Behavioural referrals – who to choose

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emphasises the importance of choosing a qualified behaviourist when referring a client's pet to avoid making a bad situation worse

ABSTRACT
In most medical and surgical disciplines referral is relatively straightforward, but within the behaviour field the appropriate procedures are less clear-cut. This article discusses how vets should take the emotional welfare of their patients seriously. It provides information about how to refer appropriately and discusses possible consequences of inappropriate referral. The article explains how veterinary surgeons should refer behaviour cases so as to stay within the guidelines of the newly updated Code of Professional Conduct. The regulatory body for trainers and behaviourists, the Animal Behaviour and Training Council (ABTC), is introduced and explained. Two case studies are used to demonstrate the different results that can occur depending on the techniques recommended and further illustrate the importance of referring to appropriately qualified, experienced and recognised behaviourists.

Keywords: behaviour, referral, professional conduct, welfare

A VITAL aspect of veterinary work is to recognise when a case has reached the limit of our expertise and we need to find an appropriate referral service to enable clients and their animals to continue to receive the highest level of care.

The RCVS certificate and diploma system allows this to be relatively straightforward in fields such as orthopaedics, soft tissue surgery, ophthalmology and so on.

However, there are only three RCVS recognised specialists in behavioural medicine in the UK. So, in the case of behaviour problems where should we turn? Behaviour problems in companion animals are extremely prevalent in the UK and are a major cause of relinquishment and euthanasia of pets.

The recently rewritten *RCVS Code of Professional Conduct* states that "veterinary surgeons must make animal health and welfare their first consideration when attending to animals". Vets are just as responsible for emotional welfare of their patients as they are for their physical well-being and should proactively assist clients to obtain behavioural advice when they need it (**Figure 1**). The code also states that "veterinary surgeons must keep within their own area of competence and refer cases responsibly".

The following case study gives an example of how clients can end up with problems if they are not assisted by their vet to seek appropriate behavioural advice.

Case study 1

Milly was a two-and-a-half-year-old female spayed Jack Russell terrier (**Figure 2**), that was referred for aggression towards other dogs while on her lead.

Milly had been a sociable dog that enjoyed going out walking and to cafes and pubs. Following an attack by a dog, Milly started to bark at other dogs when she was on her lead. Milly's owners contacted a behaviourist, without asking their vet for help. This "behaviourist", Ms B, had no formal education in dog behaviour and was not a member of any organisations.

Ms B asked to take Milly out for a walk to find as many dogs as possible for Milly to show aggression to. She walked Milly on a slip lead, which was held very high on her neck and yanked tight every time they saw another dog. The owners were advised to continue this technique if she barked at other dogs. Ms B wrote in her notes for the owners "poke her in the ribs (be ready in case she snaps back)". She recommended a technique that was expected to cause aggression towards the owners, in addition to advising aversive training methods that took no account of Milly's emotional state or the motivations for her aggressive behaviour.

Blinded by a trust in this "helper", the owners continued aversive techniques for two months until they realised Milly was becoming more reactive. Unfortunately, this increased reactivity forced Milly's owners to stop pavement-walking and taking her to cafes, which affected quality of life for Milly and her owners. She was only walked off-lead in fields where she still played happily with other dogs. The owners then approached their vet who referred them to me six months after seeing Ms B.

The most important aspect of behavioural medicine is determining the underlying motivations for inappropriate behaviour. Milly had been attacked. When on her lead she felt vulnerable, frightened and unable to escape so she used defensive aggression to keep other dogs at a distance. When off-lead she interacted well with other dogs, feeling safe that she could use an avoidance response if required. The aversive methods had severely aggravated Milly's fear and damaged her relationship with her owners. She would have experienced neck pain and the stress of her previously very friendly owners being abusive to her. Each time she saw another dog she expected pain and stress so tried even harder to scare the other dog away.

We have started to counter-condition Milly to the presence of other dogs while she is on her lead and she is showing an excellent response. This involves keeping her at sufficient distance from other dogs that her fear reaction is not triggered, then rewarding her for calm and relaxed behaviour. The intensity of the situation is being gradually increased so that she learns to cope with dogs being in close proximity and, instead of feeling frightened, she expects a reward. Over time her perception of other dogs is being altered and she is no longer scared of them.

If you refer appropriately, this is what should be achieved – diagnosis of motivation, management advice to avoid the need for the dog to express the inappropriate behaviour, behaviour modification programme to alter perceptions and, therefore, alter the behaviour.

It is particularly important to avoid triggers for the inappropriate behaviour, partly because very commonly an element of stress, fear or anxiety underlies these responses and, therefore, the animal's welfare is compromised each time an incident occurs, but also it is very difficult to alter perceptions and alter the emotional response if the original, inappropriate response continues to be shown.

