

ABCs of Behavior: Interventions for the General Practitioner

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Behavior problems in companion animals are a common owner complaint. Surveys of pet owners reveal that more than 90 percent complain about their dog's behavior. Often, these problems result in pet owners relinquishing their pets to animal shelters. Further studies have shown that dogs whose owners received behavioral advice from a veterinarian were at lower risk of being relinquished to a shelter. In the same study however, only 25% of owners reported that their veterinarian routinely offered behavioral advice. While the results were not as dramatic, the same factors were important for relinquishment of cats to shelters. This information underscores the need for veterinary practices to incorporate behavioral medicine into routine office visits.

Behavioral intervention can include preventive counseling, early diagnosis of problems, normal behaviors that are problems for the owners, problems with established diagnosis, abnormal behaviors and advanced and challenging cases. While behavioral consultations may be beyond the scope or desire of many veterinary practices, all veterinary practices can help pet owners assess the behavioral health of their pet. Each veterinarian should evaluate their training to date, the resources you have (library, referral people nearby, continuing education in the past and planned in the future). Also consider the liability that some behavioral problems may pose. Aggression is a serious threat to humans and possibly other pets and requires more time and expertise to treat. Decide what you are willing to handle, and how you will deal with cases you are not willing to treat.

Medicine should come first

Always remember to do your medical due diligence with a good physical examination and any laboratory or imaging studies indicated. Keep in mind that if the behavioral change is sudden, the first question should be "why now?" and often indicates the need to rule out all sorts of potential contributory medical issues. In older pets, a change in affect or behavior often is an early sign of pain, organ dysfunction, endocrine changes, cognitive changes or cancer. Always rule out any contributing or concurrent medical problems that may be contributing before starting behavioral therapies. A good physical examination, mini neurological examination and minimum database of laboratory work should be standard for behavior cases. Always treat any concurrent medical problem and reassess the case in 7-10 days. Remember, once the medical problem is controlled or resolved, learning may contribute to ongoing performance of the unwanted behavior.

Charging for your time

Always schedule an appointment to deal with a behavioral issue even one casually mentioned in a routine yearly examination. When an owner perceives that their pet has an unwanted behavior, this may affect all aspects of their interaction with that pet, including providing appropriate health care. Furthermore if you don't help, pet owners are going to seek advice and help elsewhere and willingly pay for that help. In some cases the help they seek may be appropriate, but in many cases it is not. Finally, other individuals charge a great deal of money for these services and often a package of behavioral advice or training help may cost \$300 to \$1000. Set aside time to educate yourself and/or your staff and then schedule and charge for those visits as you would any other veterinary service. Remember, helping keep a pet in their home could be just as life saving as any medical or surgical intervention.

Taking a behavioral history

An integral part of treating any problem whether medical or behavioral is taking a comprehensive history. For behavioral problems it is advisable to use a pre-printed form that can help not only target the questioning, but keep the consultation on track. There are many resources for these forms including books by this author. History forms can be e-mailed or faxed to clients prior to the appointment with the request to return them to you 24-48 hours prior to appointment. This will allow you to review the problem, assess possible interventions and be ready when you and the client meet. The ultimate goal of a behavioral history should be to identify the target behavior or behaviors you and the client wish to change and some measure of frequency, duration, intensity etc. that then can be used to gauge treatment success.

Follow up

Whatever you decide to treat, also make a decision how follow-up will be obtained and progress assessed. It will be difficult to judge the effectiveness of your behavioral program without good follow-up. Follow up can be by phone and/or return visits. Make sure to allot time for these services in the daily or weekly schedule and also calculate a charge for them.

How to begin

Preventive counseling

Veterinarians and their staff can provide potential puppy and kitten owners with information about breed selection, health care needs, coat and feeding maintenance of potential pets. Create a library that has books on pet selection and become familiar with reputable sources of puppies and kittens in your area. Designate a staff member who can answer questions about topics as the ideal age to adopt puppies or kittens, what to do if adopting an adult dog, what sex to obtain, and information about breed selection.

