

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

WHAT IS COOPERATIVE VETERINARY CARE?

Cooperative Veterinary Care is providing care for patients using little or no restraint, distractions, or trained behaviors depending upon the needs of the individual patient. CVC can range from simply offering treats as a distraction during a procedure all the way up to completely training all procedures using operant conditioning.

Before we are ready to transition to CVC, we need to prepare ourselves and our practices to provide these services. This will mean acquiring a combination of equipment and knowledge.

Addressing the behavioral needs of every patient during every visit can be a challenge. In practice, we must leverage our time as much as possible to ensure every patient receives optimal care in a reasonable amount of time. To include behavior in routine visits and make behavior consultations go more smoothly, I recommend putting together a Behavior Toolbox which will allow you to rapidly provide Cooperative Veterinary Care. Taking the time to prepare the Behavior Toolbox and then keeping the items close at hand will save time, simplify the job of the veterinary staff, and bond the client to the practice. By making behavior a part of every routine visit, we have the opportunity to educate clients and take better care of our patients using Cooperative Veterinary Care. Being well prepared in advance for behavior consultations will impress clients and help patients relax.

SETTING THE STAGE: ITEMS & EQUIPMENT

Routine Visit Tools

Each examination room in the practice should contain a behavior toolkit. To help pets feel most comfortable in the exam room, there are a variety of items and products available for practices. Cooperative Veterinary Care can only be successful when the patient is relaxed enough to try and interact. A welcoming environment will facilitate this type of medical care. Many items can be constructed, while others can be purchased.

Non-Skid Surfaces

- Yoga Mats
 - These can be sanitized in the washing machine (Air dry or NO HEAT dry only)
- Rubber Backed Mats
 - Examples include anti-fatigue kitchen or bath mats, area rugs with anti-slip treatments.
 - These can be sanitized in the washing machine (Air dry or NO HEAT dry only)
- Table Covers
 - Commercially available adhesive table covers can be purchased through <http://vetwarming.com/fear-free-table-covers/>
 - Table covers can also be used on the floor
 - These can be sanitized between patients using a surface disinfectant, and discarded at the end of each day.

Pheromones

- Pheromone products are commercially available for both cats and dogs
- Diffusers, sprays, and wipes are all available
 - Using wipes in front of the client helps the client see value added Fear Free™ service

Hiding Opportunities

- Towels, Blankets (treat with pheromones, warmed when possible)
- Infant Changing Pads
- Carrier bottoms
- Cubbies

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

Treasures (items to help with distractions and building positive emotional responses in the exam room)

Edible

Texture Variety: Sticky, smooth, crunchy, moist, etc and can be stored at room temperature

- Squeeze cheese, peanut butter
- Baby food (refrigerate after opening)
- Baby food sausages (refrigerate after opening)
- Canned puree type pet food (refrigerate after opening)
- Tiny training type moist treats (easy to toss)
- Freeze dried liver or other highly palatable meat-based soft dry treats
- Crunchy treats
- Dried fish or fish flakes
- Palatable sticky cat treats (for example, Kong Easy Treat Salmon Formula
<http://www.kongcompany.com/products/cats/treat-dispensers/treats/salmon-easy-treat/>)

Food Administration Tools

- Squeeze tubes (camping supply, I use GoToob brand)
- 3ml and 20ml syringes
- Food retaining toys (For example, Kong Blue by Kong Company
<https://www.campbellpet.com/products/Kong-Toys-and-Treats/KONG%C2%AE-Blue>)
- Kongs (Kong Company), Twist-n-Treat (Premier Pet Products)
- Paper plates
- Plastic spoons
- Tongue depressors
- Pretzel rods or other edible treat delivery system for enthusiastic eaters

Toys

- Feather, fur, and bell toys for cats
- Fishing pole type cat toy
- Tennis balls/Rubberized tennis balls
- Squeaky or plush toys (great for mouthy puppies)
- Tugging toys

