An introduction to cooperative care training

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Intended learning objectives:

By the end of this session, it is hoped that participants will be able to:

- Understand the rationale for adopting positive ways of interacting with patients
- Articulate considerations for taking an empathic, respectful and compassionate approach to patient care
- Explain the importance of careful environmental and antecedent arrangement to reduce stress
- Appreciate reasons for choosing positive reinforcement behaviour modification techniques
- Discover how to employ day-one practical techniques, be the patient's advocate, and to provide support and education to caregivers and peers on patient-friendly practice

Introduction

An animal's behavioural health and emotional welfare is dependent on its physical health, and vice versa. It's frequently difficult to untangle which is which - and perhaps we shouldn't try to! After all, they are inextricably linked and co-dependent. This is why keeping patients under our care as unstressed and in as positive emotional state as possible can help us, as well as them. Thus, a patient-friendly approach to practice is optimal for all involved, and cooperative care training can be a large and useful part of this.

What is patient-friendly practice?

Patient-friendly practice could be described as any/all of the following:

- Addressing positive ways for veterinary staff interact with/behave toward patients – the cornerstone of cooperative care;
- Taking an empathic, respectful and compassionate approach to patient interactions;
- Environmental and antecedent arrangement to reduce distress;
- Positive reinforcement behaviour modification techniques – including cooperative care training;
- Recognition of and response to the patient's emotional needs – integral to consent-based interactions;
- Caregiver education and support;
- Peer teaching and support;
- Considerate, gentle handling of patients;
- Proactive preparation of the patient for veterinary visits where possible;
- +/- The judicious use of medications to prevent suffering and facilitate necessary procedures, etc.

All with the aim of reducing patient distress, promoting positive veterinary experiences and doing no harm.

The alternative to the above-described approach is based in enforced physical handling and restraint, which may range in levels of force used. These techniques often involve restraining/forcing animals into positions, sometimes for extended periods, and imposing procedures which may be mildly to moderately distressing +/- painful in and of themselves, and which restrict patient choice and autonomy. This may often necessitate patients' use of escape/avoidance behaviours, which may in turn induce the use of more force as vet staff attempt to control the patient and avoid injury to themselves/the patient +/- caregiver. Whilst rarely carried out with the intention of doing harm, this has traditionally been a common approach to veterinary handling and management of patients, and which may cause distress to patients and staff alike. Veterinary surgeons and nurses may receive scant training and education regarding animal behaviour during their credentialing and qualification processes, especially in the field of welfare-centred practice. Therefore, by learning about patient-friendly practice, and cooperative are training, we can start to make a real difference to in-clinic welfare – especially if we take a multidisciplinary approach. Cooperative care interactions and training can play a positive part, not just in preparing patients in advance of veterinary visits, but also across *all* of our interactions and interventions with patients. This includes how we set up the environment, educate caregivers, interact with patients, and teach them desired skills.

What is cooperative veterinary care?

Cooperative care can be thought of any kind of interaction or training with animals which involves a level of consent, animal involvement, or collaboration on their part. It is the opposite of the "traditional" ways of "Just getting things done", i.e., where animals are forced into positions, placed in uncomfortable situations or procedures, where they may feel anxious or frustrated, or have procedures or interventions enforced. It gives the animal a choice and a voice, which is recognised, respected appropriately responded to by the human end of any given interaction.

Whilst working towards cooperative patient care where proactive training is involved, it should be acknowledged that learning is happening all the time, and we are *always* teaching, whether we mean to be or not! Ideally, we want this to be mindful and planned positive reinforcement training to help animals be comfortable with and collaborate in their husbandry procedures and care interventions, setting up a conducive environment, and individualising our patient care to the animal in front of us. We want to avoid inadvertent teaching which may sensitise patients, thus causing distress, or emotional behaviours which may be welfare- and/or safety-deleterious to the patient or to veterinary staff. Instead, we aim to teach a variety of skills, e.g., for animals to calmly and comfortably accept human proximity, touch, restraint, or any kind of invasion of their personal space. These behaviours often involve learning comfort in prolonged stillness in a given position and/or with human interactions or handling, having equipment near or on the body, calm acceptance of novelty, as well as how to "use their voices" to be "heard" so as to avoid the need to escalate to potentially unsafe behaviours.

