



Claire Hargrave MSc BSc (Hons) PGCE CSci
CChem MRSC CCAB

Claire is a Certified Clinical Animal Behaviourist and a Member of the Association of Pet Behaviour Counsellors who worked in veterinary practice for over 30 years. Claire currently lectures in behaviour and runs a specialist referral practice for companion animal behaviour cases located in South West Wales. www.petbehaviourwales.co.uk
Email: erwwastad@aol.com

Have we lost the plot? All the preventative, acute and chronic medical strategies that the practice has to offer will not save a pet if its behaviour is incompatible with society's expectations

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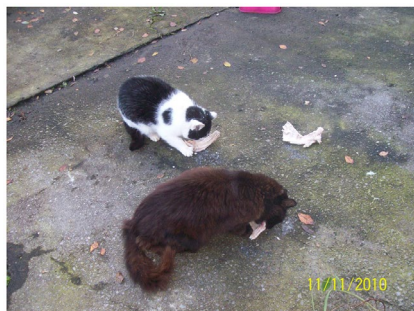
Companion Animal Behaviour Referrals, Erw Wastad, Llwynteg, Llannon, Llanelli
SA14 8JW, UK

ABSTRACT: Through failing to ensure that owners are capable of maintaining their pet's emotional welfare, is the veterinary community falling short of their professional obligation to "do none harm"? Owner requirements of relationships with pets are becoming increasingly demanding and similar to that of the human-human bond. Simultaneously, the environment in which pets live is both less comparable to anything that might be considered "normal" for the species yet increasingly likely to involve challenging social and environmental complexity. These mismatches between human expectations and pet behavioural and emotional welfare needs are leading to levels of pet loss (through stress-related illness, euthanasia and relinquishment) that far exceed that for medical issues. This article takes an overview of current in-practice behavioural support and how it can be expanded to better meet the needs of pets and owners, assisting a mutual meeting of expectations.

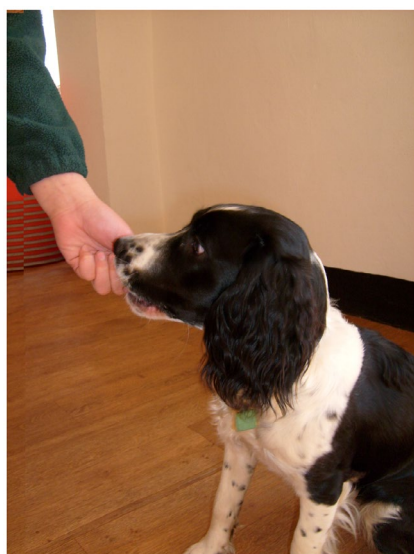
Introduction

"Behaviour problems are still the primary reason why cats and dogs are abandoned, relinquished, or euthanased, and most of these cats and dogs are less than 3 years of age" (Overall, 2013). In September 2016, the *Vet Times* (Kernot, 2016) reported that a recent BVA study found that all 700 veterinary surgeons taking part in the research had been asked to euthanase healthy animals and that in 98% of the

cases, behaviour issues had been the cause of the family requesting euthanasia. These figures suggest that, despite the best efforts of the many veterinary practices that are offering behavioural advice to clients, an effective prophylactic message is not occurring. The consequence of this failure to support the emotional and behavioural welfare of these, predominantly young, pets is costly in both terms of animal life and practice finances. In addition, without appropriate support from the veterinary



▣ **Figure 1.** A basic understanding of ethology can help staff to explain to owners why cats coming into contact with each other may be more about access to resources than signs of affiliation



▣ **Figure 2.** A basic understanding of learning theory enables staff to demonstrate the teaching of co-operative behaviours

practice through provision of welfare-based education, the distraught and disappointed owners of these animals will either fail to replace their pet due to feelings of guilt or disillusionment regarding the benefits of the human-pet bond, or owners will take on another pet and, having learnt nothing to prevent it, will reproduce the same welfare mistakes, leading to further suffering (Figures 1 and 2).

What support is currently likely to be offered?

Despite the efforts of many practises to prepare pets and owners for domestic companionship, is the profession inadvertently setting pets up to behave in ways that owners find incompatible with their expectations of pet ownership? How and why is this occurring?

