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Canine Behaviour – What to do with Problem Dogs Mini Series

Session One: First Responses to Presented Problem Behaviour in Dogs

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Canine Behaviour – what to do with problem dogs
Part 1: First responses to presented problem behaviour in dogs
Study notes

Dogs showing problem behaviour can be presented at the practice for many reasons. The client may be concerned the behaviour is a sign of illness and so bring them in for a clinical examination. They may also present the animal or contact the practice for guidance on where best to seek advice. Most commonly discussion of unwanted behaviour arises secondary to presentation for a physical problem or routine visit. Wherever problem behaviour is presented the first step will be to eliminate any possible medical cause for the behaviour. Discussion of the medical differentials for problem behaviour is outside of the scope of this webinar series. However suitable resources summarising these are given under 'further resources'.

Once medical cause for problem behaviour has been eliminated the next step is to consider behaviour modification. Behavioural assessment and/or treatment may also be indicated: -

- Where the medical cause has been addressed but the behaviour has become learnt and so has persisted
- Where the initial examination fails to determine whether the problem behaviour has a physical or behavioural cause. Where this is the case assessment by a Clinical Animal Behaviourist (CAB) to diagnose or exclude a behavioural cause may prove a more economical first option than other investigations.

Who should conduct the behavioural consultation?

The Codes of Professional Conduct for Veterinary Surgeons and Registered Veterinary Nurses require that they ensure they "keep within their own area of competence and refer cases responsibly" (RCVS, 2015[1]; RCVS, 2015[2]). It is important that they keep this in mind when deciding who should conduct the behaviour assessment and behaviour modification programme (BMP). Options include: -

- An in-house staff member where they have appropriate expertise and resources
- An external CAB providing in house services as a consultant
- Referral to an external CAB
- An in-house staff member and external CAB working in tandem where the former has behavioural training but this is insufficient for, or they do not have the resources to offer, a full in house service

The advantages to offering in-house behavioural services are that clinic consultations can be more economical for the client than a home visit, additional services are known to bond the client to the practice and they provide an income stream. Being able to make an immediate booking can also reduce dropout rates between referral and contact with the CAB, and future visits for medical treatments enable continued support, potentially improving compliance. However many practices do not have the expertise or facilities required, such as available consulting rooms, external training areas, appropriate equipment or access to relevant environmental situations. They are therefore unable to offer a full behavioural service in house.

Where this is the case care must be taken when choosing a CAB to work with or refer to. Incorrect assessment, diagnosis, handling or advice regarding animal behaviour can have significant consequences. Referral to someone without the appropriate expertise may therefore have professional, legal and/or ethical repercussions either for the individual vet or veterinary nurse, or the practice.

There is currently no statutory regulation of those offering services to modify companion animal behaviour. As such there can be a great deal of variation between their ability and conduct, such as: -

- Level of formal or academic training, and whether this knowledge has been assessed.
- Understanding of theoretical principles and how these apply to problem behaviour
- Use of evidence-based methods
- Levels of practical training and experience, and the ability to implement this
- Ability to objectively collate information and assimilate this in order to make an accurate diagnosis

- Ability to understand the human animal-bond and how this will impact on both the pet's behaviour and the owner's expectations of them
- Ability to develop the client's knowledge and skills to support them through the behaviour modification process
- Ability to counsel the client where difficult decisions are needed
- Whether they are insured
- Whether they are readily accountable
- Whether they conduct themselves in a professional manner
- Awareness of the legal implications of the animal's behaviour or any advice offered
- Whether they maintain their knowledge to ensure it is up-to-date
- Whether they work synergistically with the vet team

One way to identify an appropriately qualified and competent CAB is via an accreditation or registration body. However there are multiple bodies providing this service and requirements for membership or accreditation vary as widely as the practitioners themselves. Care therefore needs to be taken when relying on them.

There are a small number of Veterinary Surgeons that are recognised as Advanced Practitioners or Specialists by the RCVS/European Board of Veterinary Specialisation. Referral to a veterinary behaviourist is of particular use where it isn't yet clear if the behaviour has a medical or emotional/behavioural cause, where there is co-morbidity or where psychotropic medication may be indicated and the presiding vet would like guidance on this.

