Territorial Aggression in Dogs -Diagnosis and Treatment Plan

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Introduction

Aggression to strangers in the home (AKA Territorial Aggression) is a common problem that negatively impacts the human-animal bond. It can lead to relinquishment, abandonment, neglect, abuse, and euthanasia. Thankfully it can be improved significantly in many cases with science-based interventions.

This diagnosis is made when a dog exhibits any combination of the following when people/animals approach or actually enter an area the dog frequents (such as the home and yard): muscular tension, piloerection, dilated pupils, high wagging/flagging tail, staring, low-pitched/loud barking, snarling, snapping, or biting.

Like many behavioral disorders, the onset of territorial aggression is likely multidetermined. Genetics, socialization and learning history, medical and behavioral co-morbidities, owner and visitor behaviors, and layout and size of home/yard all contribute.

Differentials

Fear-related aggression is often co-morbid with territorial behaviors. Protective, possessive, food-related, predatory, and play-related aggression can masquerade as territorial behaviors.

Prognosis

Prognosis is dependent on many factors such as family composition and health, need to have visitors, types of visitors expected, willingness to implement a science-based plan, severity of injuries, degree of warning, number of specific triggers, ability/willingness to avoid triggers, predictability, and co-morbid medical and behavioral disorders. Some patients struggle to allow any new people into their "inner circles" even with repeated, appropriate exposures. These patients are more difficult to manage and improve in the long term than patients who require either short duration or low frequency exposures to others in order to tolerate the people within the home or on the property.

Treatment

The best treatment is multimodal, as for most behavioral disorders. A combination of avoidance and management, environmental enrichment, desensitization and counterconditioning, psychoactive medication, supplements, dietary change, and pheromone treatment should be considered.

Clients often require help creating a list of specific triggers. Once this list is developed, management plans should be developed for each trigger. For instance, if the dog is aggressive when people approach the door, then the dog should not be able to hear/see people approaching the door and should be kept out of the doorway when visitors are arriving. If the dog is aggressive when visitors pet him/her, then petting must be avoided.

Safety tools like baby gates, crates, leashes, head halters/body harnesses, basket muzzles, etc. should be implemented proactively and used in trigger situations. Patients often need to be trained using positive reinforcement to enjoy resting in crates and wearing basket muzzles (www.muzzleupproject.com is a great resource for owners working on this).

Avoidance and safe management are the minimal interventions for these behaviors. For some families they may seem sufficient. However, affected families are strongly recommended to implement environmental enrichment and behavioral therapy with a science-based trainer and/or a veterinary behaviorist if available. Unfortunately, avoidance can fail for a variety of reasons. One unlocked door can result in a bite after all.

Environmental enrichment should be individualized to each patient's needs. Dogs need adequate, pleasant exercise, food puzzles rather than food in bowls, routine play-sessions, and resting areas where they can remain undisturbed

Behavioral therapy can often be successful in only a few minutes per day. Specifics depend on the characteristics of the individual animal's disorder. However, behavioral therapies should minimally be pleasant for the patient, and ideally, they should be fun for both owners and patients. Positive punishment (yelling, hitting, kicking, alpha-rolling, scruffing, grabbing, staring the animal down or handling the animal in any way that is designed to be threatening) is completely contraindicated because it can result in escalation of the behavior problem in the moment and in the future.[1]

Medication

Medications may be prescribed only if a valid veterinary-client-patient-relationship exists. Clients also need to be counseled regarding the off-label nature of all medications for aggression in dogs. Many patients benefit from testing fast acting/trigger time meds and administering them before visitors arrive. Daily SSRIs or TCAs are often utilized to help patients learn new ways to respond. Supplements, diet change, and pheromones may also be helpful for some patients.

Fast acting medications

Fast acting medications are most appropriate when triggers are infrequent and predictable. They can be especially helpful if the patient has poor resiliency, inability to follow well-known cues during trigger-exposure, and/or is only reinforced by increased distance of the trigger from the area.

Med Class	Mech of Action
Benzos	Gaba
Gabapentin	Voltage gated Ca channel, alpha2-delta subunit; glutamate
Sileo	Alpha-2 agonist
Clonidine	Alpha-2 agonist
Trazodone	5HT

Propranolol	Beta blocker
Hydroxyzine	Antihistamine
Acepromazine/ Antipsychotics	DA (lower)

Daily medications

Daily medications are appropriate when triggers are frequent and uncontrollable, the patient has poor resiliency, and there are other behavioral co-morbidities.

Med Class	**Mech of Action**
SSRIs	5HT
TCAs	5HT, NE, DA, H
Anticonvulsants	Gaba, other
Stimulants	DA (higher)
MAOIs	DA, NE, 5HT

Medication combinations

Daily medications and trigger-time medications are often combined to improve the efficiency of treatment. SSRIs and TCAs can be safely combined with trazodone, alpha-2 agonists, gabapentin, and benzodiazepines. They should not be combined with monoamine oxidase inhibitors (selegiline, amitraz). Except under specific circumstances and with experienced clinicians buspirone should not be combined with SSRIs or TCAs and TCAs should not be combined with SSRIs.

Conclusion

Most patients will improve with treatment within 4-12 weeks if families are following instructions and working with a skilled coach. However, lifelong management and safety remain important for these patients.

References

1. Herron ME, Shofer FS, Reisner IR. Survey of the use and outcome of confrontational and non-confrontational training methods in client-owned dogs showing undesired behaviors. Applied Animal Behaviour Science 117 (2009) 47–54.