By Jean Donaldson
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Buster, our rescued Old English Sheepdog, is affectionate and – extremely complex. When we first got him, it took us months to win his trust enough that he'd let us brush him and trim his nails. The rescue organization said he was likely abused. He's a bit growly and snappy when we reprimand him or take things away and, if pushed, he bites us. He has in fact bitten us an embarrassing number of times (our feelings were hurt more than our hands, luckily) in dramatic confrontations over dirty socks. Last week he chewed my husband's best shoes to bits. We decided to get our heads out of the sand and get some professional help.

We ended up taking him to three different dog-behaviour experts to have him assessed. One said, he was a status-seeking dog and would always be this way but we could keep him in check with obedience training and certain lifestyle changes. Another play-fought with him, which he loves, then remarked that he "lacked boundaries". Because of this, he said, Buster was al most certainly going to seriously bite someone sooner or later so should be put to sleep immediately. We were agog. The third flipped him on his back and held him down. Buster wouldn't go near her afterward and we felt very upset and left the office.

We are extremely confused by these opinions and assessment procedures. Is he an abuse survivor? A social climber? Non-respectful of boundaries? What confidence should we have in these opinions? Can his behaviour be changed or is it his basic personality that is the problem?

Dog behaviour is an area with an astounding scarcity of scientific research addressing basic questions such as how to predict future behaviour - aggressive and otherwise. This knowledge void has created fertile ground for all manner of explanatory constructs and tests of presumed immutable character traits. And, as you've found, professional behaviour counselors may have wildly diverse opinions and self-invented classification systems, yet pass these off as gospel to their clients. Imagine if dentists did it this way!

There are, at present, no dog-assessment procedures that are strong on the two critical test-evaluation yardsticks of reliability and validity. Test-retest reliability is the achieving of a replicable result in multiple administrations of the test over time. If I test a dog today and again in a month, are the results the same? Inter-tester reliability refers to the achieving of similar results with different testers. If three people conduct the same test on the dog, do they all get the same results?

Validity is the test's ability to predict behaviour in the real world. Given the notoriously weak track records of tests in these areas, it's safe to say these consultants and others who read a lot into behaviour evaluations and temperament tests are on shaky ground and ought to have been more circumspect. They may even be using procedures that haven't undergone reliability or validity testing at all!

You raise a behaviour-versus-personality question that has interesting nature-nurture shades, and I will defer that discussion for a future column. The other, more practical, question is that of prognosis assessment – i.e., how can one tell whether a dog with an aggression problem is a good candidate for behaviour modification?

With reliability and validity problems plaguing currently available behavior tests, the other remaining avenue for prognosis information is history taking. History is usually obtained by client interview. The value of history is that it gets at both context and trend. There's a saying that goes, "behaviour predicts behaviour." What a dog does today in a certain context is the best predictor of what he will do in that

same context tomorrow. This is thought to be part of the reliability and validity obstacles in behaviour evaluations.

Does a tester represent all people to a dog? Do the test items adequately simulate real-life contexts? In the case of history, these bases are better covered, and if trend is added to that, predictions became firmer. What a dog did in the last three weeks, three months or; three years in a certain context is the best predictor of what he will do in that same context tomorrow.

The downside history taking is reporting error. We have all heard the stories of enacted events in law-school auditoriums and the wildly conflicting eyewitness accounts that ensue from the observing students, all given with great self–assurance. In the case of reporting dog-bite incidents, this notoriously poor recall of details is potentially compounded by the strong emotions involved and any vested interest an interview subject might have in subconsciously (or consciously) inflating or deflating severity. These factors must always be borne in mind when taking history.

Prognosis assessments should incorporate thorough histories and, if necessary to complement or confirm, direct observations in the real contexts in which the problem occurs. This requires greater legwork than a typical temperament test, but avoids those lethal testing problems. In the case of acquired bite inhibition (a vital prognostic indicator), history is the only means one can utilize, as deliberately orchestrating a bite is ethically too difficult to justify.

Here are some key factors that are relevant to prognosis:
- **Degree of acquired bite inhibition (ABI)**. This is the degree of jaw pressure exerted when the dog inflicts a bite. **ABI** warrants through exploration so will be the sole topic of next month's column. In Buster's case, this would be considered good. He has bitten "an embarrassing number" of times with out inflicting serious injury.
- **Client compliance issues.** There are enormous differences among clients with regard to their level of commitment, competence at assigned exercises and ability to manage the dog between treatment sessions. Over and over again, practitioners have observed otherwise simple cases that do poorly with less-compliant clients, and more severe and complex cases that resolve in the change of stellar human clients. In your case, the fact that you sought three opinions, and critically evaluated these, would suggest that you are neither taking this lightly nor expecting an easy quick fix. A practitioner's careful interviewing would elucidate your understanding of and willingness to comply with a modification regime. So, jury partially out on this.
- **Bite threshold.** This is the number and intensity of stimuli required to get the dog to bite. Does a dog that is uncomfortable with strangers, for instance, bite if a stranger is passing at an oblique angle three feet away, or must the stranger be a foot away, facing the dog and reaching out a hand? In a food-bowl-guarding case, does he dog charge and bite a family member who enters the kitchen, only when touched while eating, or when the bowl is grasped and removed? That embarrassing number of bites flags Buster as quite possibly having a low bite threshold, depending on how cozy and heated the exchanges were prior to his biting over all the socks.
- **Presence of protracted warning signs.** Does the dog tense up, growl, snarl or air snap (as Buster has done) when his buttons are being pushed or do still waters run deep? As with the other indicators already listed, avoiding serious offence during the course of treatment is germane. Every time the dog bites, especially if there is damage, the client is demoralized, the dog's rap sheet grows along with the potential liability of both practitioner and client, and treatment protocols are often compromised. Good ABI, an on-the-ball client, high bite threshold and a dog that advertises before biting are all potential lines of defense in this regard. The more that are present, the greater the chance of preventing mishap both during and between treatment sessions.

As appealing as it is to humans to apply adjectives and labels to dogs, a focus on observable, quantifiable behaviour – what the dog is doing – yields both modification strategies and objective means to assess whether modification strategies are working.