

IACP

INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS



Safe Hands Journal



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SafeHands Journal

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The INTERNATIONAL ASSOCIATION OF CANINE PROFESSIONALS' commitment is to develop professional recognition, communication, education, understanding and co-operation across the wide diversity of canine expertise and knowledge.

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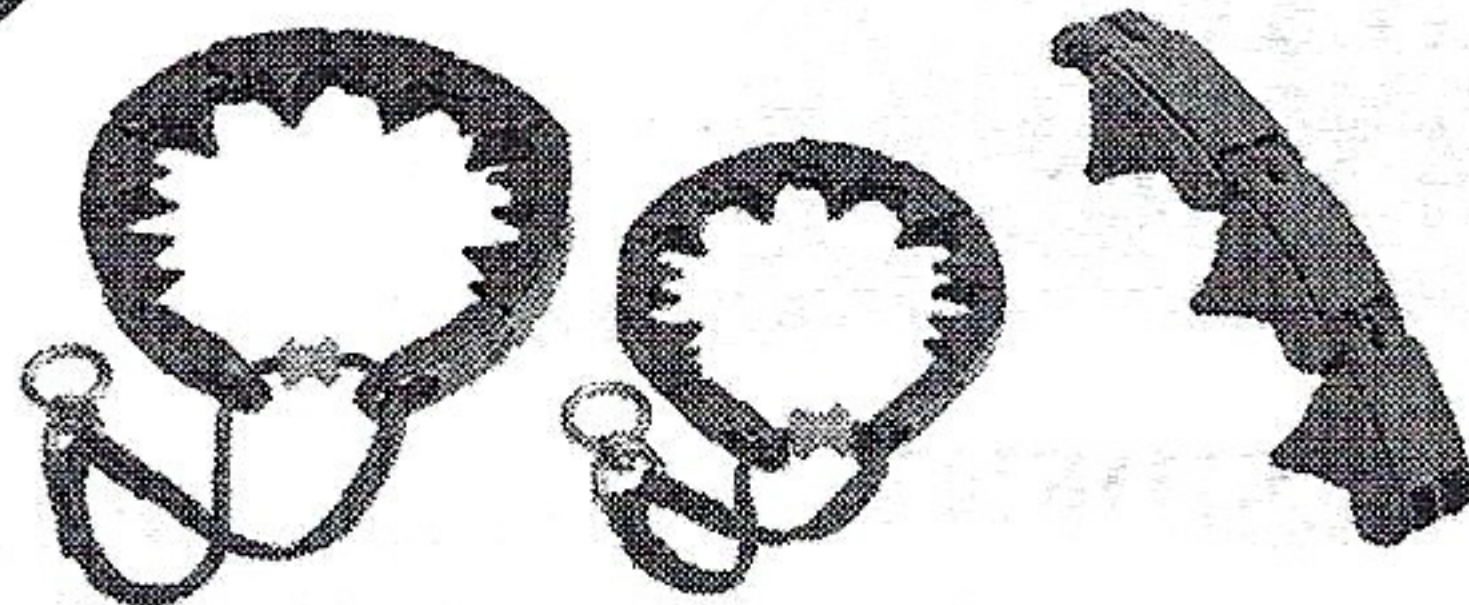
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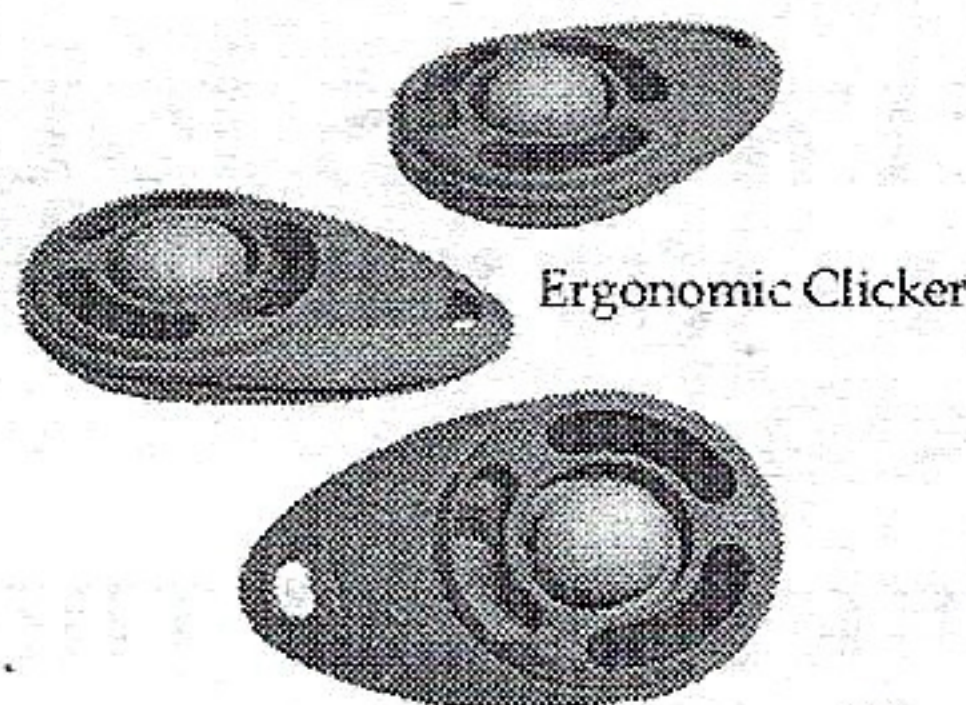
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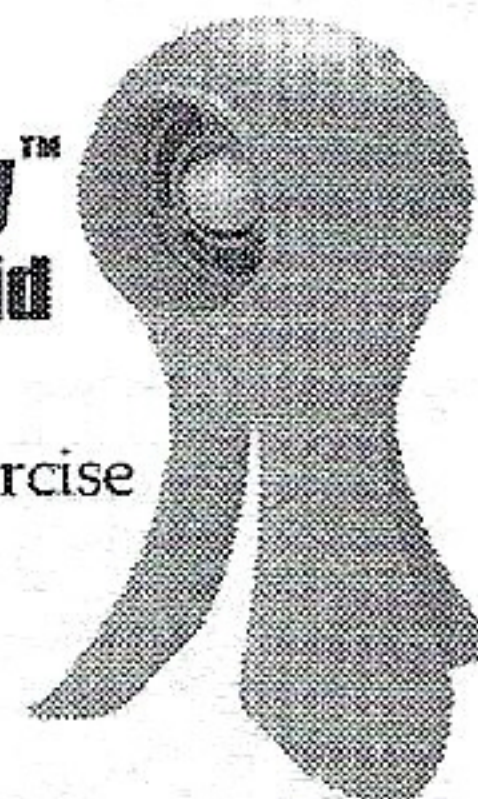


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SAFEHANDS JOURNAL NEWS AND INFORMATION

FROM THE DESK OF THE PRESIDENT

Well this is turning out to be quite a year. Membership at 700, different professionals coming on board including a large number of boundary fence installers who we welcome. New sections for Shelter and Therapy dog support are being established and our Regional Groups blossoming. All these happenings are what we dreamed of when IACP was formed. The Shelter Group under Barbara DeGroodt will be studying ways in which we as an Association can support and help shelter organizations and following this up with an action program. Kris Butler is heading the Therapy dog support section and we are working to make the IACP the Association anyone can come to for start-up, referrals, open and balanced advice, training for therapy dogs and handlers/owners, resource sharing, continuing education and support... and more. Kris has an article on Therapy dogs on Page 18 of this issue of SafeHands. Both Kris and Barbara, who are highly respected for their work in these areas, will be giving presentations at the Conference in March on their work and the direction we as an Association are working towards.

All of the above pleases me as this was an important aspect of the aims of the Association – to bring many professionals and those involved with dogs together *to benefit from each other*. Recently I gave a talk and training demo to volunteers at the Shelter where I am a Director, and my opening lines were “Thank you for all you do, however I wish we did not need shelters because then we would have removed the reasons why dogs are abandoned. Too many are abandoned through lack of good training and irresponsible ownership.” I personally believe that the more we can bring training, responsible ownership, the importance of good well behaved dogs and the special work many do to the forefront, the more we are going to help dogs stay in homes. Education of everyone is the key and that is where the IACP can and must play an important role..

The Regional Groups are a great illustration of how IACP is *bringing people together and educating* through networking and sharing skills. George Cockrell, Director of Regional Groups is doing a great job helping and ‘cheering on’ new groups. Working together, even when we may be competitors, reaps rewards. Rarely do we all supply the same good or services. Together we can be much stronger and more successful.

On another issue which is not as pleasing. I am hearing on occasions, inside and outside the Association, that the IACP is a one method Association and *nothing could be further from the truth*. The one method we are claimed to ‘champion’ is the remote e-collar. To satisfy my curiosity I recently did a survey of all application forms. On the form there is a section asking for methodology and tools used within the members business. My survey came up with the following figures; 10.25% of our members say they use e-collars with 3.99% itemizing them as their main tool of choice. Now that to me does not indicate a majority or even give credence to any claim by those outside the Association that we ‘Champion’ or have a membership that predominantly use remote e-collars.

What I did find pleasing was that throughout *there was a variety of techniques and equipment used*. Everything from massage therapy, clickers, food and every type of collars and leash attachments. We have always stated that the *IACP is for all professionals* irrespective of methodology, approach and philosophy. We all want to learn, we all want to share, and we all want the freedom of choice to do what we know is right for our clients and dogs. Therefore when anyone claims or accuses the IACP of being a remote e-collar organization, please quote these figures and also state that you are a proud member of an Association of Canine Professionals *who work together within the professions* and promote *the correct use of all equipment* and the application of all methods which will *benefit dogs and their owners*.

I would like to thank you all for everything you do to make your Association grow.

Martin Deeley

President IACP

In Memory Of

ESTELA MARTINEZ

It is with great sadness that we announce the passing of Estela Martinez in July 2003.

Estela was a Professional member of the IACP who attended every IACP Conference. For those of us who knew her, she will always be remembered for her big smile and her quiet, sweet demeanor. She was a lady who always had nice things to say and will be sorely missed. Estela was an instructor of Rob Cary Resort, San Antonio, Texas and her accomplishments, teaching, advising and counseling for the past twenty years speaks of a career with dogs and owners that will be a huge loss to the entire fancy. Estela's IACP Membership Number will be permanently retired in her memory.

Our sympathies go to all her family and friends.

IACP Board of Directors



The Newest Addition to the Safehands Staff: Christina Lopez - Publisher

My name is Christina Lopez, and yes, I am the new Publisher for the SafeHands Journal and I am so proud to have been given this opportunity. This issue is my maiden voyage.

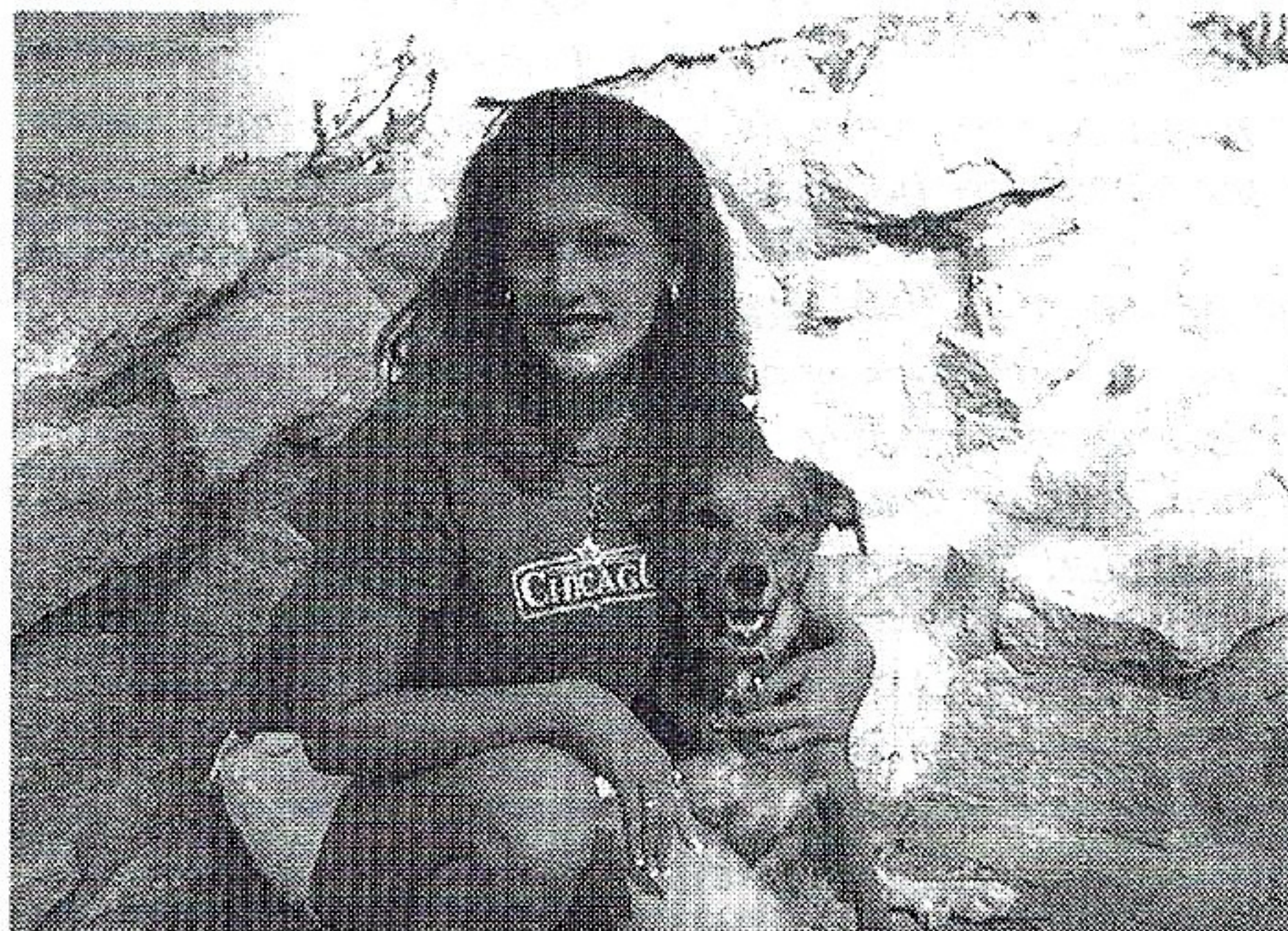
Who am I? I am a full-time trainer who has been around dogs my whole life. My career started unofficially (and unbeknownst to me) when I was a child and we owned 3 Great Danes, a poodle, horses and various other animals. I was also a member of the 4H club. I always knew that if I could work with animals I would be happy. That dream became a reality upon graduating Animal Behavior College in Northridge, CA., in 2001, with the help of my mentors, Steve Appelbaum and Debbie Kendrick. Since then, I have made the transition from part-time trainer to making this my full-time career. I am married, with 2 wonderful children, Austin (9) and Tatiana (2). I also have two other, more furry children: Diamond (Collie/Shep mix) and Athena (Rottie/Shep mix). I have two cats as well: Jester and Litte Bit. I have also gone back to college this year to earn my Bachelor's Degree in Psychology and Animal Sciences.

