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The role of the veterinary technician in animal behavior

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The veterinary staff plays a significant role in preventing, identifying and treating behavioral disorders of pets. Inquiring about behavior at each veterinary visit, as well as, creating client awareness about behavior disorders and training problems, strengthens the client–hospital bond, the human–animal bond, and prevents pet relinquishment. The veterinary technician can excel and be fully utilized in the behavior technician role. The responsibilities of the veterinary technician in animal behavior begin with educating and building awareness regarding the normal behavior of animals. The veterinarian–veterinary technician partnership allows for prevention and treatment of behavioral disorders

and training problems. Distinguishing and identifying behavior disorders, medical disorders, lack of training issues, and being able to provide prevention and early intervention allows for the maintenance and enhancement of the human–animal bond. Clearly defining the roles and responsibilities of the veterinary behavior team facilitates harmony within the team without misrepresentation. The veterinary technician's role as part of the behavior team is often that of "case manager"; the technician triages and guides the client to the appropriate resources for assistance. Before delving into the extensive role of the veterinary technician in the behavior team, the roles of the veterinarian and the dog trainer

will be explored. By understanding these roles first, the pivotal role of the technician will become evident.

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Veterinarian's roles and responsibilities

The veterinarian is responsible for the clinical assessment of all patients presented to the veterinary hospital. The veterinarian's role in behavior includes

1. setting the hospital's policy and procedures,
2. determining which behavioral services are offered and the corresponding fee structure,
3. developing the format of the behavior consultation history form for medical documentation,
4. establishing a behavioral diagnosis and list of differentials, as well as medical differentials,
5. providing the prognosis,
6. developing a treatment plan and making any changes to the plan,
7. prescribing medication and changing medication type or dosage, and
8. outlining the procedure and protocols for follow-up care.

- The veterinarian is responsible for the clinical assessment of all patients presented to the veterinary hospital.

Only a licensed veterinarian can practice veterinary medicine. The practice of veterinary medicine means to diagnose, treat, correct, change, relieve, or prevent any animal disease, deformity, defect, injury, or other physical or mental conditions, including the prescribing of any drug or medicine (Modified from: Title 37 Professions and occupations Chapter 18. Veterinarians Louisiana Practice Act [La. R.S. 37:1511–1558]). The mental welfare of animals and the treatment of mental illness are included in many state veterinary practice acts. Only by evaluating the patient's physical and neurological health and obtaining and reviewing the medical and behavioral history, can the veterinarian

establish a diagnosis and prescribe appropriate treatment. When dealing with the behavior of animals, it must be determined whether the behavior is normal, abnormal, the manifestation of a medical condition, an inappropriately conditioned behavior, or simply related to lack of training.

The veterinarian, by establishing a diagnosis and prescribing behavioral treatment, is practicing veterinary behavioral medicine comparable to a medical doctor practicing human psychiatry; this medical specialty deals with the prevention, assessment, diagnosis, treatment, and rehabilitation of mental illness in humans. The goal of human psychiatry is the relief of mental suffering associated with behavioral disorder and the improvement of mental well-being. The focus of veterinary behavior is improving the welfare of pets and consequently enhancing the well-being of clients. This strengthens the human–animal bond. When addressing the behavior of animals, the mental well-being of the patient should be evaluated in direct relation to the patient's medical health. In this manner, the veterinarian is using a complete or holistic approach and treating the entire patient. This may be accomplished only by a visit to the veterinarian (Figure 1.1).

The veterinarian or veterinary technician should obtain behavioral information during every hospital visit. Many behavioral issues are overlooked in general veterinary practice without direct solicitation. Current pet management information regarding feeding, housing, exercising, training, and training aids should be documented in the medical record. Behavioral topics for puppy visits should include socialization, body language, house training, teaching bite inhibition, and methodology for basic training and problem solving. Behavioral



Figure 1.1 Veterinarian performing a physical examination of the patient at home.

topics for kitten visits should include teaching bite and claw inhibition, litter-box training and management, and handling and carrier training. All senior patients should be screened annually for cognitive dysfunction syndrome. Only through questioning clients regarding their pet's behavior will potential behavioral disorders or training problems be identified. The veterinary staff may then recommend suitable behavior services to address the specific issues. This may prompt scheduling an appointment with the appropriate staff member: the veterinarian, veterinary behavior technician, or a qualified professional trainer.

- Many behavioral issues are overlooked in general veterinary practice without direct solicitation.

When a behavioral disorder is suspected, interviewing the client and obtaining a thorough behavioral history is essential for the veterinarian to make a behavioral diagnosis. The behavioral history should include the signalment, the patient's early history, management, household dynamics and human interaction schedule, previous training, and a temperament profile. The temperament profile determines the pet's individual response to specific social and environmental stimuli. Triggers of the undesirable behaviors should be identified. Pet owners should describe the typical behavioral response of the pet. In addition, the chronological development of the behavior, including the age of onset, the historical progression, and whether the behavior has worsened, improved, or remained the same, must be documented. Discussing a minimum of three specific incidents detailing the pet's body language before, during, and after the behavior, as well as the human response, is necessary. The medical record should document previous treatments including training, medical intervention, and drug therapy. Changes in the household or management should be questioned. Inducing the behavioral response or observing the behavior on a video recorder may be necessary. However, caution should be used in regard to observing the behavior. Often the behavioral history provides sufficient information for a diagnosis. If the description of the behavior does not provide sufficient information, then observation of the patient's *first* response to a controlled exposure to the stimulus may be required. Safety factors should be in place to prevent injury to the patient or others. This should only be used as a last resort as it allows the



Figure 1.2 Boxer presenting for excoriation of the muzzle due to separation anxiety (barrier frustration) with frequent attempts to escape the crate.

patient to practice the undesirable behavior and carries risk. (For an example of behavior history forms, see Appendix 1)

The veterinarian and veterinary staff are instrumental in recognizing behavior issues when a pet is presented for an underlying medical problem. All medical diseases result in behavior changes and most behavioral disorders have medical differentials. A behavior disorder may lead to the clinical presentation of a surgical or medical disease. Surgical repair of wounds inflicted by a dog bite may prompt the veterinarian to recommend behavior treatment for inter-dog aggression. A cat or dog presenting with self-inflicted wounds may indicate a panic disorder or compulsive behavior (Figure 1.2). Dental disease including fractured teeth may prompt the veterinarian to inquire about anxiety-related conditions such as separation anxiety. Frequent enterotomies may indicate pica or some other anxiety-related condition. The astute veterinarian must use a multimodal approach with the integration of behavioral questionnaires and medical testing to determine specific and nonspecific links to behavioral disorders. Medical disease may cause the development of a behavior disorder. Feline lower urinary tract disease may lead to the continuation of inappropriate elimination even after the inciting cause has been treated. Many behavior disorders require and benefit from concurrent medical and pharmacological treatment.

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Medical differentials to behavior disorders

When faced with a behavior problem, the veterinarian must determine if the cause is medical and/or behavioral. The rationale that the problem is only either medical or behavioral is a flawed approach. Neurophysiologically, any medical condition that affects the normal function of the central nervous system can alter behavior. The nonspecific complaint of lethargy or depression may be caused by a multitude of factors including pyrexia, pain, anemia, hypoglycemia, a congenital abnormality such as lissencephaly or hydrocephalus, a central nervous system disorder involving neoplasia, infection, trauma, or lead toxicity, endocrine disorders such as hypothyroidism or hyperadrenocorticism, metabolic disorders such as hepatic or uremic encephalopathy, and cognitive dysfunction or sensory deficits. Behavioral signs are the first presenting signs of any illness.

As a general rule, veterinarians should do a physical and neurological examination and basic blood analysis for all pets presenting for behavioral changes. The practitioner may decide to perform more specific diagnostic tests based on exam findings. Additional diagnostics will vary on a case-by-case basis.

The existence of a medical condition can be determined only after a thorough physical and neurological examination. Completing a neurological examination is difficult in aggressive patients. The neurological examination may be basic and limited to the cranial nerves, muscle symmetry and tone, central proprioception, ambulation, and anal tone. Other minimum diagnostic testing should include a complete laboratory analysis (complete blood count, serum chemistry profile, and urinalysis) and fecal screening. A further look into sensory perception may include an electroretinogram (ERG) or brainstem auditory evoked response (BAER). Thyroid testing (total thyroxine, free thyroxine, triiodothyronine, thyrotropin, and/or antithyroid antibodies) may be indicated based on clinical signs, suspicion, and the class of medication considered for behavioral treatment. Imaging techniques, such as radiographs, ultrasound, magnetic resonance imaging

(MRI) or computed axial tomography (CT) may provide invaluable information. The workup for medical conditions and behavioral conditions is not mutually exclusive. However, exhausting every medical rule out may pose financial limitations for the client. After all, diagnosis is inferential behaviorally and medically and the purpose of establishing a diagnosis is not to categorize, but to prescribe treatment.

Behavioral dermatology

A relationship between dermatologic conditions and anxiety-related conditions exists in humans and pets. Environmental and social stress has been shown to increase epidermal permeability and increase the susceptibility to allergens (Garg *et al.*, 2001). A dermatological lesion can be caused behaviorally by a compulsive disorder, a conditioned behavior, separation anxiety, or any conflict behavior. Behavioral dermatologic signs in companion animals may include alopecia, feet or limb biting, licking or chewing, tail chasing, flank sucking, hind end checking, anal licking, nonspecific scratching, hyperaesthesia, and self-directed aggression. Medical reasons for tail chasing may include lumbrosacral stenosis or cauda equina syndrome, a tail dock neuroma or a paraesthesia. Anal licking may be associated with anal sac disease, parasites, or food hypersensitivity. Dermatological conditions may be related to staphylococcal infection, mange, dermatophytosis, allergies, hypothyroidism, trauma, foreign body, neoplasia, osteoarthritis, or neuropathic pain. Diagnostic testing may include screening for ectoparasites, skin scraping, epidermal cytology, dermatophyte test medium (DTM), woods lamp, an insecticide application every 3 weeks, a food allergy elimination diet (FAED), skin biopsy, intradermal skin testing or enzyme linked immunosorbent assay (ELISA), and a corticosteroid trial. It is important to realize that corticosteroids have psychotropic effects in addition to antipruritic properties. A favorable response to steroids does not rule out behavioral factors.

Conversely, behavioral disorders may be maintained even after the dermatological condition has resolved. Dermatological lesions may be linked to behavioral disorders and lesions can facilitate and intensify other behavior problems including aggression. Dogs with dermatological lesions are not necessarily more likely to be aggressive, but dogs with aggression disorders may be more irritable when they have concurrent dermatological lesions.

Aggression

The relationship between the viral disease of rabies and aggression is very clear. All cases of aggression should be verified for current rabies vaccination from a liability standpoint. Iatrogenic aggression in canine and feline patients has been induced by the administration of certain drugs such as benzodiazepines, acepromazine, and ketamine.

