

Association for the Study of Animal Behaviour

Working Party on Certification of Clinical Animal Behaviourists

FINAL REPORT

September 2001

1. Terms of reference.

At the Winter 1998 Council meeting, a small Working Party of ASAB Council members was established to investigate the need for a certification scheme for clinical animal behaviourists in the UK, similar to the Animal Behavior Society (ABS) Board of Professional Certification in the USA. Consultation with a wide range of related professional bodies and practitioners in early 1999 revealed extensive support for an independent certification scheme administered by a learned society. At the Spring 1999 Council meeting it was agreed that the Working Party should be enlarged to include representatives of other interested organisations, as follows: International Society for Applied Ethology (ISAE), Association of Pet Behaviour Counsellors (APBC), United Kingdom Registry of Canine Behaviourists (UKRCB), British Psychological Society (BPS), Royal College of Veterinary Surgeons (RCVS), and the Companion Animal Behaviour Therapy Study Group, which is an affiliated group of the British Small Animal Veterinary Association (CABTSG).

The remit of the enlarged working party was to establish the basis for a certification scheme, taking into account the interests of relevant professional and trade organisations, and make recommendations as to how it might be administered.

2. Background.

2.1 The profession of "pet behaviour counsellor", or "companion animal behaviour therapist", and similar titles, first appeared in the UK in the late 1970s. Although the treatment of animal disease is normally carried out by veterinary surgeons, the first practitioners in the UK were mainly not vets, and had backgrounds in comparative psychology and/or dog training. The first professional organisation, the APBC, was founded in 1989; a minority of its members are vets. UKRCB, which includes both "behaviour counsellors" and dog trainers in its membership, was founded in 1991. Veterinary surgeons and veterinary nurses interested in behaviour are catered for by CABTSG, which also admits non-vets as associate members.

2.2 Although the APBC in particular has exacting requirements for membership, both APBC and UKRCB are essentially trade associations that exist to promote the interests of their members. CABTSG primarily provides a forum for dissemination of information; its parent body, BSAVA, is the trade association for veterinary surgeons dealing with pet animals. None of these bodies are therefore in an ideal position to run a certification scheme that would be independent of the personal interests of practitioners. In many other professions, the certification of practitioners is run by a different body to that

representing the profession itself, to minimise conflicts of interest (e.g. the General Medical Council and the British Medical Association for human medicine, RCVS and BSAVA/BVA for veterinary medicine; however, the BPS fulfils both roles for psychologists). An independent certification scheme for animal behaviourists is therefore desirable, to establish and maintain standards of professional qualification and conduct, although the trade associations will undoubtedly continue to play a valuable role in supporting these aims.

2.3 Over the past decade, schemes claiming to provide training in "behaviour counselling" and related areas have proliferated in the UK. Many of these are correspondence courses or short courses run over a small number of weekends, offering certificates upon completion, many of which have no academic validation. It is estimated that several thousand people have taken such courses, and while their "qualifications" are not regarded as adequate for membership of, for example, the APBC, many of those who take such courses set themselves up as independent practitioners. The support for the ASAB Working Party from the more responsible elements of the profession was largely driven by a desire to establish unequivocal standards of education and training.

2.4 It was also clear that the relationship between the professions of "behaviour counsellor" and veterinary surgeon is in need of some clarification. In some parts of the world, notably France and some States within the USA, legislation regulating the veterinary profession has been interpreted to include mental disorders: taken to extremes, this would outlaw the practice of behavioural therapy by non-vets. At present, very few veterinarians have specialist qualifications in behaviour; the American College of Veterinary Behaviorists had only about 20 members in 1999, and there is no formal specialism in veterinary behaviour in the UK; attempts are being made to establish a European College for veterinary behaviourists. Currently, animal behaviour forms a very small part of the undergraduate veterinary curriculum in the UK, and few vets have in-depth knowledge of behaviour. There is therefore scope in the UK for a profession of non-veterinary behaviourists, who would work closely with veterinary surgeons, particularly because only vets can currently prescribe psychoactive drugs. The veterinary representatives on the Working Party have indicated that the veterinary profession in the UK would welcome a standard for behaviourists to whom they could refer with confidence. Until the veterinary profession adopts its own specialisation in behaviour, it is likely that some vets would wish to attain the same certification, so that it would be beneficial if any scheme that was devised could be open to both vets and non-vets, while recognising that it is the non-vets for whom professional standards do not currently exist.