The drawer dedicated to CVC in our exam rooms contains:

- Squeeze cheese
- Squeeze peanut butter
- Baby food and babyfood sausages
- Canned, puree-consistency pet food
- Tiny training type treats (easy to toss)
- Freeze dried liver
- Squeeze tubes (camping)
- 60ml syringe with dosing tip
- Kongs (Kong Company), Twist-n-Treat (Premier Pet Products)
- Clicker (prefer Karen Pryor's iClick, especially if the room has hard floors/little sound dampening)
- Target plates/paper plates
- Squeaky toys
- Feather toys and fur mice
- Feather fishing pole
- Jingle kitty toys
- Tennis balls/Rubberized tennis balls
- Puppy tugs

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

- Pheromone wipes
- 1 small towel
- Tug toys
- Paper plates
- Plastic spoons
- Tongue depressors
- Muzzle set

Training Tools

- Clickers
- Treat bags/Treat holders for use during training
- Station opportunities (mat, rug, towel, etc)
- Targets (spoon, target stick, plastic lids or disks)
- Baby gate or x-pen

Medical Management

Some patients have moderate to severe anxiety, and would benefit from the use of medical treatment for fear, stress, and anxiety. There are a wide variety of short-acting anxiolytic supplements and medications available. Practitioners should familiarize themselves with these options and stock several choices in-clinic for ease of use and prescribing. Dosages and medication selection are outside the scope of this lecture, but can be found in the Fear Free Certification Course as well as numerous texts, the Veterinary Information Network, and much more. **The use of acepromazine as a single agent for fearful and especially aggressive patients is contraindicated.**

KNOWLEDGE: SETTING THE STAGE

Patient Assessments

To prepare for providing CVC, the team need to be adept at reading animal body language, and then classifying animals into appropriate training categories. This assessment may require only a few seconds, or require several minutes of working with the pet to determine what works well. The tables below offer guidelines for identifying and classifying level one pets based on body language cues:

Stage of Visit	Food Acceptance	Body Language	Proximity Preference
Greeting	<ul style="list-style-type: none">▲ From any team member▲ Within 5 seconds▲ Soft mouth	<ul style="list-style-type: none">▲ Relaxed body	<ul style="list-style-type: none">▲ Greets immediately▲ Stays near team member▲ Solicits attention
Touching	<ul style="list-style-type: none">▲ From any team member▲ Soft mouth▲ Throughout touching	<ul style="list-style-type: none">▲ Relaxed during touch	<ul style="list-style-type: none">▲ Does not move away▲ Remains close when touched
Exam Treatment	<ul style="list-style-type: none">▲ From any team member▲ Soft mouth▲ Throughout procedures	<ul style="list-style-type: none">▲ Relaxed during handling	<ul style="list-style-type: none">▲ Does not move away▲ Remains close during treatments

Level One patients. These patients will likely respond well to distraction methods without additional training.

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

Stage of Visit	Food Acceptance	Body Language	Proximity Preference
Greeting	High value from any team member Low value from preferred people or owner Within 5 seconds Soft mouth	Relaxed body	Greets immediately Stays near team member May or may not solicit attention
Touching	High value treats only May take treat roughly	Mild tension during touch	Moves away Moves toward owner
Exam Treatment	High value treats only May take treat roughly	Mild tension during procedures Returns to baseline <10 sec	Does not move away Remains close during treatments Returns to baseline <10 sec

Level Two Patients. These patients will require desensitization and counterconditioning at minimum, and may benefit from medical treatment of fear, anxiety, or stress.

Stage of Visit	Food Acceptance	Body Language	Proximity Preference
Greeting	Rarely accept food Will eat from floor but not from hand Hard mouth or rapid retreat	Tense with mild, moderate, and/or severe stress markers	Does not greet Hides May interact with owner
Touching	Refuses food Difficulty returning to baseline	Tense, fearful	Avoidance Self-defense
Exam Treatment	Refuses food Difficulty returning to baseline	Tense, fearful Difficulty returning to baseline	Avoidance Self-defense Does not return to baseline

Level Three Patients: These patients generally require operant conditioning and operant counterconditioning as well as medical management for successful treatment

All tables are excerpt from Cooperative Veterinary Care by Howell and Feyrecilde, anticipated publication December 2017 by Wiley Blackwell. Reproduction is NOT permitted without written permission.