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The relationship between hyperthyroidism in cats and irritable aggression is very likely present, although not definitively established. The relationship between hypothyroidism and aggression in dogs is inconclusive. Numerous case reports suggesting a link between aggression in dogs and thyroid deficiency have been published in the veterinary literature. The effect of thyroid supplementation on behavior without the benefit of a control group in these case studies offers limited evidence of a causative relationship. In a controlled study of nonaggressive and aggressive dogs, no significant differences in thyroid levels were found (Radosta-Huntley *et al.*, 2006). Thyroid hormone supplementation in rats results in elevation of serotonin in the frontal cortex (Gur *et al.*, 1999). Serotonin is a neurotransmitter associated with mood stabilization (see Chapter 9). The possible elevation of serotonin due to thyroid supplementation may result in beneficial behavioral changes in aggressive dogs. Spontaneous resolution of aggression with thyroid supplementation is probably overstated and hypothyroidism is unlikely the cause of aggression. While malaise can lead to irritability, many dogs that have hypothyroidism do not show aggression.

The presence of sensory deficits may contribute to aggressive behavior and anxiety. This is particularly important when assessing the behavior of senior patients with concurrent medical disorders. Age-related behavioral changes in the brain can lead to the presentation of clinical signs consistent with cognitive dysfunction syndrome. These signs may include disorientation, interaction changes with the owner, changes in the sleep–wake cycle, and house soiling. Activity level may be decreased or increased.

Elimination disorders

Elimination problems in dogs may be related to urinary tract infection, urolithiasis, polyuria/polydypsia,

incontinence, prostatic disease, renal disease, diarrhea, or neoplasia. Elimination problems in cats may be related to idiopathic cystitis, urolithiasis, infection, neoplasia, polyuria/polydypsia, constipation/diarrhea, or associated with long hair. Urological diagnostics may include a complete blood count (CBC), chemistry, urinalysis, urine culture, adrenocorticotrophic hormone (ACTH) stimulation, water deprivation tests, imaging, cystoscopy, or a urethral pressure profile.

When one is uncertain whether it is a behavioral or medical problem, one must do some reasonable fact finding and treat the entire patient, physically and psychologically. When necessary, infer the most likely diagnosis and treat all contributing factors. Medical and psychological factors must be treated concurrently. A treatment plan that includes conventional medical treatment and behavioral intervention is necessary for successful resolution of the inciting problem.

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Behavior disorder versus training problem

Behavioral disorders of animals are emotional disorders that are unrelated to training. Training problems relate to pets that are unruly or do not know or respond to cues or commands. These problems are common in young puppies and adolescent dogs without obedience training. These dogs lack manners. Training involves the learning of “human-taught” appropriate behaviors that are unrelated to the emotional or mental well-being of the patient. There are many different approaches to training. Some are purely positive reinforcement based and others rely primarily on the use of aversive methodology (positive punishment and negative reinforcement). Trainers may also be somewhere in the middle regarding methodology, using a combination of pleasant and unpleasant consequences. Depending on the methodology used, positive and negative associations can be made by the dog. Positive methods are less damaging and can strengthen the human–animal bond. Behaviors taught in a positive learning environment are retained longer and performed more reliably. Aversive methods risk creating a negative emotional state and may contribute to the development of a behavioral



Figure 1.3 Therapy dog who suffers from thunderstorm phobia.

disorder. Dogs that are behaviorally normal and emotionally stable, yet lack basic obedience skills related to heeling on leash, coming when called, sitting, lying down and staying, fit into the category of a training problem. Yes, some emotionally unstable dogs may, in addition, have training problems, but training problems and behavior disorders are treated independently as separate entities. Dogs with fear or anxiety conditions can benefit from positive reinforcement-based training in much the same way as shy children benefit from team sports or other confidence-building activities. Dogs previously trained using aversive methodology often need to be retrained using positive methods for performing behavioral modification techniques as a result of the negative emotional response caused by the previous aversive training. Many well-trained dogs have behavioral disorders (Figure 1.3). Examples include separation anxiety or human-directed aggression. These disorders occur in spite of the fact that the dog may be very well trained and responsive to the handler. Dog training does not directly treat behavioral disorders and is not considered practicing veterinary behavioral medicine.

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It should be noted that there are many benefits to having a trainer associated or working within the veterinary practice. Pet owners have been shown to search the internet for information and call their veterinary hospital for their pet’s behavioral and training needs. (Shore *et al.* 2008)

Qualified professionals to treat animal behavior disorders

When the pet’s behavior is considered abnormal, with an underlying medical or behavioral component, comprising fear, anxiety, or aggression, owners should seek guidance from a trained professional. The veterinarian is the first person who should be contacted when a pet exhibits a problem behavior or the pet’s behavior changes. Changes in behavior or behavior problems can reflect underlying medical conditions, which must be evaluated by a veterinarian. Many underlying medical problems, including pain, can alter the pet’s behavior in ways that are difficult for pet owners to identify. Once medical conditions have been ruled out, behavioral advice should be sought. It is important to understand the qualifications of people who use titles that indicate they are behavior professionals. This is difficult because, unlike the titles veterinarian, psychologist, and psychiatrist, which are state licensed, the title “animal behaviorist” or similar titles can be used by anyone, regardless of their background (modified from www.certifiedanimalbehaviorist.com). Qualified animal behavior professionals include a veterinarian with special interest and training in animal behavior, a Diplomate of the American College of Veterinary Behaviorists (DACVB) or a Certified Applied Animal Behaviorist (CAAB).

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- Qualified animal behavior professionals include a veterinarian with special interest and training in animal behavior, a DACVB or a CAAB.

The American Veterinary Society of Animal Behavior (AVSAB) is a group of veterinarians and research professionals who share an interest in understanding the behavior of animals. AVSAB emphasizes that the use of scientifically sound learning principles that apply to all species is the accepted means of training and modifying behavior in pets and is the key to our understanding of how pets learn and how to communicate with our pets. AVSAB (www.avsabonline.org) is thereby committed to improving the quality of life of all animals and strengthening the human–animal bond. AVSAB membership provides quarterly electronic newsletters containing animal behavior case reports, listings of behavior continuing education, behavior book reviews, advertisements for positions in behavioral medicine; listserv access for networking and exchanging information with veterinarians, veterinary students, veterinary behaviorists, and applied animal behaviorists; and reduced cost of registration and proceedings for the annual AVSAB Scientific Meeting. AVSAB does not certify its members or guarantee its members meet a specific standard of competence or possess specific behavioral knowledge.

The American College of Veterinary Behaviorists or ACVB (www.veterinarybehaviorists.org) is a professional organization of veterinarians who are board-certified in the specialty of Veterinary Behavior. This veterinary specialty is recognized by the American Board of Veterinary Specialization. Board-certified specialists are known as *diplomates*. Veterinarians who have the honor of calling themselves diplomates may use the designation "DACVB" after their names. The requirements for veterinarians include completing the equivalency of a 1-year veterinary internship, completing a conforming approved residency program or a nonconforming training program mentored and approved by ACVB, authoring a scientific paper on behavior research and publishing it in a peer-reviewed journal, writing three peer-reviewed case reports, and successfully completing a comprehensive 2-day examination.

The Animal Behavior Society (ABS) is a professional organization in North America for the study of animal behavior. Certification by the ABS (www.animalbehavior.org) recognizes that, to the best of its knowledge, the certificant meets the educational, experimental, and ethical standards

required by the society for professional applied animal behaviorists. Certification does not constitute a guarantee that the applicant meets a specific standard of competence or possesses specific knowledge. Members who meet the specific criteria may use the designation, "CAAB," after their names. CAABs (www.certifiedanimalbehaviorist.com) come from different educational backgrounds and may include a PhD in Animal Behavior or Doctor of Veterinary Medicine. CAABs, who are not veterinarians, usually work through veterinary referral to provide behavioral care.

Trainer's roles and responsibilities

The role of the dog trainer in behavior is coaching and teaching of dogs and dog owners about basic training and manners. Trainers are teachers. Some trainers function as coaches for competitive dog sports such as obedience, tracking, agility, rally, or protection. Those who work with veterinarians provide an instrumental role in implementing behavior modification as prescribed in a treatment plan.

Comparatively, as it would be inappropriate for a school teacher to diagnose or prescribe treatment for a child with a behavioral disorder, dog trainers may not diagnose or prescribe treatment for veterinary behavioral disorders (Luescher *et al.*, 2007). Although the treatment of animal behavior disorders is considered the practice of veterinary medicine, many states have been unwilling to prosecute when treatment is done in the name of dog training.

Dog training is a largely unlicensed and unregulated profession in the United States. Currently, anyone who wishes to call himself/herself a dog trainer or animal behaviorist may do so, without any formal education or true understanding of learning theory. The trainer's reasoning for the behavior may vary greatly from the actual motivation and the training methodology may be inhumane, outdated, or inappropriate. For example, some trainers base all dog behavior and training on dominance theory. The assumption that dogs misbehave because they are striving for higher rank often leads trainers to use force or correction to modify undesirable behaviors. This negatively affects the human–animal bond and is a flawed approach (Luescher and Reisner, 2008; Landsberg *et al.*, 2008).

When the pet's behavior is considered normal, without an underlying medical or mental disorder, owners may seek guidance from a trained professional. That person may be a Karen Pryor Academy Certified Training Partner (KPA CTP) (www.karenpryoracademy.com),

www.greatdogtrainers.com), a Certified Professional Dog Trainer, or a Veterinary Technician Specialist (Behavior) (VTS-Behavior).

Choosing a dog trainer can be a difficult decision for the veterinarian, the veterinary staff, and the client. A dog trainer should have all the desirable attributes of a good teacher. He/she should keep up with current training tools and methods by attending workshops and continuing education conferences; should be calm, patient, open-minded, understand how dogs learn, and be able to convey this knowledge to the pet owner in a positive and motivational manner; should describe the behavior being trained, explain why it is important, and be able to demonstrate it. In a group setting, ample time should be allotted to individually assist students and allow time for practice. The AVSAB Position Statement on Punishment states: Trainers who use or advocate physical force (e.g., hitting, alpha rolling, pushing a dog into position, choke chain, or pinch collar correction) or methods/devices that have the potential to harm, as an acceptable way to train should be avoided (Eskeland, 2007). Trainers must adapt humane training methods to the individual dog or problem situation. The most outstanding trainers are motivational and positive reinforcement-based in their techniques. Trainers who do not use rewards should be avoided. Motivational trainers use rewards (e.g., food, toys, play, affection) rather than teaching the dog using fear, pain, or punishment. In this situation, the dog works for the possibility of a reward, rather than to avoid physical or psychological punishment. Punishment is rarely necessary, does not teach an appropriate desirable behavior, and should only be used as a last resort by a trainer who can fully explain the possible adverse effects. Before referring to a trainer, veterinarians should interview the trainer about vaccination requirements for attending training classes. In addition, the veterinarian or veterinary technician should observe the trainer instructing a class (Box 1.1). Are rewards used liberally? Are the handlers smiling and using upbeat voices? Are the dogs having fun? Do you hear any yelling or scolding? See any harsh physical correction? And if so, how does the instructor handle the situation? See Appendix 10 for a Trainer Assessment Form.

BOX 1.1: ASSESSING A DOG TRAINER'S COMPETENCE AND ETHICS.

