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2001-2002

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Dr. R.K. Anderson, DVM, DACVB

Dr. Guy Hancock, DVM, ME

Dr. Wayne Hunthausen, DVM

Dr. Karen Overall, VMD, PhD, DACVB

President's Message

Thank you to all our new members for your enthusiasm. Additionally, I wish to thank our benefactors **Premier Pet Products, Inc.** and **Hills Pet Nutrition, Inc.** Their support has perpetuated the advancement of this fledgling organization.

We are holding our first annual business meeting at the AVMA (American Veterinary Medical Association) conference this summer in Nashville, Tennessee. Join us to discuss the future of our society. We will induct newly elected officers into their positions at that time. Committee chairpersons and positions will be appointed. Incidentally, this is an excellent conference for continuing education in the discipline of animal behavior. Both the AVMA and AVSAB (American Veterinary Society of Animal Behavior) offer behavior seminars during the conference. Make plans to attend July 13th through July 17th. As the conference approaches find additional information by logging onto <http://www.avma.org> and <http://www.avma.org/avsab>.

At this time, SVBT is sending out a call for nominations. The positions of both Treasurer and President-Elect are available. See the society's constitution on <http://www.svbt.org> for descriptions of these positions. All interested

parties must be Professional Members of SVBT in good standing. This being the inception year of our society, remaining officers will serve for another year in the interest of continuity. This also allows us to waive your dues for this partial year. All members who have joined SVBT before July 1st of 2002 will not be required to renew their membership until July 1st 2003.

Our web site is up and running. Julie Shaw and our webmaster Tim Nordland have created an excellent site. Visit at <http://www.svbt.org>. A registration form is available at the site. Our list serve has become operational. All members in the Professional or Student categories are automatically subscribed to the list and are welcome to email questions, ideas, and announcements to the group. It is a rapid method of gaining information and getting to know your fellow society members. No need to wait, become a member now and join in on the exchange of knowledge.

Sincerely,

Ginny Price, C.V.T.

President S.V.B.T.

Thank You to Our Benefactors

The SVBT Board of Directors sends a special thank you to Premier Pet Products whose generous support of this organization started before we even had a name.

Premier works to improve relationships between owners and pets through education and their line of humane behavior modification tools. They have been a strong patron of veterinary behavioral medicine as well as humane dog training for many years. We appreciate your support. Thank you, Premier!

The launch of this organization has been assisted by the generous support of **Hill's Pet Nutrition**. The financial support from **Hills** has made this issue of The Behavior Perspective possible. Hill's is a company that has continually treated veterinary technicians with appreciation and respect. It is entirely fitting that their new tag line is "Hill's Supporting the Veterinary Technician For Over 25 Years". Thank you, Hills for your strong support of SVBT and veterinary technicians in general.



PREMIER[™]



Supporting The Veterinary
Technician For Over 25 Years

SVBT Advisory Panel

SVBT is proud to have a distinguished group of veterinarians on their advisory panel. We call upon the expertise of our advisors when the board is wrestling with a difficult decision or would like input from these incredibly gifted individuals. Thank you, Drs. Anderson, Hancock, Hunthausen and Overall.

Our Advisory Panel sets us apart in that we have access to their many years in the veterinary behavior field.

Behavioral medicine is a young and very dynamic field. New information is coming to light regularly. Hundreds of research projects are in the works as this is being written. We feel the alliance between the experienced researcher/clinician and the technician will augment our knowledge and ability to serve our society members.



**R.K. Anderson,
DVM,
DACVPM,
DACVB**

Dr. Anderson is a Professor Emeritus, College of Veterinary Medicine; Past Director, Animal Behavior Service of the College of

Veterinary Medicine and Current Director, Center to Study Human Animal Relationships, University of Minnesota. Currently Dr. Anderson owns an Animal Behavior Consulting and referral practice to consult with veterinarians, trainers, dog owners and humane societies. He is a co-inventor of the Gentle Leader® head-collar for dogs, a humane training aid. In 2000 he was presented with the Waco Childers Award for Humane Ideals by the American Humane Association and in 1997 was honored with the Distinguished Service Award of the Minnesota Veterinary Medical Association. For the past 6 years he served as a member of the Human Animal Bond Committee of the American Veterinary Medical Association. He is a lecturer and teacher for state, national and international meetings and author or co-author of more than 100 articles in scientific and professional publications and co-author of several books.



**Dr. Guy Hancock,
DVM, MEd**

Dr. Hancock graduated from Ohio State University's College of Veterinary Medicine in 1973. He acquired his Masters Degree in 1996 from the University of South Florida College of

Education in Curriculum and Instruction with a major in Instructional Computing.

Dr. Hancock has been the Director of the Veterinary Technology Program at St. Petersburg Junior College since 1983. Dr. Hancock initiated the first veterinary technology distance education program in the United States which is the first distance program to receive AVMA accreditation. Dr. Hancock is a well known and respected speaker on such subjects as the human-animal bond, distance learning, and hospice care for animals.



**Wayne
Hunthausen,
BA, DVM**

Dr. Wayne Hunthausen is a veterinary behavior consultant who has been working with pet owners and veterinarians throughout North America to solve companion

animal behavior problems for the last 19 years. He received his Bachelor of Arts in Zoology (1969) and Doctor of Veterinary Medicine (1979) degrees from the University of Missouri. Dr. Hunthausen is director of Animal Behavior Consultations in the Kansas City area, which provides behavior consultations and training services for pet owners and a behavior externship program for veterinary students.

Dr. Hunthausen currently serves on the Practitioner Board for Veterinary Medicine, the Behavior Advisory Board for Veterinary Forum and the Editorial Board of Feline Practice and Canine Practice. In 1996, he helped found the Interdisciplinary Forum for Applied Animal Behavior and serves on its organization committee. He has served as the president and executive board member of the American Veterinary Society of Animal Behavior.

Dr. Hunthausen is an internationally known lecturer on the topic of pet behavior. He frequently writes for a variety of veterinary and pet publications and is co-author of the books, *The Practitioner's Guide to pet Behavior Problems* and *Handbook of Behavior Problems of the Dog and Cat*, co-editor of the books, *Dog Behavior and Training: Veterinary advice for owners* and *Cat Behavior and Training: Veterinary advice for owners* and helped develop and appeared in the child safety video, *Dogs, Cats, & Kids: Learning to be safe with animals*.