Dogs are a particular case given the legal expectations of canine behaviour both

inside and outside the home. Despite their popularity with owners, many practices are still not offering puppy classes. This is despite the conviction of those practices offering such support of the positive effects that such sessions have on both the future behaviour of attendees within the practice environment and on the enhanced bonding to the practice of clients. Yet, even in practices running such classes, provision often inadvertently falls short of welfare ideals. Many classes are run by highly enthusiastic but sadly under-trained staff. The Animal Behaviour and Training Council (ABTC) – an organisation supported by BVA, BSAVA, BVNA, BVBA, APBC, BIAZA and ASAB – clearly sets out the level and nature of training required if staff are to be expected to consider and address the needs of individual puppies and families (www.abtc-council.org.uk/standards-for-practitioners.html). Staff need to be adequately trained to give appropriate information regarding the habituation of puppies to social and environmental stimuli and the changing techniques regarding such introductions, as puppies mature from 8 weeks plus; along with the provision of appropriate advice on early training and the support of individual and breed-specific needs and potentially problematic behaviours. Failure to take account of the above basic requirements for a puppy class will not only limit the benefit of classes to puppy and owner, but may actually cause considerable harm; for example, the small puppy that ends up at the bottom of a puppy play ruck or that is pounced on by an over-enthusiastic play partner in a managed play pair. Currently, practices have a dilemma regarding the amount of time that is available for classes and an obvious agenda to ensure that puppies form pleasant associations with the practice environment. The number of appropriately trained staff and their availability may limit the time available for organised and well-managed puppy play. A suitable compromise may be for an ABTC-registered behaviourist or trainer to work with the practice in designing a comprehensive “early emotional health” package for a variety of species and to co-operate in its presentation both within and outside the practice.

In addition, we should consider the quality of advice given to owners regarding the behaviour and emotional development of all companion species. Are nursing and veterinary staff given adequate time to explain the species-specific needs of pets and how to manage their behaviour? Are such staff educated to a minimum standard of Animal Behaviour Technician (see ABTC standards), or are they enthusiastic

and well-meaning amateurs? Have practices checked the accreditation of any qualifications that staff may hold (it is not appropriate to accept that they hold a “certificate” in “behaviour” – such qualifications should be recognised by, or at least come up to the standard of, the ABTC). Often under-recognised is the amount of behavioural and developmental advice given over the phone or the reception desk by the practice reception staff. Receptionists are well-trained to never exceed their level of expertise in giving medical advice. However, when owners ask for advice on behavioural issues (including the relative benefits of neutering), rarely are non-nursing reception staff restrained and they can frequently be heard expressing their personal opinions of what owners should do – often based on their observation of engaging, but inadequately informed, television personalities.

What should all practices be willing to do?

Ensuring that the behavioural and emotional welfare of patients becomes part of the ethos of the practice enables clients to get a consistent level of behavioural support from all staff members. First and foremost, practices should allow time to assess patients and speak to clients – you’ll find that rather than the practice losing income, you’ll be placing “money in the bank” for the future. Taking time to allow a patient to settle (if a cat, small furry or exotic pet, within their carrier) and if appropriate to explore the consulting room environment and for it to become accustomed to you is always a good start. Extend the length of consultations and instead of asking general questions after examining the patient, consider them to be a prelude during which the patient can settle and you can observe it. Taking your time allows you to explain to owners the need for care in developing a relationship with their pet that is built on trust and co-operation. Time allows you to describe how every interaction with a patient is a learning opportunity regarding the veterinary environment, veterinary staff and novel social and environmental encounters in general, and hence every encounter informs the patient regarding how it needs to respond on future exposure to such stimuli. The client should understand that it is for these reasons that you are devoting time to building a relationship with their pet. Importantly, taking time out of your busy routine to seriously consider their pet’s welfare needs will reinforce the owner’s understanding that such considerations are a serious concern.