- Welcomes potential clients to observe a class prior to making a decision to enroll

- Explains a skill and gives examples of how the skill is useful in everyday life
- Demonstrates the skill
- Utilizes handouts and other instructional guides
- Circulates through the students giving assistance and guidance when needed
- Remains conscious of the emotional state of all animals in the classroom setting and acts appropriately
- Arranges the classroom to optimize the success of each handler and animal
- Does not become focused on one student
- Keeps the class moving at an appropriate pace
- Can adjust the teaching plan as needed for individual student's needs
- Is professional and respectful at all times to owners/handlers
- Is appropriate and liberal with positive reinforcement to both the owners and animals
- Is familiar with TAG Teach (www.tagteach.com) and utilizes it frequently and appropriately to instruct clients (see Chapter 5)
- Uses appropriate management tools to decrease unwanted behaviors while teaching the desired behaviors
- Utilizes only humane training methods that promote and protect the human–animal bond and are not harmful to the handler or dog in any way
- Does not recommend or utilize choke collars, pinch collars, electronic shock collars or physical punishments^a
- Does not coach or advocate the outdated and disproved “dominance hierarchy theory” and the subsequent confrontational training and relationship that follows from it
- Understands and addresses the emotional and motivational state of the animal
- Recommends and utilizes training tools such as head collars and no pull harnesses on an individual basis or as recommended and prescribed by the veterinarian
- Understands the value of education and attends continuing education seminars regularly
- Is a certified member of a standardized and policed credentialing program
- Because of variables in dog breeding, temperament, owner commitment, and experience, a trainer cannot and should not guarantee the results of his/her training, although should ensure client satisfaction
- Builds and maintains a mutually communicative, respectful, and professional relationship with veterinary professionals
- Understands veterinarians are exclusively responsible for diagnosing behavioral disorders, for medical and behavioral differential diagnoses, and for prescribing

a treatment plan which may include pharmacological intervention

- Any trainer who utilizes punishment must be able to
- 1. understand the scientific principles for the application of punishment,
- 2. articulate the most serious adverse effects associated with punishment,
- 3. judge when these adverse effects are occurring over the short and/or long term, and
- 4. explain how they would attempt to reverse any adverse effects if or when they occur.

^aModified from AVSAB's Position Statement on Punishment.

Before veterinary professionals refer their client to a trainer, they should be familiar with the trainer's level of education and the methodology and tools used to achieve behavior modification. One should be wary of trainers who guarantee results and refer to themselves as a behaviorist, while lacking credentials. The ideal trainer should collaborate openly with the veterinarian when faced with possible underlying medical and behavior disorders (fear, anxiety, or aggression). In doing so, the veterinarian may diagnose and prescribe behavior modification and/or pharmacological treatment. The trainer then may instruct and assist the pet owner on implementation of the prescribed behavior modification plan. A holistic team approach should be developed between the veterinary team, trainer, and client (Table 1.1).

- Before veterinary professionals refer their client to a trainer, they should be familiar with the trainer's level of education and the methodology and tools used to achieve behavior modification.

Fortunately, the trend is toward the licensing of dog trainers who have some level of education; continuing education is also required. The AVSAB Position Statement on Dominance recommends that veterinarians do not refer clients to trainers or behavior consultants who coach and advocate dominance hierarchy theory and the subsequently confrontational training. Rather, behavior modification and training should focus on reinforcing desirable behaviors, avoiding the reinforcement of undesirable behaviors, and striving to address the underlying emotional state and motivations,

including medical and genetic factors that are driving the undesirable behavior.

There are numerous dog trainer schools and organizations that offer online educational correspondence courses. These through-the-internet courses offer to "certify" the participant as a "professional" in the field of dog training and behavior. Many courses are offered by self-proclaimed animal behaviorists and dog trainers to those willing to become "certified" professional dog trainers or a certified "canine behavior therapists." The person's or place's reputation, credentials, and qualifications should be determined before accepting any title or degree. Some organizations are "bogus", while others are well known and taught by professional, qualified staff. The best schools and educational programs for trainers offer their students a strong foundation in learning theory with hands-on workshops, seminars, and continuing education. Reputable certifying organizations "police" their members by holding them to a standardized level of ethics and care. If those ethics and care are violated, certification can be revoked.

The Karen Pryor Academy or KPA (www.karenpryor-academy.com) is an educational organization that offers online education and hands-on workshops in order to certify dog trainers. Graduates of KPA become part of a community of trainers who have achieved and demonstrated a consistent level of excellence and can represent themselves as a KPA CTP. Training partners must teach and train using force-free principles and techniques, are subject to a policed credentialing process and are expected to demonstrate the highest level of professionalism and ethics. KPA CTPs must demonstrate an ability to communicate clearly, professionally, and positively with associates, veterinary professionals, and pet owners. Veterinarians should seek out KPA CTPs in their area to develop mutually beneficial working relationships.

The Association of Pet Dog Trainers (APDT) is a professional organization of individual dog trainers who are committed to becoming better trainers through education. It (www.apdt.com) provides membership networking and sharing of ideas through educational conferences, newsletters, and seminars. Membership is open to any member of the public who is interested in dog training. APDT does not offer trainer certification directly. It encourages its members to make use of "dog-friendly" training methods that use reinforcement and rewards, not punishment, to achieve the desired behavior. There is no policing of training methodology or education requirements to be an APDT member.

The Certification Council for Professional Dog Trainers (CCPDT) was originally created by the APDT in 2001.

Table 1.1 The roles and responsibilities of the veterinary behavior team.

Roles and responsibilities	Veterinarian	Veterinary technician	Dog trainer
Initial client communication	X	X	X
Client education and awareness	X	X	X
Obtaining clinical history	X	X	—
Setting hospital policies & fee structure	X	—	—
Medical differentials	X	—	—
Behavioral diagnosis	X	—	—
Prognosis	X	—	—
Develops and modifies treatment plans	X	—	—
Prescribes medications	X	—	—
Implementing prescribed treatment plan	—	X	X
Follow-up communication with client	X	X	X
Follow-up communication with veterinarian	—	X	X
Follow-up behavior consultation	X	—	—
Demonstrate training methods	—	X	X
Demonstrate training tools	—	X	X
Assess pet's trainability	—	X	X
Identifying normal versus abnormal behavior	X	X	X
Problem prevention	X	X	X
Teaching puppy and kitten classes	—	X	X
Teaching manners and obedience classes	—	X	X

The CCPDT (www.ccpdt.org) was the first national certification program for professional pet dog trainers and offers an international testing program. All certified trainers must earn continuing education credits to maintain their designations. They must also agree to adhere to a code of ethics. Candidates who meet the following requirements and pass the written exam earn the title Certified Professional Dog Trainer-Knowledge Assessed and may use the designation, "CPDT-KA," after their name. The certification requirements are as follows.

1. At least 300 h experience in dog training within the last 5 years. Two hundred and twenty-five hours or 75% of experience must be actual teaching hours (group class, private lessons) as a "Head Trainer" or Instructor. Seventy-five hours or 25% of experience can be in other related areas such as working with shelter animals, assisting in classes, working as a veterinarian technician or grooming (bather position not applicable).
2. A high school diploma or equivalent.
3. One reference from each of the following:
 - Veterinarian
 - Client
 - Colleague

4. Completion and filing of an Application for the Certification Examination for Pet Dog Trainers.
5. Signing and filing the CCPDT Code of Ethics.
6. Payment of required fee.
7. Successful completion of the CPDT examination.

CCPDT has recognized the importance of evaluating the hands-on skills of trainers. In 2011, they launched a practical assessment of a trainer's skills. A trainer who is already a CPDT-KA may be evaluated and tested on hands-on skills via video submission. If the candidate passes the hands-on practical assessment, he/she earns the title of Certified Professional Dog Trainer-Knowledge and Skills Assessed (CPDT-KSA).

The Society of Veterinary Behavior Technicians (SVBT) is a professional organization open to veterinary technicians, veterinary technician students, and the general public. SVBT's mission is to enrich human-animal interactions by promoting scientifically-based techniques of training, management, and behavior modification. SVBT (www.svbt.org) provides a forum for discussion and continuing education while working with allied professional organizations to strengthen the veterinary health care team. In 2008, the National Association of Veterinary Technicians in America (NAVTA), through the AVBT (www.avbt.net), recognized the specialty for veterinary technicians in animal behavior.

Credential requirements for AVBT include the following.

1. Graduate of an AVMA-approved Veterinary Technician program and/or credentialed to practice as a veterinary technician in some state or province of the United States, Canada, or other country.
2. Member of NAVTA and SVBT.
3. Three years (a minimum of 4000 h) work experience or its equivalent in the field of animal behavior, clinical, or research based. All experience must be completed within the last 5 years before application.
4. A minimum of 40 continuing education (CE) hours related to veterinary behavior, animal behavior, or behavioral research 5 years immediately before submitting the application.
5. Completion of the Veterinary Behavior Skills Form.
6. A case record log or research log maintained for 1 year within the 3 years immediately preceding the submission of the application.
7. Clinical – a minimum of 50 cases must be recorded or Research – one year within the 3 years immediately preceding application must consist of behavior research or research using behavioral observations as a major portion of the study.
8. Five detailed case reports.
9. Two letters of recommendations from the following three categories: a VTS-Behavior member, a supporting Veterinarian or a DACVB.

The responsibilities of a VTS-Behavior are described in Box 1.2.

BOX 1.2: THE ROLE AND RESPONSIBILITIES OF A VTS-BEHAVIOR.

- Triage behavior concerns of clients, both in the clinic and on the phone, including determining when to refer to a Veterinary Behaviorist (i.e., prevention vs. intervention).
- Observe and triage behavior of animals in shelters, rescues, zoological parks, laboratories, and similar animal-related facilities, following procedures developed and approved by the veterinarian on record for that facility.
- Give management and safety advice to clients before their appointments.
- Take a history and perform a physical examination.
- Observe or assess behaviors in the context in which they are offered.
- Obtain samples and perform diagnostic testing.
- Discuss diagnostic procedures.
- Dispense prescribed medications.

- Discuss medication effects, side effects, and contraindications.
- Demonstrate a comprehensive understanding of operant and classical conditioning.
- Demonstrate a comprehensive understanding of behavior modification techniques.
- Assist the veterinarian during behavior consultations.
- Rehabilitate animals with problem behaviors in veterinary clinics, shelters, rescues, zoological parks, laboratories, and similar animal-related facilities, implementing procedures developed and prescribed by a veterinarian or veterinary behaviorist.
- Demonstrate good communication, rapport, and teaching ability with owners.
- Demonstrate a high level of expertise and understanding of scientifically-based positive reinforcement training methods.
- Create a positive and safe learning experience for the animal and owner.
- Execute hands-on training and behavior modification with the client, animal caretaker, or the animal after the diagnosis and recommended treatment of a behavior problem.
- Assist the client at the hospital or in-home visits to understand and implement the prescribed behavior modification and management techniques.
- Educate clients on products used to manage behavior cases.
- Teach owners to properly fit and condition patients with tools such as head collars and basket muzzles.
- Create criteria for client behavior logs.
- Be proficient in medical, behavioral, training, and research record keeping.
- Perform follow-up telephone calls, e-mail contacts, and home or hospital visits with clients as directed by the veterinarian.
- Implement changes to the treatment plan based on client feedback and consultation with the veterinarian.
- Present papers in seminars and workshops on normal behavior and problem prevention strategies to the public, clients, volunteers, staff members, and other veterinary technicians.
- Write professional scientific material for the veterinary public.
- Develop animal-behavior-related handouts for clients.
- Assist in behavior research.
- Condition animals to handling and husbandry practices common within the veterinary environment to create a more cooperative patient.
- Train veterinary staff in behavior protocols for that hospital, including scheduling, interacting with animal patients, and desensitizing patients to procedures.

