



Animal Assisted Intervention International Standards of Practice

Standards Chair: Melissa Winkle (USA)

Major Contributors: Jennifer Rogers (USA), Lucija Katalenić (Croatia), Peter Gorbng & Selina Hope Gibsone (UK), Danny Van Coppernolle & Jan Heremans (Belgium), Elma Burg (NL), Teo Mariscal (Spain), Sven Hultman & Ingeborg Höök (Sweden), Bridget Simpson (USA) & Claire Dickson (Australia)

The Animal Assisted Intervention International Standards of Practice most recent revision was January 28, 2019. This revision includes citations from articles and books, and peer reviewed journals that identified the need for the outlined standards. AAIL Board of Directors wishes to extend special thanks to the following people who made contributions to the revisions and spend hours reading and citing the literature, amongst other tedious work. AAIL has ongoing working groups that are busy developing complementary documents and are also listed here.

Section: General Standards Working Group

Melissa Winkle
Ada Tomezzoli
Federica Aste
Debra Buttram

Section: Animal Welfare and Well-Being

Melissa Winkle
Amy Johnson
Petra Van Benton
Christine Johnson
Risë VanFleet
Karen Ni

Section: Standards for Participants

Melissa Winkle
Cynthia Chandler
Ellen Herlache-Pretzer
Daniela Balduzzi
Lea Devčić
Phoebe Yam
Karen Ni

Guest Experts

Prof. Daniel Mills
Greta Kerulo
Leslie Stewart
Helen McCain

Animal Assisted Intervention International

STANDARDS OF PRACTICE

These Standards of Practice have been produced by the authors under the direction of the Members and the Board of Directors for Animal Assisted Intervention International (AAIL) to help and encourage individuals, organizations, institutions, and health and human service providers who are interested in, or are implementing, an animal assisted intervention (AAI) program. The original Standards, dated January 30, 2011 have undergone several revisions with the most recent in December 2018. AAIL considers this a living document that will undergo revisions as needed to keep up with the scope of AAI around the world.

These standards are a minimum of what is required to conduct an AAI program for Animal Assisted Intervention International (AAIL) members. All programs are encouraged to work at levels above the minimum standards and should also meet any standards or regulations that are required by governing bodies for their region and their home organization.

There are several standards and members must refer to the standards that are relevant to their work and practice. Please note that this process is based upon the position of the applicant.

Ex. 1: A therapist who handles their own dog in professional sessions would be responsible for the AAT and AS sections.

Ex. 2: A dog training facility that places dogs with educational providers is responsible for the AS and knowledge of the AAE section.

These Standards refer to dogs.

There is a Glossary of Terms at <http://www.aai-int.org/aai/glossary-of-terms/>

Contents

Section 1: Standards of Practice for the Health, Welfare and Well-being of Dogs

Section 2: Standards of Practice for the Dog Handler

Section 3: Standards of Practice for the Ethical Treatment and Welfare of Participants

Section 4: Standards of Practice for Animal Assisted Therapy

Section 5: Standards of Practice for Animal Assisted Activity

Section 6: Standards of Practice for Animal Assisted Education

Section 7: Standards of Practice for the Administration of Programs

Section 1 - STANDARDS OF PRACTICE FOR THE HEALTH, WELFARE AND WELL-BEING OF DOGS

These standards are relevant to all members involved in AAI.

1.1 Basic Needs and Rights of the Dog

The “[Five Freedoms](#)” in conjunction with [Operational Details of the Five Domains Model and its key Applications to the Assessment and Management of Animal Welfare](#) (Mellor, 2017), and the [One Health Initiative](#) (One Health, 2019), must underpin all AAI activity and form the basic rights that all animals can expect.