Ideally, every practice should have at least one member of staff trained to a minimum standard of Animal Behaviour Technician who is the designated member to offer appropriate preventative and “first aid” behaviour and training advice. It is to this person that clients can initially be referred by those who feel that an owner’s support needs exceed their skill base. However, every member of staff should have a basic concept of their patients’ welfare needs through an up-to-date understanding of the ethology and learning theory associated with all species commonly seen within the practice. If this is not the case, it should be considered a derogation of the practice’s duty to the welfare of their clients.

Early days

Practices should intervene as early as possible in potential behavioural and emotional welfare problems. It is important that practices are interacting with and advising breeders regarding selecting appropriate breeding stock and preparing young animals for the environments in which they will live (often very different from the environment in which they have been bred). As many owners still choose pet species and breeds that are unsuitable for their home environment and lifestyle, breeders should be encouraged to be selective in finding homes for the animals that they have produced.

A practice’s ethos of behavioural awareness should be clear to existing clients and potential pet owners – advertising regular group meetings on pre-ownership pet selection can draw potential clients through the doors to become familiar with the practice and its philosophy. Such meetings can support potential owners as they consider the relative compatibility of their lifestyles and expectations against what a pet of a particular species or breed can realistically offer them. Likely behavioural and medical pitfalls of miss-matches can be highlighted in a manner that ensures that potential owners know that the practice team will be there to support them and their pet should inadvertent social or environmental incompatibilities create problems. In addition, receptionists can be encouraged to guide prospective owners to supportive, pre-purchase advice such as that offered by the Blue Cross www.bluecross.org.uk/sites/default/files/downloads/one-click-away-full-report.pdf).

Practices may wish to consider the benefits associated with contacting local schools, particularly those offering “entry”

and “level one” learning, as such information will not only enhance child safety but will easily integrate into multi-disciplinary aspects of the National Curriculum. A further consideration would be to consider adding information on “in-practice” and external “pre-purchase” pet support to any materials that the practice has designed for recently bereaved clients who may be considering a new pet.

Pre-vaccination, nurse-led check-ups are an ideal way to ensure that new pet owners become aware of the practice ethos regarding the behavioural and emotional support of their developing pet. Basic advice can be given regarding the introduction of their pet to their new environment, accompanied by support in creating a species-specific, enriched home setting. Although “kitty chats” or “rabbit rabbits” should be advertised locally, pre-vaccination consultations provide additional opportunities to reinforce the need for owners to attend such practice-led meetings where owners can be introduced to a more in-depth understanding of their pet’s ethological, physical and emotional needs. In addition, these early nurse-led consultations allow the demonstration of techniques for the gentle, basic learning of co-operative and reinforced behaviours in readiness for the first vaccination visit.

First vaccination

If an informative and practical pre-vaccination visit has occurred, then this interaction can be restraint-free and treat-fuelled, accompanied by a short chat to reinforce the information already given and to discuss any problems which may already have arisen – behaviour queries should be immediately referred to the practice’s designated behaviour technician. If this is the first time that an older pet has visited the practice, either vet or nurse can gently lure pets into co-operative positions with tasty treats, while explaining the pet’s basic health and behaviour needs. Although some pets will have previous learning associated with the veterinary environment that makes such new associations difficult, this is no excuse for not attempting to assist a new client in building positive associations with a new clinic.

Puppy class and pet information meetings

In practices that have the facilities and sufficiently trained staff to facilitate such activity, puppy classes are a very popular method of informing puppy owners about

their puppies’ emotional and behavioural needs, teaching basic co-operative activities with humans, offering social learning and introducing the practice environment. Explaining the necessity for sympathetic and gradual introductions to the social and physical environment is an essential, but often poorly understood, aspect of such classes. Many owners come away from classes with the erroneous impression that they must immediately expose their pup to as many stimuli as possible, without understanding that their puppy will need gradual exposure to the number, intensity and proximity of many of these stimuli if sensitisation and fear is to be avoided. Such introductions require the owner to have competency in “reading” their puppy’s communication signals and a readiness to use these to gradually manage their puppy’s experience. Teaching about these signals is an essential part of good puppy classes. Communication should also be occurring between puppies. Owners need to be taught about what is appropriate play, including observing puppies’ play in appropriately matched and supervised pairs, and how to appropriately interrupt and distract puppies should interactions become inappropriate ... such as if a puppy is showing signs of anxiety/being bullied.

