

A clinical case study of social phobia in a young Cocker Spaniel

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Abstract: Gas, a 20-month-old intact male Cocker Spaniel, was presented for behavioral counseling due to aggression toward unfamiliar people and dogs, house soiling after guest visits, and a bite incident involving the owner's father. In his first year, Gas lived in a house with a large garden, interacting only with his mother, siblings (for two months), and human caregivers. This limited environment impaired his socialization with both dogs and people during critical developmental stages.

During the behavioral evaluation, Gas exhibited severe anxiety indoors, including excessive barking, drooling, and tachypnea. When approached, he retreated while barking and circled around his owner. Outdoors, he was hypervigilant and reacted aggressively at the sight of people and other dogs. His responses suggested social phobia within a sensory deprivation syndrome due to inadequate socialization.

Treatment focused on strengthening his relationship with his owners, who struggled to reassure him. A structured routine of walks, meals, and training was introduced to promote emotional and physical calmness. Behavioral therapy was combined with Australian Bush Flower Essences and Quieto tablets to reduce anxiety.

After two months, Gas showed significant improvement, remaining calmer at home and able to redirect its focus outdoors. Long-term success depends on gradual desensitization, counterconditioning, and collaboration between a veterinary behaviorist and a dog trainer behavior specialist.

Key Words: dog, sensory deprivation syndrome, social phobia, defensive aggression.

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Presentation

The patient (Gas) is a 20-month-old Cocker Spaniel, intact male fawn coat.

Reason for visit

Gas shows aggression towards strangers and dogs, urinates in the house after visits from guests of the family-run B&B, threatens anyone who approaches the owner including family members living with her.

He was reported to the ASL as a level one biter after biting the owner's father.

History and presenting signs

Gas is the only remaining puppy from a litter born in the same house. He lives with his mother, Zoe, a six-year-old female, and his owners, a couple in their mid-fifties with two adult sons. The house is divided into two levels: on the ground floor, there is a family-run B&B, while the owner's apartment is located on the first floor. The two units share the same entrance, with a single separating gate positioned at the top of the stairs.

During his sensitive period, Gas had no exposure to strangers or other dogs. His outdoor experiences are limited to the private garden or the woods behind the house, where he is taken about 3-4 times a day for 20-30 minutes, always on a short leash.

Gas sleeps in bed with his owners, and if the husband gets up during the night, Gas growls at

him upon his return. He exhibits the same behavior when sitting on the couch next to the owner and someone approaches her. Additionally, he follows the owner everywhere in the house, including the bathroom.

With Zoe, he often licks her ears, places his paws on her shoulders, and positions himself between her and their owner. Gas is highly food-driven and tends to eat Zoe's portion as well, causing her to move away from her bowl.

Physical Examination Findings and Laboratory Results

No clinical problems declared by the owners.

Veterinary behaviorist visit - Diagnosis

Assessment in the domestic environment

Gas exhibits continuous barking, drooling, tachypnea, and sweating of the paw pads. If an attempt is made to decrease the distance, he moves backward while continuing to bark and starts circling around his owner.

Assessment in the outdoor environment

Gas appears restless, with drooling and tachypnea, while his stools remain normal. He barks at people and dogs even from over 50 meters and backs away while barking if approached. However, he seems to tolerate strangers better when they approach from the same direction he is facing.

The dog's emotional responses observed during the assessment in both environments suggest a case of Social Phobia (Gazzano & Ogi, 2020), within a Sensory Deprivation Syndrome (Pageat, 2013).

Gas spent the first year of his life exclusively in a house with a large garden, living with his mother, his siblings (for the first two months), and his human caregivers. This environment prevented him from developing adequate socialization, both interspecific and intraspecific, during critical developmental periods (Wormald et al., 2016).

Although Gas never left the property, the location of the house allowed him to acquire some exposure to urban environmental sounds. This limited exposure helped him develop only a mild environmental phobia, making him somewhat adaptable to processing new auditory stimuli.