- Educate clients about normal behavior and how to train their animal to be more comfortable during veterinary visits.
- Perform pet selection counseling.
- Perform problem prevention counseling.
- Counsel owners on common training techniques.
- Develop and implement programs of preventive behavior medicine. This includes creating, organizing, and updating handouts and staff training.
- Review current literature and behavioral information directed toward veterinary professionals and the general public.
- Evaluate and network with area animal trainers and other pet care professionals who provide supportive services.
- Create and teach puppy and kitten classes.
- Create and teach obedience classes for adult animals.
- Assist with behavior wellness appointments.
- Perform grief counseling.
- Promote and protect the human–animal bond.

Source: 2008 Academy of Veterinary Behavior Technician's Petition to the National Association of Veterinary Technicians of America, (Luescher *et al.*, 2007).

There are a variety of choices when looking for a dog trainer to complement veterinary behavior services. The credentials of an individual should not take the place of first-hand experience and interviewing potential training partners. When referring clientele to a trainer, clients will assume that the trainer's methodology is representative of the hospital.

- There are a variety of choices when looking for a dog trainer to complement veterinary behavior services. The credentials of an individual should not take the place of first-hand experience and interviewing potential training partners.

The role of the veterinary technician in the veterinary behavior consultation

The veterinary technician will have many roles in the veterinary behavior team. The technician will often first assess the situation and help determine the appropriate type of service needed. Not only will the behavior technician be able to triage the situation, but he/she will also

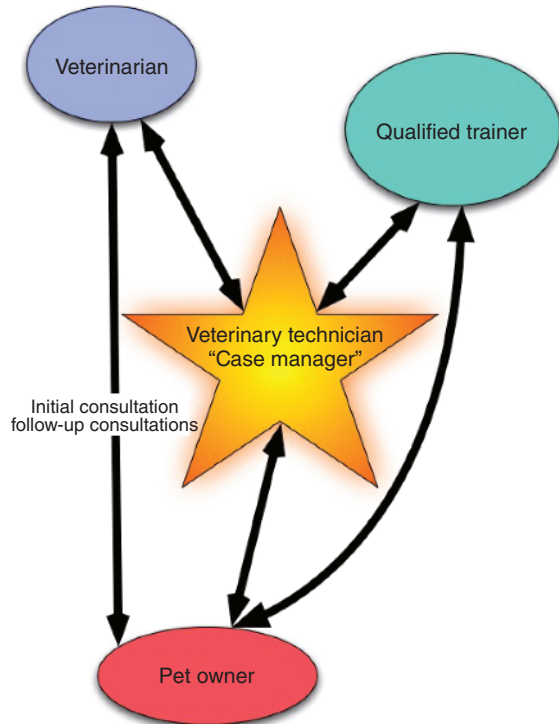


Figure 1.4 The technician's role as the "case manager" in veterinary behavior.

assist with the clinical behavior consultation and may also act as the trainer for the hospital. Acting as the liaison for the client, trainer, and veterinarian, the veterinary behavior technician could be considered the "case manager", helping facilitate communication between all parties. Figure 1.4 shows a simple schematic of the role of the behavior technician as the "case manager."

Triaging the issues

Clients contacting the veterinary hospital are often unaware of the types of services available and necessary to address their pet's behavior. The veterinary staff or veterinary technician must triage the situation and determine whether a pet may be suffering from a possible medical/behavioral disorder, whether the situation is still in a preventative stage, or has progressed into a situation of behavior problem intervention (Figure 1.5). Medical as well as behavioral conditions may be factors that must be considered and evaluated prior to the appointment being scheduled with the appropriate personnel. Clients may contact the veterinary hospital requesting training for their pet, when in reality the pet is suffering from a behavioral disorder.

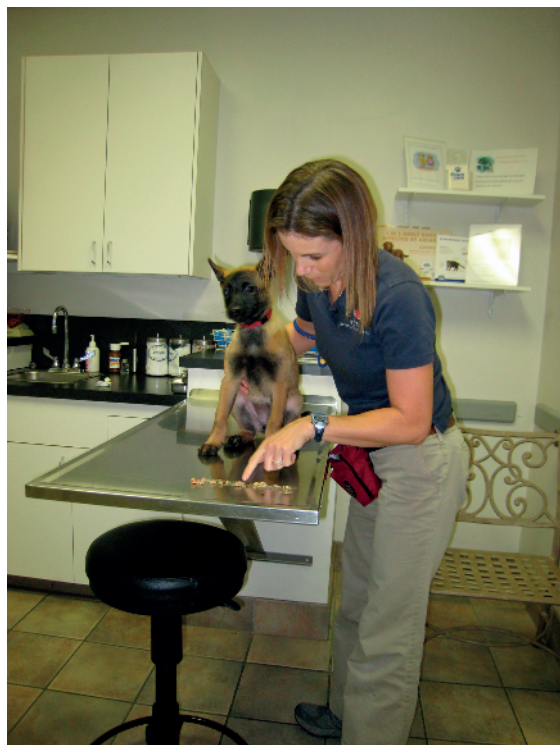


Figure 1.5 First puppy visit to the veterinary hospital. This puppy is exhibiting fear and not taking treats.

Determining whether the animal's behavior requires a veterinarian's diagnosis and attention is often a gray area that a veterinary technician must become adept at distinguishing by asking the client appropriate questions.

Generally, conditions will fall into one of two categories.

Medical and/or behavioral disorder (veterinary diagnosis required)

Medical conditions can cause or exacerbate behavioral issues and therefore must be ruled out. Any acute change in behavior should alert the veterinary technician to a primary medical disorder. Physical pain or malaise may increase irritability and contribute to anxiety, aggression, or elimination disorders. Changes in sensory perception will alter the pet's behavioral responses and social interactions. Pets with behavioral disorders in conjunction with medical disorders may present at any age. These cases must be promptly examined and evaluated by the veterinarian.

Case 1 A client calls about their cat, a 13-year old, male neutered orange tabby named Logan, who is urinating outside of the litter box. The problem

could be medical, related to diabetes, kidney disease, a urinary tract infection, crystaluria or stones, and so on. The problem could be a behavioral disorder and ultimately given a diagnosis of urine marking, litter-box aversion- substrate aversion/preference or cognitive dysfunction. The patient should be seen by the veterinarian to determine the etiology and make a diagnosis.

Case 2 A client presents with their dog, a 10-month old, male intact Bull Mastiff named Rex, who has shown aggression when the owners have attempted to move him while resting. The comprehensive behavioral history limits aggression to one specific situation, moving him while resting. The dog is slow to rise and reluctant to go for walks off the property. Physical examination reveals pain and aggression with flexing and extending the coxofemoral joint. Radiographs suggest severe hip dysplasia. A veterinary diagnosis of pain-induced aggression is made. Concurrent behavioral and medical treatment is required.

Case 3 Duke is a 4-year old, male intact Boxer. The owners report they cannot trim Duke's nails and would like to be able to do so. Upon questioning the owners, the veterinary technician is told the owners have been bitten not only when trimming Duke's nails, but also when they have hugged him. Duke has growled at strangers as well.

Although the client's primary complaint is that they are unable to trim Duke's nails, his preliminary history indicates aggression with nail trimming and concurrent behavioral issues which should be addressed by the veterinarian. Because aggression has been displayed, a diagnosis by a veterinarian is required.

Case 4 Brie is a 2-year old female spayed Dalmatian. The owners would like tranquilizers for the fourth of July fireworks. The technician notices Brie is very frightened and trembling next to the owner. Upon questioning the owner, the owner reports this is Brie's usual reaction to leaving the house or toward anything "new." Brie also reportedly stares at the ceiling excessively, which could be an indication of a compulsive disorder. The technician advises that Brie's behavior and welfare could be improved through behavioral therapy with a veterinarian. A veterinary behavior consultation is recommended.

Situations in which it is unclear if the behavior is normal or abnormal, or there is a component of fear, anxiety, and/or aggression, require a veterinary diagnosis.

Prevention and training (no veterinary diagnosis required)

Some situations may not have progressed into a behavioral disorder and a veterinary technician may pre-empt the development of a behavior problem through appropriate preventive and training services. Situations may include prevention, lack of training, or conditioned unwanted behaviors.

Prevention

Prevention of behavior disorders is easier than treatment. Preventive situations most often will be with “new” puppies or kittens presenting to the veterinary hospital. Normal canine behavior and the prevention of behavioral problems should be discussed in puppy socialization classes and/or during puppy wellness visits (Figure 1.6). Kitten classes may focus on normal feline behavior and management, as well as the prevention of behavior problems.



Figure 1.6 A veterinary technician conducting puppy socialization classes at the veterinary hospital.

Case 1 A client calls complaining that their 8-week old Chinese Lion Dog, better known as the *Shih Tzu*, named Mufasa, is biting the family. Is the behavior normal mouthing and biting that is commonly seen in puppies? Often owners call normal puppy mouthing “biting.” The client reports that the puppy is growling and biting. His bites sometimes break the skin. Is this a fearful puppy or a lack of bite inhibition? The pet should be screened as to whether the behavior is normal puppy mouthing or abnormal behavior for a puppy. This may be accomplished through a puppy behavior wellness appointment or an in-hospital puppy socialization class. During puppy class, it can be determined if there are other areas of concern (such as guarding of resources) and a veterinary examination and diagnosis may be required.

Case 2 A 6-month old sheltie named “Cosmo” has attended puppy classes and is currently enrolled in the hospital’s clicker-training classes. The owner reports Cosmo occasionally steals and chews household items (socks, paper towels, etc.). The behavior is not associated with owner departure and is not excessive. Cosmo does not show aggression in these contexts. Having Cosmo in both your puppy classes and clicker-training classes, you are familiar with him and it is obvious Cosmo is a stable and outgoing adolescent with no apparent anxiety issues. The client reports they are thrilled with Cosmo’s behavior in all other aspects. Chewing is a normal behavior for adolescent dogs. The technician can recommend management, supervision, supplying a variety of appropriate chew toys, and teaching relinquishment of objects. The technician may also consider recommending a trainer to assist the client.

Lack of training or conditioned unwanted behaviors

Conditioned unwanted behaviors are behaviors that have been inadvertently reinforced by the owners and are problematic or undesirable. The behavior could be considered normal for the breed/species and not be considered excessive to the point of having a fear, aggression, anxiety, or hyperexcitability component. This is an emotionally stable pet that has not been taught cues related to good manners or presents for learned unwanted behaviors. One helpful technique is for the veterinary technician to ask the client to describe the pet’s personality. This may prompt the client to

express a fear or anxiety-related component. Even after elaborate questioning, one may still be unsure of the true etiology of the condition. Many dogs present during adolescence for training problems. A consistent protocol or informational handout should be followed for dealing with the specific problem. These pets may benefit from private, semiprivate, or group training lessons.