1. Freedom from thirst, hunger, and malnutrition by ready access to fresh water and a diet to maintain full health and vigor (Grandgeorge & Hausberger, 2011; Milani, 2016; KINDGOM, U. 2017).
Aims: “Minimise thirst and hunger and enable eating to be a pleasurable experience” (Mellor, 2017).
2. Freedom from discomfort by providing a suitable environment including shelter and a comfortable resting area (Grandgeorge & Hausberger, 2011; KINDGOM, U. 2017).
Aims: “Minimise discomfort and exposure and promote thermal, physical and other comforts” (Mellor, 2017).
Example: Shade (Mellor, 2017), good air quality (Mellor, 2017), room temperature (Glenk, 2017), protection from hazards, toilet area, etc.
3. Freedom from pain, injury, and disease by prevention and/or rapid diagnosis and treatment (Grandgeorge & Hausberger, 2011).
Aims: “Minimise breathlessness, nausea, pain and other aversive experiences and promote the pleasures of robustness, vigor, strength and coordinated physical activity” (Mellor, 2017).
Example: Foster good muscle tone, posture and cardiorespiratory function (Mellor, 2017) and biomechanics.
4. Freedom from fear and distress by ensuring conditions that avoid mental suffering (Grandgeorge & Hausberger, 2011).
Aims: “Promote various forms of comfort, pleasure, interest, confidence and a sense of control” (Mellor, 2017).
Example: “Provide safe, congenial and species-appropriate opportunities to have pleasurable experiences” (Mellor, 2017). Ensure goodness of fit for dog and environment, population, and activity level.
5. Freedom to express most normal behavior by providing sufficient space, proper facilities, and company of the dog’s own kind (Glenk et al, 2013; Grandgeorge & Hausberger, 2011).
Aims: “Minimize threats and unpleasant restrictions on behaviour and promote engagement in rewarding activities” (Mellor, 2017).

Example: Congenial company and appropriately varied conditions (Mellor, 2017). Being able to rest, play and engage in enriching activities that the dog prefers and enjoys.

AAll members should ensure they treat these as an absolute minimum to be exceeded significantly for all dogs involved into AAI.

“Animals develop a better relationship to humans if, above the quality of interactions, their life conditions are appropriate” (Grandgeorge & Hausberger, 2011).

1.2 General Health, Welfare and Well-being of the Dog

- Dog waste must be immediately picked up and disposed of in an appropriate place. The dog handler must practice hand-washing and standard precautions for hygiene and infection control on a regular basis.
- Dog(s) must be under regular veterinarian supervision. The facility will maintain individual files for each dog and contain proof of current vaccinations (or titers), parasite prevention, and healthcare based on regional requirements. Routine evaluations by a licensed veterinarian and prevention procedures shall be in place for internal and external parasites (e.g. heartworm, fleas, ticks, etc.).
- Dog(s) must have regular veterinary care to participate in AAI and must not have any serious health problems (e.g. hip/elbow problems, Leishmaniasis), that would be exacerbated by participating in AAI.
- Dog(s) under veterinarian care for illness, injury, or pregnancy, must not work during the time of gestation/nursing or treatment until the veterinarian approves of the dog's return to work.
- Dogs must not demonstrate any signs of injury or illness while working, unless there is proof of a medical treatment plan and clearance by the veterinarian to work.
- Area where dogs spend a lot of time are regularly disinfected and treated for parasites when necessary.
- Dog(s) must be kept clean and free of hair tangles, debris and offensive odor. The same applies to all AAI equipment (e.g. toys, blankets, dishes).
- Dogs show minimal signs of anxiety and no aggression towards participants in AAI sessions. If working with other dogs, any signs of aggression outside of normal development and canine communication must be manageable.
- AAI service must be avoided in food preparation, medication, and infection sensitive areas as well any other areas specified by facility rules.

- Dog should be comfortable and safe during any of transportation used. This includes minimal anxiety for motor vehicles, using booties to protect paws from heat or cold damage, protection from the elements, etc. Dogs should not be left alone in cars below 40 degrees Fahrenheit (4 degrees Celsius) or above 65 degrees Fahrenheit (18 degrees Celsius).
- The One Health Initiative supports all Animal Assisted Interventions (One Health, 2019)

1.3 Temperament

The minimum standards for a general temperament assessment include the following:

- Environment:
 - Observation of the dog with its handler in various situations based on the planned or spontaneous intervention, and natural environments.
 - The dog must remain under control and easily redirected.
 - The dog must not regularly vocalize inappropriately according to the context, population, environment, and may be easily redirected, and presents in a safe manner.
 - The dog must not overreact to distractions or unusual situations in the environment (e.g. sudden noises/movement, etcetera).
- Social:
 - The dog must present itself in a safe and approachable manner.
 - The dog must display genuine interest for socializing with people and receiving attention from a variety of people, demonstrating appropriate responses.
 - Observation of the dog with its handler with different groups/individuals, representative of the participant groups with which the dog will work.
 - The dog must be assessed walking through a crowded area. The dog must not get over excited or show continual signs of stress.
 - The dog must demonstrate control around food, toys and other resources and show no signs of resource guarding.
 - If the dog is required to play as part of the AAI work, this must be assessed to ensure it will play in an appropriate way.
 - If the dog is required to work in the presence of other dogs, it must be well mannered around other dogs with consideration given to normal canine communication and development.
 - Dogs must show a good level of adaptability and enjoy interacting with the population for which it is expected to work with.
- Handling:
 - The dog should remain relaxed with different people petting, checking over, and handling/grooming the dog if that is what is expected in the dog's normal line of work.

1.4 Preparation/Socialization

- Puppies/dogs have completed a socialization/preparation program tailored to prepare it for the AAI work with which it will be involved. The socialization program depends on the age at which the dog was obtained. If a dog was obtained as a puppy or bred by the organization, a planned socialization program must have been implemented from an early age to give the dog the best chance of success. A rescue or donated dog may be suitable for AAI work, but prior to entering a formal placement clinical environment, they must have at least three months of a known history, or be part of a training program, so its behavior (with potentially novel people, animals, environments, equipment, etcetera) can be assessed and it can be prepared for any AAI work. The dog handler may own the dog he/she handles and have brought them up in his/her own home. If this is the case, he/she should still follow a planned program of socialization to prepare his/her dog for AAI work.
- Dogs must be fully prepared for the environment, participant group, and work they are doing, with prior training ideally in a similar situation to that in which the dog will be working. Where possible, dogs should be introduced to therapy/recreational/classroom supplies and equipment, the situation, and the environment prior to working in a structured session (Hatch, 2007; Glenk et al., 2013; Glenk, 2017).
Some examples are as follows:
 - Dogs working in hospitals must be confident with different floor surfaces, steps, and elevators.
 - Dogs required to wear identification jackets/scarves must be confident wearing them.
 - Dogs working in the presence of other animals must be socialized with animals.
 - Dogs working with children must be comfortable with children/floor activities.
- The dog must have received conditioned handling/socialization with the types of behaviors participants may display (e.g. given space to meet potential participant groups with no pressure to interact), using positive/LIMA/humane based methods. This will mean dogs are prepared to find the sessions and environments in which they work rewarding and enjoyable.
- The dog must be able to perform previously introduced skills specifically needed for the session or demonstrate appropriate waiting behavior. Dog must only be involved in a session when its presence is planned to contribute towards the therapeutic outcomes, or if its presence is motivational, or beneficial for positive associations for the dog.

1.5 Training and Handling

- All training and handling methods should be designed to promote the welfare of the dog(s). Dogs should be trained and handled in a positive and humane manner at all times. When participants handle the dogs, they should be encouraged to use positive methods and respect for the dog (Mellor, 2017; One Health, 2019; Winkle & Ni, 2019).
- Trainers and handlers will use least restrictive, minimally aversive (LIMA)/positive reinforcement/reward based (food, toys, verbal cues, touch, etcetera) and humane training techniques to train and engage the dogs to the greatest degree possible (Glenk et al, 2013; Mellor, 2017). The dog handler must train the dog to respond to verbal and/or non-verbal cues.
- The training technique must be compatible with the situation in which the dog will be working. For example, down stays could be taught so that the dog learns to relax in the position rather than be on high alert, waiting for the next cue.
- The dog handler must show careful handling, supporting the dog when needed. The dog handler must encourage initiative, adaptability, and problem-solving skills while still maintaining control. This is important for the dog to learn to have genuine interactions with participants. During AAI work, the participants should be able to observe the dog handler showing empathy and kindness to the dog at all times. This will help the participant to understand how to interact with dogs in a safe and positive way (Winkle & Ni, 2019).
- Choke chains, prong collars, electronic devices and any other equipment that can administer negative or harmful stimuli are not allowed. Training aids must never be used in such a way as to inflict physical or psychological pain to the dog. The handler must ensure that the dogs are not harmed, abused, or neglected in any way (Glenk et al, 2013; Houpt et al, 2007).
- Dogs will be given breaks during training and work activities appropriate for stage of training and development (Haubelhofer & Kirchengast 2007; Milani, 2016).
- Dogs must show an aptitude for training, a willingness to learn, and willingness to engage with participants.
- Dogs should be re-evaluated at least yearly (or when there is a change in health, population, or environment) for the type of work, population, environment, duration, distance work, etcetera according to the demand of the typical working conditions for that team.
- During sessions, the dog handler must be able to elicit an interaction by the dog directly with the participant when appropriate, as well as responding to cues given by participants (Winkle & Jackson, 2012).

