

Pacific Tide

An informational newsletter

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About our Author

Jan Brennan, DVM

Dr. Brennan has been a general practitioner in our community for forty one years. She has always had an intense interest in animal behavior and incorporated her interest in the area into her practice of veterinary medicine. Dr. Brennan graduated from UCD Veterinary Medical School in 1969 and came to Santa Cruz as a small animal practitioner. During those years, her involvement in behavior veterinary medicine expanded as she continued to apply her experience and knowledge in her activities with search and rescue, law enforcement, FEMA and detection dogs. She also consults on feline behaviors. She joined us in October 2010 to consult on dog and cat behaviors by appointment.



**Jan Brennan,
DVM**

Is it a Behavior Problem or a Problem Behavior?

INTRODUCTION

Volumes have been written on behavior and how to correct behavior in our animals. My intent here is to refresh for some of you the principles we use to develop an acceptable companion animal for our clients. For some it may be a different approach but one that applies the knowledge that has been gained over the last few decades. For still others I hope to allow you to use the available drugs to develop the acceptable companion animal for those patients that may need them.

THE CHALLENGE OF BEHAVIOR

What is behavior? The Oxford English dictionary defines it as “the manner of conducting oneself in the external relations of life”. Today we simply think of behavior as how an individual acts. In veterinary medicine it becomes a bit more complicated because we have to guess at the neutral status of our patients. When we look at behavior from the aspect of how to improve or change it we need to analyze what effects or produces the action. In other words in order to correct or enhance the outward act of the animal it becomes necessary to possibly figure out why it is happening. They cannot tell us.

There are three things that are involved in producing the behavior or action. The first is the inheritance of the individual. The herding dog breeds want to herd everything, or the Golden Retriever wants a multitude of tennis balls in his mouth to show or bring to you. These are normal tendencies of individuals who come from a certain genetic pool. The intensity of those actions will also be involved genetically.

The second factor involves the environment and situations that the individual has experienced. If the situations have been pleasant then the individual has accepted them and in repeat situations will act accordingly. However, if the individual has had an unpleasant experience or has perceived that situation as a threat he learns how best to survive when confronted with a similar incident. His reaction might be acceptable to him but not necessarily to us. An example would be the dog that has stolen one of our “treasures” and doesn’t know it is the prize first edition of our favorite novel. The owner reacts with yelling and chasing. The dog thinks the chase game is on but doesn’t quite understand the yelling. It progresses from bad to worse and the dog gets into survival mode or guarding mode and is cornered. If punishment is the result and the dog becomes fearful the end result is the dog has learned to be fearful and defensive. The dog loses trust and may in that one incident to defend himself from his owner.

That incident or similar incidents have produced the behavior and we are to the third factor in the behavior trilogy. The third factor is an individual has learned to avoid a negative situation by aggression or guarding behavior. When this behavior is successful it further motivates the pet to be aggressive. Each time that pet approaches a perceived danger with a particular reaction he gets better and better at it because practice makes perfect. The result is the individual loses trust in the person and it becomes a difficult problem. If the incident had been handled in a different manner such as teaching the individual to exchange “treasures” then the individual would have been re-

warded for relinquishing the “treasure”.

In these examples normal behaviors existed at the start but developed into behavior problems. Think of the initial actions as being problem behaviors. Herding, chasing, guarding, and denning are normal behaviors in a particular context but turn into behavior problems if pets are not properly taught, conditioned and redirected.

It must be stated that there are individuals because of the way they are who need treatment because they view their world differently. Their problems are not based on a learned fearful reaction and these individuals need behavior therapy and many times medication to function in our world. They are “special needs” animals.

MEDICATION IN BEHAVIOR THERAPY

Here is a scenario: A patient is seen because the pet incessantly chasing his tail and actually damaging it. We reach for the psychopharmacological medication, compute the dosage, and prescribe the drug. We discuss, at length with the client how the drug works and how long it should take for results. In a few days the client calls back and either states the dog is too quiet or there is no effect at all.

What went wrong? We forgot the basis of good medical practice. A complete in depth history was not taken. We did not find out that the dog had been rescued from a hoarder and was crate confined for many hours each day. We did not find out that his new home is hectic with small active children who laugh at him when he begins this activity.

All of these things that influence the context of the situation should be addressed and a problem list created and a diagnosis made. The activity might be a problem behavior which can be solved with careful teaching, the dog and the children, to properly behave and not inadvertently reward the behavior.

The situation is being converted to a behavior problem by the predisposition of the pet not being managed and redirected and being rewarded for the tail chasing. Instead the dog has started with a high level of activity (a lack of exercise) and presented with a high energy environment. Rest and relaxation is not the norm. The children are excited and find the tail chasing amusing. It has not helped that the adults are yelling at the dog and the children and the context has become pandemonium.

The drug companies have developed anti-anxiety and mood adjusting drugs with a caveat. They are not a quick fix. After the diagnosis and an appreciation of the situation, a treatment plan is outlined. The medication is a small part of the whole plan and behavior modification and counter conditioning is the larger part. The medication usually takes six to eight weeks to achieve brain changes but the behavior modification and the counter conditioning is ongoing. The behavior modification is enacted to promote a more relaxed and controllable individual and the counter conditioning is designed to teach the dog a redirected and preferred behavior. Without this approach results will be less than ideal.

Yes, it is very time consuming and is not magic. Our clients deserve this result and certainly our patients deserve it too. By approaching behavior cases in this way we support the human-animal bond.

Our Doctors

Internal Medicine

Kelly Akol, DVM, DACVIM (SAIM)
Merrienne Burtch, DVM, DACVIM(SAIM)
Michelle Pressel, DVM, DACVIM (SAIM)
Ryan Garcia, DVM, DACVIM (SAIM)

Surgery

Lisa Metelman, MS, DVM, DACVS
Tom LaHue, DVM, DACVS
Dean Filipowicz, MS, DVM, DACVS

Oncology

Theresa Arteaga, DVM, DACVIM(Oncology)

Critical Care

Colleen Brady, DVM, DACVECC
Lillian Good, DVM, DACVECC

Cardiology

Mandi Kleman, DVM, DACVIM(Cardiology)

Dermatology

Katherine Doerr, DVM, DACVD

Radiology (VRS)

Larry Kerr, DVM, DACVR
Mark Lee, DVM, DACVR

Emergency

Christian Robison, DVM
Kim Delkener, DVM
Mark Saphir, DVM
Jessica Kurek, DVM

Behavior

Jan Brennan, DVM (practice limited to behavior)

About Our Hospitals

Pacific Veterinary Specialists was founded to provide high quality, specialized medical care to companion animal patients. Our practice is dedicated to serving the veterinary community as a partner in total patient care. We offer comprehensive specialized services including endoscopy, Doppler ultrasound, surgery, 24-hour ICU care, and emergency and critical care. Our staff is committed to providing compassionate and thorough medical care that meets the needs of the patient, client, and referring veterinarian. In September 2011 we opened PVSM and offer internal medicine, oncology, dermatology and cardiology Tuesday through Thursday in Monterey. Behavior consultations by appointment are available on Mondays.

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