In his spare time, Dr. Hunthausen is an avid photographer and enjoys skiing, bicycling, movies and traveling with his wife, Jan, as well as knocking around in the outdoors with his dogs Ralphie, Beau and Peugeot.



Dr. Karen Overall, VMD, PhD, DACVB

Dr. Karen Overall received her B.A. and M.A. degrees concomitantly from the University of Pennsylvania in 1978. After a year spent at the Smithsonian Tropical Research Institute in Panama she was awarded her V.M.D. from the University of Pennsylvania, School of Veterinary Medicine in 1983. She completed a residency in Behavioral Medicine from the same school in 1989. Her Ph.D. in Zoology was awarded by the University of Wisconsin - Madison for research focusing on mating systems and physiology of a protected lizard.

Dr. Overall has given hundreds of national and international presentations and short courses and is the author of over 100 publications on behavioral medicine and lizard behavioral ecology. She has also been a regular columnist for both *Canine and Feline Practice* journals and currently writes a bimonthly column for *DVM Newsmagazine*. Her best selling textbook, *Clinical Behavioral Medicine for Small Animals*, was published by Mosby in 1997. Her new book, *Handbook of Small Animal Behavioral Medicine*, to be published by Saunders,

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should be out by the end of year 2002.

Dr. Overall is a Diplomate of the American College of Veterinary Behavior and is certified by the Animal Behavior Society as an Applied Animal Behaviorist.

Following 14 years at the University School of Veterinary Medicine, 12 of which she ran the Behavior Clinic, Dr. Overall has accepted a position as tenured Associate Professor of Behavioral Medicine and Director of the Behavior Clinic at the College of Veterinary Medicine, the University of Illinois - Urbana Champaign. She is the first faculty member at the Veterinary College to be hired under the faculty excellence program and the first woman to be hired under this program in the University. Her research interests focus on the devel-

opment of genetic and behavioral animal models for human psychiatric illness, particularly those involving anxiety, panic, and aggression for which she has been generously and continuously funded.

Dr. Overall frequently consults with service dog organizations including military and narcotic dog groups, Guide Dogs for the Blind, Canine Companions for Independence and with law makers regarding legislation affecting dogs. She was awarded the 1993 Randy Award for excellence and creativity in research and is frequently honored to be a visiting scholar at a variety of universities.

Dr. Overall's other interests include integration of conservation biology into veterinary medicine, international outreach and participation in student based community outreach initiatives.

Editor's Bark

By Julie Shaw, R.V.T.



I believe if I took a poll of my colleagues on the Board of Directors of SVBT they would unanimously agree that I should rename "The Editor's Bark" to "The Editor's Whine". They've heard their share of my whining in the last few weeks. I wasn't whimpering because I did not have enough material for this edition but because I needed an expanded edition due to the high quality of articles which have been submitted. Thanks to a very supportive and trusting board and the incredible financial support from Premier and Hills my tail is no longer tucked but is currently wagging like a Jack Russell Terrier's.

The focus of this edition is the importance of a medical work-up in the treatment of behavior problems. You will find examples of situations in which medical reasons caused or complicated the behavioral diagnosis. Although we are a valuable part of the veterinary behavior team, as veterinary technicians we can not diagnose and this includes behavioral diagnosis.

I am already looking ahead to the April edition of The Behavior Perspective. We will continue our series on incorporating behavior medicine into the veterinary hospital. We will also post the winner of the SVBT sponsored continuing education scholarship (see page 7).

Our website is coming along nicely. Once this edition of the newsletter hits the press I plan on turning my attention back to the site. New articles, continuing education opportunities and important membership information will be updated weekly.

I look forward to talking to all of you on our list serve and I promise there will be no whining.

Welcome New SVBT Members

Laureen Bachtel
Janet Lazarus, R.V.T.
Carmen Shoemaker, R.V.T.
Terri Sajdera, R.V.T.
Nicole Hendrich, B.S., R.V.T.
Buffy Galer, L.V.T.
Danette Wells, L.V.T.
Kimberly, Reed B.S., R.V.T.
Melissa Kanning, R.V.T.
Katy Burns, R.V.T.
Sarah Lahrman, R.V.T.
Michelle Quintana-Sousa, R.V.T.
Janel Sheerin, R.V.T.
Cheryl Campbell, L.V.T.

Washington
Ohio
Ohio
Indiana
Indiana
Michigan
Washington
Indiana
Indiana
Ohio
Indiana
California
Indiana
Washington

Pam Mahlie, R.V.T.
Lynn Loper, C.V.T.
Jill Danby, L.V.T.
Lisa Shand, C.V.T.
Jennifer Krack, R.V.T.
Linda Thomas, L.V.T.
Tammy Stewart, R.V.T.
Laura Edmonson, C.V.T.
Sherry Rupp, C.V.T.
Linn Cipperley-Price, L.V.T.
Jennie Lane, R.V.T.
Lilynn Graves, L.V.T.
Rhonda Aja

Indiana
New Jersey
Michigan
Colorado
Indiana
Michigan
North Carolina
Pennsylvania
Wisconsin
Iowa
California
New York
Michigan

Thou Shalt Not Diagnose By Karen Overall, MA, VMD, PhD, DACVB

The following e-mail perfectly exemplifies why every behavioral case should have a veterinarian examine the animal. It also makes clear why veterinarians and veterinary technicians should avail themselves of the advice from board certified specialists in behavioral medicine - who now number 30 - and why education-based organizations like SVBT are so important for promoting rational, humane care of animals with behavioral concerns, whether the concern is mild and simplistic, or complex and poorly understood. - Dr. Karen Overall

Email to Dr. Overall:

I am a LVT who is now working as a behavior consultant.