Additionally, training may involve teaching animals to proactively take part in their care, for example by offering body parts, voluntarily holding in specific positions, leaning into equipment, entering/exiting or getting onto or into equipment, and so on.

Cooperative care training is taught with positive reinforcement, so that animals feel comfortable, relaxed, and in control when learning about necessary husbandry and interventions. Building novelty and variability into our training is especially important, as – whilst we are not always able to emulate exact contexts, interactions procedures, etc. – we can prepare patients to take the unfamiliar and ever-changing veterinary contexts and interactions, e.g., the novel/varied noises, sights, scents, changing environments, different types of human proximity/interactions and/or physical sensations encountered in the veterinary environment. This could perhaps involve use of household/non-veterinary items and handling to emulate different equipment to be expected in a veterinary clinic to carefully condition many different types of experiences as harmless, or – even better - positive. Cooperative care training isn't just about teaching animals - ideally, both human and patient skills are built and practised to fluency, and - initially – outwith the environment or situation where care or veterinary interventions would take place, then gradually integrated. The aim being for people and pets to practice a given skill many, many more times for every one time the behaviour is needed.

Skills for humans could include recognition of and response to emotional states; setting up of patient-friendly environments; observation; mark and reward timing (e.g., "clicker" training); capturing and shaping (training skills to build and progress behaviours); targeting; reinforcement delivery; training planning; criteria and goal-setting; patient advocacy; and ethical decision-making. Skills for animals could include stationing or settling, attention to the handler, calm acceptance of novelty or handling of their bodies, offering of body parts (potentially "sold" to clients as "tricks"!), targeting of body parts, understanding the concept of duration, and working with novelty and distractions.

Veterinary staff members and caregivers, alongside trainers/behaviourists, working together as a team is vital to embrace the concepts of patient-friendly veterinary practice and cooperative care techniques. A multi-disciplinary team allows provision of the best care possible, using an evidence-based approach to patient care in a safe, respectful and efficient way. Ideally, cooperative care training would be begun as part of early-life teaching, +/- on adoption of a new pet, with a diversity of behaviours being proactively built and maintained throughout life. Many of the skills are simple, can be fun and augment the human-animal bond, as well as being useful and welfare-centric. Working with an appropriately qualified, experienced and regulated behaviourist and/or trainer is often a useful recommendation. Without the right support and expertise, caregivers should not be tasked with trying to train pets who have already had negative experiences, are anxious, or have existing health or behaviour problems. Collaborating with para-professionals will augment patient care, ensuring a multi-disciplinary approach, and will support clients to work with their pets. Having behaviourists +/- trainers work with the client and veterinary team, in addition to careful planning to proactively teach desired skills and associations, problems can be retrospectively addressed, allowing individualised a cooperative care training program for each pet, and optimising the care we can offer as a team. This builds mutual trust, which enhances the reputation of all, and allows everyone to help more pets stay well and happy! This, of course, is not only better for patients, but it makes life easier and safer for veterinary staff, allows pan-team learning and support, and builds great team relationships across the veterinary ↔ caregiver ↔ patient ↔ trainer/behaviourist connection.

What is consent?

When we think about cooperative care interactions and training, perhaps considering the term "consent" rather than "cooperation" is more appropriate. "Cooperation" can carry connotations of necessity to comply, whereas "consent" requires permission for something to happen, or mutual agreement to do something. Thus, in cooperative care, we should aim for our interactions to consensual, with the animal always being given the choice to interact, or opt in. Patients' choices should be recognised and respected, regardless of whether they are perceived to be desirable – particularly in the context of a "real time" care procedure, e.g., at the clinic. Consent and patient opt-in is particularly important when preparing training plans. We should consider our own behaviour – i.e., how we might need to change what we do and how we do it, so as to respond to the animal – just as much as we consider how we wish the animals behaviour to be. Being adaptive and patient-led is key to success.