Distractions, Desensitization/Classical Counterconditioning, and Operant Conditioning

In order to provide a full array of CVC services, the health care professional will need to become proficient in distraction methods, DS/CC/CCC, and OC/OCC.

The goal of patient assessment is to determine what method will work best once the patient is relaxed enough to train.

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

THE IMPORTANCE OF CONSENT

Consent is a tenet of Cooperative Veterinary Care. Unlike historical methods of care, where “brutacaine” was the standard course of action, Cooperative Veterinary Care relies on medical management and training in order to have an animal be a voluntary participant in their own medical care.

Brutacaine is not unique to veterinary medicine. Many pediatric and even adult patients in medical clinics, emergency departments, dentist offices, etc., have experienced physical restraint during painful and frightening medical procedures. The human medical model has been researching how to eliminate brutacaine from their protocols as well. It has been found to be harmful to patients, increase patient stress, increase risks of iatrogenic injuries, and lengthen healing times.

Cooperative Veterinary Care allows patients to communicate with the handler, trainer, or medical professional, about their comfort level with and understanding of the procedure at hand.

We use trained “points of consent” in Cooperative Veterinary Care to give our patients a voice. When they are ready for us to progress, we proceed. If they aren’t ready, we either give medical relief (sedation, analgesia) or postpone elective procedures until more training can commence. Showing respect for our patients’ ability to provide consent is a key part of Cooperative Veterinary Care.

KEY CONCEPTS for HANDS-ON PRACTICE:

Classical Conditioning, Counterconditioning, Desensitization, and Positive Reinforcement

Veterinary Examples

Classical conditioning happens every day in veterinary hospitals. The client whose dog takes off running as soon as the ear cleaner bottle appears, or the cat who can’t get his insulin because he is hiding under the bed are the beneficiaries of this classical conditioning process.

An ear cleanser bottle is not, alone, terrifying. Yet the bottle itself can cause a fear response in the dog. Why? Because the ear cleanser bottle **predicted** the unpleasant experience of ear cleansing. Through classical conditioning, the fear response to ear cleansing was transferred to the predictive stimulus, the bottle. This classical conditioning process makes treatment difficult, unpleasant, or just plain impossible for pet owners.

Proper Desensitization

Desensitization begins with identification of the trigger stimulus. The trigger stimulus is then deconstructed into a hierarchy of progressive approximations, which can be used for gradual controlled exposures over time. Take the example of someone who is fearful of spiders. A potential desensitization hierarchy for spider exposure might be:

Photo of a small spider 6’ away ⇒ Same photo 2’ away ⇒ touching the photo ⇒ decoy spider 6’ away ⇒ decoy 2’ away ⇒ decoy 6” away ⇒ touching decoy ⇒ small spider contained in a safe enclosure 10’ away ⇒ 6’ away ⇒ 2’ away ⇒ 6” away ⇒ touching the container ⇒ repeating the process with an open container ⇒ repeating the process with a real spider behind a partition where the learner approaches, etc.

The smaller the approximations, the more successful desensitization will generally be. Because we can not ask animal learners how anxious they are, but only infer based on their behavior, I always suggest breaking trigger stimuli into the smallest imaginable increments.

The learner’s comfort is the most important factor in desensitization therapy. If the learner is noted to have an unwanted response to the trigger stimulus, the intensity of the trigger was increased too quickly. Failure to modulate the trigger stimulus appropriately can result in treatment failure, or worse, sensitization.

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

Some patients may have a hard upper limit on how much of the trigger stimulus they will be able to tolerate.

