

Behavioral History Taking

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The first step in making a behavioral diagnosis, or list of differential diagnoses, is collection of a thorough and accurate history. Taking a thorough behavioral history is arguably the most important part of dealing with animal behavioral issues.⁵

Although the primary focus in veterinary medicine is generally the patient itself, behavioral problems invariably require a much broader base. This history should include more detailed information about not only the patient, people, and other animals in the household but also characteristics of the cat's physical environment. Less tangible aspects of that environment, including the client's emotional responses to the cat's behavior, are essential to a good understanding of the problem behavior. It is not simply a matter of making a behavioral diagnosis—what that diagnosis *means* for the client can be just as important as the diagnosis itself.

IT'S NOT JUST ABOUT THE CAT

Good communication skills with clients are particularly important in behavioral medicine, and history taking is no exception. It is not just the content of questions that matters, but also the way in which these questions are asked and the answers more fully explored. Behavioral disorders can cause clients significant distress and may lead to disharmony among household members.⁴

Many clients greatly appreciate the opportunity to talk about their cat's behavioral problem with someone whom they recognize as objective and understanding.

This is particularly important given that many owners feel guilty about their pet's behavioral problem.³ The time taken to collect an oral history can help build a strong relationship between the veterinarian and the client and allow for clarification of any complex issues.

EMPATHY

Empathy underpins all counseling. Empathy is a skill that "creates a climate for acceptance, support, disclosure and a working alliance. It is crucial for the building of a trusting relationship."¹³ Empathy includes being sensitive to the feelings of the client without making judgments. It requires respect and interest in the client and constructive honesty to enhance the cat-human bond. The veterinarian must remain sufficiently objective to make rational and well-informed decisions.

COUNSELING SKILLS

Many of the basic counseling skills employed in various forms of psychological counseling are appropriate for history taking in a veterinary context. The need to develop rapport and understanding with the client is critical in both instances. These skills include the following¹³:

1. *Reflective listening*: This skill involves paying full attention to what the client has said and

summarizing the main message. It can be useful to allow the client to express anything the client feels is critical to the veterinarian's understanding of the situation at the beginning of the consultation. For instance, if the client is concerned that the veterinarian does not fully understand the sentimental value of an item that was ruined after the cat urinated on it, then this may reduce the client's desire to collaborate in formulating a useful treatment plan for the cat. Later in the consultation it will be necessary to add more shape and structure to the conversation. The veterinarian should take time at the outset to reflect on the following:

- What has been happening: Much of this may be contained in a behavioral questionnaire (discussed later).
 - The thoughts, feelings, and reactions of the client: This may vary among household members.
 - Apparent themes: These can often give the veterinarian a sense of why the clients contacted the veterinarian and their current understanding of the situation. The same presentation can uncover different themes for different clients. For instance, for one family a urine-spraying cat may be causing great distress because the cat is failing to fulfill their expectations of fastidious cleanliness; for another family the main issue may be that they recognize the spraying as a sign of anxiety for their cat, and this becomes a recurring theme throughout the consultation.
 - The significance of the situation for the client: For instance, the point at which a toileting issue becomes a concern for a client varies significantly among clients. Some may consider finding feces outside the litter box once a week tolerable, whereas others may consider finding feces outside the box once a month a reason for euthanasia if the problem is not resolved.
2. *Sensitive questioning*: This allows clarification of the situation and permits a greater level of understanding by the veterinarian.
 3. *Accurate summarizing*: A behavioral history requires collection of a great deal of information. Summarizing the major events, themes, and reactions as they relate to the client's current situation can be very useful. It helps ensure that the veterinarian and client are on the same wavelength before moving on.
 4. *Focusing and structuring*: This part of the consultation allows time to focus on the key concerns, clarify expectations, and set realistic goals.
 5. *Collaboratively formulating a management and treatment plan*: Behavioral medicine is always interesting and challenging because no two situations are the same for any particular behavior problem. The veterinarian will be in the best position to

recommend an effective treatment plan if the preceding steps have been taken in collecting a history that encompasses client concerns and expectations, as well as patient behaviors.