The companion animal behaviour regulatory body, for both veterinary and non-veterinary CABs, recognised by the key veterinary, welfare, rehoming, animal behaviour and professional training organisations is the Animal Behaviour and Training Council (ABTC). ABTC is also recognised and recommended by DEFRA (DEFRA, 2014). ABTC council members (see http://www.abtcouncil.org.uk/founder-members.html) have developed agreed the standards of knowledge and practical skills required for: -

- Veterinary Behaviourists
- Clinical Animal Behaviourists
- Accredited Behaviourists (Animal Behaviour Technician from 2020)
- Animal Training Instructors
- Legal Expert Witnesses

The council then maintains registers for each of these categories based on the agreed criteria. Rather than assessing individuals itself, ABTC invites existing organisations to apply to have their members placed on the register that their membership requirements reflect. For example veterinarians that are also full members of the APBC can be registered as Veterinary Behaviourists. Non veterinary full APBC members can be registered as Clinical Animal Behaviourists. Members of the Association of Pet Dog Trainers (UK) can be registered as Animal Training Instructors and so on. The membership criteria required for an association's members to be accepted onto the CAB register include: -

- A first degree or higher in companion animal behaviour, or an appropriate subject that covers all the areas of knowledge agreed as required by the ABTC council members.
- A minimum level of experience
- Assessment of practical ability
- Agreeing to only accept cases with agreement from the animal's presiding veterinary surgeon. This ensures medical cause is eliminated and that the practice is kept aware of advice offered, especially where it may have a physiological dimension
- Adherence to a professional code of conduct
- Appropriate indemnity insurance

Initial assessment

Even where referral to a CAB is planned the practice still needs to conduct an initial assessment of the problem behaviour. This enables them to: -

- Ensure the dog is referred to the most appropriate person e.g. CAB, ATI, Veterinary behaviourist
- Evaluate the level of risk in cases of aggression so appropriate steps can be taken to manage this, and to determine the urgency of the referral

- Evaluate the impact of the behaviour on the animal's welfare whilst a behaviour consultation is arranged. This again enables determination of the urgency of the referral. It may also highlight whether interim medication may be advisable.
- Ensure appropriate 'first aid' advice is given
- Ensure compliance with ethical and legal obligations, both to protect the owner's and animal's welfare, and to demonstrate that advice has been appropriate for the level of risk involved.

The information required for this initial assessment is not as detailed as that required for diagnosis and treatment: the key aim is simply to determine the severity of the situation and what steps are needed to ensure safety and alleviate distress whilst this is arranged. Key information required is as follows: -

- What does the owner feel the main problem behaviours are?
- Is the dog using threat behaviours such as growling, snarling or snapping. If so in what circumstances
- Whether the dog has bitten and if so the nature of any injuries, whether this was single or multiple, and whether the owner was able to safely diffuse the situation
- Whether the dog is responsive to basic commands
- Does the dog show signs of stress or anxiety (see below).
- Are there any children or other vulnerable people in the house
- Does the household layout permit separation of the dog whilst maintaining its welfare e.g. behind baby gates etc.
- Has the client tried to address the behaviour and if so what methods were used

When evaluating information provided by the client it is important to keep in mind that the reliability of this can be affected by a number of normal psychological processes, such as: -

- How clearly or closely the client observed incidents of unwanted behaviour
- Whether they are aware of canine body language or behaviour and so whether they will have noticed or committed key information to memory
- The reliability of their memories, which can be affected by emotions, physiological states, intellect, individual ability to store and retrieve information, saliency of the events to them and stress. Memory can also be 'selective' or suffer from memory bias, which causes people to store and recall information that supports their existing beliefs or ideas
- How the owner interprets the motivation for the behaviour. It is common for an owner to offer a diagnosis rather than a description of the behaviour, or to have already decided why they feel the dog is performing the behaviour and only report behaviours that fit with this.
- Reluctance to disclose information due to fear of the consequences or embarrassment

The reliability of information can be tested and elaborated through questioning. This should include clarification of any technical/unusual terms used to ensure the client understands them, discussion of the details of incidents and their response to them, and how the behaviour has developed or escalated.