It is rarely appropriate to request the attendance of other companion animal species at classes – particularly as prey species find leaving the home environment stressful (Overall, 2013). However, it can be essential for the welfare of such pets that their owners are encouraged to attend information events. Many owners will have obtained their pet with little or no correct information regarding their pet’s physical and psychological needs and even experienced owners may be relying on out-dated information and husbandry techniques that are no longer accepted as compatible with good welfare. Regular information evenings, such as “kitty chats” and “rabbit rabbits” are an easy way of conveying necessary information.

Ongoing support

One of the most important “take home” messages for owners from any visit is that the practice staff are there to provide ongoing support for behavioural as well as medical welfare needs. Such support should include discussions about how behaviour is developing and whether the owners have concerns as part of every appointment, weigh in or visit for routine non-prescription purchases. For dogs, along with the rapid physiological development that

occurs between first vaccination and yearly booster, the pet will have passed through the emotional and behavioural changes associated with infancy, adolescence and sexual maturity. Hence, the adolescent check-up can become a “life-saver” in identifying and enabling the resolution of environmental and behavioural incompatibilities that, if left longer, may become seemingly insurmountable for the family to consider resolving.

As long as clients are willing to “shop-around” for practices giving support for new puppy and kitten owners, such services are usually accessible – although the quality of advice may be variable. However, often completely neglected is ongoing support for the family that has accepted a relinquished pet into their home. Too many families still, mistakenly, consider that the pet should understand how “lucky” it is to have been “rescued” and to have found a caring home. In addition, many owners attempt to make up for previous “bad” experiences and fall into the trap of failing to provide appropriate interaction rules and guidance. This is particularly so in the case of dogs. It can also be very difficult for new owners of re-homed pets to realise that no matter how improved the pet’s new environment, it is still alien to their pet’s experience and hence full of challenges – challenges that are highly likely to initiate emotions and behaviours that families find surprising and difficult to deal with. Regular clinic appointments with the practice behaviour technician can provide the support that ensures a smooth transition for pet and family.

A practice ABTC registered behaviour technician will be able to support the first aid needs of the majority of clients, and this can be with the assistance of good online resources such as those provided, for example, by CEVA and Dogs Trust for monitoring and managing increasing sound sensitivity. Yet, they and even veterinary staff trained as clinical animal behaviourists often find the time constraints in practice to be an impediment to providing the level of support that families and pets require. This does not negate the fact that practice obligations to behavioural health continues throughout a patient’s life – it does not cease with first vaccination and early advice. Consequently, it is the practice’s responsibility to build a working relationship with the local ABTC-registered trainers and behaviourists to ensure that families and pets are supported as soon as such provision is suspected to be necessary. When an animal’s physical needs exceed the competencies of the practice medical team, there would never be a question of

whether to delay referral – why should this be different regarding referring the behaviour patient when failure to support a pet’s emotional needs can so easily lead to euthanasia or relinquishment?

Training for staff and insurance implications

Many practices and individual nurses have invested considerable sums of money into behaviour training, but sadly there remains a plethora of expensive, unaccredited and unaccreditable courses in training and behaviour and it can be extremely difficult for nurses and vets to determine which courses will supply the required level of accreditable training. The ABTC recognises suitable behaviour- and training-based courses, but if staff are considering enrolling on unrecognised courses, they should carefully check the course content and the level at which the content will be delivered against the ABTC’s criteria.

However, many practices still rely heavily on outside provision for the behavioural and training support of their clients. For too long the seriousness of the repercussions of owners following poor or misguided advice has been under-recognised, leading to depleted pet welfare and potential injury to the public and owners. Practices allowing unregistered practitioners to advertise their services within practice premises are advised to ensure that the insurance status of such practitioners has been checked. In addition, it is advisable for a member of practice staff to observe any training classes that they advertise, to ensure that the techniques used are appropriate to current animal welfare standards. All ABTC-registered practitioners are insured to offer the services for which they are registered. Without such insurance, the veterinary practice remains responsible for injury or damage sustained following the implementing of advice from someone advertising their services within the practice – this includes the services advertised on noticeboards.