ORGANIZING A CONSULTATION

The type, duration, and intensity of behavioral problems vary enormously. This chapter focuses on issues that require a behavioral consultation to be addressed appropriately. A good starting point for behavioral issues is a thorough physical examination and, generally speaking, a blood profile and urine test to help rule out medical issues that could be contributing to the behavioral problem and that may also have an impact on the treatment plan.⁷ One case study showed the importance of a full medical workup of a cat presenting with feline idiopathic cystitis that could be successfully controlled with behavioral therapy alone.¹² It is not uncommon for there to be a crossover between medical and behavioral issues, with both needing to be addressed. The results of such investigations will form part of the collected history and are addressed elsewhere (see Chapter 3).

A behavioral questionnaire can be used to allow clients time to consider and answer a number of questions about the cat before they arrive for the consultation. Many clients will not have undertaken a behavioral consultation with their cat before. A cover letter provided with the questionnaire explaining the likely duration of the consultation, topics that will be covered, and an estimate of cost is useful to demystify the process and can be given at the same time as the questionnaire.

A questionnaire not only provides structure for the veterinarian so that critical areas are covered but also helps clients see their cats' issues more clearly. Encouraging input from all household members affords the best chance of obtaining an accurate history and identifying potential areas for disagreement that may need to be addressed. A number of textbooks have behavioral history templates that can be modified according to the style and preferences of the attending veterinarian (Box 12-1).^{6,8,10}

The location of the consultation can also influence the type of information that is asked of the client. For instance, a plan of the house and any enclosures may be useful if the consultation takes place in the veterinary clinic. Points of interest, such as areas of elimination, position of litter boxes, favored resting areas, and feeding areas, can be marked on the plan. If a home visit is undertaken, then the veterinarian can see these things firsthand.

There are advantages and disadvantages to clinic versus home visit consultations, and both can be successful. Behavioral consultations will generally last

BOX 12-1**Sample Behavioral Questionnaire****Owner's Details:****Cat's Details:**

- Main reason for consultation:
- Any other behavioral problems:
- Medical history (if not readily available within practice):
- Name the people living in your household (including ages of children):
- Do you have any physical ailment(s) that influences your ability to interact with your cat?
- Have you owned a pet before you owned this cat?
- Where and at what age was your current cat acquired?
- Did your cat have any previous owners? If so, do you know why it was given up?
- Do you know any details about its parents or siblings?
 - If so, do they have any behavioral problems?
- Why did you choose this breed?
- Why did you choose this individual?
- Where does your cat sleep?
- What, when, and where is your cat fed?
- List your cat's favorite food treats and toys, in order of preference:
- How much time does your cat spend indoors/outdoors?
- How does your cat react with:
 - Other cats
 - Strangers
 - Children
 - Friends
 - Groomer
 - Veterinarian
- Are there other pets in the household? If so, how do they get along with one another?
- What is your cat's typical daily routine?
- What is your typical daily routine?
- How long ago did the problem begin? Can you describe the first episode?
- Describe the last three episodes in which the problem behavior occurred:
- How often does the problem behavior occur?
- Has the problem changed over time in frequency or intensity? If so, how quickly has the change occurred?
- Can you identify any factors that may have triggered or coincided with the onset of the problem behavior?
- Can you predict when a problem is likely to occur?
- What has been tried to correct the problem? How successful have these measures been?
- What are your goals for treatment?
- Provide the following information if your cat is urinating or defecating inappropriately:
 - Number of litter boxes provided
 - Type of litter box (shape, depth, size, any covering, any lining)
 - Type of litter material used in the box
 - Location of the litter boxes
 - Cat's typical use of the box (e.g., feces is covered/ left uncovered, cat scratches before elimination, cat stands while eliminating, cat squats while eliminating)
- Please note any other information that may be relevant to this problem.

significantly longer than a standard consultation, so it is important that clients be seated comfortably and that the veterinarian allow sufficient time to obtain an adequate history without rushing through the questions. The cat's stress level should be reduced as much as possible. Ideally, waiting time is short and exposure to other animals at the clinic is minimal.

