The role of the veterinarian in canine behaviour problems

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Introduction

This essay will discuss the role of the veterinarian in canine behaviour problems in three stages. Firstly there will be an analysis of the depth of the issue of problematic behaviour in dogs, its origins and its consequences. Next there will be an evaluation of the veterinary factors and owner factors which contribute to the number of dogs with behavioural issues which could have been prevented, or do not get appropriate treatment. Finally, the essay will point to areas where veterinarians could do more, and the need to provide a broader evidence base for future education of professionals and the public alike.

The words 'behaviour problems' rather than 'behaviour pathologies' are used deliberately in the title, as not all behaviour issues are medical issues under the strictest definition of a veterinary remit. Nevertheless, it will be shown that the veterinary profession has a vital and irreplaceable role in the management, education, and prevention of problem behaviours, as well as the diagnosis and treatment of true behavioural disorders.

What is the extent of problematic behaviour in canines?

Behaviour problems in dogs are a leading cause of morbidity and mortality (PDSA, 2016). A majority of dog owners would like to change one or more behaviours in their dog (PDSA, 2016). When canine behaviour is viewed as undesirable by an owner, the strength of the bond between dog and owner is reduced, and the dog may be more likely to be relinquished to a shelter or presented to a veterinarian for euthanasia (Patronek *et al.*, 1996). Some may be re-homed directly by the owner and are thus at risk of increased stress through multiple homes and subsequent problems still leading to euthanasia or relinquishment. It is hard to ascertain the proportion of behaviour problems which are truly pathological, and which are due to poor management or unmet needs, as it is rare for these dogs to have the benefit of full diagnostic assessment. Also, the subclinical effects of poor mental health in dogs is difficult to quantify.

The decision to seek behavioural help is usually based on the owner's perception of the behaviour being a problem, as opposed to their assessment of the emotional state of the dog (Beaver, 1994). For example, the use of dog crates is popular to prevent damage to the house due to boredom or separation anxiety. The prevention of damage may be seen as resolution despite the dog still suffering from negative affect- loneliness, depression or anxiety.

The prevention of undesirable behaviours is always preferable to treating them once they are established, and the role of veterinarians has been identified as crucial in this (Faraco, 2012). Veterinarians see 80% of owned dogs for vaccination (PDSA, 2016) and are thus in a perfect position to manage client expectations and educate people about the needs of dogs, to help prevent both undesirable and pathological behaviour. Yet, behaviour problems are common and owners do

not usually turn to the veterinarian as the first source of help (Kuhl *et al.*, 2014). There is evidence that they may be reluctant to disclose issues to a veterinarian at all (Campbell, 2016). The internet, friends and family are all likely to be consulted first (PDSA, 2016).

There is an obvious welfare problem if the source of help and the suffering patient are not finding each other. Even when clients do raise concerns about their dog's behaviour, veterinarians have been shown to be remarkably poor at responding to them, despite clearly stating that they recognise their professional responsibility for emotional as well as physiological disorders in animals (Roshier, 2013).

Why are so many dogs not getting the behavioural help they need?

To help a behaviourally disturbed dog, veterinarians need to be able to engage and communicate with the dog's owner, who knows the dog best. It seems that there is an issue between the two groups where exchange of information is not always working well enough to prevent or treat behavioural problems, and sometimes not well enough to avoid the death of the dog.

Lind *et al.* (2017) showed that, when provided with standardized tests, owners and veterinary professionals were able to agree, and recognise equally, markers of dog behaviour- in this case signs of stress. This raises the issue that the assessment criteria and terminology of behavioural science is not the same for everyone. The lack of coherent evidence and internationally standardized behavioural tests is a significant problem- including in canine genetics, where identification of genes for physiological disease is prioritised (van Rooy *et al.,* 2014). In the long term, breeding selection against behavioural disease could have the potential to be an important adjunct to management and preventative social factors, but there is currently insufficient evidence.

