



Jenny Moffett
BVetMed MSc DipMC
SFHEA PGCert MRCVS

SkillsTree Ltd.
Ireland

jenny@skillstree.co.uk

WHERE THERE'S A WILL THERE'S A WAY: PROMOTING CLIENT BEHAVIOUR CHANGE

All vets will have witnessed client behaviour which is not always in their animal's best interests. For example, it is estimated that over half the canine and feline population in Western countries are overweight or obese mainly as a result of over-feeding ⁽¹⁾. Larsen and Villaverde ⁽²⁾ have identified several owner behaviours which contribute to pet obesity. They suggest that owner's food selection is often based on the palatability of diet, which reassures owners their food choice is liked by their pets. However, palatable feeds are typically energy-dense and consumed beyond satiety by pets. It is also fascinating to note that studies have identified a link between pet obesity and owner behaviour associated with humanising pets. For example, in one study owners with obese dogs spent more than half an hour per day watching their dog eat, were more likely to feed titbits, were less concerned with contracting diseases from their dogs and allowed their dogs to sleep on their own bed ⁽³⁾ compared to owners with non-obese dogs. A further finding from the study suggested owners with obese dogs were less concerned with their own nutrition and health, and were in lower income groups ⁽³⁾.

Other studies have demonstrated similar complexities and anthropomorphism with large animals such as horses. In a study conducted by Visser and Van Wijk-Jansen ⁽⁴⁾ where 84.6% of the participants were female, 60.4% of the participants identified their horses as an important 'social contact', and 47.3% stated that their horse was 'like a partner or child to them'. It is believed that these are contributing factors to an equine obesity where nurturing practices often involve over-feeding. Clearly, very complex social, cultural and psychological factors determine client behaviour towards their pets. This can result in very low adherence rates to veterinary recommendations. For example, some studies suggest the rate of adherence to therapeutic diets in small animal practice can be as low as 21% ⁽⁵⁾.

Given the complex factors involved in animal obesity, Churchill ⁽¹⁾ argues for an approach to 'nutritional counselling' with pet owners which recognises the owner's stage of change. She draws on the transtheoretical model (TTM) of change ⁽⁶⁾ to identify five stages of pet owners' preparedness to make changes in reducing pet

obesity. These include: (i) precontemplation, where the owner lacks awareness of the problems associated with obesity and has no intention of making changes within the foreseeable future; (ii) contemplation, the stage in which pet owners recognise the problems associated with pet obesity, but are not yet ready to change their pet management care routines, although have intentions for change within the next six months; (iii) preparation, where action for change is planned for within the next month, and information and guidance about alternative diets, feed management and exercise plans has been sought to facilitate that change; (iv) action, the stage at which change takes place, such as the owner changing diets and/or reducing or eliminating treats; and (v) maintenance, where diet and exercise plans are modified as necessary to achieve or continue the pet's ideal weight. Churchill suggests that at the maintenance stage, pet owners may 'relapse', and require additional veterinary support to return to the action or maintenance stages. Churchill provides a range of examples for matching different interventions at each stage, which focus on identifying the owner's level of commitment to change to customise and monitor weight loss plans. These may include both exploring owner motivation for changing feeding practices and offering practical solutions.

One approach to enhancing conversations which explore reasons for client behaviour and opportunities for behavioural change involves 'motivational interviewing'. Originally developed by Rollnick and Miller ⁽⁷⁾ for application in clinical psychology settings, the approach has now been extended, for example, to managing obesity in paediatric settings ⁽⁸⁾. It involves the practitioner using reflective listening skills involving warmth, empathy and partnership to engage and focus the client to understand their ambivalence towards behavioural change. This supports the client to explore goal-orientated action for behavioural change which is intrinsically motivated. Studies currently being conducted at the University of Bristol are beginning to illustrate the efficacy of this approach within veterinary practice. For example, veterinary training in the use of motivational interviewing techniques with cattle farmers is being developed. These techniques involve vet practitioners supporting farmers to have autonomy and self-determination, as well as confidence in their own competency to initiate changes in their husbandry practices which are likely to prevent and better manage mastitis and lameness within their herds ⁽⁹⁾.

In this presentation we will explore these studies in more detail and consider very practical approaches for using client-centred models which incorporate motivational interviewing techniques to support owner behaviour change, which can lead to higher levels of adherence to veterinary recommendations. The session is suitable for all veterinary staff, including veterinarians, veterinary technicians and support staff.

References

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