

Index

Candidate C

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30. CPDs certificates/proof of attendance are available on request

Name of Applicant: Candidate C

Please refer to the ABTC Guidelines and the ABTC standards prior to completing this form.

Please refer also to the Reflective Accounts Form – one form for each section of Knowledge and Understanding

Overview: ABTC Standard - Clinical Animal Behaviourist

This Standard relates to the clinical application of the science of animal behaviour, and the modification of the behaviour of animals that are demonstrating all types of undesirable, inappropriate, problematic or dangerous behaviour, including those with a potential link to pathologies that require diagnosis in collaboration with a veterinary surgeon.

This Standard involves understanding how to evaluate, prevent or address inappropriate or problematic behaviours within individual animals, through the development of suitable environments and management/treatment regimes that are likely to be effective, based on best practice and scientific evidence. These may be for training rehabilitation or prevention purposes, when caring for the animal or when assisting and advising another person or organisation on undesirable behaviour in their animal/s.

This standard is suitable for those working in the animal care sector, with responsibility for planning and managing humane approaches to the addressing of inappropriate behaviour of animals, and who have an extensive understanding of clinical animal behaviour and the related scientific/clinical literature.

The Veterinary Surgeons Act limits the activities which may be carried out by those who are not registered veterinary surgeons. All activities should be carried out within the constraints of the Veterinary Surgeons Act.

In accordance with the ABTC Code of Professional Conduct, all individual practitioners are required to work within this ABTC Standard and their professional competence. All cases that are or develop beyond the scope of this ABTC Standard should be referred on responsibly (see Code of Professional Conduct section 1.2).

All practitioners should be familiar with the ABTC Standard for their role and that of all other ABTC roles, so that they understand the differences between the roles and refer accordingly.

Knowledge and Understanding	Type of Evidence Submitted* (including Source/Provider if appropriate)	Type of Learning*	Level of Learning* (if known) e.g. 3, 4, 5, 6 or 7	Date(s)	Reflective Accounts Form No* (one per K & U section)
Animal Behaviour					
K1: The ethology of vertebrate animals, including perceptual abilities, maintenance and social behaviours and communication, their function and their motivational basis in the most commonly kept domestic species.	A) Education Provider 1 (EP1) L5 taught online - module 1,2,3 B) Education Provider 2 (EP2) L3 - course taught online - module 1, OCN recognized course C) Education Provider 3 (EP3) taught online - module 1 and 2 D) CLICK EXPO 2022 taught online - talk "Exploring Body Language for Clarity and Understanding" E) AGGRESSION IN DOGS CONFERENCE 2020 taught online - talk "Ethological Contributions to Aggression in Dogs" F) BEHAVIOUR WEEK 2021 course taught online G) Control course taught online H) LLA behaviour works Module 1,6,7 - course taught online	A) A B) A C) B D) B E) B F) B G) B H) B See appendix A for courses module breakdowns	A) Level 5 B) Level 3 C-H) various levels	A) started April 2022 B) completed 12/8/2019 C) completed 23/10/2021 D) completed 30/01/2022 E) completed 04/10/2020 F) completed 04/2021 G) completed 10/2021 H) completed 12/03/2020	RA1 (reflective accounts - separate document)
K2: How to recognise, evaluate and report on the behavioural states of the most commonly kept domestic animals and those that most commonly contribute to the caseload of a Clinical Animal Behaviourist, to include signals indicative of key behavioural states such as fear, nervousness, aggression, ill-health, threat-reduction, play and relaxation.	A) EP1 L5 taught online - module 1,2,3,4 B) EP2 L3 course taught online - module 1 OCN recognized course C) EP3 taught online - module 1,2 D) EP2 aggression course taught in person E) EP2 repetitive behaviour course taught in person F) EP2 Resource guarding course taught in person G) EP2 Separation anxiety taught in person H) Control unleashed conference 2021 taught online - talk "Trust code unleashed" I) Control course taught online J) Behaviour week 2021 taught online K) LLA behaviour works Module 1,6,7 - course taught online	See appendix A for courses module breakdowns A) A B) A C) B D) B E) B F) B G) B H) B I) B J) B K) B	A) Level 5 B) Level 3 C-K) various levels	A) started April 2022 B) completed 12/8/2019 C) completed 23/10/2021 D) completed 2018 E) completed 2018 F) completed 2018 G) completed 2018 H) completed 10/2021 I) completed 12/03/2020 J) completed 04/2021 K) completed 12/03/2020	RA1. (reflective accounts - separate document)

K3: Behavioural ontogeny; to include sensitive periods, socialisation and attachment theory.	A) EP2 L3 module 1- course taught online OCN recognized course B) EP3- taught online module 1,2 C) EP2 aggression course - taught in person D) EP2 Separation anxiety - taught in person E) CLICK EXPO 2023 conference taught online - talk "Rearing puppies"	See appendix A for courses module breakdowns A. A B. B C. B D. B E. B	A) Level 3 B-E) various levels	A. started April 2022 B. completed 23/10/2021 C. completed 2018 D. completed 2018 E. Completed 01/2023	RA1 (reflective accounts - separate document)
K4: The interaction between biological and evolutionary influences and the environment in which an animal is kept, and their roles in the development of behavioural disorders for a range of the most commonly kept domestic animals.	A) EP1 education course taught online - module 1,2,3,4 B) EP2 L3 module 1 - course taught online OCN recognized course C) EP3 taught online - module 1,2 D) Behaviour week 2021 taught online See appendix A for course module breakdowns and more details on CPD	See appendix A for courses module breakdowns A. A B. A C. B D. B	A) Level 5 B) Level 3 C) various levels	A) started April 2022 B) completed 12/8/2019 C) completed 23/10/2021 D) completed 04/2022	RA1 (reflective accounts - separate document)
K5: The process of domestication and its effects on the behaviour of animals and the common interactions between animals and humans and how these can contribute to the development of problematic owner/animal relationship, to include animal abuse, abandonment, animal-hoarding.	A) EP1 education course taught online - module 1,2,3,4 B) EP2 L3 module 1- course taught online OCN recognized course C) EP3 taught online - module 1 and 2 D) Control course E) LLA behaviour works Module 1,6,7 - course taught online See appendix A for course module breakdowns and more details on CPD	See appendix A for courses module breakdowns A. A B. A C. B D. B E. B	A) Level 5 B) Level 3 C-E) various levels	A) started April 2022 B) completed 12/8/2019 C) completed 23/10/2021 D) completed 10/2021 E) completed 12/03/2020	RA1 (reflective accounts - separate document)
Animal Health and Welfare					

K6: The key ethological, psychological and physiological concepts that underpin animal welfare.	A. EP1 L5 taught online - modules 1,2,3,4 B. EP2 L3 taught online - modules 1,2,3,4 OCN recognized C. EP3 taught online - modules 1,2,3,6,7 D. LLA course taught online - modules 1,2,3,4,5,6,7 E. SCIENCE CAMP 2022/1 conference taught online F. SCIENCE CAMP 2022/2 conference taught online G. NATIONAL DOG TRAINING conference 2020 taught online- talk from Dr Holly Root-Gutteridge H. NATIONAL DOG TRAINING conference 2020 taught online - Clive Wynne talk I. BEHAVIOUR WEEK course taught online 2021 J. EP2 CAREER course - taught in person K. EP2 CONTROL course - taught in person L. EP2 rehab course - taught in person M. EP2 BEHAVIOURIST course CONSULTATION AND FOLLOW UP REPORT - taught in person N. EP2 aggression course - taught in person O. EP2 repetitive behaviour course - taught in person P. EP2 separation course - taught in person Q. CLICK EXPO 2022 - talk "Onwards with Start Buttons"	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B L. B M. B N. B O. B P. B Q. B See appendix A for courses module breakdowns	A) Level 5 B) Level 3 C-Q) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Mar 2020 E. Completed Jan 2022 F. Completed Sept 2022 G. Completed May 2020 H. Completed May 2020 I. Completed Apr 2021 J. Completed 2018 K. Completed 2018 L. Completed 2018 M. Completed 2018 N. Completed 2018 O. Completed 2018 P. Completed 2018 Q. Completed Jan 2022	RA2 (reflective accounts - separate document)
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K7: The physiological and behavioural indicators of welfare in vertebrate animals and their limitations and how to use these practically to assess welfare in the commonly kept domestic species.	A. EP1 L5 taught online - modules 1,2,3,4 B. EP2 L3 taught online - modules 1,2,3,4 OCN recognized C. EP3 taught online - modules 1,2,3,6,7 D. LLA course taught online - modules 1,2,3,4,5,6,7 E. SCIENCE CAMP 2022/1 conference taught online F. SCIENCE CAMP 2022/2 conference taught online G. NATIONAL DOG TRAINING conference 2020 taught online- talk from Dr Holly Root-Gutteridge H. NATIONAL DOG TRAINING conference 2020 taught online - Clive Wynne talk I. BEHAVIOUR WEEK course taught online 2021 J. EP2 CAREER COURSE- taught in person K. EP2 CONTROL COURSE- taught in person L. EP2 REHAB COURSE- taught in person M. EP2 BEHAVIOURIST course CONSULTATION AND FOLLOW UP REPORT - taught in person N. EP2 AGGRESSION COURSE- taught in person O. EP2 REPETITIVE BEHAVIOUR COURSE- taught in person P. EP2 SEPARATION. ANXIETY - taught in person Q. CLICK EXPO 2022 - talk "Onwards with Start Buttons"	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B L. B M. B N. B O. B P. B Q. B See appendix A for courses module breakdowns	A) Level 5 B) Level 3 C-Q) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Mar 2020 E. Completed Jan 2022 F. Completed Sept 2022 G. Completed May 2020 H. Completed May 2020 I. Completed Apr 2021 J. Completed 2018 K. Completed 2018 L. Completed 2018 M. Completed 2018 N. Completed 2018 O. Completed 2018 P. Completed 2018 Q. Completed Jan 2022	RA2 (reflective accounts - separate document)
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K8: Welfare considerations in the management and training of animals and in clinical practice.	A. EP1 L5 taught online - modules 1,2,3,4 B. EP2 L3 taught online - modules 1,2,3,4 OCN recognized C. EP3 taught online - modules 1,2,3,6,7 D. LLA course taught online - modules 1,2,3,4,5,6,7 E. SCIENCE CAMP 2022/1 conference taught online F. SCIENCE CAMP 2022/2 conference taught online G. NATIONAL DOG TRAINING conference 2020 taught online- talk from Dr Holly Root-Gutteridge H. NATIONAL DOG TRAINING conference 2020 taught online - Clive Wynne talk I. BEHAVIOUR WEEK course taught online 2021 J. EP2 CAREER COURSE- taught in person K. EP2 CONTROL COURSE- taught in person L. EP2 REHAB COURSE- taught in person M. EP2 BEHAVIOURIST course CONSULTATION AND FOLLOW UP REPORT - taught in person N. EP2 AGGRESSION COURSE- taught in person O. EP2 REPETITIVE BEHAVIOUR COURSE- taught in person P. EP2 SEPARATION. ANXIETY - taught in person Q. CLICK EXPO 2022 - talk "Onwards with Start Buttons"	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B L. B M. B N. B O. B P. B Q. B See appendix A for courses module breakdowns	A) Level 5 B) Level 3 C-Q) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Mar 2020 E. Completed Jan 2022 F. Completed Sept 2022 G. Completed May 2020 H. Completed May 2020 I. Completed Apr 2021 J. Completed 2018 K. Completed 2018 L. Completed 2018 M. Completed 2018 N. Completed 2018 O. Completed 2018 P. Completed 2018 Q. Completed Jan 2022	RA2 (reflective accounts - separate document)
Animal Learning and Training					
K9: The theory of animal learning to include habituation; sensitisation, classical conditioning, operant conditioning, insight and social learning, animal cognition and the concept of consciousness.	A) EP1 L5 Module 1 – course taught online B) EP2 L3 Modules 2, 3, 4 - course taught online OCN recognized C) LLA behaviour works Modules 1, 2, 6, 7 - course taught online D) EP3 taught online - Module 1, 3, 6 E) Science Camp taught online 2022/1	See appendix A for courses module breakdowns A. A B. A C. B D. B E. B	A) Level 5 B) Level 3 C-E) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Mar 2020 E. Completed Jan 2022	RA3 (reflective accounts - separate document)

