



SKILLS CHECK

Completing a Comprehensive Behavioral History

Jessey Scheip, LVT, VTS (Behavior), KPA-CTP, FFCP
Mindful Mentor Behavior Consulting, Manassas, Virginia

Abstract

Veterinary behavior medicine relies heavily on having a thorough behavioral history on which the veterinarian can accurately base a diagnosis and treatment plan. A behavior treatment plan is only as good as the history collection. Collecting behavioral histories is time-consuming and is best accomplished by the veterinary nurse, who is in the prime position to explore the patient's challenges, translate the client's observations into usable information, and provide the attending veterinarian with pertinent details. Accurately and efficiently collecting a behavioral history is the most important aspect of treating behavior problems.

Take-Home Points

- Unlike other areas of veterinary medicine, behavioral histories rely more on client communication than on diagnostic testing.
- It is helpful to know whether clients are anthropomorphizing their pet's behavior, believe in dominance theory, and can recognize normal versus abnormal behavior.
- A thorough behavioral history should be gathered through information from a preappointment questionnaire and from an in-office interview.
- A thorough behavioral history includes the patient's full developmental, learning, social, and medical information; the client's concerns and expectations; and the environment and lifestyle.

Behavior is considered a “soft science” because objective diagnostics are limited.¹ Thus, veterinary professionals must rely heavily on client communication and descriptions of problem behaviors. Most undesirable pet behaviors depend highly on the situational context and may not be exhibited in situations that veterinary professionals are likely to see. Behavioral inhibition is common during fear-inducing situations. In 2009, Döring et al found that 78.5% of dogs displayed “fearful” behaviors during a standard examination in the veterinary setting.²

Not all clients are able to discern which behaviors are normal versus abnormal. Their confusion is often compounded by the inability to find reputable sources of information.³ Many clients may have a specific behavioral concern while not realizing that their pet is exhibiting multiple abnormal behaviors. For example, the client may be concerned that their dog exhibits aggression toward children in the home, only to learn that separation anxiety is the primary cause of the

aggression. Being agitated and distressed increases the dog's irritability, lowers its patience, and results in aggression if the dog is disturbed while resting. Behavioral medicine therefore relies heavily on the subjective history obtained from clients. As veterinary nurses, our role is to obtain a thorough behavioral history and distill it into objective details that the veterinarian can then use for diagnostic and treatment plans.⁴

POTENTIAL HISTORY-TAKING CHALLENGES

During the history-taking process, the veterinary nurse needs to navigate client biases without causing the client to feel criticized. A variety of communication techniques are available to enable the veterinary nurse to obtain objective observations without attacking the client's interpretation (**TABLE 1**).

TABLE 1 Sample Veterinary Nurse–Client Communication

TECHNIQUE	DIALOGUE EXAMPLE
Start by simply listening. Allow clients time to express their concerns and use their own terminology.	Client: “Bella always wants to go say ‘hi’ to the other dogs while on walks. After she gets close though, she often starts growling and barking.”
Ask open-ended clarifying questions to narrow down specific, observable details (e.g., body postures).	Veterinary nurse: “When you say, ‘she wants to go say hi,’ can you tell me more about how her body looks? What position are her ears in?”
Be honest with your intention. Explain to clients that you are attempting to identify objective information to best assess the problem.	Veterinary nurse: “I want to make sure I have a clear mental picture of what Bella does as she approaches these other dogs. There can be multiple reasons a dog approaches but then reacts aggressively.”
Focus on reframing clients’ descriptions by using more appropriate terminology. Reflect and paraphrase your understanding of what they are telling you to ensure shared understanding.	Veterinary nurse: “Just to make sure I have this clear: It sounds like Bella will see another dog, her tail goes up, her head goes down, and she pulls heavily against the leash in an attempt to quickly approach the other dog. Is this correct?”



As with other aspects of medical history collection, taking a behavioral history starts broad, identifies specific areas of interest, then slowly focuses on each area individually.



Anthropomorphism

Clients frequently attempt to fabricate motivations for their pet's behavior; in other words, they may anthropomorphize, attributing human traits or emotions to nonhuman entities.

Belief in Dominance Fallacy

For decades, American culture has been fixated on the concept that domestic dogs build dominance hierarchies with their owners.⁵ Under this pretense, it is believed that pet owners who are not forceful enough will promote disobedient behaviors in their dogs. Such perceptions influence the way in which pet owners interact with their pets, support their needs, and empathize with their pet's behavior.⁶

Misperception of Normal Behavior

Another common challenge associated with collecting a behavioral history is the client's perception of normal behavior. "Normal" simply refers to the range of behavior frequently observed within a population (e.g., patient species, breed, home environment).

For example, it is commonly accepted that the degree of vocalization by the Siamese breed of domestic cats is much higher than that of other domestic cats. This interpretation can be real or another cat owner misconception.

Another example might be expecting border collies to need constant stimulation throughout the day. Although dogs of this breed may have more energy and drive than other dogs, it is not normal for any dog to require continual exercise for 10 hours each day. Thus, the veterinary nurse will need to have a solid

understanding of normal behavior for the breed and be able to provide the client with appropriate examples.

HISTORY-TAKING PROCEDURE

As with other aspects of medical history collection, taking a behavioral history starts broad, identifies specific areas of interest, then slowly focuses on each area individually. The different focus areas and specific pieces of information to ask for in each are as follows.

