

Fearful DOGS

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A client, who thought her dog was well socialized, has recently noticed that the dog backs up fearfully when it encounters new people. What is the problem and what can be done?

Fear is the interaction of physiologic, emotional, and behavioral responses¹ and is not necessarily a maladaptive behavior. When an animal encounters something unfamiliar, potentially dangerous, or simply not understood, a fearful reaction can prepare it to deal with the problem. Its environment, experiences, species, and age influence an animal's reaction to any given situation.² Typical fear responses include freezing, fleeing (typically seen as avoidance in confined environments), and fighting.¹ These cases can often be complicated, but the diagnostic and treatment advice below may help.

Ensuring Safety

First and foremost, the owners must ensure the safety of people who encounter the dog. Until this goal is met, they must be very careful where they take the pet and with whom it comes in contact. A common misconception is that repeated exposure will "socialize" the dog and reduce the fearful behavior. Unfortunately,

Fear in Dogs

Signs of Fear

A dog may show any or all of the following:

- Lowered body and head, tucked tail
- Pupillary dilatation and/or piloerection
- Ears pulled back tight to the head
- Barking, growling, snarling, lunging, snapping, biting

Categories of Fear^{3,*}

Inanimate cues

Certain cues precipitate fears

Living things

Strangers, other animals

Situations

Separation anxiety, veterinary visits, car rides

*In all categories the fear can be conditioned via pairing with a fear-inducing stimulus. Also in all categories you may see a change in affect (emotional state), posture, and activity (e.g., freeze, hide).

continually exposing an animal to a fear-inducing stimulus without teaching it new responses may actually increase the fearful response as well as the potential for aggressive responses over time. Punishment techniques must be stopped because they may teach the dog to suppress an undesirable response, such as growling or avoidance of people, but do not change the underlying emotional state. In other words, the dog is still experiencing the fear but suppressing the warning behaviors and may eventually lunge or bite without warning. Owners must also refrain from trying to calm or soothe the dog, which may serve as a reward for the undesired behavior and may teach the animal that the barking, lunging, or other warning behaviors are acceptable.

From Fearful to Assertive Postures

In this case the dog may be experiencing a fear of strangers and cues from those people, such

as size, gender, clothing, movement, and even location, all may stimulate a fearful response. A good behavioral history is essential to establishing a diagnosis and treatment plan. The eliciting stimuli, people and/or locations (i.e., what, where, when, and who), and the posture and facial expressions of the pet must all be determined. Body postures indicating a fearful response are listed in the Box. Body posture may change over time as the dog learns that aggressive behaviors stop unwanted encounters; fearful body postures may yield to more assertive ones, but the dog is still afraid.

Diagnosis is based on the history of behaviors indicating fear, body postures, and actions. Classifying fears according to the categories in the chart may be helpful. Carefully delineating the contexts and situations helps to formulate and implement a treatment plan.

New Responses & the “Jolly Routine”

Treatment includes avoidance of fear-inducing situations, cessation of counterproductive treatment methods, altering owner response, and teaching the animal new responses.⁴ The goal of treatment is to teach the animal to experience the fear-inducing stimulus without being afraid.¹ This is generally accomplished using various behavior-modification techniques, including counterconditioning and desensitization.

Another treatment method that is occasionally used is William Campbell’s “jolly routine.”⁵ This involves owners “switching gears” and engaging the pet and themselves in activities that make the dog happy and wag its tail.

To start the counterconditioning program, the dog must learn to sit, stay, and relax for a food reward. The food should be highly desirable to increase compliance and to motivate change. Although the dog is being taught an obedience task, it is the motivational state that is most important: The dog must be relaxed and happy while performing the task. The dog must learn to perform sit/stay/relax in several locations. Before the desensitization process is begun, all fear-inducing stimuli must be identified and placed in an order from least likely to cause a fearful response to most likely to cause a fearful response. Keep in mind that distance; sound; distinguishing characteristics, such as hats, height, gender, and actions (reaching, running, talking); and inanimate objects (bicycles, skateboards) should all be considered and factored into the gradient.

Reintroducing Stimuli

The desensitization process should begin in locations where the dog is comfortable and least likely to experience the fear, perhaps the home (depending on the history). A calm person who can control the dog should work with the pet. A head collar^a can facilitate control (prevent jumping, lunging, and barking) and may help calm the dog. Approaches begin while the dog is

being asked to assume the new task (sit/stay) preferably from a distance and with a low level of the fear-inducing stimulus—in this case a person that the dog knows and likes. If the dog does not respond with any fearful actions (e.g., backing up, growling, barking, lunging), it is rewarded with a treat and verbal praise. The goal is to keep the stimulus level low enough so that the dog can succeed and experience the situation without becoming afraid. As the dog learns the “game” (i.e., “people approach, I am calm and I get rewarded”), the level of the stimulus can be increased. In this case, people with whom the dog is less familiar would practice approaching while still being far away. Care must be exercised to proceed slowly, allowing the dog to become comfortable and relaxed at each level of stimulus (i.e., distance and familiarity of the person). Proceeding quickly while the dog is still experiencing fear can make the dog more sensitive and cause signs to worsen.

The Role of Drugs

For some dogs with extreme fears, drug therapy may be indicated to allow the behavior-modification plans to proceed and to help improve both outcome and animal welfare. The goal is to enable the dog to work with a treatment plan and learn how to respond appropriately. In some cases of early or minor fears, medication can alleviate the fearful response to the stimulus. However, drug therapy alone may simply suppress the behavior rather than eliminate it unless new responses are taught. As new responses are learned, medication can be diminished and hopefully discontinued.

Drug Selection

Commonly used medications for treating fears are often those used to decrease anxiety (anxiolytics) and some antidepressants. Veterinarians should be aware that no drugs are approved for use in dogs for the treatment of fears with the exception of Clomicalm (Novartis Animal Health, Basel, Switzerland) for the treatment of separation anxiety. Benzodiazepines can be useful in

the treatment of fear, phobias, and anxieties in dogs.⁶ This class of drug enhances γ -aminobutyric acid, an inhibitory neurotransmitter. Common side effects include sedation, ataxia, and muscle relaxation that may vary depending on what agent is used.⁶ Since dependence can develop, slow withdrawal is recommended once the drug is no longer needed. Commonly used medications in this class include diazepam, clorazepate, and alprazolam.

Tricyclic antidepressants also can be useful in the treatment of fears and work by blocking the reuptake of serotonin and norepinephrine. Mild sedation and anticholinergic and antihistaminic effects are common side effects, and the medication may take 2 to 4 weeks to achieve therapeutic levels.⁶ Commonly used tricyclic medications include amitriptyline and clomipramine.

In some cases, the fearful behavior may persist even with attempts at treatment. These cases should be reevaluated and perhaps referred to a board-certified veterinary behaviorist for further treatment. ■



See Aids & Resources, back page, for references, contacts, and appendices.