Asking clients to provide video footage of their cat can also be useful. Even in a long consultation, the cat will be observed only in one particular context, which will be influenced by the presence of the veterinarian, whether this takes place at the clinic or during a home visit. It is very important that the client not provoke the cat to perform behaviors that may be deleterious to the cat's welfare. For instance, if two cats in the household are engaging in aggressive behavior with each other, the client should not videotape them fighting. This may seem obvious, but many clients need to be educated about the fact that certain behaviors are better described than demonstrated.

BASIC PATIENT INFORMATION

As previously discussed, many veterinarians use a questionnaire to help make the consultation time more productive. The written information provided by the client should always be reviewed during the face-to-face part of the consultation. The terminology that clients use to describe their cat's behavior may be ambiguous. A client may consider their cat to be spraying but then reveal, on further questioning, that the cat is simply voiding urine outside of the litter box rather than actually spraying urine. One study found that almost a third of veterinarians did not seem to distinguish correctly between urine marking (spraying) and inappropriate urination.² Because the treatment approaches for these two conditions are likely to be quite different, the importance of asking the right questions is critical. Another example of a need for further clarification is when clients report that their cat has bitten them. A bite can vary from making contact with the skin but leaving no mark or bruise to

multiple deep puncture wounds; the implications of each are clearly quite different.

The client's details should be collected, as for any veterinary consultation. The identifying details for the cat can also be useful from a behavioral perspective. Even the cat's name may give some indication of its relationship with the owner. The cat's age at presentation may coincide with sexual or social maturity or suggest the possible role of senility in the disorder. Gender and reproductive status influence the expression of many behaviors such as urine spraying.¹¹ Breed predispositions occur for many behavioral disorders; Siamese cats, for example, are overrepresented for ingestive behavior problems.¹ Finally, the cat's weight is relevant when dispensing medications and is particularly important with regard to eating disorders such as pica.

The age and gender of the other animals and people living with the cat should be determined. Asking about any physical ailments that may have an impact on the client's ability to interact with the cat is useful because this may not be immediately evident during the consultation. The occupation of employed household members can help the veterinarian provide examples or descriptions to which the clients can readily relate. Asking whether the client has owned cats in the past can also assist in understanding the potential challenges of the current situation. For instance, although new cat owners might have difficulty interpreting feline body language, experienced owners might have difficulty understanding why they are having problems with their current cat when previous cats did not have similar issues. Occasionally, individuals from outside the home should also be considered. For instance, the routines of neighborhood cats can have a significant impact on the resident cat.

The primary presenting behavioral complaint, as perceived by the client, should be provided in the questionnaire. Because clients are sometimes concerned about more than one behavioral problem, allowing space for other issues to be listed is recommended. The veterinarian may become aware of other problems that were not perceived as such by the client or may decide that secondary issues should take precedence to the one cited as primary by the client.³ It can take some time to work through such issues and reach an agreement about prioritizing interventions.

The cat's age at acquisition and the place from which it was acquired should be ascertained. If the cat had previous owners, the veterinarian should ask if the client knows why it was surrendered. The reasons for the choice of a particular breed or an individual cat may assist in defining the relationship between cat and client. If available, any information about the behavior of close relatives can also provide clues about etiology. It is known that early experiences can have a significant

impact on the adult cat's behavior. Although such information can be very useful, it is often impossible to obtain. Stray cats and those adopted from shelters often have an unknown early history.