Gas expresses social phobia towards strangers through distrust, attempts to drive them away with aggressive and threatening barking. This behavior, rooted in fear and frustration, can be classified as defensive/fear-based aggression. It arises from his perception of the stimulus as a direct threat to his survival, the safety of his human caregivers, and his environment. This condition has worsened over time due to the owner's mismanagement of his socialization. Instead of a gradual and controlled introduction to new individuals, Gas was repeatedly overexposed to the presence of strangers within his property, leading to an increased sensitization rather than desensitization.

Gas was involved in a biting incident with the owner's father. Although it was a light nip, it caused a skin injury due to the man's advanced age. Gas fears him because the man has always approached him in a threatening and authoritarian manner. Additionally, Gas often growls at family members who come near him and his primary caregiver when they are together on the bed or couch, displaying aggression as a means of protecting both her and shared resting areas.

Furthermore, Gas shows an inadequate proximal experiential plan, having never developed competence in external environments. Neither his mother nor his owner provided him with the

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necessary guidance to shape his personality, resulting in low self-esteem and poor self-efficacy. As a consequence, he is an anxious, fragile, insecure, and emotionally immature dog, living in a confusing family environment.

Regarding intraspecific interactions, Gas behaves similarly to his interspecific interactions, demonstrating an inability to communicate properly with other dogs.

Treatment

Medical treatment

Veterinary behaviorist sets as initial therapy: BUSH AUSTRALIAN FLOWER (Mountain Devil, Gyma Lily, Rough Bluebell, Bush Fuchsia, Crowea, Hibbertia, Jaracanda, Green Spider Orchid, Sundew) + Quieto tablets (Nutrigenò, ½ cpr/die) reserving the right to evaluate developments for the possible introduction of psychoactive molecules.

Behavioral modification techniques

- Work on dog education

A training plan has been initiated to improve the dog's management and resource control.

Gas's resting area has been moved outside the owner's bedroom, with the use of a gate to delimit the space. When guests arrive, the dogs should be placed in a designated area where they can remain calm.

It has been recommended to ignore them when they seek attention insistently or demandingly, such as by barking or pawing, especially when the owners are engaged in an activity or when the dogs try to place themselves at the center of attention in an exaggerated manner, for example, by barking excessively while the owners are talking to each other or with other people.

It is crucial to prevent dogs from managing interactions between family members, avoiding situations where they invade personal space or demand attention. For instance, if the owners hug each other, they should ignore any attempts by the dogs to interfere.

Regarding feeding routines, the food bowls have been placed in two separate areas, divided by a gate, which should only be opened after both bowls have been removed. The water bowl has been positioned in a quiet area, avoiding placement in front of the main entrance. Additionally, it has been established that dogs should not enter the bathroom when people are present.

Access to the sofa is allowed, but if the owner is sitting next to Gas when someone enters the room, it is advisable for her to stand up to defuse any potential conflict and prevent the dog from growling at the newcomer.

During walks, the owners should maintain full control of the situation, managing space and distance appropriately while conveying a sense of security to the dogs, demonstrating their ability to handle challenges and emergencies competently.

At the same time, a socialization program with other dogs has been initiated. During walks, a seven-year-old intact female Labrador was introduced, walking in the same direction at an initial distance of about fifty meters. Once Gas's curiosity was engaged, the distance was gradually reduced until the two dogs were able to walk side by side. This process took three outings and will continue with the introduction of new dogs.

- Work on the owner-dog relationship

It is essential to teach dogs the basics of obedience, including commands such as "sit," "stay," "down," and recall.

At the same time, working on the owners' leadership is necessary to relieve the dogs of unneces-

sary responsibility, helping them to relax and follow clear guidance. This can be achieved through structured exercises, such as requiring a stationary position before providing a meal, opening the front door only when the dog stops barking or scratching, or introducing problem-solving games, such as hiding containers with highly appetizing food that, once found, must be opened by the owner for the dog to access the contents.

Mental stimulation will also be incorporated through scent work, such as using a sniffing mat, and problem-solving exercises, like providing cardboard cylinders containing food that the dog must break open to eat. Games involving hidden containers filled with highly appetizing food, which must be opened by the owner before the dog can eat the contents once found.