Assessing risk

Once all the required information has been collected the next step is to determine the level of risk. Conducting a detailed risk assessment requires advanced behavioural knowledge and so is primary the remit of the CAB. However, the Vet/VN can make an initial assessment to inform appropriate interim advice. The key factors influencing risk around a dog that is using aggression are summarised at table 1.

Where risk is considered to be low the vet or nurse can then offer interim advice as below whilst awaiting referral. Where risk is high they may wish to contact the CAB directly to discuss appropriate steps further and whether the referral can be expedited. In rare cases they may need to discuss with the client whether they can keep the dog safe in the interim.

Interim first aid advice

Once risk has been assessed the vet or vet nurse may need to offer some interim behavioural first-aid advice to prevent further incidents or the situation deteriorating, and to alleviate the emotional distress of both the dog and the owner. Key first aid tips are as follows: -

- If a dog is aggressive to people or dogs outside the house the client should keep them on lead on walks and keep their distance from other people/dogs as appropriate. They should also maintain boundaries and locks, and use a double door system where possible, so the dog cannot escape.

Risk	Discussion
The frequency of incidents	The more often incidents occur the more likely it is there will be one between the referral and opportunity for the CAB to assess triggers and offer more detailed advice.
Clarity, speed and target's response to warnings	Animals usually give clear warnings before escalating to injurious aggression. The clarity of these warnings, speed with which they escalate from warning to causing injury, and the ability of the target to interpret and respond appropriately to warnings will all affect risk. For example risk is lower if a dog gives clear warnings, such as growling, than if it gives no warning or only uses subtle warnings the owner may not recognise.
Persistence and resolution	The risk and severity of injury is higher where the animal persists with injurious behaviour despite attempts by the target to withdraw.
Severity of previous injuries	The greater the injury caused on previous occasions, the greater the risk this will recur and be life changing.
Ability to identify and manage triggers	Risk is much higher when the triggers are not immediately clear, or are unavoidable. For example if a dog is possessive over its own food this can be easily managed. However if it is possessive over all food or the trigger cannot be identified this poses greater risk.
Owner's awareness of risk and ability to follow advice.	Risk is much lower if the owner recognises the seriousness of the situation and is both willing and able to follow the interim advice given.
Household composition	There is greater risk when the animal spends time with children or other vulnerable people. This includes regular visitors to the house. The physical/behavioural age of children will influence their ability to follow safety guidelines, as will the specific needs of vulnerable people.
Training and responsiveness to handling	A dog that is used to following commands and is responsive to owner direction carries less risk due to the ability of the owner to manage their behaviour.
House and garden layout	Risk is lower if the garden is secure, and there are suitable areas within the house in which the dog can be secured e.g. when answering the door, visitors arrive or during trigger activities e.g. eating.
Physical strength.	Even small dogs can still inflict serious injury, and size and breed are not a reliable indicator of a dog's likely use of aggression. However the larger and more powerful the dog the greater injury they are capable of inflicting if they do.
Level of self-control and arousal	Dogs that are unable to (currently) control their own impulses, or that become unresponsive to control or direction when aroused, carry higher risk.

Table 1: Factors influencing level of risk to others in cases of aggression

- Muzzles can be used in trigger situations. Dogs find cage muzzles less distressing than cloth muzzles as they are still able to pant, drink and use social communication. Dogs should be habituated to wearing the muzzle prior to use if at all possible and they should not be used for prolonged periods. Clients must be made aware that their dog is at risk if attacked by another dog whilst wearing a muzzle. They can also still cause injury when wearing a muzzle e.g. impact bruising