When I asked Martin Deeley what I should write about in my bio beside myself he jokingly said that I should say

that my duties are to do "everything he ask me to do and help make the newsletter great". The Journal is already great but I hope I can give it even more creative flair.

Thank you, Martin for letting me be of service.

Christina Lopez - IACP Member 1356



Pro - Files:

An Interview with Sharon Larson

by Jeanneane Kutsukos

Sharon Larson is the owner of Sharon's Shears, Inc. in Rhinelander, WI. She is one of the professional groomer members of the IACP. Along with grooming, she does some very interesting search and rescue work.

How long have you been grooming?

I walked thru the doors at Wisconsin School of Professional Pet Grooming in Sept, 1986 and have been grooming ever since. So 17 years in Sept.

What made you go into that profession?

I started as a kennel person in a vet clinic in 1979 as a part time job in high school. I had always been drawn to the vet profession, but opted to go to school for wildlife management. While a kennel person, I met my mentor. She was the groomer at that clinic. She got me interested in German Shepherds, Search and Rescue work and grooming. Later on she pointed me to Leonbergers.

I figured grooming would be a great way to work my way thru grad school. After I started grooming, I never did get to grad school.

What's the hardest part of your job personally?

Personally, because grooming was going to be a way to get me somewhere else I didn't appreciate it as all it was. After I started accepting I was very good at it and saw it as where I should be, it was easier. Now the hardest part for me is difficult pet owners. Those who ask for advice, but don't want to listen.

What do you like best about grooming?

Being part of hundreds of animals' families. Outside the dog's (or cat's) family, I probably spend more time with them than anyone. I work alone, so I groom every dog start to finish myself. I get to see them for a few hours every few weeks, usually for their entire lives. They become MY pets as much as the client's. I become an advocate for them and try to listen to what they tell me. A few weeks ago, I groomed a Shih Tzu named Riley. He's been one of my regulars since he was a pup. He acted fussy for his front right leg which

was unusual for him. When his owner came to get him, I mentioned to her I didn't think he was feeling quite himself. Her eyes got big. I continued to explain what had happened. She was impressed. She had forgotten to tell me she noticed he hadn't been eating normally. Also, they had recently started letting him jump off an extra high bed. It turned out that was too much for his bow legs. They stopped letting him jump off the bed and Riley became his old self.

I surprised an elderly client by congratulating him on quitting smoking. He asked who told me. He got a big chuckle when I told him his Chow mix, Lady, told me. Lady had always smelled of cigar smoke until that day. He didn't know Lady talked to me.

I always love watching dogs develop their confidence on the table, too. Young pups especially.

What is your most memorable moment?

Only one? Because I groom out of a vet clinic and have been in vet clinics for almost 25 years, medical things stick out in my mind. In Jan of 2001, I started grooming one of my regulars. A mini schnauzer named Mini. I started to clip her when I noticed some bruising. Knowing this as a sign of some serious diseases, I stopped and got the vet. It turned out I caught a life-threatening blood disorder. She was immediately treated and after some intense treatment, recovered. In fact, I just clipped her a few weeks ago.

Are there any major changes coming in your profession?

The change I see in my area right now is the popularity of the "How To" videos. Many people see me booked 8-12 weeks in advance and think "gee, I can do that." I personally don't think one can learn how to groom from a video and no hands-on training, but that's a direction I see people trying to go.

Is there anything you'd like to see changed?

While I hesitate to ask for more regulations or restrictions, I think groomers need certification. Currently, in Wisconsin anyway, any person can start grooming. No training, no testing, no nothing. Grooming involves skills using dangerous,

sharp objects on our pets. Clients are very surprised groomers aren't required to demonstrate a reasonable level of competence before being allowed to care for their pets. I personally know of a groomer (supposedly a grooming school graduate in another state) who cut the ear off a schnauzer. Didn't tell the owner and just glued it back on. It necrosed and fell off. It was a big mess. I'd like to see something to prevent this from happening again.

You mentioned earlier that you got interested in GSD, SAR work and Leonbergers. Are you still involved with all three? Two? One?

Currently in our house, sharing our king-sized bed we have 3 Leonbergers and 1 GSD. My husband & I are Leonberger Rescue, Inc. regional representatives responsible for seven states.

As is the case with many organizations, the SAR unit I was involved with became too political for my tastes. Now I do a different kind of SAR work. As I mentioned, my background is in wildlife. My husband is the Director of Wildlife Rehabilitation at Northwoods Wildlife Center (NWC). He's on call pretty much 24-7 almost 365 days/year. I'm his number one assistant. So now my rescue work is wildlife rescue. And ALL the dogs (not just the GSD which was the only breed allowed in the SAR unit I was with) have an important job. When my husband has to bring home baby animals for round the clock feedings when they're young, all the dogs feel the need to supervise and make sure he is doing a good job!

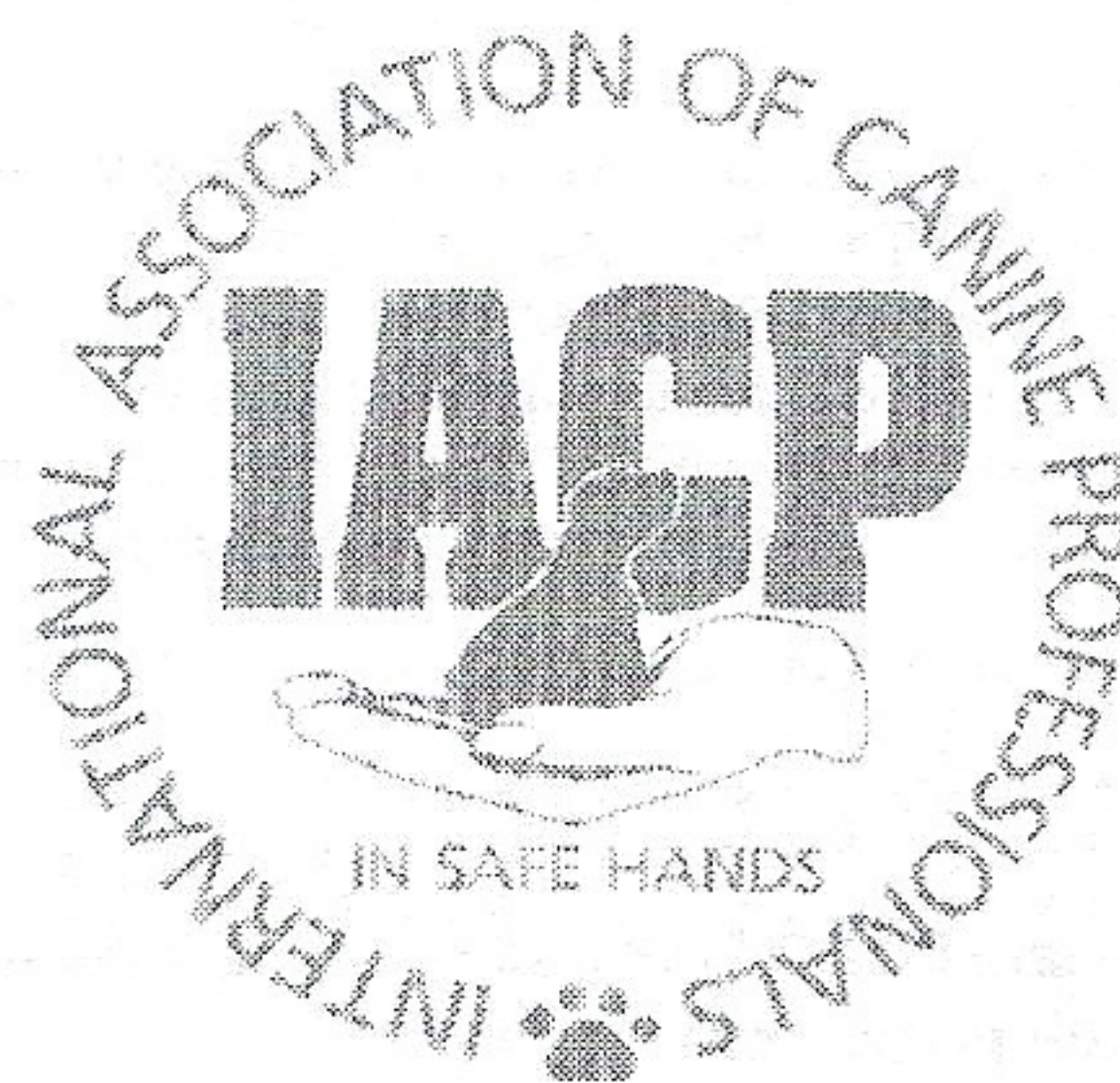
The dogs really do take their wildlife duties seriously. When we have an animal that won't be hurt by their interaction, they are allowed to help--squirrels with eyes and ears closed, etc. Animals that won't get upset by seeing a dog or become attached to a dog so their ability in the wild would be compromised. This January we had three 3-week old black bear cubs for a few weeks until we could foster them into wild dens. While they were here the dogs made sure we never let them cry for more than 2 seconds!!

Rescuing three 3 week old black bear cubs must have been quite interesting. What else can you tell us about some of the animals you and your husband have rescued?

NWC treats between 800-1000 animals from 100-110 different species each year. A few years ago we were able to raise 3 baby river otters. Ironically, we named our first Leonberger Lutra after the genus of the river otter. Little did we know she would be able to get to

know her namesake first hand. Because we live in the middle of a state forest on a lake miles from our nearest neighbors, we were able to soft release the otters here at our home. A soft release is releasing an animal into the wild, but supporting it with extra food until it is getting everything it needs on it's own. Because otters are so social, they not only accepted extra food and care from us, but adopted the dogs as playmates. Especially Lutra. They came to visit and play for over a year.

White-tailed deer are another of the dogs favorite wild friends



DESTRUCTIVE CHEWING

by Vivian Bregman

Crate the pup when you can't supervise him. Give freedom in small doses and supervise closely. It's easier to prevent destructive chewing by confinement and teaching the dog what he is allowed to chew than to stop it once it becomes a habit as it is both self-rewarding and a tension-releasing activity for the dog.

1. Confine the pup to a crate or in a chew-proof area when you can't supervise him.

2. Give the pup only a few kinds of chew-toys. Nylabones, Gumabones and processed bones are fairly safe. Monitor your dog and do not let him have chew-toys he can really eat. Be aware that while a puppy can chew on a Gumabone or ChewHoof for a long time, an older dog can quickly chew it up and eat it all, and get sick from it. Do not give personal items, leather (shoes or gloves), fabric, or plastic items. Remember that the dog does not know the difference between the old shoes and the new shoes. Do not give rawhide, Chewhoofs etc. if your dog just eats them. You can end up with a really sick dog! Be aware that many dogs will peel and eat tennis balls, with disastrous results! Very few dog toys are safe for the dedicated chewer.

3. Play with the pup with his chew-toys -- make them an important object of interaction between you. Praise him when he is chewing on them and let him know this is a wonderful thing to do.

4. It will take months to teach a pup what he can and cannot chew. If you see him investigating something he shouldn't chew, immediately interrupt him by making a sharp sudden noise (stamp on the floor, drop something, shake a can filled with pebbles.) If you always use your voice you can create a "sneaky chewer." Direct his attention to one of his chew-toys and praise him for chewing it. If you catch him chewing something he shouldn't, scold him, then offer him his toy and make a big fuss over him.

DO NOT PUNISH HIM IF YOU SEE HE HAS DESTROYED SOMETHING UNLESS YOU CATCH HIM DOING IT. If this method worked, no dogs would be destructive chewers. He cannot understand, and the anxiety created by the punishment may cause more chewing.

5. Have low-key, unemotional departures and homecomings to avoid separation anxiety.

6. Command train the dog daily. Minimize the difference between when you are home and when you are gone by not giving the dog gratuitous attention. Let him learn to just "hang out" with you and not be the center of attention.