A client may suspect that one cat in the household is scratching or soiling inappropriately but not be certain which cat (or cats) is the offender. A third party (e.g., a neighbor) may report that the client's cat is eliminating in their garden, but the client may not have witnessed this behavior firsthand.

Invariably, some facts will be missing or questionable in any behavioral history. Ongoing observation and data collection can help compensate for any deficiency at the time of the consultation. For example, a videocamera could be set up to identify a urine sprayer in the household.

SELF-MAINTENANCE BEHAVIORS

The cat's diet, water intake, grooming and sleeping habits, and elimination behaviors all need to be reviewed. The level of detail that is collected about any of these is likely to vary depending on the presenting complaint. For instance, for a cat with toileting problems, the following questions could be included:

- How many litter boxes are provided?
- What type of litter box is used (e.g., shape, depth, size, any covering, any lining)?
- What kind of litter material is used in the box?
- When are the boxes cleaned, and what is used for cleaning?
- Where are the litter boxes located?
- How is the tray used? Is the feces usually covered or uncovered? Does the cat scratch before elimination? Does the cat stand or squat?

SOCIAL ENVIRONMENT

The amount of time the cat spends indoors or outdoors can play a significant role in the etiology of some behavioral disorders and also have an impact on the type of intervention that is selected. Detailed information can also be obtained regarding the way the cat responds to other cats (both within and outside the home), adult strangers and friends, children, groomer (if applicable), the veterinarian, other animals (if applicable), and the client.

Learning the cat's and the client's daily routines assists in defining the relationship they have together, the time that might be available to work on the problem, and some of the management strategies that could be practical.

THE PROBLEM BEHAVIORS

In the “Problem Behaviors” section of the history, clients are likely to have given an initial brief description of the problematic behavior. Having them fill out a questionnaire with the additional details often helps them understand that the behavior does not stand alone but is influenced by many factors in the environment. After understanding this, clients usually are more willing to implement strategies that address some of the broader issues, rather than expect to learn a simple method to suppress the problematic behavior. For example, an owner may initially think that a good way to address the problem of a cat vocalizing at night may be to squirt it with a water pistol. Once the bigger picture becomes clear, the client is more likely to consider some of the underlying causes of the vocalization and address these instead of simply trying to stop the behavior. Invariably, this approach protects the cat’s welfare and improves the cat–client relationship over the long term.

The following questions can be asked to elucidate the problem behavior:

- How long ago did the problem begin?
- Can you describe what happened the first time the behavior occurred?
- Can you describe the last three episodes in which the problem behavior occurred?
- How often does the problem behavior occur?
- Has the problem changed with time in frequency or intensity? If so, how quickly has the change occurred?
- Can you identify any factors that may have triggered or coincided with the onset of the problem behavior?
- Can you predict when a problem is likely to occur?
- What has been tried to correct the problem? How successful have these measures been?
- Is there anything else that may be important and that has not been covered elsewhere?

Again, further details could be provided regarding specific behavior details. For instance, a feline aggression screening tool has been formulated by Overall¹⁰ to more accurately assess a cat presenting with aggression issues. It is also useful to ask clients to describe particular features, such as the cat’s body language before, during, and after an event such as a fight.⁹ Requesting specific details can be a useful way to counter the subjective interpretation that clients often give when first questioned about such incidents (e.g., describing the cat as angry, jealous, or spiteful or otherwise anthropomorphizing its behavior).

FORMULATING A TREATMENT PLAN

See Chapters 13 and 14 for details regarding treatment options for various behavioral disorders. One last question on the history form is particularly important. Both the client and the veterinarian must be absolutely clear about the goals for implementation of the treatment plan. A thorough history, collected in a way that is supportive of the client, is the best starting point to making a behavioral diagnosis. The veterinarian can then identify and confirm the client’s strengths, offer fresh avenues to approach the problem, and build on this foundation to formulate a collaborative treatment plan that the client will be willing and able to implement.

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