Done properly, desensitization attempts will not elicit any significant noticeable response from the learner. I tell clients it should be about as exciting as watching paint dry.

Classical Counter Conditioning and Response Substitution

Pure desensitization alone is too slow, and too unreliable, for practical application for behavioral modification. For this reason, we generally use desensitization in combination with classical and operant counter conditioning.

Classical counterconditioning is the process by which a classically conditioned stimulus is reconditioned to provoke a new, preferred involuntary response. Operant counter conditioning produces a replacement voluntary response and is also called response substitution.

To use classical counterconditioning in combination with desensitization, the desensitization stimulus hierarchy is determined in advance. Also, stimuli producing the **desired** emotional response are identified. To produce a learner who is happy and excited, stimuli which already cause this response are identified. Common examples include high value foods, toys, forms of play, increased distance from triggers, and happy verbal praise.

In this process, the trigger stimulus is presented at the low level as planned in the stimulus hierarchy. The learner is then presented with something which provokes a positive emotional response. For example: A cat who fears the cat carrier. The client may walk to the closet where the carrier is kept, then produce the cat's favorite treat. Then the client might touch the doorknob or open the door, then produce the cat's favorite treat.

To incorporate response substitution, once the stimulus can be presented at a reasonable working level, the learner is then asked for a preferred behavior such as sitting, lying down, relaxing, or stepping away. When the learner responds accordingly, the desired item (treat, toy, talk, touch, attention, etc) is provided immediately.

When done correctly, the trigger stimulus becomes the CUE for the new emotion and the new, desirable behavior.

Functional DS/CC For Veterinary Care

Prevention is everything. You can classically condition patients the right way from the start, to avoid the need for desensitization! Common stimuli which can benefit from classical conditioning the right way: Cat carrier, nail clippers, ear cleanser, toothbrush, grooming tools, injections, temperature measurement, physical examination components, physical manipulations/restraint, and more.

Preventive classical conditioning example: Feline nail trimming.

Approximations: Present nail clippers, present nail clippers while lifting paw (progress through shoulder, elbow, mid limb, carpus, toe, expose toe, expose nail), touch nail clippers to toe, touch nail clippers to toenail, encircle nail with clippers, actually clip a nail.

Each of those approximations predicts something wonderful like a favorite treat or play with a favorite kitten toy. Soon, when the owner gets out the nail clippers, the cat will come running to participate!

Desensitization to an existing problem stimulus example: Canine ear cleansing:

Approximations: Touch storage area of bottle, open storage cabinet, bottle visible, cotton balls visible, bottle approaches, cotton ball with odor of ear cleanser approaches, bottle/cotton ball approaches while touching the pet (progress through head, base of ear, cheek, base of pinna, tip of pinna, ear canal opening), apply a tiny amount of ear cleanser while touching the ear, apply gradually increasing quantities, actually cleanse ear briefly, gradual increase of duration up to full ear cleansing.

