



# BEHAVIORAL MEDICINE: TOP 10 TOOLS FOR SUCCESS

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**B**ehavior problems may seem daunting, but primary care veterinarians can provide critical interventions by diagnosing and managing the behavior problems they frequently face in clinical practice. Implementing behavior-related questions into a routine examination and training team members to note owners' behavior-related questions opens the door for behavior assessment in clients' pets.

Most “problem” behaviors are petty annoyances of everyday companion animal life; your jumped-upon, barked-at, licked, and scratched clients will be grateful for your help. In fact, owners may schedule an appointment strictly due to a behavior issue, such as separation anxiety, fearful behavior, or inappropriate urination. While some behaviors are serious or even dangerous enough to merit referral, even aggression can be triaged to minimize risks until the client makes an appointment with a behavior specialist.

Incorporating behavior medicine is also an excellent practice builder, strengthening attachments between clients and pets, and increasing quality of life for both. If your practice does not provide behavior services, your clients will seek help—often investing significant financial resources—with someone who might not be experienced or even ethically equipped to manage the problem.

Here is a list of the top 10 tools for success with behavior problems in your canine or feline patients.

## 1 EMPHASIZE PREVENTION

Incorporate behavior into pediatric and “well animal” preventive health visits. For puppies and kittens, include a preapproved book and handouts with information on the basics of house-training and litter box use, dealing with inappropriate play, and ensuring social harmony among all animals in the family. Even better, provide basic behavioral information for introducing rescued adult pets into the home.

## 2 PERFORM DIAGNOSTIC WORKUPS FOR ALL BEHAVIOR COMPLAINTS

Disease is expressed behaviorally. Sick or painful animals may be irritable, lethargic or have changes in appetite or activity level. A thorough diagnostic workup is indicated for any persistent or dramatic change in behavior. In addition to a physical examination, the assessment should include:

- Medical history (eg, previous and/or current disease conditions, prescribed medications, over-the-counter supplements, diet and exercise, etc)
- Appropriate neurologic, orthopedic, and dermatologic examinations
- Screening CBC, serum biochemical profile, thyroid hormone levels, and urinalysis.

It is important to recognize that the goal of a physi-

cal health assessment is not to “rule out” disease or a primary behavior problem, but rather to determine how one might influence the other. For example, recent-onset biting might be due to osteoarthritic pain, but not all dogs respond to pain by biting. Once the pain has been managed, the biting behavior may continue because, in the dog’s mind, it stopped unwanted encounters. A holistic approach to veterinary behavioral medicine is to consider the interconnection between physical and behavioral signs.

For more information on performing an orthopedic assessment, read **Ten Ways to Improve Your Orthopedic Examination** in our September/October 2011 issue, available at [todaysveterinarypractice.com](http://todaysveterinarypractice.com).

### 3 ATTEND TO DETAILS IN THE BEHAVIORAL HISTORY

Attention to details and tailoring treatment suggestions to the individual patient are what distinguish the veterinary clinician’s behavioral assessment from the bottomless advice pit of the Internet, other popular media, or even from behavior-related scientific articles. Making a home visit or requesting photographs or videos of the home environment, for example, can help when you are making recommendations for a safe haven from thunderstorms or adding additional litter boxes and food/water sources to prevent social tension among household cats. Details about both physical and social environments can point to solutions specific to the individual patient.

Turn to page 34 to view the client handout **How to Improve Your Pet’s Environment**, which is also available at [todaysveterinarypractice.com](http://todaysveterinarypractice.com) under Resources.

### 4 CHARGE FOR YOUR TIME

Incorporating behavioral medicine into an appointment can take more time than a normal wellness visit allows. How can time be used most efficiently while providing this much-needed clinical service? A double-time doctor appointment should be sufficient for review of a behavior history completed in advance by the owner, physical examination and diagnostic workup, recommendations for safety and, if indicated, medication.

Further management, such as recommendations and demonstration of training and equipment/tools, can be scheduled with a technician and invoiced accordingly, with a recheck appointment with the veterinarian

arranged for several weeks later. A behavior appointment can be efficient and still very helpful to the client when team member time is delegated appropriately.

Veterinary technicians interested in furthering their knowledge and becoming credentialed in behavior can do so through the **Academy of Veterinary Behavior Technicians**. Further information can be found at [avbt.net](http://avbt.net).

### 5 USE ONLY FORCE-FREE, HUMANE BEHAVIOR MODIFICATION METHODS

There is no required certification for nonveterinary dog and cat behavior modification. Anyone can hang a shingle and claim to be a “behaviorist” (that is, ironically, unless he or she is a veterinarian). As a result, competence, education and, most important, ethical practices vary wildly. To complicate things further, even certification does not guarantee that humane-only techniques are used.