Practice resources

In addition to a good supply of behaviour- and welfare-related textbooks in their library, practices should be able to guide their clients towards the purchase of good-quality, reliable and up-to-date books (see suggestions below). Just like the advice that is available on the Internet from well-meaning but poorly informed

sources, there is a wealth of out-of-date and, in some cases, blatantly dangerous information in books. Sadly, similar comments may be made about the array of behaviour “correction” products that are marketed, and all too frequently seen, on the shelves of veterinary reception areas and in pet shops. Owners require guidance regarding the suitability and safety (for pet, public and owner) of products – and your local ABTC-registered trainer or behaviourist will be happy to assist staff in selecting appropriate products for sale in practice reception areas and to explain how they should be used.

Conclusion

Talking to delegates at conferences, this author has been shocked by the number of vets and nurses who maintain that their practices don’t have a professional relationship with a behaviourist as they rarely see a pet with a behaviour problem. Yet, only recently a veterinary colleague, having expanded their routine consultation time from 10 to 15 min specifically to allow staff to discuss “other ongoing problems” with clients, expressed her surprise that so many clients were describing struggling with pet behaviours that were clear indicators that the pet was struggling to cope – behaviours that were placing severe stress on the bond existing between owner and pet (an opinion supported by Roshier & McBride, 2012).

The minimum level of behaviour support offered by all practices should be that all staff should be able to take the time to enquire about how pets are coping in their home and to recognise when coping is failing. Following this, practices should recognise that, as with medical specialities, not every practice can offer every service. When behavioural support within a practice is unable to become specialised, there is a moral obligation to seek outside help from an accredited specialist – before pet-human bonds fracture and pet loss is the only solution that the family can face.

No matter the species, too many owners seem to expect their pets to arrive in their homes with an internal, well-thumbed and completely understood manual on “how to live socially alongside humans”. As professionals, we know that this is not the case, yet we often behave as though we, too, have been lulled into making this assumption.

Without adequate, consistent, appropriate and continuous emotional and

behavioural support, many pet-owner relationships are doomed to failure. In addition, as the welfare of patients should be the foremost concern of every practice, there should never be reticence to either treat or refer pets suspected of failing to cope within their home environment – to do so is a dereliction of the practice's duty to care for a patient. So, are we really maintaining the welfare of our patients, or have we lost the plot?

The ABTC register of Trainers and Behaviourists can be found at www.abtcouncil.org.uk/index/abtc-members-by-region.html

Essential books for the practice bookshelf

Buseth, M. E., & Saunders, R. A. (2015). *Rabbit Behaviour, Health and Care*. Wallingford: CABI.

Ellis, S., & Sparkes, A. (Eds.). (2016). *ISFM Guide to Feline Stress and Health: Managing Negative Emotions to Improve Feline Health and Welfare*. Tisbury: ISFM.

Hedges, S. (2014). *Practical Canine Behaviour for Veterinary Nurses and Technicians*. Wallingford: CABI.

Horwitz, D. F., & Mills, D. S. (Eds.). (2010). *BSAVA Manual of Canine and Feline Behaviour*. 2nd edition. Quedgeley: BSAVA Publishing (includes a CD with handouts for distribution to owners, e.g. "How to find a good dog trainer").

Meredith, A., & Delaney, C. J. (2010). *BSAVA Manual of Exotic Pets*. 5th edn. Bognor Regis: Wiley and Sons.

Mills, D., Braem Dube, M., & Zulch, H. (2013). *Stress and Pheromonotherapy in Small Animal Clinical Behaviour*. Chichester: Wiley-Blackwell.

Rodan, I., & Heath, S., (Eds.). (2016). *Feline Behavioral Health and Welfare*. Oxford: Elsevier.

Yin, S. (2009). *Low Stress Handling, Restraint and Behaviour Modification of Cats and Dogs*. Davis, CA: Cattelodog Publishing.

Useful additions

Bowen, J., & Heath, S. (2005). *Behaviour Problems in Small Animals – Practical Advice for the Veterinary Team*. Edinburgh: Elsevier/Saunders.