K10: The theory underlying learned problem behaviour and training techniques.	A) EP1 L5 Module 1 – course taught online B) EP2 L3 Modules 2, 3, 4 - course taught online OCN recognized C) LLA behaviour works Modules 1, 2, 6, 7 - course taught online D) EP3 Module 1, 3, 6 E) Science Camp 2022/1	See appendix A for courses module breakdowns A. A B. A C. B D. B E. B	A) Level 5 B) Level 3 C-E) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Mar 2020 E. Completed Jan 2022	RA3 (reflective accounts - separate document)
K11: The principles and rationale behind the use of the range of behavioural modification techniques, to include systematic desensitisation, counter-conditioning and the use of clickers.	A) EP1 L5 Module 1 – course taught online B) EP2 L3 Modules 2, 3, 4 - course taught online OCN recognized C) LLA behaviour works Modules 1, 2, 6, 7 - course taught online D) EP3 Module 1, 3, 6 E) Science Camp 2022/1 F) SHAPING SKILLS - REINFORCEMENT SYSTEMS - taught online - module 1 G) SHAPING SKILLS - FOUNDATIONAL SKILLS FOR SHAPING taught online - module 2 H) SHAPING SKILLS - WRITING AND IMPLEMENTING SHAPING PLANS taught online - module 3	See appendix A for courses module breakdowns A. A B. A C. B D. B E. B F. B G. B H. B	A) Level 5 B) Level 3 C-H) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Mar 2020 E. Completed Jan 2022 F. Completed Oct 2021 G. Completed Nov 2021 H. Completed Dec 2021	RA3 (reflective accounts - separate document)
K12: The techniques most appropriate for the treatment of a range of common behavioural disorders and learned problem behaviours, the rationale for their use/application, and the strengths and weaknesses of each.	A) EP1 L5 Module 1 – course taught online B) EP2 L3 Modules 2, 3, 4 - course taught online OCN recognized C) LLA behaviour works Modules 1, 2, 6, 7 - course taught online D) EP3 Module 1, 3, 6 E) Science Camp 2022/1 F) SHAPING SKILLS - REINFORCEMENT SYSTEMS - taught online - module 1 G) SHAPING SKILLS - FOUNDATIONAL SKILLS FOR SHAPING taught online - module 2 H) SHAPING SKILLS - WRITING AND IMPLEMENTING SHAPING PLANS taught online - module 3	A. A B. A C. B D. B E. B F. B G. B H. B	A) Level 5 B) Level 3 C-H) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Mar 2020 E. Completed Jan 2022 F. Completed Oct 2021 G. Completed Nov 2021 H. Completed Dec 2021	RA3 (reflective accounts - separate document)

The Interaction between Health and Behaviour					
K13: The functional anatomy and physiology of the vertebrate nervous and endocrine systems and their role in mediating behaviour.	A. EP1 L5 course taught online - module 2,3,4 B. BEHAVIOUR WEEK course online 2021 C. EP2 REHAB COURSE taught in person D. EP2 BEHAVIOURIST course CONSULTATION AND FOLLOW UP REPORT course taught in person E. EP2 AGGRESSION COURSE taught in person F. EP2 REPETITIVE BEHAVIOUR course taught in person G. EP2 SEPARATION ANXIETY course taught in person H. AGGRESSION IN DOGS CONFERENCE online 2020 - talk "Medical Causes and Medication Interventions for Aggression in Dogs from Amy. L. Pike" I. AGGRESSION IN DOGS CONFERENCE online 2020 - talk "The Neuroscience of Aggression from Kathy Murphy" J. IAABC LEMONADE CONFERENCE online 2020 - talk "The Science of Semiochemicals with Dr. Valarie Tynes" K. SCIENCE CAMP conference online 2022/2 L. MENTORSHIP individual with Lynn Hewison and Chirag Patel 16h - taught online	A. A B. B C. B D. B E. B F. B G. B H. B I. B J. B K. B L. B	A) Level 5 B - L) various levels	A. started April 2022 B. completed Apr 2021 C. Completed 2018 D. Completed 2018 E. Completed 2018 F. Completed 2018 G. Completed 2018 H. Completed Oct 2020 I. Completed Oct 2020 J. Completed April 2020 K. Completed Jan 2022 L. Completed Mar 2023	RA4 (reflective accounts - separate documen t)

K14: The concept of neural plasticity and the relevance and influence of environmental and genetic factors in the development of the nervous system.	A. EP1 L5 course taught online - module 2,3,4 B. BEHAVIOUR WEEK course online 2021 C. EP2 REHAB COURSE taught in person D. EP2 BEHAVIOURIST course CONSULTATION AND FOLLOW UP REPORT taught in person E. EP2 AGGRESSION COURSE taught in person F. EP2 REPETITIVE BEHAVIOUR course taught in person G. EP2 SEPARATION ANXIETY course taught in person H. AGGRESSION IN DOGS CONFERENCE online 2020 - talk "Medical Causes and Medication Interventions for Aggression in Dogs from Amy. L. Pike" I. AGGRESSION IN DOGS CONFERENCE online 2020 - talk "The Neuroscience of Aggression from Kathy Murphy" J. IAABC LEMONADE CONFERENCE online 2020 - talk "The Science of Semiochemicals with Dr. Valarie Tynes" K. SCIENCE CAMP conference online 2022/2 L. MENTORSHIP individual with Lynn Hewison and Chirag Patel 16h - taught online	A. A B. B C. B D. B E. B F. B G. B H. B I. B J. B K. B L. B	A) Level 5 B - L) various levels	A. started April 2022 B. completed Apr 2021 C. Completed 2018 D. Completed 2018 E. Completed 2018 F. Completed 2018 G. Completed 2018 H. Completed Oct 2020 I. Completed Oct 2020 J. Completed April 2020 K. Completed Jan 2022 L. Completed Mar 2023	RA4 (reflective accounts - separate document)
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K15: The signs of ill-health and common conditions influencing behaviour and associated veterinary terminology.	A. EP1 L5 course taught online - module 2,3,4 B. BEHAVIOUR WEEK course online 2021 C. EP2 REHAB COURSE taught in person D. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT course taught in person E. EP2 AGGRESSION COURSE taught in person F. EP2 REPETITIVE BEHAVIOUR course taught in person G. EP2 SEPARATION ANXIETY course taught in person H. AGGRESSION IN DOGS CONFERENCE online 2020 - talk "Medical Causes and Medication Interventions for Aggression in Dogs from Amy. L. Pike" I. AGGRESSION IN DOGS CONFERENCE online 2020 - talk "The Neuroscience of Aggression from Kathy Murphy" J. IAABC LEMONADE CONFERENCE online 2020 - talk "The Science of Semiochemicals with Dr. Valarie Tynes" K. SCIENCE CAMP conference online 2022/2 L. MENTORSHIP individual with Lynn Hewison and Chirag Patel 16h - taught online	A. A B. B C. B D. B E. B F. B G. B H. B I. B J. B K. B L. B	A) Level 5 B - L) various levels	A. started April 2022 B. completed Apr 2021 C. Completed 2018 D. Completed 2018 E. Completed 2018 F. Completed 2018 G. Completed 2018 H. Completed Oct 2020 I. Completed Oct 2020 J. Completed April 2020 K. Completed Jan 2022 L. Started Nov 2022	RA4 (reflective accounts - separate documen t)
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K16: The interaction between health and behaviour in vertebrate animals.	A. EP1 EDUCATION LEVEL 5 taught online - module 1,2,3,4 B. EP2 L3 taught online - module 1 - OCN recognized C. EP3 taught online - module 1,2,3 D. SCIENCE CAMP 2022/2 taught online E. BEHAVIOUR WEEK 2021 taught online F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person G. IAABC LEMONADE CONFERENCE 2020 - "Intro to Behaviour Medications: What Are They, and How Can They Help? with Jennifer Summerfield, DVM" H. IAABC LEMONADE CONFERENCE 2020 - "Pain Assessment and Management - What Every Owner and Trainer Should Know with Sue Yanoff, DVM" I. MENTORSHIP Lynn Hewison and Chirag Patel 16h taught online J. CPD seminar Psychopharmacology for Separation anxiety with Dr. Chris Pachel K. CPD seminar Lynn Hewinson - Working on referral, medical and medication indicators	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B	A) Level 5 B) Level 3 C-K) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Sept 2020 E. Completed April 2021 F. Completed 2018 G. Completed Apr 2020 H. Completed Apr 2020 I. Started Nov 2022 J. Completed Mar 2023 K. Completed Mar 2023	RA5 (reflective accounts - separate document)
K17: The behavioural consequences of medical disorders.	A. EP1 EDUCATION LEVEL 5 taught online - module 1,2,3,4 B. EP2 L3 taught online - module 1 - OCN recognized C. EP3 taught online - module 1,2,3 D. SCIENCE CAMP 2022/2 taught online E. BEHAVIOUR WEEK 2021 taught online F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person G. IAABC LEMONADE CONFERENCE 2020 - "Intro to Behaviour Medications: What Are They, and How Can They Help? with Jennifer Summerfield, DVM" H. IAABC LEMONADE CONFERENCE 2020 - "Pain Assessment and Management - What Every Owner and Trainer Should Know with Sue Yanoff, DVM" I. MENTORSHIP Lynn Hewison and Chirag Patel 16h taught online J. CPD seminar Psychopharmacology for Separation anxiety with Dr. Chris Pachel	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B	A) Level 5 B) Level 3 C-J) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Sept 2020 E. Completed April 2021 F. Completed 2018 G. Completed Apr 2020 H. Completed Apr 2020 I. Started Nov 2022 J. Completed Mar 2023	RA5 (reflective accounts - separate document)

K18: The evidence for and against a medical component contributing to competing explanations of a behaviour.	A. EP1 EDUCATION LEVEL 5 taught online - module 1,2,3,4 B. EP2 L3 taught online - module 1 - OCN recognized C. EP3 taught online - module 1,2,3 D. SCIENCE CAMP 2022/2 taught online E. BEHAVIOUR WEEK 2021 taught online F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person G. IAABC LEMONADE CONFERENCE 2020 - "Intro to Behaviour Medications: What Are They, and How Can They Help? with Jennifer Summerfield, DVM" H. IAABC LEMONADE CONFERENCE 2020 - "Pain Assessment and Management - What Every Owner and Trainer Should Know with Sue Yanoff, DVM" I. MENTORSHIP Lynn Hewison and Chirag Patel 16h taught online J. CPD seminar Psychopharmacology for Separation anxiety with Dr. Chris Pachel K. CPD seminar Lynn Hewinson - Working on referral, medical and medication indicators	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B	A) Level 5 B) Level 3 C-K) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Sept 2020 E. Completed April 2021 F. Completed 2018 G. Completed Apr 2020 H. Completed Apr 2020 I. Started Nov 2022 J. Completed Mar 2023 K. Completed Mar 2023	RA5 (reflective accounts - separate document)
K19: Psychopharmacology and the mode of action of the major classes of drugs used in clinical animal behaviour, their role and correct application, and constraints and contra-indicators to their use.	A. EP1 EDUCATION LEVEL 5 taught online - module 1,2,3,4 B. EP2 L3 taught online - module 1 - OCN recognized C. EP3 taught online - module 1,2,3 D. SCIENCE CAMP 2022/2 taught online E. BEHAVIOUR WEEK 2021 taught online F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person G. IAABC LEMONADE CONFERENCE 2020 - "Intro to Behaviour Medications: What Are They, and How Can They Help? with Jennifer Summerfield, DVM" H. IAABC LEMONADE CONFERENCE 2020 - "Pain Assessment and Management - What Every Owner and Trainer Should Know with Sue Yanoff, DVM" I. MENTORSHIP Lynn Hewison and Chirag Patel 16h taught online J. CPD seminar Psychopharmacology for Separation anxiety with Dr. Chris Pachel	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B	A) Level 5 B) Level 3 C-J) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Sept 2020 E. Completed April 2021 F. Completed 2018 G. Completed Apr 2020 H. Completed Apr 2020 I. Started Nov 2022 J. Completed Mar 2023	RA5 (reflective accounts - separate document)

K20: The ethics of psychopharmacological intervention and legal position of the Clinical Animal Behaviourist, Veterinary Surgeon and others regarding the diagnosis, prescription and use of drugs and provision of advice.	A. EP1 EDUCATION LEVEL 5 taught online - module 1,2,3,4 B. EP2 L3 taught online - module 1 - OCN recognized C. EP3 taught online - module 1,2,3 D. SCIENCE CAMP 2022/2 taught online E. BEHAVIOUR WEEK 2021 taught online F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person G. IAABC LEMONADE CONFERENCE 2020 - "Intro to Behaviour Medications: What Are They, and How Can They Help? with Jennifer Summerfield, DVM" H. IAABC LEMONADE CONFERENCE 2020 - "Pain Assessment and Management - What Every Owner and Trainer Should Know with Sue Yanoff, DVM" I. MENTORSHIP Lynn Hewison and Chirag Patel 16h taught online J. CPD seminar Psychopharmacology for Separation anxiety with Dr. Chris Pachel K. CPD seminar Lynn Hewinson - Working on referral, medical and medication indicators	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B	A) Level 5 B) Level 3 C-K) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. completed Sept 2020 E. Completed April 2021 F. Completed 2018 G. Completed Apr 2020 H. Completed Apr 2020 I. Started Nov 2022 J. Completed Mar 2023 K. Completed Mar 2023	RA5 (reflective accounts - separate document)
Clinical Procedures					
K21: The range of common behavioural disorders in animals to include phobias, aggression, stereotypies, anxiety related behaviours, and how to identify and critically evaluate contributing factors.	A. EP1 EDUCATION L5 taught online - module 1,2,3,4 B. EP2 L3 taught online - module 1 C. EP3 taught online - module 1,2 D. BEHAVIOUR WEEK 2021 taught online E. AGGRESSION IN DOGS CONFERENCE 2020 talk "Tools for Evaluating Aggression: What Works in the Real World? with Jim Crosby" F. EP2 REHAB COURSE in person G. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person H. EP2 AGGRESSION COURSE in person I. EP2 REPETITIVE BEHAVIOUR taught in person J. EP2 SEPARATION ANXIETY taught in person K. MENTORSHIP Lynn Hewison and Chirag Patel 16h taught online	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B	A) Level 5 B) Level 3 C-K) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. Completed April 2021 E. Completed Oct 2020 F. Completed 2018 G. Completed 2018 H. Completed 2018 I. Completed 2018 J. Completed 2018 K. Started Nov 2022	RA6 (reflective accounts - separate document)