Once a client has obtained a new pet, and visits the practice, opportunities to provide behavioral services are numerous. Use handouts from established sources or create ones that deal with common behavioral topics for new puppies and kittens. These include puppy and kitten proofing the home, confinement training (crates), house-training, chewing behaviors, destructive behaviors, socialization, play behaviors and many more. Have books and videos that provide this type of information.

Check lists can be made up that go in puppy and kitten records to be sure that every owner of a new pet gets the proper information on these topics as they visit for regular puppy and kitten exams. Include adequate time for the owner to ask questions about behavior and for you to find out about behavior. Include queries on house-training; play biting, stealing, jumping and chewing behaviors. Consider creating a value-added puppy and kitten packages that include behavioral information and perhaps a visit with a technician to help pet owners over the rough spots. The time spent on helping them create a good, healthy bond with their pet based on appropriate interactions can help keep a new puppy or kitten in their home for a lifetime.

Early diagnosis and intervention

Even with a proper puppy and kitten program in place, there are adult animals in your practice that need behavioral information and advice. How best can these people be identified? One of the most efficient ways is to provide each client with a behavioral questionnaire at routine health examinations. The client could fill these out while waiting to see the veterinarian. Questionnaires could be general, or specific for each species. The use of a questionnaire will allow you or a staff member to identify, triage and treat behavioral problems in your patients.

Canine questionnaire

Questions about the daily routine are informative. These include pet owner interaction, where the dog(s) sleeps, who feeds the animals, and how much time the pet spends alone, amount of playtime and training time on a daily basis. An aggression screening (whether the dog snarls, growls, snaps or bites) should ask about the pet's response to owner reprimands, owner handling such as wiping the feet or grooming, taking objects from the dog, touching its food, moving the dog while it rests etc. and can yield very important information. Questions about unruly behavior such as barking, jumping and escape behaviors would help identify problem areas that need attention. Problems with house soiling or destruction should also be explored. Questions that target anxiety behaviors like separation anxiety (owner absent problem behaviors) and noise phobias can be very revealing.

Feline questionnaire

Important areas to ask cat owners about include the litter usage, litter type, litter maintenance, food, daily routine and access to outdoors of the cat(s) in the home. Owners should be questioned about any aggression surrounding play, other animals, petting or food. Specific questions about problems with scratching behaviors, inappropriate chewing or elimination outside of the litter pan will target the most frequent cat owner complaints. If the home has multiple cats, questions about placement of litter pans and food bowls may help prevent later problems. Episodes of aggression between cats in multiple cat homes should be explored.

Using the gathered information

Information gathered in this way can be used to determine if it is a problem that you or your staff can deal with, a training issue, or a problem that should be referred to a veterinary or applied animal behaviorist. The problems could be normal behaviors that are being expressed in a manner that is problematic for the owner, a behavior that is dangerous for family members, abnormal behaviors or extremely challenging problems. If you discover areas of concern, then you must decide how you might intervene. Intervention can take many forms. Interventions include a one on one training situation, a head collar or no pull harness, pheromones, handouts; declaw surgeries, appropriate toys and training aids.

Some normal behavior that may be performed excessively in dogs includes barking, digging, or jumping. In cats it may be scratching, or problem play behaviors. Problems with established diagnosis and treatments include house soiling in dogs and cats, separation anxiety and cognitive dysfunction in dogs.

Advanced and challenging behavior cases

These cases include aggression cases in dogs and cats, compulsive disorders, advanced and serious fears and phobias, some separation anxiety cases and other behavior cases that are not responding to treatment. They present a challenge to all veterinarians. They need to be worked up like any complicated case in veterinary medicine. Start with a good history, physical examination and possibly laboratory testing. Often medical problems and behavioral problems overlap, chronic conditions such as dermatological disorders, arthritis, and dental disease contribute to irritability and problem behavior. Addressing these issues may help diminish problem behavior and even if the decline is minimal, attending to animal health is important. Attempt to determine if the problem is a normal but unwanted behavior or an abnormal behavior.