This is [regarding] an 18wk old female OESD [who] was returned to the breeder [because she reportedly demonstrated] inappropriate aggression and object fixation. I did a quick evaluation. I didn't find any abnormalities at the time. She seemed to be a completely delightful pup willing to be squeezed, pulled, fed, food taken away, etc. I noticed saliva stains on her elbows and hocks. The breeder placed the dog in a second home where the problem started again after two days. [The following was] reported to me by another behaviorist: "I talked to the owner to find out more of Emma's history. Emma laid down to feed from the can umbrella stand and started growling at it. We removed the can and she went under the dining room table and growled at a small statue. We removed the statue leaving the food bowl near her. She then proceeded to growl at the food bowl. I walked past her and around the room. She grabbed a puzzle piece that had fallen on the floor started to growl. I used a throw chain at her and she immediately dropped it." He diagnosed her with "displaced aggression" and "idiopathic aggression".

I am observing the dog. I keep her in a crate and there have been no problems. I did not feed her last night. I notice a seeming "mad itch" at the point of her shoulder. After she was done [scratching], I took her out of the crate and found the surface of the hair wet. I also noticed there was a small stain there like she chewed/licked at this spot [frequently]. This morning, I walked her and she acted normally. I prepared her food while she walked around the room, crated her, and put the food down and walked away. At first she sat in the back of her crate and looked at her food. She then stood up and took a stance over the food while staring and growling at it. She wasn't 'giving eye' to anyone or anything

in particular. [As I approached her] she became more intense in her "guarding". When I opened the kennel door she raised her lips and snarled more fiercely. I put on welder's gloves and distracted her by touching her neck while I removed the food bowl. [Her aggression intensified when I touched her]. She proceeded to guard several pieces of food outside the crate. She settled down when the kibble was removed and took food from my fingers through the crate door normally.

I will continue to work with her to determine "what sets her off". I do not believe this dog is a good prospect because of the intensity of her reactions and [early age the behaviors began]. I will probably recommend to the breeder that [this dog be euthanized].

Dr. Overall's response:

In my response to the author, who is a licensed veterinary technician, I made the following points.

1. This dog is very young. It is unusual to see such pronounced behaviors in any 18 week old dog, and Old English Sheepdogs [OESD] have a host of genetic / metabolic problems as well as some heritable neurological ones. The first step in the evaluation of this dog should be a good physical examination and a minimum data base [complete blood count, serum biochemistry profile, and urinalysis.]

2. The signs exhibited by this pup could also be consistent with pain, or the perception of pain. The provocative behaviors in which the technician engaged with the pup, and the pup's responses are certainly consistent with a response to a painful stimulus. We need to remember that one of the first clues we might have that a developmental or anatomical anomaly exists is a painful reaction to a stimulus to which most animals would not respond. There are 2 essential inferences that need to be acknowledged in this observation: (1) licking is a non-specific response to an irritant, whether it's pruritic, painful, annoying, or associated with anxiety [many dogs presenting with lick granulomas have undiagnosed, untreated separation anxiety]; (2) saliva staining occurs only over time. The licking did not start yesterday. Depending on the physical and laboratory evaluations, follow-up radiographs might be an idea here. Remember, inappropriate aggression - which is a description, not a diagnosis - can be a non-

specific response to physical or behavioral distress.

3. Eighteen weeks of age is awfully young to have a purely behavioral diagnosis, except in the case of the early onset dominance aggression / impulse-control aggression seen in females. Disorders of the thyroid seldom involve juveniles, but when they do the signs often appear as CNS signs. And while we tend to think of most aggressive and anxiety-related conditions as associated with social maturity, I've reported a juvenile onset form of canine OCD.

Now for a general discussion. Note that nowhere in the authors write up are any of these things discussed, nor were they discussed in any of my follow-up correspondence with her despite outlining the logic above. The author actually couldn't get to any of this because she had already made up her mind that she knew what was going on and that her test conditions were infallible.

First, the author is a technician - by law she should be diagnosing nothing.

Second, the diagnoses stated by the author are not defined - a real problem when there is still so much discussion within the field about diagnostic terminology - nor are they explained in terms of the authors observations.

Third, there is no more information in the author's diagnoses than in her original description, so why assign a label to something? All this does is delude you into thinking you know something when you don't.

Fourth, every single study that has been done on early puppy testing - and there are now at least 1/2 dozen decent, published studies - has shown that they indicate nothing except areas in which the pup is now having difficulty. There is zero predictive value for adult behavior. Given this, I am wondering what the rationale was for squeezing, pulling, et cetera, and I am horrified that the author is taking away the dog's food bowl or proofing the dog with respect to food. Not every dog who has been starved guards his food, and not every dog who guards her food has ever been hungry or threatened. But by essentially teasing a dog with food, you can make a great many dogs who wouldn't otherwise be aggressive, reactive. It makes no sense. If it is critical that the dog learn to give some food objects back - like trash scavenged from a city street - this can be taught in a much more humane manner

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than interfering with the dog at mealtimes. Mealtimes should be unmolested times for dogs and their humans.

Fifth, caution is urged about interpreting behaviors with regard to provocation. People may not realize when the dog is being provoked. When dealing with a troubled dog it doesn't matter whether the human thinks the dog was provoked - only the dog's viewpoint matters. However, if the dog has a behavioral diagnosis that involves an aggressive response if the client tries to push the dog from the bed, that dog is provoked by a perfectly normal behavior. The fact that the client has been able to push every other dog that they have ever had from the bed does not matter: The only thing that matters is that they cannot do it to this dog. To do so would be, not only

to show a lack of empathy, but encouraging the dog to react and to learn that the person is a threat. Ask yourself this - does the dog get better at the aggression or aggressive response the more often they get to exhibit it, or do they get less aggressive? They get better at it and more aggressive every time they get to exhibit the behavior.

When dealing with distressed dogs we have to honestly face the complicity of our own behaviors and expectations in worsening the dog. This means we have to think differently, but why wouldn't we expect that to be so? By definition we are dealing with pathological conditions that involve behavior instead of some physical deficit. No one would insist that their diabetic dog should be able to eat anything because all their other dogs have always done so, but we expect that the rules

are different for behavioral pathologies. This is wrong. We have to remember that when provocation and response are considered, it's the DOG'S viewpoint that matters.

Finally, I recommended to the author that she may just want to try tincture of time in an environment where the dog is protected and just allowed to be herself. No tests, no challenges, no cause for worry. Play or food toys / puzzles can also be great forms of distraction.

As a final effort, I offered to bank the dog's blood for behavioral markers - when we can trust them - and to screen the dog's urine and serum for metabolic abnormalities.

I never heard back about the dog.