1.6 Obedience

The dog will be trained to respond to basic obedience including the following:

- Its name
- Sit
- Down
- Stay or wait
- Walk in a controlled position on a loose lead – the dog handler must be able to walk a dog with minimal cues with a loose lead.
- Come when called (i.e. if the dog will be interacting with participants off-lead, then off-lead behavior or control must be assessed).
- Leave it – items or food (i.e. the dog must show control around food, toys, etc. without snatching).
- Greet with calm behavior (not jumping up unless asked), vocalizations are acceptable if they are not disruptive to the setting/population.

The dog must respond appropriately with 80% (8 out of 10 trials) accuracy when assessed for animal assisted activity and 90% (9 out of 10 trials) accuracy when assessed for animal assisted therapy or education. If a dog shows significant stress behaviors during an assessment it should not be continued, but rather the assessment should be stopped at that point with the indication that the dog needs further training/socialization before being submitted to another assessment.

Facility must provide a list of cues appropriate for each category in which the dogs participate (AAA, AAE, AAT), with each dog having an evaluation checklist.

1.7 Evaluation, Behavior and Assessment

- Dogs working in AAI programs must be evaluated for temperament and emotional soundness. They must display genuine interest for socializing with and receiving attention from a variety of people. The dog will also be evaluated for appropriateness and goodness of fit for work based on population, environment, activities, duration and frequency (Hatch, 2007; Winkle & Jackson, 2012; Glenk et al, 2013; Kovacs, 2018).
- Dogs must maintain appropriate behavior - must not regularly vocalize unnecessarily or should be able to be redirected (e.g. barking, growling, or whining when in public); however, some vocal greetings are acceptable. They must present themselves in a manageable and safe manner, with appropriate contextual social skills in response to other dogs and humans.
- Dogs participating in bite or protection work cannot participate in any branch of AAI.
- Breed type and breed specific traits must be taken into consideration. While there is no standard for breed type, some types of dog will be more suited to a particular situation or intervention due to the temperament, activity level, size, or coat type.

- The dog's evaluation must include: reaction to strangers, children, people on floor, level of obedience, grooming acceptance, walking on loose leash, ability to respond off-leash if appropriate, behavior in a crowd, responding to its name, ability to work with other animals in the environment and show resilience without any adverse reactions, appropriate reaction to distractions, ability to be redirected, acclimation to healthcare equipment and environment, ability to be alone, and separation from the handler. Dogs/puppies should demonstrate appropriate contextual responses in these situations.
- Where possible, the dog must be evaluated in the environment, under similar conditions, and with a similar population to which it will be working. The team will be evaluated prior to a session, and then during a mock or actual session. The dog must wear appropriate collars or harnesses, leash, etc. that it would wear in a typical session. If a dog is expected to walk together with a participant and handler, or on double leash, or off leash that must be evaluated as well.
- The assessment will include the dog's temperament, behavior, and responsiveness to cues. Additional testing items that are unique and specific to the population, environment, distance, duration, and precision shall be identified and evaluated at least yearly.

