

About This Column

Behavior problems are a significant cause of death (euthanasia) in companion animals. While most veterinary practices are necessarily geared toward the medical aspect of care, there are many opportunities to bring behavior awareness into the clinic for the benefit of the pet, the owner, and ourselves. This column acknowledges the importance of behavior as part of veterinary medicine and speaks practically about using it effectively in daily practice.

Behavior Assessment: The First Appointment*

» Sharon L. Crowell-Davis, DVM, PhD, DACVB,^a The University of Georgia

**The first article in this series on patient evaluation, "Behavior Assessment: History Forms and Interviews," was published in the December 2008 issue of Compendium and is available at CompendiumVet.com.*

As described in the first article in this series, gaining an accurate description of a pet's undesirable behavior is crucial to correctly diagnosing the cause of the behavior. However, more information is needed than a good description. The circumstances in which the behavior occurs must also be clarified, along with any treatments the owner has already attempted, either alone or with advice from a veterinarian, animal trainer, or other source. The pet's signalment, environment, and background may all affect its behavior and should be discussed with the owner. Some of this information can be gathered in advance through the use of history forms; some may be better obtained through interviews and conversation with the owner during the first appointment devoted specifically to the behavior problem.

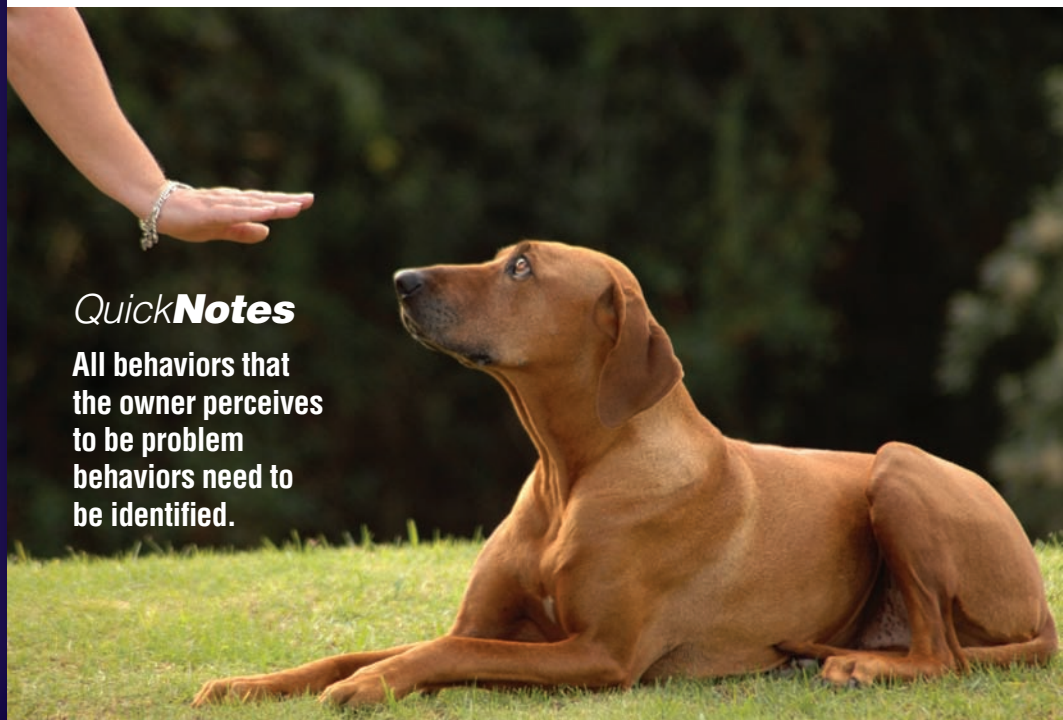
History of the Behavior

One of the most important pieces of information to gather is the current frequency and intensity of the undesirable behavior. Without this information as a baseline, it will be impossible to determine if a treatment is helping, harming, or having no effect. The specific circumstances in which the problem behavior is most likely to occur must also be ascertained. In some cases, it may be possible to avoid these situations; in others, the treatment protocol may need to include desensitization and counterconditioning to the specific circumstances.

^aDr. Crowell-Davis discloses that she has received financial support from CEVA Animal Health.

QuickNotes

All behaviors that the owner perceives to be problem behaviors need to be identified.



The history of the behavior is also important. How long has the animal been exhibiting this behavior? While there are exceptions, it is often the case that problems of long duration will take longer to resolve than problems of short duration. This is especially true of behaviors that have developed as a consequence of operant conditioning, such as persistently waking the owners during the night, because the undesirable behavior has been reinforced hundreds or even thousands of times, rather than a few dozen times. Also, in attempts to treat the problem, the owners may have reinforced the undesirable behavior on a variable-ratio or variable-interval schedule by trying to ignore the behavior for a while but eventually acknowledging it. If this is the case, the behavior will have become very resistant to extinction.