7. Chew-proofing

This is a gimmick which works with some dogs. It is based on giving the dog a prior unpleasant experience with the repellent. Get some Bitter Apple, alcohol (gin works fine) or Tabasco sauce. Go to the pup and **VERY IMPERSONALLY** give him a good taste of the stuff. You can spritz it into his mouth or use a paper towel or cotton ball. Use enough so it is on his tongue and lips. You can tell by his reaction if he hates it. Then, taking the dog with you, apply the stuff to the items he tends to chew, telling him **NO** - do not force him up close if he withdraws. You can put it on something he has chewed and put the item in his mouth, praising him when he spits it out, and then giving him his chew-toy with more praise.

Repeat this for five days -- treating the dog, and then treating the items. **DO NOT** call the dog to you to give him his "nasty taste." Go and get him. He'll probably hide when he sees you coming with the bottle. Don't scare him, just mechanically give him his taste. You may have to hunt to find a substance he dislikes, but there will be something.

8. Creative booby-trapping

Set up a trap which startles the dog if he starts to steal something to chew. Don't let the dog see you make the trap, and be sure you remove him from the room and clean up the trap after he sets it off. If he steals things off the counters, set up a pyramid of empty cans in an open overhead cabinet with a string tied to some "bait" -- when he steals the bait all the cans will fall down. Make traps which will burst balloons, or set off mousetraps. You can be as creative as you like - the idea is that the environment should startle the dog, not you.

9. Attention-stealing

Some dogs learn that they can get attention by stealing some object their people own (TV remotes are a current favorite) and beginning to chew it in front of the owners. They have learned that this will cause a wonderful chase and a lot of action.

Keep a drag line on this type of dog and keep him in the same room with you under supervision. The instant he steals something, step on the line to prevent the chase, reel the dog in and roughly take the item, and then ignore him. Take all the fun out of this game. A few minutes later after you have ignored him for a bit, get one of his toys, or encourage him to get one, and have a game with it for a few minutes. Give him lots of attention when he is chewing his own things.

For me and my own dogs, I always keep them crated until they are about a year old when I can't actively watch them. And I never have chewing problems.

Editor's note: *Destructive Chewing* is one of a series of handouts from Vivian Bregman. IACP members may photocopy this article for their students, with proper attribution

MINGO

by Maryna Ozuna

Mingo is a pitt, a lovely snow white and tan, lunkheaded, sweet natured pitt. Roughly eleven months old, he was rescued by a friend of mine six months ago after being half strangled by a telephone cord and heaved out of a car to die in the desert. Why this breed, or style of dog, which I find to be one of the most loving and kind of all dogs, is treated with such wanton cruelty is one of the mysteries which wound my soul.

When I first saw Mingo he looked a tad rotund, extremely compact with somewhat spindly, malnutrition legs, badly buckling at the wrists. There was a strangeness to his body shape I couldn't quite decipher. He had been through treatment for Ehrlichia and was slowly beginning to reclaim health. Bone formation was lagging behind and his owner was concerned to see what other physical problems were lurking. Behaviorally he was a peach, slightly shy, but pleasant and so far responding well to traveling and being introduced to new experiences. His only fault – digging up my friend's irrigation lines...yards and yards of them. She also wanted me to cure his digging to which I joshingly responded, "yeah right."

It has been my experience in doing physical rehab on any number of rescue pitts (as well as innumerable of the other heavily muscled breeds) that they have a tendency to get really muscle bound. Because of the largeness and strength of the muscles and this tendency I often find the whole shoulder apparatus or femur/pelvis rotated hard to the body. Backs are often tight to the point of bursting with enormous spasms of release with the lightest of touches. Mingo was no exception. There was no space whatsoever between the scapula and the rib case. The shoulder blade was plastered to the body. Similarly, the elbow was practically glued to the barrel. All muscles, even on these guys should feel soft and smushy, like a water filled balloon.

It was my intention in this first session to familiarize the dog with my hands, begin to recruit his attention, and free up a few layers of the concrete he called a body. As I began his owner remarked, "look he's not paying a lick of attention...". "On the contrary," I said, he's exhibiting about a grade 5 evasion. He's just being enormously polite in "dog". And so it went, I would hit a knot and he would fish around, turn his head, stand up, sit down. Not once did he menace...just polite evasions. He was wearing a collar and leash, nothing more. Every time he exhibited any "language" whatsoever from an eye flick to overt body movements, my hands paused. They didn't quit, they didn't release the knot at that moment, they just stopped. Gradually, the evasions quieted, he began to understand that I was listening, really listening to what he had to say about all of these knots in his body. Sounds crazy perhaps, but it happens, over and over, dog after dog. Slowly he allowed me to go deeper and deeper.

For this first time, I quit while we were ahead when I got down into some of the deeper layers that were going to be quite painful to release. By now, the muscles had been freed up to almost two inches of depth behind the shoulder joints and about an inch along the back.

Two days later I saw him again and blinked. He looked like a different dog. He was, well how shall I say this.....longer. I looked at my friends and looked at the dog and looked back at them. "He's longer," the said. "Thank God", I said and let out a breath, "I thought I was crazy." Obviously the spine didn't grow in two days time, but as best we can figure out, the muscles had been so contracted that it was if the whole dog was pulled tight together. He no longer looked rotund, just long, muscled, like a rectangle. And so we began session two. I picked up where I had left off at an impenetrable bridge of muscles behind the shoulder, on the inside of the forearm, the underside of the chest and the chest/point of shoulder junction. I knew this was going to be tough for the poor dog so I went fingertip at a time into the knots. The dialogue began again – behavior/pause/touch/behavior/pause/touch. There were a few places we hit that he yelped, but again politeness reigned. I knew they were going to be unpleasant and tried to work them loose six ways to Sunday before having to just apply pressure. He was valiant. I am always dumbfounded at the enormous pain loads these guys carry, and how polite they really are, if people only knew.

I don't know when it happened as I was concentrating so hard on what was under my fingertips, but as I rocked back on my heels I was dumbfounded to see a lovely, long sloping line suddenly existed from the bottom of the chest to the loin. Mingo was no longer a rectangle, the straight bottom line was now a diagonal. I truly don't know what occurred to cause the different "look". Did the shoulders free up enough to allow the chest to shift, or was it just their change in placement that caused the difference, was it the widening of the elbows or...? Not a clue. In fact, while I have always experienced enormous changes in the quality of muscle and bone relationship in these kinds of dogs, never have I seen such marked conformation changes. It was as if we kept hatching new dogs...It looked like he lengthened by two inches and his chest dropped by about four. Go figure.

Bottom line...Mingo has stopped digging....

Comment from owner:

He is much happier, more affectionate, can gallop!!! What you did is a miracle.....and you can say I said so!

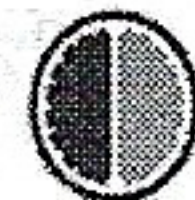
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Training in Public Places

by Caroline Hunt

Ideally, we'd all have indoor/outdoor facilities: a spacious meadow, perhaps, a fenced ring with agility equipment, a shaded area, an indoor classroom, and one or more indoor, climate-controlled training areas. Right. In our dreams.

In the real world we have less than ideal facilities, or rented ones, or none—or we may choose to teach in public places for our own reasons. As a club trainer who teaches once a week in a city park, by choice, let me share a few thoughts about what's different there from my indoor classes.

First and most important (as well as most obvious): you're on public display. All the time. Second: you have no control over the environment, or very little. Third: the distraction level for your students, both human and canine, is unusually high.

Problems? No. These are some of the biggest advantages of working in a public place; it's impossible for anyone to forget that this is closer to real-life training than the schoolroom or armory. Let's look at the implications.

On Display

Working indoors, you can tell your students dozens of times that their dogs need to be "good citizens" and that they, the owners, need to set a good example. Most of your energy is wasted; in fact, the memory of your words doesn't usually make it out the door. In the city park, though, even the dimmest owner can see that spectators and passers-by are judging German Shepherds (in the case of our club), or big dogs, or dogs in general, by those working right in front of them. This perception has an electrifying effect.

You'll want to take care that your students follow any laws that apply, such as keeping dogs on leash and picking up after them. (Watch out for show-offs who let their dogs off-lead because they're so "advanced." If you do off-lead training later, it will have to be in a less public place.) You'll also want to make sure your demeanor and language are such that you'd be pleased to be recognized on the street later by one of the spectators.

Uncontrolled Environment and Distractions

People need to be aware that they can't always control what happens when they're out with their dogs, and that they must be prepared to cope with whatever comes up (such as a loose dog). Working in the park, or any other public place, is a splendid antidote to "back yard syndrome." In the park, your students will encounter squirrels, loose dogs, louts on bicycles, well-meaning folks who stroll up to pet the nice

doggies, and a variety of other hazards and distractions. A dog that will walk on a loose leash through all this is more solidly trained than one that has never met such temptations—this difference may be obvious to us, but it usually isn't to the average owner.

You'll need to pick a fairly quiet place to introduce each exercise initially, and you'll probably want to have a method agreed in advance for dealing with predictable problems such as loose (non-class) dogs that intrude. In our class, once the alert "loose dog" is heard, students put their dogs on a sit-stay, I do the same, and then I go get the loose dog and return it to its surprised owner with a few pithy remarks. The students learn not to panic, and they also learn the usefulness of a solid stay (because while their dogs are right beside them, mine is quietly showing off her sit-stay while I recede into the distance). Good assistants make all these contingencies easier to manage.

Unintended Benefits

Our club works in the park as a public service; we are currently the only group in this area offering free help to people with big, out-of-control dogs. Nearly all the owners who show up, either for our socializing sessions ("Sundays in the Park") or for the CGC classes that I teach, hear about us by word of mouth—not only from previous students, but often from people who come by, get interested, and ask details "for my neighbor with the big dog that barks all the time," or "for my son whose roommate just moved out and left a sweet Rottweiler, only it doesn't like men." From our point of view, this ripples-in-the-pond effect means a few more dogs with some training, a few more citizens with an improved view of big dogs (especially GSDs), and perhaps, just perhaps, fewer dogs ending up in shelters or in our rescue program.

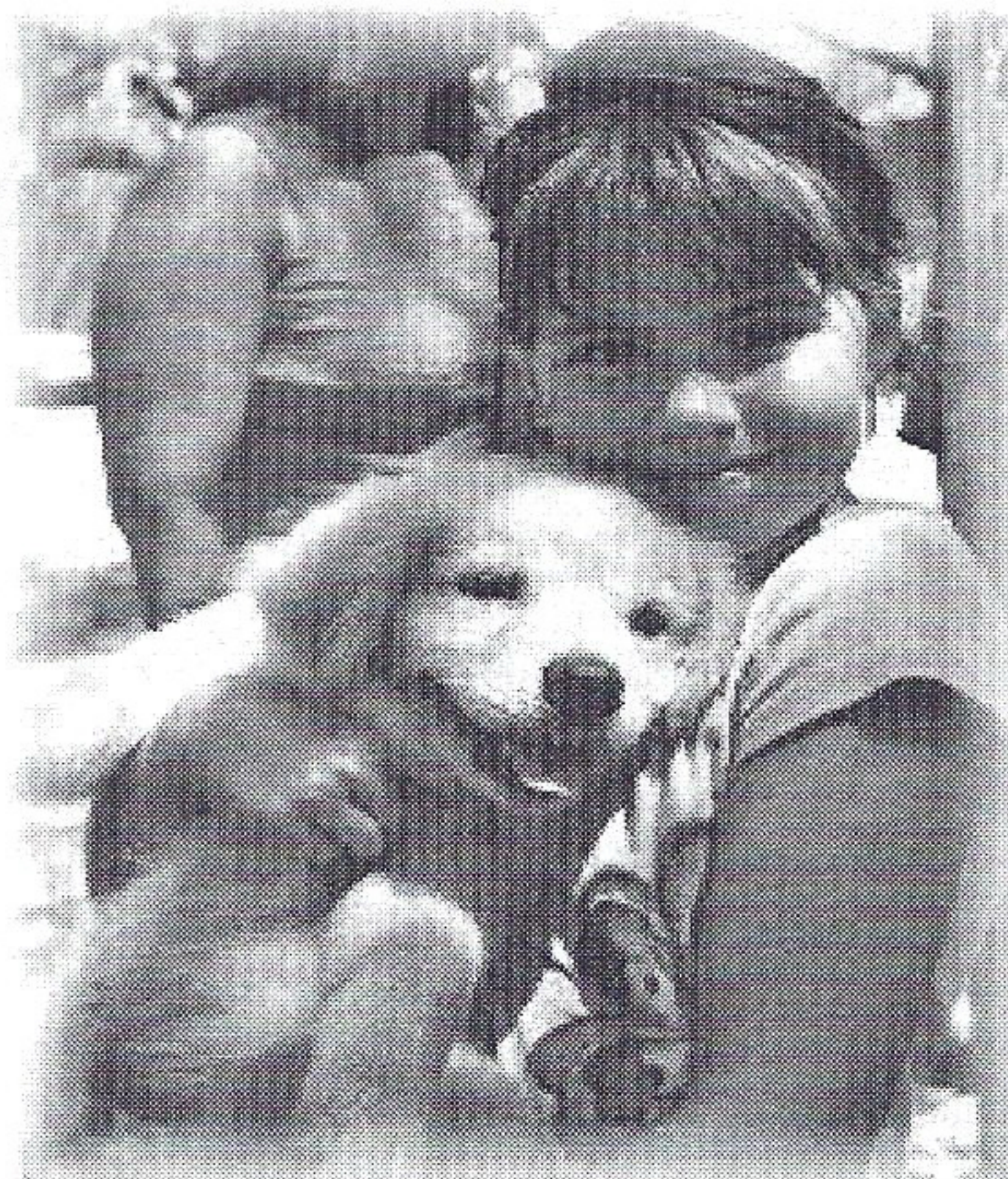
From the point of view of a non-club instructor, too, the PR is all good ("I saw this guy teaching a bunch of dogs in the middle of the park, and you can't believe how good they all were.") At least three local trainers work in our vicinity from time to time, a good arrangement for them as well as for us.

