

Addressing Any Behavior Problem

This two-article feature provides simple and comprehensive steps to address behavior cases. The following addresses treating any behavior problem in any pet; the companion article (page 75 of this issue) presents methods for triaging behavioral complaints.

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How can general practitioners quickly devise a treatment plan for patients with behavior issues?

Patients with behavior problems may present a daunting challenge to general practice veterinarians. Even for those who are well versed and interested in veterinary behavior, performing a full behavior workup—collecting a thorough history (for forms, see **suggested reading**), making a diagnosis, and devising and explaining a comprehensive treatment plan—simply is not possible in a 20-minute office visit.

The first 3 steps that follow are appropriate for all behavior issues and can be implemented to help the owner and patient even before pursuing full diagnosis. Steps 4 and 5 can be added to provide a comprehensive behavioral treatment plan after a definitive diagnosis has been established.

Step 1: Avoidance

If you can predict it, you should prevent it, because practice makes perfect. Avoiding situations that trigger problem behaviors achieves 3 important results. First, avoidance increases safety, which is paramount when the problem includes aggression. Even in the absence of aggression, animals with behavior problems are often at risk for physical harm, relinquishment, or euthanasia. Second, avoidance reduces stress and anxiety for pet and owner. Owners need ways to prevent issues so that they are not overwhelmed trying to change behaviors 24 hours a day.

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Third, avoidance prevents unwanted learning. A pet with a behavior problem or exposed to anxiety-provoking stimuli is learning with each occurrence. Through classical conditioning, the animal learns to associate the feelings of anxiety and accompanying autonomic responses (eg, rapid heartbeat, increased respiratory rate, panting, pupillary dilation) with that situation. For example, a dog with separation anxiety may grow anxious when the owner dresses for work.

Operant conditioning may occur when a patient's undesirable behavior produces a response from which it receives some degree of relief. For instance, if encroaching strangers retreat after a fearful cat claws at them, the cat's anxiety is somewhat alleviated. Owners can also accidentally reward anxious behavior. If owners come home while the dog is howling, it may learn

to associate howling with the owners' reappearance. If the patient continues to learn to associate these situations with a stress response and reacts accordingly, teaching a new set of autonomic and conscious behavioral responses can become an uphill battle.

Problems can be avoided passively (ie, after problematic situations occur) or actively (ie, before problematic situations occur). If a dog growls, snaps, or bites when a human disturbs it while it is on the couch, the passive approach is for owners to leave the dog alone when it is on the couch, thereby avoiding a reaction from the dog. The active approach is to keep the dog off the couch, thereby preventing the problematic behavioral sequence. Options include restricting access to the room, making the couch inaccessible by flipping up the cushions, or keeping the dog on leash to prevent it from jumping on the furniture.

Tools for Avoidance

Household Management

Household management tools can be used in such situations as dogs barking at neighbors outside the house, cats with redirected aggression when they see animals outside, and dogs that become aggressive when visitors enter the home:



- Baby gates/exercise pens; Frontgate (frontgate.com) offers dog gates that do not require wall mounting, fit wider openings, and include small openings that allow cats to pass unhindered
- Crates (may require desensitization to confinement)
- Window films (wallpaperforwindows.com) that block the view but not incoming light
- Physical outdoor fences for property

Physical Management

Used to humanely gain control over an animal's physical actions:

- Head collars: Gentle Leader (premier.com)
- Body harnesses
- Basket muzzles: Jafco (jafcomuzzles.com), Baskerville muzzles
- Leashes—short for walks; long lightweight for indoor draglines, double to attach to collar and body harness/head collar

Step 2: Relationship Building

The relationship between an owner and a pet with behavior problems is often frayed. Rebuilding a healthy, trusting, predictable relationship is an important component in treating any behavior problem. This starts with reward-based training to give both pet and owner a common language (request–response–reward). Using these newly trained responses in a *Nothing in Life Is Free* (NILIF) program¹ can establish predictability in the relationship and provide a clear communication method. Owners can consider this similar to teaching children good manners by asking them to say “please” for anything they want; pets can do the same by sitting.

Unpredictability can develop from normal owner–pet interactions. One example occurs when owners allow pets on furniture sometimes but refuse access other times (eg, if the pet is wet). Although this unpredictability may not seem random to the owner, it may to the pet. For animals with behavioral disorders, unpredictable reactions can be a source of anxiety.

Unpredictability may also result from owner attempts to correct behavior problems, especially if punishment is used. The owner's behavior may seem unpredictable because the animal was not previously punished for the behavior. In addition, punishment must happen immediately with the commencement of behavior and must be administered consistently. This is difficult, if not impossible, outside of planned training sessions. Some

punishments, (eg, alpha rolling or growling at dogs, using noisemakers with cats, shaking a bird's cage, hitting) may frighten pets or make them aggressively protect themselves.

Step 3: Tool Implementation

Clients often do not know how to implement the prescribed avoidance and relationship-building steps. Their understanding and compliance can be enhanced with specific recommendations for tools that can accomplish these steps (see **Tools for Avoidance** and **Tools for Relationship Building**).