Book Review by Julie Shaw, R.V.T.

How to Talk to Your Dog by Jean Craighead George

When I was given this book by a client I was thrilled. The book's a brilliant red front cover is beautifully illustrated with a cartoon dog. The inside pages are illustrated with more canine cartoons interacting with photos. At first glance it seems to be an intriguing children's book. Unfortunately the cover of this book is where all positive comments end.

I believe the author's intention in this book is to teach canine communication skills. If I am correct in this assumption, she not only failed miserably but may have caused more harm than education.

She advises *"To say hello to your dog, sniff toward his nose. That's dog talk. He will answer by pulling his ears back and close to his head. What he is saying is 'Hello, Leader'."* Ms. Craighead-George is describing a dog who is telling their nose-sniffing-human "This is a bit uncomfortable, please stop". A dog's ears going back can be a conflict behavior.

She goes on to say *"'Good night' in dog talk is physical. Rub your dog's head, ears and neck. Lower your lids and sigh into his fur. You are the mother dog licking her pup off to sleep."* Although I often enjoy a nice snuggle with my dog I am relatively certain he knows I am not his mother or a dog. I was relieved that she did not suggest I lick my dog, we all have to draw the line somewhere.

Ms. Craighead-George advises *"'Good-bye' is a whisk of the tail, then turning and walking off. Since you don't have a tail, swish your hand downward and show your back. If your dog does not choose to hear this unwelcome message and races after you, tell him, 'I am the boss,' in dog talk, then repeat the dog 'good-bye'."* I will admit to frequently suffering from serious bouts of tail-envy but I'm afraid my hand waving behind my rear end is a bit of a stretch in wishful thinking.

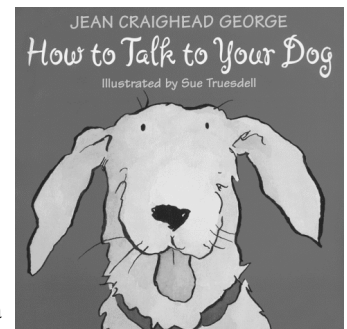
Ms. Craighead-George crosses the line from embarrassingly silly to potentially dangerous in her section titled *"How do you say 'I am the boss'?"* She advises, *"The most effective way is to put your mouth on his muzzle. That means in dog talk that you are the leader. His ears will go back and against his head, and his tail will lower. This is his way of saying, 'Yes, you are my leader'."* I suspect many people who attempt this will have time to contemplate what their dog was really saying ("You have totally lost your mind and you are frightening the heck out of me") while they wait patiently in the emergency room to have their dog bite treated.

She suggests if your dog becomes anxious or confused you should *"Sniff his nose to tell him not to be angry or confused. Nose sniffs are peace talk."* I have a sincere concern that for a dog that is in an anxiety situation, a human sticking their face in his to sniff his nose may increase the stress level to a point where the dog may feel he has no other option but to bite the face that sniffs him.

It is cautioned in "How to Talk to Your Dog" that children should not roll onto their backs while playing with their dog or they will be saying in dog language *"I am your humble servant"*. My own dogs must be the most misinformed canines on the planet. They have three young humble servants in their household and they don't even realize it!

I would recommend that the author stay with ridiculous but harmless comments suggest as *"You can pass other messages with your eyes. Think, 'I love you. I love you,' and your lower lid will involuntarily come up and soften your expression. Your dog will read that and return this message by softening his eyes."*

I am still uncertain to what population this book is directed. I can only hope it was not written for innocent children and will only fall into the hands of adults who will quickly realize this book for the nonsensical hogwash that it is.



Continuing Education Opportunities

The details of the following behavior continuing education opportunities may be found at www.svbt.org.

January 12-16, 2002 North American Veterinary Conference

Orlando, FL Novartis Behavior Symposium Contact information 800-756-3446, www.navcoline.com

January 18, 2002 Ski Vail Seminar - Denver Area Veterinary Medical Society Vail, CO "Managing Difficult Behavior Problems" Contact information 800-228-5429, info@colovma.com

January 30-31, 2002 Penn Annual Conference Philadelphia, PA Contact: University of Pennsylvania School of Veterinary Medicine Contact information permconference@vet.upenn.edu

Jan 31 - Feb 2, Minnesota VMA Bloomington, MN http://www.mvma.org/public/MVMA_02Convention.html

February 3, 2002 Indiana Veterinary Medical Association Animal Behavior Forum for the Public, Indianapolis, IN—Dr. Wayne Huthausen Contact information 800-270-0747

February 3, 2002 Exotic Animal Medicine Symposium Athens, Georgia Contact information 800-884-1419; www.gactr.uga.edu/conferences/index.html

February 11- 14, 2002 74th Annual Western Veterinary Conference Las Vegas, NV Drs. Debra Horwitz, Stephanie Schwartz, Jacqueline Nielson, Elizabeth Shull Contact information 702-739-6698,

info@westernveterinary.org

February 21, 2002 West Michigan Veterinary Medical Association

One-day Behavior Seminar Contact information Dr. Stephen Comer gobigred@iserv.net

Feb 21-24, Midwest Vet Conf Columbus, OH Dr. Crowell-Davis - Feline Behavior, Donna Dyer, CVT Gentle Leader lecture and lab Contact information <http://www.mvcinfo.org/mvc.html>

March 7-9, 2002 Tuskegee University School of Veterinary Medicine Annual Veterinary Medical Symposium Tuskegee, AL Includes behavior and human-animal bond topics Contact: Ms. Carrie King 334-727-8470; Fax 334-727-8177; Email: cking@acd.tusk.edu

March 16-17, 2002 The ABC's of Dog Training, Narnia Training Center Naperville, IL Contact information <http://www.puppyworks.com/events/tompkins/sea0302il.html>

March 23-27, 2002 AAHA 69th Annual Meeting Boston, Massachusetts American College of Veterinary Behaviorists Track Contact: AARA Member Service Center 800-883-6301 www.aahanet.org

May 29 - June 1 American College of Veterinary Internal Medicine Dallas, TX Ginny Price, C.V.T., Understanding and Managing Canine and Feline Aggression. Talks will include Veterinary Directed Aggression and Body Language in Cats and Veterinary Directed Aggression and Body Language in Dogs. Contact <http://www.acvim.org/>



Principles and Techniques of Behavior Modification Purdue University June 5-9, 2002

The Purdue University Animal Behavior Clinic will be holding its fourth DOGS! Course: Principles and Techniques of Behavior Modification June 5-9, 2002.