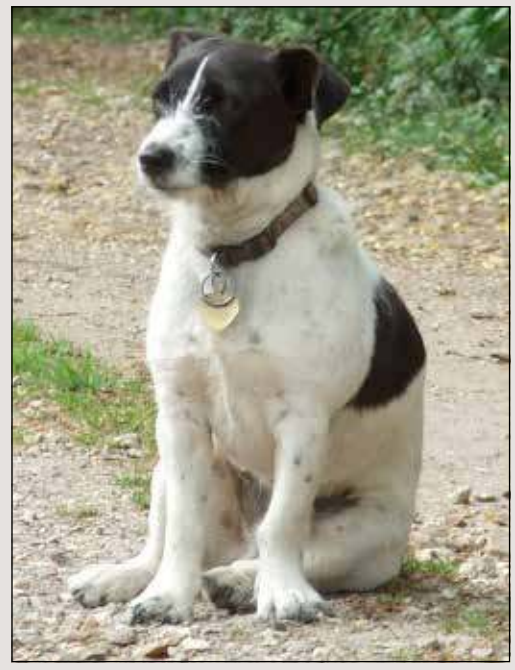

Figure 2. Milly's owners were not aware their veterinary surgeon could assist them with behaviour problems.

Assessing competence

So how can we be sure that we are referring to a competent colleague?

The Association for the Study of Animal Behaviour (ASAB) certifies practitioners as certified clinical animal behaviourists, a scheme recognised and supported by the RCVS, and that allows certified individuals to use the post-nominal CCAB. The list of CCABs is available on the ASAB website and includes 24 behaviourists.

It would be preferable for vets to refer to either RCVS recognised specialists or CCABs, but the number of such behaviourists is too few for the enormous number of behaviour problems in companion animals seen in the UK. So it is vital vets without access to such behaviourists consider who else it might be deemed appropriate to refer to. If they refer inappropriately and clients are given poor advice, an example of which can be seen in the case study, the vet could be held responsible and end up involved in a disciplinary procedure. The *RCVS Code of Professional Conduct* states that 1.4: The referring veterinary surgeon has a responsibility to ensure that the client is made aware of the level of expertise of appropriate and reasonably available referral veterinary surgeons…

This should surely also be the case for behaviour referrals and, if you are referring to a behaviourist who is not a veterinarian and/or is not a CCAB, then the relevant qualifications must be known and understood by the referring vet and must be explained to the client. This is not only to ensure the welfare of the patient, but also to ensure that your client is happy with the outcome and you are protected should things not go as planned.

A regulatory body for training and behaviour therapy has now been established called the Animal Behaviour and Training Council (ABTC). This body has created guidance on the standards of knowledge and practical skills required for individuals to call themselves veterinary behaviourists and clinical animal behaviourists (who meet the full requirements) and accredited animal behaviourists (who have some experience and are working towards full requirements).

David Montgomery, the chairman of ABTC, states: "For some time the RCVS has been debating the regulation of para-professionals and many organisations involved in animal behaviour and training have responded with the support of the major animal welfare charities by forming the Animal Behaviour and Training Council. The council has set standards for core roles in conjunction with national occupational standards as published by Lantra (the Sector Skills Council) and has developed a robust system of membership for organisations that can demonstrate that their represented practitioners meet the strict education and training requirements.

"For the first time veterinary surgeons now have the opportunity to refer behaviour cases to suitably qualified practitioners who are members of independently verified organisations. The ABTC is governed by the principles of the Chartered Quality Institute.

The ABTC will keep a register of practitioners and this will provide an excellent framework for identifying individuals to whom it is appropriate to refer. The ABTC will accept members who have been deemed appropriate by ASAB accreditation, the Association of Pet Behaviour Counsellors (APBC), Association of Pet Dog Trainers, the COAPE Assocation of Pet Behaviourists and Trainers, or UKRCB.

Rosie Barclay, chairman of the APBC, states: "The APBC welcomes the founding of the ABTC. It is a relief to finally have an informed regulatory body that is available to help guide the veterinary profession towards experienced and qualified animal behaviourists they can trust.'

What are the consequences if we don't refer responsibly?

Case study 2

Willow is a three-year-old female spayed cocker spaniel (**Figure 3**). Willow presented

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Figure 1. Questioning the owner about behaviour and emotional well-being are just as important as a thorough clinical examination.