History of Treatment

Another critical piece of the history is how the owners have already attempted to correct the behavior. There is a tremendous amount of information about animal behavior on the Internet. Some is excellent. Some is mediocre. Some is unclear or confusing, and some will actually make behavior problems worse. Clients are likely to have tried various treatment protocols they have found on the Internet or in books. As with terms describing behaviors, this is a potential area of misunderstanding. Just because a client knows the word *desensitization* does not mean that the Web site or book where he or she read about it described it accurately or that the client understood the description correctly. Even if the original resource is accurate, the client may have conducted the protocol improperly and attempted a different treatment, such as flooding, instead. Thus, if a client says that he or she has already tried “treatment X,” ask for an exact, detailed description of what he or she did.

In some cases, the client has identified the correct behavior modification treatment and conducted it appropriately, and it is helping, but not enough. In this circumstance, confirm that the treatment should be continued. However, it will be necessary to build on the current protocol, perhaps with a new variation of the established behavior modification plan or with medication. In other cases, the treatment may be a reasonable option, and the client may be conducting it accurately, but it is having no effect. In these cases, an entirely different approach is needed.

If medications prescribed by other veterinarians have not been effective, verify the medication, the dose, and how long it was given to determine whether it was genuinely not beneficial or was simply not given at an adequate dose for an adequate time. For example, if a client discontinued fluoxetine

after administering it for just 1 week, the medication did not have time to take effect.

Other Behavior Problems

The animal may have other behavior problems in addition to the chief complaint. Sometimes these problems come up in the discussion of the chief complaint, but not always. Before proceeding to issues other than the animal’s presenting behavior, ask if the owner has noticed any other behavior problems that have not been mentioned yet. Occasionally, it turns out that the owner considers a problem other than the presenting complaint to be of more concern but had not previously mentioned it because he or she believes it to be untreatable. For example, a dog may be aggressive, but the owner has brought it in for storm phobia because of a recent news story about treatments for storm phobia.

If the animal has multiple behavior problems, it may be necessary to prioritize treatments. It is rare that the treatments for multiple problems are mutually exclusive. More typically, there are simply limitations to how much time and effort a client can put into treating a pet’s behavior problems. Thus, if a dog has fear aggression toward men, moderate storm phobia, mild separation anxiety, and a nuisance habit of jumping up on women as a form of friendly greeting, and the client can spend approximately 20 minutes a day conducting specific behavior modification, it will be impossible to address all these problems at once. It therefore makes sense to prioritize them in the order presented.

Owner Commitment

For some owners, the amount of time and effort necessary to treat one problem, let alone several, is daunting. Therefore, one of the most important pieces of information to obtain at the first appointment, in addition to a complete description of any problem behavior, is a full understanding of how motivated the owner is to treat the problem and keep the pet. At one end of the spectrum are owners who intend to keep the pet, regardless of the success of treatment. At the other end are those who intend to euthanize or give away the pet if resolution of the behavior problem is not quick and easy. If the owners are considering giving the

QuickNotes

The duration, frequency, intensity, and context of the problem behavior need to be identified.

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For more information about clarifying the correct terms in conversations with owners, see the December 2008 article “Behavior Assessment: History Forms and Interviews” at CompendiumVet.com.

pet away, it is important to apprise them of the difficulties of finding an alternative home for a pet with a major behavior problem. This is especially the case with aggressive pets. Sometimes owners think the police or armed forces will want their aggressive dog as a guard dog. However, for guard and attack work, police and military organizations want only dogs that are trained to attack in a specific way at a specific command. They do not want dogs that have behavior problems and are likely to inflict bites because of such issues as fear.

Beyond the extremes of willingness to keep a pet or intent to give it up, there is the question of how much time and effort an owner can and will put into treating a pet. Major behavior problems typically require daily effort by the owner during a period of weeks or months. Even if the owner is highly motivated to do whatever it takes, it is essential for the owner and the veterinarian to take a realistic look at the owner's current schedule and lifestyle. If the owner can realistically identify only three times a week in which he or she can do structured behavior modification for 20 minutes, it is important to set up a treatment program that assumes only three treatment sessions a week. If the treatment plan assumes that the owner will conduct behavior modification every day and this is simply not possible, then the owner and the pet are on track for failure from the beginning.

Environment

Owner lifestyle is only one aspect of the context in which the pet's behavior problem exists. To properly identify and treat the problem, it is important to understand all the aspects of the pet's environment, both social and physical. The social environment includes the people and animals with which the pet regularly interacts. All the humans who either live in the same household as the pet or visit frequently, either as guests or employees (e.g., gardener, maid), need to be identified. In addition to their names, sexes, and ages, their relationship and interactions with the pet are critical to understanding the world

Previously attempted treatments need to be identified. It is important to verify that these treatments were carried out correctly and appropriately. The fact that someone knows a word characteristic of the jargon of learning and behavior modification does not mean that he or she knows how to conduct the treatment correctly.

in which the pet lives. The same information should be gathered for all the other pets in the household. Finally, ask for a complete description of the pet's physical environment, including the house and yard. How big is the house? Are there parts of the house in which the pet is not allowed? Is the yard fenced in, and does the fencing adequately contain the pet? Is the pet walked on a leash? If so, how often and for how long? What is the neighborhood like? Is there a problem with encountering other pets while on walks? Are pedestrians and cars rare, common, or constant? Does this vary with the time of day?