K22: The appropriate application of the principles of ethology and learning theory to the diagnosis and treatment of common problems.	A. EP1 EDUCATION L5 taught online - module 1,2,3,4 B. EP2 L3 taught online - module 1 C. EP3 taught online - module 1,2 D. BEHAVIOUR WEEK 2021 taught online E. AGGRESSION IN DOGS CONFERENCE 2020 talk "Tools for Evaluating Aggression: What Works in the Real World? with Jim Crosby" F. EP2 REHAB COURSE in person G. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person H. EP2 AGGRESSION COURSE in person I. EP2 REPETITIVE BEHAVIOUR taught in person J. EP2 SEPARATION ANXIETY taught in person K. MENTORSHIP Lynn Hewison and Chirag Patel 16h taught online	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B	A) Level 5 B) Level 3 C-K) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. Completed April 2021 E. Completed Oct 2020 F. Completed 2018 G. Completed 2018 H. Completed 2018 I. Completed 2018 J. Completed 2018 K. Started Nov 2022	RA6 (reflective accounts - separate document)
K23: The key principles in human and family psychology, to include attitude theory, processes of inter-personal relationships, grief and bereavement.	A. EP1 EDUCATION L5 taught online - module 1,2,3,4 B. EP2 L3 taught online - module 1 C. EP3 taught online - module 1,2 D. BEHAVIOUR WEEK 2021 taught online E. AGGRESSION IN DOGS CONFERENCE 2020 talk "Tools for Evaluating Aggression: What Works in the Real World? with Jim Crosby" F. EP2 REHAB COURSE in person G. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person H. EP2 AGGRESSION COURSE in person I. EP2 REPETITIVE BEHAVIOUR taught in person J. EP2 SEPARATION ANXIETY taught in person K. MENTORSHIP Lynn Hewison and Chirag Patel 16h taught online	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B	A) Level 5 B) Level 3 C-K) various levels	A. started April 2022 B. Completed Aug 2019 C. completed Oct 2021 D. Completed April 2021 E. Completed Oct 2020 F. Completed 2018 G. Completed 2018 H. Completed 2018 I. Completed 2018 J. Completed 2018 K. Started Nov 2022	RA6 (reflective accounts - separate document)

K24: The principles of effective counselling and how to apply to facilitate and maintain behavioural change.	A. EP3 taught online - module 1,2,3,4,6,7 B. IAABC LEMONADE CONFERENCE 2020 talk "Navigating Difficult Conversations: Client Communications with EP1ion and Efficacy with Dr. Chris Pachel" C. BEHAVIOUR WEEK 2021 taught online D. EP2 CAREER COURSE in person E. EP2 BEHAVIOURIST course CONSULTATION AND FOLLOW UP REPORT - taught in person F. SHAPING SKILLS - REINFORCEMENT SYSTEMS - taught online - module 1 G. SHAPING SKILLS - FOUNDATIONAL SKILLS FOR SHAPING taught online - module 2 H. SHAPING SKILLS - WRITING AND IMPLEMENTING SHAPING PLANS taught online - module 3 I. Internship Doug's Dogs 2018 voluntary work (9 months) J. Internship Friendly creatures 2018 volunteer work and 2019 K. Work experience in my own company and practice since April 2017 until jan 2018 in Brazil and jan 2019 until the current day in the UK. L. Book "Coercion and its fallout" by Murray Sidman M. Book "Crucial conversations" by Patterson, Grenny, Mc Millan and Switzler N. Book "Learning and Behaviour" by Paul chance	A. B B. B C. B D. B E. B F. B G. B H. B I. D J. D K. D L. C M. C N. C	A-N) various levels	A. completed Oct 2021 B. Completed April 2020 C. Completed April 2021 D. Completed 2018 E. Completed 2018 F. Completed Oct 2021 G. Completed Nov 2021 H. Completed Dec 2021 I. From feb 2018 - Dec 2018 J. Jan 2018 - dec 2019 K. April 2017 - March 2023 L. 2021 M. 2021 N. 2021	RA7 (reflective accounts - separate document)
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K25: The range of effective communication skills, both in the collection of relevant information and provision of advice in face to face or remote consultations and communication via telephone, email, letters and reports with clients and relevant professionals, and how to assess and resolve issues relating to client understanding.	A. EP3 taught online - module 1,2,3,4,6,7 B. IAABC LEMONADE CONFERENCE 2020 talk "Navigating Difficult Conversations: Client Communications with EP1ion and Efficacy with Dr. Chris Pachel" C. BEHAVIOUR WEEK 2021 taught online D. EP2 CAREER COURSE taught in person E. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT - taught in person F. SHAPING SKILLS - REINFORCEMENT SYSTEMS - taught online - module 1 G. SHAPING SKILLS - FOUNDATIONAL SKILLS FOR SHAPING taught online - module 2 H. SHAPING SKILLS - WRITING AND IMPLEMENTING SHAPING PLANS taught online - module 3 I. Internship Doug's Dogs 2018 voluntary work (9 months) J. Internship Friendly creatures 2018 volunteer work and 2019 K. Work experience in my own company and practice since April 2017 until jan 2018 in Brazil and jan 2019 until the current day in the UK.	A. B B. B C. B D. B E. B F. B G. B H. B I. D J. D K. D	A-K) various levels	A. completed Oct 2021 B. Completed April 2020 C. Completed April 2021 D. Completed 2018 E. Completed 2018 F. Completed Oct 2021 G. Completed Nov 2021 H. Completed Dec 2021 I. From feb 2018 - Dec 2018 J. Jan 2018 - dec 2019 K. April 2017 - March 2023	RA7 (reflective accounts - separate document)
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K26: The interactions appropriate in professional relationships and how to apply these in practice.	A. EP3 taught online - module 1,2,3,4,6,7 B. IAABC LEMONADE CONFERENCE 2020 talk "Navigating Difficult Conversations: Client Communications with EP1ion and Efficacy with Dr. Chris Pachel" C. BEHAVIOUR WEEK 2021 taught online D. EP2 CAREER COURSE taught in person E. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT - taught in person F. SHAPING SKILLS - REINFORCEMENT SYSTEMS - taught online - module 1 G. SHAPING SKILLS - FOUNDATIONAL SKILLS FOR SHAPING taught online - module 2 H. SHAPING SKILLS - WRITING AND IMPLEMENTING SHAPING PLANS taught online - module 3 I. Internship Doug's Dogs 2018 voluntary work (9 months) J. Internship Friendly creatures 2018 volunteer work and 2019 K. Work experience in my own company and practice since April 2017 until jan 2018 in Brazil and jan 2019 until the current day in the UK. L. CPD seminar Lynn Hewinson - Working on referral, medical and medication indicators	A. B B. B C. B D. B E. B F. B G. B H. B I. D J. D K. D L. B	A-L) various levels	A. completed Oct 2021 B. Completed April 2020 C. Completed April 2021 D. Completed 2018 E. Completed 2018 F. Completed Oct 2021 G. Completed Nov 2021 H. Completed Dec 2021 I. From feb 2018 - Dec 2018 J. Jan 2018 - dec 2019 K. April 2017 - March 2023 L. Completed March 2023	RA7 (reflective accounts - separate document)
K27: The common professional, ethical or other issues that need to be considered or may arise before, during and after a consultation; and the action that is appropriate to address these, including an appreciation of the value of further referral.	A. EP1 L5 taught online - module 1,4 B. EP2 L3 taught online - module 1,2,3,4 C. EP3 taught online - module 2,3,4 D. BEHAVIOUR WEEK 2021 taught online E. EP2 CAREER COURSE taught in person F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT taught in person G. EP2 AGGRESSION COURSE taught in person H. EP2 REPETITIVE BEHAVIOUR taught in person I. EP2 SEPARATION ANXIETY taught in person J. MENTORSHIP Lynn Hewison and Chirag Patel 16h - taught online	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B	A. Level 5 B. Level 3 C-J) various levels	A. started April 2022 B. Completed Aug 2019 C. Completed Oct 2021 D. Completed Apr 2021 E. Completed 2018 F. Completed 2018 G. Completed 2018 H. Completed 2018 I. Completed 2018 J. Started Nov 2022	RA8 (reflective accounts - separate document)

K28: Methods for gathering and recording information relevant to the diagnosis of a behavioural disorder and how to critically evaluate and appraise it.	A. EP1 L5 taught online - module 1,2,4 B. EP2 L3 taught online - module 1,2,3,4 C. EP3 taught online - module 2,3,4 D. BEHAVIOUR WEEK 2021 taught online E. EP2 CAREER COURSE taught in person F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT course taught in person G. EP2 AGGRESSION COURSE taught in person H. EP2 REPETITIVE BEHAVIOUR taught in person I. EP2 SEPARATION ANXIETY taught in person J. MENTORSHIP Lynn Hewison and Chirag Patel 16h - taught online K. CPD seminar Lynn Hewison - Working on referral, medical and medication indicators	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B K. B	A. Level 5 B. Level 3 C-K) various levels	A. started April 2022 B. Completed Aug 2019 C. Completed Oct 2021 D. Completed Apr 2021 E. Completed 2018 F. Completed 2018 G. Completed 2018 H. Completed 2018 I. Completed 2018 J. Started Nov 2022 K. Completed March 2023	RA8 (reflective accounts - separate document)
K29: The construction and delivery of appropriately structured treatment regimes that are likely to be effective for behavioural disorders identified.	A. EP1 L5 taught online - module 1,2,4 B. EP2 L3 taught online - module 1,2,3,4 C. EP3 taught online - module 2,3,4 D. BEHAVIOUR WEEK 2021 taught online E. EP2 CAREER COURSE taught in person F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT course taught in person G. EP2 AGGRESSION COURSE taught in person H. EP2 REPETITIVE BEHAVIOUR taught in person I. EP2 SEPARATION ANXIETY taught in person J. MENTORSHIP Lynn Hewison and Chirag Patel 16h - taught online	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B	A. Level 5 B. Level 3 C-J) various levels	A. started April 2022 B. Completed Aug 2019 C. Completed Oct 2021 D. Completed Apr 2021 E. Completed 2018 F. Completed 2018 G. Completed 2018 H. Completed 2018 I. Completed 2018 J. Started Nov 2022	RA8 (reflective accounts - separate document)
K30: How to identify situations where further action may be necessary, including ways in which compliance with an extended treatment regime may be encouraged.	A. EP1 L5 taught online - module 1,2,4 B. EP2 L3 taught online - module 1,2,3,4 C. EP3 taught online - module 2,3,4 D. BEHAVIOUR WEEK 2021 taught online E. EP2 CAREER COURSE taught in person F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT course taught in person G. EP2 AGGRESSION COURSE taught in person H. EP2 REPETITIVE BEHAVIOUR taught in person I. EP2 SEPARATION ANXIETY taught in person J. MENTORSHIP Lynn Hewison and Chirag Patel 16h - taught online	A. A B. A C. B D. B E. B F. B G. B H. B I. B J. B	A. Level 5 B. Level 3 C-J) various levels	A. started April 2022 B. Completed Aug 2019 C. Completed Oct 2021 D. Completed Apr 2021 E. Completed 2018 F. Completed 2018 G. Completed 2018 H. Completed 2018 I. Completed 2018 J. Started Nov 2022	RA8 (reflective accounts - separate document)

Law and Ethics					
K31: UK and other relevant legislation that relates to the ownership and use of animals and the role and duties of the Clinical Animal Behaviourist, Veterinary Surgeon, paraprofessionals, owners/handlers and others within it; to include the legal implications and duties associated with the provision of advice and professional liability and client confidentiality.	A. EP1 EDUCATION L5 taught online - module 4 B. EP2 LEVEL 3 taught online - module 1 C. EP3 taught online - module 1,7 D. BEHAVIOUR WEEK 2021 taught online E. EP2 CAREER COURSE- taught in person F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP – course taught in person G. Code of Conduct for Certificated Clinical Animal Behaviourists (ABTC website) - read A. Animal Welfare Act 2006 (UK legislation) - read B. Information for Veterinary Professionals (ABTC website) - read C. The Veterinary Surgeons Act 1966 (UK legislation) - read D. UK General Data Protection Regulation (GDPR) - read E. MENTORSHIP Lynn Hewison and Chirag Patel 16h - taught online A. CPD seminar Lynn Hewinson - Working on referral, medical and medication indicators	A. A B. A C. B D. B E. B F. C G. C H. C I. C J. C K. C L. B M. B	1. Level 5 A. Level 3 C-M. various levels	A. started April 2022 B. Completed Aug 2019 C. Completed Oct 2021 D. Completed Apr 2021 E. Completed 2018 F. Completed 2018 G. Jan 2023 H. Jan 2023 I. Jan 2023 J. Jan 2023 K. Jan 2023 L. Started Nov 2022 M. Completed March 2023	RA9 (reflective accounts - separate document)
K32: Employment law, health and safety legislation and the UK-GDPR (United Kingdom General Data Protection Regulation); and their implication for the Clinical Animal Behaviourist, their clients and others.	A. EP1 EDUCATION L5 taught online - module 1 B. EP2 LEVEL 3 taught online - module 1 C. EP3 taught online - module 1,7 D. BEHAVIOUR WEEK 2021 taught online E. EP2 CAREER COURSE- taught in person F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP – course taught in person G. Code of Conduct for Certificated Clinical Animal Behaviourists (ABTC website) - read H. Animal Welfare Act 2006 (UK legislation) - read I. Information for Veterinary Professionals (ABTC website) - read J. The Veterinary Surgeons Act 1966 (UK legislation) - read K. UK General Data Protection Regulation (GDPR) - read L. MENTORSHIP Lynn Hewison and Chirag Patel 16h - taught online A. CPD seminar Lynn Hewinson - Working on referral, medical and medication indicators	A. A B. A C. B D. B E. B F. C G. C H. C I. C J. C K. C L. B M. B	1. Level 5 A. Level 3 C-M. various levels	A. started April 2022 B. Completed Aug 2019 C. Completed Oct 2021 D. Completed Apr 2021 E. Completed 2018 F. Completed 2018 G. Jan 2023 H. Jan 2023 I. Jan 2023 J. Jan 2023 K. Jan 2023 L. Started Nov 2022 M. Completed March 2023	RA9 (reflective accounts - separate document)