Next you should classify the behavior problem and determine if you can help or need to refer the case. Treatment will usually include treating any medical problems, behavior modification, environmental manipulation and possible psychotropic medication. You should decide your ability to provide all of these.

A word about aggression

Aggression cases, both in dogs and cats carry the risk of injury to humans and other animals and therefore have increased liability. A veterinarian must feel comfortable with their level of expertise when dealing with aggressive animals. If unsure of how to proceed, safety precautions should be implemented and the case referred to a behavior specialist.

- Safety precautions: always suggest environmental constraints that prevent the dog from engaging in the problem aggression. Gates, closed doors, crates, muzzles, head collars, separation from company or family members, leashes and supervision. Each time the animal is allowed to engage in the aggressive response, not only is there a risk of injury, the pet becomes more likely to use the behavior in the future if they successfully remove the threat and thus the reason for the aggression. If aggression has happened once, it can happen again and being proactive is best for the family, the pet and other people who might come in contact with the pet.
- Risk assessment: things to take into consideration include but are not limited to the severity of the aggression to date, the victims, the predictability of the aggression, size of the animal, family composition, and ability of the owners to provide safety for themselves and others, willingness of owner to accept responsibility for the problem⁵.

Wherever you decide to intervene, behavioral history forms are helpful for diagnosis and treatment and can be found in the books listed in the resource section below.

For difficult cases referral sources should be available. These might include the American College of Veterinary Behaviorists (www.dacvb.org), or a certified applied animal behaviorist.

Behavior products

Behavior products can be helpful to help pet owner manage and/or prevent minor problem behaviors. These include head collars, toys, distraction devices and interactive toys and pheromones. Handouts can be especially useful and many sources exist for obtaining handouts including the Lifelearn Handouts and books listed below include handouts for printing and use within the practice setting.

Basic strategies

- Avoidance- identify the provocative situations and avoid them. Know the triggers, plan ahead and manage expectations. Examples; confining the pet before visitors, take walks in low traffic areas at low traffic times, avoiding giving provocative items such as rawhides and bones.
- Being Consistent. Identify what the pet can and cannot do and stick to that plan.
- Controlled interactions. Everyone likes two basic things in their life predictability and control. Asking a pet to perform a task or wait in a calm manner before receiving things they want helps them have control. Keep interactions simple, regular feeding and walking at set times pet.
- Do your medical due diligence. The first sign of a medical problem can be a behavioral change.
- Enrichment. Both dogs and cats need the opportunity to engage in normal behaviors.
- Forget about dominance When dogs engage in unwanted interactions with humans it is simplistic and incorrect to attribute these interactions to an underlying motivation to “dominate”.
- Goal setting A productive session would focus not on what the pet should “stop” doing but rather on what the correct behavior would look like.
- Head collars and harnesses These devices allow owners to easily convey to their pet how to behave and respond without force or pain and utilized in dogs and cats to increase control.
- Information Your goal should be to provide them with credible information based on science.
- Joining it all together Create a comprehensive treatment plan by starting with management strategies that increase control and predictability. Follow with targeted behavior modification.
- Knowing limits Have an open discussion with the family on what their expectations are for improvement and resolution and then slowing work toward those goals.
- Learning theory. If you are really serious about changing behavior, you need to understand how learning takes place.
- Making it easy. Be sure to give the family some easy steps to empower them to continue as they see change is possible; working for food; teaching the pet how to be confined and responses to simple commands like sit, stay and focus.
- No Punishment. While punishing unwanted behavior is the most common intervention utilized, it often is the most ineffective and destructive to the human-pet relationship.
- Opportunity for practice growth. In these times of declining practice revenue, it makes sense to offer new services that not only help pets and their people but also can help your practice.

