

Oh, no a behavior problem! What do I do now?  
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Learning Objectives: At the conclusion of this lesson, attendees will be able to:

- Explain steps in approaching behavior problems in general SA practice
- Outline the components of a SA practice model that incorporates prevention and treatment of common behavior problems
- Consult with veterinary behavior specialists to solve common behavior problems

### Introduction

Behavior problems are the most common cause of death of pets in the United States. This is because a pet with an unresolved behavior problem is likely to be relinquished to an animal shelter where it may be euthanized. In one study, behavior problems were cited as the cause for relinquishment in 47% of dogs and 32% of cats (Salmon et al, 1998). According to the National Council on Pet Population Study and Policy, approximately 56% of dogs entering member shelters were euthanized. By this unfortunate process, it is estimated that approximately 6 million dogs and cats are euthanized each year, many on the basis of their misbehavior. Preventing and resolving behavior problems before they become life-threatening is a way for small animal practices to help animals' live long healthy lives.

Studies show that 45-90% of owners report behavior problems with their pets. Although in an American Animal Hospital Association (AAHA) study, 78% of pet owners consider their veterinarian to be the first person to contact when seeking help for behavior problem, many veterinarians feel unprepared. Some may even deliberately avoid asking routine questions about a pet's behavior to circumvent such a discussion. One reason is that veterinarians are often untrained in the field of behavior and lack the expertise to treat problems in this area. Another reason is that, in the past, there have been few standardized treatments for common behavior problems, making the practice time consuming and the fee structure challenging. Further, some veterinarians have felt that treating behavior problems is outside their domain as practitioners. These findings have been ameliorated by the increased availability of research, continuing education, veterinary information web sites (such as VIN), and books on clinical behavior written by board-certified veterinary behaviorists.

### Clinical approach

The standard protocol for addressing behavior problems is to first rule out medical etiologies. This is accomplished with a behavioral and medical history, physical examination, neurological examination, and appropriate laboratory tests and procedures. The next goal is to conduct a behavioral evaluation in order to establish a behavioral diagnosis (see Table 1). Finally, a treatment program is initiated. Treatment modalities include environmental management, behavior modification techniques, and pharmacotherapy. In some cases, surgical procedures such as castration can be part of the management plan.

### Case Scenario:

On a busy clinic day, you conclude a routine uneventful annual appointment with a healthy 5 yo terrier mix named "Jack." As the client, Ms. Jones, turns toward the door, she asks: "Doctor, I am concerned that Jack has recently started to bark at children who come to play after school with my 8 year old daughter, Heather. What should I do?" Your first thought: "Oh no! A behavior problem! What do I do now?"

### Your approach:

--Medical evaluation: "Ms. Jones, I'm so glad you mentioned this problem so we can address it. Although Jack looks good today, I'd like to be certain there are no underlying problems that might explain his behavior. Can you leave him with us until later this afternoon so we might run some diagnostic blood tests?" Plan: Drop off CBC, Chem, UA to more fully evaluate the dog's health.

--Immediate safety. "Ms. Jones, until we review the situation, please keep Jack on a leash when children visit and tell the kids that Jack is in training and can't be petted and cannot play with them. Give Jack treats for sitting and staying next to you on leash.

--Plan: "Our technician, Sue, will give you a handout on this approach, and a behavior history form (or she can e-mail it to you) and she'll help you set up a behavior consultation (extended appointment)." Be sure Sue will follow up and get history form in advance so you can review and develop a plan.

History form:

Download a canine and feline history form ([www.ncsubehavior.com](http://www.ncsubehavior.com)) and customize them for your practice and use.

--Prepare your hospital for behavior cases:

--Take the Fear Free course (<https://fearfreepets.com/>) or the Low Stress Handling Course (<https://lowstresshandling.com/>).

--Identify the RVT in your practice most interested in behavior (maybe all technicians!) and enroll her/him in the Society of Veterinary Behavior Technicians (<http://svbt.org/>).

--Identify trainers in your area who are members of at least one of the following organizations and ask her/him to come in and meet with you to work with you on behavior cases.

--Pet Professional Guild <https://www.petprofessionalguild.com/>

--CCPDT: <http://www.ccpdt.org/certification/dog-trainer-certification/>

--Karen Pryor Academy Trainer: <https://karenpryoracademy.com/ctp/choose-kpa-ctp/>

DO NOT simply refer difficult cases to a trainer.

-- Purchase resources on Behavior for your library:

BOOK 1: Landsberg G, Horwitz D. Behavior advice for clients—practical advice on the prevention, management, and treatment of behavior problems, Lifelearn, 2012. This book has a CD with MANY useful handouts that you can customize with your practice letterhead.

BOOK 2: Horwitz D. Blackwell's Five-Minute Veterinary Consult Clinical Companion: Canine and Feline Behavior, Wiley Blackwell, 2017. Veterinary diagnosis and treatment of many behavior problems.

BOOK 3: Horwitz D, Ciribassi J, Dale, S (editors). Decoding Your dog. Mariner books, 2015. Written by the diplomats of the ACVB. Become familiar with this book and recommend it to clients. You might wish to sell it in your practice!

--Find an ACVB board-certified veterinary behaviorist who will consult with you (for a fee). Find the closest person to you: <https://www.dacvb.org/> or call NC State Behavioral Medicine Service ([www.ncsubehavior.com](http://www.ncsubehavior.com)).

--When Ms. Jones and Jack come in for their extended appointment: Be prepared by reading the history form and determining what handouts will be helpful. We will discuss how to address this case during the lecture.