- If the dog is aggressive to callers they can be prevented from reaching them by using a double door system, in which the dog is shut securely behind a barrier or another closed door before the entrance door is opened. The use of strong, securely fixed dog gates or barriers can help where the house layout does not facilitate complete exclusion. These are best covered to prevent the dog seeing the caller. Exclude the dog for the duration of any visit. If someone is staying for more than a few hours, or the dog cannot cope with exclusion, it may be advisable for the dog to be cared for by a friend or family member, or to be kennelled.
- If aggression is directed towards a family member they should avoid interacting in ways that trigger this behaviour.
- Providing a refuge for the dog gives them the option of 'flight' over 'fight'. Owners should be advised never to approach, handle or correct the dog in the refuge as this may intensify defensive behaviour due to the perception of being trapped.
- Respect warning signals including appeasing behaviour and lower-level threats. Suitable client resources for reading dog body language when fearful or threatening can be found at https://www.rspca.org.uk/adviceandwelfare/pets/dogs/behaviour/understanding, http://www.theveterinaryexpert.com/behaviour/fear-aggression-in-dogs/ and https://drsophiayin.com/blog/entry/free-dog-bite-prevention-week-resources/
- Avoid confrontation, manipulation, or dominance/'dog whispering' techniques (standing over, staring, intimidation, alpha rolling, physical correction) or anything that may intimidate or antagonise the dog.
- Securely fixed dog gates allow a dog to be separated from vulnerable people. Dogs should not spend prolonged periods on their own or confined to crates.
- Prevent access to items a dog is likely to guard. If a dog is showing possessive behaviour at meals times they should be fed in a separate room with the door closed and the bowl should only be removed once the pet has moved into another room voluntarily. Pets that are possessive over food should not be fed ad lib and should be excluded whilst people are eating, including children's snacks.
- If a dog is guarding something the owner should ideally avoid trying to remove it. If they feel the item must be removed they must accept the risk of doing so, both at the time and in future similar situations. Scattering or laying a trail of treats into another room will often distract the dog long enough for the item to be covered or kicked away.
- If the dog is showing threat to a person they should stop whatever it is they are doing, keep their arms still and avoid making loud or sudden noises. They should slowly move their body so they are at an angle to and are leaning away from the animal and should turn their head slightly away, avoiding eye contact whilst keeping the dog in their peripheral vision. They can then move away. If they are concerned that movement may trigger higher-level aggression they can try using a nearby household object as a barrier.
- If dogs living together are fighting they should be separated around triggers, or continually using a gate or solid door if fighting is unpredictable or occurs on sight. If they are showing signs of stress at even being in the same house as each other it may be advisable for one to stay with family or friends, or to be kennelled until the behaviour consultation can be arranged. If fighting dogs don't have disagreements on walks these can be maintained.

If a dog is showing distress on separation it is best for them not be left until this can be properly assessed. Options include use of day care, dog walkers or family and friends. Fear or anxiety in other situations can also be managed in the short term by avoiding the triggers.

Medical interventions, such as neutering, long term medication or pheromones, would preferably be delayed until the CAB has had the opportunity to assess or diagnose the problem behaviour. This ensures they do not interfere with the assessment process and that the vet has a diagnosis before deciding on the right course of treatment. However short term medication may be appropriate in some cases, as discussed above.

Sharing information

The RCVS Code of Professional Conduct provides specific authority for vets to release medical histories to other vets but not to third parties. However the pet's medical history can provide invaluable information that enables the CAB to ensure they consider physical needs when assessing and addressing problem behaviour. Examples of potentially useful information include: -

- The animal's current health status including any medical conditions that may directly affect the animal's behaviour or the proposed BMP.
- Patterns between successive medical conditions and behaviour
- Historical conditions that may have influenced development of problem behaviour
- Current medication that may affect the animal's behaviour or the BMP
- Dietary advice that may influence the use of treats and food-based activities
- The animal's behaviour in the practice
- The client's behaviour in practice and history of compliance
- Any financial concerns

The vet should seek the client's agreement before releasing the medical record, or a summary of it, to the behaviourist. Descriptions of symptoms are preferred to potential diagnoses when recording reported or observed problem behaviour in the medical record. For example recording that the dog eliminates when left alone is preferred to a diagnosis of 'separation anxiety' as this gives the CAB the maximum information on which to make their assessment and diagnosis.

