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- ▶ "You must work with a lot of interesting people"
- ▶ Common perception
- ▶ Reinforced by media programming
- ▶ Is it the pet or the owner?



- ▶ Each client or situation is different!
  - ▶ Experience level
  - ▶ Perception of situation
  - ▶ Relationship with pet
  - ▶ Family environment
  - ▶ Physical ability
  - ▶ Goals and objectives



## Family Dynamics

- ▶ Treatment may include multiple family members
- ▶ Education and follow-up may include multiple staff members
- ▶ Working partnership between caregiver and clinician/staff



- ▶ Observations
  - ▶ Accurate, reliable
  - ▶ History and progress
- ▶ Comprehension
  - ▶ Understand assessment and treatment objectives
- ▶ Implementation
  - ▶ Put plan into action
  - ▶ Physical ability
  - ▶ Consistency, discipline



## Anthropomorphism / Anthropocentrism

- ▶ Attribution of human characteristics to animals or non-living things
- ▶ Assessment of reality through an exclusively human perspective



- ▶ Lack of objectivity
- ▶ Difficult to get accurate history
- ▶ Misinterpretation
- ▶ Attribution of behavior or emotional states
  - ▶ May or may not be present
- ▶ Failure to incorporate specific needs



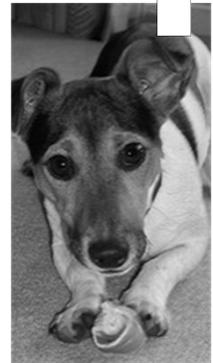
- ▶ 7yr M/N Jack Russell terrier
- ▶ Presented for self injurious behavior; "obsessive" biting at leg
- ▶ Anxiety, conflict behaviors during social and physical interactions with male owner
  - ▶ Anticipatory anxiety prior to owner's arrival
  - ▶ Spinning, self directed behavior for 20-30 minutes after owner arrives home



- ▶ Previous medical issue now resolved
- ▶ Minimal response to Clomicalm
- ▶ 24/7 use of e-collar to prevent injury
- ▶ Resistant to input from female owner and referring vet about how to interact differently



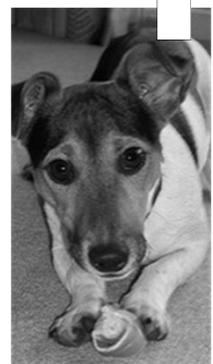
- ▶ Identification of treatment barrier
  - ▶ Surrogate child relationship
  - ▶ Caters to Sparky's every move, action
  - ▶ Eats at dinner table (has own placemat)
  - ▶ Lack of understanding of normal canining social structure and species needs



- ▶ Treatment approach
  - ▶ Acknowledged relationship and need for close interaction
  - ▶ Validated desire to give physical and emotional attention
  - ▶ Education on body language and canine communication
  - ▶ Discussed canine social needs – structure, boundaries...
  - ▶ Active participant in creating and implementing the treatment plan



- ▶ Treatment approach
  - ▶ Practiced rewarding commands with *even better* food rewards
  - ▶ Gave ways for owner to indulge Sparky that allowed for expression of normal canine behaviors
    - ▶ Permission to "spoil" within set rules
  - ▶ Strong emphasis on "do" instead of "don't"



▶ Results

- ▶ 1 month later:
  - ▶ "cured"
  - ▶ Gradual decrease in intensity of behavior
  - ▶ No self-injurious behavior for 2 weeks
  - ▶ Tapered off medication
- ▶ 3 months later:
  - ▶ No relapses, everyone happy!