1.8 Welfare of the Dog During AAI Sessions

- Be aware of how human emotional state (both from handlers and participants) and behavior can influence dog's emotional state/behavior and vice versa.
- Dogs should view owner or handler as a secure base in order to explore environment, play, and interact with strangers. (Topal, Miklosi, Csanvi & Doka, 1998; Vanfleet, 2017); however dog should be comfortable working directly with participants.
- View animal as subjective participant instead of objective instrument, assess animal's behaviour and HAI, not just human's reaction. The animal is a key part to the intervention and can heavily influence the outcomes (Vitztum & Urbanik, 2016).
- During sessions, the welfare of the dog must be considered. Dogs must be monitored closely for clinical signs of stress, injury, illness, fear, and fatigue. Stress levels in dogs must be minimized before, during, and after each AAI session, as well as in living environment. (One Health, 2019).
- Dogs must never be placed in situations in which they could be at physical or emotional risk. Dogs must not be abused, dragged, physically forced into a position, choked or harmed in any way. Stress and anxiety must be managed for the betterment of the dog (Glenk, 2017; Palestrini et al., 2017, One Health, 2019).
- The dog handler must educate the participant about rules of engagement, dog handling and safety rules. The participants will treat the dog with appreciation and respect. The dog handler must take responsibility for the welfare of the dog, and be able to advocate on the dog's behalf.

- The dog should only be involved in a session when its presence is integral to the outcomes of the session. If not required in a session the dog may be better off resting.
- Dog(s) equipment must meet approved AAI guidelines (no choke chains, prong collars, shock collars, etc.).
- The dog must have access to an appropriate area and be given opportunities, as required, for rest, access to water, and access to toileting facilities before and after each session.
- Dogs must be given breaks based on activity level, development level, stress levels, weather, etc.
- Dogs need to have their own space and places to get away if desired (KINDGOM, U. 2017). Animal can choose to be with participant or move away and handler can adjust intervention accordingly (Vanfleet, 2017).
- Sessions must be terminated immediately if the dog's welfare is in danger of being compromised.
- The dog must not mix with unfamiliar dogs on site without careful consideration and supervision. If more than one dog is used in a working session, ideally, the dogs would have time to familiarize themselves with each other in advance.
- Dogs must demonstrate adaptability, even temperament, and enjoy situations (e.g. crowding) and interactions with the populations, environments, and activities in which they are being asked to participate (e.g. persons with unusual or brisk movements, persons using wheelchairs, crutches or other equipment). Considerations for different handlers should be included (Wycoff, 2014; Glenk, 2017; Vanfleet, 2017).
- The dog's appropriate age of retirement will depend on tasks that are required of it and the breed type. Good observations and regular assessments are important for working dogs and must occur more frequently with aging dogs. If their behavior, health, or welfare becomes compromised due to age, they must no longer be involved in AAI. The questions that need to be asked include the following:
 - Does the dog still want to participate and engage?
 - Does the dog still understand the cues?
 - Does the dog easily perform the tasks?

Section 2 - STANDARDS OF PRACTICE FOR THE DOG HANDLER

These standards are relevant to all members involved in AAI.

These standards apply whether there is a dedicated handler, or the healthcare or human service professional is supporting the dog. It is acknowledged that for many organizations participants (clients, students, or patients) are also dog handlers and trainers. These standards apply specifically to staff, volunteers, or anyone who is facilitating the program.

2.1 Human Interaction

- During an AAI program, the dog handler must demonstrate positive examples of human interaction, through appropriate social skills, including verbal and nonverbal communication.
- The dog handler must show empathy and sensitivity for the participants with which they work, and all others involved. They should demonstrate the ability to build rapport and establish effective working relationships with participants, therapists, other professionals, and volunteers, demonstrating good communication skills.
- They must demonstrate the ability to be adaptable and flexible and demonstrate imagination and creativity when planning and carrying out interventions. The dog handler should be proactive and show evidence of thinking ahead and predicting possible problems/danger, and show good problem-solving skills. They should have the ability to remain calm, even if difficult situations arise so that the participants and dog are kept calm.
- They must demonstrate an understanding of the human animal bond.

2.2 Preparation for AAI Sessions

- Participants should ideally be screened for allergies, zoonosis, medical conditions (e.g. infections, open wounds, burns), visual impairments, mental health status (e.g. hallucinations, dementia, etcetera), phobias, cultural issues, aggression, violence, abuse/neglect issues, or any other indicators that would put the participants, dog handler, provider, or dog at risk. This standard is meant as a preparatory standard, not an exclusion of participation. (Chandler, 2017).
- All involved employees must be informed about and introduced to the AAI program prior to program implementation. Where possible, the dog handler should introduce the dog to the environment in which it is going to work and the staff it will work with prior to the AAI program starting.