A Few Caveats

Generally, public parks won't let you hold scheduled, for-pay events unless you have a permit—and maybe not then. Also, you will have difficulty restricting your clientele in a place that is legally open to all. It's possible to work around both problems. Our club has two activities going on most Sundays: an open-to-all socializing period, "Sundays in the Park," and a class of some kind. We tell folks that the more

formal classes do require registration "since they're part of a series and we will be seeing the same dogs every week." Then we make sure we have current vaccination records for those registered. As to the money, we decided long ago that "Sundays in the Park" would be our gift to the community. The more formal classes are also free, but we do mention that we accept donations to the club at the conclusion of the class. We have found that the contributions are quite substantial! The professional trainers involved in our park classes, as well as the breeders who are usually present, to get some priceless referrals.

Many IACP members already work, at least some of the time, in public places. If you haven't, give it a try. You'll never forget the first time a mounted policeman walks up to the class and every dog goes right on doing what it's supposed to do, without more than a sidelong glance. Your students will be astonished. You'll just say, coolly, "Of course the dogs were fine. That's why we're training here, remember?"



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Degenerative Myelopathy - Is It Stalking Your Dog?

An Interview with Marjorie Zimmerman

By: Shirley Green

Portions of information published previously in Dog Sports Magazine and reprinted with the Author's permission.

Introduction

I lost my once-in-a-lifetime German Shepherd Dog, IKE. He died shortly after being diagnosed with degenerative myelopathy (DM). His death was unrelated to that diagnosis. When looking for help, information and proactive steps to take in what I viewed as an upcoming battle, I was lucky enough to fall into the competent hands of Marjorie Zimmerman.

Her story, and the detailed information she so willingly shares, has special value for all working and sport dog breeders and handlers. IKE would want me to share this with you.

Let's stop treating DM as a controversial disease, something never to be mentioned in breeding circles. Knowledge is power.

Interview

Q: Marj, tell us a little bit about yourself.

I have been owned and loved by German Shepherd Dogs since 1967. I was a pet owner who had the rug ripped out from beneath my feet when my beloved Jack Flash got a diagnosis of a disease I'd never heard of before, degenerative myelopathy. My world imploded.

I may lead an ordinary life, but it isn't my way to just sit back and accept the inevitable.

Q: How did DM become your "cause?"

DM did not become my cause – it became my enemy.

Jack's courage and loyalty averted an attempted car jacking. Jack Flash saved my life, but I would be unable to save his. I am one of those people in this world who do not to commit to a lot, but when I do take on a project, hell could freeze over, and I would still keep plodding forward.

When DM took Jack Flash from me that commenced all out war!

Q: How did you start your war?

The more I investigated DM, the more I found it to be a big dark secret – an unmentionable to breeders. When Jack Flash was diagnosed with degenerative myelopathy in 1997, I made up my mind not to accept the neurologist's dismal statement that there was nothing to be done. I began searching the Internet to find out if someone was researching DM, and hoping such research could possibly help.

My journey for answers led me to the computer, the world of message boards and various online communities. Through the kindness of strangers, I was led to Roger Clemmons, DVM, Ph.D. He was actively engaged in researching degenerative myelopathy at the University of Florida, as he had been doing

throughout his career. While no cure was on the horizon, Dr Clemmons had instituted a treatment program to slow the progression of DM. I found Dr. C to be wonderfully warm-hearted and highly intelligent.

Shortly after our first communication, I founded the **Degenerative Myelopathy Support Group**. Through his help, members are able to cope with the difficult times and the debilitating problems. Dr. Clemmons continues to share his knowledge with our group and I am the go-between.

Q: How did that treatment program work for Jack Flash?

Jack outlived his 2 to 3 month prognosis by 13 months, while maintaining quality of life. I promised Jack, as his eyes closed for the last time, that in his honor I would continue to battle DM, until the disease that took him from me would also be permanently laid to rest.

Facts about DM must be out in the open, and that's why I'm talking.

Q: What exactly is degenerative myelopathy?

Degenerative myelopathy is a progressive disease involving the spinal cord. It is thought to be an inflammatory, autoimmune disease, variable in its presentation and course, in which the immune system attacks the dog's central nervous system. This attack leads to a loss of insulation around the nerve fibers (myelin) and of nerve fibers (axons).

The animal can no longer walk, once the nerves in the spinal cord are destroyed, because without nerve connections, muscles cannot work. Control pathways that make muscles work are located all throughout the spinal cord.

Q: In which breeds is it most common?

So far, the following breeds have been found to develop the same type of DM as that seen in the German Shepherd Dog: Belgian Sheepdog, Old English Sheepdog, Weimaraner, Rhodesian Ridgeback, Chesapeake Bay Retrievers, Labs and possibly the Great Pyrenees. Confirmation of diagnosis in other breeds is very important.

It is seen with relative frequency in German Shepherd Dogs; therefore, it appears there is a genetic predisposition in this breed. While many breeds suffer from a myelopathy that is progressive, the particular degenerative myelopathy of the German Shepherd Dog is unique, as it is believed to be an autoimmune disease.

Q: What signs and symptoms are seen in DM?

DM is very subtle. It comes on slowly and gradually, making the disease horribly insidious. It may attack one or both sides of the body and presents with waxing and waning of the following symptoms, or combinations: Hindquarter weakness; rear limb ataxia (unsteadiness); loss of balance; stumbling; difficulty rising up or laying down; knuckling (toes

bent under while walking); rear legs crossing under body; rear leg drag; spinal ataxia; hoarseness of bark; limp tail; muscle wasting; and/or the loss of rear musculature.

This debilitating illness leads to paralysis and incontinence in its final stages.

Q: How is diagnosis confirmed?

DM used to be a "rule out" disease. That is no longer the case. There are now specific tests to "rule in" DM. While there remains no one specific test for DM, there is a combination of tests which help confirm the diagnosis, while also looking for other diseases that may mimic its clinical signs or even co-exist with DM.

Tests for DM:

1. Physical examination: including history (susceptible breed included).

Physical exam should include routine blood tests (CBC, Chemistry Profile and UA), radiographs of the chest and abdomen and abdominal ultrasound. Other test may be indicated based upon physical findings. Splenic masses are not uncommon in DM patients, so abdominal palpation, radiographs or (preferably) ultrasound can be important, initially and for monitoring patients.

2. Neurological examination: looking for a non-localizing posterior paresis.

Most cases of DM present as a non-localizing (no pain) upper motor neuronal dysfunction (rear leg reflexes are present to hyperactive) to the rear legs, suggesting the problem is in the white matter of the TL spinal column.

3. Electromyogram: including a **Spinal Evoked Potential** test.

In uncomplicated DM cases, the needle EMG, motor nerve conduction velocity and repetitive nerve stimulation responses are normal, but the spinal evoked potential is abnormal. In inter-vertebral disc disease and myelitis, the EMG is abnormal (focally), but the spinal evoked potential is normal. In polyradiculoneuropathy, the EMG is abnormal, diffusely, and the spinal evoked potential is normal.

4. Lumbar CSF: (cerebral spinal fluid) analysis with appropriate titers and cholinesterase level.

In uncomplicated DM, the lumbar CSF protein is elevated, the CSF cell count is normal, the titers are negative and the cholinesterase is elevated. In infectious or inflammatory diseases, the protein and cholinesterase levels are also elevated, but the cell counts and titers are also abnormal. In inter-vertebral disc disease, the protein and cell counts are minimally elevated and the titers and cholinesterase levels are normal.

5. Spinal Radiographs: (regular and appropriate imaging {myelogram** or MRI})

Spinal column imaging only shows signs of age, unless there are complications of DM. It is the additional tests, above,

which actually rule-in DM.

****A myelogram is to rule out surgical disease, not to rule in DM.**

Some DM patients do not handle myelography very well and their neurological symptoms can worsen, or they may become paralyzed. On the other hand, myelography can be a very important test when looking for surgical disease. It is not wrong to rule out the presence of surgical disease. DM is one of the non-surgical diseases; but it can be better to start testing for DM with the least invasive tests, leaving the more serious tests for last.

Q: What is the prognosis for a DM dog?

Through my discussions with Dr. C. I have been taught that generally there is progression to paralysis in 3-6 months, when DM is untreated. With appropriate treatment, this can usually be doubled. Some dogs will not progress with treatment. Almost all dogs will progress without it.

Once hind limb paralysis occurs, there is another progressive course toward forelimb paralysis. Eventually, there is another progressive course towards brainstem failure. Few dogs will survive beyond 2 years without treatment.

Although the only organ affected by DM is the spinal cord and brainstem (although changes are seen in the white matter of the cerebrum), the ravages of being paralyzed can result in failure of the kidneys, heart and/or lungs. Too often the veterinarian, who does not wish to put the dogs through any further testing or the owner through more expense, ignores these additional problems. Frequently, problems may be chalked up to being part of DM, which is certainly not the case.

It is important to monitor the health of a DM dog and treat those things that may be treated, including additional neurological problems.

A word about parasite prevention in the DM dog: To help a DM dog live a longer life, flea prevention and heartworm medications need to be examined. Dogs must receive flea and heartworm prevention if they live in areas where these are problematic. Dr C. feels Revolution is best for a DM dog, with Frontline added as needed. Otherwise, a combination of Frontline and Filarbits PLAIN (not plus) is preferable.

Q: Is Dr. Clemmons still involved with DM dogs?

Dr. Roger Clemmons is, in my opinion, the most knowledgeable person to consult when it comes to DM in the German Shepherd Dog. Dr. C. is a DVM, Ph.D., and an Associate Professor of Neurology & Neurosurgery, Small Animal Clinical Sciences, at the University of Florida, Gainesville, Florida. Now he is studying the effects of new drugs in relation to DM, hoping to slow the progression of the disease further. He is also searching for a genetic (DNA) "fingerprint" for DM to see if "at-risk" patients can be identified before developing signs.

Continued Pg 14

Degenerative Myelopathy-continued.....

Dr Clemmons continues to research ways of combating DM. He has written to the **AKC Canine Health Foundation**. His pre-proposal has been reviewed and approved. He was asked to submit a full proposal for possible funding.

Dr C. has a web site with the latest information pertaining to degenerative myelopathy:
http://neuro.vetmed.ufl.edu/neuro/DM_Web/DmofGS.htm
There is also space on that web site devoted to many other canine neurological problems:
<http://neuro.vetmed.ufl.edu/neurohp.html>

Q: Is there a way we can try to prevent DM in our dogs?
I think Dr C. goes by the old saying, "An ounce of prevention is worth a pound of cure."

He believes diet may contribute to the development of autoimmune problems. He prefers a more natural diet and even has a home cooked diet on his web site. Also, antioxidants may play a major role in the prevention of autoimmune disease, counteracting the damage done by free radicals. He combines a traditional allopathic approach with an alternative holistic approach recommends the following to keep a dog healthy:

High potency B-complex (B 50)
400 IU of vitamin E daily (over 2 years of age, give 800 IU)
250 mg vitamin C twice a day (over 2 years of age, give 500 mg)
100 mg of selenium daily (over 2 years of age, give 200 mcg)
500 mg of borage oil twice a day
12,500 IU Beta Carotene (over 2 years of age, give 25,000)
1 mg/kg (or 1 capsule) Ginkgo bilboa 2-3 times a day
1 capsule (or cup) Green tea, twice a day
50 mg grape seed extract, once a day
2 sardines or 1 T ground flax seeds
1-2 Raw Garlic Cloves (crushed)

Note: Add the supplements gradually, one new supplement every few days. That way, if something does not agree with your dog, you will know what has caused the problem. Overloading the digestive system of a dog with many new items, all at once, is never advised. Vitamin C is not recommended for dogs with IBD.

- Try to avoid exposure to pesticides.
- Check the rear nails of your dog once a month. Look for uneven wear on the nails, which may be an early tip off to DM.

Q: Is it safe to breed a DM dog?

I beg all who read this article – please do not breed a dog that has degenerative myelopathy. While DM may not be called a 100% genetic disease, it does seem to involve genetic factors. Until these factors are better understood, responsible breeders should not pass on the genetic predisposition. Once the genetic profiles of DM dogs are scientifically understood,

this issue may be clearer. Right now, caution is our best ally. When in doubt – don't.

Q: I know you have devoted a great deal of time and energy to fighting DM. I felt relief the minute I found your web sites. Tell us about them.

I have poured my heart and soul into my web site. My main site address is: www.mzjf.com/index.htm - expected to be up and running in August 2003

The address of my Degenerative Myelopathy Message Board is:

<http://pub113.ezboard.com/bmarjoriesdmboard>

I am now working on building a mirror site, as servers sometimes become problematic. A mirror site will assure that information is always readily available. The address of the mirror site, expected to be open in the fall of 2003 is: www.mzjf.info

My site has information regarding warning signs, tests, treatment programs, support, links for items ill pets will need, a listing of indoor pools for dogs, facts for caring for a DM dog, directions for joining DM a newsgroup, articles I have written and photos to make you laugh and think.

We have a message board for many diverse topics and some are: DM Treatment Programs, Helpful Hints, Coping with Losses, Medications Available at No Cost, and for a smile, The Happy Corner.

I must say more about the "Happy Corner." It is a place of renewal and hope, where support group members may introduce their new puppies to others, sharing the silly puppy antics, bringing smiles to the faces of all who are feeling "down". There is nothing like puppy stories to make one laugh. Even when a fur friend is lost to DM, there is always a place on the board to bring a smile.

