



Q & A Session for the Veterinary team – 22nd February 2021 Help I think it's a behaviour case – the role of the vet team and how to refer to a Clinical Animal Behaviourist

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(Please note some of the questions have been re-worded to summarise them and additions have been made to a few of the answers. Where it was felt inappropriate or difficult to answer particular questions in an open forum, the questioners have been contacted individually and offered relevant help and advice.)

Q. What did the VDS have to say about where the legal responsibility lies once a behaviour referral has been made?

A. There is a grey area here but the VDS reminded me that in the RCVS code of conduct, it states vets should only refer to paraprofessionals whose standard of work they are happy with. If a vet is unaware of the standard of work of any behaviourist, they should not make the referral and should consult with a veterinary colleague who can recommend someone. If someone suitably qualified is selected but the clients complains that they are unhappy, the vet is unlikely to face any severe consequences. The VDS do not comment on suitable qualifications though.

Q. It is important that vets realise that their patients could be in pain during their consultation and not be displaying aggression because they are difficult to handle but also because they are painful?

A. Yes. That is true. We must understand that dogs give distance-increasing signals such as growling or snapping when they are fearful or anxious as well as painful. They can also react by growling, snapping etc when they are frustrated.

Q. When should you contact a behaviourist when you suspect a physical health problem?

A. Speak to the behaviourist early on so that they can offer any advice on managing the case but ideally you should have investigated and treated/begun treatment by the time the behaviourist sees the case, as the behaviour modification plan will have little success if the animal is still feeling ill.

Q. What follow up should the referring vet expect from the behaviourist?

A. They should expect at least a written report that summarises the diagnosis and treatment plan. Some people attach the whole report as well and others don't as they worry their advice could be read and then misapplied to other cases. They should also have continued contact with the behaviourist as medication may be required eg for vet visits or perhaps a pain-killer trial may be required.



Q. What can the rest of the vet team do to help with behaviour cases?

- A. Reception can book longer appointments and notify vets in advance when they book a behaviour case. They can take some history and record it in the notes so the vet has a head start.

The practice can develop a culture of picking up on comments about unwanted behaviour and not just brush them aside. The nurses and receptionists can then direct them to the vet. Roshier and McBride (2013) observed that during 17 veterinary consultations, 58 behaviour problems were mentioned but only 10 lead on to further discussion.

Roshier A L, McBride E A (2013). Canine behaviour problems: discussions between veterinarians and dog owners during annual booster consultations. The Veterinary Record;172:10 235

Q. During the talk, high cortisol was mentioned to affect memory formation within the brain, can that be expanded upon?

- A. On a cellular/molecular level, new memory formation for associative learning takes place predominantly in the hippocampus and is the process of laying down new neurones that connect with other neurones to form new pathways. This involves a pathway during which DNA is transcribed to RNA which is translated into proteins. These proteins then contribute to the new cells being made eg receptor formation. This pathway is mediated by cortisol. Too little and the pathway is inhibited, too much cortisol also inhibits that pathway but the optimum amount facilitates the process and enables new learning to take place. This is the neurobiological explanation for why we wish our patients to be protected from physical and emotional stress before we can begin our behaviour modification plan.

Q. I am a vet who works in a busy city. I try giving the advice to people with aggressive dogs to avoid other dogs but they often tell me that they live in a very built-up area and cannot avoid them when they are walking their dog. What should I say to them?

- A. This can be much easier said than done! The advice will be based in part on individual cases. With an owner experienced in dog training, a dog who is not too reactive and is distractible for instance with high-value food, it may be possible for you to ask that dog for an alternative behaviour to reacting such as watching you or sitting down then reinforcing this behaviour. You may also be able to distract the dog with a scatter of food on the floor for them to sniff out rather than have them notice and react at another dog. For very reactive dogs though, you can advise not walking them at all. There are a number of good books to buy which can help you stimulate your dog mentally, despite their not going out for much exercise. For example "No walks, no worries!" and "Brain games for dogs".

Q. Why do you think dogs rescued from abroad so often develop behaviour problems?

- A. Adult street dogs are used to having the choice of how close they come to humans, and how they interact with them. They are adapted to living as they do, and many find it extremely stressful to be placed in a situation where they are in close proximity to humans. As puppies

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they will have been habituated to the features of their own environment, not those that they encounter in a domestic home in the UK, which are likely to make them feel fearful and anxious. They have also been separated from the things they rely on for their emotional stability, such as a particular location and previous companion dogs, which further adds to their stress. Even puppies that come through the rescue organisations, presumably having been born to ex-street dogs, are generally poorly habituated to living in a home and the epigenetic inheritance from their parents is geared towards a life on the streets. They are also unlikely to be used to travelling in vehicles and have had a traumatic journey to reach the UK.

Q. I'm currently enrolled on an Advanced diploma with Compass. How would you recommend that I progress from here and are there any journals or books that you'd recommend?

A. The Advanced diploma run by Compass is a level 5 qualification and can be followed by a level 6 one that used to be called the Graduate diploma in animal behaviour management. Together they are designed to cover the information in a BSc so are a good grounding for working towards becoming a CCAB. Your current diploma qualifies you to join FABClinicians so I'd recommend you do that as we put on webinars and can help with recommendations for books and research. The 'Journal of Veterinary Behaviour – applications and research' is a useful publication and subscription to this is included in membership of the British Veterinary Behaviour Association (BVBA).

Q. What is the difference between referring to a Candidate member or a Certificated member of FAB Clinicians?

A. Certificated members have been externally assessed as reaching a particular standard whilst Candidate members are working towards this and can be at different stages of their progression towards becoming CCAB's. The FAB Clinicians Code of Conduct requires us to only work within our own competence so members should only be working independently when they have sufficient experience and knowledge. After gaining their precertification (or even before this) they often gain practical experience by observing consultations with a mentor and the mentor will generally advise them when they are ready to start working, initially under supervision and later independently. If they are faced with a case beyond their capability, they should be prepared to refer to someone else who is more experienced in this type of case.