CABs will routinely seek written authority from the client to continue to liaise with the presiding vet. Once the behaviour consultation has been completed they will then provide the vet with a report summarising the problems identified, the reasons for them and the proposed treatment. If the CAB becomes aware of clinical signs suggesting illness or injury during the consultation, perhaps where these have developed since the vet's referral, the client was unaware of them or had not divulged them to the vet, the CAB will routinely refer the client back to the vet. They typically only offer first aid advice in the interim.

There may be circumstances in which the CAB proposes behaviour modification techniques that have potential physical or medical implications. Where this occurs they will either refer the client back to the practice or discuss these with the presiding vet before recommending them. Techniques of particular significance are: -

- Changes in diet
- Changes in exercise levels relevant to medical conditions, development or health
- The use of over-the-counter anxiolytics or nutraceuticals
- Neutering

There may be cases in which either the vet or CAB feels that prescription medication may be beneficial. Any medication prescribed should be based on a diagnosis of the cause for the behaviour, an understanding of how the drug will affect the animal's emotional state and how this will interact with the BMP (Overall, 2001). Veterinary medications licensed for behaviour modification are invariably intended to be used alongside a behaviour modification programme.

Whilst the decision to use these can only be made by the vet it is important that there is dialogue between the vet and CAB if the medication and behaviour modification plan are to work synergistically. CABs will be making the behavioural diagnosis and are trained to understand how prescription medications affect behaviour both intentionally and as a side-effect. They can therefore play a meaningful role in discussing how different medications may impact on the problem behaviour, if required. It is important that the CAB is kept abreast of any medication prescribed so that its effects can be considered when developing and evaluating the behaviour modification programme.

Ongoing liaison

The best outcome is achieved where both parties keep the other aware of ongoing developments. CABs routinely provide follow-up reports and benefit from being kept abreast of any new/ongoing medical conditions, or in-house behavioural advice or treatments. CABs also appreciate being made aware if the client decides to euthanize the pet without discussing this with them first, or if the case is referred to another behaviourist.

Further resources

Medical differentials for behaviour

Fatjo J and Bowen J (2009). *Medical and Metabolic influences on behavioural disorders.* **In** Horwitz, D. and Mills, D. (eds), (2009). *BSAVA Manual of Canine and Feline Behavioural Medicine,* 2nd edn. BSAVA Gloucester

Mariti et al (2016) Behavioural Signs and Neurological Disorders in Dogs and Cats. Mathews Journal of Veterinary Science 1(1): 001 http://www.mathewsopenaccess.com/PDF/Veterinary/M_J_Vetr_1_1_001.pdf

Overall (2003) Medical differentials with potential behavioural manifestations. The Veterinary Clinics of North America. Small Animal Practice. 33(2), 213-229

Overall, K.L. (2004) Medical differentials with potential behavioural manifestations. *Clinical Techniques in Small Animal Practice* Vol.19 Iss.4 Pp250-258.

Warnes CE (2016) Approach to presentation of behaviour problems part 1: medical considerations *Companion Animal* Vol 22, Issue 1 p26

Locating a Clinical Animal Behaviourist

Animal Behaviour and Training Council register of Clinical Animal Behaviourists http://www.abtcouncil.org.uk/clinical-animal-behaviourists.html

References

APBC (2015) APBC members code of conduct at http://www.apbc.org.uk/apbc/code_of_practice

ASAB (2015) Code of Conduct for Certificated Clinical Animal Behaviourists at http://asab.nottingham.ac.uk/accred/code.php

DEFRA (2014) 'Dealing with Irresponsible Dog Ownership Practitioners Manual' at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/373429/dog-ownership-practitioners-manual-201411.pdf

RCVS (2015[1]). Code of professional conduct for veterinary surgeons: Professional responsibilities at http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-surgeons/pdf/

RCVS (2015[2]) Code of professional conduct for veterinary nurses: Professional responsibilities at http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-nurses/