Triaging Behavior Problems

This two-article feature provides commonsense approaches to investigating, managing, and treating behavior cases. The following presents methods for triaging behavior complaints; the companion article (page 79 of this issue) addresses how to approach treatment of any behavior problem in any pet.



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Key Questions

Does the patient pose a risk for injuring:

- 1. Humans (eg, owners, strangers, adults, children, veterinary team members)?
- 2. Other animals (eg, housemates, unfamiliar animals, neighboring livestock)?
- 3. Itself (eg, self-injurious or escape behaviors, behaviors that lead owners to consider euthanasia)?

Key Considerations

- If the pet poses a real risk for injuring or harming others, this must be discussed with the owners.
- Providing an idea of how easy or difficult improving the situation may be is recommended.
- The home environment (eg, young children), owner lifestyle (eg, frequent travel), and health issues (eg, chronic illness) should be considered and potential lifestyle changes discussed.
- Empathy is important; if practitioners are overly critical, owners may withdraw and not follow advice.
- If practitioners are unsure about specific treatment after they have completed triage, they should consider referral.

ddressing behavior problems can be difficult in a general practice setting. Owners may raise concerns as afterthoughts at the end of appointments, and practitioners may feel pressured to tackle a full behavioral workup in 20 minutes instead of the 2 hours a specialist might take.

Behavioral Triage

Behavioral triage refers to assessing the degree of urgency and relative risk associated with a behavior problem. The *urgency* of a behavior problem is determined by its effect on patient safety and welfare: a dog with separation anxiety that escapes through a second-floor window has a higher degree of urgency than one that defecates inappropriately; a cat too anxious to come out from under the bed except to eat and drink has a lower quality of life than one that becomes scared only when guests are present.

Relative risk includes the owner's perception of the problem's severity and the degree of risk the problem poses for other animals and humans, particularly when addressing aggression. Performing behavioral triage and assessing relative risk can be organized by taking a B.I.T.E. out of the behavior.

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Back Off & Buy Time

Treating behavior issues is not an emergency, regardless of a client's sense of urgency. The problem did not develop overnight and cannot be solved immediately. Assure clients that most behavior problems can be improved. Let clients know that at this initial triage consultation that it is important for the veterinarian to know what the pet is *doing*. Provide clients with instructions on staying safe and sane until a later meeting to discuss *why* the pet is having these problems and *how* to affect a long-term change in behaviors.

Investigate

Assess the client's presenting complaint in terms of absolute and relative risk. Rule out primary physical problems that can create behavior changes and secondary issues that may exacerbate preexisting behavior problems.

Determine whether the patient is aggressive and if so, how dangerous it is (eg, biting, causing other injuries) and who is at risk (eg, unfamiliar or familiar humans, children, cohabitating animals, unfamiliar animals). Next, evaluate the problem's effect on the quality of life of the patient and others in the household, both human and animal. Are owners unable to leave the home together because of a pet's separation anxiety? Do other pets isolate themselves because of one pet's aggression?

Next, obtain a minimum database: thorough physical examination (sedating fractious animals, if necessary), CBC, serum biochemistry profile, urinalysis, and fecal analysis. If specific medical problems are suspected, additional appropriate diagnostics should be pursued.

Euthanasia

Some owners may be looking for permission to rehome or euthanize their pet. Finding another home for a pet with a behavior problem may make the problem better or worse, or there may be no change in the pet's behavior.

Euthanasia can be a reasonable decision if a pet is truly suffering, putting others at risk because of a behavior problem, or if treatment is not a viable option. A full behavioral consult may be needed to determine the most appropriate course of treatment.

Owners who have been told that they should euthanize the pet but are not at peace with this often aren't aware that behavior problems can be treated. These patients should be triaged and referral to a specialist should be considered. Even if euthanasia is the end result, all reasonable options have been explored.

Teach & Tourniquet

Owners are frequently misinformed about pet behavior and its causes. Inform them that, regardless of signs, most behavior problems are rooted in anxiety; this is especially useful when dealing with dogs that are aggressive toward humans. Many owners think that aggressive dogs are being "dominant." Educate owners that pets are likely using aggression to escape situations that make them fearful and anxious. Once they are educated, owners may better understand how to keep everyone safe while changing the pet's behavior.

Tourniquets are primarily avoidance techniques (see Addressing Any Behavior Problem, page 79 of this issue). Use information from the focused history to provide the owner with explicit written instructions for keeping the pet out of triggering situations until a full behavior consultation can be scheduled. For example, dogs that become aggressive on walks should not be walked or walked only when and where they are unlikely to encounter other humans or animals. Fighting cats should be kept in separate parts of the home.

In extreme cases, the pet can be boarded for a few days to provide clients with a break and allow emotions to cool. This can give clients considering euthanasia an opportunity to reevaluate whether they want to pursue treatment or confirm that euthanasia is their preferred option.

Empathize

Owners may have difficulty talking about a pet's behavior problems. They may be embarrassed or fear being blamed. To help clients, it is critical to empathize with them. Let them know that they are not alone and that the entire clinical staff understands how much they care for the pet and want to help it.

Conclusion

Looking at the bigger picture, the triage appointment should be concluded by giving clients homework: completing behavioral history forms, writing accounts of their pets' behaviors, taking pictures of the living arrangements, and making videos of the behaviors (except aggressive behaviors). With this additional information, a diagnosis can be made and a treatment plan (see **Addressing Any Behavior Problem**, page 79 of this issue) can be implemented.

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