The DOGS! Course is directed mainly toward veterinary technicians and dog trainers, but veterinarians and anyone interested in dog behavior are welcome. The course format includes lectures and hands-on workshops. The following topics will be covered:

- Normal canine behavior
- Puppy development
- How to run a puppy class
- Prevention of behavior problems
- Principles of learning
- Humane and effective training techniques
- Behavior modification techniques:
 - Systematic desensitization
 - Counter-conditioning
 - Response substitution
- Understanding behavior problems
- Application of behavior modification techniques as part of the treatment of behavior problems

There will be in-class workshops focusing on how to apply the principles of learning and behavior modification techniques to problem cases. Four hands-on practicum sessions will focus on puppy classes, training normal dogs, and on applying behavior modification techniques to problem dogs.

Participants will have the opportunity to take a written, closed book exam to earn a DOGS! Course certificate. Participants will designate a proctor in their area to administer the exam. After

having passed the exam, participants should be qualified to:

- Offer high-quality puppy classes and obedience training classes
- Educate owners on pet choice and prevention of problems
- Educate owners on training and learning
- Assist a veterinarian or certified animal behaviorist in the treatment of behavior problems. A veterinarian or certified animal behaviorist is responsible for the diagnosis and differential diagnosis of a behavior problem, as well as for the medical work-up, pharmacological treatment and the development of a treatment plan (including behavior modification techniques to be used on the case). The veterinarian/behaviorist would then refer clients with this treatment plan to the veterinary technician or trainer who can help the client to implement the required behavior modification techniques.
- In cooperation with the veterinarian, incorporate a behavior program into a veterinary service.

Participants of the DOGS! Course will thus become an essential part of the "behavior team", sharing responsibilities for a comprehensive behavior program with veterinarians and/or certified animal behaviorists. We believe that this is a niche with great potential.

The registration fee for the course is \$700 and includes course notes, training equipment, snacks, lunches, banquet dinner, DOGS! 2002 T-shirt, and a trip to Wolf Park.

Email Julie Shaw, R.V.T., Animal Behavior Technician at shawjk@purdue.edu with your mailing address if you would like to be added to the DOGS! 2002 waiting list. People on the waiting list will be sent registration information in early March 2002. The first 40 registrants will be accepted into the DOGS! 2002 course.

SVBT Sponsored Scholarship Contest and CE Discounts

The Society of Veterinary Behavior Technicians is sponsoring a \$700 tuition scholarship contest for the Purdue University DOGS! Course—Principles and Techniques of Behavior Modification June 5-9, 2002. The winning applicant will be guaranteed a spot in the acclaimed DOGS! Course 2002.

This program is open to any SVBT member in good standing.

The scholarship will be awarded on the merits of a 1500 word or less essay written by the candidate. **Submitted essays can be on any behavior topic of the candidate's choosing.** Suggested topics are; client education handouts, grief counseling, pre-purchase counseling, the human-animal bond, puppy class topics, adolescent class topics, counseling the new pet owner and preventative behavior medicine.



DOGS! COURSE
PARTICIPANTS DURING THE
PUPPY CLASS PRACTICUM

Submitted essays become the property of SVBT and may be published in future issues of The Behavior Perspective or on the SVBT website. The winning SVBT member will be announced and their essay will be published in the April edition of The Behavior Perspective.

Essays must be submitted in both hard copy and computerized form to the following address no later than March 1st, 2002.

Julie Shaw, R.V.T.
SVBT Scholarship Contest
Purdue University
1248 Lynn Hall
West Lafayette, IN 47907-1248

SVBT is also sponsoring a \$25 discount to any SVBT member who registers for the 2002 DOGS! Course. To take advantage of this discount simply check the SVBT membership box on the DOGS! Course registration form and include your SVBT membership number.

A Case History—The Significance of a Medical Work-Up

All cases outlined in the "Case History" section must have been diagnosed and treated by a veterinarian. This case has been summarized.

Signalment and Statement of Problem

"Spot" is a 13.5 year old DSH feline that was presented with the owner's primary complaint being a recent history of urine spraying, aggression toward the owner, aggression toward cats in the household and cats seen through the windows.

General History:

A routine neuter was performed when "Spot" was six months of age. The owner reported "Spot" had a normal behavior history up until one year ago.

Behavior History:

"Spot" began spraying urine on vertical surfaces near windows, doors and other objects in the last year. He was also getting pro-

gressively more aggressive toward the female owner. Spot's aggressive behavior was also directed at the other cats in household. He was particularly aggressive to one female cat, mounting her at times.

"Spot" was currently taking Amitriptyline, 10mg/sid. The owners reported he seemed slightly sedated while taking the medication.

Significant Physical and Laboratory Finding:

During the physical examination "barbs" were observed on "Spot's" penis. These barbs were indicative of an increase in testosterone levels. "Spot" was admitted for a medical work-up.

Behavioral Diagnosis:

Testosterone-induced male behavior

Medical Findings:

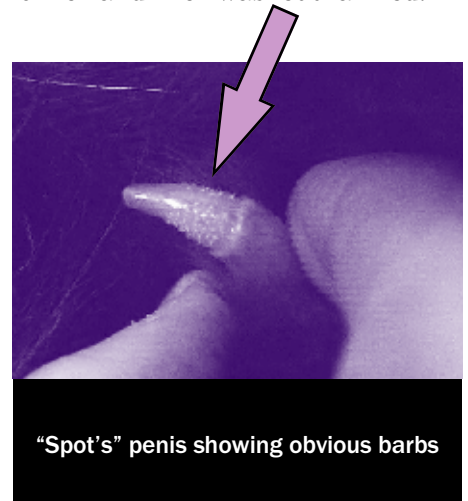
Several abnormalities were discovered during "Spot's" medical workup including an eosinophilia and increased blood testosterone level. "Spot" also had enlarged abdominal lymph nodes.

Biopsies were taken from enlarged lymph nodes, small intestines and liver. A small nodule was found in the area of testicular blood supply and was also biopsied.