Preappointment Questionnaire

Having a preappointment behavior questionnaire, available from most veterinary behavior textbooks, is helpful. A questionnaire can be used to:

- Consolidate information into a single, organized document
- Provide a reference for specific dates and circumstances
- Screen for other, more subtle, behavior concerns that could be influencing the main behavior concern
- Enable clients to contemplate and effectively describe why they are seeking assistance with their behavior concerns
- Help prepare the clinician and veterinary nurse for how the case may proceed, which specific details to highlight, and where client education may be needed

General Patient Overview

- Patient's name
- Species, breed, age, sex, current weight
- Chronic health conditions
- Personality
- Typical daily routine
- Typical ingestive behaviors (e.g., nutrition, treats, inappropriate ingestion of toys)
- Typical social behaviors
- Typical exercise and enrichment routine
- Typical affiliative behaviors (i.e., behavior with family and nonfamily members)
- Typical elimination behaviors

Household Setup and Dynamic

- People who live within the household, even part time (names, ages, occupations, hours away, relationship with the patient)
- Any other animals with which the patient routinely interacts (names, ages, species, breed, relationship with the patient)



- Type of home, size, outdoor areas, fenced or unfenced yard
- Activity level
- Degree of predictable versus unpredictable routine

Patient's Early History

- Birth, early environment, littermates, maternal behaviors from the dam
- Age, source, process of acquisition and integration into the home
- Interactions with people and other animals in the first year of life
- General socialization process

Patient's Learning History

- Training styles used
- Response to training
- Ease of learning
- Skills/behaviors learned
- Any use of pet professionals (e.g., companies, names, techniques)
- Type(s) of equipment used for training previously
- Type(s) of equipment used for training currently

Common Anxieties, Fears, and Displays of Aggression

- Behavior as the family prepares to leave
- Behavior when home alone (e.g., property

destruction, vocalization, elimination, vomiting)

- Aggression displayed during a variety of social situations (**BOX 1**)
- Aggression displayed during interactions with people (**BOX 2**)
- Reaction to loud noises, fireworks, and/or thunderstorms
- Degree of interest in being outside versus inside

Targeted Behavior Information

- Age and scenario around the first incident
- How the undesired behavior has progressed with time
- Frequency of the undesired behavior
- Severity of safety risk (see Dr. Ian Dunbar's Dog Bite Scale, go.navc.com/3XVHRqh)
- Recovery period after an incident
- Common environmental factors (e.g., location, animals and people present)
- Techniques used to address the undesired behavior and their success or failure

Cat-Specific Information

- Litterbox details (e.g., size, covered/uncovered, type of litter, cleaning schedule)
- House soiling (e.g., common locations, horizontal versus vertical surfaces, frequency)
- Consumption of nonfood items, especially plastics, rubber, and paper/cardboard
- Each cat's selected territory, including resources available (e.g., scratching posts, sleeping spots)

BOX 1

Triggers for Aggression Displayed During Social Situations*

- Frequent visitors
- Occasional visitors
- Unknown female
- Unknown male
- Unknown child/children
- Unknown dog on leash
- Unknown dog off leash
- Crowds and busy areas
- Vehicles (e.g., trucks, bicycles, buses, cars)

*Determine whether inside or outside the home

BOX 2

Triggers for Aggression Displayed During Interactions With People*

- Being handled and/or groomed
- Being petted and/or hugged
- Being disturbed while resting
- Being disciplined
- Having food taken away
- Having objects taken away

*Determine whether aggression is toward primary owner, co-owner, children, and/or other people



Welfare Assessment

- Degree to which behaviors are influencing the client's emotional and physical welfare
- Whether the animal is at risk for rehoming, abandonment, or euthanasia
- Client's goals and perceptions of the problem

In-Office Interview Process

Depending on the depth of preappointment screening, the in-office oral interview should take approximately 20 to 30 minutes. The veterinary nurse should thoroughly review the questionnaire before the start of the patient's behavioral assessment. The purpose is to develop a framework on which to build specific details around the client's concerns. The interview should then focus more on the progression of the patient's behavior and include questions such as:

- "How was the patient first integrated into the household?"
- "When was the first time you noticed a problem?"
- "Tell me how the problem progressed over time. Did it get worse, better, different?"
- "Can you identify any common triggers present when the behavior occurs?"

The questionnaire will also allow opportunity to screen for abnormal behaviors the client may not think to address. Should one of these questions be answered in the affirmative, they can be explored further in the interview. For example:

- "I see you indicated on your form that [patient's name] often spins or chases their tail. Tell me more about that."

The interview should also focus on the emotional welfare of the clients. Caring for a patient experiencing behavior problems can be highly distressing and affect the quality of life for the entire household. An example of a question to ask regarding the effects of the behavior on the household is, "It sounds like you're worried about the safety of your children. How is that affecting you?"

Determine how much patience the client has and which resources are available. If the clients are struggling and considering rehoming or euthanasia, a more aggressive treatment plan will need to be implemented to save the patient.

There may be small details brought up by the client that provide further context to the undesirable behavior. If so, they should be explored in detail by using a combination of open-ended and closed-ended questions as well as active listening skills.

SUMMARY

To properly diagnose and treat behavior disorders, the veterinary team must have a thorough understanding of the patient's undesired behaviors (e.g., the patient's history, the client's concerns and expectations, the various social dynamics present within the household). Therefore, collecting a thorough behavioral history is arguably the most valuable part of a behavior problem assessment. **TVN**

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Jessey Scheip

Jessey is a licensed veterinary technician who has been active within the veterinary community for over 15 years. She has spent time in general practice, emergency/critical care, surgical specialty, shelter/rescue work, and behavioral specialty. She is VTS-certified in behavior, a Karen Pryor Academy Certified Training Partner, and an Elite Fear Free Certified Professional. With her company, Mindful Mentor Behavior Consulting, she provides intermediate support for dogs and cats experiencing behavioral challenges by coordinating care with their veterinarian and guiding families in implementing behavior therapy plans.