Proper use of products and techniques can be demonstrated, such as fitting a dog with a head collar or introducing clicker training to a bird. If the clinic does not stock such items, providing client handouts for recommended products can be useful.

Step 4: Behavior Modification

Problematic behavior can be changed. Behavior-modification techniques typically used by veterinary behaviorists include operant conditioning, classical conditioning, desensitization and counter-conditioning, and extinction. As with performing a complicated surgery, these complicated techniques require learning additional skills. General practitioners who are unfamiliar with behavior modification can initiate steps 1, 2, and 3, then refer the patient to a board-certified veterinary behaviorist or veterinarian experienced in such techniques (see **Resources & Referrals**).

Step 5: Pharmaceutical & Adjunct Treatments

Legally and ethically, a diagnosis that supports use of a specific medication must be made before a psychotropic drug is prescribed. Only 3 products are available in the United States and labeled for use in behavior patients: Clomicalm (clomicalm.novartis.us) and Reconcile (reconcile.com) for separation anxiety in dogs and Anipryl (anipryl.com) for cognitive dysfunction in dogs. All other behavior modifying

Tools for Relationship Building

Reinforcers or Rewards

- Help owners determine a reward gradient so they can give the best reward for the most difficult behaviors:
 - Every pet has its favorite rewards.
 - High-value treats and toys should be used to teach new tricks and then saved for behavior modification.
 - Owners of special-diet pets should be provided a list of resources for acquiring acceptable treats.
- Enrichment measures:
 - Games, toys, walks, and clicker training can help reduce stress and build the owner–pet bond when used properly.
 - Games can include hide-and-seek (*not* for dogs with separation anxiety) or finding owner-hidden treats or toys.
 - Food-dispensing toys can be beneficial.



drug use is considered off label and can increase the practitioner's and practice's liability, especially if a third party (human or animal) is injured. In the absence of a diagnosis, a consultation with or referral to a board-certified veterinary behaviorist or a veterinarian experienced in such matters is strongly advised before pharmaceuticals are prescribed.

Over-the-counter agents (eg, pheromones, homeopathy, herbal supplements) are not free of adverse effects. Dietary approaches, such as Hill's Prescription Diet b/d (hillsvet.com) and Royal Canin Veterinary Diet Calm (royalcanin.us) may also be considered. Clinical and adverse effects should always be closely evaluated.

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Resources & Referrals

Veterinarians

- American College of Veterinary Behaviorists
dacvb.org
- American Veterinary Society of Animal Behavior
avsabonline.org

Technicians

- Society of Veterinary Behavior Technicians
svbt.org
- Academy of Veterinary Behavior Technicians
avbt.net

Trainers

- Karen Pryor Academy **karenpryoracademy.com**

Clients who are looking for quick fixes may assume these treatments are panaceas and pressure veterinarians for medications. Novice behavior practitioners should not feel compelled to use treatments with which they are unfamiliar and uncomfortable.

Conclusion

This 5-step plan can help practitioners quickly initiate treatment through avoidance techniques, relationship-building exercises, and the tools needed for both. The remaining steps can be implemented for a comprehensive treatment plan by scheduling a full behavioral consult or referring.

However, many owners never go beyond the first 3 steps, especially if the problems are not severe. The outcome can still be successful, as the pet and owner no longer experience these problems and their bond has been strengthened. ■ **cb**

See **Aids & Resources**, back page, for references & suggested reading.

For More



See the companion article, **Triaging Behavior Problems**, on page 75 of this issue.

Tx at a Glance

5-Step Approach to Any Behavior Problem

1. Avoidance

- Avoid situations that predictably cause problem behavior (until step 4 can be initiated).
- List problematic situations and how to avoid them.

2. Relationship Building

- Teach a new trick with positive reinforcement (rewards).
- Provide predictable interactions (NILIF).
- Do not administer inappropriate punishments.
- Discuss additional relationship-building techniques or enrichments.

3. Tools for Implementing Treatment Plan

- For avoidance and safety, implement household and physical management.
- For relationship building, encourage use of treats or toys to teach new tricks, as well as other enrichments as needed.
 - Save favorite treats or toys for use in behavior modification.

4. Behavior Modification

- Examples of behavior modification techniques
 - Classical conditioning: Pair currently problematic stimulus with treats in attempt to change pet's association with stimulus. For example if a dog barks at people on walks, every time a person passes the dog should receive treats; ideally, the dog starts to look for treats instead of becoming anxious when it sees people.
 - Operant conditioning: Find alternate behaviors that are incompatible with problematic behaviors. Increase the alternates through positive reinforcements; consider appropriate punishments (eg, time outs, removing attention) to decrease problematic behaviors.
 - Desensitization and counterconditioning: Determine gradients for desensitization and alternate behaviors for counter-conditioning. Stay below threshold of emotional response to change the behavior.
- Use additional behavior modification techniques as needed.

5. Pharmaceutical & Adjunct Treatments

- Determine whether they are necessary based on diagnosis.
- Get informed consent from owner for administration of off-label drugs.
- Prescribe additional adjunct treatments as needed.