

# **Rover Can't Play: Aggression Toward Non-Household Dogs**

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This is the age of the social dog. Dogs meet at the park and the beach. They have birthday parties at the pool. And they are walked casually on retractable leads, bounding up to each other with their owners in tow.

What about the dog that growls, barks or lunges at unfamiliar dogs? These dogs are probably at home in their own yard, if they are lucky enough to have a yard. They won't be taken out again. Except of course to come to the veterinary clinic, where they can be shuttled in the side door.

When the dog in question is large and powerful, owners worry that serious injury may occur. But even if the dog is a toy breed, he will not be taken out in public. Owners are embarrassed by these aggressive displays. They feel entirely responsible for the behavior. They wonder what they did wrong—their friends' dogs don't act like this!

## **Why does it matter?**

The outcome if untreated is bad for all concerned. People stay home. They lose the health and social benefits a dog can offer. If they do go on walks, they do so at times when the streets are deserted.

The affected dog loses the health benefit of exercise as well. He also loses a valuable source of enrichment: most dogs appear to enjoy sniffing and exploring new environments.

Perhaps the most serious consequence of all is the negative effect on the bond between the dog and owner. When a person is unhappy with his dog, there is a great risk that the dog will lose his home or even his life.

It is tempting to simply blame an owner for inadequately training his dog. In certain cases, owners can play a role in the development of aggressive behavior toward other dogs. Inadvertent reinforcement of undesirable behaviors is commonplace.

## **However, the behavior can be seen in dogs that have had extensive schooling.**

It appears that in many cases then, the dog's genetic make-up and / or the pre-adoption environment were contributing factors in the development of interdog aggression toward unfamiliar dogs.

There is no point in trying to fault the owner. Defensive owners are not apt to be compliant. The goal should be to evaluate the behavior, determine a diagnosis, offer a realistic prognosis, and then set up a treatment plan.

## **Diagnosis**

The differential diagnosis for interdog aggression toward non-household dogs can include any of the following:

- fear-based aggression
- territorial aggression
- gender specific aggression
- dominance related aggression
- possessive aggression
- protective aggression
- learned aggression
- predatory behavior

There may be more than one diagnosis so careful history taking is important. Medical conditions that cause pain or loss of vision or hearing can also cause or contribute to aggression toward other dogs.

## **Treatment**

Treatment for behavior cases can generally be divided into 3 sections. First is environmental management: the implementation of a safety plan so that there is no injury, and the prevention of further reinforcement of inappropriate behavior. The second section is behavior modification. The third section is, if appropriate, pharmacological intervention.

### **Environmental management**

For some large dogs, a safety plan will include the use of a head halter and / or muzzle. Muzzles protect not only the neighborhood dogs but also the owner. Redirected aggression is not uncommon in highly aroused dogs. Owners of dogs that are too excited to follow cues should arrange walks at times that an encounter with another dog will be unlikely. Oh, and retractable leads should be discarded.

### **Behavior modification**

Often, it is challenging to arrange a dog-free environment. In that case, classical conditioning, if applied carefully, can have therapeutic benefit, particularly in patients that exhibit only a low or moderate level of arousal.

An initial behavior modification plan should be designed based on the diagnosis, the triggers and the level of skills of both dog and owner. To be successful, owners need to recognize subtle postural shifts in their dogs and identify oncoming threats. Most owners

need guidance in the delivery of cues and reinforcers. Dogs in turn need to learn to accept information and reinforcement from their owners. Attention exercises and relaxation exercises are valuable and should be demonstrated.

In most cases, the behavior modification technique of choice will be systematic desensitization and counterconditioning (DSCC). Properly applied, DSCC should result in a reduction of arousal in response to other dogs. Some patients benefit from response substitution or countercommand, which can be used in conjunction with desensitization.

The practitioner should be aware of some of the jargon associated with modifications of more familiar and traditionally recommended behavior modification strategies. Popular training resources are of course readily available to clients. Techniques are given catchy names such as BAT and CAT. The advantage to these techniques is not clear. In fact, if a desensitization protocol fails, it is most often due to an attempt to proceed at an inappropriate pace or with an inaccurate application of reinforcers.

### **Medication**

Another reason for failure to respond to behavior modification is a behavioral abnormality such as anxiety. Certain patients will benefit from one of the many effective medications that can be prescribed to reduce impulsivity, fear, and arousal. Some medications such as SSRI's and TCA's may be needed chronically; others including benzodiazepines, Trazodone, and clonidine may be appropriate for situational administration.

Since drugs have not been FDA approved for the management of canine aggression, owner education and consent are important. In most cases, it is helpful to establish a learning baseline prior to adding medication to the regimen. Target behaviors should be identified and used to monitor the effect of a drug. Some patients might not seem improved globally—owners will volunteer that they are not “cured”—even as the certain target behaviors are reduced in frequency or intensity. Dosages and types of medication can be more accurately adjusted based on changes in the target behaviors.

Owners need to understand that it would be a rare exception for interdog aggression to resolve in response to pharmacological intervention in the absence of behavior modification. Risks vs benefits should be weighed for each individual.

### **Follow up**

Follow up will be critical to a satisfactory outcome. Behavior modification can be a slow process, and most clients appreciate support. Recheck appointments should be used to confirm that the owner is using appropriate reinforcement and that the dog is learning at an expected pace.

Rechecks that do not involve adjustment of medication can be done with your technician. If you have a comfortable relationship with a local dog trainer, then the trainer can report back on the progress in behavior modification as well. This team approach can benefit all concerned. An important point to remember is that the management of aggressive behavior is ultimately the responsibility of the veterinarian. Even if training might have prevented the development of the aggressive response, the behavior is no longer a simple training problem.

### **Party dog**

Though most dogs present for behaving aggressively on leash walks, a dog may present with the complaint that he does not play well with others. With the popularity of dog parks, camps, and day care, the pressure on the individual dog to mingle has increased.

Unfortunately, many dogs are understandably overwhelmed by the level of stimulation associated with groups of unfamiliar, excited dogs. If more than one member of a group exhibits inappropriate behavior, then the situation can become dangerous.

It is important to help clients develop reasonable expectations. Factors to consider are the intensity of the dog's aggression and fear, the sociability of the dog with non-threatening dogs, and the quality of supervision by the people in the group. One resolution may be to facilitate the organization of smaller groups of people and dogs, with gradual introductions to assure compatibility.

Often clients just want permission to refrain from participating in dog park activities. They will relate to the analogy that not every person is a party animal. Their dogs are not “bad”—they are sensitive and easily over stimulated and need to be protected from maddening crowds.

### **Conclusion**

Canine aggression toward unfamiliar dogs is a common and concerning behavior problem. This aggression does not necessarily reflect inadequate training. It is a behavior that often includes a considerable component of anxiety and should therefore be managed by a veterinarian or veterinary behaviorist. Both aggression and fear can actually be exacerbated by an application of inappropriate, particularly confrontational, training techniques. Instead, treatment should focus on helping the dog relax and accept relevant information from his owner even in the proximity of unfamiliar dogs.