- ▶ Impacted by physical and social environment
- ▶ Pet serves many roles for individual family members
  - ▶ Social facilitator
  - ▶ Sense of safety
  - ▶ Confidante
  - ▶ Emotional development



## Human Animal Bond

- ▶ Quality and strength of bond may impact treatment commitment
- ▶ Acknowledgement of bond may improve communication
- ▶ Incorporate client motivation into plan



- ▶ Mental health status
- ▶ Within-family relationships
- ▶ Household social factors



- ▶ Identify and navigate within bounds of professional role
- ▶ [www.helpstartshere.org](http://www.helpstartshere.org)
  - ▶ National database of mental health providers

- ▶ 5yr old f/s Golden retriever
- ▶ Multiple anxiety conditions
  - ▶ Separation anxiety, confinement, noise phobia
- ▶ Treatment plan
  - ▶ Independence training
  - ▶ Leadership
  - ▶ Relaxation exercises
  - ▶ DS/CC to noise triggers
  - ▶ Fluoxetine, alprazolam, DAP



## "Sophie"

- ▶ "Everything I do makes her worse"
- ▶ "Meds aren't helping"
- ▶ "She won't let me leave"
- ▶ Now what?



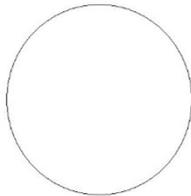
"Sophie"

- ▶ Identification of treatment barrier
  - ▶ Owner unable to provide consistent direction and cues
  - ▶ Reactive relationship pattern
  - ▶ Escalation whenever interactions changed – even more unpredictable!

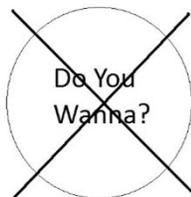


"Sophie"

- ▶ Open discussion of work/job responsibilities
  - ▶ Owner is a nurse in post-surgical ward
  - ▶ Actively avoids supervisory positions
  - ▶ Frequent turnover in her supervisors – lack of stability in workplace
  - ▶ Very uncomfortable taking on leadership responsibility in professional or personal life...



Do You  
Wanna?



"Sophie"

- ▶ Results
  - ▶ Dramatic decrease in anxiety behaviors
  - ▶ Off all medications
  - ▶ Ongoing response for several weeks
  - ▶ Consistent response with ongoing implementation
  - ▶ Difficulty sustaining in midst of family health issues



## How do you negotiate treatment?

- ▶ Discussion of treatment options
- ▶ Communication style
- ▶ Role of pet in household
- ▶ Body language
- ▶ Consistent recommendations
- ▶ Specific issues
  - ▶ Medication use
  - ▶ Euthanasia and rehoming
- ▶ Follow-up



- ▶ Listen openly to request for help
- ▶ Duration of contact varies
  - ▶ Confirmation of client thoughts/ideas
  - ▶ Alternative suggestions
  - ▶ Discuss pros/cons of each option
- ▶ Longer time needed for more significant change by owner



- ▶ Guide discussion rather than mandate treatment
- ▶ Allow owner to be active participant in treatment decision
- ▶ Understand "why" rather than just "do"
- ▶ Ownership of outcome



### Reinforcement

- ▶ Motivates individual to offer behaviors
- ▶ Shape progressively more desirable behaviors
- ▶ Can be time consuming to develop skill set
- ▶ Minimal risk of adverse reactions

### Punishment

- ▶ Works quickly and reliably under the right conditions
- ▶ Natural part of learning
- ▶ Difficult to implement in average household
- ▶ Risk of worsening problem if implemented incorrectly

### Compliance

- ▶ Act of responding favorably to an explicit or implicit request offered by others
- ▶ Encouraged to respond in particular way
- ▶ Directive

### Adherence

- ▶ The extent to which a person's behavior corresponds with agreed recommendations from a health care provider
- ▶ Greater input and involvement of all individuals
- ▶ Cooperative

World Health Organization (2003) (PDF). *Adherence to Long-Term Therapies: Evidence for Action*. Geneva: World Health Organisation. ISBN 92-4-1-54599-2. [http://www.who.int/chp/knowledge/publications/adherence\\_full\\_report.pdf](http://www.who.int/chp/knowledge/publications/adherence_full_report.pdf).

- ▶ Bullet pointed list?
- ▶ Process oriented?
- ▶ Need for discussion?



- ▶ Profession or vocation
  - ▶ History, new client form
  - ▶ Communication style
  - ▶ Skill set



- ▶ Obligation?
- ▶ Family pet?
- ▶ Surrogate child?