Histopathological reports indicated a sertoli cell tumor.

Results:

"Spot's" health continued to decline and he was euthanized.



"Spot's" penis showing obvious barbs

Client Education

Feline Inappropriate Elimination

By Kenneth M. Martin, DVM, Dr. Andrew Luescher, DVM, PhD, DACVB

The following client education material may be reproduced with permission from the Purdue University Animal Behavior Clinic.

Feline inappropriate elimination is the most common behavioral problem in cats. Approximately one third of cats house soil, urine spray, or mark. House soiling with urine may be differentiated from urine spraying by the amount of urine that is released, and where the surface the elimination occurs.

House soiling consists of a complete voiding of the cat's bladder on horizontal surfaces resulting in a large puddle. House soiling may be accompanied by defecation in inappropriate locations.

Urine spraying consists of small amounts of urine at a time and is usually on vertical objects.

Urine marking on human smell is the exception to the above, consisting of complete urination usually in areas associated with human body odor, i.e. beds, dirty linens, bath mats, etc. Cats rarely mark with feces.

House soiling

House soiling may occur for a variety of reasons. House soiling is usually associated with a "litter box" problem or medical disease. Cats may have developed an aversion to the type of litter, type of box, the location of the litter box, or litter box odor. Some cats develop a surface preference, for example carpet, or a location preference. Medical diseases that increase thirst and increase urination can manifest as house soiling. Likewise, any disease that increases or decreases the frequency of defecation can manifest in house soiling. **A medical workup is always indicated in cases of house soiling. Minimum diagnostic workup should include a FeLV/FIV test, CBC, General Chemistry, and UA with culture and sensitivity.**

Treatment of house soiling

1. Addressing litter box problems

The goal of addressing litter box problems is to make the box as attractive, and easily accessible as possible.

- a. The Number of litter boxes should be 1 + the number of cats in the household.
- b. Litter boxes should be in easily accessible, high traffic, lived-in areas.
- c. Many cats don't like covered boxes. Try to offer a large, open box.
- d. Litter boxes need to be scooped daily.
- e. Use a premium, unscented clumpable litter. Stick with one brand. Cats tend to prefer fine substrate.
- f. Clean the litter box with warm water only. Some cats find citrus, pine, or lemon scented detergents aversive. Do this at least monthly.
- g. Do not use litter box liners.
- h. Do not use any form of punishment if the cat eliminates outside of the box.

2. Clean soiled areas and make those areas aversive

The smell of soiled areas attracts the cat to eliminate in those areas again. Enzymatic cleaners are the most effective in eliminating odor from soiled areas. Soiled areas should be blotted up, or cleaned with warm water, and then with enzymatic cleaners. Equalizer® or Anti-icky-poo® are two enzymatic cleaners that are recommended. Most cats find mothball crystals aversive. Make soiled areas aversive by applying a ¼ teaspoon of crushed mothball crystals to soiled areas once to twice weekly. Some cats may find the use of citrus, pine, or lemon scented products aversive. Citronella spray, Pinesol, or Lysol can be applied to hard surfaces. These products should be re-applied twice a week.

3. Retraining the cat to the litter box

Confinement and supervision is key here. Confinement should consist of a small room (bathroom) with hard floor (no carpet), food, water, litter box, toys and bed for 1-2 weeks. If the cat prefers to eliminate on carpet, a litter box with a carpet remnant and very little litter can be offered. Each day, a smaller remnant is provided, and gradually increasing the amounts of litter sprinkled on it. Once the cat accepts a box with litter and without carpet, the cat can be let out for very short periods, and increasingly longer periods of time under close supervision. The cat should not have the opportunity to make a mistake. A bell collar is helpful for supervision.

4. Removing stress factors

Change in the household environment, such as moving furniture, redecorating, etc. is stressful and should be minimized. Changes in the owners schedule resulting in more or less interaction with the cat may be stressful. Owner interaction should be made consistent with a daily set playtime. Cats should be provided with interactive toys that can be rotated daily. Punishment increases fear and anxiety and damages the human-animal bond. It should be avoided. Limited feedings is stressful for cats because they prefer small frequent meals. Whenever possible it is recommended to feed free choice. Water should be changed daily. In multi-cat households there is often stress associated with territoriality or pas-

Treatment of Feline House Soiling:

- *The Number of litter boxes should be 1 + the number of cats in the household*
- *Use a premium, unscented clumpable litter*
- *Do not use litter box liners*

sive aggression. Every cat should be given its own feed, water, and litter box in their preferred locations so that they can avoid confrontations with other cats. It is sometimes not possible to identify and remove every stressor. The goal here is to reduce stress to below the threshold that can be tolerated by the cat. Pharmacological therapy is sometimes indicated to reduce stress or anxiety.

Urine spraying, marking

Urine spraying is often associated with stress or anxiety. Feces marking can occur under the same conditions, but occur rarely. Spraying or marking is a form of territorial communication that occurs twice as often in males. Intact cats tend to spray or mark more often than castrated/spayed cats. Ten percent of castrated males and five percent of spayed females continue to spray after neutering. Medical disease is seldom associated with spraying. Urine marking on areas with concentrated human smell is often associated with conflict related to a person.

Treatment of spraying/marking

1. Castration/spaying

If the cat is intact, the most effective way to deal with spraying is to neuter the cat. Surgery is thought to be equally effective regardless of age or previous experience. Castration is 90% effective in eliminating spraying behavior. Spaying is 95% effective in eliminating spraying behavior.

2. Removing stress factors

The most common stressor is that associated with exposure to other cats inside or outside of the household. To reduce or eliminate stress associated with exposure to strays outside the home, one should prevent visual access to windows or keep strays away. One might consider the use of a motion activated sprinkler to keep strays out of their yard. In multi-cat households there is often stress associated with territoriality or passive aggression. Every cat should have its own feed, water and litter box station in its preferred location to avoid confrontations with the other cats. Limited feedings is stressful for cats as they prefer small frequent meals. Whenever possible it is recommended to feed free choice. Water should be changed daily. Change in the household environment, such as moving furniture, redecorating, etc. is stressful and should be minimized. Changes in the owners' schedule resulting in more or less interaction with the cat are stressful. Owner interaction should be made consistent with a daily set playtime. Cats should be provided with interactive toys that can be rotated daily. Punishment increases fear and anxiety and damages the human-animal bond. It, therefore, is detrimental to treatment. Problems associated with the litter box can also contribute to stress, especially the use of covered boxes (with only one escape route) in multi-cat households. Refer to addressing litter box problems under treatment of house soiling.