K33: The ethical guidelines relating to the use of animals.	A. EP1 EDUCATION L5 taught online - module 1 B. EP2 LEVEL 3 taught online - module 1 C. EP3 taught online - module 1,7 D. BEHAVIOUR WEEK 2021 taught online E. EP2 CAREER COURSE- taught in person F. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP – course taught in person G. Code of Conduct for Certificated Clinical Animal Behaviourists (ABTC website) - read A. Animal Welfare Act 2006 (UK legislation) - read B. Information for Veterinary Professionals (ABTC website) - read C. The Veterinary Surgeons Act 1966 (UK legislation) - read D. UK General Data Protection Regulation (GDPR) - read E. MENTORSHIP Lynn Hewison and Chirag Patel 16h - taught online	A. A B. A C. B D. B E. B F. C G. C H. C I. C J. C K. C L. B	1. Level 5 A. Level 3 C-L. various levels	A. started April 2022 B. Completed Aug 2019 C. Completed Oct 2021 D. Completed Apr 2021 E. Completed 2018 F. Completed 2018 G. Jan 2023 H. Jan 2023 I. Jan 2023 J. Jan 2023 K. Jan 2023 L. Started Nov 2022	RA9 (reflective accounts - separate document)
Critical Analysis and Research					
K34: How to critically evaluate the quality of research in terms of the methodology, robustness of data gathered and validity of findings and conclusions, from a range of publications and other sources, in order to judge its suitability as evidence on which to base clinical practice.	A. EP1 EDUCATION LEVEL 5 - taught online - module 1,2,3,4 B. EP2 LEVEL 3 taught online- module 1,2,3,4 C. LLA BEHAVIOUR WORKS taught online 2,3 D. EP3 taught online - module 1,2,7 E. BEHAVIOUR WEEK 2021 taught online F. CPD seminar Lynn Hewinson - Working on referral, medical and medication indicators	A. A B. A C. B D. B E. B F. B	A. Level 5 B. Level 3 C-F. various levels	A. Started April 2022 B. Completed 2018 C. Completed Mar 2020 D. Completed Oct 2021 E. Completed Apr 2021 F. Completed Mar 2023	RA10 (reflective accounts - separate document)

K35: How to demonstrate understanding of cognitive biases (e.g. availability and confirmation) and their impact on the clinician and clients.	A. EP1 EDUCATION LEVEL 5 - taught online - module 1,2,3,4 B. LLA BEHAVIOUR WORKS taught online C. BEHAVIOUR WEEK 2021 taught online D. EP2 CAREER COURSE- taught in person E. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT – course taught in person F. MENTORSHIP Lynn Hewison and Chirag Patel - 20h G. CPD seminar Lynn Hewinson - Working on referral, medical and medication indicators H. Work experience between 2019-2023	A. A B. B C. B D. B E. B F. B G. D H. B	A. Level 5 B-H. Various levels	A. started April 2022 B. Completed Mar 2020 C. Completed April 2021 D. Completed 2018 E. Completed 2018 F. Started Nov 2022 G. Completed March 2023 H. 2019-2023	RA10 (reflective accounts - separate document)
K36: How to use appropriate methods for the assessment of the effectiveness of suitably structured treatment regimes.	A. EP3 taught online - module 1,2,3,4,6,7 B. BEHAVIOUR WEEK 2021 taught online C. EP2 CAREER COURSE- taught in person D. EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT – course taught in person E. MENTORSHIP Lynn Hewison and Chirag Patel - 16h F. Work experience between 2019-2023	A. B B. B C. B D. B E. B F. D	A-F. Various levels	A. Completed Oct 2021 B. Completed April 2021 C. Completed 2018 D. Completed 2018 E. 2019 - 2023	RA10 (reflective accounts - separate document)
*Details in the Applicant Guidance Document					

APEL Reflective Accounts Form (for ABT and CAB roles)

Please use this form to record written reflective accounts on all learning and training that you are submitting for APEL and how it relates to the Knowledge & Understanding (e.g. Animal Health and Welfare) sections of the standards. This is set out in the APEL Guidelines, as evidence types A, B, C, and D.

Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

Name: Candidate C Knowledge section/ Knowledge & Understanding number(s): K1, K2, K3, K4, K5
What was the nature of the learning?
EP1 L5 Module 1,2,3,4 EP2 L3 Modules 1
Why did you choose to undertake this learning?
- EP2 L3 was my foundational course, which provided a wider understanding of dog learning and behaviour. I wanted to explore different perspectives and broaden my knowledge on pharmacology and biochemistry in addition to general behaviour so enrolled on EP1 L5. - In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.

How is your learning relevant to the Knowledge & Understanding?

- The EP1 L5 course covered K1,K2,K4,K5 and was taught and assessed at this level. This course helped me to deepen my knowledge in ethology (including motivation operation behind motor patterns and learned behaviours - avoidance or reinforcing behaviours), development of normal (appropriate and natural behaviours like sniffing and scavenging) and problematic behaviour (stereotypies, separation anxiety, aggression, nervousness, phobias and unwanted behaviours) and matured strategies I use in my consultations to address problems that can develop from problematic interactions between owner and pet. This course also helped me to recognise ill-health (symptoms and indicators), evaluate and report it to vets, caregivers and professionals along with increasing my understanding on biological, evolutionary and environmental influences in animal behaviour, such as diet, triggers or cues in the environment, natural behaviour and ill-health. This course helped me expand my knowledge about domestication of dogs, genetics and how this is relevant for breeding, sensorial capabilities (such as sense of smell) and common medical disorders (musculoskeletal pain cause by elbow dysplasia, gastroenteritis, endocrine disorders, etc) which influence behaviour.
- The EP2 L3 course covered K1-K5 and was taught and assessed at level 3. The case studies and feedback from tutors every module developed my knowledge about domestication theories and how it shaped the dog's behaviour and physical traits. Also, this course introduced me to sensitive periods and socialisation as much as helped me to apply those techniques to puppy consultation and behaviour modification plans.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which have strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K1: When hosting puppy classes I monitor body language during exercises to assess motivation and comfort levels. For example, in order to encourage appropriate social behaviours such as sniffing rather than staring for example, when puppies are 2 or more meters apart, owners throw treats on the floor in front of their puppy and use 'find it' cue to encourage sniffing in the presence of the other dog. This behaviour can be maintained through repetition and reward. To progress this I might ask 2 caregivers with 2 puppies to walk towards each other. If puppies are willing to approach, I allow them to sniff for a couple of seconds. Then I ask them to lure away from each other with treats on the nose. This is to encourage appropriate disengagement whilst avoiding pulling away which could elicit frustration. In case one of the puppies walks away/doesn't walk towards, the caregiver follows that puppy while we engage their pair on a "find it" to avoid frustration at not being able to access or by being pulled away. By doing that I assess motivation and use their senses (sniffing) to shape desirable behaviour (calmness walking away from other dogs).

K2: Body language can be helpful to assess behaviour states and tend to be consistent in species with a few variations between individuals. All body parts movements need to be assessed together and inserted in context. Also, I assess the function of behaviours by observing the animal in a specific environment interacting with reported triggers and reported reinforcers. This gives me a baseline of body language so I can compare both, their differences and similarities, to evaluate behaviour state. When reporting behaviour states to other professionals and caregivers, I avoid labels and focus on observable movements so anyone can recognise signals assessed in different contexts.

K3: Puppies weaned earlier than 8 weeks can display vocalisation, pacing and panting when left alone, which can be influenced by this interruption in the development and undeveloped appropriate coping mechanisms for dealing with frustration and being left alone. The lack of habituation of being left alone within the 3-16 weeks of life can also be a contributing factor. If the animal doesn't experience it during the socialisation period, when their brain plasticity can favour learning, it may be harder to teach this later. That said, behaviour can still be shaped after sensitive periods just require a higher level of effort and external validation.

K4: I consider history on biological, evolutionary and environmental factors because they all influence behaviour. For example, if an adopted animal was kept isolated in the sensitive periods and after having to be in contact with other animals, this animal might show aggression or fear signs. An animal that was socialised accordingly in the sensitive periods but now suffers with osteoarthritis and is using barking/growling to keep other dogs away, this might be explained by learned association between dogs approaching and pain. If an animal was socialised in the sensitive periods properly, doesn't have any medical conditions, but was attacked by another dog, after, this dog might show aggression in that context. It's a complex task to tease those apart since all those variables are relevant and can happen concomitant.

K5: Dogs are scavengers, this is thought to have played a role in their domestication with humans. Dogs today are also likely to scavenge (for various reasons) but if a dog does scavenge this can contribute to conflicts between humans and dogs today because caregivers might try to remove items from their mouth. If the dog wants to keep hold then after a few repetitions, this can lead to aggression when the animal perceives the human approaching whilst having a perceived resource. Caregivers may use aversives to get what they want, which could compromise welfare. Repression of appropriate species behaviour can also lead to behaviour disorders and self-mutilation, like animals in cages showing stereotypies. This may be more

prevalent in cases of hoarding where individual needs may not be met. Also, from a welfare point, unwanted behaviours contribute to decisions for relinquishing to shelters or pts.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K1: I used to pair stimuli with food to achieve eye contact with the caregiver around triggers. I'd wait for the dog to look (or use name) and give a treat in the mouth and then repeat. Now, I tend to use appropriate species behaviour, like sniffing to find food on the floor, as reinforcement. I'll allow the animal to see a trigger at a distance that doesn't elicit signs of fear/aggression, throw treats on the floor and allow the dog to use its nose to find them. When the dog has repeated this exercise a few times and the order/timing is reliable, this can provoke anticipation. The animal puts the nose on the floor after seeing the trigger and this can be easily reinforced by throwing treats on the floor. Using natural and appropriate behaviours, which dogs offer often without any training, can be very reinforcing in itself, induce relaxation and be used as a cue for the caregiver to throw treats.

K2: In addition to the pre-consultation questionnaire and information gathered through history taking, as I used to do in the past, now I ask caregivers for video footage so I can review body language which can be indicative of emotional state. This is monitored throughout the follow up period with regular video review so I can reflect upon progress and make changes to the behaviour modification plan if undesirable changes in body language occur (such as wide eyes, close and rigid mouth, snarling, barking, whining, pacing, high breathing rate, tight muscles in back, shoulder and hips, growling, walking away, hiding), which may be indicative of fear or frustration which means we might be going too quickly or we need to review the plan and tailor it to the individual.

K3: I used to offer a class for 12 weeks old puppies only because of the vaccination schedule. While this format helped with socialisation, it wasn't the focus and they were missing 4 weeks of their sensitive period. So I created an online class for 8 week old puppies to socialise with: noises (playing noises while using enrichment games), dogs and people (by doing greeting exercises), objects (by doing an exercise to investigate novelty and also enrichment with different objects), walking equipment and handling by caregivers and vets (by teaching how to use consent and pair stimulus with reinforcement). This demonstrates my understanding since I prioritise the first weeks for socialisation only exercises to expose them safely and effectively to stimuli during the sensitive period.

K4: I used to only ask for a vet referral when I believed there was a medical component influencing behaviour. This could delay the process because of the impact of biological factors on conditioning. Now, I only work on vet referral and I analyse the medical history from day one to ensure internal changes aren't impacting behaviour and to avoid setbacks in training when associations with trigger are influenced by internal changes. Animals with gut issues might feel discomfort when eating or during sessions and this might affect my desensitisation and counter conditioning protocols. The same can happen with musculoskeletal pain when the animal moves in certain ways in the training or is feeling sore from past exercise/movement.

K5: Allowing animals to perform appropriate species behaviours can reduce behaviour issues. I used to train dogs performing eye contact when outdoors to solve lead pulling because animals wanted to sniff. Now, I've switched my strategy to putting sniffing on cue and using them as reinforcement after the animal walks by the human side for a few steps. I might start this training indoors (non-distracting area) and after the behaviour is consistent, I'd add distractions and might progress outdoors.