Case 1 A client informs you that their dog, a 9-month old, intact male Siberian Husky, named Bolt, needs training. Specifically, he runs away and does not come when called. You may be tempted to assume that based on the breed's genetic basis to run, that this is purely a training problem. But you do not have enough information. One must first determine the situation when Bolt runs away. Is he digging out of the yard or jumping the fence? The client reports when she opens the front door, Bolt dashes out running. Next, one must determine Bolt's motivation. Is he roaming because the neighbor's dog is in estrus? Does he want to chase things, such as small animals or children running? Does Bolt have any aggression issues (such as growling or excessive barking) with people at the door or passing the property? The client reports that Bolt is not chasing anything or anyone and has never met a person or dog he has not liked. He is very friendly. Finally, one must determine, what the client does when Bolt runs away. The client reports they chase him. His favorite game is "keep away" – he loves to be chased with a toy in his mouth. Now, after gathering a variety of information, one may assume Bolt's behavior is likely a training problem typical for the breed and related to previous learning experiences. Bolt has likely not been taught to wait at the door. Not coming when called and running away has been inadvertently conditioned by routinely being chased and playing "keep away." Private or group training sessions may be recommended to work on the training problem.

Case 2 Fang is a 6-month old, male, neutered, medium-sized mixed breed dog. The owner reports they cannot trim Fang's nails. The veterinary technician asks what Fang does when they attempt to trim his nails and the owner reports he tries to run away. The veterinary technician asks if he growls or attempts to bite the owner in these situations and the owner reports he does not; he "just wiggles." The veterinary technician asks if there are other situations such as brushing, touching body parts, or medicating

Fang that are also problematic. The owner reports, "We can do anything, but trim Fang's nails." The veterinary staff has not had difficulty handling Fang for medical treatments.

Because there is no aggression and the fear is mild and considered normal given the context and situation, the veterinary technician does not need a diagnosis from the veterinarian. Most dogs do not enjoy having their nails trimmed and mild fear/anxiety in this context is normal. The technician can instruct and demonstrate to the owner basic behavior modification techniques for desensitization to trimming nails. (see Chapters 7 and 8)

If the dog panicked to the point of losing bladder or bowel control or remains in a heightened state of arousal after being removed from the situation, then the fear and anxiety would be considered excessive and a veterinary behavior consultation should be recommended.

Table 1.2 summarizes how to determine whether the behavioral issue is associated with lack of training, preventative in nature, or intervention, and requires a veterinary diagnosis.

Box 1.3 provides a quick reference to common terminology and definitions.

BOX 1.3: COMMON DEFINITIONS.

Behavior problem: The animal's behavior is a problem for the owner. The issue could be lack of training, a conditioned unwanted behavior, a behavior disorder, or a combination of issues.

Behavior disorder: Psychological or behavioral patterns outside the behavioral norms for the species. Often there is an affective (emotional) component.

Behavioral assessment: An informal impression or evaluation of a situation; the first step in triaging a behavior problem or disorder.

Preventive care: Refers to measures taken to prevent the development of behavior problems or disorders, rather than treating the symptoms of an existing problem or disorder. Preventive care is a primary role for veterinary technicians.

Intervention care: Refers to measure taken to improve or alter an existing behavior disorder. Intervention requires a veterinary diagnosis and treatment plan.

Qualified trainer: An animal trainer who is certified from a standardized, positive-based curriculum and is policed by an organization in which certification can be revoked if the trainer acts unprofessionally or outside the organization's code of ethics.

Table 1.2 Triage.

Scenario	Comments	Veterinarian's DX?
The issue is still in "preventive" stages	See <u>preventive</u> definition	No diagnosis required
The behavioral issue is likely a lack of training issue or a conditioned unwanted behavior	Send to a <u>qualified</u> trainer (see definition)	No diagnosis required
The issue is very specific (handling feet) and the only issue. There has been no history of aggression or extreme fear. A mild fear response or avoidance is evident	Rare	No diagnosis required, but with more in-depth assessment, the handling issue may be a symptom of larger problem – then diagnosis required
There are multiple behavioral issues	Likely a complex situation and issues will need to be prioritized. Issues may be due to a general angst-based temperament	Diagnosis likely required
Multiple triggers or unknown triggers	Difficult to/impossible to manage	Diagnosis required
Issue is anxiety or fear based	Anxiolytic medication may be needed	Diagnosis required
Any history of aggression (growling, snapping, or biting not in the context of play)	Lack of bite inhibition increases risk	Diagnosis required
Any acute change in behavior	Rule out health issues	Diagnosis required
Geriatric patient with behavior changes	Rule out health issues, including cognitive dysfunction	Diagnosis required
Puppy 8 weeks of age showing aggression toward people (growling, snapping, biting not associated with normal puppy play mouthing)	Rule out health issues including neurological conditions, if behavioral usually genetic	Diagnosis required and counseling regarding the severity of the problem.
Behavior is uncharacteristically intense or out of context	Rule out health issues, possible abnormal brain chemistry or arousal issues	Diagnosis required

Prior to the consultation

The veterinary technician's responsibilities prior to the behavior consultation involve client communication tasks, office tasks including record keeping, and inventory management. Preappointment client communications may be the responsibility of the veterinary behavior technician or a trained receptionist. Providing awareness that there are viable treatment options for behavior disorders and educating clients about the difference between a training problem and a behavior disorder may be the first step in client communication. Preliminary information obtained should include the signalment (species, breed, color, sex, and age), medical problems, and behavioral issues. It is necessary to determine what prompted the call and what behavioral services are warranted (see sections titled **Triaging the issues** and **Qualified professionals to treat animal behavior disorders**). The expectations of the client should also be assessed. If the client makes an ultimatum, "If Fido growls at me one more time, he is out of here," attempting to educate the client briefly on normal canine communication and setting realistic goals for behavior intervention are important for the

client's overall satisfaction. A thorough description of the services available and what is involved, as well as the cost of the services should be understood by the client. If the pet owner is expecting the behavior issues to be "cured" in a 2-h consultation, he/she will be dissatisfied with the service and may be less likely to implement the treatment plan. When the client understands that the assessment will give the appropriate knowledge and tools to address the pet's behavior issues, he/she will be more accepting of the information and treatment plan. Informing the client that treatment options are available for their pet's behavioral issues, provides the client with some immediate relief. The client should be informed of any cancellation policies. Scheduling of the appointment may be done by the veterinary technician or a receptionist.

When any form of aggression is described by the client, the veterinary technician should advise the client to avoid triggers of aggression until the behavior disorder can be addressed through a behavior consultation. The client should also be advised to avoid punishment and manage the environment to avoid further learning of the undesired behaviors. This may include separating

two dogs in the house that are fighting, avoid leaving the separation-anxiety dog alone, or blocking access to soiled areas for feline elimination disorders. The initial contact is usually a 10-15-min phone conversation. If an appointment is scheduled, requesting video footage of the pet and the problem behaviors, without eliciting aggression or endangering the pet or people, may be suggested to enhance the behavior consultation.

A detailed preliminary history should be obtained a few days prior to the appointment. The preliminary history phone conversation generally takes 15–20 min. The appointment date, time, and home address should be verified. The preliminary history should include questions regarding general management, current medications (including heartworm and flea preventives), the pet's disposition, and historical information such as the age the pet was obtained and source from which the pet was obtained. The primary undesirable behaviors should be identified and ranked in order of importance to the owner. A brief general description of the behavior should include the antecedent, the behavior, and the consequence or outcome of the behavior. The context of the behavior, including the individuals present, the location, the owner's reaction, and the pet's reaction, should be obtained.

The history form may be emailed, faxed, or mailed to the client and returned prior to the appointment. Allowing the client to complete the form decreases staff time and may facilitate multiple family members' input. While obtaining the preliminary history over the phone is more time consuming, a trained behavior technician may detect subtle indicators of other underlying behavior disorders prompting further questioning or family dysfunctions that may influence the diagnosis and treatment. For example, if the client says, "Fifi doesn't like my husband," the behavior technician would investigate this statement further. The veterinary technician may ask, "What does Fifi do that makes you say that?"

Informing the client of safety precautions for the appointment and client preparation prior to the appointment (video footage, training tools, treats, etc.) are communication tasks performed by the veterinary technician. For home behavior consultations when aggression toward strangers entering the home is identified, the client should be instructed to place the pet in a safe contained area to prevent injury to veterinary staff entering the home. If other pets live in the home, inquire about their reactivity to strangers. This helps to protect the veterinary staff. Similarly, with clinic consultations, if reactivity to other animals or people is an issue, the pet should be managed upon arrival

to the veterinary hospital to prevent an incident. This may include managing the pet outside the building or in the car until the pet can be safely escorted into the consultation room.

The pet should be hungry for the consultation. Advise the client to withhold food for 6–12 h prior to the appointment. The client should bring video footage, training collars or training devices used, the pet's favorite treats and toy, and routine medications to the consultation.

With clinic consultations the veterinarian will not be able to observe the pet in its natural environment; video footage allows evaluation of interactions with household members and other pets (Figure 1.7). Once the appointment has been scheduled, the veterinary technician should impress upon the client the importance of video footage. Resting, feeding, drinking, and exercising areas should be included in the video.

The veterinary technician is responsible for making sure the patient file and pertinent forms are prepared prior to the appointment. This provides for a smooth and efficient consultation. If the consultation is taking place within the veterinary hospital, training tools, treats, and toys should be readily accessible to the staff but out of reach of the pet. Stocking the room prevents unnecessary interruptions during the behavior appointment. Examples of such items, depending on the case, would be a variety of clickers, toys and treats, appropriate-size head halters, harnesses and basket muzzles, sound desensitization compact discs, leashes, and training books.

Any interruption may be upsetting to the patient and distracting to the client. Staff members should be



Figure 1.7 Dog interacting with feline companion in the home environment. When not providing in-home consultations, video footage is helpful in assessing the dynamics of the household.

settled in the examination room before the patient enters. Phones and pagers should be turned off prior to entering the consultation room. A sign should be placed on the outside of the consultation door notifying staff that a behavior consultation is in progress, to prevent accidental interruption. The ideal architectural design for a behavior consultation room would allow the client and pet to enter directly into the room from outside of the building. A large room with couches and no visual obstruction between the veterinarian and the clients is ideal. The staff would have a separate interior entrance to the room. Safety precautions, such as a stable tether system, should also be implemented in the behavior consultation room.

When providing home behavior consultations, the vehicle should be stocked appropriately. Similarly, a laptop computer, power charger, charged cell phone, printer, ink and paper, directions to the home, the patient file and preliminary history should all be packed into the vehicle. Inventory of behavior training tools should be assessed at least weekly, especially on items that are commonly recommended or size specific (basket muzzles, head halters).

