



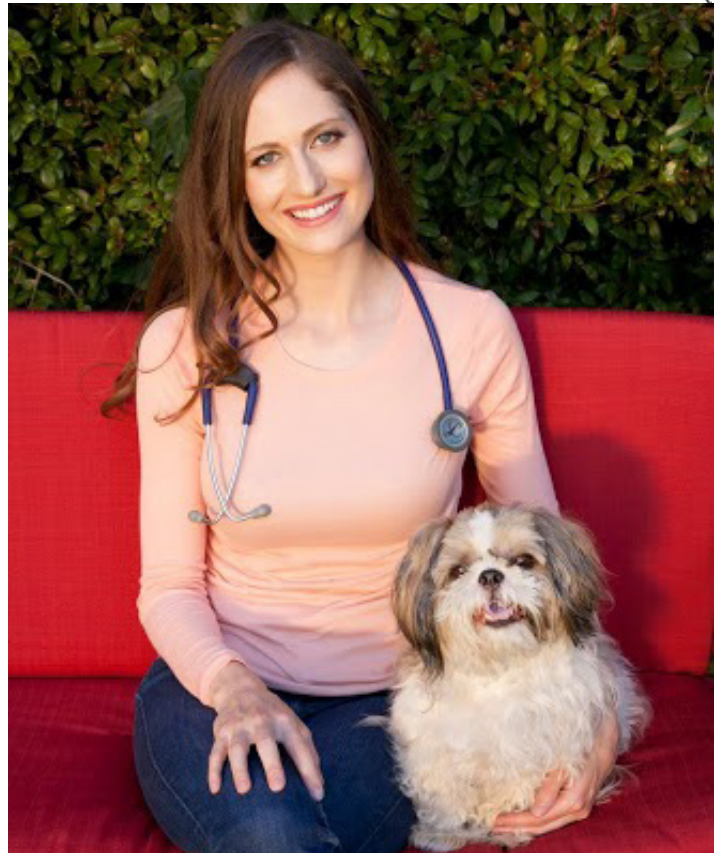
Incorporating Behavior Into the General Practice

Dr. Rachel Malamed is a veterinarian and a Dipomate of the American College of Veterinary Behaviorists (ACVB), who currently runs a private practice in Los Angeles dedicated exclusively to clinical behavioral medicine. She received her veterinary degrees from the Ontario Veterinary College in 2005, and finished a three-year behavioral medicine residency at the University of California-Davis School of Veterinary Medicine and became board certified by the ACVB in 2010. Dr. Malamed is nationally recognized as a lecturer on veterinary behavioral issues and is a member of the American Veterinary Society of Animal Behavior (AVSAB) Speaker's Bureau. She opened her practice in May of 2012. Dr. Malamed spoke with the TVN this week about how veterinarians can improve their practice by placing a greater emphasis on behavior.

TVN: What are some basic behavioral considerations that veterinarians can incorporate into a general practice?

RM: There are a lot of simple, straightforward ways that veterinarians can incorporate behavior into their practice. Veterinarians are often the first to educate and advise clients regarding the prevention and treatment of behavioral problems. By initiating a behavioral discussion veterinarians can provide guidance and combat scientifically inaccurate and harmful information often propagated through media. Offering services like pre-adoption counseling – helping people find a pet that is the best fit for their lifestyle and goals, while adjusting expectations of pet ownership– can go a long way in heading off potential behavioral issues. I also think that offering

Offering clients preventative counseling during initial puppy and kitten visits is critical. This may include discussing common behavioral problems, prevention and teaching clients how to monitor their pet's body



Dr. Rachel Malamed

language in order to recognize early signs of fear or aggression. During the first few puppy visits, veterinarians should discuss early socialization and provide educational resources (e.g. handouts) on house training and crate training, appropriate training tools and techniques, handling techniques and enrichment tools including the use of food-dispensing toys.

Puppies, kittens and adult pets should be offered tasty high value treats during visits especially during vaccinations, nail trims or other procedures in order to minimize stress and create positive associations. Scheduled “fun visits” where the pet simply receives treats on non-procedure days helps them to form positive associations with the clinic and staff. Clients seem to like this as well because they see their puppy or kitten having a great time at the vet!

(continued p. 6)

TVN: Along those lines, how can veterinarians help new pet owners with training and socialization?

RM: It is extremely important that veterinarians stress the use of non-confrontational training techniques and advocate reward based training. . Research shows that dogs who are trained using confrontational methods, are more likely to be aggressive. Not only do punishment based techniques diminish the animal's trust and make the pet more fearful, but it poses a safety risk to the handler and makes the pet more difficult to handle in the future. So, not only do veterinarians and their staff need to avoid confrontational techniques, it is also important that they advise owners to avoid them as well.

Early socialization is also tremendously important. The primary socialization period for dogs is between 3 and 14 weeks of age (and 3-10 for kittens), and animals who are not exposed to people, other animals, various objects and noises, in a positive controlled manner during this time are more likely to develop behavioral issues. Because behavioral issues are a leading cause of euthanasia and relinquishment, advocating early socialization is lifesaving. Many veterinarians advise owners to wait until after 16 weeks of age (or the last set of puppy vaccinations) to begin socialization and puppy classes because they are concerned that the puppy will become ill. There is now supporting evidence that vaccinated puppies attending puppy classes during the primary socialization period are at no greater risk of contracting CPV infection than vaccinated puppies that do not attend these classes. Because of the grave risks associated with a lack of socialization, the AVSAB recommends that puppies begin classes as early as 7-8 weeks of age one week after first set of vaccinations and deworming. Socialization is conducted in a controlled and sanitary environment with other healthy pets. More clinics offer "puppy and kitten socialization classes," which offers owners a controlled environment to socialize and expose their pets to other people, animals, aspects of the veterinary clinic and various stimuli.. I think those classes are fantastic and I encourage veterinarians to offer them through their practice. If you are interested in setting up a class, there are guidelines available. You can also consult with a veterinary behaviorist.

