Every Pet Has a Person: Behavioral Care for the Entire Family

JEANNINE MOGA, MA, MSW, LCSW
NORTH CAROLINA STATE UNIVERSITY

CHRISTOPHER PACHEL, DVM, DACVB
ANIMAL BEHAVIOR CLINIC
Objectives

- To better understand the human components of animal behavior problems
- To identify the most common issues influencing owner capacity to understand behavior issues and comply with treatment recommendations
- To provide a model for how veterinarians can partner with, and refer to, social services professionals and community resources
- To review the dynamics that make evaluating and treating animal behavior problems challenging for clinicians, allied professionals, and families
What is the *Human-Animal Bond*?

- **Attachment/relationship involving reciprocity, mutuality and endurance** (Lagoni et al, 1994)
- **Attachment and commitment to maintaining relationship** (Johnston et al, 1992)
- **Undesirable animal behavior is a significant threat to attachment and commitment**
• *When animals become part of a human family in both name and role, changes in family structure and function will influence animal behavior and well-being (and vice versa)*

• *We cannot understand or influence an animal behavior problem apart from the family processes that contribute to it*
Pets and Family Health

- Animals are part of the emotional fabric of families (Albert & Bulcroft, 1988; Gage, 1987)
- ↑ happiness and expression of affection in homes with pets (Cain, 1985)
- Pets mediate family interactions, buffer conflict, and reinforce family identity (Cain, 1983; Cain, 1985; Strand, 2004; Tannen, 2004)
- Family violence, child abuse, elder abuse often co-occur with animal abuse/neglect (DeGrue & Dillio, 2009; DeViney et al., 1983; Faver & Strand, 2003)
- Dog bite rate is 11x higher in families with a history of violence (DeViney et al., 1983)
It’s All About the Tools
Behavior Medicine in Family-Centered Practice

- Detailed assessment procedures for interrelated behavior issues
- Integration and consultation with human services professionals when cases require additional skill/support
- Supportive and flexible methods for euthanasia
Behavioral SOAP

- Borrow heavily from family systems practitioners
- Look beyond primary description of the behavior problem
- What else is going on and how might that information be useful here?
Behavioral SOAP

- “S” = Subjective data
- What is the client telling you about the problem and its triggers?
- Historical data
- Concurrent life challenges
- Discrepancies in problem description
- Who bears primary responsibility for the animal (and treatment)?
- What is at stake if the problem can’t be solved?
“O” = Objective data

What do you notice about the family system during the initial consultation?
- nonverbal cues
- positioning of family members
- patterns of interaction
- animal’s response to family processes
Behavioral SOAP

- “A” = Assessing the problem
- What is the diagnosis?
- What approach to treatment is required for the condition?
- What is the level of risk with this condition? What safety issues are present?
- What are the family’s strengths and weaknesses?
- How likely is the system to successfully implement treatment plan? Adhere to it?
- What barriers to implementation exist?
Behavioral SOAP

- “P” = [Treatment] Planning
- What are the recommendations and what does the family agree to (behavior modification, medication, safety measures)?
- What needs to occur in the household for the behavior problem to improve/resolve?
- What will success look like?
- What is the client’s bottom line?
- What additional support is necessary?
What a Therapist Might Ask:

- To what degree is the animal considered in family processes?
- Do family interactions change when the animal is present? Absent?
- What does the animal’s presence in the family mean for:
  - Boundaries
  - Expectations and rules
  - Enactment, scapegoating, & triangles
  - Perpetration
  - Family stories
Keys To Remember

- Explore the relationship, the level of attachment, and the level commitment
- Look for family system correlates and always rule out family violence
- What needs to change in the family to support behavior change in the animal? Is such change possible?
- What non-veterinary resources might the family require?
Animal Behavior Tx: The Human Element

- Client’s perceptions of the problem and its cause
  *Anthropomorphism/anthropocentrism*

- Client’s experience with — and capacity to understand -- behavioral tx/mgmt
  *Popular culture and media*

- Client’s capacity to undertake tx:
  - physical
  - emotional
  - cognitive
“Sophie”

- 5yr old f/s Golden retriever
- Multiple anxiety conditions
  - Separation anxiety, confinement aversion, noise phobia
- Additional information
  - Owned by single adult woman
  - Left alone every day for ~8hrs during work day
  - Reacts to owner’s departure even if other people present
  - Frequent attention seeking behavior (LOTS OF IT)
  - Escalation after changing interaction style (“Cesar’s Way”)
“Sophie”

- Treatment recommendations included:
  - Independence training
  - Calm departure/greeting routine
  - Household management
  - Appropriate exercise
  - Leadership
  - Relaxation exercises
  - Desensitization 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?
Identification of treatment barrier
- Owner unable to provide consistent direction and cues
- Pattern of responding to Sophie
  - Reactive rather than directive
- Escalation whenever she changed their interactions – even more unpredictable!
“Sophie” – Enter Jeannine...