In veterinary practice we are obliged to “do no harm” and should recognize that aversive techniques, such as “alpha rolling” dogs onto their backs, use of shock collars, and other harsh treatments, are popularly promoted but harmful to the patients we are sworn to protect and help.

In behavioral medicine, we have the opportunity to educate clients about humane care as well as the science of learning. Positive reinforcement can shape behavior without putting the client in danger from a pet adversely responding to a behavior modification technique.

### 6 COLLABORATE WITH LOCAL TRAINERS

Taking the time to meet with local dog trainers and observing one of their group classes can lead to a mutually productive relationship. Most dog owners benefit from working with a competent trainer, which provides the opportunity to influence their choices. In addition, some dog professionals offer behavior consultations and basic social skills training.

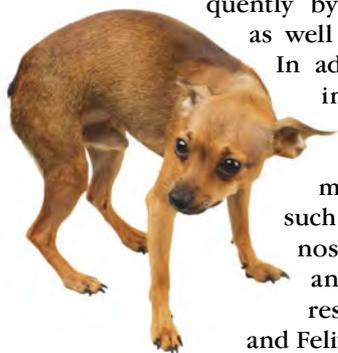
In turn, trainers are often enthusiastic to have a working relationship with a veterinary practice that they can refer dogs with physical or behavioral problems to for examination, workup and, if you determine there is a need, medication. It is important, however, to “vet” the trainer



to ensure that only force-free methods are used. The Pet Professional Guild ([petprofessionalguild.com](http://petprofessionalguild.com)) is a useful resource for locating humane trainers and other dog professionals.

## 7 BE FAMILIAR WITH COMMONLY-USED BEHAVIOR MEDICATIONS

A handful of behavior-modifying drugs, such as fluoxetine (Reconcile, [elanco.com](http://elanco.com)) and clomipramine (Clomicalm, [ah.novartis.com](http://ah.novartis.com)) are used frequently by veterinary behaviorists as well as general practitioners.



In addition, there is a growing nutraceutical and pheromone-based armamentarium of behavior modification products, such as L-theanine and S-adenosylmethionine (Anxitane and NOVIFIT NoviSAmE, respectively; [virbacvet.com](http://virbacvet.com)) and Feliway and Adaptil ([ceva.us](http://ceva.us)).

Clients should be informed that:

- Some behavior drugs require a minimum 1-month loading period (during which the behavior problem requires intensive intervention)
- Side effects can be significant
- Disinhibition of aggression, agitation, and other unexpected effects might occur.

Potential interactions with other veterinary drugs or over-the-counter products should also be considered. Most important, moderate to severe anxieties, fear, aggression and other problems are not likely to respond to drug therapy alone; therefore, behavior modification must be added to the management plan.

Resources, such as Veterinary Information Network ([vin.com](http://vin.com)), continuing education at conferences, recently published textbooks, and telephone or email consultation with veterinary behaviorists, allow the general practitioner to further his or her education about behavior therapy.

For a list of **behavior resources**, go to [todaysveterinarypractice.com](http://todaysveterinarypractice.com) and select Resources.

## 8 DO NOT PREMATURELY OR INAPPROPRIATELY RECOMMEND EUTHANASIA

A frequent complaint by clients seeing behavior specialists is that their pet's primary care veterinarian recommended euthanasia too quickly. Even in cases when euthanasia, sadly, might be a reasonable option, the suggestion should be an informed one, taking into account the potential for behavior change as well as the emotional needs of the family.

Some clients want only to understand the reasons for their pets' behavior problems, while others have already made the decision to relinquish or euthanize and are seeking your "permission". In any case, the animal and family deserve well-reasoned recommendations that take into account the best interests (quality of life and safety) of all those involved.

## 9 WHEN PRESENTED WITH AGGRESSION, EMPHASIZE SAFETY

No matter the history, chronologic development, or causes of biting, management of aggression-related behavior problems should always highlight safety. The prevention of future bites depends upon historic details of the individual animal's behavior as well as common triggers of biting.

However, biting risks do not go away (ever) and, if there is a bite subsequent to consultation, you may be considered at least partly responsible. Inform clients about the potential for injury and liability. Write everything down in the medical record, which will allow you to refer to your recommendations as needed.

Safety recommendations should include avoiding historical triggers of aggression and paying attention to body language and postural provocations of aggression.

## 10 DON'T DROP THE FOLLOW-UP BALL

Behavioral medicine relies on modification of both the animal's *and* owner's behavior and education about the often-subtle effects of behavioral drug therapy. Without adequate follow-up, there is no possibility of adjusting recommendations and clients may become quickly discouraged, resulting in failure of the plan. Each animal—and each problem—is unique and might respond idiosyncratically to treatment. By assigning team members to initiate contact with owners, it will be easier to make timely adjustments to treatment plans. ■



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