TVN: And can placing more of an emphasis on behavior help veterinarians make clinic visits less stressful for pets and their owners?

RM: Definitely. Preventative steps and socialization will go a long way in creating positive associations in young pets and decreasing the stress of clinic visits. But there are plenty of things veterinarians can do to make the clinic a more comfortable environment for patients. For instance, having a separate area or quiet room for dogs or cats who are fearful to wait for their appointment, or, if possible, examining those animals outside or scheduling them on a quiet day. Having partitions and separate waiting areas for dogs and cats may also help to alleviate stress associated with veterinary visits. And if possible, try to have separate examination rooms for dogs and cats, as even the scent of a dog can be stressful for a cat.

Pheromones may also help reduce anxiety in some dogs and cats. Dog pheromones (Adaptill) in the veterinary clinic appears to help reduce the signs of anxiety associated with the less aversive aspects of a visit to the veterinary clinic. Feliway (feline facial pheromone) may be useful when introducing a cat to a new environment, in reducing stress responses during transportation and may have a mild calming effect during IV catheterization.

TVN: What are some behavioral considerations veterinarians and their staff should keep in mind while handling animals?

RM: Fear aggression during veterinary visits is very common. Technicians and doctors should be skilled when it comes to the use of low-stress handling and restraint methods. Staff should adopt a non-threatening means of greeting and interacting with patients. It is probably best to practice these methods on non-aggressive animals first. One useful resource for veterinarians or technicians is Dr. Sophia Yin's book *Low Stress Handling, Restraint and Behavior Modification of Dogs & Cats*.

TVN: If a veterinarian has a patient who is fearful or aggressive, can they handle that in the practice, or will they need to refer that animal to a behaviorist?

(continued p. 7)

RM: Depending on the complexity and severity of the case, some may go beyond the expertise of the general practitioner. Once the pet has been evaluated and medical issues ruled out, veterinarians can provide treatment including the use of desensitizing and counter-conditioning techniques to decrease fear that causes the animal to be aggressive. Practices can offer multiple short sessions, dedicated just to working with pets who's fear aggression is associated with specific aspects of the veterinary visit, gradually reintroducing stimuli and concurrently changing the animal's emotional response. This also goes back to prevention. It's worthwhile for veterinarians and their staff to take their time introducing new stimuli to animals in the clinic, because if the animal has a bad experience, the negative association may persist and the problem may become more difficult to address with subsequent exposures. Behavior problems are most easily addressed early on.

It's also important that the clinic staff can recognize subtle signs of fear and impending aggression in animals. If the problem is not straightforward, it may be best for the patients and the client that the veterinarian refer them to a veterinary behaviorist. It can be prohibitively difficult to provide advanced behavioral counseling in a 15-20 minute session.

TVN: Because physical ailments often have behavioral components, it can be difficult to distinguish between what is a behavioral symptom and what is a behavioral disorder. Can placing more of an emphasis on behavior help veterinarians make more accurate diagnoses?

RM: Absolutely. Any behavior can be a manifestation of a physical ailment, so we need to rule those out first. As well, stress can impact the pet's health status. There needs to be an integrative approach. Without knowledge of normal and abnormal behavior, it is difficult to rule out and treat behavioral issues. Very often there are both medical and behavioral components to conditions and both need to be addressed.

With that in mind, a behavioral history should be acquired during each visit and noted in the medical record, along with observations of the animal's behavior. Many behavior textbooks have routine questionnaires that practitioners can use. Not only will this help to identify and treat behavioral issues, but it will also enable veterinarians to better prepare the environment for fearful or aggressive pets before their appointment.

TVN: Are there economic benefits to focusing more on behavior in the practice?

RM: Addressing behavioral issues is important for a lot of reasons, not just economic, but this is of course an important business consideration.. Behavioral problems are the leading cause of relinquishment and euthanasia, so by paying attention to behavior,

preventing problems and keeping pets in their homes, veterinarians keep pets in their practices as well. On top of that, adding services like pre-adoption counseling and puppy socialization classes increases the range of services a practice can offer, which can increase profit, hone the veterinary-client relationship and retain clients.

TVN: Is there anything else you would like to add?

RM: Behavioral medicine is a critical part of veterinary medicine. Veterinarians can learn more about behavioral medicine by attending behavior internship programs offered through some veterinary schools, and attending conferences. There are also board certified behaviorists who will come to a practice to provide continuing education to the practice staff in the form of lunch talks or handling labs. I recommend that every veterinarian and veterinary technician become a member of the American Veterinary Society of Animal Behavior (AVSAB). Technicians who have an interest behavioral medicine should contact the Academy of Veterinary Behavior Technicians or the Society of Veterinary Behavior Technicians (www.svbt.org). The Animal Behavior Resource Institute has some helpful videos and articles as well (www.abrionline.org). Another resource is the American College of Veterinary Behaviorists new book entitled *Decoding Your Dog*, in which experts analyze problem behaviors, decipher the latest studies, and correct common misconceptions and outmoded theories.



The TVN will not be publishing next week.

*Have a Safe and
Happy Holiday*

and look out for us again after the New Year

