

Aggression/Canine: human directed/ familiar people

chapter 5



DEFINITION/OVERVIEW

- Aggression, which can be growling, lip-lifting, barking, snapping, lunging, or biting, usually directed toward household members or familiar people
- Usually occurs in situations involving access to preferred resources, interactions such as petting, moving, handling, and reprimanding or attempting to take objects from the pet
- Alternate terminology: dominance aggression, status-related aggression, conflict, or competitive aggression



ETIOLOGY/PATHOPHYSIOLOGY

- Traditionally thought of as normal canine social behavior directed toward people. Unclear if canine hierarchical rules apply to dog-to-human interactions.
- Some cases may be impulsive and unpredictable, with injurious and dangerous consequences.
- Often associated with underlying anxiety, conflict, and poor communication, or the lack of clear rules and structure between owner and pet during social interactions.
- Some dogs may have impaired social communication skills and misread social signals from humans leading to problematic responses.
- Exacerbated by reprimands and physical punishment.



SIGNALMENT/HISTORY

- This behavior may be exhibited by any breed; it is often seen in spaniels, terriers, Lhasa Apso, and Rottweilers.
- It is traditionally thought to be manifest at social maturity (12–36 months of age). In younger dogs, it may be defensive aggression with a learned component. Detailed histories of early episodes are essential to accurate diagnosis.
- This behavior is more commonly seen in male dogs (castrated and intact).
- Owner-directed aggression is not always motivated by the desire to control but often is anxiety or fear-based.

Historical Findings

- Mild behavioral signs of aggression such as staring, growling, baring teeth, or snapping may have been present for some time but not considered significant by owners.
- Details of early aggressive episodes help establish the diagnosis and prognosis.
- Triggers include approaching the dog while in resting areas, food, toys, handling (including petting and reaching toward) and favored possessions, including people.
- Aggression generally occurs to familiar people with whom the dog lives or has an established relationship with the dog. Other types of aggression may occur and be directed toward unfamiliar people.
- Aggressive responses may occur along a continuum from mild growling or snarling to lunging and injurious bites. Responses may be unrelated to a suspected level of provocation.
- May occur concurrently with territorial aggression, aggression toward other dogs and toward unfamiliar people, food-guarding aggression, and possessive aggression.
- Some dogs appear confident while others appear anxious at every encounter; body postures and emotional affect can change over time as the animal learns how to manipulate the outcome.
- Owner responses may determine progression of the aggression. Punishment or inappropriately applied interventions (alpha rolls, scruff shakes, physical reprimands) may increase rather than decrease aggressive responses.
- Not all family members may be the recipient of aggressive responses depending on individual ability to control the dog and frequency of interactions.
- Common contexts include standing over or staring at the dog, prolonged petting, manipulation of the body, reprimands, removing items from the dog, preventing access to locations or items, disturbing while resting, proximity to food or valued toys, dog's uncertainty about the outcome of the encounter.

Contributing/Risk Factors

- This behavior may actually be part of a normal canine social behavioral repertoire in some individuals, but its expression is influenced by environment, learning, and genetics.
- The manifestation of aggression may be influenced by underlying medical conditions, early experiences (aggression is an effective means to control situations), inconsistent or lack of clear rules and routine within the household and within human-pet interactions with family members.
- Contributory medical conditions must be ruled out, since illness and/or pain may influence a tendency for aggressive behaviors.
- Aggression may occur over competition for a resource that the individual cares about enough to fight over yet what the animal learns about the outcome of the encounter and how the outcome relates to future encounters is unknown.

- Inconsistent or inappropriate punishment and inconsistent owner interactions may contribute to the development of conflicted and/or aggressive behavior.
- Unclear expectations in social interactions.
- Unclear outcomes in social interactions.
- Allowing the dog to determine the outcome in day-to-day interactions with humans in the home.
- Allowing the dog to hold a greater resource-holding potential (i.e., allowing the dog to continually have the resource without challenge) in certain situations.

Pertinent Historical Questions

- What is the household composition, including family members and other pets?
 - This allows the clinician to identify areas that need additional management to protect people and also evaluate the amount of time available for rehabilitating the dog.
- Daily routine, including feeding, training, exercise, and play.
- Some animals may show anxiety in various contexts.
 - Is there evidence of distress at owner departure?
 - Is there anxiety in novel situations, places, or objects?
 - Does the pet have noise phobias including noise caused by storms?
- Duration and progression of the problem behavior.
 - Long histories of aggressive behavior have a poorer prognosis.
 - If the aggression is very frequent (e.g., daily), it is probably well established and will be challenging to change.
 - If the aggression has gotten more severe (e.g., snarl to injury bite), then these dogs are more dangerous.
- Aggression may not be seen all the time in every situation.
 - Attempts should be made to establish triggers and frequencies.
 - The severity of episodes should be assessed.
- Attention should be paid to body posture and facial expressions before, during, and after the episodes.
 - Stiff body posture, staring, head up, ears up and forward, or tail up may accompany aggressive behavior.
 - A combination of these postures with more submissive postures and/or fearful postures (e.g., tail is up but ears are tucked, eyes averted), may accompany aggressive behavior, which may represent an element of conflict, anxiety, or fear in the dog's motivation.
- Descriptions of aggressive encounters are essential.
 - Learn about the first episode of any aggressive responses however mild.
 - Learn about the most recent episode with any aggressive response.
 - Progress back in time through several episodes and trigger situations.
 - Each should include persons present, their actions and responses, position and actions of the dog, and body postures and facial expressions of the dog and any injuries. The dog's behavior needs to be reviewed before, during, and after incident.