- Pharmaceuticals. Some cases will benefit from intervention with medication. Have a diagnosis; understand what medication to use and how it might influence the behavior. Be familiar with approved meds in dogs & cats, start with labeled medications, and know side effects & pitfalls.
- Quick steps. Be sure to offer safety recommendations for aggression & quick management tools
- Red flags and referral. Severe aggression directed toward people or other animals, compulsive disorders or severe anxiety or anything that compromises quality of life might need referral.
- Staying the course. Behavior takes time to change, but may begin to change within 2-6 weeks. But most cases need 3 months or more of therapy to show lasting changes.
- Treatments. Utilize behavior modification, avoidance, management and medication for a comprehensive approach
- Using adjunctive therapies. Nutraceuticals, pheromones & other interventions

By working through all the possibilities, you can add behavioral services to your practice and improve the bond between people and their pets and keep pets in their homes.

Resources for veterinarians

Horwitz DF, Mills D. (2009) BSAVA Manual of Canine and Feline Behavioral Medicine second edition. British Small Animal Veterinary Association, Gloucester, UK. Handouts included

Horwitz DF, Neilson J, (2007) Blackwell's 5 Minute Veterinary Consult Clinical Companion: Canine and Feline Behavior, Wiley Blackwell Publishing, Ames IA Handouts included

Houpt, K. (2004) Domestic Animal Behavior for Veterinarians and Animal Scientists, 4th edition. Blackwell Publishing: Ames, IA.

Landsberg G, Hunthausen W, Ackerman L (2013). Handbook of Behavior Problems of the Dog and Cat, 3rd edition, Saunders, Edinburgh, UK Handouts available

Serpell, J; Barrett, P (Eds.) (1996) The Domestic Dog: Its Evolution, Behavior and Interactions with People. Cambridge Univer Press,

Turner DC, Bateson P (editors). (2000) The Domestic Cat, the biology of its behavior, 2nd edition, Cambridge University Press,

American College of Veterinary Behaviorists - www.dacvb.org

Veterinary Information Network

Resources For Pet owners

Handouts

Landsberg G, Horwitz DF, Behavior Advice for Clients, an updated compilation of the LifeLearn set of behavior client handouts, which are part of ClientEd Online™, LifeLearn's online client education service.

Decoding your Dog from MHM Publishing written by the American College of Veterinary Behaviorists has 14 chapters that cover all sorts of problems and questions that dog owners might have. Published in January 2014 and is available on Amazon

AAHA behavior handouts

References

Miller, DD, Staats, SR, Partlo, C., Rada, K. Factors associated with the decision to surrender a pet to an animal shelter. JAVMA 1996; 209:4: 738-742.

Patronek, GJ, Glickman, LT, Beck, AM, et al. Risk factors for relinquishment of dogs to an animal shelter. JAVMA 1996; 209:3:572-581.

Patronek, GJ, Glickman, LT, Beck AM, et al. Risk factors for relinquishment of cats to an animal shelter. JAVMA 1996; 209:3:582-588.

Horwitz D F, Assessing risk and prognosis in Aggressive dogs Clinician's Brief 2006 4:9: 57-58.

When cognitive behavior therapy emerged in the 1950s, driven by the work of Albert Ellis and Aaron Beck, basic behavior principles were largely sidelined in clinical psychology curricula. Issues in cognition became the focus of case conceptualization and intervention planning for most therapists. But as the new third-wave behavior therapies begin to address weaknesses in the traditional cognitive behavioral models-principally the modest effectiveness of thought stopping and cognitive restructuring techniques-basic behavior The ABC model is a way to evaluate behaviors in order to determine why employees choose to act or behave in a certain way. The model looks at Antecedents, Behaviors, and Consequences. To conduct an ABC analysis, you, as supervisor, need to: Describe the observed problem behavior (i.e., not wearing required personal protective equipment (PPE)) as well as what the employee should be doing (i.e., wearing PPE).