

# Small Animal Practitioner's Symposium Summary

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## Implementing Effective Behavior Modification Techniques

The first step to implementing a behavior modification program is to address all medical, nutritional and physical needs. The patient must be in good health. All their nutritional needs must be met and they must get adequate daily exercise before a behavior modification plan can be put into action. Dr. Lore Haug of Texas Veterinary Behavior Services cautions "You can't just STOP a behavior; you have to REPLACE it with something else." Therefore, the everyday environment should be arranged to reduce or eliminate the animal's ability to rehearse an undesirable behavior

A precursor to behavior modification is to identify the high value reinforcers (HVR) for a particular patient. HVRs can be food, toys or activities that the dog greatly values and that will motivate the dog during training sessions. Training should be done in a quiet, stable area and only when the dog is calm and relaxed.

A systematic plan should be devised to make the undesirable behavior irrelevant or unproductive, such as teaching an incompatible behavior. For example, dogs that jump on people should be taught SIT. Success takes slow, steady work and clients should expect to spend weeks to years to resolve serious issues.

There are three phases to a behavior modification plan. The first phase includes environmental management and foundational skills. The dog's everyday environment should be managed to avoid situations and stimuli that trigger problematic behavior. Short term or alternative solutions should be implemented, such as full sedation or anesthesia for veterinary visits. Basic obedience commands are foundation skills. At minimum, the dog should know its NAME, SIT, DOWN, , COME and leash walking. Calm behavior is always reinforced.

The second phase of a behavior plan includes teaching relaxation techniques. The dog is trained stepwise to DOWN on the mat, perform a hip roll and STAY. Calm behavior on the mat is reinforced. Behavior skills for specific situations, such as targeting or muzzle training are also taught during this phase. Targeting teaches animals to overcome fears or aversions to specific objects, such as a leash or vacuum cleaner. Muzzle training teaches the dog to calmly place its nose through a muzzle and allow proper fitting. Muzzle training can be an important aid

for clients dealing with inter-dog aggression and dogs that are aggressive in the clinic setting.

The final phase is a continuation of the relaxation techniques with a progression to relaxation under distraction. Desensitization and counter conditioning for specific triggers are introduced during this phase. Relaxation under distraction includes performing generic distraction tasks before exposing the animal to specific triggers. Systematic desensitization slowly exposes the dog to a trigger while in the relaxed position. The level of exposure is increased in small increments, allowing the dog to habituate at each level before raising the criterion. Counter conditioning pairs an unsavory experience with a positive one, such as HVRs, so that the dog looks forward to the experience. As with desensitization, the level of difficulty is increased in small increments only as the dog habituates to each level. This technique can be used to condition dogs to body handling and physical examination. The dog can be trained to remain STILL with targeting behavior.

In conclusion, Dr. Haug advises “not to try to fix the whole dog, but to address one issue at a time.” She cautions that there are “no quick fixes” and to expect setbacks. Managing your clients’ expectations is key.