The old support group members always help the new ones. I am proud of my board – the love, caring and sharing never ceases to amaze me. I can say, almost with certainty, that friendships formed on my message board will last a lifetime, just like our love for our dogs.

Q: You said there might be a genetic predisposition to DM. Tell us about your Pedigree Project.

I am gathering pedigrees of DM dogs in an attempt to establish a database. One day this pedigree collection may provide valuable insight into which dogs may be at risk for developing DM. If we can uncover those at risk, we may be able to provide early intervention or prevent the disease from developing.

Many support group members have posted the pedigrees of their DM dogs on my message board in the **Pedigree Forum**. In addition, some have submitted pedigrees, privately, wanting them to be revealed only to researchers, rather than the general public.

When pedigrees are publicly posted, knowledgeable breeders are able to see which combinations of breeding have produced a DM dog/dogs. There is no shortage of breeding animals, and neither sire nor dam must be cut from a breeding program. However, this information provides responsible breeders with knowledge about the combinations that could lead to a DM litter. Sibling DM is not uncommon, and the posting of pedigrees can make for wiser choices and healthier pups.

Last, but not least, perhaps with pedigrees being posted, we might get a better idea of where DM has been and learn where it may be going. It would be great to have a handle on which combinations of lines might have the highest risk for developing DM.

Q: Tell me more about the questionnaire appearing on your web site.

As my knowledge of DM has grown, so has the questionnaire on my web site. One question leads to another and, in science, often the situation must be examined microscopically. My survey is anecdotal and not scientific. However, I have begun to uncover possible patterns. I do hope that this information can, in the future, provide valuable data to a scientific study.

The more people with DM dogs who participate in my surveys, the more information I can glean as to the possible "who, what, when, where and why" of DM.

DM is a worldwide disease; I want and need worldwide input. I can start the ball rolling, but without your participation, the ball will just stop at a wall of indifference. Please, help spread the word – to your friends, associates, clients and animal health care professionals.

Conclusion

Q: How can we help?

- Support DNA/fingerprint research and testing
- Pick a month in your local clubs to specify as DM Awareness Month – hold fund-raisers, auctions, or educational seminars
- Ask your parent club to earmark funding for DM research
- Petition charitable organizations, such as the Morris Foundation, the AKC Canine Health Foundation, etc. for grant monies for those who are experienced in DM research.

And please, raise group funds for or send an individual, tax-deductible check or money order to:

Dr. Roger Clemmons
PO Box 100126
College of Veterinary Medicine
University of Florida
Gainesville, FL 32610-0126

Specify on your check or money order that the donation is to be used for Dr. Clemmons' Research, ONLY.

- Participate in the DM survey on my web site if you have/had a DM dog
- Realize that politics has no place in health issues.

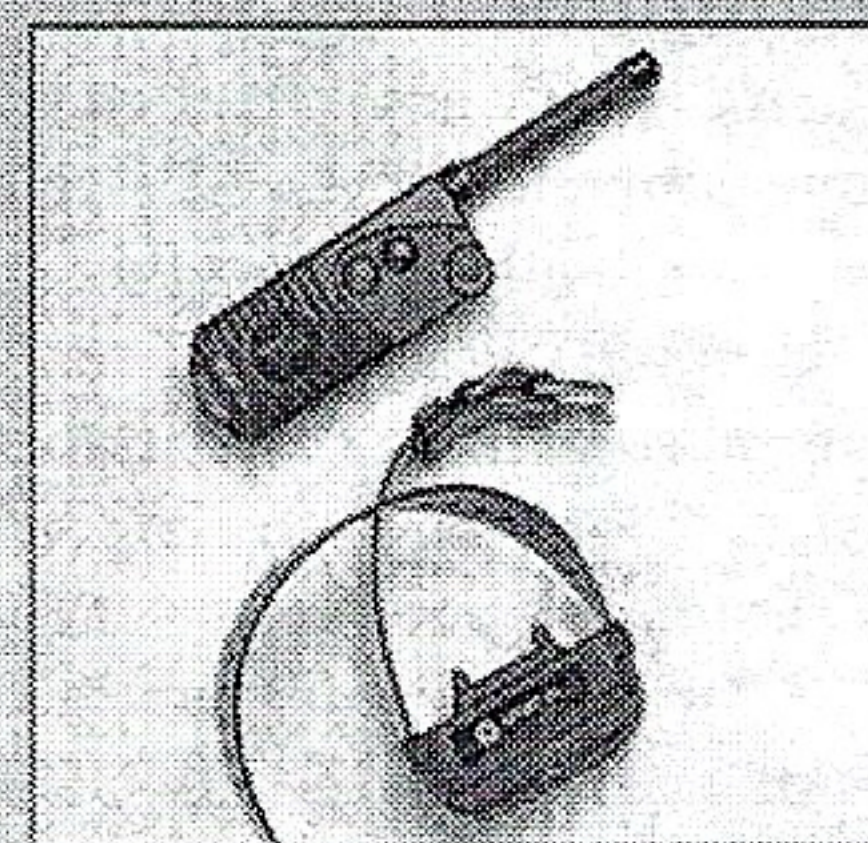
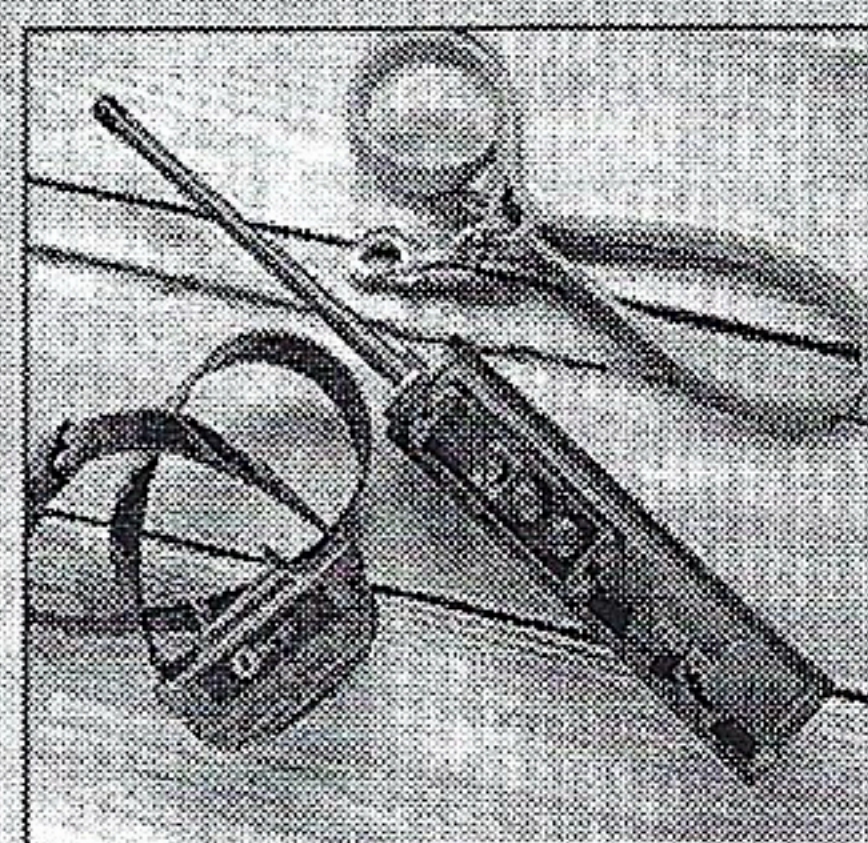
Q: What do you hope to achieve?

I don't HOPE to achieve anything. I WILL achieve my goal of making sure DM is eliminated forever. I made a promise to Jack Flash that I would see the disease that took him from me laid to rest, permanently, and I always keep my promises.

Rest in peace, my beloved Jack Flash. I will never let you down...that day IS coming!

♦ *A special thank you to Dr. C., the wind beneath the support group's wings, for enabling us to learn about DM so that we may fight the good fight!*

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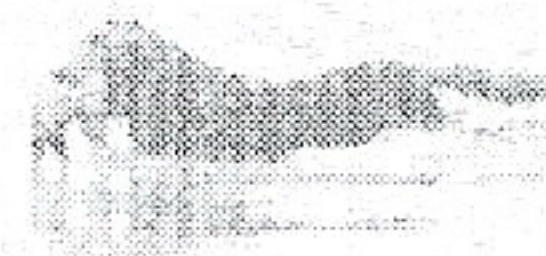


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Vaccination Policies

A Kennel Operator's Prerogative and Responsibility

By Chad Mackin

As a Professional, I find that a great deal of my business comes to me by way of referral. The largest source of referrals seems to be area veterinarians. One of the reasons that we enjoy such strong veterinary referrals is that we have a policy never to make medical diagnoses for our clients.

This may sound like a common sense policy, but I have seen many trainers presume to contradict a client's vet on diagnoses and even treatment of their client's dog! I used to work for a trainer who would actually say things like "Your vet is crazy! All you have to do is...." Nothing will kill a good source of referrals quicker than undermining the confidence your client has in that source. So I have instituted a policy of answering every single veterinary question in two ways. First, if I happen to know any specifics about the question (such as "Is mange contagious?") I will give my best answer but will always end with "At least that is my understanding, but you really should ask your vet." Second, if they ask me to diagnose something ("What does this look like to you?") I answer, "If you have any concerns about your dog's health, you should ask your vet." Or if the condition looks serious I say, "I would definitely have a vet look at that as soon as possible." Every one of my staff members is instructed to end every answer to a medical question with "you should ask your vet".

This has worked very well for us, but there is one situation that we do not merely leave to the vet's discretion: vaccinations. There was a time, not long ago, when a kennel operator didn't need to know the alphabet soup of vaccine abbreviations that we were presented with. We needed only to see bordetella and rabies, and trust that the rest of it was fairly standard. This is not the case any more, at least not in the Houston area. "He has all his shots" is no longer sufficient, because each vet has his own opinion about what "All his shots" means. Many vets do not assume that their clients will be taking their dogs to boarding kennels, and therefore do not automatically vaccinate for certain illnesses that present a greater risk in the kennel environment than in the home environment.

For example, recently, I noticed that some area vets have stopped giving the leptospirosis vaccination. At first I assumed that this must be because the disease is relatively harmless or because it is not that widespread any more. The truth is leptospirosis is very contagious and fairly common. Some vets have stopped vaccinating against it because leptospirosis is the vaccine that is most likely to cause an allergic reaction in dogs. Leptospirosis is a bacterial infection that spreads through urine. It can cause organ failure and irreparable damage if not treated promptly. A dog may continue to spread the disease several months after he has been treated for it. This is obviously an illness that can spread through a kennel with

incredible speed and it would be nearly impossible to eradicate, once in a kennel. The problem is compounded if you offer grass exercise yards (grass can not be disinfected). To top all of this off, leptospirosis is a zoonotic disease, which means that it can be passed to humans. I spoke with my vet at length about the situation and with his help determined a policy for our kennel. Given that I don't have the medical expertise to decide that a certain disease is no longer a threat to dogs in my area, and given that I am, in the end, responsible for the well being of all my boarders, we decided that it was most prudent and ethical to require that our boarders be current on vaccinations for all common communicable diseases. I even had my vet come and give a workshop for my staff so that they could answer client questions about why we might require more shots than their vet does.

If you are a kennel manager or owner, you have an obligation to provide the safest environment possible for your boarders. This means that it is not only your right, it is your duty to set a standard for vaccination requirements that is designed specifically for a kennel situation. You need to determine whether or not you will accept vaccinations given by the owner or by the breeder, and if you do, what documentation must be provided. These policies should be created with the help of a veterinarian familiar with the area and with the unique requirements of kennel operation. Ideally, the vet you enlist to help you should operate a kennel of his/her own. Typically vets who operate kennels are more aggressive in their vaccination schedules than those who don't.