Working towards welfare-centred practice and consent-based interactions - the practicalities:

First make a plan: In day-to-day vet care, before addressing or interacting with a patient, veterinary staff should have an intended outcome in mind, as well as a contingency plan for if things to not go as hoped during handling and carrying out of procedures. This can be as simple as thinking through the procedure to be carried out, planning where to work, gathering all the necessary equipment so that it is to hand and within reach, as well as how the patient is to be approached and handled. Minimal, if any, physical restraint is ideal, with gentle and respectful handling and control being planned for, always trying to be patient-led.

Triage interventions – what matters NOW? This will help to minimise the distress of interventions, starting with easier intended procedures, and/or deciding on clinical "wants versus needs". "Wants" can usually wait, or be re-planned for another time, whereas "needs" should be proceeded with in a cautious and respectful way, considering individualised interactions, dependant on the patient in front of you.

Pause and assess communication signals and behaviour - notice and respond: A good knowledge of species-specific behaviours and ethology is important, as is discovering individuals' preferences. The patient's emotional state may be inferred by its observable behaviours and so-called "body language", which should be assessed before starting to interact with it. Patients may communicate emotions subtly, perhaps signalling intent, aiming to gain distance from a perceived threat, or achieve proximity to something desired. Knowledge of the likely current emotional state and motivations of the patient before any interventions allow staff to prepare, and to keep everyone physically safe and emotionally comfortable. Recognition and response to patients' emotional states and communication not only allows for better welfare in that moment, but is an integral part of consent-based interactions.

Be patient-led: If patients are thought to be relaxed and emotionally comfortable, then staff may proceed cautiously in their handling and interventions, or training plans, always watching for outward signs of moment-to-moment "dialogue" with the individual pet as they work. Care should be taken to allow the patient as much choice and control as possible (or at least the illusion of it within the veterinary context), to prevent causing emotional conflict and escalation of behavioural signs that may lead to problems for the pet and the staff. Calm is key - if patients are already emotionally aroused (anxious, fearful, frustrated, or even "excited"), there are more likely to be problems with handling and difficulty in successful training.

What are you training? As important as it is to mindfully approach patients in "real" contexts, having a plan for what we want to achieve and how we are going to do it, preparing for what we are going to train and how we aim to get there is vital before we begin. Consider the type of training methods we might use - for example:

- Would luring with food (or something desired by the animal) be useful or appropriate (and is that ethical/respectful, and/or is there a risk it could it cause conflict or danger?)?
- Should we work with capturing, shaping or targeting, a combination of some/all to achieve a particular behaviour?
- What does the desired behaviour look like - exactly?
    - Are there any particular skills or foundations the animal needs to learn first?
    - How will the behaviour and context look in the veterinary environment – the same/different?
    - What are the steps we need to get there?
- How are we going to generalise that behaviour, so as to make it a diverse and variable experience, which may emulate the veterinary environment or type of interactions the patient may undergo?
- What will the reinforcers be - we need to ask the learner! What is our reinforcement strategy?
- Are we proactively teaching something for future use, in an emotionally healthy animal (e.g., so-called "life skills"), and what repertoire might the animal need?
- Are we retrospectively trying to help an animal who has already had a bad experience, or who has had gaps in their learning (e.g., through use of techniques such as desensitisation, counterconditioning, operant teaching, or – likely – a combination of all, to treat problem behaviours)?
- Are we being proactive, or are we aiming to teach "on the fly", e.g., if we have an emotionally comfortable animal in front of us, and we are trying to ensure they have the best possible "real time" experience, no negative experiences, and learn positive associations as we are doing our jobs, and working around them? E.g., through appropriate use of so-called "positive distraction" techniques.
- How will we build consent into everything we do? How will the animal show us their "opt in"?
- And - whatever else we are doing, always remembering the animals are learning constantly - how do we make every single interaction - whether in the context of the veterinary clinic, or as part of a proactive training plan, the most positive, least intrusive, and minimally aversive interaction we can.
- Is there anything *we* need to learn, develop skills in or practice, prior to beginning, or having an animal in front of us, ready to train?