Certain aspects of the environment may be identified as contributing to the existence and exacerbation of the problem. For example, if the pet is nervous and timid, living in the midst of boisterous young children may make improvement difficult unless a mechanism can be identified to give the pet time away from the children in a quiet, calm atmosphere. Aspects of the environment that can be used to help the pet, or that need to be changed for the pet, can also be identified. If a healthy young dog is getting inadequate exercise because no one has time to take it on long walks or jogs, the addition of fencing in the backyard may be critical. In some cases, the owners may have already been considering a change (e.g., a fence). The news that making the change is likely to help their pet may be all that is needed to get them to follow through.

Signalment

Signalment is a basic information set that veterinarians are already accustomed to collecting. As with many medical conditions, signalment often gives us information about the relative likelihood of a given behav-

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For more information about cognitive dysfunction, see the February 2008 article "Cognitive Dysfunction in Senior Pets" at CompendiumVet.com.

ior problem. In cases of older pets presenting with behavior problems, it is essential to identify whether the current problem is actually of recent onset. Sometimes owners have tolerated a given behavior problem in a pet for years, but changes in the family circumstances, rather than any substantial changes in the pet, have made the problem less tolerable. If the problem is of recent onset, or if there has been a significant change in the intensity or frequency of the problem in an older pet, cognitive dysfunction, analogous to Alzheimer disease, should be considered. However, cognitive dysfunction should not be considered as a possible diagnosis in a young animal. If the complaint is aggression in a dog, aggressively “herding” people or other animals should be a diagnostic differential for herding breeds, but it is unlikely in nonherding breeds.

If possible, find out about the early history of the pet. Sometimes this is not possible because the owners adopted the pet at several months to several years of age. However, if background information is available, it can be useful in helping the owners understand the problem, even if it does not help

with treatment. Dogs and cats that were born and raised in puppy or kitten mills where they received little to no socialization with humans may be excessively shy around humans and susceptible to developing a variety of anxiety disorders as a consequence of their early experience. Extra effort will be required to help them overcome these problems. Likewise, pets that have spent time as strays, fending for themselves to survive, may have become very aggressive around food, especially if their ability to obtain food while stray was not very successful and they became underweight. Owners who find problem behaviors very frustrating are often more tolerant of them if they understand why their pet behaves in an undesirable fashion.

Conclusion

The third article in this series will complete the discussion of the history that needs to be reviewed at the first visit and address direct assessment of the patient. **C**

QuickNotes

Signalment will assist in prioritizing the differential diagnosis.

Clinical Snapshot

► Particularly intriguing or difficult cases

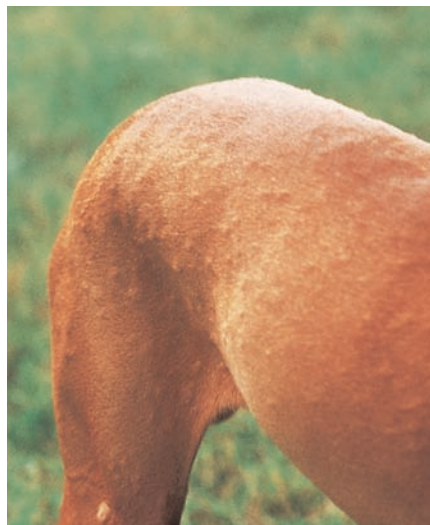
Case Presentation #1

» Karen A. Moriello, DVM, DACVD, University of Wisconsin-Madison

A 7-month-old dog presented with “bumps,” a common clinical presentation of superficial bacterial pyoderma in dogs. Note the “goose bumps” or hive-like lesions on the skin.

1. What is the name of this condition, and what is seen upon close examination of the skin?
2. What are the diagnostic differentials, and what diagnostic tests should be conducted to confirm the diagnosis?
3. What is the mechanism of action of fluoroquinolone antibiotics, and why would this drug class not be an appropriate antibiotic choice in this dog?

SEE PAGE 21 FOR ANSWERS AND EXPLANATIONS.



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Clinical Snapshot presents illustrated case histories and challenges you to answer the questions posed. This case is part of the series of *Self-Assessment Colour Review* books on multiple topics from Manson Publishing Ltd., London, available from Blackwell Publishing Professional.

For more information or to obtain any of the books in the series, call **800-862-6657** or visit **BlackwellProfessional.com**