

Does Your Dog Need Medication?

FREE ARTICLES AT WWW.SUZANNECLOTHIER.COM

My Three Ps
A simple "quick &
dirty" assessment
that helps me determine if I am going
to refer to a veterinarian for possible
therapeutic medication.

By Suzanne Clothier

When I was a young trainer, there were no veterinary behaviorists. There were no psychotherapeutic medications. There were tranquilizers and sedatives, sure. Acepromazine was often the drug of choice. But sophisticated medications meant to address serotonin or dopamine imbalances? anxiolytics to get a dog through the Fourth of July fireworks display? Nope.

These days, owners have a huge range of options to help dogs who are fearful, anxious, phobic, dysfunctional. Some approaches are, of course, more effective than others. Depending on the owner, the dog and the diagnosis (or label applied by a well meaning but perhaps not truly qualified trainer), they can opt for something as mild as a few drops of Rescue Remedy, essential oils, DAP (dog appeasing pheromone), or swaddle their dog in an Anxiety Wrap or Thunder-Shirt, add herbal medications, or go for the big guns of SSRIs (selective serotonin reuptake inhibitors), benzodiazapines (Valium, Xanax, etc.), anti-psychotic and seizure medications.

As a nation in love with quick fixes, the appeal of medication for some is readily apparent: give my dog a pill and "make him better." I've had a good number of dogs presented to me by owners who assure me that their trainer has told them their dog must have medication, that he is "hyperactive" or OCD or any number of interesting labels. Some, sadly, just want a magic pill that will help their dog be who they wish he could be: brave, unafraid, delighted to perform in public, non-aggressive, unreactive.

Paradoxically, however, there are owners who buck hard against the concept that their dog might benefit from well chosen medications or nutritional supplements such as Lactium. These owners subscribe heavily to the "just train them" mentality that is surprisingly prevalent, even among trainers who ought to know better. They resist medication as "unnatural" or tell me they fear "side effects." I sometimes point out gently that sky high cortisol levels for chronically stressed/distressed animals is not natural and has some very nasty side effects indeed.

I'm not going to attempt to tell any reader whether they should or should not use medication or herbs or essential oils or supplements or sequined vests for their dog. I am going to share my **Three Ps**, a simple "quick & dirty" assessment that helps me determine if I am going to refer the client and dog to a veterinarian (possibly a vet behaviorist if one is available) for possible therapeutic medication if warranted.

The 3 Ps are:

- Provocation
- Proportion
- Persistence

Provocation: What is the provoking stimulus?

Is the dog responding to an ordinary noise, a routine occurrence, an unusual situation, etc.? This is balanced against an assessment of the dog's general arousal level – it is to be expected that stimuli *may* be more provocative to a highly aroused dog, particularly if anxiety is part of the picture. Anxiety heightens sensitivity.

COPYRIGHT © 2007-2009
FLYING DOG PRESS
SUZANNE CLOTHIER
PO BOX 105, ST. JOHNSVILLE,
NY 13452
TEL: 518 568 3325

SUZANNECI OTHIER.COM



By Suzanne Clothier

DOES YOUR DOG NEED MEDICATION?

Example: An anxious German Shepherd, age seven months, is presented for being "afraid of everything." Observation reveals she is actually very noise sensitive. An empty chip bag was simply crumpled in the assessor's hands, about six feet from the dog, without the bag being thrust or oriented toward the dog. The dog's response was intense. The chip bag is a mild provoking stimulus.

Proportion: Is the response to the provoking stimulus proportional? I worked with one Golden Retriever whose response to a passing school bus was extreme agitation, charging and biting at the fence, high intensity barking, inability to be controlled verbally. Given that the school bus was a routine daily occurrence in this dog's neighborhood, it seemed a relatively moderate provocation, though for a dog who rarely if ever saw a school bus, moderate barking might be considered a reasonable response. Other dogs in the neighborhood did not have a similar response.

The young German Shepherd had a very strong response to the crumpling of the chip bag. She immediately lunged away from the sound, went as far away as the leash allowed, tail and ears tucked tight, with her entire body compressed and trembling. By contrast, five other dogs of roughly the same age were in the room when the chip bag was crumpled. At most, they simply pricked their ears with interest and oriented to the sound. The Shepherd's response was disproportional, particularly with a mild provoking stimulus.

Persistence: How long does the response persist? There is a normal pattern seen in responses to stimuli. There is the immediate response which quickly reaches a peak, the plateau phase while the stimulus is being sorted, and then satiation or resolution phase, when the animal has resolved or recovered from the stimulus. It is persistence that really tells the tale here.

Example: a dog is lying quietly on his kitchen corner bed when you accidentally drop a metal baking pan on your tile floor. The noise startles him, and he jumps up (peak). As you bend down to pick up the pan, the dog remains standing, watching you though he does not move further away or lie down again (plateau). After a few moments, he lies down again and returns to chewing on his bone (satiation/resolution).

Because a dog's reactions are driven by physiological changes as various stress hormones and neurotransmitters are released, how long it takes the dog to recover from a provoking stimulus is telling.

Example: same dog in the kitchen scenario, but the dog's response to the pan dropping is to leave the room and attempt to hide in the bathroom. He remains shaking and avoidant in the bathroom for the next 15 minutes, and returns to the kitchen only reluctantly and only when coaxed and bribed with a biscuit he will not eat.

When it takes a long time for a dog to recover, this may point to the dog needing help. He has been pushed into an imbalanced state from which he cannot readily recover. While we would seek help for an animal in physical distress, we need to also realize that a dog who takes a long time to recover is in emotional distress.

One major tip-off is that normal function is disrupted when the animal is unable to rapidly recover. He may be unwilling to eat, to perform or learn, to attend to urination or defecation, to interact normally with people or other dogs, to rest or sleep, or to play. The greater the disruption to normal function, the more serious the problem for the dog.

COPYRIGHT © 2007-2009
FLYING DOG PRESS
SUZANNE CLOTHIER
PO BOX 105, ST. JOHNSVILLE,
NY 13452
TEL: 518 568 3325
SUZANNECI OTHIER COM



By Suzanne Clothier

DOES YOUR DOG NEED MEDICATION?

With the Golden Retriever described above, the behavior persisted for up to 20 minutes after the school bus had passed. During this time, he was largely non-responsive to his owner despite being well trained and having many strongly conditioned behaviors. He was not interested in food, would run into obstacles along his path if they were placed there (such as a lightweight lawn chair), and refused to play or interact with the other dog. The owner could only control the dog by physically restraining him, though at other times when not stimulated by the bus, this was a cooperative, willing and responsive dog.

An unusually disproportionate response and/or prolonged persistence of response and/or inability to self-regulate behavior points to a possible need to use appropriate medications to help the dog escape a biochemical "loop."

A dog might have a disproportionate response (possibly due to inexperience, arousal, anxiety), but not persist in the response. A disproportionate response speaks to a need for skills, for counter-conditioning and desensitization and more, all well within a skilled trainer's realm. The persistence of response combined with disproportionate response however says that the dog may need medical help. I will refer the owner to a veterinarian, whether that is their usual vet who is willing to work with a veterinary behaviorist, or to send the owner directly to a veterinary behaviorist.

Do you think a dog might need medication? Watch for the 3 Ps. They may point to a dog's need for help past training, exercise, nutrition and love.

COPYRIGHT © 2007-2009
FLYING DOG PRESS
SUZANNE CLOTHIER
PO BOX 105, ST. JOHNSVILLE,
NY 13452
TEL: 518 568 3325
SUZANNECLOTHIER.COM