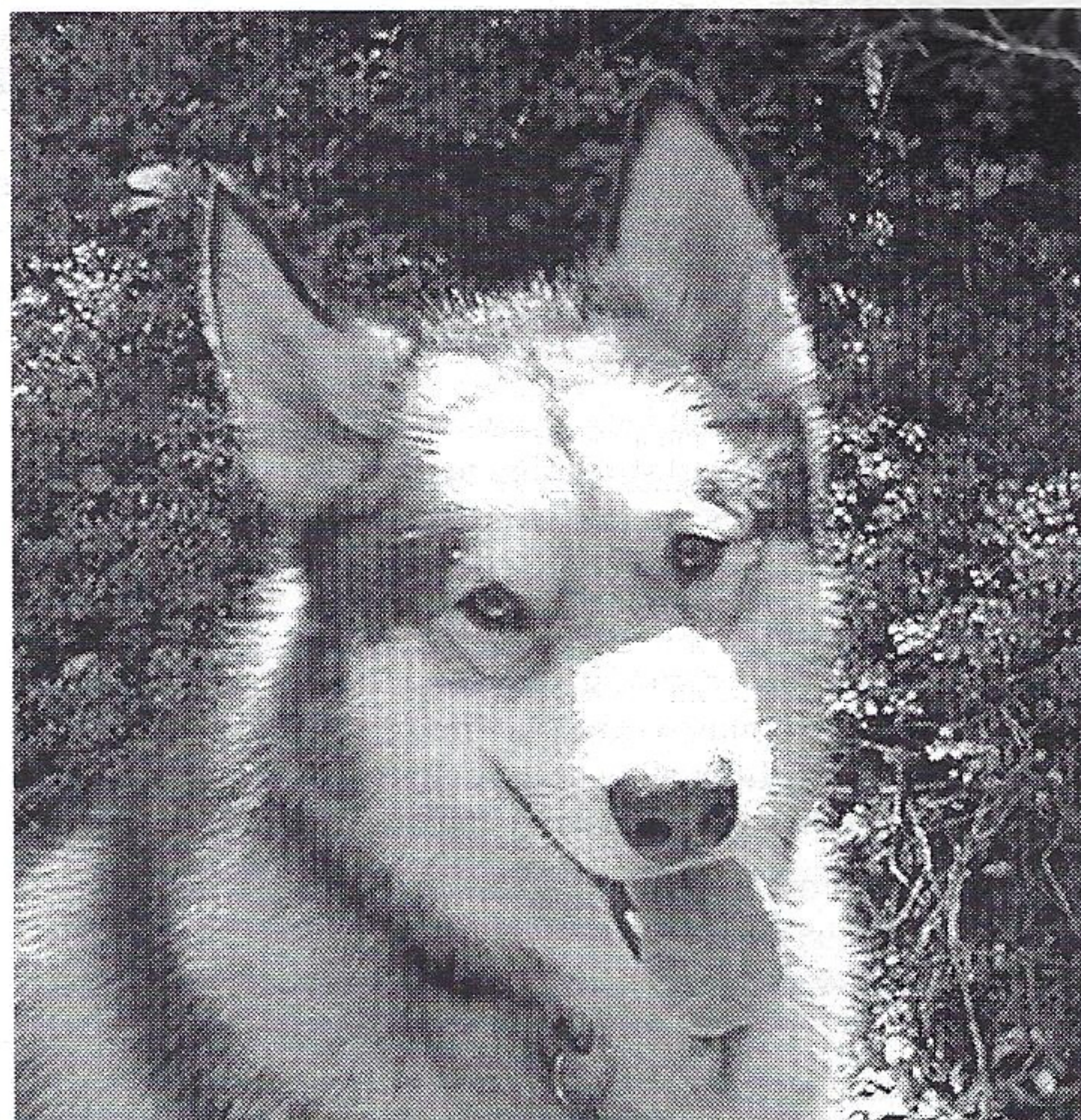
Once the policy is set, you should not be afraid to tell your clients that they need additional vaccinations. If you are armed with the information about the illnesses and the reasons you have decided to require a particular vaccination, you should be able to explain your position without undermining clients' trust in their own vets. We have handouts available for our clients who have questions about the vaccines and why we require them (we use "Your Dog: A guide to Vaccinations" 1997, from Pfizer). We are always quick to defend a vet if the client gets upset because the vet did not give a particular vaccine. We explain to them that there is no set standard for what vaccines are necessary, and that every vet weighs the risk of infection against the potential side effects of each vaccine; we also explain that a boarding kennel environment creates a much higher infection risk than the average home. We do all we can to make sure that our clients understand that we are not contradicting their vet. There is no "right" answer to the vaccination question; it is simply a matter of risk management, and our policy is to eliminate as many risks as possible.

We have found that if we make it clear to our clients that we are simply doing everything we can to protect their dogs, they

respond favorably (even if they have to get one more vaccine). Some kennel operators seem to view checking vaccination records as a necessary evil, but we have turned it into a positive. It has become, for us, another way to gain the trust of our clients and remind them that we are more than dog babysitters, we are professionals who are willing to go the extra mile to make sure that their dog is as safe as possible.

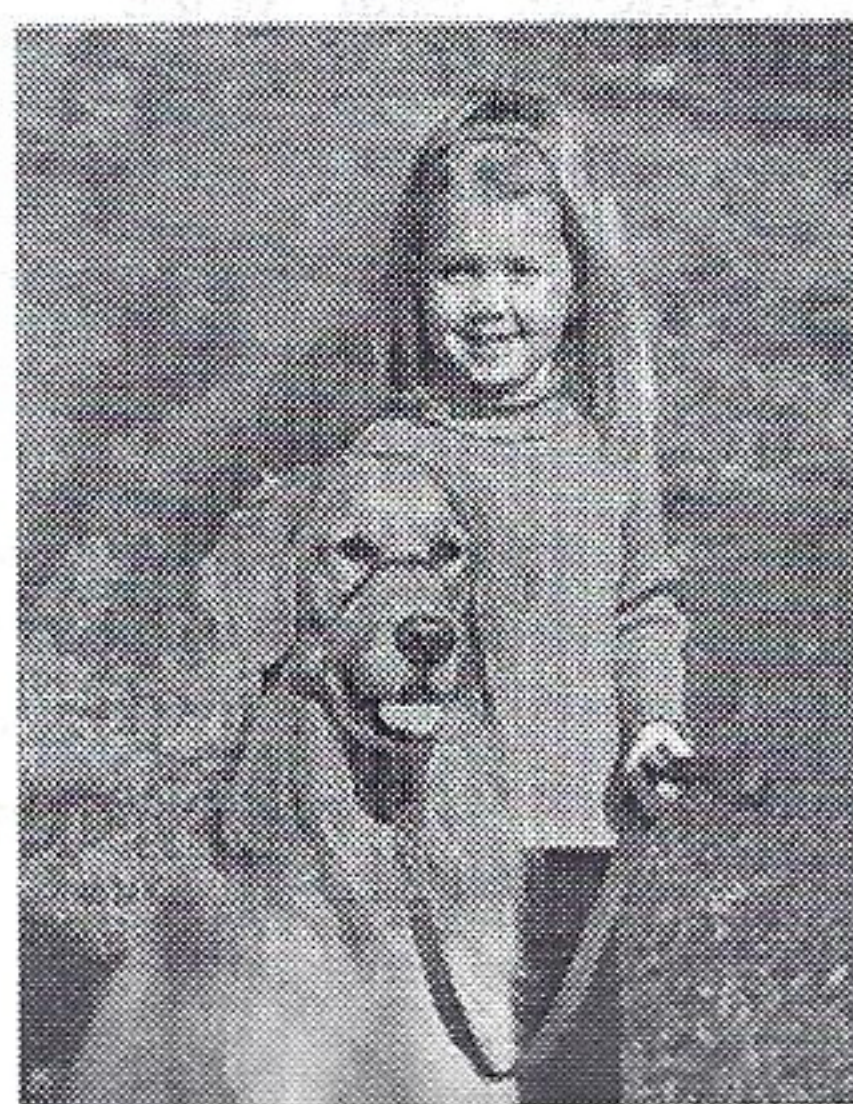
All information about leptospirosis is from Craig E. Greene, *Infectious Diseases of the Dog and Cat*, second edition (Philadelphia: W. B. Saunders, 1998), 273-76.

Chad Mackin is a Professional Member of the IACP and the manager and Director of Training of A+ Dog Obedience, in Webster, TX. Chad has been training dogs professionally since 1993. Through extensive research and a genuine desire to improve the bonds between dog and owner, Chad has developed a training program that emphasises understanding and communication rather than force and domination.



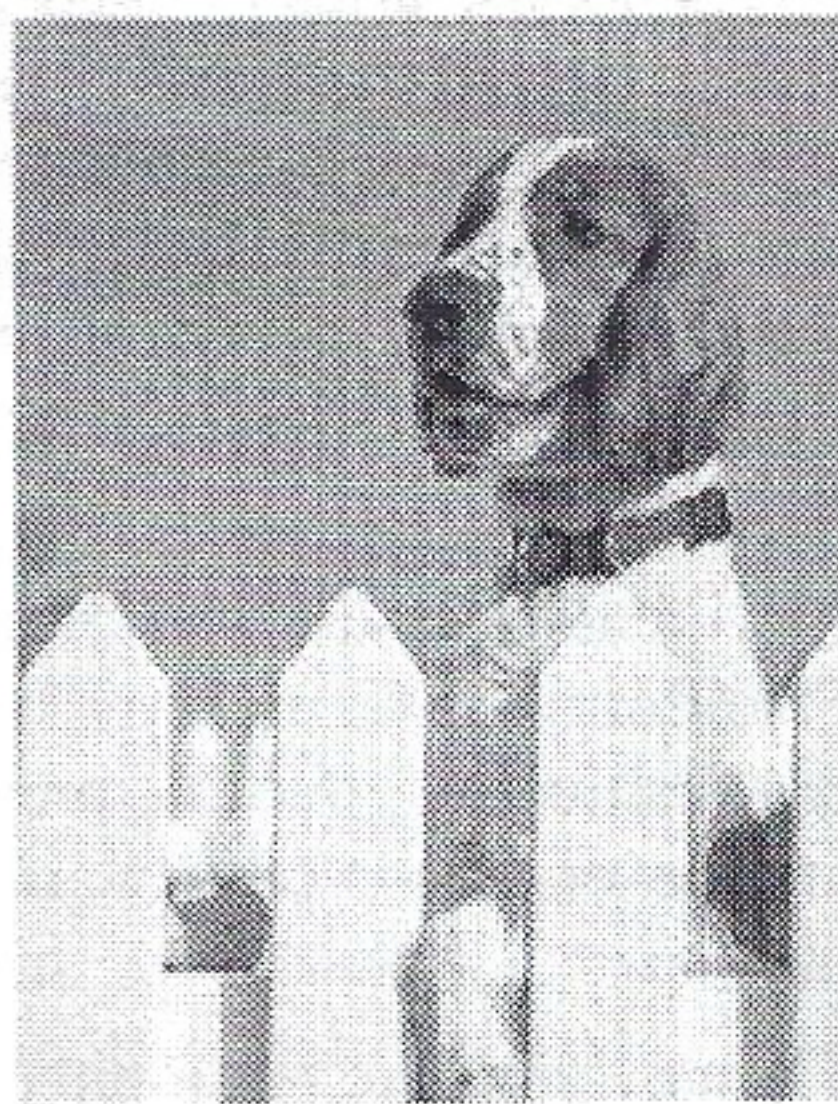
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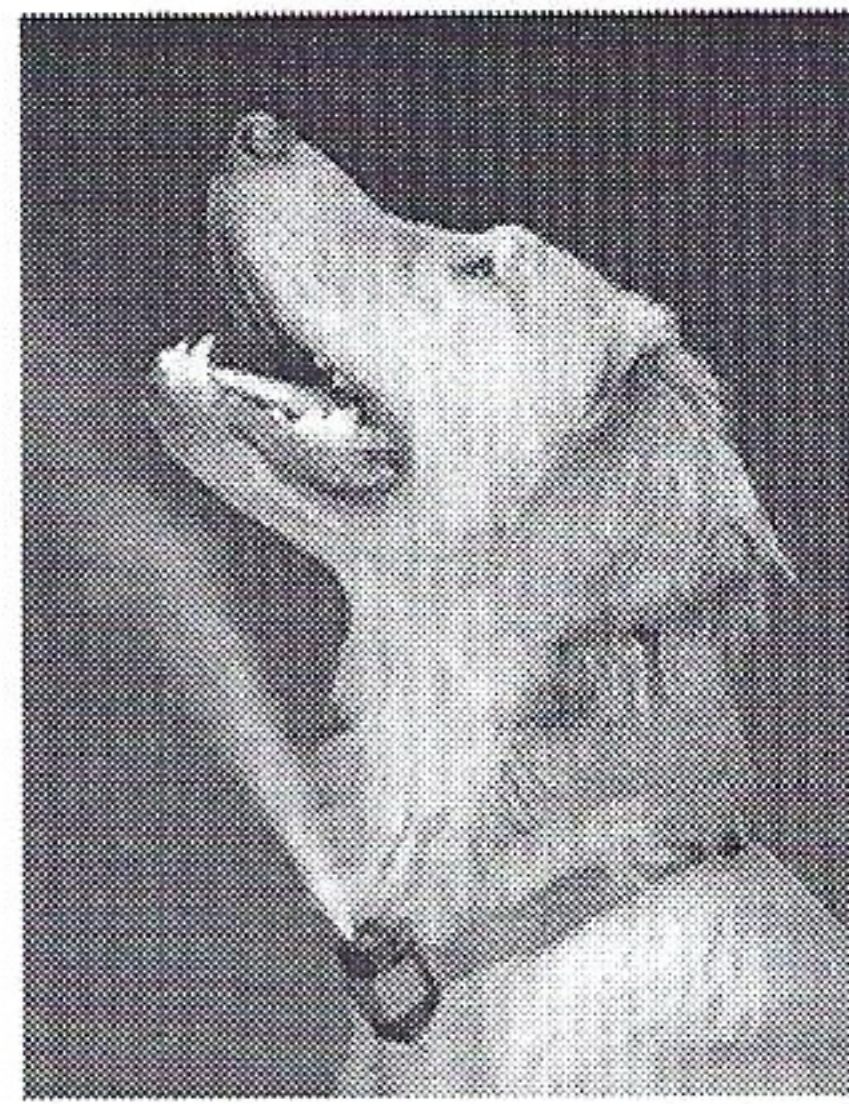
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Reaching People Through Dogs

Roles and Goals for Therapy Dog Trainers

by Kris Butler

In today's chaotic world, many people are learning to adjust to physical challenges and struggling to cope with profound emotional trauma. Dogs are increasingly becoming modalities of choice to address these issues in clinical and educational settings.

More than ever before, media attention has been drawn to dogs comforting the most visible victims of horrible events, and pet dog owners from all over the country are searching for ways to prepare their dogs to visit in therapeutic environments.

Therapy dog programs offer dog trainers new opportunities to increase clients, attract positive publicity, and greatly increase the perception of dogs as valuable members of our society. Therapy dogs can be models of the well-trained companion.

There are over 15,000 dogs registered through three national therapy dog organizations in the USA. The majority of dog and handler teams visit on a volunteer basis. A growing number of dogs go to work with their teacher or therapist humans. A few dogs work with professional therapeutic animal handlers. Some people merely register dogs to net initials, and don't visit at all.

