Feather Damaging Behavior: A Different Approach to a Common Problem
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INTRODUCTION
Feather damaging behaviors (picking) have long been recognized as a common problem in captive parrot species. Suggested clinical approaches to address this problem are well-represented in the veterinary literature. Self-inflicted feather damage is generally accepted to be a clinical sign, rather than a specific disorder or diagnosis warranting a specific treatment. It should be understood that the clinical sign of feather damaging behavior has a complex list of multiple etiologies, many of which can be inter-related, and can have shifting primary, secondary and tertiary status in any given patient. Therefore, feather damaging behavior may be linked with numerous potential treatment modalities. Many of the popular treatments or diagnostic approaches used, at times, lack the use of enrichment and antecedent arrangement strategies at the onset, of treatment. Concurrently, many feather damaging problems are acknowledged to be challenging, if not impossible to bring under control or resolve. These specific case-based discussions will be focused on the theme for this day of lectures: using enrichment and improvement of quality of life as principal components of the address of an acute onset of feather damaging behavior in two grey parrots.

Their histories are briefly summarized below:
Patient one is a four month old grey parrot, with an acute onset of feather damaging behavior focused on the primary feathers immediately after a wing trimming procedure. Your initial examination is on the day of onset of this problem.
Patient two is a six year old male grey parrot, with a one month history of escalating feather damaging behaviors. The initial problem began suddenly at night. Prior treatments have included antibacterials, CAEDTA, placement of an Elizabethan collar, and haloperidol.

You are charged responsibility will be to focus on the immediate changes to the environment of these two birds that should help to reduce the frequency of the target behavior, and to hypothesize what types of enrichments may have most optimal value in reducing perceived stress and adding to quality of life of these two individuals.

Although we will quickly follow these two cases to their current status and clinical conclusions, stay focused on addition to the quality of life, adding to their behavioral inventories, empowerment, and enrichment, while concurrently altering or manipulating environmental stimuli as seems best. Additionally, think of what types of monitoring may be best for these patients as you follow their cases through.

A DIFFERENT AND MORE BALANCED APPROACH TO AN OLD PROBLEM
When approaching the feather-picking patient in a clinical situation, important steps to be taken should include a careful history, examination, diagnosis and treatment. The dermatological health, systemic health and concurrent medical conditions are far from the only causative factors to consider. Somewhere along the line, a functional disconnect can develop between the application of behavioral science to even a basic interventional approach and the standardized or popular clinical management of the problem of feather picking. Often, as a result of this disconnection, the welfare and quality of life needs of these birds can be neglected.

Inarguably, physical changes that can be seen in feather damaging birds have some role in the problem. There is, however, almost universal agreement that behavioral etiologies or psychological / psychogenic etiologies have a substantial role in many companion bird species’ feather damaging disorders. It is not by intent that behavioral science has been left out of these traditionally published diagnostic and therapeutic approaches to the problem, but it is an undeniable deficit. Most recently, and merely by cited example here, there is increased support that “the redirected foraging hypothesis might
be an explanation for pterotillomania in African grey parrots and provide an effective treatment strategy for this common behavioral disorder.

Non-“medical” causative factors, for the most part, are in many opinions much more common in many parrot species than are physical diagnoses that have directly contributed to feather damaging behavior. As a result of the likely predominance of non-medical or psychogenic /behavioral issues, clear and succinct laboratory diagnostic steps are much more difficult to standardize and perform without careful and detailed investigative thought. Protocols for workups based on specific tests, to a certain extent, should be considered only after a primary list of differential diagnoses is generated. This differential diagnosis list must include behavioral factors at the onset of the initial workup and intervention, and should be shaped to a large part by known or suspected risk factors associated with the presenting problem. These must be included in the patient medical record, as would any other system being evaluated. Formal inclusion of behavioral science into history, physical examination, diagnostic workups and therapeutic intervention should be included in these changes, as compared to the more traditionally published approaches of the past.

REFERENCES