- Descriptions should include objective descriptions of what the dog “did,” not what the owner thinks the dog “meant.”
- Learn about the previous treatments used including both those that helped and those that made the condition worse and the pet’s response to each one.
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DIFFERENTIAL DIAGNOSIS

- Pathological disease conditions associated with aggression (e.g., painful musculoskeletal conditions, endocrinopathies)
- Fear-based aggression
- Anxiety conditions



DIAGNOSTICS

- Physical and neurological examinations should be done on all patients.
- Further diagnostic testing is determined by physical examination findings and minimally would include CBC, chemistry profile, endocrine testing, and urinalysis.
- No specific diagnostic tools are available at this time.
- In individuals with extremely explosive and injurious aggression, medical pathologies may be present and diagnostic work up including EEG may be warranted. (See Chapter 7, Aggression/Canine: idiopathic.)



THERAPEUTICS

Safety

- Preventing human injuries must be the first concern.
- Owners must be aware that the only way to prevent future injuries is euthanasia.
 - Certain family dynamics (young children, elderly residents, or immunocompromised individuals) may make keeping the pet dangerous and impractical.
 - Re-homing dogs may not be practical or safe.
- A complete list of aggression-provoking situations should be compiled.
- All known situations that evoke aggression must be avoided.
- All family members need to comply with treatment recommendations.
- Treatment is generally lifelong.

Management Techniques

- Do not allow the dog on furniture or to sleep in the bed.
- Avoid valuable treats or toys (e.g., rawhides). All treats should only be those that can be quickly consumed such as a dog biscuit.
- Pick up toys and have owner control playtime and activity.
- Do not physically punish or reprimand the dog.
- Do not attempt to take items the dog may have/want, instead offer an alternative activity or trade at a distance for a food reward. (See Chapter 10, Aggression/Canine: possessive and Chapter 58, Stealing Household Objects: canine and feline for more detail.)

Behavioral Modification Techniques

- Treatment is aimed at controlling the problem, not at achieving a “cure.”
- All interactions are based on a command/response relationship, nonconfrontational methods to teach the dog to view household members as leaders and in control. Use reward-based training to teach the dog to obey commands in daily situations.
- Restructuring the pet-owner relationship: create rules for interaction so the owner knows when and how to interact with their pet.
 - In the beginning, all attention is initiated by the owner.
 - The pet can receive attention when it is calm and quiet.
 - The pet must earn attention by either performing a task such as “sit” or by remaining calm and quiet nearby.
 - The owner calls the pet over, begins the attention session, and also ends it before the pet does.
 - Initially, the pet is required to “earn” all things such as food, access to the outdoors, play, walks, etc., by performing a task on command such as “sit.” Later if the animal requests the item by calmly sitting and waiting, it will be given.
- Limit physical contact with the dog, including petting. Control affection by having the dog follow a command prior to attention.
- Teach the dog to obey commands to end situations where aggression has occurred in the past.
 - Use “off” commands to remove the pet from furniture.
 - Use “drop it” commands to obtain objects.
- The CCDS technique is used to decrease responsiveness to situations that have resulted in aggression in the past. A muzzle may be needed for safety. The CCDS technique should not begin until the owner has assumed a greater level of control over the dog through affection control and reward-based training. Individual situations that need CCDS will vary with each case.
- Teach the dog to comfortably and safely wear a headcollar (Gentle Leader[®]) and/or basket muzzle. Have the dog wear the headcollar with a lightweight 8- to

10-foot leash attached whenever in contact with people. Use a long leash to move the dog from situations that may elicit aggression; do not reach for the dog directly.

- For dogs that will not allow handling to place a headcollar on their head, use a body harness. The dog should wear the harness and drag a leash when people are home and awake. The leash can be used to move the dog without contact.

Accompanying Handouts

Acute Management of Problem Behavior
 Desensitization and Counterconditioning: the details
 Maximizing Treatment Success
 Safety Recommendations for Aggressive Animals
 Structuring Your Relationship with Your Pet
 Teaching Drop and Retrieving Stolen Items
 Teaching Leave It
 Teaching Your Pet How to be Confined
 Tranquility Training Exercises

Drugs

- Note: All medication dosages are for oral dosing (PO)
- There are no medications licensed for the treatment of canine aggression. Few published studies exist. The only double-blind placebo-controlled study of medication for dominance aggression showed a strong placebo effect and no difference between placebo and medication in reducing aggressive behaviors.
- Owners must be aware that the use of a medication is off-label. Because of liability concerns, a note in the patient record is advisable stating that owners were informed of potential risks and potential side effects. Signed informed consent forms are prudent. Before prescribing medication be sure that owners understand the risks involved in owning an aggressive dog and that they will follow safety procedures and not rely on medication to keep others safe.
- Never use medications without behavior modification.
- Medication may not be appropriate in some family situations such as those with small children, family members with disabilities, or immunocompromised individuals.
- Medication may only decrease the intensity and/or frequency of aggressive responses but not make them go away entirely.
 - Prior to medication, routine blood work including CBC, chemistry screening, T4, and TSH should be performed. For dogs on long-term medication, yearly or semiyearly recheck is recommended.
 - Serotonergic medications:
 - These are indicated for situations where there is unavoidable prolonged exposure to trigger stimulus.
 - Some serotonergic medications are specific for serotonin and others have effects on multiple neurotransmitters such as norepinephrine and dopamine.