

Early Track B Scent Training

We have talked about track A scent training which depends heavily upon samples obtained from the potential recipient. The principles are the same for track B training, but there are some significant procedural differences.

Objectives

Our first objective is to teach the dog to recognize the presence, or absence, of a very subtle odor, in the presence of what must be an overwhelming sea of other odors. One of these background odors is the unique (to a dog) odor of your child. Specifically we want the dog to recognize some difference from the normal. This means that we must take great care to minimize variables in our training. As a trivial example, if we placed all hypoglycemic samples in plastic containers and all normal samples in glass containers, we could well be training our dog to alert to the odor of plastic. So always keep this in mind for any of the following procedures

A second objective is to train the dog to give some desired response when this subtle difference is detected. This will be the subject of another lesson.

Direct training with the Subject Child

This is clearly the most effective approach to recognition training, as it goes directly to the desired end, without the complication of transitioning from samples to the real thing.

Diabetic Child. The following procedure should start immediately upon receipt of the puppy.

The first step is to establish a threshold test level, below which you would like an alert. A threshold of 70 has been suggested by others.

The puppy should be near the child every time the blood is tested. I would recommend that the puppy be allowed to sniff (NOT TASTE!) the test strip briefly. If the test shows a normal condition, do nothing with the dog. Just proceed, as though he was not there. If the test was below the threshold, repeat the sniff of the sample, and treat the dog. The dog should be praised, but calmly. This is not to be presented as a happy, joyous occasion. The dog will sense your concern, and an exuberant response would confuse him.

At all times, be aware of any unusual behavior from your dog, but especially when you are testing. Unusual behaviors could include things like panting, staring, excitability, whining, barking, etc. Early on, you will want to perform the blood test to see if there is a correlation to the behavior. Once this correlation is established, or even strongly suspected, you should treat the dog before testing, and again after, if the alert is confirmed. Gradually, you should omit the

after testing reward. We do this so that the dog does not find the testing process to be a precursor to the alert/treat process.

Epileptic Child. The principles here are the same as above. The difference is that your test is observation of the child. Clearly, if the onset of a seizure is noted, the dog should be brought close to the child and calmly treated. I assume that you have some ritual of periodic observations of your child for any indications for problems. Again involve the dog in these routine observations, and if everything is normal, be kind to the dog, but no treats. There may be times when routine observations give you reasons for concern that a seizure may be pending. If you think it is probable, then treat the dog. What do I mean by probable? I would say to let your level of concern be your guide. The dog will sense your concern anyway, so he might as well be rewarded for that. The problem with this procedure is that it may induce some false positives downstream. But we would rather have that than missed negatives!

Again, as above be constantly alert for any unusual behavior, and, as above, reward that unusual behavior when you have established some reasonable correlation with seizure events.

Training with Samples.

The above procedures depend upon the actual occurrence of a problem with the child.

Unfortunately dogs learn by repetition, and we hope the frequency of problems is low.

Therefore, we must try to take **full advantage** of problems when they occur, by gathering samples to be used in subsequent training, when the child is normal.

Diabetic Child. When the child is experiencing a below threshold low, body fluid samples should be gathered. This should include the following:

Breath/saliva: Have the child breathe heavily through a 4x4 gauze pad for about 30 seconds. Place this in a glass container. Immediately have the child wash their mouth out with about an ounce of water, then spit it into the cup, wetting the gauze pad.

Perspiration: Dampen a 4 x 4 gauze pad and thoroughly wipe down body areas prone to perspiration. **Again**, place in a glass container.

Blood: Save the test strip, and try to get a little more blood than required. Place it in a glass container and add two or three drops of water, to keep it from coagulating.

Keep a log and carefully **document all that you can about the history and environment of this sample** gathering exercise. Note: time of day, location where test occurred, history of eating, gum chewing, etc. any unusual household odors such as cooking odors, exercise history, etc.

Next, you will want to gather an **identical set of samples** when the child tests normal, and has been normal for, for at least 4 hours. Try as well as possible, to duplicate the conditions and environment from the log above.

All samples gathered should be immediately placed in the freezer!

Epileptic Child. Do as above, with the exception of blood, at the onset of a seizure. You may also wish to gather samples if routine observations make you suspicious that a seizure may be imminent. If it turns out after several hours that there was no occurrence, then the samples can be discarded. However, if there should be a subsequent seizure, these samples could prove invaluable for training pre-seizure alert!

As above, keep a good log of all samples gathered, and keep them frozen until use.

Use of samples. I find the best result is **making this a game** for the dog. Start this using ONLY the active samples (i.e lows for diabetic and seizure onset for epileptics). **Thaw, and warm the sample.** Then let your dog **sniff it, say "find it"** and treat him. Repeat this for a few days (20 or 30 repetitions). Then place the sample 5 **or 10 feet away, where he can see it.** Be sure that it is enclosed so that he cannot eat it, but can smell it. Say "find it", and he should go to sniff it. Reward him immediately. When he is proficient at this, start doing two things. Put him on a **down stay** where he can't see what you are doing and hide it someplace near. Say "find it" and he should go search for it. **When he finds it, say "sit" before he gets his treat.** You now have a rudimentary alert. A useful variation of this is to, occasionally; **have the child hold the sample, as the hiding place.**

When and **only when, he is proficient at this, you can introduce the normal samples.** I.e., hide one of each kind and give the "find it" command. Yes, initially, he will alert to the first one he finds, because both have the child's odor. If he finds the normal one first, no treat, take up the normal sample and repeat the "find it" command. Now, when he **finds the correct one, reward him.** You will have to be creative in finding new hiding places, and randomizing your placement, as the dogs quickly start keying in on past hiding spots.

Alternate approach. An alternate approach is the **"pick the bucket" game.** Find a couple of identical containers, or small buckets. I prefer metal, or glass, because plastic can easily pick up odors. Here, you need not hide your actions from the dog, as long as the buckets and the sample containers are nearly identical. It is nice to mark the sample containers somehow with

small labels so that you remember which is normal and which is active. (Although our dogs are very smart, I assume that they cannot read 😊). Now you can just place the two samples randomly in the buckets, and play a similar game.