2.3 Working with Participants, Healthcare and Human Service Providers (if applicable)

- The dog handler needs to demonstrate an understanding of their role in each session and take guidance and direction from the therapist or human professional regarding the participant's goals/activities. If working within AAT sessions, these should be planned with involvement from the handler and the therapist. The handler should be able to communicate effectively with a

multidisciplinary team, using appropriate language and be reliable and predictable so the professionals with whom they work know what to expect from them.

- The dog handler acts as the advocate for the dog and must have the ability to say “no” if the dog is not suitable for a session, or if a facility is not appropriate for a dog’s presence or engagement. The activities within a session should be suited to that participant/dog. When planning sessions, the handler will ensure that the dog is not overworked, or at risk of burnout. Length and frequency of sessions, and number of breaks should be suited to the individual dog’s needs. The dog handler should be able to show judgement and be able to make decisions on behalf of the dog and not compromise the dog for the participants.
- During an AAI session, it is the dog handler’s responsibility to pay attention to the dog and its behavior, and safeguarding the dog where necessary, not allowing people to crowd the dog and ensuring the dog has room to move away if needed. There may be times when it is appropriate to remove the dog from the situation, and the dog handler will use their judgement to decide when this is necessary.
- The dog handler should have experience interacting with different people with physical and/or developmental disabilities/conditions, relevant to the participants group with whom they will be working and should show an awareness of the needs of each individual participant.
- The dog handler should be polite and adhere to confidentiality policies.

2.4 General Communication

- The dog handler must be able to educate anyone, including those without animal training/handling experience, about interaction skills, equipment uses, and the appropriate positive handling techniques necessary to work with the dog in the activity.
- The dog handler and those involved within the program must demonstrate positive communication and the ability to be an advocate on behalf of the dog. Communication will emphasize that the dog’s welfare is of highest priority.

2.5 Education/Experience

- The dog handler (including healthcare/human service providers who handle their own dogs) must have good, general knowledge of dogs, including learning theory, and the application of training methods using positive reinforcement (e.g. clicker training, body language, behavior, stress indicators, and calming techniques).
- The dog handler is required to have knowledge of the participant’s social behavior and understanding of the dog’s freedom of choice and preferences for persons, environments, and situations.
- The dog handler must have insight into breed specific traits, knowledge of classical and operant conditioning, and demonstrate techniques of positive reinforcement and gentle handling versus

restraint (e.g. choke chains/leash corrections), show awareness of canine developmental milestones (mentally, physical, and social), and individual skill level and range of capabilities for each dog he/she handles.

- Dog handlers should attend staff and participant meetings when appropriate, in-service or complete recommended basic education materials for each population of participants served. They must conduct an ongoing evaluation of environment for safety.
- Staff and volunteers who handle dogs independently for programs (AAA, AAT or AAE), without supervision, should have initial training as laid out in the competencies. Handlers should have a designated mentor until able to demonstrate basic entry level skills, and complete at least 10 hours of formal continuing education every year in the topics of animal assisted intervention, dog training/handling, or dog behavior (documentation). This may include:
 - Workshops
 - In-services
 - Webinars
 - Books
 - Formal coursework
 - Conferences
 - Mentorships/Internships
- Dog handlers must be able to demonstrate an understanding of the following areas:
 - Potential dangers in the testing, educational, and/or treatment environment.
 - Relevant bidirectional zoonosis and vaccination protocols for the population served.
 - Signs of illness, injury, aging, resistance, or stress which would temporarily or permanently prohibit the dog from participating in the program. It must be understood that a disability of the dog is not an automatic elimination from work.
 - Participant specific precautions.
 - General knowledge of dog care (demonstrates basic animal first aid, provide regular feeding schedule, continuous access to water, appropriate workloads for individual dogs, time for breaks away from people, time for toilet breaks, participation of dog is within its skill level).
 - Competency with any equipment used with the dog.
 - Positive training and handling methods, use of appropriate equipment.
 - Thorough knowledge of each dog he/she works with in the areas of signs of stress, calming techniques, reinforcement preferences, and signs of refusal to work, and show the ability to respond appropriately to these behaviors.
 - Elicit and reinforce desired behaviors, predict and inhibit undesired behaviors using professional and humane techniques during the selection, evaluation, training and handling.
 - How to apply animal welfare and well-being to their work.
 - Follow public access laws of the region relating to AAI dogs versus Assistance Dogs.
 - The dog handler requires a working knowledge of learning theory relating to the practical training and handling off dogs.