By considering all of the above before we begin, we can ensure we make a good plan, which will work well for the animal, as well as ensuring that we have the skill set to carry out the training, and/or perhaps considering collaborating with a paraprofessional (behaviourist or trainer), to ensure the best outcomes for all. Teamwork makes the dream work!

When isn't it appropriate to train or proceed with an intervention? Considering that animals are always learning, whether we mean to be actively training or not, and that we want to ensure each intervention is the most positive, least intrusive and minimally aversive experience possible, we should have a "when to proceed/when to stop" rule structure in place. Much of this will be based on observation of emotional comfort versus discomfort, and responding to that state and the animal's needs in that moment. This may vary depending on the individual,

the intensity of the context or intervention, their learning history, health state, and whether this is a training or a veterinary intervention (or a mixture of both). Of course, training should always be positive, consensual, and there should never be any form of fear, force or coercion. Within the context of "real time" experiences, patients may attempt to hide, avoid, escape and/or struggle if they do not feel safe at the clinic/during veterinary interventions. If escape-avoidance attempts don't work for them, likely outcomes could be aggression or behavioural shut-down (learned helplessness), which are undesirable and problematic for patients and people. Aggression has obvious consequences of injury risk to staff and the patient +/- the client. It also allows the patient to learn from the experience, resulting in them being inadvertently sensitised or taught how to behave earlier or with more intensity the next time they are presented at the clinic, to try and feel safe. If in doubt stop! Reconsider the intervention, triage whether it is a "want or need", and consider whether the animal should be there – i.e., should they go home? Should we re-plan for a better way another day? Do we need to get something done, in which case would anxiolytics +/- sedation or general anaesthesia be most appropriate? How do we prevent negative experiences whilst attending to the patient's physical health and mental wellbeing concurrently?

Physiological stress and emotional distress should be actively avoided as it can have deleterious effects on health/the patient's clinical condition, as well as behaviour and emotional welfare; it can over-shadow or confuse interpretation of diagnostic tests; as well as impacting on future clinic visits; i.e., patient and staff safety, efficiency and welfare; and cause breakdown of human-animal relationships.

Conclusion:

Awareness for improving patients' veterinary experiences is growing. A patient friendly approach, which includes consent-based cooperative care training, is not only considered better for our patients, but it makes working with them easier and safer for staff. It saves time, and makes day-to-day work with animals what we always wanted it to be! Patients' emotional welfare could be argued to be the animal's highest priority, so working to put this at the forefront of what we do, alongside providing the best possible clinical care should be our aspiration, and part of an evidence-based, multidisciplinary, and welfare-centred approach.

Dealing with distressed patients can be stressful for staff, but is also likely to reduce efficiency as these animals takes far more time and energy than those which are comfortable to cooperate willingly. Also, clients seeing the impact of difficult veterinary visits may "vote with their feet" or create negative publicity for the practice. Therefore, cooperative care training can be the "bridge" to prevent and address problems, bring teams together, protect and elevate the human-animal bond, and put the patient at its heart. With time, patience, good planning, professional collaborations and the day-to-day care that all veterinary professionals bring to their work, great things can be achieved, and cooperative care training is only limited by our imaginations and will to achieve thos optimal outcomes!

Sources of information, and suggested further reading:

- Bradshaw, J. and Ellis, S. (2016) *The Trainable Cat - A Practical Guide to Making Life Happier for You and Your Cat.* St. Ives, UK: Penguin Random House.
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- Ellis, S. and Sparkes, A. (eds.) (2016) *Feline Stress and Health - managing negative emotions to improve feline health and wellbeing*. 3rd ed. Tisbury: International Cat Care.
- Handling Cats – Videos for Owners | International Cat Care (icatcare.org)
- Howell, A., and Feyrecilde, M. (2018) *Cooperative veterinary care*. Wiley-Blackwell
    - Related Facebook group: Cooperative Veterinary Care | Facebook
- Jones, D. (2018). *Cooperative Care: Seven Steps to Stress-Free Husbandry.*
    - Related Facebook group: Cooperative care with Deb Jones
- Low Stress Handling® University – The Legacy of Dr Sophia Yin
- Series of videos help caregivers train cats to use asthma inhalers | International Cat Care (icatcare.org)