2.5 Such a scheme has been run by the Animal Behavior Society for over a decade; although it has comparatively limited membership, it includes both vets and non-vets. Further information can be found at <http://www.animalbehavior.org/Applied/>

2.6 A small number of BPS members (Chartered Psychologists) practice as "pet behaviour counsellors", but the majority of pet behaviourists currently in practice do not have qualifications in psychology recognised by the BPS. The BPS Guidelines for members working with animals are largely concerned with the use of animals in

psychological research, and refer only in passing to "psychologists...asked to advise on therapy for animals whose behaviour is disordered or inconvenient". Prior to the establishment of the ASAB Working Party, there does not appear to have been any formal dialogue between BPS and RCVS as to how the interface between their respective professions might be managed.

3. Consultations with other organisations.

Several organisations were consulted on the basis that some of their members refer to themselves as "behaviourists". A formal consultation meeting was held on May 3rd 2000, with representatives of the Kennel Club, the Association of Pet Dog Trainers, the Canine & Feline Behaviour Association, the British Institute of Professional Dog Trainers, and the Federation of Dog Trainers and Canine Behaviourists. A draft of the Definition of a Clinical Animal Behaviourist (see Appendix) was discussed, in order to indicate the differences between this proposed profession, and dog trainers.

3.1 The APDT, the BIPDT and the FDTCB broadly welcomed the proposals. The CFBA, which appears to be a small organisation with approximately five members, declined to take any further part in the consultations.

3.2 The British Equine Veterinary Association and the Equine Behaviour Forum did not respond to the invitation for consultation, and it was decided at the July 2000 meeting of the Working Party to restrict the terms of reference to the clinical behaviour of small companion animals, while leaving open the possibility of including those treating horses, at some later date.

3.3 Further consultation took place with the Kennel Club, which launched its own Accreditation Scheme for Instructors in Dog Training and Canine Behaviour in March 2001. An earlier draft of this scheme had appeared to cover only dog training and the instruction of dog trainers; the Working Party expressed disquiet at the addition of the term "Canine Behaviour" to the title, as it appeared to encourage overlap with its own proposals, but following further correspondence with the KC the Working Party, with some reservations, accepted that the two schemes could exist side-by-side.

4. Documents produced

The majority of the business conducted by the Working Party was the drafting of three documents, which propose a set of standards which the new professional body might adopt. The Working Party decided that these should be made explicit from the outset, because of the widely varying definitions and standards of education and experience among those currently calling themselves "behaviour counsellors" or "behaviourists" (see 2.3 above).

4.1 It was considered essential that these standards should be acceptable to the several existing professional bodies that have an interest in this area (see 2. above). The issue on which opinions varied most widely was the relationship between the Clinical

Animal Behaviourist and the veterinary profession, in particular the extent of, and mechanisms for, liaison over individual cases. For example, members of the APBC currently take cases only on referral from the client's veterinary surgeon, whereas the BPS Code of Practice allows Chartered Psychologists to work independently.

4.2 Concurrently with the working party, the RCVS has been examining proposals for changes to the law, which would allow "trained persons other than veterinary surgeons to make their contribution in areas where at the moment it is unlawful for them to do so" (RCVS "Delegation of Acts of Veterinary Surgery" June 2000). The RCVS Code of Practice currently states that "Behavioural treatment does not involve an act of veterinary surgery unless medication is used", *i.e.* non-vet animal behaviourists in the UK are currently working within the law with respect to treatment. Diagnosis of behavioural disease falls within the Veterinary Surgeon's Act, although since there is no clear definition of what constitutes disease in this context, the Working Party was unable to resolve this issue; the extent to which behaviour counsellors and canine behaviourists in the UK currently involve vets in "diagnosis" varies widely, and RCVS has not, as far as we are aware, made any formal representation to behaviourists who *de facto* make their own diagnoses.

In addition, there are areas where two-way communication between behaviourist and vet during treatment could be essential for protecting the welfare of the animal, such as (a) a behavioural disorder which requires treatment with psychoactive medication, which can only be prescribed by a veterinary surgeon, (b) the use of non-prescription (*e.g.* herbal) medication by the behaviourist, which might interact with other medication prescribed by the vet, or be inappropriate in certain pre-existing medical conditions; (c) the diagnosis of pathologies which present with predominantly behavioural signs, which a behaviourist might attempt to treat by behaviour modification.