Another didactic I changed in my practice is that I offer emotional support to clients by signposting them when they are hoarding animals. This is why literature suggests that people

who hoard animals might be struggling with mental health issues themselves.

APEL Reflective Accounts Form (for ABT and CAB roles)

Please use this form to record written reflective accounts on all learning and training that you are submitting for APEL and how it relates to the Knowledge & Understanding (e.g. Animal Health and Welfare) sections of the standards. This is set out in the APEL Guidelines, as evidence types A, B, C, and D.

Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

Name: Candidate C Knowledge section/ Knowledge & Understanding number(s): K6, K7, K8
What was the nature of the learning?
- EP1 L5 taught online - modules 1,2,3,4 - EP2 L3 taught online - modules 1,2,3,4
Why did you choose to undertake this learning?
- EP2 L3 was my foundational course, which provided a wider understanding of dog learning and behaviour. I wanted to explore different perspectives and broaden my knowledge on pharmacology and biochemistry in addition to general behaviour so enrolled on EP1 course L5. - In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.

How is your learning relevant to the Knowledge & Understanding?

- All courses above covered K6-K8. By doing these courses and writing the assessments I was able to deepen my knowledge about ethological, psychological and psychological concepts including appropriate nutrition, physical environment, health and appropriate behaviour. This also helped me to apply this knowledge in my practice and improved the way to assess, evaluate and report welfare and signals which indicate them. Additionally I broadened my understanding on how to plan my behaviour modification plan (including training and management) accordingly to meet welfare standards depending on each individual's necessities.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K6: Welfare is related to the interaction of physical health, emotional state and possibility to live a natural life, those respectively being: appropriate diet; ability to perform appropriate behaviours and opportunity for social interaction where appropriate. With problem behaviours, the difficult choice of behaviour euthanasia and/or rehoming, in which vets and behaviourists have to impartially advise on, permeates the evaluation of those parameters. In some cases a caregiver may be doing everything they can and willing to train/care but there are still welfare concerns due to the dog not leaving the crate, and refusing to leave the house even for toilet. In this case I would review the previous b-mod plan, medications (through vet) and if enough changes could not be implemented to see significant welfare improvements, may discuss rehoming.

K7: When assessing animal welfare, there are indicators we can observe and monitor such as physiological functions like eating, sleeping, evacuating and gait can be helpful indicators. Also behavioural indicators like changes in behaviour (intensity, frequency, nature of it, etc), reactivity, changes in habits, body language indicative of fear/nervousness, escape-avoidance and/or aggression. Although there are limitations in terms of how much information we can learn from them. They can be investigated for further clarification through exams (in case suspicion of them being expressions of medical conditions) and function of behaviour assessments but not a diagnosis itself as only the vet diagnosis.

K8: When writing b-mod plans to consider welfare of the animals I work with I avoid positive punishment, aversive equipment and putting the animal in uncomfortable situations as a training strategy to punish behaviour. Management is essential to avoid unnecessary triggers while training to avoid practising the behaviour and possibly sensitisation when the threshold is low, so we can train in the optimum environments. My training is based on concepts of choice and consent for example in the case of husbandry, the animal can opt out from training sessions and be reinforced for that. I evaluate and explain body language to caregivers and adapt my b-mod (raising/decreasing criteria) accordingly. When training animal to use a muzzle, if I see repeated hesitance or animal active avoidance behaviour, I might have a break and change plan to training with objects shaped like it to start with (decrease criteria and change of cues). This is to maintain welfare and work at a level the animal is comfortable with.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K6: When working on a case where there are welfare concerns, I tend to monitor and instruct the caregivers about this concept. I explain to them the interaction between physical health, emotional state and possibility to live a natural life that determines the level of welfare. I would teach caregivers how to monitor (take notes) and recognise body language which would inform us about behavioural states (e.g. fear, anxiety and nervousness). In the past I used to ask them to rate the animal's welfare from 1-10 with subjective criteria. Now, I use a form to rate welfare daily for a couple of weeks or more using a few aspects of the animal's life such as "how many times the dog hides under the sofa?", all tailored to the animal's behaviour. Those questions cover physical health (including diet), emotional stability (including environmental stresses) and displaying natural behaviours. After a few weeks I review this and report the findings to the vet, especially if there is variability or changes in the behaviour.

K7: When working on a case of change in behaviour, I would do a welfare assessment which included reviewing any concerns related to the animal's health, daily time spent doing different behaviours and environment. I used to analyse only the medical history and report to the vets the changes in behaviour. Now, if I have concerns about physical health e.g. movement, I ask the caregivers to record a video of the animals gait when running, walking and trotting in 3 views, sideways, from back and from front. I then share my observations with the vets. This information gathering process supplies the vets with different perspectives: behavioural assessment, observations about recent history and movement wise. Although even when there are changes in gait and behaviour, this doesn't mean the animal has an issue in that specific part of the body nor a medical issue but are signs which could be investigated to rule out medical conditions if the vets deem it necessary. If there are underlying medical issues, this could negatively affect welfare and reduce success of a training plan.

K8: I tend to train necessary behaviours for dealing with high frequency events (like vet visits) in the individual's life. I look for indicators of enthusiasm and avoidance (e.g. engaging in behaviour with no latency and walking away, respectively) to make training harder or easier. I used to highly reinforce the animal for engaging in husbandry training and stop reinforcing if the animal walked away. Now, I reinforce in the training and, if the animal walks away, will also be reinforced. I do this to ensure consent and build positive associations, not forcing them to stay to access treats. If the animal walks away repeatedly, I would stop and review the b-mod and break it down into smaller steps with a greater reinforcement for desired behaviour and also make environmental changes. I also teach the animal to offer a behaviour to start the procedure. This might look like: ask for behaviour, animal does it, touch, open ear, touch ear with cotton buds and ear cleaner, remove hand and reinforce. In case the animal has an ear infection and no training has been done previously, my advice might be to do it in the quickest, less painful way possible but without asking for consent.

APEL Reflective Accounts Form (for ABT and CAB roles)

Please use this form to record written reflective accounts on all learning and training that you are submitting for APEL and how it relates to the Knowledge & Understanding (e.g. Animal Health and Welfare) sections of the standards. This is set out in the APEL Guidelines, as evidence types A, B, C, and D.

Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

Name: Candidate C
Knowledge section/ Knowledge & Understanding number(s): K9, K10, K11, K12
What was the nature of the learning?
EP1 L5 Module 1 EP2 L3 Modules 2,3,4
Why did you choose to undertake this learning?
- EP2 L3 was my foundational course, which provided a wider understanding of dog learning and behaviour. I wanted to explore different perspectives and broaden my knowledge on pharmacology and biochemistry in addition to general behaviour so enrolled on EP1 course L5. - In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.

How is your learning relevant to the Knowledge & Understanding?

- The EP1 L5 course covered K9-K12 and was taught and assessed at this level. By doing this I was able to deepen my knowledge in animal cognition and consciousness, helping me to understand how animals perceive the world, which senses are more accurate which helps us to see with their eyes and learn how they navigate environments. It also covered common learned behaviour problems (dependent on cues in the environment which trigger the behaviour) and behaviour disorders (such as stereotypies, separation anxiety, aggression) and how they present themselves in terms of indicators. It also explored social, vicarious and observation which is characterised by one individual learning from the movements of other animals and consequences of their actions.
- The EP2 L3 course covered K9, K10, K11 and was taught and assessed at level 3. This course helped me to apply the theory of animal learning, socialisation and development periods in case studies and get feedback from tutors on every module. This course also introduced me to the practicalities of clicker training (including most effective uses of bridging stimulus) and concepts, such as contiguity and contingency. The course developed my understanding about theory of animal learning (specifically habituation, sensitisation, classical conditioning and operant conditioning) and behaviour modification techniques (specially systematic desensitisation, counter-conditioning) applied to behaviour cases such as displaying aggression or predation behaviours. I improved my behaviour modification plans by choosing the most effective technique for each behaviour or behaviour disorder.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K9: In separation anxiety cases, the focus is often on changing environmental cues to change behaviours, which is an example of operant conditioning. While changing the dog's observable behaviour, the animal is being conditioned in an environment that is arranged to elicit calmness with the intention that this affects how the animal feels (covert behaviours) about the departure cues, an example of classical conditioning.

I also worked with caregivers and dogs with noise sensitivities (meaning learned behaviour due to bad experiences causing sensitisation) and in order to desensitise the animal and create habituation, I might expose them to noises by playing it at a low level once the environment facilitates relaxation. Playing noises at low level to initiate anything more than interest would be an example of DS, pairing these noises with something the dog enjoys, such as food/game is then an example of CC. By implementing training at a level the animal can learn and cope in, welfare is maintained throughout training.

K10: I worked with animals who show learned escape-avoidance behaviours after having an unpleasant experience at the vet. When the animal enters the vet practice and has a painful procedure, this could generate an association with that stimulus and cause problems walking into the practice or staying still while veterinarians touch their body. This can condition the animal's behaviour to run away from the door, refuse to walk towards the practice and growl or bite when approached. In this situation if the animal perceives they have escaped a painful stimulus, the behaviour performed will be reinforced with negative reinforcement and is likely to occur again under the same conditions.

K11: When working with dogs showing aggressive behaviours towards people and dogs, I might use systematic desensitisation, which can consist in arranging the environment and distance of the triggers so they don't elicit body language that communicates being uncomfortable. This could be crossing the road or walking away when seeing a trigger and monitoring body language while checking if animals can eat or respond to cues they know. Alongside that, I might use respondent and operant counterconditioning to change the associations the animal has with triggers and modify the animals behaviour when in the presence of triggers. I might focus on setting up the environment so I can have the dog performing calm and desirable behaviours around triggers and reinforcing the dog with play, food or anything the dog enjoys in this context.

K12: I work in cases of dogs experiencing stereotypies like fly snapping, where I might manage the environment to avoid the stereotypy from happening by preventing known cues which triggers this behaviour. I would also set up enrichment games that are more reinforcing than the stereotypy for times of the day and places when the animal engages in the problematic behaviour. The strength of this method is that it uses the matching law, which increases the most reinforcing behaviours.

Positive punishment has been used by professionals to treat stereotypies but the weakness of this method is that when the aversive isn't present it can still happen, it also doesn't teach the animal an alternative appropriate behaviour and can lead to aggression and a breakdown of relationship with the punisher in addition to compromising welfare.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K9: I used to do classes with puppies focused on basic cues. Now I work on habituating them to dogs, people, noises, objects and textures. I use mental stimulation to habituate the puppies to be close to novel stimuli like other dogs. When they arrive, they get a mat with treats hidden inside and are placed 2m away or more from each other. By sniffing on the floor/toy and finding treats while close to other dogs and people, I'm applying operant conditioning to shape appropriate behaviours, as the environment also elicits relaxation then classical conditioning helps shape emotional states. If sensitisation has already happened with a puppy, we might increase the distance until I can see curiosity signs and no fear signs in their body language. Using sniffing, chewing and licking, appropriate species behaviour for dogs, I'm taking in consideration the cognition and consciousness to shape effortlessly strong behaviours.

K10: When working in an aggression case, I used to apply strategies without considering the reinforcement delivery and reinforcement placement ABC's, but now I consider these. For example, in case where the dog shows aggression to another dog, to avoid a caregiver doing body movements such as putting their hand in a bag as they see a dog, I coach clients to have a default position for their treat-hand and lead-hand alongside their body and only move the hand when the desirable behaviour happens. This is to prevent the hand in the bag becoming predictive of another dog appearing and thus causing the unwanted behaviour to occur earlier.

K11: I used to do DS and CC protocols together in noise sensitivities cases but now I consider the individual circumstances of the pet and owner and in some cases will opt for DS followed by CC or both together.

For example, I might opt for DS first and use management to avoid sensitisation again if the animal's threshold is very low and it is likely they will show undesirable behaviours to noise (apart from lowest volume), if I'm unsure the environment will be set up for success or if the handler is still developing the necessary skills.

Alternatively I might initiate both strategies together, CC and DS when behaviour medication (that doesn't affect memory) is being used as an adjunct to training, the animal tolerates noises until a certain level or/and when knowing the environment is being set up for success.

K12: I used extinction, when safe, to decrease unwanted behaviour by ignoring it. The weaknesses of Extinction are: missing communication of needs not met, dealing with frustration and intensification of behaviour as consequence, difficulty ignoring unwanted behaviours for an unspecified time and behaviour resurgence. When an animal jumps on people to get attention and suddenly doesn't receive it anymore, the animal might intensify the behaviours, such as biting, to access reinforcers.

Nowadays, I arrange the environment so the behaviour doesn't occur (e.g. baby gates) and teach the animal, in the context when jumping occurs, to keep 4 paws on the floor or to do a different behaviour to access affection. Affection will increase new behaviours while teaching the animal appropriate ways to access it.

APEL Reflective Accounts Form (for ABT and CAB roles)

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Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

Name: Candidate C Knowledge section/ Knowledge & Understanding number(s): K13, K14, K15
What was the nature of the learning?
- EP1 L5 course taught online - module 2,3,4
Why did you choose to undertake this learning?
- Although I have been practising for a while, EP1 L5 was chosen because I wanted to explore different perspectives on the areas approached in the course. I also wanted to deepen my knowledge on pharmacology and biochemistry. - In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.