3. Cleaning sprayed/marked areas and making those areas aversive

The smell of soiled areas attracts the cat to eliminate in these areas again. Enzymatic cleaners are the most effective in eliminating odor. Sprayed/marked areas should be cleaned with warm water, and then with enzymatic cleaners, paying special attention to both horizontal and vertical surfaces. Equalizer or Anti-icky-poo are two enzymatic cleaners that are recommended. Most cats find mothball crystals aversive. Make sprayed/marked areas aversive by applying a ¼ teaspoon of crushed mothball crystals once to twice weekly. Some cats may find the use of citrus, pine, or lemon scented products aversive. Citronella spray, Pinesol, or Lysol can be applied to hard surfaces. These products should be re-applied twice a week.

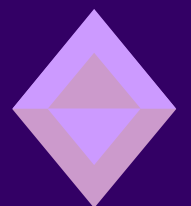
4. Pheromone therapy

Feliway® is a synthetic feline facial pheromone that induces cheek rubbing, a marking behavior that is used instead of spraying in areas where the cat feels most at home. Feliway is sometimes used as an adjunct to therapy, and is thought to have anxiety relieving effects. Prominent areas as well as sprayed/marked areas should be treated once to twice daily. It should be used after cleaning with an enzymatic cleaner in place of an aversive, i.e. crushed mothball crystals. It has been reported effective in eliminating spraying in one third of cases, and reducing spraying in others. It has no side effects or contraindications.

5. Pharmacological therapy

Medications that decrease anxiety or stress can be beneficial if the underlying stressor cannot be identified or removed. All medications or drugs must be metabolized by the body and therefore have the potential for side effects. **A medical workup is indicated before drug therapy should be instituted.**

***A medical workup is
always indicated in
cases of house
soiling.***



Hill's Introduces Breakthrough Nutritional Approach to Canine Brain Aging and Age-Related Behavioral Changes

Until now, the behavioral changes seen in older dogs have been considered inevitable effects of the aging process. However, with Prescription Diet® Canine b/d™, Hill's has introduced the first and only nutritional pet food clinically proven to help combat signs of brain aging and improve the learning ability of older dogs.¹

The key to the success of Prescription Diet b/d in clinical trials and home testing is its patent-pending formula—a unique combination of antioxidants and nutritional cofactors, including vitamins E and C, L-Carnitine, Lipoic Acid and DHA and EPA fatty acids.

“This food helps combat the signs of brain aging by fighting free radicals, helping to limit free-radical production and stabilizing cell membranes,” says Lyn Huffaker, DVM, Ph.D., of Hill's Pet Nutrition Inc. “Canine b/d may also lower susceptibility to age-related behavioral changes and Cognitive Dysfunction Syndrome (CDS).”

The use of antioxidants and other compounds in Prescription Diet b/d is based on research by scientists studying aging at the biochemical level. These experts believe mammals age, to a large extent, because of cellular damage caused by environmental factors, including toxins and stress, and the action of free radicals. Antioxidants and nutritional cofactors, such as carnitine and Lipoic Acid help keep additional free radicals from forming and can neutralize free radicals, thereby reducing cell damage. Researchers believe that, in some cases, they can also repair the damage done by free radicals and therefore reverse their effects.

Free radicals are particularly important in brain aging because the brain is especially susceptible to their destructive action. Free radicals are formed during the process of aerobic metabolism. Because the brain uses one-fifth of the oxygen the body consumes, it produces a large volume of free radicals.

Brain cells also show little capacity for cell repair and regeneration, so many damaged cells are not replaced. Increasing the level of antioxidants and other helpful compounds in the brain can prevent permanent cell damage and repair damage that has already occurred.

In dogs, the indications of brain aging might include DISH signs: Disorientation, Interaction changes, Sleep/activity changes and House-soiling. They present a frustrating challenge for veterinarians and emotional pain for pet owners. In many cases, pet owners might view these signs as part of normal aging, not realizing that something can be done. One recent pet-owner survey found that 75% of dogs 7 years old or older show at least one of the DISH signs, and 32% show three or more.² Yet only about a quarter of owners with dogs 7 years of age or older take steps to address their pets' signs.³ Only about 12% talk with their veterinarian about the problem.⁴ Too often, progression of the signs results in euthanasia.

Clinical and in-home studies show that older dogs benefit from the patent-pending formula of Prescription Diet Canine b/d. Over a one-year period, a clinical study using problem-solving tests to assess learning ability was conducted with 24 older and 16 younger dogs. The older dogs eating Prescription Diet Canine b/d demonstrated improved alertness and increased effectiveness in problem-solving tasks, compared to older dogs eating the control food. The study concluded that older dogs fed Prescription Diet b/d experienced up to a 58% improvement in learning ability.

“In the last 10 years, I've done a lot of work looking into the effects of interventions with the goal of enhancing cognition,” says Dr. Bill Milgram, professor of psychology at the University of Toronto. “In this time span, I have never seen such clear-cut positive results as those obtained by dietary intervention with this antioxidant food, Prescription Diet b/d.”

Two in-home studies conducted among pet owners with older dogs also produced positive results. The dogs' owners evaluated them on a pre- and post-feeding basis, comparing their current food to Prescription Diet b/d.^{5,6} In one study, owners reported significant improvements in all four DISH categories after only 30 days of feeding.

The other in-home study corroborated the first. Pet owners in this study reported that 74% of older dogs with a history of house-soiling accidents showed a reduction in accidents and 61% showed increased enthusiasm in greeting family members after being fed Prescription diet b/d.

Owners whose dogs have been fed Prescription Diet b/d report that their pets have stopped urinating indoors, they are more alert during the day and sleeping more during the night and they seek more attention.

