

**BEVA** 2022 7 - 10 Sept  
ACC, Liverpool

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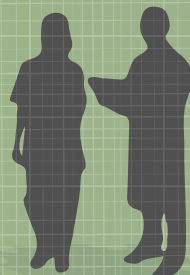
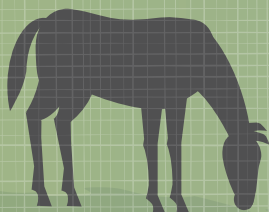
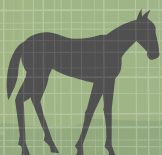
Championing the Equine Vet



**60th**



**Handbook of Presentations**



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## Behaviour

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Equine behavioural medicine is an emerging discipline. While there is ample room for those interested in specialisation, the basic principles and knowledge should be understood and applied whenever we are interacting with one of our equine patients.

### How it began

One of the main reasons I ended up working in this field was a consequence of not getting into veterinary school until my third attempt. In the 2 years in between I worked briefly on a yard before becoming a personal assistant/technician to an equine vet in Doncaster. During this time I developed skills handling tricky horses and became passionate about doing so in the least stressful manner for the horse, which was of course also the safest for me.

### How it progressed

Trying to learn more about how horses behave initially led me down the path of Monty Roberts and then the Parelli training methods. While I undertook these with reasonable success there were still evident gaps in knowledge and understanding of the topic. I started vet school in Glasgow determined to continue behavioural work as part of my career and was also surprised at the old-fashioned teaching on the topic across the undergraduate curriculum (across all vet schools). Thankfully I was then introduced to the International Society for Equitation Science who were promoting an evidence-based approach to training and interacting with horses (<https://equitationscience.com/>). In particular they demonstrated how learning theory (the processes through which all animals learn) can be applied to training horses regardless of if your intention is to train a horse to perform a canter pirouette or to stand still for veterinary care. I applied this new-found knowledge to all of the horses I was working with as a student and then in my first job in equine ambulatory practice in Yorkshire.

### How it progressed further

I then started an internship at the Dick Vet in their first opinion practice, with the aim of going on to complete a residency in equine internal medicine. However, I was very fortunate to be offered a rotating residency programme. This allowed me to develop skills across many aspects of equine veterinary work, but just as importantly made me aware of what I did not know.

During my residency I ran an equine behaviour service and completed an MScR investigating 'Equine Learning Theory and the Horse-Veterinarian Interactions'. It dawned on me that many of the answers to questions I had on the topic of equine behaviour were currently unknown and so further research was needed to answer them. Subsequently I undertook a PhD funded by The Horse Trust entitled 'Stress in Equids Undergoing Veterinary Care and the Development of Interventions that Positively Influence the Horses' Experience'.

### How can someone become an equine behaviourist?

While the field of companion animal behaviour was steadily developing across veterinary practice, the same was not true in the equine sector. Thankfully, during my PhD, a grandfather route was opened up for people to sit the written, oral and practical elements to become a Certified Clinical Animal Behaviourist (CCAB). Now I am pleased to say that the governing body for behaviourists, the Animal Behaviour and Training Council (ABTC) have accredited several courses to allow people to pursue a career in behaviour more easily. The ABTC also have a list of accredited behaviourists on their website, which should be the first point of call for anyone wanting to refer a behaviour case (<https://abtc.org.uk/practitioners/>). There is also now a European College of Animal Welfare and Behavioural Medicine (<https://www.ecawbm.org/>); current specialisation is restricted to behavioural medicine (companion animal) but watch this space.

### What does an equine behaviourist do?

My current workload involves very careful, but also very frantic, plate spinning across the areas I currently work in: seeing clinical equine behaviour cases, undergraduate and postgraduate teaching, outreach and research. When I see a behaviour case, I work it up in the same way as any other discipline would. It starts with taking a history to determine what the unwanted behaviour is, not the owner's interpretation of why it is occurring, and what might be motivating it. This would be followed by an evaluation or examination of the animal; veterinary involvement in this is essential as pain is a component in a large majority of my cases. From this we can develop a list of differential diagnoses and a treatment plan. The treatment will consist of a behaviour modification plan, treatment of any physical contributing factors and sometimes a psychopharmaceutical.