National therapy dog registration organizations provide liability insurance, but currently only to handlers when they are *volunteering*, and only when volunteers are acting within the scope of the organization's specific policies. Trainers must be aware of differing policies, such as permissible equipment.

Regardless of registration, therapy dogs are considered pets and do not enjoy the same public access privileges that service dogs enjoy through the Americans with Disabilities Act. Therapy dogs are allowed public access by permission only, although access permission is frequently granted to therapy dogs for training purposes.

TRAINING BEYOND MINIMAL REQUIREMENTS

Therapeutic interventions commonly focus on tactile contact with the dog (touching, petting). More creative programs offer interactive exercises that include dogs assisting human service providers in addressing clients' functional goals such as communication, problem solving, social skills, physical rehabilitation, academic skills, and self awareness.

Meri is a three-year-old Irish Setter who seems to enjoy every human she meets. Meri works at Jim Thorpe Rehabilitation Hospital in Oklahoma City. Typically patients in rehabilitation settings have had head injuries, spinal cord injuries, amputations, or cerebral vascular problems (strokes). The patients and their families are often grieving the very real

loss of life as they knew it previously. They grieve their loss of ability, and they are often traumatized by events that led to their hospitalization. Therapy dogs like Meri provide people with a sense of safety and security – and more.

Meri teams up with speech, occupational, physical, and recreational therapists during individual sessions, offering a creative approach to meeting patient goals. She motivates patients to initiate movement, and makes therapy interesting, functional, and fun.

By walking with patients, Meri encourages increased ambulatory skill. Meri's training enables her to walk slowly beside people who are in wheelchairs, and to walk with patients who use walkers or canes as well as those who walk independently. Prior to walking, patients buckle Meri's second collar on her and attach a leash. This seemingly mundane process actually involves the patient in fine motor coordination and problem solving skills. During walking exercises, the controlling leash is held by Meri's handler.

During everyone's favorite, the "duck hunting" exercises, patients grasp and throw a toy duck, and remember Meri's retrieving commands. Imagine the patients' sense of control and accomplishment when the dog fetches, returns, and holds the toy until the patient places a hand underneath the duck and says "OUT," or Meri places the duck in the lap of a patient who cannot use arms or hands. Some patients "hunt" while standing behind the "duck blind," a chair with a camouflage sheet over it. Meri is trained to return on cue, jump into the chair, and deliver the duck to her patient. Retrieving exercises require extremely careful planning. For Meri's work, her trained, directed delivery to a person other than her handler is a real bonus.

Meri readily assumes a variety of positions – standing, lying on the floor, sitting up in a chair, or sitting or lying on a table. Her "positioning" training prepared her to offer brushing and petting exercises in creative ways that best meet each patient's goals.

Therapy dogs are not limited to any size, gender, breed or breed combination. With a tiny four-pound Pomeranian body and enormous talent, Whisper offers much more than her soft touch and pretty face. Pediatric patients *enjoy* practicing trunk control while playing with Whisper on the floor. Physical therapists use Whisper's solicitous antics to motivate patients to stand and walk from their wheelchairs to Whisper as she waits on a table – and once they arrive, patients are rewarded with delicate "high fives" and opportunities to sit with Whisper in their laps. Whisper is trained to stay positioned on her pillow which can be stationed on a table, a chair beside a patient, or in a patient's lap. The little dog's training enables her to interact appropriately while allowing her to play, nudge,

and affirm.

Elementary school students who have fallen behind in reading skills often lack the self-esteem to practice in reading groups made up of human peers. Volunteer programs which include visiting dogs and their handlers as coaches for these children are springing up in schools across the USA. Training for these dogs includes teaching them to do nothing – but to do it very well!

START-UP STRATEGIES

The talent to enjoy unfamiliar people, confidence even in chaotic settings, and basic obedience training are necessary ingredients for visiting dogs. Trained HANDLERS are essential as well, although two of the national registries have no requirements regarding handler training.

Therapy dog trainers should be familiar with national organizations' registration requirements. Evaluation or testing procedures, which differ greatly, are described on each organization's internet site. Skills tested for are on-leash and skill requirements are surprisingly minimal.

People often overlook the fact that not all dogs are suited to the task of being touched, petted and hugged by unfamiliar people in stressful settings. A trainer has opportunities to recognize candidates and to advise, coach and develop those appropriate teams, while tactfully suggesting alternative activities to people whose dogs are not solicitous and outgoing. It is this author's strong belief that when assessing dogs for visiting programs, the tendency to substitute high degrees of control and skill for *enjoyment* is not only risky, it can ultimately be abusive.

The current national one-test-fits-all approaches have the potential to increase the risk of animal exploitation. Handlers receive what they perceive to be blank approval checks, with at best only limited understanding of how to evaluate the environment or the dog's responses from day to day or moment to moment. Lessons from ground zero and Pier 94 in New York City following September 11, 2001, demonstrated that even registered therapy dog handlers can become overly invested and make inappropriate judgments. Therapy dog trainers are obligated to equip their handler-clients with a thorough knowledge regarding causes and symptoms of stress in dogs, observing and understanding canine body language, assessing various environments from a dog's perspective, and situations when *leaving* must be handlers' more ethical response.

Getting started as a "therapy dog trainer" is easy enough for trainers who currently offer solid obedience programs. The first steps for any future therapy dog and handler include learning to work dependably through basic obedience as a team in social settings that include distractions. Many training programs are already structured to accomplish these goals. As training begins and dogs offer stress, displacement and calming signals, trainers must teach handlers to observe and respond to the important conversation taking place.

Knowledgeable trainers do not have to be visiting dog

handlers to be effective therapy dog trainers, but some research will be required. Activity within established local groups and individual referrals from national organizations centers on evaluators/testers. By using national therapy dog organizations' internet sites, trainers can easily locate all of the evaluators/testers for a specific geographical area. Trainers can gain vital knowledge by contacting each evaluator/tester and arranging to help with upcoming evaluations and by observing as many actual visits as possible. During this learning process, self-marketing occurs.

In addition to marketing existing therapy dog programs, trainers can encourage new clients to enroll in puppy, basic, and advanced obedience programs by including references to "future therapy dogs" in promotional materials. Weekend events are great for publicity and developing new groups. Trainers who currently have no local organized therapy dog programs within the community might consider contracting with a consultant, someone who can travel to your area, offer a Saturday beginners' workshop and a Sunday evaluation leading to national registration to form a core group of teams.

Beyond entry-level, trainers can build more advanced courses to enhance visits and keep clients engaged. People who want to develop effective visiting skills with their dogs *require* knowledgeable trainers. The relationship between trainers, dogs, handlers, and local groups is reciprocal. Therapy dogs who work in settings that are appropriate for them gain quality time with their own humans and receive lots of attention from the people they visit. A dog needs a job, and when they are appropriately designed, therapy dog "jobs" create positive opportunities for everyone involved.

Continued on page 23



The Client Complains - Now What?

Shirley Greene

Some rules of business are fairly straight forward: Grow your business, maintain or decrease your debt, and you will profit. Another good rule is that businesses selling a product cannot be managed the same as those offering a service. If you deal in tangibles, you are "market" driven. And, if you provide a service, you are "customer" driven. To me, that means a customer doesn't make contact until there is a problem. How many of us call a plumber to report the toilet DID flush? And, how many of your clients made an initial call to report their pup didn't need any training - it was perfectly behaved? Problems are what drive people to service businesses. No problem - no need for a trainer. Doesn't that make us LOVE problems? You might say that problems fuel the bottom line profits. And, that's correct, except when the "problem" is an unhappy client.

The number of satisfied clients leading to referrals and repeat business is universally important. Most business consultants offer up pages of information and yards of lists on how to make your clients happy. We understand that happy clients increase our business, and our profits, by repeat spending, purchasing additional goods or services and sending us those all-important referrals. It is easy to treat these people well.

However, an area often overlooked, and equally influential, is how unhappy clients are treated. The outcome of conflict resolution with complaining customers has the potential to decrease profits, sales and referrals. An unhappy customer, on average, repeats (and embellishes) their "tale of woe" to at least 11 people, while a satisfied customer many only brag 3 or 4 times. There is a large opportunity for every trainer to increase business revenues through appropriate management of client complaints.

I was a "secret shopper"/"buck stopper"

For several years, I was a secret shopper. Hired by companies large and small I went into a store and made a purchase from a targeted department. Then, I returned home and completed a lengthy checklist of positives and negatives to help the store evaluate its level of customer service. I soon grew to realize that evaluating customer contact through purchasing a product wasn't reality based testing. What separated the "Chihuahuas from the Mastiffs" would more likely occur when an employee had to handle a product return or a customer complaint.

I have a theory: almost any employee can make a customer happy by selling them the product or service they've already come to buy. Perhaps raises should be based upon how well employees resolve customers' complaints. Promotions, on the other hand, should be earned by employees who not only resolve the complaint, but also retain the client and, therefore, generate repeated business opportunities. Bravo to those

wise souls who can look upon a complainer as a potential profit center!

In addition to "secret shopping," I spent almost nine years of my life as the "buck stopper" in a large medical school/clinic atmosphere. Before a complaint or a lawsuit stopped at the executive offices of the President or Board of Directors, it came through me. So, if I didn't want to be Swiss cheese, I had to handle the situation and convert the dissatisfied into happy campers. Think I wasn't motivated to learn the art of negotiation?

Houston...we have a problem (client)

The real moment of "customer service" truth for any trainer comes when that unhappy client walks onto the field or their message is retrieved from your answering machine or e-mail. What you do next determines the futures for all 3 sides of the training triangle: the client, their dog and YOU. So before we "engage the enraged," let's take a look at the psychology behind our upcoming "close encounter with the mad mind."

Product -vs- Service: Psyche 101

When a customer buys a product that doesn't work, it's returned to the store. "Hey, this VCR won't record." No one person is blamed - the "IT" didn't work.

But, when a "service" is the product and the promise of solving the customer's problem is broken, the focus of the client is squarely on the PERSON. "YOU made a noon appointment for my dog's first lesson. YOU never showed up and another dog came by and I was pulled across the grass in my work pants." Yep, it's pretty clear: YOU are to blame for everything else that happened with that dog, and their person, that entire day - or maybe for the rest of their week. At least, that's how the client perceives the situation and, unfortunately, perception is reality.

STOP Before You Start

Dogs have taught me that in any "tussle," only one of those involved can be in charge for the tussle to find a resolution. The same applies to complaining clients. Before you open your mouth to respond to the client's complaint, **stop**. Find "higher mental ground." I don't mean Alpha posturing and growling out your response. After all, you wouldn't attempt to correct an unruly dog without the proper tools, i.e. collar, leash and a training plan. So get your mental tools in order and follow a game plan that will leave you, and your client, winners.

They Want To See You Sweat

Eric Hoffer, in *The True Believer*, says: "You can tell the novice from the journeyman carpenter not so much by the finished cabinet but by the sweat on their brows. One works

so much harder to accomplish the same end than does the other." (Like me teaching "running downs in motion" across a field. The dog isn't panting and I am sweat soaked!) As long as both cabinets look the same, the effort doesn't matter to the buyer. But, when you are dealing with a service, effort does matter, especially to the unhappy client. They want to watch your effort at solving their problem and they want to see you sweat!

With a game plan, you will be in charge. You understand that perception is reality and know about working smarter to accomplish "damage" control. Things are looking up - - for YOU, your profits and that client.

Battle Plan

Just as you have a plan of action should a trainer call in sick an hour before group class, you need a battle plan for handling complaints. As you develop one that feels natural for your business, keep mine handy.

Step One - Be Mentally Prepared

Take a moment and clear your mind of problems - even the one facing you. If you are physically in the presence of the "problem," ask for a 5-minute break. You don't want to begin "engagement" until you are mentally prepared to take control.

Of course, privacy is required. If you can't obtain it at the confrontation location, offer to call the client as soon as you get home or meet them at another time or place. You don't need an upset client's perceptions becoming contagious! Begin the encounter when you are certain that your head is clear and you have the ability to be calm. If you feel angry, the anger is in control - - not YOU.

Being angry when trying to do damage control is like taking poison and expecting someone else to die.

Step Two - Stay Quiet (Listen)

When you are composed, begin the encounter. You are already in control because you began a process of "customer recovery" and have a compass pointing to resolution - your game plan. The best opening line for me is: "Tell me what happened." Then, by listening to the customer, and NOT INTERRUPTING, you will find out if the client feels annoyed or victimized. There is a HUGE difference between the two and how you'll need to make amends. Listen so that you can accurately diagnose the problem and retain control.

Annoyed -vs- Victimized

Ron Zemke, in *The Service Edge*, first referred to the concept of annoyed -vs- victimized. Here are some of my examples:

·When both lines on your phone are out of order, you are annoyed. When both lines on your phone are out of order and you ran a new advertisement for dog training that lists your phone number in 14-point (large) type, you feel victimized.

·When your flight arrives home late, you are annoyed. When your flight arrives late and you miss the last connecting plane to home, you feel victimized.

·When your trainer arrives late, you are annoyed. When your trainer arrives late and you've just been dragged down the street by your dog and need 2 stitches in your lip, you feel _____ - - - you fill in that blank!

Let the client talk until they've run out of wind. This is their chance to get it ALL out -- to vent. If they stop talking and their body language, or heavy breathing on the phone, tells you more is just under the surface, use a detective's trick. KEEP QUIET. In person, tilt your head and raise your brows - - that should get them emptied out. Don't engage or defend yourself; that is only counterproductive. This isn't a debate; it's damage control.

