Triage and treat any behaviour problem

Laurie Bergman, VMD, DACVB
North Star Vets
315 Robbinsville-Allentown Rd
Robbinsville, NJ 08961
USA

Triage
Assess the urgency and degree of risk associated with a behavioural presenting complaint. Often this task falls on front desk staff or nurses or the behaviour problem is presented by the owner as an afterthought during a visit that was focused on other issues. But even if the behaviour problem is presented as an emergency, behavioural illnesses are almost never emergencies. These are chronic conditions and treatment takes a certain amount of time and effort.

Triage begins by getting a quick picture of what the pet is doing. This allows you to assess if anyone (human, animal, the patient) is at risk of serious physical injury or is suffering from significantly impaired welfare. You can also provide the owner with some quick instructions on how to stay safe until you can explore the problem in greater depth. In addition to getting some basic information about the behavioural complaint, triage for a behaviour problem might include a physical exam and lab work (CBC, serum chemistry profile, urinalysis, T4, fecal exam- as indicated by the pet’s prior history and presenting complaint).

The next step in triaging a behaviour case is providing the client with some basic education about their options. If there is a safety issue then avoidance techniques should be discussed. These can range from leaving a dog alone while he’s eating to using a dog daycare for a dog with possible separation anxiety to keeping fighting cats totally separated. Even if you don’t have a full history it is usually safe and appropriate to tell clients to keep the patient out of situations that could result in problems. This will buy you time to get any needed medical work up as well as a more complete behavioural history so you can make a diagnosis and develop a comprehensive behavioural treatment plan.

Treat
A comprehensive behavioural treatment plan has 5 basic components. Mentally breaking the treatment plan down into these components can give any veterinarian a jumping off point, even if behaviour isn’t your strong suit. The first three components are appropriate for all behavioural problems and can help get the owner and you ready for more in depth treatment. If you’re facing a case that you feel is beyond your comfort zone, you can have the owner implement the first three components of the treatment plan while you either do more research or refer the case.

Component 1: Avoidance
Often the practice of behavioural medicine feels like the old joke where the patient says to his physician, “Doc, it hurts when I do this” and the doctor answers, “So don’t do that!” If the dog is aggressive, the cat is afraid, the horse is skittish or the parrot is screaming when X, Y or Z happens, don’t let X, Y or Z happen. If you can predict it, you should prevent it.

Avoidance serves three basic purposes. The first is safety. This is obvious when dealing with aggressive animals. If we keep them out of situations that may result in aggression we keep potential victims safe from attack. We also keep our patients safe
from euthanasia. The safety component of avoidance may be less obvious with other presenting complaints. But often animals with behavioural illnesses are endangering themselves through their actions, usually through escape attempts. If we also extend the definition of safety to include mental safety and welfare, it becomes more obvious that our patients are in danger.

The second purpose of avoidance is that it starts to give us some control over what our patients are learning. When a patient performs behaviours in response to his anxiety, if he receives any degree of relief from the anxiety, even fleeting relief, operant conditioning occurs. The patient learns that those behaviours, the undesirable behaviours that our clients are seeking help for, make him feel better. This increases the likelihood of seeing those behaviors again in the future. For example, if a fearful cat scratches a hand that is reaching for her, most likely the hand will be withdrawn. The cat learns that scratching works to keep scary hands away.

Finally, avoidance reduces owner stress. Many of our clients are stressed not only by their pets’ behaviour but also by the daunting seeming prospect of trying to change the behaviour. Owners often believe that they need to tackle these problems head on, especially if they feel the problem is due to a lack of socialization. This results in the owner actually putting the patient into more problematic situations, often with disastrous results. When we give owners permission to just keep their pets out of those situations the owners are less stressed and it’s easier for them to help their pets going forward.

What we can help owners do is to identify all the types of situations that have resulted in problems in the past (as well as similar situations) and coming up with ways to avoid them. This is where owners often need help and explicit directions. For example, when dealing with a dog who aggressively guards food, it may not be enough to simply tell an owner to leave the dog alone when he’s eating. We may have to tell the owner to feed the dog alone in a room behind a closed door and wait until the dog is done eating and scratching at the door to be let out before opening the door.

**Component 2: Relationship building**

Very often the relationship between a pet with behavioural illness and the owner can be quite strained. Sometimes, owners inadvertently do things that put further strain on the relationship. This is especially true when owners attempt to use correction based methods to address behaviour problems. Even in cases where there hasn’t been a deterioration of the relationship, the existing relationship between owner and pet, while loving, is not one that helps the pet cope with these anxiety provoking situations.

We look to strengthen and change the relationship through predictable, reward based interactions. This is most commonly done through positive reinforcement training. Ideally, we are also teaching the patient trained behaviours that can be used to address some of the problem situations. For example, a cat who is aggressive when pet sitters enter the house is taught to go to a station for treats. This allows the pet sitters to safely enter the house while the cat is eagerly awaiting a good outcome.

We also build a healthier relationship through environmental and mental enrichment. For some of our patients being anxious consumes a great deal of their daily time budget. For others, their behaviour problem may limit their ability to get out for walks or interact with a wide variety of other people or animals. Providing enrichment in the form of interactive toys or food dispensing toys or teaching games can make up for some of these deficits.
Component 3: Tools
Many of our clients aren't simply aren't aware of what’s available to help them help their pets. They may not be aware that dogs and cats can be fed from anything other than a bowl that rests on the floor. They might need education about why they should just throw away the extendable lead and use a comfortable 1-2 meter long leash. We get better compliance and happier clients if we provide them with information about what tools to use to implement the treatment plan and where to find these things.

Component 4: Behavior modification
Behaviours can be changed. Once avoidance is in place and the patient's anxiety has started to decrease, even a little, we're in a much better place to start laying out and implementing a behavior modification plan. This is where many behavioural novices get stuck, they want to jump straight to desensitization and counter-conditioning or differential reinforcement of incompatible behaviours or another even more complex behaviour modification plan. There isn’t a rush, behaviour problems aren’t emergencies, especially not once avoidance is in place. Some owners may never move beyond avoidance and relationship building.

Component 5: Pharmaceutical and adjunct treatments
Even if clients are pressing for a quick fix treatment, as long as avoidance techniques are put in place, you don’t have to jump for the prescription pad until you’re ready. Make a diagnosis, get a plan in place for the rest of the treatment plan and then prescribe a medication when you’ve had a chance to decide what will be the right treatment for this case.

Adjunct treatments like pheromones, nutraceuticals (e.g. l-theanine, milk protein derivatives, herbals, etc.) in my experience are not very effective for highly anxious animals (the kind who come to see a specialist). They’re also not always free of side effects so it’s worth stepping back and being sure that you’re comfortable with these “prescriptions” too before recommending them as part of treatment.

References