- Open discussion of work/job responsibilities
- Try to understand owner ability to implement treatment plan
- Provide additional information about canine social dynamic to emphasize the need for human leadership for anxious dog
- Capable of being a leader or not?
“Sophie”

- 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 ANY situations...
“Sophie” – Solution?
“Sophie” – Solution?

Do You Wanna?
“Sophie” – Solution?

Do You Wanna?
“Sophie”

- Dramatic decrease in anxiety
- Weaned off all medications
- Ongoing positive response for several weeks

- Consistent response with ongoing implementation

- Difficulty sustaining treatment in midst of family health issues
“Bart”

- 18 month old
- M/N West Highland White Terrier
- Presented for:
  - Aggression to 9 year old son
“Bart” – Additional information

- Owners both work out of the home
- 13yr old son, 9yr old son
- Dog gets along great with 13yr old
- 2 injurious bites to 9yr old within past 10 days
- Kids are home alone with Bart for several hours each afternoon after school
- Summer vacation is rapidly approaching
“Bart” - Diagnosis

- Competitive/conflict aggression
  - Resource guarding with stolen objects
  - Aggression if 9yr old nearby during feeding time
  - Growls/snaps if disturbed while resting
  - Intolerant of physical manipulation from certain people
  - Bites happened in context of close physical interactions

- RISK ASSESSMENT!!! – Significant concerns based on current management and aggression history
“Bart” – Treatment plan

- Direct adult supervision of all interactions between Bart and kids
- Basket muzzle training
- Avoid trigger situations / body language cues
- Daily exercise – GL/standard leash
- Leadership program
- Gradual incorporation of 9yr old into care responsibilities (SUPERVISED)
“Bart” – Treatment plan

- “We depend on our kids to be independent”
- “We can’t supervise them all the time”
- “We can’t keep them separated”

**Unable to come to family consensus**
- 9yr old – afraid of dog, unwilling to interact
- 13yr old – doesn’t see any reason to change
- F owner – confrontational response, needs to depend on kids
- M owner – non-compliant with supervision
“Bart” – Enter Jeannine...

• **3 primary concerns**
  - Inconsistencies in individual family member interactions; inconsistent motivation to implement treatment plan
  - 9yr old’s unwillingness/inability to engage suggests underlying fear that is unacceptable for a child in his own home
  - Inability to manage consistently in all situations places 9yr old at risk

• **Direct communication with Jeannine**
  - (1 month for owner to call/schedule)
“Bart” – End result?

- Surrendered to humane society
- Unknown whether he was placed in another home or euthanized
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- What do you think?
- More we could do?
- How do you feel about the end result?
“Dancer”

- 4yr f/s DSH
- Presented for urination out of litter box
- Intermittent, unpredictable frequency
- Elimination on wall to wall carpeting
- Adult male and adult female owner
“Dancer”

- Additional information
  - Severe agitation from male owner during in-home consultation
  - Resistant to increased cleaning or additional boxes
  - Emotional conflict between owners during consultation

- Follow up call:
  - “I think my husband may have undiagnosed OCD issues”
“Dancer”

- Reality of situation
  - Likely to have additional incidents
  - No guarantee of success
  - Impact of unpredictable outcome on owner anxiety
- Unable to resolve conflict
- Treatment decisions based more on owner factors than on prognosis of behavior problem

- Thoughts?
Euthanasia or Rehoming

- "Can pet stay safely in home?"
  - NO: EUTHANASIA
  - YES: "Can pet be safely rehomed?"
- "Can pet be safely rehomed?"
  - NO: EUTHANASIA
  - YES: REHOMING
- YES: TREATMENT
When Euthanasia is the Only Option....

- Encourage careful, thoughtful planning
- Facilitate discussion of how to include all family members in the goodbyes
- With children, emphasize safety, responsibility, and “no fault”
- Balance safety with flexibility
- Acknowledge client’s love and devotion to their companion animal
Making a Referral

- Connect to animal-savvy social services practitioners in your community: AAHA Guidelines [https://www.aahananet.org/Protected/HumanSupport.pdf](https://www.aahananet.org/Protected/HumanSupport.pdf)

- Working across systems is preferred – collaboration is most effective when expectations re: roles, boundaries, and confidentiality are understood

- When in doubt, seek consultation from professionals in allied health/mental health fields
Ethical Considerations

- Whose safety comes first?
- What do I do when I become aware of safety issues (human and/or animal) in the home?
- How do safety issues impact confidentiality?
- How do I navigate mandated reporting, especially on an interdisciplinary team?
Questions?