactions?

For all new clients, ask the right questions before they come in.

- How does your dog cope around other dogs? If the answer is “yeah, a bit of a hit and miss”, ask more details... What does your dog do when being in close proximity to other dogs on a lead? (be specific)
- How is your dog being handled by unfamiliar people? Do they have any sensitive areas? (find out more for the safety for staff)

Has the dog bitten before – dogs or humans? Risk assessment.

- debunk myths about using a comfortable muzzle, why is it beneficial for dogs (safety belt in car analogy)
- advocate for humane muzzle training (Basket type muzzle, not nylon/fabric ones), have a size each in your clinic (if the dog was conditioned to wear the same one at home, more likely to cause less stress to put it on)
- if dog has bitten before, hard stared or snapped at team members or redirected on owners before – muzzle training!
- have client arrive with the dog already wearing a muzzle – people will give them more space, helping the dog cope better
- Muzzle up! Project (<https://muzzleupproject.com/>)
- YouTube training video by Chirag Patel from Domesticated Manners: “Teaching a Dog to Wear a Muzzle”: <https://www.youtube.com/watch?v=1FABgZTFvHo>

Planning for less stressful vet visits

- offer client the first appointment of the morning or afternoon to have less people waiting (or whenever the clinic is quietest)
- ask client to bring along their dog's favourite chew item and high value treats they love (if not NBM)
- use visual barriers if possible (display, pot plant, signage)
- if you have multiple consult rooms and one is free, ask client and dog to wait there until vet is ready to see them
- offer the dog a lickimat or something chewy to help them settle
- have calming music on in clinic, diffuser
- if there is a long wait, ask client to wait in the car until the vet is ready
- offer "happy visits" to clients with fearful/anxious pets before they come in next time
- does the dog need pre-visit medication or copes better with a house call appointment?

What to do if a patient shows signs of stress during a vet visit?

- use high value food (have a variety of options) to lure dog away from trigger (interrupt behaviour quickly before dog gets too aroused)
- play the "find it" game (food thrown from dog's nose on the floor away from the trigger)
- have some lickimats loaded in advance if you know there is a "reactive" dog coming in for a vet visit (ask about allergies/preferences)
- quickly interrupt with a positive interruptor (kissy voice, "pup-pup") to get stressed dog look away from the trigger or
- ask client to call dog away in a happy voice
- client could ask for a "look", "come", "touch" cue (only if the dog knows what that cue means... dogs don't understand English by default) – only works if dog is under threshold
- position the dog differently to provide more space away from trigger (staring can escalate quickly)
- if dog stops taking high value food – over threshold, needs even more space
- manage the other client - ask them to move a bit further away

Educating clients on dog body language handouts and how to read earlier signs of stress

Have a supply of good handouts – either printed or send client by email (they are probably in a rush to leave the clinic...)

- "The Canine Ladder of Aggression" by Dr Kendal Shepherd
- "The Spectrum of Fear, Anxiety & Stress" by Fear Free Pets
- "Body Language of Fear in Dogs" by Dr Sophia Yin
- Vet Behaviour Team handouts (Facial Expression of Stress, Fiddle, Severe Stress Signs in Dogs, Physiological Signs of Stress, Hyperarousal)

Running a safe Puppy School program to prevent problems

- the most important developmental stage - critical socialisation period from 3-14/16 weeks
- avoid on-leash interaction unless supervised and practicing proper on-lead greetings (puppies pulling on lead, barking at each other, one is avoidant, other puppy is “pushy”, leads can get tangled... these experiences can cause on-leash problems later on)
- use barriers if you have reactive pups in class
- consider whether that puppy is suitable for a group class – may benefit from one-on-one lesson instead
- manage off-leash play (if any) very carefully – 2 compatible pups at a time, carefully watching body language, other pups behind barriers or on laps, owners reinforcing calm behaviours
- advocate for early socialisation

Know when and who to refer to

Depending on the severity of the behaviour (from occasional bark to causing injury to another dog or human) – offer client help.

- professional, qualified trainer
- vet with an interest in behaviour (they should work with a qualified force-free trainer who can do the behaviour modification part of the plan)
- behaviour veterinarian (MANCZVS qualification, list here: <https://www.anzcvs.org.au/chapters/veterinary+behaviour+chapter>)
- behaviour specialist (5 of them in Australia currently - NSW, VIC)

Educating clients on the differences between trainer and trainer

Do your research and check out the trainer – credentials, professional memberships (Pet Professional Guild Australia, Delta Institute, Association of Pet Dog Trainers), although not all members are force-free necessarily.

Online reviews can be very misleading (local trainer using shock collar as a first-line option has a 4,7 Google rating). The training industry is unregulated, anyone can set up an ABN and build a website – no licence or formal qualifications needed.

If a trainer visits the clinic, talk to them or set up a meeting with the Practice Manager/Owner to discuss what methods they use. Are they also open for referrals to your clinic?

Most behavioural issues should start with a thorough vet check to rule out underlying factors – especially if the reactive or other problem behaviour is a sudden or recent change.

Current highest level of dog training course available in Australia:

ACM40322 Certificate IV in Animal Behaviour and Training (used to be ACM40310 Certificate IV in Companion Animal Services).

“Balanced” trainers

Balanced training means using a combination of rewards and aversive methods, such as:

- verbal corrections/stern voice reprimands ("No/Ah-ah")
- physical corrections (leash tug/pulling)
- muzzle hold
- pushing dogs into position (e.g. push the bum to sit)
- pain (choke chain, prong collar or electronic shock collar)
- intimidation (water spray bottle, shaker noise can, shouting or staring at dog, “alpha rolls”)
- flooding (too much exposure to the feared stimulus)

Understand what is aversive for the individual learner. Aversive is something the dog dislikes, not what the handler thinks it is! If you see a fear response (lowered head, ears flattened, showing the whites of the eyes, cowering, lip licking, etc.), then the dog is fearful.

Why force-free training?

- it teaches animals what to do instead of waiting for them to do something you don't want and then punish it
- humane training methods promote emotional wellbeing of the learner
- it is the recommended training method by reputable welfare organisations such as the RSPCA, Australian Veterinary Association, American Veterinary Society of Animal Behavior, Pet Professional Guild, Delta Institute, Fear Free Pets
- it improves the human-animal relationship
- dogs trained with positive reinforcement display less behavioural concerns
- evidence shows that it works better than using punishment!



Being proactive rather than reactive

- understand the patient
- try to identify the dog's trigger(s)
- prepare for a less stressful vet visit by managing the environment and plan ahead
- risk assessment for staff and client safety
- advocate for best practice training methods
- refer to a qualified professional and maintain a good relationship

References

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