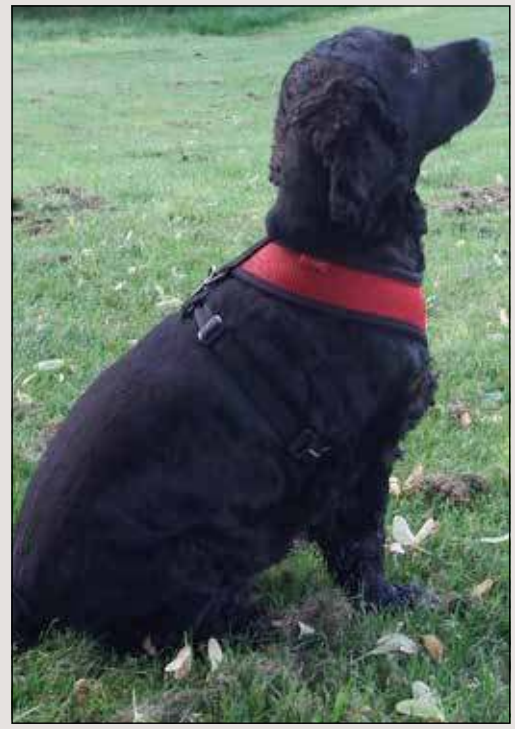

Figure 3. Willow's problems were severely escalated by her veterinary surgeon referring her to an abusive trainer who used aversive techniques to bully and intimidate.

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with some minor issues including problems with lead walking, mouthing when being brushed and barking at visitors to the home.

The veterinary practice referred Willow to Mr W, its local "dog whisperer". Mr W recommended changes based on "pack theory" such as the clients eating before the dog, walking through doorways first and ignoring Willow if she tried to interact with them. Although being polite in doorways is useful, the pack basis for such old-fashioned recommendations have been found to be inappropriate for the domestic dog.

During the consultation Mr W restrained Willow forcibly to groom her and persisted, despite her struggling and showing threatening behaviour towards him. He also intimidated her to force her to retreat to her bed and continued to intimidate her while she was in her bed.

The following day, the owner picked up the grooming brush and the dog rushed across the room to bite him badly. This was a dramatic escalation and the bite required treatment with antibiotics. Both owners were bitten when they attempted to do "alpha rolls" as advised by Mr W. One of these bites required stitches. Mr W revisited a further three times to repeatedly demonstrate and advise aversive techniques. Willow's behaviour continued to deteriorate.

Two years after the initial visit, the clients sought help from a full member of the APBC. This qualified and experienced behaviourist has focused on repairing a damaged dog-owner relationship through educating the owners about dog body language and communication.

One of the most important aspects of this was to stop all punishment because the dog was now very scared of her owners. The new behaviourist started counter-conditioning Willow to situations she was scared of. This process involves using rewards to alter the perception of stimuli that result in a negative emotional state into stimuli that create a positive emotional state.

Willow is making excellent progress and my colleague was delighted when on a follow-up visit Willow presented with a wagging tail and seemed very happy and relaxed.

This case is a severe example of how inappropriate referral can not only exacerbate existing behaviour problems but also severely damage the client-vet relationship. These clients were seriously considering changing their veterinary practice because of the results of the original referral.

This case illustrates a situation seen far too often. It is common for clients seen by me and colleagues to have previously seen inappropriate trainers or "behaviourists", which may or may not have been on vet referral.

Advised procedure

So, how can vets ensure they are working within the *RCVS Code of Professional Conduct* guidelines?

- They should actively ask about the emotional welfare of their patients.
- They should ensure any behavioural advice given within the practice by either veterinary surgeons or veterinary nurses is appropriate and, if a case is beyond their level of expertise, the case must be referred outside the practice to an appropriately qualified behaviourist.
- If a behaviour problem is identified that is compromising welfare the vet should refer directly to a behavioural professional as he or she would in any other medical or surgical referral.
- Vets must consider the welfare implications of training methods used and this means they must be fully aware of who they refer to, what their qualifications are and whether they are recognised by one of the organisations listed by the ABTC.
- Prescription of medication remains the full responsibility of the veterinary surgeon and should a behaviourist feel medication may be of benefit, it must be the vet who decides on the appropriate type and dose of medication.

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CLARE WILSON graduated from the University of Cambridge Veterinary School and worked in mixed practices in the Welsh borders and Warwickshire while studying at the University of Southampton to obtain the postgraduate Diploma in Companion Animal Behaviour Counselling in 2006. She spent a year working for Sarah Heath at her behavioural referral veterinary practice in Chester before setting up her own referral service in Warwickshire. She obtained full membership status of the Association of Pet Behaviour Counsellors (APBC) in 2008 and is the veterinary representative for the APBC committee.