How is your learning relevant to the Knowledge & Understanding?

- The courses detailed above covered K13-K15. By doing these courses and writing the assessments I was able to deepen my knowledge about the structures contained in the nervous system (spinal cord, brain and peripheral nervous system), how the neurotransmitters act in the brain, the role of the spinal cord on movement and functionality of motor and sensory nerves. Also, it broadened my understanding related to hormones and the endocrine system and how all of those regulate behaviour.
- The concept of neural plasticity and how environmental factors and genetic factors correlate with it helped me to develop my practices and apply strategies to improve it. Those courses have helped me to apply the knowledge and understanding about ill-health and veterinary terminology of common conditions which influence behaviour, which include musculoskeletal pain diagnosis like hip dysplasia, patella luxation, osteoarthritis and other conditions like UTI, epilepsy and hypothyroidism.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K13: The nervous system controls endocrine functions which are responsible for regulating level of alertness, arousal and relaxation. The nervous system also controls those functions in other ways, such as firing neurotransmitters that influence the autonomic nervous system. When an animal is submitted to the presence of perceived triggers a hormone called glucocorticoid, which is responsible for regulating fight-flight responses, is released. This hormone generates a cascade effect which affects several areas of the brain. In excess, this can lead to sleep issues, intense reactions to triggers, lower threshold (trigger stacking) and is associated with anxiety disorders. Behaviours such as aggression and fear (including escape avoidance) are influenced by the levels of cortisol.

K14: For animals to survive, they need to be able to adapt and learn from the environment. Learning happens at all times, but especially when experiencing access to resources. If an animal found food in a location, behaviour of walking to that location got reinforced and increased. But if it got attacked when it walked into that location days later, then the behaviour might decrease and this animal might search for food somewhere else. After, if the animal gets attracted by the smell of food and finds food again in the same location (and doesn't get attacked anymore), the behaviour might increase again. The environment can change and the animal's need to adapt refers to plasticity on the brain and how the structure and processing can adapt based on feedback from experience or injury. Genetic and internal changes play a role on animals behaviour but don't dictate all as neural plasticity suggests changes can occur within an animals life time through exposure and interaction to its environment. Animals learn and adapt through life to be able to survive environmental changes.

K15: Signs of ill-health are change in behaviour and variability of behaviour regardless of the consistency of triggers and health condition symptoms. For example, a housetrained dog which stopped making mistakes 4 years ago has a sudden onset of house soiling, this could be evidence of a UTI. In this case, I'd report to the vet my observations, the data gathered and recent history so it can be further investigated with them.

Another example might be an animal who sits for a few minutes during a walk and refuses to walk, but after the pause is happy to keep walking in the same direction. If it happens in different environments, with no specific trigger and it's variable each day or happens more after a long walk, I might think of muscular-skeletal pain so I'd report to the vet videos of the animal gait for investigation but make sure the vet is diagnosing.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K13: This knowledge improved my practice because when animals are over threshold there's very little or no learning happening, so desensitisation isn't possible. Management isn't always possible/enough to significantly reduce anxiety/fear/aggression. When working with a dog in this situation, I'll report to the vet and explore the possibility of introducing behaviour medication while working on a behaviour modification plan to avoid sensitisation by introducing the management measures possible. Psychotropics can help the animal to have a higher threshold and facilitate learning.

K14: I changed my views about breeding and applied this in my practice when helping caregivers finding breeders and puppies. I used to focus on the dam and sire welfare, their vet history, socialisation the breeder does with puppies and site conditions to evaluate it. Now, I also ask about the behaviour history of parents and siblings from other litters (aggression and separation anxiety tendencies), physical exams they do to avoid breeding animals with medical conditions and their criteria for choosing the animals that will breed. The environment and learning plays a role on the behaviours and can overpower genetics but if the animals show a certain behaviour recurrently, this could point to genetic predispositions.

K15: When seeing signs of ill-health, I'll find strategies to gather information in order to provide to the vet. I used to only provide history about the behaviour to the vets before, but now I find more effective ways to report, like video recordings, behaviour history summary, pictures and summary of findings using a tracker for monitoring signs over time. These strategies have improved my practice and saved time since the vet has more information to start investigating straight away if necessary and can guide me and the caregiver if additional information is needed.

APEL Reflective Accounts Form (for ABT and CAB roles)

Please use this form to record written reflective accounts on all learning and training that you are submitting for APEL and how it relates to the Knowledge & Understanding (e.g. Animal Health and Welfare) sections of the standards. This is set out in the APEL Guidelines, as evidence types A, B, C, and D.

Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

Name: Candidate C Knowledge section/ Knowledge & Understanding number(s): K16,K17,K18,K19,K20
What was the nature of the learning?
<ul style="list-style-type: none"> - EP1 LEVEL 5 taught online - module - EP2 L3 taught online - module
Why did you choose to undertake this learning?
<ul style="list-style-type: none"> - EP2 L3 was my foundational course, which provided a wider understanding of dog learning and behaviour. I wanted to explore different perspectives and broaden my knowledge on pharmacology and biochemistry in addition to general behaviour so enrolled on EP1 L5. - In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.

How is your learning relevant to the Knowledge & Understanding?

- The courses detailed above covered K16-20. By doing these courses and writing the assessments I was able to deepen my knowledge about correlation about health and behaviour (including indicators to recognise it, the most common health issues that affect behaviour and how ill-health can affect learning), behavioural consequences of medical disorders (including fear and aggression as signs that animal feels uncomfortable) and the possibility of having a medical condition and environmental learning explanations simultaneously which affect and impact learning. I developed my practices and applied procedures such as observing and investigating signs of ill-health when encountering cases that had evidence or indicators of ill-health.
- Also developed my understanding on pharmacology, especially about meds that can affect behaviour and behavioural meds to be used as adjuncts to the behaviour mod plan, such as anxiolytics, neuroleptics, antipsychotics, antidepressants and others. While learning about how to practically use this in my practices, I also learned the ethics involved in discussing and understanding veterinarian practices that can help my cases.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K16: Physical sensations can affect how comfortable the animal feels and the mood might have an impact on behaviour. This might look like the animal having quicker and more intense reactions. Pain can affect mood, making the animal more irritable and barking at people and dogs that the animal tolerated previously. Changing biological functions can also be perceived as differences in behaviour, for example, peeing more frequently and barking more to ask to go to the toilet. Also symptoms like trembling, panting, refusing to walk can be perceived as a change in behaviour and they can also represent fear signs or pain. Understanding the function of the behaviour, predictability and variability is essential to be able to understand this interaction.

K17: Each animal will have different reactions to similar internal changes so symptoms and behaviours can vary. However, medical conditions have an impact on behaviour in several different ways. Animals that have medical conditions might show changes in mood and in responses to stimuli. Very commonly we'll see changes in fear responses when the animal has a medical condition, like being more defensive with the body (growling when touched in certain areas), more aggressive with triggers (barking at people in the streets), more avoidance-escape behaviours (hiding when hears a loud noise). Those can also serve as indicators to ill-health.

K18: I read the vet history and behaviour history form to build a timeline of behaviour onset and concomitant changes in health or/and environment. This might give cues of connection between events. If the animal had an accident with a car and after refusing to leave the home, but was limping earlier that week, I might explore this as evidence of medical components influencing behaviour and competing explanations. I look for variability to explore if triggers always elicit reliable behaviour. If a dog only refuses to walk some days, showing fearful signs when quiet cars go by, but other days walks past noisy cars showing relaxed body language then I'd explore the possibility of internal changes influencing it. I'd also analyse previous history with trigger and age of onset. A dog who was always relaxed around busy streets, cars and loud noises and at 8y old has

a sudden onset of fearful body language without apparent reason for change, I would consider internal changes contributing to the problem.

K19: In ATC classification, the classes are: antipsychotic, antidepressant, anxiolytic, mood stabilisers and hypnotic. The antidepressants SSRIs are effective on self-mutilating behaviours, anxiety, can be useful with hyperphagia and aggression. This medication has a limitation which might take a few weeks to see the results. As a solution, many vets prescribe short acting meds like benzodiazepines as a short term solution to aid the beginning of the process. The SSRIs can decrease appetite and this could have an impact if using food as reinforcer. Some medications like Benzodiazepines can affect memory and this also might have an impact in the training process as training may not be effective or it might help block a bad experience. SSRIs can't be used with MAO inhibitors so if moving from one to another there needs to be a washout period which the referring vet would discuss. Medications can make the threshold higher and help the animal to learn new associations, but won't be able to change behaviour by itself, so might be used concomitant with b-mod plan to help the process.

K20: When working alongside a vet in a case that could involve psychopharmacological intervention, I ensure caregivers gather data about behaviour changes and I'll report to the vets describing the findings. When writing reports for vets and keeping contact via email, I'm careful with my verbiage to avoid labels that give little information about behaviour and that are diagnosis, like separation anxiety. I support my reports to the vets with literature and highlight the relationship between discomfort and problem behaviour. When talking with caregivers about possible psychopharmacological interventions, I don't mention any type of medication but ask their thoughts on possible use. I intend to give enough information to the vet so they can diagnose (medically and behaviourally), prescribe and advise the clients about medication. This demonstrates my knowledge and adherence to code of conduct, working within professional boundaries and also knowing the role of others in practice, such as Veterinary Surgeon.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K16: I used to leave vets and caregivers to collect and analyse data about pain trials. But, in my experience, most caregivers have difficulties knowing what to track. So now, I explain to the caregivers the importance of keeping notes about certain parameters associated with the behaviours possibly connected to the animal's symptoms, such as avoiding jumping on the sofa and bunny hopping. I put together a tracker with all the parameters so the person has a seamless experience adding data in. When data is collected, I'll analyse and compare behaviour from before and during trial. I report to vets a summary of findings about changes in behaviour regularly which will enable decision making about next steps in the animal's treatment.

I ask caregivers to record videos regularly and take notes about the behaviour and the context where it occurs to give the vet information about those contexts.

K17: When tracking behaviours that might have a medical component, we might see fear signs, aggressive body language and avoidance-escape behaviours happening in more intensity and frequently when the parameter we are tracking related to the health is present. For example, if an animal growls at the caregivers infrequently and also has some vomiting and diarrhoea issues, I might report to the vet and track the behaviour, the consistency of the stools and what the animal eats. In this investigation, changes in the consistency of the faeces might happen when the animal eats certain types of food and also growling happening in the same days and/or before and/or

after the event. In case the vet decides to change the diet to rule out food allergies, I will also track the same parameters to compare and analyse if the behaviours frequency and intensity during the trial.

K18: Behavioural issues can be the result of learning experiences and/or internal changes and it might be hard to tease apart the explanations. But understanding the correlation between them is essential. If an animal was reported to be lame, went to a vet visit and had to be restrained, then started showing escape-avoidance behaviours around the vet practice and aggression towards vets. If the lameness predicts the animal having more intense reactions this could be evidence the behaviour has a medical component. At times vets prescribe pain trials to compare and analyse data from before and during. In case the animal gets treated, doesn't show lameness anymore and the behaviour is consistent around triggers, we might have evidence that the behaviour was learned. Also, I explore how variable the behaviour is (does the animal always show the same body language when around vets/vet practice) and the history of behaviour (how was the animal's body language in the vets before the event).

K19: When working with vets in a case in which the animal is frequently above the threshold and having difficulties to cope with the environment, medication might be mentioned as an option for the animal to the caregivers. My practice and confidence developed in pharmacology knowledge and now I might discuss classes of drugs that could help that specific animal with the vets based on books, CPD or literature. For example, animals having difficulties relaxing and settling might benefit from medications that have a sedative effect like antipsychotic medications. Sedation needs to be carefully dosed to avoid physical sedation and lack of anxiolytic properties so I'd give feedback to the vet.

K20: In the past, I used to not feel comfortable having conversation with the vets about medication and medical interventions and being happy to be led by them. Now, when reporting conditions to the vet I always include supporting literature about correlation underlying pain/discomfort and behaviour. Also I might include research referencing solutions found in literature. For example, if an animal is limping intermittently, I might reference pain trials in my report by saying "literature suggests that pain trials can be useful to rule out discomfort and understands correlation between underlying medical conditions and behaviour, please see references below". The idea isn't to suggest, recommend or advise other professionals, it is just to cite that there are possible ways to investigate further based on literature.

APEL Reflective Accounts Form (for ABT and CAB roles)

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Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

<p>Name: Candidate C</p> <p>Knowledge section/ Knowledge & Understanding number(s): K21, K22, K23</p>
<p>What was the nature of the learning?</p>
<ul style="list-style-type: none"> - EP2 L3 taught online - module - EP1 L5 taught online – module
<p>Why did you choose to undertake this learning?</p>
<ul style="list-style-type: none"> - EP2 L3 was my foundational course, which provided a wider understanding of dog learning and behaviour. I wanted to explore different perspectives and broaden my knowledge on pharmacology and biochemistry in addition to general behaviour so enrolled on EP1 L5. - In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.

How is your learning relevant to the Knowledge & Understanding?