During the consultation

The veterinary technician's responsibilities during the consultation involve working directly with the patient whenever possible, as well as assisting the client with the implementation of the treatment plan as outlined by the veterinarian. During the behavior consultation, ideally the veterinary technician should

1. offer nonthreatening body language and treats while waiting for the pet to approach and become comfortable with veterinary technician interaction,
2. assess the pet's trainability and interest in a variety of rewards (assorted treats and toys),
3. assess the pet's current level of reliability with cued behaviors required for implementation of the treatment plan (sit, stay, come, go to mat, loose leash walking),
4. introduce the pet to training tools needed to implement the treatment plan (Figure 1.8),
5. convey to the veterinarian the pet's responsiveness and reaction to training and the training tools,
6. demonstrate and explain training methods and training tools required for implementing the treatment plan,
7. encourage and give positive feedback to clients regarding their skills while utilizing the training tools (i.e., clicker, head halter) and performing the behavior modification exercises,



Figure 1.8 Desensitization and classical counter conditioning to a basket muzzle, using canned cheese.

8. clarify and problem-solve with the client to integrate the treatment plan into their lifestyle,
9. answer any questions the client may have regarding the diagnosis, prognosis, or treatment plan and refer questions to the veterinarian as needed, and
10. provide the client with resources for recommended training supplies or tools, when applicable.

The veterinarian will complete the history and temperament evaluation, make a diagnosis and prognosis, and outline a treatment plan. While the veterinarian is interviewing the client, the veterinary technician should interact with the pet in a nonthreatening manner. This includes letting the pet approach on its own, avoiding prolonged eye contact, facing sideways to the pet, and avoid reaching toward the pet. The client and other members involved in the consultation should ignore the pet. This will make the veterinary technician the only person that “pays off”. The veterinary technician may toss a variety of small tasty treats in an underhand manner toward the pet.

- While the veterinarian is interviewing the client, the veterinary technician should interact with the pet in a nonthreatening manner. This includes letting the pet approach on its own, avoiding prolonged eye contact, facing sideways to the pet, and avoid reaching toward the pet.

Once the pet is comfortably interacting with the veterinary technician, the veterinary technician may begin to assess the trainability of the pet. Some pets will warm up immediately and others may never feel

comfortable enough to eat a treat throughout the entire consultation. It is important for the veterinary technician to wait until the pet is relaxed with the interactions before prompting or asking the pet to perform a behavior such as sit. Otherwise, the veterinary technician risks making the pet wary. For example, imagine meeting an unfamiliar person for the first time. As long as that person does not immediately ask something of us and is nonthreatening, we are more likely to be comfortable with the interaction.

The pet's comfort level with handling and tendency toward guarding objects and/or food will be assessed in the temperament evaluation. This is important when considering placing a head collar and utilizing treats and toys. Although the pet's body language determines how the veterinary technician will proceed, it is good to know beforehand if the pet has any known triggers, such as a sensitive area, or shows a tendency to guard food or toys. For example, a Golden Retriever presents for destructive behavior when left at home alone. The temperament evaluation reveals previous aggression when touched around the ears. This invaluable information may not be immediately offered by the client because it is not a presenting complaint. The veterinary technician should wait until the temperament evaluation is completed by the veterinarian prior to desensitizing to a head halter, harness, muzzle or introducing toys. This increases safety with handling of the patient. Toys should be on a rope or tether when introduced to the pet. This provides a non-confrontational way for the veterinary technician to retrieve the toy.

- Although the pet's body language determines how the veterinary technician will proceed, it is good to know beforehand if the pet has any known triggers, such as a sensitive area, or shows a tendency to guard food or toys.

The veterinary technician may introduce training tools (e.g., clicker, head collar, muzzle)(see Chapter 8) and training cues needed for behavior modification exercises (e.g., sit, stay, go to a mat, loose leash walking) to the pet while the veterinarian describes the diagnosis and treatment plan. Whenever possible, the veterinary technician should take the canine patient for a walk to assess reactivity to environmental factors and temperament away from the owner. This will determine whether the owner will be capable of walking the dog and if undesirable behaviors have been inadvertently conditioned by the owner. For example, some dogs are

only reactive to other dogs while with their owner. The technician may also observe defensive or fearful behaviors that can be reported to the veterinarian. The technician may notice the dog stop taking treats, which is likely a sign of anxiety. The walk also allows the veterinary technician to assess the dog's reaction to a head collar, if applicable. The veterinary technician's insight should be conveyed to the veterinarian during the consultation.

While the veterinarian prepares the written behavior assessment summary and treatment plan, the veterinary technician should explain and demonstrate any training tools or skills required in implementing the treatment plan. This should include how to teach the pet appropriate behavior responses and their importance with regard to the treatment of the behavioral disorder. The client is more likely to comply with the treatment plan when he/she understands the significance of the exercises. Specific behavior modification exercises and desensitization to training tools should be demonstrated. The client should be provided an opportunity to practice some of the exercises with assistance and positive feedback from the veterinary technician (Figure 1.9). While observing the client's training skills, the veterinary technician may foresee potential training problems and provide insight to remediate those problems. During this time the veterinary technician should also accompany the client and dog on a walk. Not only will the veterinary technician be able to observe the dog's behavior with the client, but the veterinary technician may also assess the client's leash and handling skills. Behavior modification techniques used on walks should be demonstrated by the behavior technician. Client questions regarding the diagnosis, prognosis, and treatment plan may be



Figure 1.9 Technician coaching client on behavior modification exercises with a reactive dog.

answered by the veterinary technician or referred back to the veterinarian for clarification.

- The client is more likely to comply with the treatment plan when he/she understands the significance of the exercises.

The veterinary behavior technician will need to develop communication skills to assist the client without putting the client on the defensive (see Chapter 5). For example, the veterinary technician observes a dog that reluctantly returns to the client when called. If the veterinary technician says, “Fido doesn’t look happy when he comes to you, because he thinks you are going to punish him,” the client is likely to take the comment personally and feel less competent as a trainer. Instead, the veterinary technician might say, “That is great, that Fido came when you called him. The next step in his training will be . . .” The veterinary technician would suggest a few things to make Fido’s recall enjoyable and provide the handler with tips regarding nonthreatening body language. This acknowledges the success of the client’s previous training with the dog; the dog did come when called. The client is now in an open frame of mind for the “next step” to teaching the recall.

When the patient is a cat, bird, or an extremely fearful and/or aggressive dog, the veterinary technician may be more limited in the amount of interactions with the patient. Birds may be wary of new people and are less likely to be amendable to interacting with a stranger. Similarly, some cats will avoid interactions with new people or will lose interest in treats and toys quickly. Some dogs will not be comfortable enough to interact with the veterinary technician even after a sustained period of time. There will also be some canine patients that are too aggressive for the veterinary technician to handle directly. The veterinary technician will need to rely on his/her ability to explain and demonstrate implementation of the treatment plan without the pet. Coaching the client regarding problem solving and training is an important role of the veterinary technician in these cases.

- When the patient is a cat, bird, or an extremely fearful and/or aggressive dog, the veterinary technician may be more limited in the amount of interactions with the patient.

The flow of the behavior consultation is shown in Box 1.4.

BOX 1.4: BEHAVIOR CONSULTATION FLOW CHART (DURING THE CONSULTATION).

- Appropriate safety measures in place prior to appointment or on presentation to the veterinary hospital.
- Introductions and assessment of environment (video or directly).
 - Technician may be offering the pet treats.
- History and temperament evaluation:
 - Veterinarian: summarizes the presenting complaints and obtains the temperament evaluation and completes the history.
 - Technician: offers nonthreatening body language and treats while waiting for the pet to approach and become comfortable with interaction.
- Diagnosis, prognosis, and treatment plan
 - Veterinarian: explains the diagnosis (diagnoses), prognosis, and treatment plan.
 - Technician
 - assesses the pet’s trainability and interest in a variety of rewards (assorted treats and toys),
 - assesses the pet’s current level of reliability with behaviors required for implementation of the treatment plan (sit, stay, come, go to mat, loose leash walking),
 - introduces the pet to training tools needed to facilitate the treatment plan,
 - takes the dog for a walk,
 - conveys to the veterinarian the pet’s response and reaction to training and the training tools.
- Training plan demonstration and implementation
 - Veterinarian: prepares the written behavior assessment summary and treatment plan.
 - Technician
 - demonstrates and explains training methods and training tools required for implementing the treatment plan,
 - encourages the client and offers positive feedback while the client practices using the training tools (e.g., clicker, head halter) and during behavior modification exercises,
 - clarifies and problem-solves implementation of the treatment plan with the client,
 - answers any questions the client may have regarding the diagnosis, prognosis, or treatment plan or refers to the veterinarian, and
 - provides the client with resources for recommended training supplies or tools, if applicable.

- Conclusion of appointment:
 - Veterinarian
 - reads through written behavior assessment summary and treatment plan and obtains signature for medical record,
 - prescribes medication (when applicable) and explains possible side effects,
 - explains follow-up recommendations (written into the behavior summary), and
 - answers client's questions.
 - Technician
 - conveys any pertinent information revealed during the training exercises that may affect the treatment plan,
 - asks veterinarian's opinion on questions presented by client during training, if applicable,
 - relays to the veterinarian a summary of the training and behavior modification exercises performed.

After the consultation: follow-up care

The role of the veterinary technician regarding follow-up care is to provide continued support for the client and promote fluent communication. Clarification of the treatment plan and evaluation of the human-animal bond should be determined at each contact. The veterinary technician can evaluate through home visits, phone contacts, emails, or video tapes, the implementation of training and behavior modification exercises. Answering questions regarding the treatment plan, prescribed medications, training, and behavior modification may also be addressed by the veterinary technician.

- The role of the veterinary technician regarding follow-up care is to provide continued support for the client and promote fluent communication.

When the pet shows no signs of improvement, worsening of the behavior, or a new undesirable behavior, the veterinarian should be informed and assess whether changes in the treatment plan are necessary. With the veterinary technician's insight, the veterinarian may make changes to the treatment plan. Only a veterinarian can change the treatment plan, including changing prescribed medications or medication dosages. When improper implementation of the behavior modification

is suspected, a behavior modification appointment with the veterinary technician may be suggested. The veterinarian may determine that a follow-up behavior consultation is required to reevaluate the pet.

- Only a veterinarian can change the treatment plan, including changing prescribed medications or medication dosages.

If new problem behaviors, which were not addressed in the consultation, arise, then another behavior consultation with the veterinarian would be necessary. For example, Herman, a 5-year old, neutered male Himalayan, was seen for urinating and defecating daily on the floor next to the litter box. The veterinarian diagnosed feline inappropriate elimination with a litter-box aversion. Litter-box factors were changed and environmental and behavior modifications were implemented. Herman's behavior was significantly improved and he was found to only eliminate inappropriately when the owner is negligent about cleaning the litter boxes. After several months, the client reports that Herman is having a relapse. Further questioning reveals that Herman is now urinating on the owner's bed, bathroom rug, and the new kitten's bed. It is only urine, never stool. Not only should this warrant a thorough medical workup to evaluate Herman's urinary tract health, but it should also be recognized that this is an entirely different behavior disorder. This warrants another behavior consultation with the veterinarian because the behavior is likely anxiety-related urine marking. Although the initial complaint is the same, the cat is not always using the litter box; the description of the behavior is different.

