

How do you approach it with animals that have had very negative experience in the past?

First – remove them from the veterinary/husbandry context if possible – establish “wants” versus “needs”. For procedures and interventions which do *need* to happen, work with a patient friendly vet, use anxiolytics, and layer in sedation or general anaesthesia as is appropriate to the case/procedure to tailor an ethical approach.

Then, work on a slow and gradual positive reinforcement database of loads of different types of handling and interactions, none of which involve the problematic body area or location (including Vet clinic). Work on some baseline skills, depending on the species, such as loose lead walking, carrier training, settle on a mat, eat in a variety of different ways, embrace various different types of novelty, etc., to generalise the skills and comfort. Then – when this is going well and the patient is genuinely comfortable start putting all of this together, i.e. to work on various different handling and interactional skills to create a “database of no big deal” in being touched/approached/interacted with – as discussed in the talk, as well as the baseline/life skills, including eating, in varied places, so as to generalise calm acceptance of everything.

At this point, we can consider getting specific and moving towards the body part or location that was problematic for the patient, gently fro-ing and to-ing between easier and more difficult and integrating our skills into more real life contexts, in a patient-led way.

A strong, collaborative team and an engaged, invested caregiver is ideal for this.

Going back to stimulus control, any tips on how to avoid emotional conflict, thinking of those really food motivated dogs who would sell their soul for a treat?

I think this is two different questions, in that training for stimulus control takes a high-level of consistent training to ensure that the cue is well understood and the behaviour is very predictable, solid, the patient will always respond to the cue and never not respond to the cue. This can be appropriate for lots of different types of training, but we need to be careful in husbandry/handling/veterinary training and behaviours that we do not work to such a high-level that the patient loses its choice and voice. If we are going to train consent-based behaviours to the point of stimulus control, we also need to train a very clear “say no” signal, which the patient knows overrides any level of stimulus



control for the behaviour which has been requested, and is comfortable to use it.

Regarding conflict over food, there are lots of different ways to address this, one could be to feed a lower value food, so that we are not putting animals into such conflict for very high value reinforces that they can only access by having an undesirable procedure. We can also teach food ingestion rule structures, for example feeding into a bowl or plate directly in front of them, one, after another, after another, after another, so that we are making this very predictable, and in effect teaching the animal to tell us when to give them the next food/treat, so that they can opt in.

It is very important to watch body language, and to teach caregivers to do so as well, so that we can watch for the signs of over arousal, frustration, conflict and anxiety, intervene early and advocate for the patient.

We need to be careful not to restrain pets, keep them eating regardless, then congratulate ourselves on “doing positive reinforcement“!

How can we persuade more owners to start consent based training in advance of when they might ever need it?

They will always need it! Vet visits and interactions are “as sure as death and taxes“! It can be hard to sell it when they have a young animal, and they can’t even visit them ever needing veterinary care or being old. My strategy is to encourage clients to train “tricks“, which are fun, great for mental stimulation, and also build the human-animal bond. Once they are invested in teaching these “tricks“, we can change the focus from “aren’t these cute“, to “look how useful this would be when you next need to... with your pet“!

We also want to change our culture and veterinary practice so that we are talking about this and laying the foundations from that first ever visit to the clinic, talking about behaviour, asking about behaviour, encouraging clients away from old-fashioned “obedience“ training with their baby animals, and instead work on life skills, confidence, and behaviour which will benefit the animals for the rest of their lives.

We could talk to them about the benefit to the pet and their bond, but also the safety and efficiency aspects of having an animal who feels safe and comfortable, and who opt in. It can also be less expensive in the long run.

And, it’s fun!



How do you encourage others to buy in to this process?

Largely the same as above – for our profession, we can also talk about efficiency, safety, PR/marketing and client bonding, as well as considering the all-important welfare and experience of the patient.

It is also beneficial for everybody to work as a team, so if veterinary professionals and behaviour and training professionals are working closely together, this presents learning and client care opportunities, and everybody benefits.

Again, it's about culture change, and bringing the concepts of patients' mental well-being into everything we do as veterinary professionals, not prioritising physical health, but seeing the patient as a whole and addressing their needs from cradle to grave, talking about behaviour, bringing our clients with us, raising our peers up and supporting each other.

How do you teach owners who have no idea their pet is uncomfortable in that situation to notice this and motivate them to train?

I think most caregivers really care about their pets, and really love them and want them to have the best experience possible, so – in many cases – it is simply a case of not knowing. As veterinary and behaviour/training professionals, we can help them to understand, support them, explain their pet's needs, why there is a problem and what we can do about it, then the majority of them will be really grateful that we care so much about their welfare.

Again, as above, treating behaviour as part of health, discussing it, asking about it, supporting on it, etc., as part of the baseline of everything we do as veterinary professionals is also very helpful. If clients expect us to talk about and advise on behaviour, they will look to us for support and trust our opinions and input.

In my experience, it is less usual for people to be resistant to hearing that their pet is not coping and/or to have a problem with us pointing out the discomfort and offering support. However, in these cases, it could be very helpful to describe what we are seeing, then let the client know what that means for their animal. It's also important for us to advocate for the animal, and not push them just because the client wishes us to, being very clear on our policies and strategies in terms of interactions with patients in a low stress way.

Sometimes it can be a slow burn, and that it can take some time for clients to process, and hopefully they will come back to us with questions, and/or be more receptive next time. Sometimes we need to shape human behaviour gently, making small changes (which can often make a big difference), to a point where clients are embracing what we are suggesting.



Do you usually start with desensitising dogs to the veterinary environment before then working on consent handling?

No – as per question one – I will usually get them out of that environment and work out of context as far as possible before we are ready to put it back into context. This is to prevent the risk of sensitisation, flooding, and to ensure we can work efficiently and productively with the client and pet.

It is very rare that we have a handling emergency that we cannot work around in a patient friendly way, including with the use of anti-anxiety medication for necessary procedures.

Working in the veterinary environment is usually something to work on when you have long established a relationship with the pet and the client, they have lots of skills under their belt, and there is plenty of generalisation of all of the handling/interactional training mentioned, as well as they're various baseline skills.

Can you do this with animals that are not food motivated?

All animals are food motivated, to remain alive and well on planet Earth! Therefore we need to ask ourselves what does “food motivated” (or not) look like? Is it that the animal will not eat under certain conditions, in which case we would look to the emotional state and environmental set up to ensure that they were physically and mentally comfortable, as it may be that the reluctance to take food does not relate to food, but more to everything else that is going on in the situation. We also want to look at holistic physical and mental health, to make sure the animal is actually okay (and this would always be the case prior to any behaviour modification or training protocol).

As long as all of the above is as it should be, then we might look at whether we are expecting too much, in a context that is too difficult, with a behaviour (or a step towards it) that is not yet fluent or well understood by the animal initially, and break things down/make things easier for them to be successful.

It may be that we want to increase the value of the reinforcer for the task or context we are expecting them to be successful in, and – for that – we would interview the animal for what it was they preferred to work for. Again, taking real care that we were not risking conflict, as discussed above.

All animals can learn, and there are many different types of reinforcer, not all of which need to be food (food is commonly used as it is convenient!). Some animals prefer tactile reinforcers, or choice, or play (although play is not usually helpful for consent based husbandry/handling training, as we may “bake in “high arousal).



In all cases, we want to make sure that the reinforcer is welcomed by the animal, that they are joyfully taking part, and – if in doubt – working with either a clinical animal behaviour professional – independently accredited for that species, or an appropriately qualified positive reinforcement trainer, depending on what is best for that case.

Whatever we are teaching needs to be appropriate for that animal, as well as enjoyable for them.

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