

Guidance on Providing Behavioural Advice Prior to Referral for a Behaviour Consultation

There is often a period of time ranging from weeks to months from when you refer a case for a behaviour consultation, and when that consultation takes place.

During that interim period, and until we have assessed the patient, whilst we are not responsible for providing advice directly to the client, we appreciate that there may be a need for you as the referring veterinarian to provide advice to clients on managing the behaviour problems in the interim period.

We have created this document to offer some guidance on providing interim behavioural advice with a worked example for steps 1 and 2.

Step 1 – What are the behaviours of concern and in which contexts do they occur?

Obtain a clear description of the problems behaviour(s)

- What is the behaviour(s) of concern?

e.g. dog is growling

Create a list of the contexts in which the problem behaviour(s) arise

- What are the triggers for the problem behaviour(s)?

e.g. when dog is eating from food bowl or has a rawhide chew and owner moves within 1 metre

Step 2 – Manage the problem contexts - avoid/minimise triggers

Avoiding triggers, where possible, is important for a number of reasons, but primarily it can help to reduce risk and prevents the practicing of unwanted behaviour, which minimises long term learning.

Based on information from Step 1, discuss options for how the problem can be managed, at least in the short term

- How can the trigger(s) be avoided?

e.g. consider stopping providing chews in the short term

- How can the triggers be minimised?

e.g. do not move within a metre of the dog when the dog is eating from the food bowl or has a chew, or feed the dog in a room separate to others and with a baby gate in place to stop young children accessing the area

- Keeping the animal contained

Containment can include the use of barriers such as doors, safety gates, leads and a muzzle. A number of free on-line resources provide guidance on muzzle training including <https://www.bluecross.org.uk/pet-advice/dogs-and-muzzle-training> and <https://www.muzzleupproject.com>

e.g. by being kept behind a double door so it cannot interact with visitors, or by using a muzzle when out, if it is safe to do so.

- Avoid reinforcement of the problem behaviour where possible

Clients are often advised to distract the animal with a favourite treat or toy, but unless this is done carefully it can end up reinforcing the problem behaviour. If it is safe to do so it is better to advise the client to simply walk away from the situation

e.g. if the dog lunges at other dogs when on the lead, simply walk away with the dog on a short lead and without saying anything

Step 3 – Rule out obvious medical problems

The interplay between physical, emotional and cognitive health (especially the role of painful physical health conditions in behavioural presentations) is well recognised. A recent review (Mills et al., 2020 - available free at <https://www.mdpi.com/2076-2615/10/2/318/htm>) reported a high prevalence (28-82%) of physical health factors within caseloads of a number of veterinary behavioural medicine specialists and emphasised the role that pain can play in behavioural presentations in dogs and cats.

We appreciate it is often more challenging to perform a full, thorough and meaningful hands-on examination of a patient who is highly fearful/anxious, or is showing problem behaviours (e.g. aggressive behaviours). However, there are a number of steps you can take to identify if a medical influence is more or less likely:

- assessing the patient's medical history for any previous chronic or fluctuating problems which could be relevant – e.g. a history of growling and biting when hindquarters groomed might indicate hip dysplasia or similar discomfort in that area;
- history taking for any other signs which may be indicative of a medical problem – e.g. gastrointestinal signs, mobility issues (change in exercise tolerance, ability to jump in car, go upstairs etc)
- observing the patient's demeanour, posture and gait - this is often done best via video, rather than in the clinic when a dog may hide its behaviour more- advice on how to get video footage is available online here: <https://youtu.be/OFIraJLWZ3M>

It is not necessary to provide a 'clean bill of health' prior to referral, however, if you identify any potential problems, unusual events or inconsistencies, then please communicate any investigations and trial treatments (e.g. radiographs, analgesia trials, etc), you perform to us so that we can evaluate this in conjunction with our behavioural assessment.

Step 4 - Encourage the client to document the problem behaviours

Please encourage your clients to document the problem behaviour before their behaviour consultation. Keeping a simple log or diary is extremely valuable as it provides baseline information on how often the problem occurs and in what situations, i.e use the system of behaviour and context described above. In addition, obtaining video footage of the problem behaviour(s) (if it is safe to obtain this) and submitting this prior to the behaviour consultation is highly useful. This is only suggested providing it is safe to do so and does not detract from the client's safe management of a problem.

Collecting and providing other video footage (if it is safe and appropriate to do so) can also be useful, for example video footage of general daily activities, interactions between the pet and other household members. This can help provide a background of the pet's body language and behaviour in a range of situations which can help with behavioural assessment.

Step 5 – Use of adjunctive treatments

It is understandable that in some cases you may decide to prescribe adjunctive treatments (pheromones, nutraceuticals, psychotropic medication) prior to the behaviour consultation. If you do, please include details of start dates, dose and frequency of dosing

along with your referral. Please also include any details of the response to therapy. This information will be included when an assessment of the patient is made, and depending on the response, may inform future adjunctive treatment options. Please be mindful of withdrawal periods and interactions when making these choices in case the specialist wishes to change them.

Step 6 - Delay any decision on neutering if it is being performed to improve behaviour

Neutering can have variable effects on behaviour, and is usually not the answer to improving behaviour problems. Indeed it can make matters worse. Clients may still request neutering as a first line treatment for a range of problem behaviours they have identified in their companion animals. If this occurs, consider delaying any decision on neutering until after the behavioural assessment, so an informed decision can be made once the motivations and emotions underlying the problem behaviours have been identified.

If you have a case you would like to discuss within this interim period where applying the principles from this guidance are not sufficient, please get in touch.