A set protocol for follow-up care should be determined by the veterinarian and documented in the treatment plan. Follow-ups may be performed by the veterinary behavior technician. The suggested minimum follow-up care should occur 1 and 3 weeks post the initial behavior consultation. Follow-up may be either by telephone/email or in clinic with or without the pet. The 1-week follow-up centers around answering questions regarding the treatment plan. If medication was prescribed, the veterinary technician should ask the client if the pet has been started on the medication. It should not be assumed that the prescribed medication is being administered or given appropriately. Confirm the dosage and frequency of the medication. The client should be questioned regarding side effects of the medication. During the 1-week

follow-up, determine which parts of the treatment plan the client has begun to implement. The 3-week follow-up includes verifying implementation of the treatment plan; discussing medication, if applicable; assessing the frequency and intensity of the behavior disorders; and determining the client's satisfaction level with the pet's behavior. Updates should be provided to the veterinarian and the treatment plan modified as directed. When providing in-clinic follow-up, avoid mistaking the follow-up assessment with a behavior modification appointment. If the client requires further assistance with training or behavior modification, an appointment should be scheduled with appropriate personnel. Ideally, this person may be a veterinary behavior technician or a dog trainer who is knowledgeable about implementation of behavior modification techniques.

- It should not be assumed that the prescribed medication is being administered or given appropriately.

After 3 weeks, continued follow-up care should be tailored to the case. Any changes to the treatment plan should be reevaluated 2–3 weeks post implementation. If no changes to the treatment plan are made and the client is satisfied with the pet's progress, reassessment should be rendered in an additional 1 month (approximately 2 months following the initial consultation). The 3-month follow-up may be either a phone- or in-clinic assessment. In-person follow-up appointments should be required every 6 months to yearly in order to continue providing behavioral assistance. The majority of veterinary computer software programs support phone and appointment reminder systems. This makes follow-up care easier to implement. Routine follow-up care initiated by the veterinary staff provides for continued guidance and support from the veterinary team, thereby facilitating and enhancing the human–animal bond.

The veterinary technician's roles encompass client communication, including education, awareness and prevention before, during, and after the consultation, as well as assisting the veterinarian with the clinical behavior consultation. Utilization of the veterinary technician provides for a more comprehensive and successful behavior service for the hospital and the client/patient.

- The veterinary technician's roles encompass client communication, including education, awareness and prevention before, during, and after the consultation, as well as assisting the veterinarian with the clinical behavior consultation.

Summary of the roles of the veterinarian, veterinary technician, and dog trainer in veterinary behavior

Table 1.1 summarizes the roles of the veterinarian, veterinary technician, and dog trainer in the veterinary behavior team. Although many of the tasks may overlap, there are clearly defined roles that are exclusive to the veterinarian because they involve the practice of veterinary medicine.

Home versus clinic behavior consultations

Offering in-home or in-clinic veterinary behavior consultations to clients can be a service added to a general practice or the sole focus of a veterinary practice. Behavior consultations in the home can provide additional insight that may affect the diagnosis and treatment plan. Perhaps a combination of in-clinic and in-home behavioral services could be offered in order to balance the advantages and disadvantages of each service.

Pros and cons of the home behavior consultation versus the clinic behavior consultation

Providing home veterinary behavior consultations have some distinct advantages and disadvantages compared to clinic behavior consultations. With the home consultation, the pet and client are in their natural environment. This increases the likelihood that the pet will exhibit typical characteristic behaviors. It is easier for the entire household to attend the in-home consultation. This may lead to better compliance and will definitely allow for better insight. By observing the home environment, management problems and environmental stressors may be more easily identified. Home consultations also allow the veterinarian and veterinary technician to observe the human social relationships and dynamics within the household. Another distinct advantage to the home consultation is direct

application of behavior and environmental modification to the home setting. Home visits increase the perceived value of the service to the client. It adds a personal touch because the veterinarian and veterinary technician have spent time in the home with the client and the pet. During home consultations, the veterinarian is less likely to be interrupted by ancillary hospital staff, yet the client may have personal distractions. Home visits may be less stressful for the client and the pet. If the veterinary service is dedicated solely to treating behavior problems, providing in-home consultations eliminates operating costs associated with a building and additional personnel (Figure 1.10).

The main disadvantage of home behavior consultations is the risk of injury to staff members. It is an unknown environment and therefore safety is a major concern. Often the patient is more offensive, more protective, and has a lengthy learning history in the home environment, making aggression more prone to occur. The veterinary technician will be expected to take dogs for brief walks during the consultation. Unfamiliarity with the neighborhood, neighborhood

pets, and the dog can be potential safety issues. There is risk of injury to the dog and veterinary technician due to stray dogs. Attempting to implement as many safety precautions and protocols as possible will help prevent dangerous situations. The clinic behavior consultation allows for existing safety measures and familiarity with the setting (Figures 1.11 and 1.12).

Home visits require travel time and may take longer than in-clinic consultations. This may be due to the social nature of the home appointment setting. See Tables 1.3 and 1.4 for average time commitments related to the home versus clinic behavior consultation.

Home behavior consultations typically require follow-up to be facilitated by phone or email. Ideally, an in-person follow-up would be performed 3–4 weeks following the initial consultation. This may not be financially feasible due to travel time. Private behavior modification appointments may be recommended for continued follow-up. In-clinic follow-up, training, and behavior modification appointments may be more cost- and time effective for the veterinary staff. A general



Figure 1.10 Patient evaluated in the home setting for aggression toward family members and strangers entering the home.

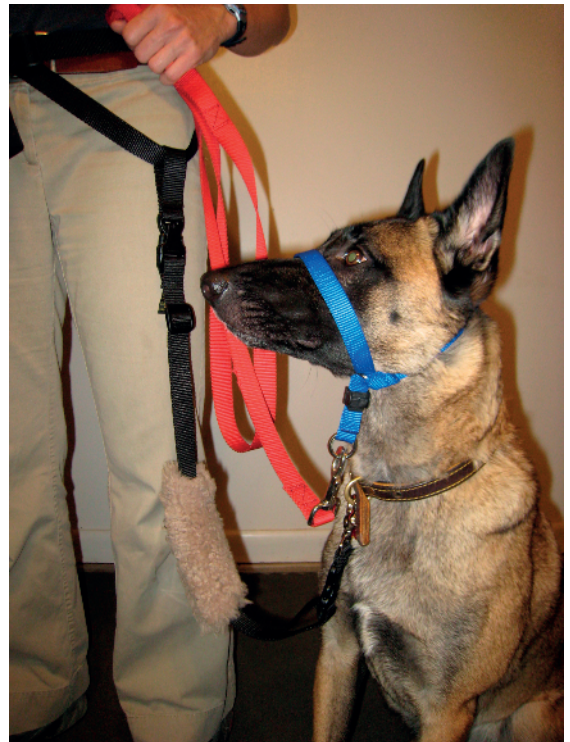


Figure 1.11 Dual leash method, with one leash attached to the head collar and waist leash attached to flat buckle collar. This adds safety and security with reactive dogs.



Figure 1.12 Coupler attaching head collar to flat buckle collar. This adds security should one device fail with reactivity.

Table 1.3 Home behavior consultations.

Initial contact phone call	10–15 min
Preliminary history	15–20 min
Appointment preparation	10 min
Travel time (varies)	30–60 min
Consultation	2–2.5 h
Fax/Call RDVM ^a (if applicable)	5–10 min
Follow-up contact	30–60 min
Total time	4–6.5 h

^aReferring DVM.

Table 1.4 Clinic behavior consultations.

Initial call	10–15 min
Preliminary history	15–20 min
Appointment preparation	5 min
Appointment	1.75–2.25 h
Fax/Call RDVM ^a (if applicable)	5–10 min
Follow-up contact	30–60 min
Total time	2.8–4 h

^aReferring DVM.

practice that is offering home behavior consultations may have the capability to perform follow-up appointments and behavior modification appointments in the clinic.

Veterinary-technician-driven behavior services

Besides assisting with behavior consultation, the behavior technician may also provide a variety

of other behavior services. Potential veterinary technician-instigated behavior services include behavior modification appointments, puppy socialization classes, kitten classes, pet selection counseling, new puppy/kitten appointments, basic manners/training classes, head collar fitting, behavior wellness visits, avian classes, and staff and client seminars. Many of these services will be covered in more detail in Chapter 7.

- Besides assisting with behavior consultation, the behavior technician may also provide a variety of other behavior services.

Behavior modification appointments

Behavior modification appointments assist clients with the implementation of the veterinarian-prescribed treatment plan. Behavior modification appointments should last less than 1 h. The pet will require scheduled training breaks throughout the appointment; these breaks allow for discussion with the client. Appointments may occur in the hospital setting or at the pet's home. Behavior modification appointments performed in the home allow for further insight and implementation of the treatment plan in the pet's natural environment. This may be beneficial, especially if the initial consultation was performed in the hospital. In contrast, when applying behavior modification for fear at the veterinary hospital, the hospital is the preferred choice unless a nonstressful starting point in the hospital setting is not identified (see Desensitization, Chapter 8).

The same safety and preappointment measures implemented during the consultation should be applied to behavior modification appointments. Review the temperament evaluation prior to the appointment to determine if the pet has a history of guarding objects or food from people.

- The same safety and preappointment measures implemented during the consultation should be applied to behavior modification appointments.

The first part of the appointment is discussion with the client regarding the status of the pet's progress. What parts of the treatment plan have they implemented? What problems have they encountered? The client

should demonstrate the behavior modification exercises with the pet. While the pet is given something enjoyable to do, the veterinary technician can give feedback to the client. Always offer verbal encouragement regarding two or three things the client did well, then discuss alternatives for problem areas. Make it a joint effort, demonstrate for the client, and then allow the client to practice. The conclusion of the appointment should review the major topics covered, present realistic expectations for progression, and set a date for follow-up communication. Detailed notes should be recorded in the patient's file regarding the behavior modification appointment. The veterinarian should be provided with a status update, allowing for any necessary adjustments to the treatment plan.

Semiprivate behavior modification classes are another option. Dogs that are reactive with other dogs may benefit from "reactive" group dog classes. Careful management and safety are imperative with these classes. Dogs may be required to wear a basket muzzle throughout the class in order to minimize risk associated with handler error. Classes may be formatted in a variety of different ways. One option is to allow only one dog each week to attend the session. All the owners benefit from observing the behavior modification in practice. A volunteer decoy dog or stuffed animal may be used, depending on the dog's reactivity and the client's ability to safely handle their dog. Pets that demonstrate other behavioral disorders, such as fear and aggression at the veterinary hospital, may also benefit from semiprivate classes at the veterinary hospital focusing on behavior modification techniques. Semiprivate classes may be more cost effective than private lessons. Clients learn by observing implementation of behavior modification with other dogs. Similarly, the client is also provided with a network of people with pets presented for similar behavior disorders.

Because behavior modification appointments require specialized training and knowledge, appropriate charges should apply. An additional fee should be assessed when traveling to the client's home. Travel fees may be a variable or fixed rate, based on mileage or travel time. The travel radius should be predetermined.