- ▶ Allows you to:
  - ▶ Match terminology to client perspective
  - ▶ Increase relevance of recommendations to client's situation



- ▶ Leaning in?
- ▶ Open posture?
- ▶ Arms crossed?
- ▶ Heading for the door?
- ▶ Looking at watch?
- ▶ Reluctant to provide information?



## Body language

- ▶ Relevant for all points of contact
  - ▶ Intake
  - ▶ Discussion
  - ▶ Treatment
  - ▶ Follow-up
- ▶ Open – you're on the right track
- ▶ Closed – change tactics!



## Consistency

- ▶ Document information in records
- ▶ Same message from all team members
- ▶ Repeated use of terms
- ▶ It takes time and repetition to form behavior patterns!



- ▶ Sensitive information
- ▶ No judgment!
  - ▶ Negative reaction shuts down communication
  - ▶ May encourage them to filter, withhold or lie
- ▶ Opportunity to impact the outcome and future behavior



- ▶ Increased vulnerability when seeking help
- ▶ Be ready to deal with shared information
- ▶ Understand problem before offering solutions



- ▶ Common to have first-hand knowledge
- ▶ Experiences may be positive OR negative
- ▶ "What is it about medication use that concerns you??"
- ▶ "What are your immediate thoughts when I mention the use of medication?"
- ▶ (within the role of your expertise and training)

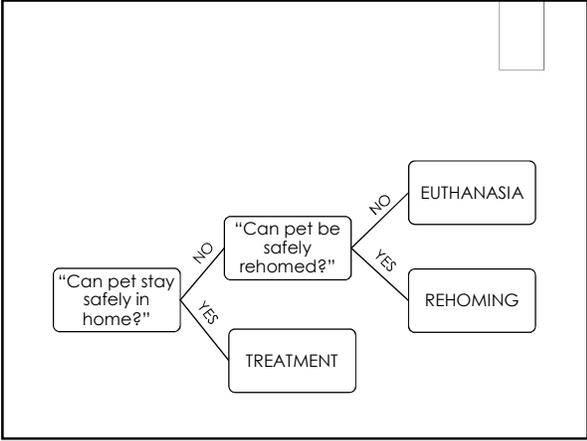


- ▶ Dependency on medication
- ▶ Changing personality of pet
- ▶ Cost of treatment
- ▶ Possibility of side effects
- ▶ Perception of self weakness or failure if medication is needed




- ▶ Sensitive subject for everyone
- ▶ Decision carries different emotional connotations than other conditions
- ▶ Difficult to not have an opinion

- ▶ -What would you do if it were your pet?"
- ▶ "My position may not be identical to yours so that may not be a fair comparison – but here are some things to think about..."



- ▶ Consultant time and experience
- ▶ Owner ability and availability
- ▶ Assessment and probable outcomes
- ▶ "Does this fit?"
- ▶ "Can you?"
- ▶ "Do you want to?"



- ▶ 67 cases of canine fear related aggression
- ▶ Unstructured follow-up (#25)
  - ▶ Contact "as needed"
- ▶ Structured follow-up at 10, 30, 60 days (#42)
  - ▶ Provide update regardless of need
  - ▶ Contacted if client did not initiate follow-up
- ▶ Survey 6-16 months after appointment

Radosta-Huntley L, Shofer F, Reisner I.  
 Comparison of 42 cases of canine fear-related aggression with structured clinician initiated follow-up and 25 cases with unstructured client initiated follow-up. *Applied Animal Behaviour Science* 2007;105:330-341.

- ▶ Structured follow-up clients:
  - ▶ Greater improvement in aggressive, anxious and fearful behaviors
  - ▶ Greater accessibility of Behavior Clinic staff
  - ▶ Accessibility affected outcome of treatment
- ▶ No difference:
  - ▶ Incidence of biting between groups in 6 month period
  - ▶ Disposition of dog (euthanasia, retention, rehome)

- ▶ Client role in treatment
- ▶ Skill set
- ▶ Anthropomorphism, anthropocentrism
- ▶ Human animal bond
- ▶ Direct obstacles
- ▶ Adherence to treatment



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Thank you for your attention!