Dog owner Kim Bork has seen a remarkable transformation in her pet. “My dog Taylor is 14 years old,” she says. “When I first noticed changes in his behavior, it reminded me of Alzheimer's. He was less alert, sluggish and seemed generally disinterested in his favorite things. After just three months on Prescription Diet b/d, Taylor has gone through an incredible metamorphosis. He's more alert and responsive. Now he beats me up the stairs; before Prescription Diet b/d, I had to wait a few minutes for him to catch up with me. He's a new dog.”

Prescription Diet® b/d™ brings an important advancement to the area of canine brain aging. Previously only pharmaceutical approaches to DISH signs existed. Prescription Diet b/d offers a simple, effective nutritional approach to the effects of brain aging. But, most important, it can help enhance and extend the relationship between people and their pets.

NEW-AGE SOLUTION.

Introducing **NEW** Prescription Diet® Canine b/d™
The only food clinically proven to help fight signs of brain aging.

CLINICAL PROOF A clinical study shows the revolutionary patent-pending antioxidant formula in new Prescription Diet® Canine b/d™ improves learning ability and alertness in older dogs!

IN-HOME PROOF A consumer in-home use study among older dogs shows that after only 30 days, Prescription Diet® Canine b/d™ significantly reduces house-soiling accidents and disorientation and significantly improves interaction with family members and sleep patterns!

YOUR FIRST STEP IN FIGHTING BRAIN AGING AND RELATED BEHAVIORAL CHANGES

Milgram NW, Head E, Cotman CW, Muggenburg B, Zicker SC: Age-dependent cognitive dysfunction in canines: Dietary intervention. In: Overall KL, Mills DS, Heath SE, Horwitz D [editors], Proceedings of the Third International Congress on Veterinary Behavioral Medicine. Universities Federation for Animal Welfare, Wheathampstead, U.K. pp53-57: 2001.

²Omnibus Study on Aging Pets, November 2000. Data on file. Hill's Pet Nutrition, Inc., ³Ibid. ⁴Ibid.

⁵Prescription diet® Canine b/d™ In-Home Use Test-I. Data on file. Hill's Pet Nutrition, Inc. 2000.

⁶Prescription Diet® Canine b/d™ In-Home Use Test-II. Data on file. Hill's Pet Nutrition, Inc. 2000.

⁷Veterinary Feeding Test. Data on file. Hill's Pet Nutrition, Inc. 2000.

¹Milgram NW, Head E, Cotman CW, Muggenburg B, Zicker SC: Age-dependent cognitive dysfunction in canines: Dietary intervention. In: Overall KL, Mills DS, Heath SE, Horwitz D [editors], Proceedings of the Third International Congress on Veterinary Behavioral Medicine. Universities Federation for Animal Welfare, Wheathampstead, U.K. pp53-57: 2001.

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⁶Prescription Diet® Canine b/d™ In-Home Use Test-II. Data on file. Hill's Pet Nutrition, Inc. 2000.

⁷Veterinary Feeding Test. Data on file. Hill's Pet Nutrition, Inc. 2000.

SVBT Membership Application

Name: _____ CVT RVT LVT DVM Other

Street Address: _____ City: _____ State _____ Zip: _____

Email Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer Address _____ City: _____ State _____ Zip: _____

Did you attend a Veterinary Technology School? Yes No School Name _____ Year Graduated _____

Would you like to serve on a SVBT committee? Yes No How did you hear about SVBT? _____

Please describe special areas of interest: _____

Does your current position include work in animal behavior? Please tell us a little about what your job entails. (We hope to feature members in upcoming newsletters.) _____

What books, seminars, journals, etc. would you recommend to fellow behavior technicians interested in learning more about animal behavior? (We include a section of recommended reading in The Behavior Perspective). _____

What would you like to gain from being a member of SVBT? _____

Please rate the importance to you of being recognized as a specialty field (Veterinary Technician Specialist-Animal Behavior)

Not Important 1 2 3 4 5 neutral 6 7 8 9 10 very important

Membership Levels (all membership levels include a subscription to The Behavior Perspective):

Professional Membership \$25.00/year: Open to any veterinary technician who has graduated from an AVMA approved and accredited college or school of veterinary technology or any currently credentialed veterinary technician. Annual membership fee includes list-serve access and discounts for SVBT sponsored CE events. Professional Members have voting rights and may serve on SVBT's board of directors.

Student Membership \$10.00/year: Open to those students currently enrolled in an AVMA accredited program for veterinary technicians. Student Membership fee includes list-serve access and may include discounts for SVBT sponsored CE events. Student Members may not vote or serve on the board of directors.

Subscription Membership \$25.00/year: Open to persons who do not fit into any of the above membership criteria. Subscription membership does not include list-serve access but may include discounts for SVBT sponsored CE events. Subscription Members may not vote or serve on the board of directors.

Honorary Membership—Membership fee waived: Open to a veterinarian chosen by the board of directors to serve and vote on the SVBT board of directors.

Send Your Completed Membership Application and Tax-Deductable Membership Dues to:

SVBT
C/O Julie Shaw, R.V.T.
Purdue University
1248 Lynn Hall
West Lafayette, IN 47907-1248

Nomination Call-Out

The Society of Veterinary Behavior Technicians (SVBT) is seeking nominations for 2002-2003 President-Elect and Treasurer. Each nominee must:

- ◆ Be an active member in good standing
- ◆ Consent to being nominated
- ◆ Commit to attend at least 6 executive board meetings for the 2002-2003 year
- ◆ Have access and be available to the executive board *via* email and internet

Please use this form to nominate yourself or another SVBT member. Nominees will be contacted for biographical information which will be used for newsletter and ballot purposes. Additional information and nomination forms may be downloaded and printed at www.svbt.org.

Submit completed form by **April 1, 2002** to:

SVBT Nominations Committee
Amy Parmer, RVT, BS
11152 West State Road 18
Delphi, IN 46923
amyparmer@hotmail.com

Nominee Name: _____ CVT RVT LVT Other State License Held In _____

Street Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home (_____) _____ Work (_____) _____ Fax (_____) _____

Email: _____ Year of Graduation: _____ Institution: _____

Best Time/Method to Contact: _____ (i.e., 8:00 AM – 4:00 PM @ work phone number)

Nominated By: Self SVBT Member _____

Office Nominated For: (CHECK ONLY ONE BOX)

President Elect (1-yr term)

Treasurer (1-yr term)



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Supporting The Veterinary
Technician For Over 25 Years