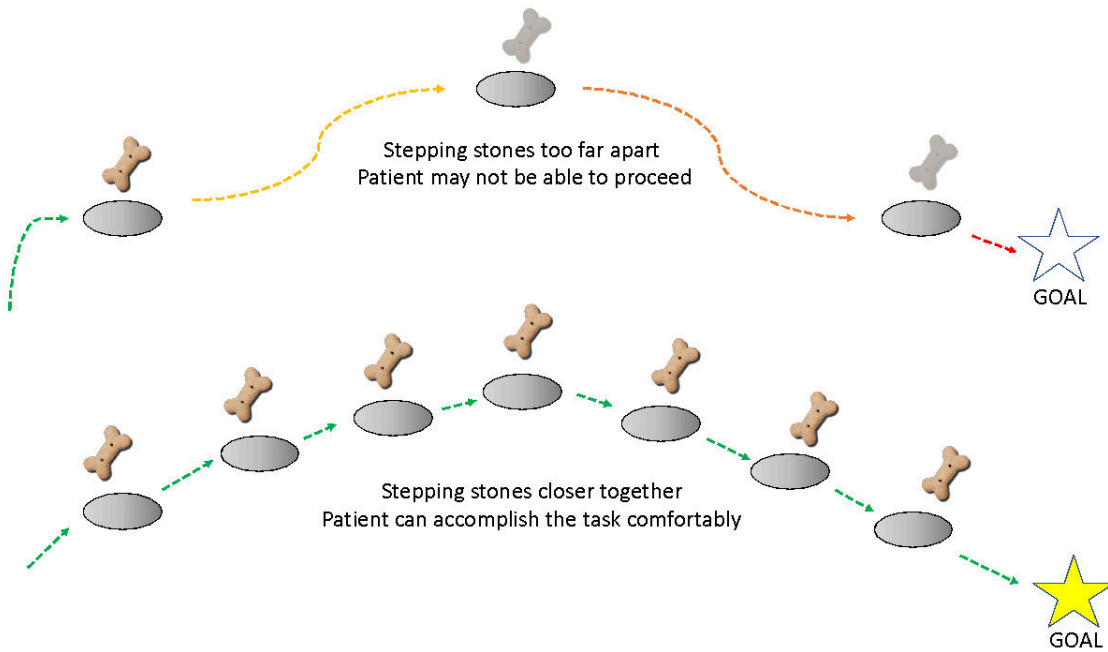
Each approximation is shown to predict something wonderful like chicken bites, or an opportunity to chase the tennis ball. Eventually, when the owner touches the cabinet door where the ear cleanser is kept, the dog will show up to participate because of the anticipation of something wonderful happening!

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

These diagrams use food because it is a common, easy to deliver item. Toys and tactile can be used if that is what the patient prefers. Patient preference drives this process. If a patient is uninterested in food, tactile, or toys, we need to re-evaluate the environment and reduce FAS, or select smaller approximations.



