Treating Separation Anxiety

The goal of treatment is to resolve the dog’s underlying anxiety, essentially to teach the dog to enjoy, or at least tolerate, being alone. This is accomplished by setting up initially easy, short training sessions so that dog can be left alone without becoming afraid or anxious.

The First Step: Deciding on a Starting Point

For those dogs that begin to feel anxious while you are getting ready to leave, you have no starting point. You can’t leave for any amount of time without the dog getting upset. One approach is to eliminate this pre-departure anxiety by teaching the dog the irrelevance of departure-related events. If these cues (i.e., picking up keys, turning doorknob, opening door, putting on coat, picking up briefcase, etc.) are made to be unreliable signals for separation, the dog will be less anxious before you actually leave. This can be accomplished by exposing the dog to these cues in various orders several times a day without leaving. For instance, put your boots and coat on, then watch TV or brush your teeth and put your pajamas on, then go outside. This serves to reduce dog’s anxiety because nothing reliably informs the dog when you are leaving. However, be aware that the dog may have had many years of learning the significance of these departure cues and, in order to learn that the cues are now irrelevant, the dog must experience the “faked” cues many, many times a day for many weeks.

If the dog is less anxious before you leave, the dog is more likely to be able to handle a very short departure. The basic rule is to plan the absences to be shorter than the time it takes for the dog to become upset.

In addition, teach the dog to perform out-of-sight stays by an inside door in the home, such as the bathroom. You can teach the dog to sit or lie down and stay while you go to the other side of the bathroom door. Reward the dog with a tasty tidbit when you come back but before you release the dog to get up from the stay. This teaches the dog patience and control. Gradually increase the length of time on the other side of the door away from the dog. Incorporate the usual pre-departure cues (i.e., put on coat, pick up purse, go in bathroom). Continue with the same exercises at a bedroom door, then at an exit door. If you usually leave via the front door, do the exercises at the back door. By the time you begin at the “leaving” door, the dog should not behave anxiously because there is a history of playing the “stay game.”

The Second Step: Gradually Longer Absences

Begin with short absences, 1-2 seconds, and over many sessions, gradually increase the length. Be a little unpredictable and vary longer absences with shorter ones so that your dog can’t guess how long you’ll be gone each time. For example, start with 2 seconds, then 3, 5 and back to 2. Then try 5 seconds, 10, then 3. Once you’ve reached 30 seconds or more, instead of treating when you return, give your dog one or more stuffed food toys just before you leave for him to enjoy while you’re gone. The goal is for the dog to associate the food and separation with feeling relaxed and content. Make sure you always
remove the food toys when you return so the dog is not able to obtain the food while you are present.

Each separation in a treatment session should occur only after the dog has relaxed from the previous absence. If you leave again right away, while the dog is still excited about your return, the dog is already aroused and it may be less able to tolerate the next absence. The problem could actually get worse rather than better. Try the training during commercial breaks while you watch TV. This helps you to spread out the training and not traumatize the dog. You must judge when the dog is able to tolerate a longer separation. Each dog reacts differently so there are no definite time lines. This is the point at which many people make fatal errors: they want to progress too quickly and so expose the dog to absences that are too long, thereby worsening the problem. Always watch for signs of stress: dilated pupils, panting, yawning, salivating, trembling, exuberant greeting, etc. If you detect that your dog is stressed, back up to a point where the dog can relax, and start again, progressing more slowly this time.

Spend a significant amount of time building up to 40 minutes (seconds at a time), because most of the dog’s anxious responses occur within the first 40 minutes. For instance, if you start at 30 seconds you might try a schedule like this: 30 s, 25 s, 40 s, 20 s, 35 s, 45 s, 50 s, 35 s, 55 s, 20 s, 65 s for one day. The next day, always backtrack a bit: 45 s, 55 s, 50 s, 35 s, 65 s, 75 s, 60 s, 80 s, 40 s, 90 s, 70 s, 100 s.

When you reach the 5 minute mark, begin to vary the times by 30 s increments: 5½ min, 6 min, 4½ min, 7 min, 6½ min, 7½ min, 7 min, 5 min, 8 min, 6½ min, 8 ½ min, 9 min. When you reach 30 minutes, try a schedule like this: 35 min, 10 min, 30 min, 45 min, 15 min, 60 min, 20 min, 30 min, 5 min, 75 min. If your dog can be left alone for 90 mins without getting into trouble, you can probably leave him for 4 to 8 hours. It is best to practice 4-hour absences a few times before leaving the dog to a full 8 hours. The overriding principle is to never increase the length of your absence if your dog is not completely relaxed.

This treatment process can be accomplished within a few weeks if you are able to conduct several daily sessions on the weekends, before leaving for work, and in the evenings. Once your dog is prepared to stay home while you go about your day, make sure you’ve given the dog an adequate amount of strenuous physical exercise first!

**A Necessary Component of Treatment**

When treating any type of fear, it is important to ensure that the dog never experiences the full-blown feared event, only the low-intensity event that the dog can tolerate. This means that during treatment, the dog should not be left alone except during the training sessions. You should arrange to take the dog to work with you, arrange for a sitter to come to the home (most dogs suffering from separation anxiety are fine as long as someone is with them), or the dog can go to stay with a sitter or to a doggy daycare.
Drug Therapy

Drug therapy can sometimes be very helpful, especially for severe cases. Some dogs are so distraught at any separation that even practice departures cannot be implemented without the help of medication. In effect, anti-anxiety medication artificially produces a starting point - it allows the dog to be exposed to some level of isolation without experiencing anxiety. In addition, medication may allow the animal to progress through treatment more quickly.

On rare occasions a dog with mild separation anxiety may benefit solely from drug therapy, without accompanying behavior modification. The dog becomes accustomed to being left alone with the help of the drug and retains this new conditioning after the animals is gradually weaned off the medication. However, most dogs need a combination of medication and behavior modification.

The most commonly used medications for separation anxiety are the tricyclic antidepressants, such as Imipramine, Amitriptyline, and Clomipramine. In December 1998, the FDA approved the use of Clomipramine (Clomicalm) for canine separation anxiety. Clinical trials conducted in North America established that Clomipramine combined with behavior modification was more efficacious/effective than behavior modification alone or than a placebo (sugar pill).

Some behaviorists advocate the use of Fluoxetine (Prozac) and other selective serotonin-reuptake inhibitors (Paroxetine/Paxil, Sertraline/Zoloft) for separation anxiety but as yet, there have been no clinical trials. Buspirone (BuSpar) is another possibly helpful anti-depressant/anti-anxiety medication.

What drugs don’t work?

Acepromazine (Atravet) is often used to treat infrequent anxiety states (such as car rides, airplane trips, occasional separations, etc.) but acepromazine is not an anxiolytic for dogs, in other words, it does not cause the dog to feel less anxious. In fact, some dogs appear to become even more panicked when given acepromazine.