Veterinarians themselves, as a professional group, are not always in agreement on the distinction between behavioural disease and undesirable behaviour. Qualified veterinary clinical behaviourists make a very clear point that training issues are not pathology (Jonckheer-Sheehy, 2017). It is essential that physical disease is ruled out, and management issues addressed, before the diagnosis of a behavioural disorder is made, and veterinarians need to be trained in this just as much as in the diagnosis of any other disease, since the prescribing of psychopharmaceuticals is something only a veterinarian is qualified to do. However, historically, clinical veterinary training has not prioritised behavioural disease, or the general husbandry and social needs of dogs. It reflects the fact that no professional group exists outside the culture it is part of- in this case, one where pure natural sciences are more highly valued, with welfare and behavioural science traditionally seen as 'softer science'. This is evident in clinical practice where behaviour work is often delegated to nurses, if it is addressed at all. In addition, not every veterinarian is practising evidence-based medicine when it comes to canine behaviour. Some still promote the once popular theory that dog behaviour problems result from dogs trying to dominate their owners, despite the lack of evidence for it (Horwitz *et al.*, 2002). The manhandling of dogs is a risk factor for bites, increases stress, provokes fearful responses and is poor welfare- there is no logical basis for it in what is known about dogs motivational states (Bradshaw, 2011).

On the other side of the coin, when owners do express concern about a behaviour it is more common for a veterinarian to be presented with a dog which is not ill, but displaying normal behaviour which the owner cannot tolerate (Hunthausen, 2009). In the transactional position of a veterinarian in consultation with a paying client who has a choice of other professionals, it can be

difficult to deliver this information. It may be taken as a pejorative comment or criticism of a lifestyle- for example the under-exercised Border Collie with a morbidly obese owner. Nevertheless, the veterinarian's first responsibility is to the welfare of the patient and it should not be a reason to fail to at least attempt to address a serious welfare issue.

Even in the situations where veterinarians are well educated, highly concerned and motivated about addressing canine behaviour problems, there can be other obstructions to being able to help. Time is probably one of the biggest- behavioural discussions are time consuming, and if to be done well, require setting aside of appointments. For this, the owner has to be willing to pay for the time, and often this is not the case until the behaviour issue has become unnecessarily serious. In a routine consultation, perhaps for vaccination or a minor physical health issue, there is a pressure to cover a lot of physiological information in a short space of time, and potentially also a financial pressure- sales of pet toothpaste and prescription diets appear on a balance sheet in way that sound behavioural advice does not, although both have a positive impact on canine welfare. These conflicting pressures on veterinarians can be a source of moral stress.

Another source of stress for clinicians is the issue of owner compliance (Palestrini, 2016). Not only are there knowledge and time barriers to giving information to owners to help their dog's behaviour, there is often a barrier to overcome in the form of their pre-existing beliefs about dogs. An owner may not want to hear that a major environmental or management change is necessary, or that long term medication is appropriate for their dog, especially when an unqualified friend, dog breeder or internet forum is suggesting an easier, cheaper 'quick fix'. To produce a better outcome for dogs, there are individual and cultural hurdles to overcome. Jonckheer-Sheehy (2013) makes the point that most owners would take a dog straight to a veterinarian if it had diabetes or a broken leg, but not for behaviour. To lay blame with the owners for this is neither fair nor accurate though, when there is a patchy delivery of scientifically sound behavioural help from vets.

How can veterinarians do better?

Veterinarians cannot communicate good advice to owners, or lead by example, if they do not have a good standard of education in animal behaviour themselves. This may not always have been the case, but in 2017 all of the eight veterinary schools in the UK include behavioural medicine in the core curriculum, and have either a resident fellow or visiting lecturer in animal behaviour. Veterinarians who graduated before this was the case, when teaching of behavioural medicine was less thorough, are dependent on their own willingness to develop their knowledge in the terminology and protocols of behavioural medicine. The lack of consistent terminology and diagnostic categorisation is a problem for the veterinary profession's ability to gain dog owners' confidence in their ability to help.