- The courses detailed above covered K21-23. By doing these courses and writing the assessments I was able to deepen my knowledge about behaviour disorders and the possible contributing factors. This included considering factors such as medical conditions and previous learning history related to the development of problem behaviours such as stereotypies.
- I also broadened my understanding of how biological factors and learning processes influence in the assessment and treatment of those disorders, including internal changes. In these courses I had the opportunity to develop my knowledge in the human psychology and interpersonal relationship. This included looking at the effects of grief on family dynamics, how to support someone going through distress related to their animal's behaviour and how to build healthy professional relationship to achieve mutual goals.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding.

K21: I have learnt to consider the owner history and the veterinary history for cases. Now when working in any case whether it be anxiety, aggression or stereotypy behaviour case, I analyse the information on the veterinary history for exploring any medical conditions in relation to the timeline of the behaviour as reported by the caregiver. Ill-health could elicit behaviours which could then become self reinforcing and lead to repetitive actions such as in stereotypy cases. Behaviours are triggered by cues and those can be environmental (hearing a noise) or internal (feeling discomfort) and it's important to identify the triggers for those behaviours to see what associations have been made as changing associations will be part of the behaviour plan. To evaluate all the information for a case, for example, if the animal is tail chasing and the caregivers reported it only happens in the evening, I would explore the evening routine and what the animal does/perceives before engaging in the tail chasing behaviour. If it happens just after the animal eats, I'd start tracking if this is a reliable pattern and record other environmental cues that can happen around that time as well as diet, stools information etc. This is to gather more data to rule out contributing factors. Where there was no clear trigger, an older onset, variability, I would explore general mobility to evaluate if there are any indicators for pain. This is because of the comorbidity of some problem behaviours with pain, as referenced in the literature as a contributing factor e.g. noise fears. In this case I might ask for gait videos and I would then provide my observation to the referring vet for them to investigate further whilst managing the situation and putting in first steps of a behaviour plan.

K22: When working on separation anxiety cases, a common issue is the animal having negative associations with the crate and also showing signs of confinement anxiety. This can happen when the animal is closed in the crate for long periods, crate being used as punishment when the animal misbehaves and crate association with unpleasant events like pain/discomfort. My assessment includes identifying where the association has been made and any possible contributing factors, such as medical which may affect tolerance (although these would be for vet to diagnose), as this helps me then tailor my b-mod plan by knowing how to change cues and criteria to use. In a case where the vet is suspicious of the animal being in pain, I might wait for the pain to be solved before implementing desensitisation and counter conditioning strategies and work on management before then. In terms of behavioural medication, the vet might not put the animal in behaviour medication before treating the pain.

K23: Where difficult conversations around PTS or rehoming need to be discussed, I ensure I support the caregivers and the animal through the process. This is done by including all the family members in the conversation and discussing the safety issues, welfare concerns and all the other details that might arise from this decision. Helping the caregivers to build a rational thought process to make this decision while showing empathy towards how they are feeling, can make the process less stressful and more empowering. During the decision making process and after, I can share resources to help them to know what to expect, how it works and also resources for them to care for themselves. I tend to navigate this process paying attention to the 5 stages of grief and adjusting my practices to support them in each one of them. In case the caregiver restarts searching for solutions after going through denial and anger stages, I can recognise this as the bargain stage and support them by going through the reasons why this decision was made again. This way they can go through the depression stage and reach acceptance.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K21: I used to see cases as mostly training cases and did not always have a relationship with the vet. I now work on vet referral in all cases which includes receiving a copy of the medical history. I am still learning less common terms in medical histories and I am supported by colleagues to develop this area further. By working on vet referral I now am developing relationships with local practices and writing reports to vets. When in suspicion of a medical condition influencing behaviour, rather than suggesting the person to see their vet, now I supply the vet directly with my observation about gait and behaviour, recent history and videos to raise attention to specific changes in behaviour that might be useful for further investigation.

K22: When working in a case I explore how the behaviour could've been learned, could be biological and combination of both. For example, I look at the time line and what the caregiver has done over time to see where associations might have been made. This would include how often they have practice training exercises/strategies which often strengthen associations. In separation anxiety cases, a possible contributing factor is noise sensitivities, since the caregiver leaving the house could have been associated with a storm starting and the cue of the caregiver leaving can predict uncomfortable situations. I used to not use any noises or sounds when leaving dogs alone for the lack of evidence that this can be beneficial and the past links the animal can have with that if the caregiver used it in previous training. Now, I might ask to white noise to be played, in case the caregiver and animal are comfortable with it, to block the noises from outside of the house.

K23: When working on a case with possible rehoming or PTS outcomes, I tend to prioritise in-person sessions and meeting up often so I can support the family and meet face to face to talk about difficult subjects and complex conversation. I'll check on them regularly and brainstorm shelters that they can get in contact with, in case of rehoming. I can also assist them through vet communications in case of PTS. I might share resources from PBSS (Pet bereavement and pet loss) from Blue Cross or I can signpost them to seek counseling in this program.

APEL Reflective Accounts Form (for ABT and CAB roles)

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Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

Name: Candidate C

Knowledge section/ Knowledge & Understanding number(s): K24,K25,K26

What was the nature of the learning?

Online courses, in person courses and CPD conferences/seminars

- SEPARATION ANXIETY course taught online - module 1,2,3,4,6,7
- BEHAVIOUR WEEK 2021 taught online
- EP2 CAREER course taught in person
- EP2 BEHAVIOURIST CONSULTATION AND FOLLOW UP REPORT - course taught in person
- SHAPING SKILLS - REINFORCEMENT SYSTEMS - taught online module 1
- SHAPING SKILLS - FOUNDATIONAL SKILLS FOR SHAPING taught online module 2
- SHAPING SKILLS - WRITING AND IMPLEMENTING SHAPING PLANS taught online 3
- IAABC LEMONADE CONFERENCE 2020 talk "Navigating Difficult Conversations: Client Communications with Compassion and Efficacy with Dr. Chris Pachel"
- Internship Doug's Dogs 2018 voluntary work (9 months)
- Internship Friendly creatures 2018 volunteer work and 2019
- Work experience in my own company and practice since April 2017 until Jan 2018 in Brazil and Jan 2019 until the current day in the UK.
- Book "Coercion and its fallout" by Murray Sidman
- Book "Crucial conversations" by Patterson, Grenny, Mc Millan and Switzler
- Book "Learning and Behaviour" by Paul chance

*EP3 course: although the level was not specified, there were assessments from the tutor after each lesson given.

Why did you choose to undertake this learning?

- Since I had been working with Separation anxiety cases, I decided to take the EP3 program because I was interested in the methods they use to support clients and create seamless training experience for the trainers and caregivers.
- Behaviour week course was chosen because I was looking to deepen my knowledge into working with behavioural cases with medical components alongside veterinarians, clinical behaviourists and other pet professionals.
- EP2 course was also my foundational course and was chosen to understand the learning theory and practicalities of training.
- Other EP2 courses were chosen to develop my understanding on the most common behaviour disorders as soon as I started studying animal training and animal behaviour.
- Shaping skills course was chosen for the scientific approach to the training. Mary hunter focused on building movement cycles that are clean and don't generate frustration or mistakes from the learner, human or animal.
- CPD conferences and seminars were a way to keep up to date and develop my skills as much as revisiting basic skills. Also I like conferences to rethink and recreate different ways to teach the same skills.

How is your learning relevant to the Knowledge & Understanding?

- The courses, work experience and books detailed above covered K24-26. By learning from those and writing the assessments I was able to deepen my knowledge about the principles of effective counselling, such as empathy, non-judgemental, acceptance, impartiality, confidentiality, good communication and individuality, and practical ways to apply them to facilitate learning and maintain behavioural change. This includes giving clear and short instructions and providing feedback about what the person did well in each exercise while showing acceptance towards mistakes and lack of consistency to avoid punishing the person for the honesty in communication.
- I improved my practice after those courses for applying the skills related to assessing animals via video, clarifying misunderstandings with clients in regards to exercises or advice, developing ways to store data on cloud and better and clear instructions to explain exercises since part of my body language communication is missed virtually.
- I also developed my practice in terms of communicating with vets via the phone and via email when discussing a case by learning terminology for medication, symptoms, anatomy and procedures.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K24: When counselling a client to do practical exercises, I give verbal instructions before executing it and give prompts while the person is performing it. With this strategy, I intend to increase the memory muscle and practise certain body movements while (maybe) conditioning cues in the environment to trigger human behaviour. I also tend to compliment out loud the aspects of the person's training that is being beneficial for the training. For example, when a handler is training a dog leaning on top of the dog but ideally I'd like the person to stand straight. If the person gets straight to grab more treats or talk with me, I might complement that behaviour saying that I really liked how the training looks like when the person stands up. Or I'll wait for the basic behaviour to be fluent (for example, giving treats) and then after coaching how to stand straight while giving treats, which is a more complex criteria.

K25: When collecting information from clients, especially in a virtual session, I tend to ask for videos and ask specific questions about the mechanics of the behaviour. This includes asking "how this can look like? Can you describe using verbs or actions?". In online sessions using a camera, I use stuffed toys to demonstrate movements and explain body parts with precision. I might also use videos to illustrate exercises and give instructions. But my favourite way is to give verbal prompts while the person is doing the exercise.

When gathering information, I keep my questions open when I need descriptions of situations/behaviours. I write questions avoiding leading to a specific answer, for example rather than asking "is your dog's stool always solid?", I might ask "what is your dog's stool consistency like?" or "how often is your dog's stool soft?". Although when asking questions about events in the past, I take in consideration that (if no notes/evidence/videos were taken at the time) I'm dealing with possible memory distortions when remembering past experiences. When appropriate, I prefer to gather information during the process.

When evaluating information gathered by other professionals (vets, behaviourists, etc) I take in consideration when it was acquired and how/where it was collected. Those are important because it can clarify the history of experiences the animal had in the past, the other professionals assessment in different times, the context to the behaviours/indicators described, etc.

In order to evaluate information gathered by clients, I coach them to keep it descriptive, avoiding labels. I tend to ask them to collect specific pieces of information that we can measure, e.g. how much time the animal spent licking their paws, and coach and show them examples of how to do it. In the case of videos, I ask them for the length of the video, when to start filming, when to stop filming, how to capture that in the camera and what is the behaviour I'd like to see.

All those measures ensure the reports or information gathered are reliable/contextualised and my communication is effective.

K26: Respectful, impartial and empathetic interactions are essential to engage clients in the b mod plan. The training should be reinforcing for the human as for the animal. So also start with a low criteria that the human can be successful, paying attention to what the caregiver can already do and building the behaviour from there. This also means focusing exercises on priorities. I apply the concepts of this in my communication with vets and other professionals by recognising their expertise and understanding my role in the investigation process and offering help to gather valuable information such as client diaries/gait footage.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K24: In the past I used to do demonstrations to explain exercises but I noticed that the retention of the information was very low. So I changed my strategy to verbal instructions with verbal prompts so I can walk the person through a seamless experience of training. I can focus on certain basic aspects first and when the behaviour is fluent, I can start coaching details of the behaviour. For example, when teaching a person how to make eye contact, I might ask the person to put a treat on the floor, keep some more treats in hand and wait. As soon as I see the dog finish eating and looking at the person's leg, belly or face (depending on the dog), I'd prompt the person to put a treat on the floor again. After a few repetitions, when the person sees the animal do the same behaviour that would cause me to prompt them, it might be generally anticipating and the dog's body language becomes the cue for the person's behaviour.

K25: When having difficulties explaining an exercise or an instruction, I will always find different ways to provide that understanding to the other person. This changed a lot over the years in my practice and came with the understanding that people learn in different ways. So if someone has difficulties with verbal instructions, I might demonstrate with my dog or the animal in the consultation if applicable, safe and comfortable for the dog. If the person finds it hard to visualise the situation or the product I mentioned, I might search for a photo or draw it. The most important point for me is not to keep trying the same strategies, by changing it I avoid frustration and have a better chance for retention/learning facilitation.

K26: I used to send vet reports only after the first consultation to thank the referral and provide information I gathered in the consultation and if the animal had changes in behaviour. Now, I report back on those occasions regularly (normally every 2 weeks but tailored to the case) with a summary of the behaviour/symptoms when tracking certain behaviours related to a treatment the vet prescribed which influenced the behaviours. Those interactions can be via phone or email, depending on the veterinarian preference and nature of the conversation.

APEL Reflective Accounts Form (for ABT and CAB roles)

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Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

<p>Name: Candidate C</p> <p>Knowledge section/ Knowledge & Understanding number(s): K27,K28,K29,K30</p>
<p>What was the nature of the learning?</p>
<p>- EP1 L5 taught online - module 1,4</p> <p>- EP2 L3 taught online - module 1,2,3,4</p>
<p>Why did you choose to undertake this learning?</p>
<p>- EP2 L3 was my foundational course, which provided a wider understanding of dog learning and behaviour. I wanted to explore different perspectives and broaden my knowledge on pharmacology and biochemistry in addition to general behaviour so enrolled on EP1 L5.</p> <p>- In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.</p>

How is your learning relevant to the Knowledge & Understanding?

- The courses detailed above covered K27-30. By doing these courses and writing the assessments I was able to deepen my knowledge about ethical issues that need to be considered when working on cases, such as animal's welfare and ill-health. Also I improved my practices by applying the knowledge learned about ways to gather, store and share data with caregivers and professionals and the evaluation and analysis of this information. I also developed my practice of writing and designing behaviour modification plans for each behaviour disorder/problem behaviour and critical analysis of how to engage clients in order to achieve success in the process (such as didactic to explain exercises).