Additionally, proper leash handling with a long line (5-10 meters) will be taught during walks, ensuring appropriate space and distance management. Walks should take place only in calm, familiar areas to establish a stable and reassuring routine for the dog.

For the time being, interactions with strangers will be managed exclusively under the supervision of a trainer to avoid mistakes that could hinder progress. The distance will be gradually reduced based on the dog's responses. Socialization work with other dogs will initially be conducted with the help of a calm and well-balanced adult female dog.

All these activities will be aimed at achieving desensitization and counterconditioning, helping the dog improve its ability to handle situations with greater calm and confidence.

Follow up

After approximately two months since the first consultation and following the recommended guidelines, Gas appears more relaxed during outings. He still becomes alert when encountering people, but when called, he redirects his focus and follows his owners without experiencing stress.

Interactions with other dogs have also improved, thanks to proper distance management and respecting the time Gas needs to feel comfortable. Since relocating his resting area away from the bedroom, there have been no further incidents of threatening behavior toward those entering the room.

When guests arrive, Gas is initially placed in another room. Once the visitors have settled in, he is allowed to join the group. The owners report that he is generally calmer at home—he often sleeps and no longer follows the owner constantly from room to room. Indoor urination has become very rare.

The training will continue for a few more months to reinforce and stabilize the progress made, both for the owners and the dog.

Conclusion

Dogs that exhibit social phobia associated with sensory deprivation syndrome require not only medical treatment but also careful and targeted management that respects appropriate timing and distances in interactions with objects, environments, humans, and conspecifics. It is essential to provide them with clear communication and ensure a constant sense of security through the support of their owners, allowing them to develop a strong attachment bond (Mariti, 2013a; Mariti, 2013b). Furthermore, the literature reports that informing owners about better puppy management, including handling during the perinatal period and exposure to stimulating environments, can help reduce the incidence of undesirable behaviors (Gazzano, 2008a; Gazzano, 2008b).

By following this approach, in combination with possible pharmacological treatments, the dog will be able to rely on its human companion, gradually desensitize to phobic stimuli, and reach an optimal emotional and physiological state for behavioral rehabilitation techniques, minimizing the risk of aggressive episodes.

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Finally, it is crucial to emphasize the importance of collaboration between the veterinary behaviorist and the canine educator specialized in behavior, as this synergy can significantly contribute not only to improving the dog's condition but also to strengthening the human-dog relationship.

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Un caso clinico di fobia sociale in un giovane Cocker Spaniel

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Sintesi

Gas, un Cocker Spaniel maschio intero di 20 mesi, è stato presentato per una consulenza comportamentale a causa di aggressività verso estranei e cani, episodi di eliminazione in casa dopo le visite degli ospiti e un morso ai danni del padre della proprietaria. Durante il primo anno di vita, Gas ha vissuto in una casa con un ampio giardino, interagendo solo con la madre, i fratelli (per due mesi) e i caregiver umani. Questo ambiente limitato ha compromesso la sua socializzazione con cani e persone in fasi cruciali dello sviluppo.

Durante la valutazione comportamentale, Gas ha mostrato una forte ansia in casa, con abbai eccessivi, ipersalivazione e tachipnea. Quando avvicinato, si ritraeva abbaiando e girava in cerchio intorno al proprietario. All'aperto, appariva ipervigile e reagiva in modo aggressivo alla vista di persone e altri cani. Le sue risposte suggerivano una fobia sociale associata a una sindrome da deprivazione sensoriale dovuta a una socializzazione inadeguata.

Il trattamento si è concentrato sul rafforzamento del legame con i proprietari, che faticavano a rassicurarlo. È stata introdotta una routine strutturata di passeggiate e addestramento per favorire la calma emotiva e fisica. La terapia comportamentale è stata combinata con l'uso di Australian Bush Flower Essences e compresse di Quieto per ridurre l'ansia.

Dopo due mesi, Gas ha mostrato un miglioramento significativo, risultando più tranquillo in casa e capace di reindirizzare l'attenzione all'aperto. Il successo a lungo termine dipende da una graduale desensibilizzazione, dal controcondizionamento e dalla collaborazione tra un veterinario comportamentalista e uno educatore cinofilo esperto in comportamento.