

Canine Aggression Toward People: A Guide for Practitioners

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KEYWORDS

- Aggression • Body language • Dominance • Fear • Territorial aggression
- Behavior history • Canine

KEY POINTS

- Aggression is not a diagnosis; dogs may exhibit human-directed aggression because of fear, conflict, possessive behavior, territorial behavior, redirected aggression, play, predatory behavior, and pathophysiologic reasons.
- Once physical causes have been ruled out, the clinician can differentiate between the various behavioral causes of human-directed aggression based on a complete history and client and first-hand observations of the dog's body language and behavior.
- The clinician must counsel clients regarding risk assessment, management options, and reasonable treatment goals, as well as manage client expectations of the prognosis.
- Treatment of human-directed aggression includes client education, avoidance of confrontational training techniques and other situations that trigger aggressive behavior, positive-reinforcement training, behavior modification techniques, and occasionally the use of psychopharmaceuticals.
- Clinicians play a key role in preventing human-directed aggression by educating clients regarding signs of anxiety and aggression, modeling positive-reinforcement training, and advocating early socialization and appropriate behavioral intervention.

INTRODUCTION

With roughly 4.5 million people who report being bitten by a dog each year¹ and an unknown number of bites going unreported, human-directed aggression has not only a substantial impact on public safety but also damages the critical relationship between our clients and their dogs. Clients may feel angry, betrayed, or even frightened of their own pets. Many clients cannot accept the liability of owning an aggressive animal and contemplate rehoming or euthanasia; bites and aggressive behavior

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toward people are the most commonly cited behavioral reasons for owner relinquishment to shelters.² If a client elects to keep their dog and attempts to curb aggressive behavior through physical punishment or confinement, they may severely negatively impact the dog's welfare and can further increase the risk of owner-directed aggression.³

When presented with patients exhibiting human-directed aggression, the ultimate goal is to provide the best quality of life for both the clients and their dogs. The first step toward that goal is to determine the cause of the aggressive behavior, be it physical or behavioral. Once a diagnosis has been made, owners can be counseled regarding risk assessment and treatment options to minimize future aggression. Because prevention is more effective than treatment, veterinarians should educate clients on the early signs of aggression and how they might avoid injury before it occurs.

APPROACH TO DIAGNOSING AND TREATING HUMAN-DIRECTED AGGRESSION: AN OVERVIEW

Why Is a Diagnosis Important?

The term *aggression* is not a diagnosis. Aggression is simply a clinical sign that warrants formulation of a list of differential diagnoses, including both physical and behavioral causes. The veterinarian's role is to determine which of these differentials is most likely and to make appropriate recommendations. Without fully investigating the cause of aggressive behavior and the circumstances surrounding it, one cannot properly assess the risk and prognosis or formulate an accurate treatment plan. Misdiagnosis or the absence of a diagnosis may also present a liability issue for the veterinarian.

How Do I Make a Behavioral Diagnosis?

Distinguishing different categories of aggression requires knowledge of normal canine body language, common initiating factors, targets and triggers, and an understanding of how aggressive behavior is reinforced. Information pertinent to the specific patient is then gathered through history taking, observation of the pet, and diagnostic tests to rule out physical causes of aggression.

From the collected subjective (eg, client history) and objective data (eg, clinician observations, physical examination, laboratory data), a problem list can be created. The clinician then determines differential diagnoses for each behavioral problem, keeping in mind that comorbidity and multiple behavioral diagnoses are common⁴ and that patients may possess multiple or mixed motivations for exhibiting the same behavior. For example, a dog that barks at visitors may exhibit fear aggression toward some (eg, male guests) and territorial aggression toward others (eg, postman). Additional information may be required before the clinician can arrive at a diagnosis or diagnoses.

How Do I Obtain Behavioral Information?

A large body of information is necessary for an accurate behavioral diagnosis (Table 1). A verbal history may be obtained from the client during the appointment but may not be comprehensive because of time constraints. Clients can be asked to complete a general history form before the appointment, allowing time for more detailed questioning during the consultation. Printable history forms are available in most veterinary behavior textbooks.

Historical information obtained from the client is subjective and may be colored by the client's perception and interpretation. Clients often need to be reminded to tell you exactly what happened and not what they think happened or what they believe the dog was thinking or feeling during a particular aggressive event. Witnessing the dog's body language and behavior first hand provides the clinician with more objective

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