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K27: The issues that can arise are related to not being able to provide the service the animal and caregiver need. Very commonly, during the triage process and while training, new information might come to light and this might lead me to contact (with the owners permission) other professionals like veterinarians and other clinical behaviourists to discuss, report the issue, investigate and collaborate with them. An issue that can arise during the process is the difficulty engaging the client in tasks such as practicing the exercises, putting safety measures and management in place and recording information. If I believe the caregiver would benefit from learning from a professional with different didactics, I might refer this client to a colleague with appropriate skills. Another issue that can arise before and during the process, is the level of complexity being different than expected and I might refer the animal to a colleague with appropriate experience and knowledge.

K28: When gathering and recording information, I tend to be creative and use different strategies that agree better with my client's personality, their skills and/or the dog's necessity. In the beginning of the process, I always ask for the vet referral, followed by medical history and a behaviour form as ways to gather basic information. After that, I might ask specific questions via email or in person. If it also works for the client, my favourite ways to do this process is video recordings and using a spreadsheet. This way I can have an idea of the big picture of specific indicators with the spreadsheet and more very detailed information about certain behaviour with videos. This means I can compare owner observations with my own too and address any areas where we don't match. I can also ask for photos, recording notes on different systems, etc depending on what will make my client keep consistent in the process.

K29: When building a behaviour mod plan, I ask the clients what is the priority and advise prioritising behaviours that could lead to safety issues, welfare concerns or behaviours that can undermine others. The intent is to manage safety and ensure educated decisions on what to work on first. When priorities are defined, I'll design practical exercises and management actions, such as muzzle training and long lead handling, that will be my behaviour mod plan. The exercises and the management will be tailored to the animal I'm working with in their environment. I talk to the caregivers through practical aspects as needed, including varying reinforcement delivery, placement of reinforcement, cues and other details in my training protocols. I might record videos and write notes for my clients about the exercises so they can follow it until we see each other again or when I advise them again about changing the exercise.

K30: When working on behaviour disorder cases, at times the animal isn't able to cope with the environment it's inserted in and even with management the animal still not thriving. In the case the animal can't cope with frequent situations and events, this animal's welfare is compromised. My work is to gather descriptive information and let the vet know the levels of stress the animal is going through and how management and training are having little or no effect. I might also talk with the client about a possibility of using medication (but it is the vet's decision to prescribe) and try to understand how the caregiver feels about this option. In this case the vet decides to introduce behavioural medication to make the threshold higher, we can start training to change the associations with the triggers when the animal is no longer in panic.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K27: When working on a case when I'm finding difficulties engaging the caregivers in putting in place things necessary for ensuring safety or the success of the training, I might try different techniques to make sure my explanations are didactic and the person understands why it's important to put those in place. But in case a client is very sceptical of my practices and I'm not able to engage the client after a few changes in my approach, I might refer the case to another colleague with alternate approaches in teaching techniques to engage that specific client. This issue might arise during a training process for example when the person applies punishment. I might explain different techniques using positive reinforcement to address the unwanted behaviour. When dealing with a transition between punitive methods to humane methods of training, I might slowly introduce a few exercises and adapt the person to the new reality rather than trying to change all at once.

K28: I used to ask for detailed and standardised information in questions on form, videos of behaviours and tracker questions. Now, I try to ask the most basic and relevant questions on forms for all behaviours and after that I tailor the specific questions. Same goes for the videos, where now I ask for videos of the behaviours the person is having problems (if safe) and I can explain when to start recording and when to stop. I also try to use the minimum relevant amount of parameters to gather info about the behaviours in the tracker to avoid making them overwhelmed.

K29: When writing my behaviour mod plan report for the clients I used to use descriptions of the exercises only. But I noticed that it was more effective for the accuracy of training progress if I sent them videos about the exercises they performed in the session with me and having me prompt and guide them in the video help to remind them about when and how to do each exercise. Also, I used to introduce mental stimulation and other exercises pretty often knowing they would only have indirect or no effect on the progress of the training because of a welfare point of view. I no longer include these as standard and improved my behaviour modification plan design when I decided to give one or 2 exercises only per session focusing only on the most essential exercises to help with the unwanted behaviours.

K30: When working on cases when the animal shows fear signs like hiding, even indoors, trying to avoid caregivers and being frightened of leaving the house, I'll report those behaviours to the vets. In the past, I used to wait until I exhausted training resources before contacting the vets and reporting how the animal eats to the training and management and ask about the possibility of pharmacological intervention. In this conversation I might explain in detail the triggers and the level of stress the animal is going through and how often. The veterinarian might decide that psychopharmacology intervention is the best way to help this animal to cope with its environment and what medication to prescribe.

APEL Reflective Accounts Form (for ABT and CAB roles)

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Please be aware that specific examples - and detail - in response to the questions below will allow you to demonstrate your knowledge and understanding much more clearly for Assessors than generic statements.

Use one form for each Knowledge & Understanding section, making sure you do not include any information that might identify a specific client, service user, colleague or other individuals.

Name: Candidate C Knowledge section/ Knowledge & Understanding number(s): K31,K32,K33
What was the nature of the learning?
<ul style="list-style-type: none"> - EP1 L5 taught online - module 4 - EP2 LEVEL 3 taught online - module 1
Why did you choose to undertake this learning?
<ul style="list-style-type: none"> - EP2 L3 was my foundational course, which provided a wider understanding of dog learning and behaviour. I wanted to explore different perspectives and broaden my knowledge on pharmacology and biochemistry in addition to general behaviour so enrolled on EP1 L5. - In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.

How is your learning relevant to the Knowledge & Understanding?

- The courses detailed above covered K31-33. By doing these courses and writing the assessments I was able to deepen my knowledge about my roles as a behaviour consultant and future clinical behaviourist and the limits of what I can and can't do, the responsibilities, liability and confidentiality implications of my job. Also the health and safety and data protection legislation repercussions in my business, such as how I process the data I collect from my clients/possible clients. Also the animal welfare ethical guidelines and the legislation around use of animals and how to apply this to my practice and the responsibilities I have in regards to reporting animal abuses.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K31: The animal welfare act 2006 ensures that pet owners have to provide a suitable living environment (with or apart from other animals depending on what is more appropriate), appropriate diet, opportunity to exhibit normal behaviour patterns and be protected from pain, suffering, injury and disease (providing good health care and safety). Our job is to work within those rules and help to change conditions that might not have this standard. This criteria is relevant to our practice in case we encounter animal abuse to know how to identify, evaluate and help to modify or report. Also, when providing advice, we need to base it on the criteria of health and safety because we're liable on our behaviour modification advice. In the case of advising out of our competence, this could compromise welfare.

K32: When people use my website to search for services, the data I collect on the website and use for remarking can only be used in case the person agrees with that. Also, the data collected from my clients in the format of videos, pictures, names and stories can only be used on my website and marketing if I have a written agreement of the use of the image. The information shared between me and the clients is strict confidentiality and can't be shared unless having authorization from them.

K33: In regards to animals in research, the guidelines relating to the use of animals ensures the avoid distress and pain wherever is possible, to use the simplest or sentient animal species appropriate and designing it to have the minimum amount of animals possible. This is important to decrease suffering and increase welfare as much as possible. If giving demos, I might use a fake dog, or videos so I'm not repeatedly using a real life dog in case they cannot cope or do what is needed.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K31: This knowledge changed my practice in terms of discussing cases with mentors and colleagues. When wanting peer professional opinion on a case, I ask consent to my client before sharing any information.

K32: I applied this knowledge in my practice by implementing the use of information (GDPR) form on my website a few years ago. Also, in my questionnaire I ask the clients if they give me consent to contact their vet and take pictures and videos of their dogs, and why they might be used. Making sure those questions are asked early on, not only ensures communication and legal proof of those consents but builds a relationship based on trust and a safe environment in which the caregiver can deny those consents when uncomfortable with it.

K33: When working in a case when the person would like to use the animal as a working animal for psychiatric reasons or therapy reasons, I ensure this animal has the needs met outside work tasks. For example, possibility to have social interactions and perform natural appropriate behaviours, having an appropriate diet and time to rest. This animal will be denied certain reinforcements during life, but only during performing work tasks and still needs an outlet for their behaviour.

APEL Reflective Accounts Form (for ABT and CAB roles)

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Name: Candidate C Knowledge section/ Knowledge & Understanding number(s): K34,K35,K36
What was the nature of the learning?
<ul style="list-style-type: none"> - EP1 LEVEL 5 - taught online - module - EP2 LEVEL 3 taught online- module
Why did you choose to undertake this learning?
<ul style="list-style-type: none"> - EP2 L3 was my foundational course, which provided a wider understanding of dog learning and behaviour. I wanted to explore different perspectives and broaden my knowledge on pharmacology and biochemistry in addition to general behaviour so enrolled on EP1 L5. - In addition to the above, I also regularly attend CPD conferences and seminars to keep up to date with knowledge in the field and to develop my skills. See appendix A for further details.

How is your learning relevant to the Knowledge & Understanding?

- The EP1 L5 course covered K34-35 and was taught and assessed at this level. By doing this I was able to deepen my knowledge in the critical evaluation of research and other sources I look out for knowledge in the behaviour science area. In the projects delivered in this course I was able to put this in practice by writing essays and referencing them, reviewing research and pointing out the important information on it and the pieces of information that didn't seem to be based on them. This course developed my practice avoiding cognitive bias and focus on data gathering and analysis to determine the function of the behaviour and the learning processes that are happening. I also apply the same analysis to other subjects and processes when working on a case.
- The EP2 L3 course covered K34 and K36 and was taught and assessed at level 3. This course helped me to evaluate the information gathered in research and apply it to the critical evaluation of situations and processes while working in case studies and getting feedback from tutors in every module.

Since completing these courses, I've attended much more CPD, discussed cases with colleagues and led on cases, all of which has strengthened my understanding and application of knowledge.

Briefly provide specific examples of how this learning demonstrates your Knowledge & Understanding

K34: I observe the amount of subjects analysed in the study, where and how recruitment was done and if the sample is representative of the population I work with. In case the sample size is 10 individuals, it's difficult to ensure randomisation, unless the population is also small. Big sample sizes, such as 1000 individuals, can ensure precision of estimates and allow us to draw conclusions. Also the methods used are important. Owners reports based studies are getting subjective information and analysing it. So there are limits to what conclusions can be drawn from that. Studies that control more areas might have smaller numbers which is why methods and sample size are both important.

K35: When working using a method to gather and evaluate information based on the individual, this can avoid cognitive bias as different evidence is viewed and considered. When assessing an animal, I look for indicators on body language and I observe and explore the functions of the behaviour (consequences and level of maintenance). When analysing them together we can draw impartial conclusions. I always explain to clients that each individual is different and we can't assume things based only on body language or our interpretations as we all have different experiences. By describing observable parameters I'm using to draw conclusions and tracking behaviour to help them to observe their animals more and view behaviours in context rather than subjectively.

K36: When applying a b-mod plan I expect to see changes in behaviour. I might ask the clients to track how many times the old behaviour occurred or the new behaviour occurred. By gathering data I can compare before and after and draw conclusions about the intervention to see if the behaviour is increasing, maintaining or decreasing. In case I want to increase a certain behaviour and the data collected for a period of time between a couple of days to 8 weeks (depending on the intervention/behaviour) but this behaviour seems to decrease, I'll change strategies and understand the behaviour was punished rather than reinforced.

How did this Knowledge & Understanding change or improve your practice? Please ensure you provide examples/detail to support your answers.

K34: I now read more than just the abstract and will find the paper if someone tells me something new, rather than take their word. This is because the details of the study are important. For example, a study about correlation between ages and aggression in dogs based on owners reports might not be representative of the population of dogs in case this is based on the owners memories of the dog's behaviour when they were puppies. Also, I'd first look if a criteria for aggression was given to caregivers by researchers. Sometimes play biting can be interpreted as aggression and barking at other dogs wouldn't, so I would make sure the criteria was clear, observable and describable.

K35: When tracking a pain trial in a dog to understand possible correlation between discomfort and their behaviour, if for 6 weeks the behaviour remains the same intensity and frequency, I will report it to the vet and possibly discuss other ways they might like me to monitor pain or other explanations for the behaviour. When exploring new interventions (new pain medication or behaviour modification plan), this will also be tracked and the data gathered for another period of time before evaluation. By collecting and analysing data together we can avoid cognitive bias by reviewing and discussing data together this way, we are drawing conclusions with data rather than thoughts based on our experiences.

K36: When working on separation anxiety cases, I might use desensitisation protocol to train the animal to be alone in the house. Caregivers will collect data daily during exercises about body language and duration the animal was left and I'll assess the animal weekly exploring the same data. If the goal is to increase duration and decrease signs of alertness and anxiety (such as pacing and vocalisation) while increasing signs of relaxation (like laying down with eyes closed). When this happens, I know the training is achieving small approximations towards my goal. In case the data shows the opposite in any part of the training I'll review my plans and look for changes in environmental cues or internal changes that could have caused it. I'll adjust my training by arranging the environment and the triggers before the animal is left.