

Territorial Aggression in Dogs

Lore I. Haug, DVM, MS, DACVB
Texas Veterinary Behavior Services
Houston, Texas



How can I help stop my patient from showing territorial aggression when visitors come to my client's home?

Territorial behavior is normal in dogs. Dog owners accept (and may even expect) dogs to bark an alert when someone approaches the home. The behavior becomes problematic when it is excessive, is out of the owner's control, and/or poses a risk to the public under ordinary circumstances.

For domestic dogs, *territory* generally encompasses the owner's house, yard, and possibly the space in and around a vehicle or crate. Territorial behavior tends to be most intense directly along boundary lines, and dogs may protect small territories more intensely than large ones.¹ Unlike fear aggression, which often manifests at an early age, territorial behavior is not expected until 6 months of age or older² (see **Important History Questions**, next page).

Excessive territorial aggression is often seen in poorly socialized dogs and appears to carry a significant degree of fear of the visitor. Excessive territorial aggression manifests as an aggressive response that is disproportionately elevated with regard to the degree of actual threat.

Health Status & History

Dogs exhibiting territorial aggression should be evaluated for medical conditions that could affect behavioral expression *or* impact the dog's ability to undergo training. Orthopedic disease may limit certain therapeutic interventions. For example, cervical or spinal disease may necessitate adaptation to training and equipment (eg, harness vs collar) and may induce chronic pain.

MORE ►

Excessive territorial aggression is often seen in poorly socialized dogs and appears to carry a significant degree of fear of the visitor.

Owners often grab dogs by the collar when a visitor is at the front door; if this causes pain, the dog may associate that pain with a visitor.

Certain medications may also affect the dog's arousal and/or anxiety level. Corticosteroids can cause some dogs to become aggressive or irritable. Phenylpropanolamine can also cause aggression.

Differential Diagnosis

Medical differentials include conditions that may increase anxiety (eg, hypothyroidism, hyperadrenocorticism, sensory deficits [loss of hearing, vision]), medications (eg, glucocorticoids, phenylpropanolamine, theophylline), pain-related disorders, and various neurologic disorders, especially those affecting perception or the processing of perceptual stimuli.

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Behavioral differentials include separation distress, noise or storm phobia, reaction to animals (eg, prey species outside the home), and purposeful or inadvertent reinforcement of territorial reactions.

Prognosis

Prognosis is highly variable (eg, good to poor). Outcome depends largely on owner compliance and the dog's behavioral profile. ■ **cb**

See **Aids & Resources**, back page, for references & suggested reading.

Important History Questions

■ What behavioral sequence does the dog display?

Owners should describe the entire sequence of events associated with a visitor, starting from when a visitor steps out of the car or approaches the home. What does the dog do when the doorbell rings (eg, bark, lunge at the window, scratch the door or glass) and as a visitor enters the home?

■ When does the dog display the behavior?

Does the dog behave differently if no one is home? Having the owner video the dog (or set up a webcam) can provide crucial information regarding the pattern of behavior and the stimuli that trigger it.

■ When does the behavior stop?

Many dogs show intense territorial reactions at the doorway but then behave normally once a visitor is inside and settled.

■ Where does the dog exhibit the behavior?

Is it isolated to specific locations, or does it occur everywhere? Does the dog react aggressively to humans on walks but behave calmly or in a friendly manner when in a new or neutral area?



■ Who is the target?

Dogs may react aggressively to people and/or other animals. The dog's reaction may differ according to the stimulus (eg, adults vs children, men vs women, other dogs vs other animals).

■ Has the dog injured anyone?

■ How much control does the owner have over the dog and the situation?

Tx at a Glance

■ Meet the dog's behavioral needs.

- The behavior may be more intense if the dog is chronically frustrated by lack of exercise. Aerobic exercise can help the dog expend energy and releases endorphins that may promote calmer behavior.³
- Long-duration enrichment (eg, food scattering, frozen stuffed Kong toys, food-dispensing balls, nose work games) can help replace the time the dog spends guarding with a more appropriate behavioral outlet.
- Appropriate social contact with family members is essential. Because dogs are a social species, isolation may contribute to various behavior disturbances and owner complaints. Structured social contact could include training, walking, playing organized games, grooming, and the like.

■ Institute management steps.

- Arrange the dog's living space and schedule to minimize or eliminate its ability to rehearse, and be reinforced for, inappropriate behavior.
- Prevent the dog from barking at windows or doors. This can be done by blocking the dog from these areas with gates or location repellents or by crating or confining the dog, especially in the owner's absence. Owners can cover windows with opaque window film.
- In multidog households, separating the dogs may reduce social facilitation of territorial reactions.

- Avoid leaving the dog unsupervised while outdoors, where it may run the fence line and bark and charge at people or animals as they pass by or are in neighboring yards. The dog can be taken into the yard while on a leash.
- Use appropriate equipment, such as head halters (**Figure 1**) and muzzles, to ensure safety.



Head halter

■ Institute behavior modification interventions.

- Teach basic cues so the owner has verbal control over the dog and can ask for alternative behavior.
- Have the owner reinforce calm behavior throughout daily interactions.
- Begin exercises to teach conditioned relaxation on stationing spots in the sitting area and a short distance from the front door so the dog learns to sit or lie calmly in these areas even while distracted (**Figure 2**).

■ Begin desensitization and counter-conditioning to visitors with the dog on a leash. Introduce the dog in structured exposure sessions of gradually increasing duration.

- The dog should be asked to lie quietly at its station and the behavior should be reinforced by offering high-value treats.
- Over the course of sessions, *gradually* expose the dog to various visitor actions (eg, standing up, sitting down, speaking, looking at the dog, exiting and entering the room).

■ Evaluate the behavior for pharmacologic intervention.

- Medication is most useful for impulse-control disorders, high physiologic arousal, generalized anxiety, and/or marked fearfulness.
- Drugs can be administered daily (eg, fluoxetine, paroxetine, clomipramine, sertraline) or as needed (eg, trazodone, clonidine, gabapentin, benzodiazepines).
- Giving test doses before starting a regimen is important because any drug, particularly benzodiazepines, can disinhibit or increase aggression.



The goal is to have the dog remain calm and quiet when visitors arrive.