Bradshaw, J., Casey, R., & Brown, S. (2012). *Behaviour of the Domestic Cat*. Wallingford: CABI.

Landsberg, G., Hunthausen, W., & Ackerman, L. (2012). *Behavior Problems of the Dog and Cat*. Philadelphia, PA: Saunders Elsevier.

Overall, K. (2013). *Manual of Clinical Behavioural Medicine for Dogs and Cats*. Oxford: Elsevier.

Useful books for staff and owners

Arrowsmith, C. (2010). *Brain Games for Dogs*. Dorking: Interpet.

Bailey, G. (2012). *The Perfect Puppy*. 2nd edn. London: Hamlyn.

Bradshaw, J. (2012). *In Defense of Dogs*. London: Allen Lane.

Bradshaw, J. (2013). *Cat Sense: How the New Feline Science Can Make You a Better Friend to Your Pet*. New York, NY: Basic Books.

Bradshaw, J., & Ellis, S. (2016). *The Trainable Cat: How to Make Life Happier for You and Your Cat*. London: Penguin.

Fallon, M., & Davenport, V. (2016). *Babies, Kids and Dogs. Creating a Safe and Harmonious Relationship*. Poundbury: Veloce Publishing.

Mills, D., & Zulch, H. (2012). *Life Skills for Puppies. Laying the Foundation for a Loving, Lasting Relationship*. Poundbury: Veloce Publishing.

Mills, D., & Zulch, H. (2015). *Helping Minds Meet: Skills for a Better Life with Your Dog*. Poundbury: Veloce Publishing.

Ryan, S., & Zulch, H. (2014). *No Walks? No Worries! Maintaining Wellbeing in Dogs on Restricted Exercise*. Poundbury: Veloce Publishing.

Wild, K. (2016). *Being a Dog – The World from Your Dog's Point of View*. London: Hamlyn.

Useful websites for staff and clients

International Cat Care www.icatcare.org

Cats Protection www.cats.org.uk

Cat Professional www.vetprofessionals.com/catprofessional

Dogs Trust www.dogstrust.org.uk

Blue Cross www.bluecross.org.uk

The Blue Dog www.thebluedog.org – aimed at educating parents and children about the safest way to interact with their dog

House Rabbit Society www.rabbit.org

Rabbit Welfare Association & Fund www.rabbitwelfare.co.uk

Sound Therapy for Pets: www.dogstrust.org.uk/help-advice/dog-behaviour-health/sound-therapy-for-pets

Behavioural organisations relevant to veterinary staff

Animal Behaviour and Training Council www.abtcouncil.org.uk

Association of Pet Behaviour Counsellors www.apbc.org.uk (including free-to-download advice sheets for clients)

British Veterinary Behaviour Association – members have access to the *Journal of Veterinary Behaviour – Clinical Applications and Research* www.bvba.org

Pre-purchase and General Advice websites

Advisory Council on the Welfare Issues of Dog Breeding: <http://www.dogadvisorycouncil.com/puppy/index2.html>

Blue Cross – Dog: www.bluecross.org.uk/pet-advice/choosing-right-dog

Blue Cross – Cat: www.bluecross.org.uk/pet-advice/choosing-right-cat

Dogs Trust – Buying a Dog or a Puppy: www.dogstrust.org.uk/help-advice/advice-for-owners/buying-a-dog/buying-a-dog

RSPCA Buying a puppy: www.rspca.org.uk/adviceandwelfare/pets/dogs/puppy

International Cat Care – Finding a suitable kitten: <http://icatcare.org/advice/getting-cat>

House Rabbit Society: <http://rabbit.org/faq-children-and-rabbits/>

RSPCA Rabbit Advice: www.rspca.org.uk/adviceandwelfare/pets/rabbits

RSPCA Cat Advice: www.rspca.org.uk/adviceandwelfare/pets/cats

RSPCA Dog Care Advice – RSPCA Buying a puppy: www.rspca.org.uk/adviceandwelfare/pets/dogs

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Roshier, A., & McBride, A. (2012). Canine behaviour problems: Discussions between veterinarians and dog owners during annual booster consultations. *Veterinary Record*. Retrieved from veterinaryrecord.bmj.com