The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

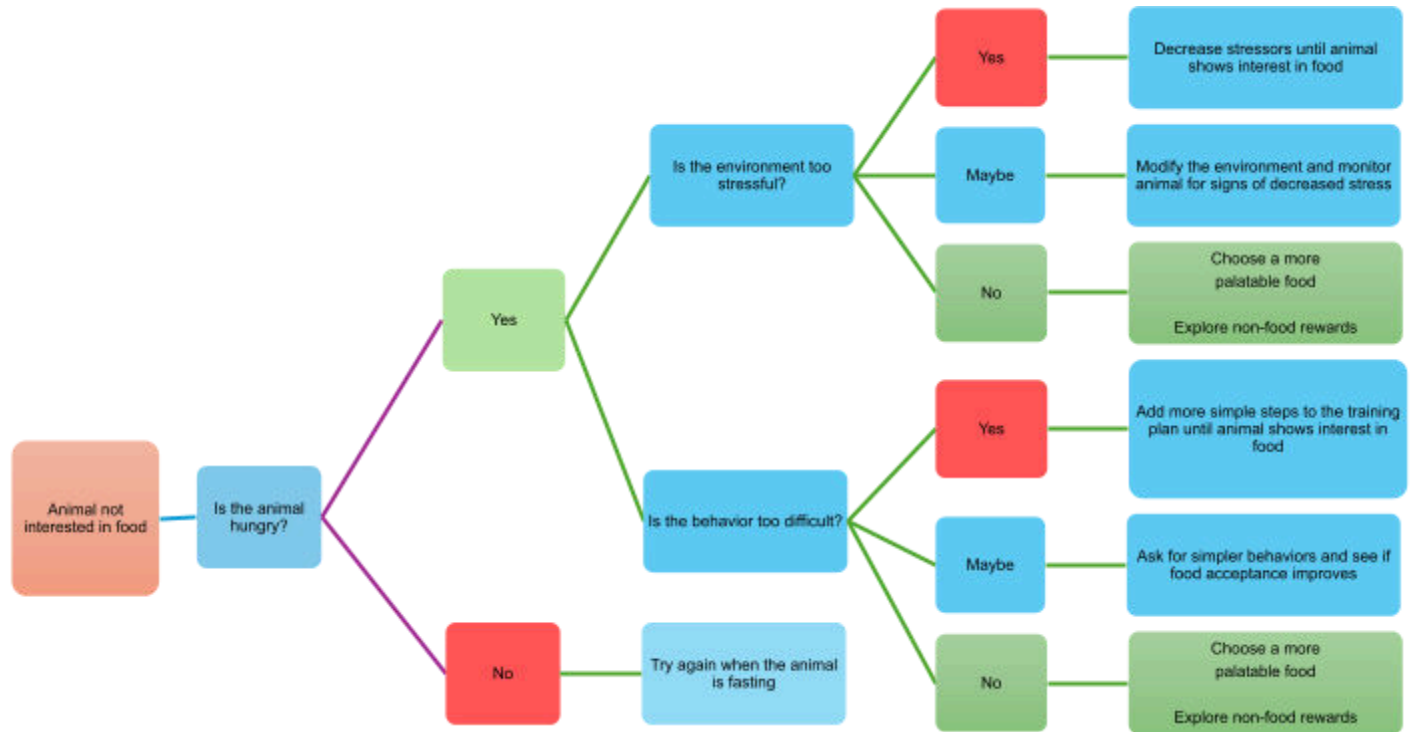


Figure 3.13 Flow chart to improve food acceptance. Animals won't accept food in the hospital for a variety of reasons. Use this chart to determine solutions to improve food acceptance. Excerpted with permission from *Cooperative Veterinary Care* (Howell and Feyrecilde, 2018).

Three Exercises to Try

These exercises can be beneficial for all patients, but the intention of this lab is to provide you with exercises for patients experiencing higher levels of FAS that may require safety tools, restraint and/or sedation. (See Level 3 patients above for reference)

Method 1) Reinforcing Proximity

When assessing patients, the first step is to assess proximity preference and then work to build trust and reinforce the patient for being in proximity with the trainer.

What you need: Treats. To stand or crouch sideways to the patient, or in a manner that is least threatening.

Goals:

- Deliver treats at a safe and comfortable distance for the patient
- Have the patient move closer to you at their pace

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

Risks:

- Treats are not delivered far enough away causing the patient to be coerced into position

Watch for:

- Using your treats as a lure to move the patient closer.
- Watch how the patient eats their treat as they move closer to you. Do they ingest it more quickly, grab and go, or stop taking treats altogether?
- Not tossing treats far enough away
- Assess body language continually
- Resist reaching for the patient once they are within arm's reach

****Reset treats**, these are treats tossed away from you during training sessions. These are beneficial to reassess your behavior and the patients. Reset treats also allow the patient to have a break and choose whether they would like to restart training or not.

Shaping Plan Example:

-Dog is standing away from you- toss or roll treat to them or past them

-Dog takes a step closer to you- toss or roll treat to them or past them

-Dog takes 2 steps toward you- toss or roll treat to them or past them

-Dog takes 3 steps toward you- toss or roll treat to them or past them

-Continue until dog is within arm length-toss or roll treat to them

-Reset treat

-Wait to see if the dog comes back to or close to the same distance from you-toss or roll treat to them

Why would we roll a treat past a dog? This allows the dog to have more personal space and also give the trainer a second to move, reassess or introduce a new criterion for training.

*If the dog keeps their distance, then repeat the approximations at the beginning of the shaping plan

Once the dog is consistently choosing to engage and be close to the trainer it can be foundation skills, like targeting can be implemented. This can help the patient initiate touch.

Method 2) Tunnel Game

This game is beneficial as a first step to confinement and restraint conditioning. Taking what we know about proximity and how to reinforce it and turning it into a game teaches the patient to move through a more confined space and eventually accept restraint.