Now, I'm not saying let them abuse you. I am saying that as the one on the wrong end of the perceived "wrong doing," they get to talk FIRST. You have to LISTEN until they are all talked out if you are going to "win."

Step Three - Repeat After Me: "I'm Sorry."

Initially, no other comment is needed. Just say, "I'm sorry." You aren't making an apology for your acts. You aren't agreeing with their statements. You are removing the fuse from the powder keg.

What if the client says: "Well, what do you mean you are sorry?" Personally, I say: "I'm sorry that you feel this way and have had such a bad day."

If you remember you are in CONTROL and are leading the unhappy client down the pathway towards satisfaction recovery, it is much easier to disengage from their words. Speak calmly and with sincerity. As with dogs, your excitement increases the volatility of the encounter.

Step Four - Express Empathy

Expressing empathy - not sympathy - is evidence of your compassion. It says: "I know how you feel; I've been listening; I understand." It doesn't say: "You are right; I am wrong." Expressing empathy is essential for a customer who feels victimized. In many instances, you can't get to the next stages of fixing the problem until you express empathy. Actually, the client will let you know if you haven't properly expressed it - - they'll go back to telling their story and complaining.

A simple repeating of the major highlights of their story can begin to convince the customer that you were, in fact, listening. Adding: "I understand how you must feel and why you are so upset," takes the wind out of their sails. Most will then have no emotional need to keep repeating or escalating

Continued on Page 22

The Client Complains-Now What?-continued.....

their complaint. If you understand the problem, surely the next step must be that you are going to do something for them. And, trust me, they are waiting to hear just what it will be.

I have a mentor who recommends you ask the customer: "What can I do for you?" He swears that they usually ask for less than he was willing to give. He's very successful; but personally, I'm chicken!

Step Five - Offer Them A Freebie

Anything "extra" can serve as a symbol that you are, in fact, ready to repent and acknowledge a blip in the radar screen. From free "upsizing" of the fries or drink with the hamburger that proved "fast food" was an oxymoron, to picking up the dry cleaning tab for the client whose dog dragged them down the field; it all serves the purpose - something tangible that says "I owe you and the debt is paid." The freebie needs to be in proportion to the PERCEIVED wrongdoing. Had the client required stitches in his lip for having been dragged behind his dog, free dry cleaning for his pants will not be viewed as enough retribution.

Follow Up.

Once your offer of amends is accepted, the immediate battle is over and the client should be satisfied with the outcome. Of course, having been in control all along, you secretly knew YOU were destined to be victorious. After all, you've defused the situation, kept it from spreading and retained the client.

Now, comes your biggest opportunity. Give the client an appropriate period of time and then "follow up." **Inspect what you expect.** You expect that everything is fine; call and find out. Make sure the dry cleaners did remove the grass stain from the work pants or that those stitches are healing nicely. Once again, you've made the customer feel that their complaint was heard and that they are important to YOU. Even if you never see their dog again, I doubt this individual will have anything negative to say if your name comes up at the next trial or match.

The Real World

Ah. If only every problem were so easily solved in the real world. Of course, you will hear from clients whose complaints are petty and mean-spirited. And, you may hear from clients who are clearly out of line. And, like all of us, you may have to face the fact that you should never have agreed to work with that "problem waiting to happen." Period. And, we all live and learn. Mistakes are what make us "experienced."

If you are inclined to put some of my suggestions to use, here are a few additional pointers to keep in mind:

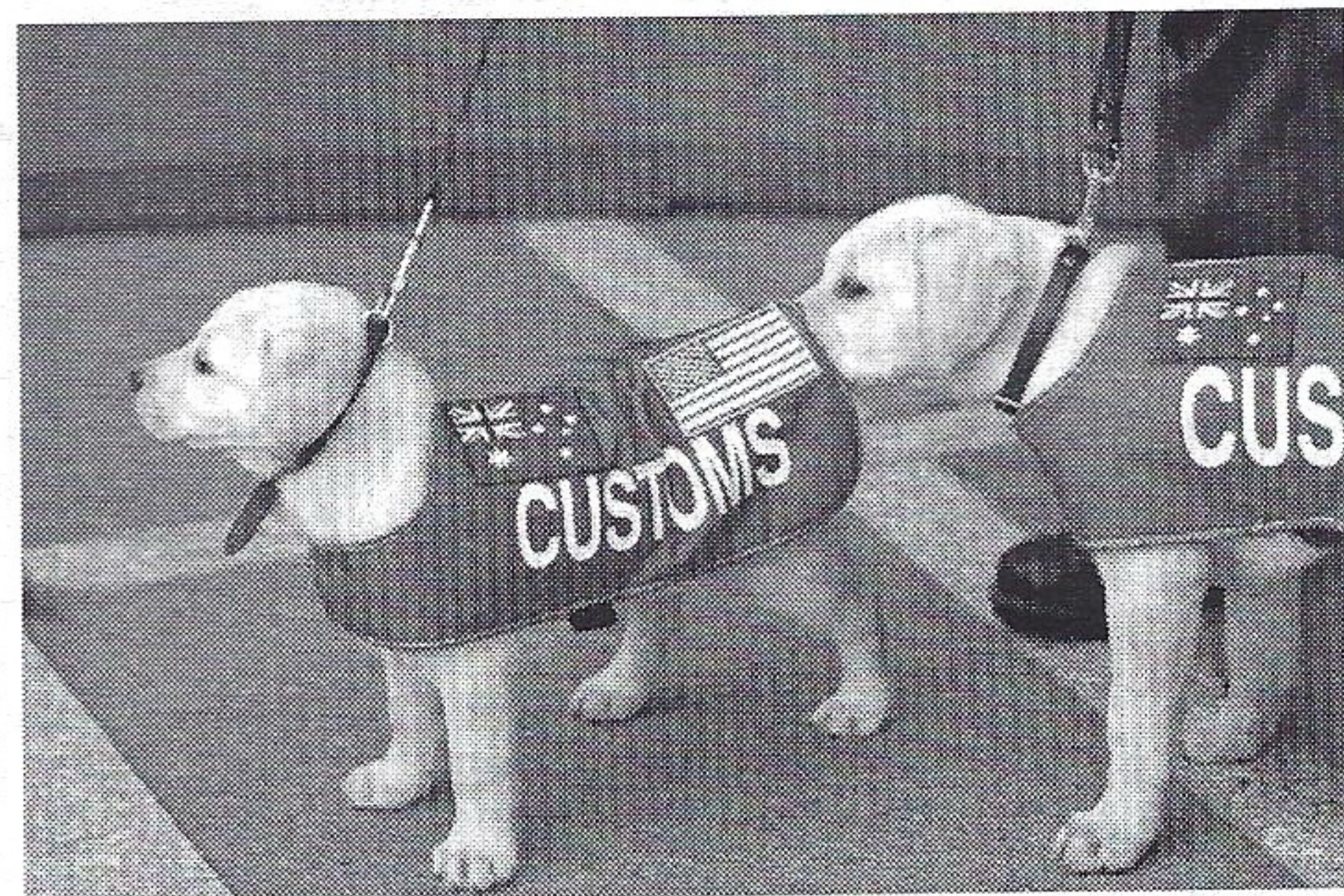
- If you are angry - it WILL show in person or be heard on the phone.
- If you are sarcastic - the customer will know it and the problem will GROW.
- If you can't feel empathy for what your client has endured, this approach won't work. No approach is better than an insincere one.
- If the item offered as a "freebie" is measurably smaller than the perceived wrong doing, you have INSULTED the client, which is a HUGE problem.
- If you did not follow up and the problem wasn't completely solved, you have damaged your relationship with that customer - probably permanently. They now see you as insincere.
- If the customer smiles after the freebie and is pleased during the follow up, you've really WON the battle and, most likely, the WAR of client retention against your competitors.

And remember:

The PERSON is more important than the PROBLEM. Make them happy through conflict resolution and then go back and work on why the problem happened, talk with the "responsible" employee, do paperwork involving a refund or credit, etc. Take care of the PERSON first.

Finding out who is at fault is NOT the customer's concern. Blame doesn't solve the problem. If you own or manage the business, take full responsibility. RESOLVE the situation and then look back to determine what, if anything, can be done to keep the same problem from happening to another client. NEVER point fingers at others in front of the client and never draw anyone else into the conflict resolution process.

Good luck with your next problem client!



Reaching People Through Dogs-Roles and Goals for Therapy Dog Trainers continued.....

NATIONAL RESOURCES

SEMINARS, EVALUATIONS AND CONSULTATIONS

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Kris Butler

www.DogPrograms.com

405-364-7650

THERAPY DOG REGISTRIES

1. Therapy Dogs Inc.

www.therapydogs.com

877-843-7364

3. Therapy Dogs International

973-252-9800

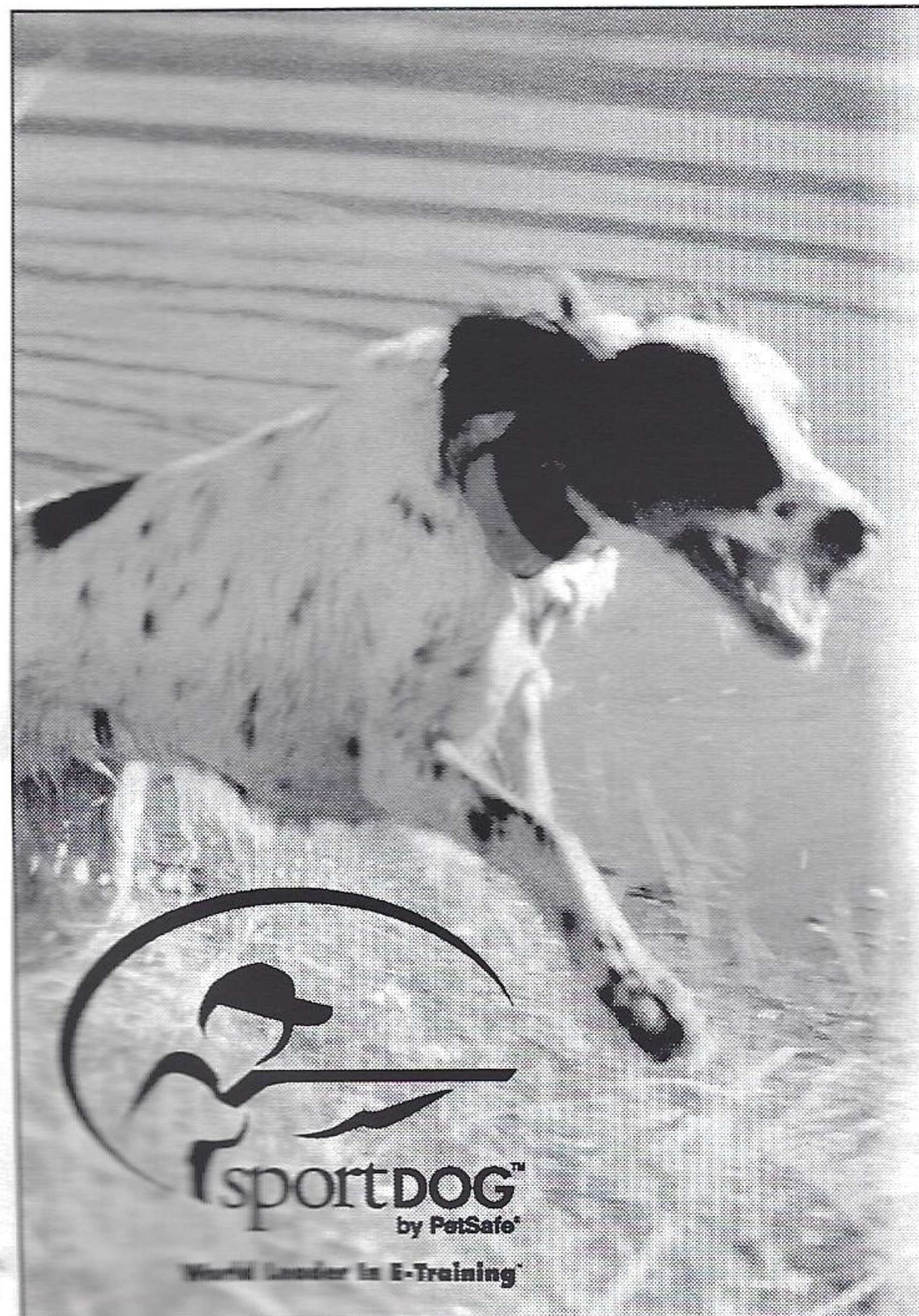
www.tdi-dog.org

2. Delta Society Pet Partners

425-226-7357

www.deltasociety.org

Kris Butler has been training professionally since 1979 and has worked as a professional therapeutic animal handler in clinical and educational settings since 1995. She's developed animal-enhanced programs for hospitals and schools and delivered educational seminars throughout the USA. She's worked as a traveling consultant, evaluator, and evaluator instructor for Delta Society and tester/observer for Therapy Dogs Inc. Kris is a professional member of IACP.



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Tom Pirnie **Huh? What did he say?: Neuro-linguistic programming and increasing your businesses success**

Carol Gurney **Introduction to Animal Communication**

Barbara DeGroote **Working with Shelter/Rescue Organizations.**

Donald McCaig **Starting Right With Sheepdogs (includes a live herding demonstration)**

Jeff MacFarlane **Proven Identity: Marketing your business in today's visual society**

Aggression Round Table **Round table participants to be announced**

Jack Schuler **Think You Can Run From the Law?: Mantrailing and its practical application for today's society**

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Kris Butler **Reaching People Through Dogs™: Five fantastic reasons to add therapy dog training to your existing programs**

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