4.3 The wording of the "Definition" (Appendix) is therefore a compromise between the veterinary perspective, focussed primarily on the welfare of the animal, and a professional perspective, permitting the behaviourist to act on an equal footing to other professions. Concern was expressed that, since professional certification would need to be attractive to practitioners to command the necessary depth of support, it should not impose any more constraints in relation to veterinary referral than, for example, the Kennel Club Accreditation Scheme. It was accepted that further modification and/or amplification may be necessary when the principles expressed in the Definition are incorporated into a Code of Practice for behaviourists.

5. Recommendations

5.1 Although the existing professional bodies have striven to establish adequate standards, the proliferation of self-styled "behaviourists" makes it difficult for pet owners to select a competent specialist to deal with their animals' behavioural disorders. To a lesser extent, this is also true for many veterinary surgeons who wish to decide who best to refer their clients to for behavioural treatment. We **recommend** that a code of practice

for behaviourists, and a set of standards for education and training, would, if widely adopted, address these concerns.

5.2 We **recommend** that a professional body for Clinical Animal Behaviourists should be established in the UK. This could be:

- (a) administered by ASAB, *c.f.* the Board of Professional Certification maintained by ABS.
- (b) administered by another learned society, such as ISAE.
- (c) be an independent body.

Formal links should be maintained with any of the bodies represented on the working party which wished to continue to be involved.

5.3 We **recommend** that a Steering Committee for the certification body should be established, its precise composition depending on which of the three options a) - c) was adopted. This Committee would form the basis for the governing body of the new organisation, with the initial responsibility of drawing up a code of practice, a Constitution if appropriate, and criteria for initial registrations as Certified Behaviourists.

5.4 It is hoped that once established, the professional body for Animal Behaviourists could be incorporated within the new legal framework proposed for the veterinary profession in the UK, so that RCVS could advise veterinary surgeons to preferentially refer clients to its members for behavioural consultation. We **recommend** that dialogue should be maintained with RCVS with the aim of ensuring this.

Appendix.

Certified Companion Animal Behaviourist: a proposed definition

A Certified Companion Animal Behaviourist (CCAB) has expertise in dealing with companion animals that have developed behaviour incompatible with domestic circumstances.

A. This behaviour may have resulted in one or more of the following:

- 1. A decrease in the quality of life of the owner, the animal and/or other animals or people within the household
- 2. Threat or potential threat to human or animal safety
- 3. Nuisance or perceived nuisance to members of the public

B. This behaviour may be a reflection of one or more of the following:

- 1. Abnormalities in the development of behaviour
- 2. Owner misperception of behaviour or inappropriate interaction from the owners
- 3. Inappropriate species-typical or learned behaviour, or problems arising from inadequate or inappropriate training earlier in life, recognising that instances where a deficiency of prophylactic procedures such as house training and

obedience training is the sole cause of the problem are the primary province of animal trainers and training instructors

4. Systemic or central medical problems. These are the province of the veterinary surgeon, but the CCAB is able to provide complementary expertise in cases which also involve elements outlined in 1-3
- C. The role of the CCAB includes the following:
1. Determining the cause of the behaviour problem
 2. Liaison with veterinary surgeons to ensure that any medical causes of the behaviour problem are addressed
 3. Referral, if appropriate, to other specialists, including veterinary surgeons, Chartered Psychologists, or animal trainers. Participating in a case team where appropriate.
 4. Counselling and empowering owners to implement behavioural therapy
 5. Providing ongoing support and follow-up
- D. Treatment will take due consideration of the welfare of the animal as well as the concerns of the owner. Consultation with other professionals, particularly veterinary surgeons, will be undertaken to ensure that these considerations are met.
- E. The approach will be case by case, based on current scientific principles within the fields of:
Learning theory, physiology, with an understanding of psychopharmacology, ethology, behavioural ontogeny, animal welfare science, human psychology, and law relating to companion animals.
- F. Certified individuals will be insured and accountable. They will have completed approved training so that they have an understanding of the principles applicable to all relevant vertebrate species, but will be required to indicate on the register those species in which they have acquired particular expertise. They will be required to keep up to date with developments in their field through an approved scheme of continuing education.
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