- Because behavior modification appointments require specialized training and knowledge, appropriate charges should apply.

Puppy socialization classes

Poor socialization or deprivation of environmental exposure often leads to lifelong deficits and dysfunctional behaviors. Lack of positive exposure is as detrimental as a bad experience. The socialization period is a finite period of development in which the dog is genetically programmed to be more accepting of novelty. Puppy socialization classes help to provide immunity against behavior disorders (Figure 1.13).

The benefits to offering puppy socialization classes in the veterinary hospital include bonding the client to the puppy and veterinary hospital, educating the client on normal canine behavior, addressing common puppy-training issues, and providing a controlled and safe environment for play. Puppy socialization classes also help prevent behavior disorders such as inter-dog aggression, separation anxiety, and fear disorders related to lack of socialization. Teaching puppies to enjoy restraint and handling will make the veterinary staff's job easier. Puppy classes also help identify problem puppies or high-risk puppies for the development of future behavior disorders. They are intended for behaviorally normal puppies and are not designed to address abnormal behaviors. The focus of puppy class is on education and prevention. Puppy socialization classes are the number one preventive behavior service a veterinary hospital can offer its clients. Puppy classes can be started with minimal work and capital investment. Instructing and assisting puppy socialization classes can be extremely enjoyable and rewarding for the veterinary technician. Puppy socialization classes are discussed in more detail in Chapter 7.



Figure 1.13 Exploration and desensitization to the veterinary hospital and staff using treats.

- Puppy socialization classes are the number one preventive behavior service a veterinary hospital can offer its clients.

- Pet selection counseling is the first defense in the prevention of behavior disorders.

Kitten classes

Kitten classes are similar to puppy socialization classes, but because most kittens are out of their socialization period (feline socialization period is 2–7 weeks of age) by the time they are obtained, there are some distinct differences. Rather than focusing on socialization, kitten classes focus on normal feline behavior and the prevention of behavior disorders. They allow for positive exposure to the veterinary hospital, desensitization to handling, and controlled exploration, thereby bonding the client to the kitten and veterinary hospital. Understanding why cats perform certain behaviors fosters client empathy for the cat. Kitten classes provide the client with the knowledge necessary to modify unwanted behaviors. Responsible cat ownership with regard to allowing the cat outdoor versus indoor, environmental enrichment, and minimizing stress in multicat households should be addressed. Kitten classes identify and prevent behavior disorders, teach appropriate owner play, address litter-box factors, bite and claw inhibition, handling, and carrier/kennel training. Often, basic cue training such as sit, come, touch, and place are taught, using positive reinforcement training.

Pet selection counseling

Pet selection counseling is the first defense in the prevention of behavior disorders. The goals of pet selection counseling are to educate the client about normal canine behavior and breed selection, prepare the client for the new arrival, promote positive reinforcement training, and promote hospital services. If the pet does not meet the client's expectations or is a mismatch to the client's personality or lifestyle, it is unlikely to be retained. Offering prepurchasing counseling is a way to educate clients prior to their pet's first veterinary visit. This service should be promoted through client mailings, newsletters, email, telephone correspondence, and the hospital bulletin board. Because pet selection counseling is time consuming, hospitals should charge appropriately for technician/staff time. Pet selection counseling appointments can be a valuable service, enhancing the human–animal bond, as well as the client–veterinary–hospital bond.

New puppy/kitten appointments

The first veterinary hospital visit for puppies and kittens sets the trend for future visits. This can be problematic when the first visit is not enjoyable for the pet. A bad experience potentiates fear or aggression with future visits to the veterinary hospital. Ideally, for all wellness visits, clients should be encouraged to bring a hungry pet and a variety of high-value treats such as string cheese, canned cheese, peanut butter, and small pieces of hotdog. The client should be informed to offer the pet a treat in the parking lot, upon entering the hospital, in the waiting room, and in the exam room. If the puppy/kitten fails to acclimate during the first visit, reschedule the appointment and delay vaccination until the pet is comfortable and taking treats. The goal is for the pet to associate the veterinary hospital with good things (food). Consequently, regardless of the pet's actions, the pet should be offered treats. Scheduling of all new puppy/kitten visits as an extended appointment allows the pet to become acclimated to the hospital/staff and allows for time to cover specific behavioral topics.

- The first veterinary hospital visit for puppies and kittens sets the trend for future visits.

Veterinary technicians play a critical role in educating clients and staff members about the prevention of behavioral disorders and training problems. Prevention is the most important step in the treatment of behavior. Preventative measures include educating clients about what is normal behavior for the particular breed or species. With each additional wellness visit, specific behavior topics should be covered. Behavioral topics for puppy visits should include socialization, body language, house training, teaching bite inhibition, and methodology for basic training and problem solving. Behavioral topics for kitten visits should include teaching bite and claw inhibition, litter-box training and management, handling, and carrier training. The importance of veterinary behavioral services such as puppy socialization classes and kitten classes should be stressed to the client. These topics or services may be

additionally covered in instructional handouts. Receptionists should be trained to discuss behavioral services regarding preventive medicine over the telephone when scheduling appointments.

- Veterinary technicians play a critical role in educating clients and staff members about the prevention of behavioral disorders and training problems.

Basic manners/training classes

Basic manners/training classes should focus on foundation behaviors for all young dogs and puppies. Foundation behaviors may include targeting, attention, position changes (sit, down), settle or go to a place, coming when called, and loose leash walking. Ideally, this class should follow the completion of a puppy socialization class. Classes may be group, semiprivate, or private, depending on the facility. Training should utilize positive reinforcement. Offering more advanced classes may also be incorporated. For more information on curriculum development and class formats, see Chapter 7.

Head collar fitting

Many clients and dogs presenting to the veterinary hospital will benefit from the proper fit and usage of head collars. When head collars are fitted improperly, they are likely to be rejected by the dog and may cause physical abrasion. Head collars offer clients control of their dog and facilitate humane leash walking. This increases the likelihood that clients will exercise their pet, benefiting the pet mentally and physically. Head collars are often a necessity for reactive dogs. The behavior veterinary technician should be utilized when offering this service. A specific appointment should be scheduled for a head collar fitting. The hospital should be compensated for the veterinary technician's time and knowledge when educating about head collar use (see Chapter 7).

Behavior wellness visits

Although information regarding animal behavior should be solicited during every veterinary visit, pet behavioral wellness appointments are a specific appointment to identify and prevent potential behavioral disorders and training problems. This routine appointment should be scheduled with the veterinary behavior technician. The ideal time to identify behavior and training issues is during the juvenile and adolescent periods. The onset of behavior and training problems is typically prior to social maturity. In dogs, this is prior to 2–3 years of age.

A behavioral wellness visit should also be scheduled for senior pets. Dogs are typically considered senior by an average of 7 years of age, compared to cats between 10 and 12 years of age. Senior pets should be screened for cognitive dysfunction syndrome. The format of the appointment may be conversational and/or a questionnaire.

The longer the duration of the behavioral disorder or learning history for training problems, the more difficult it is to rectify. Behavior wellness visits focus on identifying and preventing problem behaviors and training issues. Veterinary behavioral consultation services or referral to a veterinary behaviorist may be necessary, depending on the disorders or problems identified.

- The longer the duration of the behavioral disorder or learning history for training problems, the more difficult it is to rectify.

Avian classes

In a hospital that provides care to birds, the veterinary behavior technician may consider providing avian classes. Classes may be in a lecture format, discussing management and enrichment recommendations for parrots or hands-on, providing training directly with the birds and clients. Birds should be free of contagious diseases and recently examined by a veterinarian prior to attending classes. Setting specific guidelines for health prerequisites may be determined by the veterinarian–veterinary technician team.

Staff and client seminars

The veterinary behavior team not only has the responsibility of educating the public, but also the veterinary staff, including receptionists, veterinary assistants, kennel assistants, veterinarians, technicians, and the grooming staff. Providing staff members with behavior training through staff seminars ensures that the entire veterinary team is providing and promoting consistent behavior information. Contradictory information will confuse the client and may be detrimental to the human–animal, as well as the client–hospital bond. New team members should be provided immediate education on hospital policies regarding animal behavior. At least biannual seminars to refresh and strengthen the entire team's behavior knowledge are recommended. Information provided should be well documented and not merely based on personal experience.

- Providing staff members with behavior training through staff seminars ensures that the entire veterinary team is providing and promoting consistent behavior information.

Similarly, providing the hospital's clientele with monthly seminars on a variety of behavior topics is an added service the behavior technician may implement. Examples of topics include problem prevention, body language, normal development and behavior, safety with children and pets, and avian management and husbandry. Charging clients a fee for attendance is appropriate.

Financial benefits

Behavior services not only generate additional revenue to the hospital with the addition of behavioral services, but they also assist in maintaining and enhancing the human–animal and client–hospital bond. The direct financial benefits are realized through the income produced by behavioral services. However, indirect financial benefits are equally as profound and are associated with an increase in pet retention, client referrals, veterinary visits, and a decrease in required staff assistance and examination time.

Behavioral issues have been estimated to result in 15% of pets being relinquished, rehomed, or euthanized each year (Tremayne, 2005). Even a 5% loss of a veterinary hospital's patients has a profound impact on revenue.

For example, consider the following.

- A hospital with 2500 active patients.
- An annual loss of 5% results in 125 patients.
- The average annual veterinary expenses for a pet in 2011 was \$505. (From AP poll, November 2011. <http://ap-gfkpoll.com/uncategorized/ap-petside-com-poll-8-in-10-pet-owners-visited-vet-in-last-year>)
- Total annual loss \$63,125 (125 patients × \$505).
- A 10% loss would be \$126,250 (250 patients × \$505).
- A 15% loss would be \$189,375 (375 patients × \$505).

Preventive behavior services and early intervention are likely to increase pet retention and decrease financial loss due to unresolved behavioral concerns. When the human–animal bond is weakened due to behavior issues, pet owners are less likely to seek veterinary care and follow veterinary recommendations (Lue *et al.*, 2008).

Through the implementation of compassionate care that integrates low stress interactions, handling, and restraint, veterinary patients will have a more pleasant experience at the veterinary hospital. Owners, whose pets enjoy coming to the hospital, will visit more often. Similarly, satisfied clients will recommend the hospital to friends and family, thus potentially increasing clientele through referrals.

By offering puppy socialization and kitten classes, participating dogs and cats will have repetitive positive experiences in the hospital and become acclimated to handling and restraint. Consequently, examination time and the need for extra staff assistance with restraint will be decreased.

The veterinary behavior technician can be instrumental in providing direct and indirect financial benefits to his/her hospital.

Conclusion

At a minimum, the veterinary technician and veterinary staff should be familiar with preventive behavior services and even if not directly involved with the implementation of behavior services, they need to be able to provide clients with appropriate resources that will enhance the human–animal bond.

Should the technician choose, he/she can play an instrumental role in the success of preventive behavior services. Behavior can be a specialty area in which the veterinary technician can excel. The inspired behavior technician can develop and implement a variety of preventative behavior services and in doing so, increase animal retention, save animals, and improve client satisfaction while simultaneously improving the hospital's revenue.

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