It is evident when looking in an average veterinary dispensary that the medication available for true behavioural disorders is not prescribed with a proportionate frequency to other pharmaceuticals, especially when the potentially serious consequences of problem behaviour are taken into account. Given that behavioural disease is life threatening in many cases, veterinarians need to take this as seriously as they would, for example, diabetes or heart disease, in terms of trying to treat it. A considerable barrier to this can be overcoming the owner's reluctance to use medication, but the veterinary profession is also responsible for making the effort to explain to owners clearly and consistently that a dog with mental illness can and should be treated for it just like any other illness. Although many drugs for behavioural disease are not licensed, there is data

available and this is not a legitimate barrier to use (Ramsay, 2017).

A related issue is the willingness and ability of veterinarians to refer difficult canine behaviour cases. Referral for other aspects of veterinary medicine is commonplace, but there are barriers to overcome in this area for behaviour. There are insufficient qualified behaviourists to cover all the dogs and owners that need help, but the supply would eventually meet demand if referrals were more sought after. Owners can be reluctant to pay for something which they do not perceive to be an illness, and there may be insurance issues, but also veterinarians can fail to explain the nature of behavioural disease and the consideration of affective states as an important welfare issue. The discussion of a dog with a behaviour disorder can easily lapse into the language of morality- the dog is 'bad'- on the part of owners and professionals. This is not only inaccurate but an obstacle to owner compliance. Veterinarians have a huge responsibility to take extreme care in how they discuss these cases, especially when so many owners are going elsewhere for advice.

One area in which veterinarians could easily demonstrate a commitment to reducing canine behaviour problems is in the everyday practices and environment of a clinic. When stress reducing measures, and accommodation of behaviourally problematic dogs is overlooked in a busy practice, it may send a message to owners that behaviour, or even welfare, is not an important issue. Mental or emotional ill health is in fact a source of large scale canine suffering and mortality. The prevention of infectious disease is often prioritised, and there are advantages and disadvantages to the fact that puppy vaccinations are required on a timeline overlapping with the all-important sensitive period for socialisation (Horwitz *et al.*, 2002). The puppy may not have built up enough immunity to infectious disease to socialise safely, but also the owner is likely to bring them to the veterinary clinic at a time when they can be given appropriate advice to use while it is fresh in their mind. Above all, an understanding of the risks and benefits of socialisation versus exposure to disease is better than rigid instructions. People are more likely to follow expert advice if they understand the reasons why and are given agency.

One popular and useful practice to address these issues is 'puppy parties', provided they are run well, and puppies are not frightened or overwhelmed. The benefit of these is reduced, though, if not followed up be a coherent voice from all members of the veterinary team, from receptionists to clinicians. It is still not uncommon for clinics to have a stress-increasing environment- slippery floors and tables, overwhelming olfactory and visual stimuli and a lack of space to gain proximity from other pets (Overall, 2013). As well as the clinic layout, a shortage of time can contribute to handling errors, such as heavy restraint, which increase stress and provokes fear in dogs. A good environment has to be backed up by the promotion of good mental health inside the consult room as well. Sometimes extreme physical restraint may be unavoidable in an emergency situation, and human health and safety has to be considered, but in routine appointments habituation and desensitization to veterinary clinics should be the norm. It is, in theory, simple to supply educational material to all parties on this (Jonckheer-Sheehy, 2014). This is not just a welfare issue, but a hugely important way to lead by example in demonstrating the equal importance (and inter-dependence) of canine mental and physical health.

Conclusion

It is clear that there is a significant negative welfare outcome to dogs from the depth and variety of undesirable, problematic or pathological behaviours. These are multifactorial in origin, caused by cultural beliefs, lifestyle issues, a lack of education on normal canine behaviour and

needs, and a generally poor prioritisation of behavioural science amongst veterinarians, especially in proportion to the number of dogs affected and the potentially fatal consequences for them. Owners do not tend to approach veterinarians for help with behaviour problems, and veterinarians are, in turn, generally poor at responding to concerns when they are raised. Inconsistent educational levels, changing terminology and a trend towards more 'pure' medical sciences are all contributing factors to the veterinary profession's level of interest in behavioural medicine. This is changing, but in addition to the bigger structural or cultural aspects there are many everyday issues in the environment of daily general practice which could directly and indirectly improve canine welfare by preventing and addressing behavioural problems.

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