What you need: Treats and a non-slip surface at your feet. Barrier (wall, chair) that will be used to teach the dog to move between you and the barrier. Many patients prefer to start this exercise out in the open without any barriers present.

Goals: For the patient to be comfortable walking past you and to stop in front of you (think positioning for "hug" restraint). Over time, this goal evolves to include these same behaviors except in a confined space and replacing the barrier with a second person and incorporating touch for restraint.

Benefits: Helps increase comfort with confined space and stabilization

Risks: Timing can be a challenge and choosing an item that works best for the patient (wall, chair, etc.)

The Spectrum of Cooperative Care: Interactive Session

Monique Feyrecilde

Jessica Benoit

Watch for: When closing the gap between your body and the barrier, moving too quickly can increase the dog's stress.

Shaping Plan Example:

- Place a non-slip surface at your feet
- With the dog standing in front of you
- Toss a treat to the right, dog eats the treat
- Toss a treat to the left, dog eats the treat
- Continue with this method until the dog is anticipating which side the treat will be going and moves in that direction. The dog should be walking past you to obtain the treats.
- Toss treat to the right, dog eats the treat
- Then drop a treat at your feet (where the non-slip surface is), for a pause in the middle. You should be perpendicular to the patient while they eat treats at your feet
- Toss treats to the left, dog eats the treat
- Then drop treats at your feet, for a pause in the middle. You should be perpendicular to the dog while they eat treats at your feet.
- Toss treats the right, patient eats the treat
- Repeat

Over time, the goal is to do this exercise in front of a wall, or chair; some sort of barrier where the space between between you and the barrier will decrease and the patient learns to move through the confined space (think of it as narrowing a hallway or going through a tunnel) Eventually, replacing the inanimate object with a second person and building on restraint desensitization and counterconditioning during the pause in the middle.

** For further information on the Arm Loop game for restraint, reference Cooperative Veterinary Care by Monique Feyrecilde

Method 3) Muzzle Conditioning

Muzzle training can be beneficial for many patients. Moving at the patient's pace and starting with an item that does not resemble a muzzle can help build confidence and teach the behavior of "muzzle in an item".

What you need: A red solo cup with the bottom cut out, Treats

Goal: The dog places their muzzle in the cup

Benefits: Safety tools help keep humans safe and often prevent over-restraint in patients.

Risks: Dogs that have had previous negative experiences with muzzles can take longer to DSCC. In some cases, choosing a different safety tool, such as a cone collar is a better course of action

What for: Signs of stress when introducing the "mock muzzle" (cup). Human error can also include moving the cup toward the dog's face, rather than allowing the dog to come to the cup. Consider treat placement, most patients prefer treat placement outside of the cup to start.

Shaping Plan Example:

- Place the cup on the floor, place treats near or around the cup.
 - Treats should be further away from the cup if the dog is concerned about the cup. Once the dog seems comfortable with the object move on to holding it in your hand
 - Hold the cup in your hand, reinforce any interaction with the cup (looking at it, sniffing, moving toward it)
 - Reset treat-toss a treat away to ensure the dog wants to come back and interact with the item**
- Begin reinforcing small approximations with the goal of having the dog place their muzzle into the wider end of the cup. Hold the cup with the opening facing the dog, at face height
- Looks at the cup, mark and toss treat
 - Takes one step toward the cup, mark and toss treat
 - Two steps toward the cup, mark and toss treat
 - Touch the cup with any part of their face, mark and toss treat
 - Muzzle toward the cup opening, mark and toss treat
 - Muzzle 1 inch into the cup, mark and toss treat
 - Muzzle 2 inches into the cup, mark and toss treat
 - Muzzle 3 inches into the cup, mark and toss treat
 - Reset treat-toss treat away and move cup away for a break. If the dog comes back to stand in front of you, reintroduce the cup and reinforce any interaction.**
- Repeat the above steps until the dog can place their muzzle fully into the cup and then build duration over several session and consider changing treat placement to occur through the mouth of the cup.