



BEHAVIOURAL CASE STUDY: DENNIS

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I'm a veterinarian with a strong interest in animal behaviour. I've been studying canine behaviour specifically for a long time but have never done formal qualifications in it. I couldn't work as a behaviourist because it calls for (as much as behaviour knowledge) epic levels of patience and tolerance for humans that I don't possess! But i have been re-homing and fostering 'difficult' dogs for about 16 years.

Dennis is an interesting case, a male neutered German Wirehaired Pointer cross (with Bull Mastiff, Doberman and Retriever if DNA tests are correct). He was born in 2013 and I acquired him at 18 months old with his full life history. He was a well socialised, well trained puppy and had no issues in his family home until his owner died suddenly when he was 9 months old. He was reluctantly but necessarily given to a charity to be re-homed, and passed through 2 foster homes in the next 9 months. When he arrived with me he had several problems:



I. general hyperactivity, compulsively grabbing people and objects and carrying objects

II. very high reactivity, very low impulse control

III. high prey drive and predatory aggression

IV. aggression to other male dogs outside the home (developed some months later)

These four aspects can't be considered as separate conditions, they're very inter-related- for example reactivity and impulse control issues are a risk factor for aggression. As he had now reached skeletal maturity, my first approach was to increase his exercise levels and see what problems were left. I acquired him with the intention of wanting a dog to accompany me running, and with allowance for building up fitness, he adapted brilliantly and his hyperactivity reduced markedly within a few weeks. At first he would habitually pace up and down the house, and if he had access, would systematically take shoes from a shoe rack and stockpile them in the garden- it could have been misdiagnosed as a stereotypy, or developed into one if left. I put a basket of dog toys next to the shoe rack and re-directed him to the toys, and within a very short time the shoe fetish was over. I taught him to sit still and give a paw for a biscuit so that grabbing at humans could be counter-conditioned. Every time he got overexcited and grabby he could then be reinforced to be calm before resuming whatever activity had caused the over-excitement. The same technique was applied to barging at doors etc. This resolved relatively easily but was more than a management/training issue in that it is highly likely Dennis would have experienced unavoidable anxiety from having to move homes during his adolescence, and this will contribute to hyper-arousal and compulsions.



Dennis's reactivity levels are likely to have a high genetic component, as does his prey drive, but it seems likely that changes of home during his transition from juvenile to adult might have pushed his stress levels into the non-adaptive range. He would lunge and bark at other dogs, and also instantly chase any small furry moving object, including small dogs. I would consider the former to be social anxiety based and pathological, and the latter to be 'normal' but undesirable. For safety, Dennis was trained to



tolerate a baskerville muzzle using positive reinforcement. His predatory needs were met using ball games, retrieving, scenting and toy 'hide and seek' and time spent chasing wildlife was restricted.

To treat the pathological dog-on-dog aggression I started him on 10mg buspirone twice a day, which is a serotonin receptor agonist used in human ADHD as well as OCD and anxiety. Serotonergic drugs act on the 'tend and befriend' neural circuits and oppose the 'fight or flight' receptors. It's not widely used in dogs in the UK but it is in the US. There is relatively little objective data on it but subjectively after Dennis had been on it for 2-3 weeks, several people independently noticed he was calmer.



I worked with a classic desensitisation and counter-conditioning programme for the aggression, which meant taking him to places where he could see new dogs at a distance he could handle and still sit calmly with eye contact, and not be overwhelmed. The critical anthropomorphic assumption



is that Dennis was experiencing a need to control the actions of dogs which caused him anxiety by biting/mouthing them. This was supported by incidences in confined spaces when contact was unavoidable. Over time he became able to gradually decrease the distance from other dogs and he is now often able to mingle with others after a few minutes of refreshing his memory. This is also dependent on the other dog's behaviour and its owner's behaviour. It can be difficult to avoid exposing Dennis to unwanted stimuli during busy everyday living.

I see a lot of people with dogs like Dennis who spend the rest of the dog's life depriving it of social contact, when in fact the underlying anxiety can be treated, which is a huge shame. What is crucial is to expect setbacks (sometimes triggering aggressive behaviour may be unavoidable), to make sure other dogs are safe (always use a muzzle and never push the dog to a point where it feels it needs to bite), and not to expect a permanent cure. I expect to have to keep reminding and updating Dennis's relaxation and social skills for the rest of his life.

Dennis is the sort of dog that things can really go wrong for- 35kg of muscular power, dangerous in the wrong hands but ultimately a stressed and worried individual. These dogs are too often misunderstood and they and other dogs suffer for it. If he had been treated by a practitioner of 'dominance theory' and manhandled, there is a high probability that he would have become one of the dogs who contribute to the statistic that behaviour problems are a leading cause of euthanasia.