- The dog handler must demonstrate zoonotic risk/ infection control knowledge for their region, including risks to participant and environmental precautions. Written documentation should include:
 - Risk factor (e.g. tape worm).
 - If how it is transmitted between dogs and people (or from person to dog to another person).
 - If it is transmittable to other dogs.
 - Where/How it is spread.
 - How to recognize it.
 - Cleaning procedures (indoors/outdoors).
 - Treatment for dog.
 - Prevention for human and dog.

2.6 Assessment

- The dog handler must undertake an assessment that includes their ability to handle a dog in the type of situation in which they will be working. If working in AAT this should incorporate working with therapists and contribution to planning programs. The assessment may be part of a formal course which the handler undertakes, or through an independent body, but the Animal Support organization should ensure an assessment of skills/knowledge of the dog handler takes place before they can practice.
- The dog handler must be assessed on their ability to provide consistent handling and develop a genuine relationship with the dog. It is important that the dog and handler are well matched. The dog takes security from the handler and they must know that dog well in order to manage any situation that may arise and do the best for the dog. The dog handler should ensure that the dog enjoys interacting with specific populations, environments and participating in the activities rewarding. Therefore, dogs should be friendly to participants and engage willingly. It is important the dog can initiate contact with participants in a genuine way, while remaining safe and under control.
- The handler should be assessed for their ability to handle and train each dog they will be working with. This will involve the assessment of the temperament and behavior of the dog, and responsiveness to cues.
- The dog handler must be able to direct the dog with a normal speaking voice or with discreet hand signals.
- The dog handler must be able to walk the dog with minimal cues with a loose lead (no choke chains, prong collars or restraint).
- The dog handler must not demonstrate/use any harsh handling methods either leading up to, or during the AAI sessions. The dog handler needs to show considered handling, always supporting the dog when needed, and showing consideration for the participant.

- The dog handler and dog must be assessed in the environment, under similar conditions, and with a similar population to which they will be working. The handler and dog must be evaluated prior to a session, and then during a mock or actual session. (Refer to AAI Suitability/Training of Animal Standards for more detail on assessment).

2.7 Documentation

- The dog handler must understand and follow facility policies and procedures.
- The service provider or educational institution must obtain permission from the participants or legal guardians for involvement in the AAI program. In some cases, schools or hospitals, etc. may be responsible for obtaining permissions.
- The dog handler must provide, upon request, documentation relating to his/her own health and meet all legal requirements (e.g. background check, passport, human vaccinations). This should also include all insurance documentation, if applicable.
- The dog handler must document overall behavior and health changes of the dog and any potential training, behavioral, or health concerns that surface during sessions, along with a plan and an evaluation to rectify the situation.
- The dog handler must keep daily records for sessions he/she is involved with and identify specific areas in which the dog may require additional inquiry, training or socialization. He/she should also continue to highlight and document any concerns or potential risks that could occur to compromise the welfare of the dog during the sessions and take steps to rectify these before the next session.
- Dog handler must maintain vaccination records for each dog and provide proof to organizations in which the dog works, upon request.

2.8 Liability Insurance/Legislation

- Dog handlers must obtain and maintain dog liability insurance as required by their county, state, and local government as well as professional/facility requirements, and will not in any way jeopardize the implementation of the service due to violation of law. All AAI must have appropriate insurance relevant to the facility and situation that is taking place.
- Healthcare/human service providers must obtain and maintain professional liability insurance and any additional insurance (e.g. bodily injury to participants) as required for their region/discipline.

2.9 Risk Assessments/Safety

- Risk assessments shall be done for dogs, participants, handlers, environment, and other pertinent areas for individual program sites.
- The dog handler must demonstrate an awareness of safety of the dog and all people involved in AAI work. For example, they should show an awareness of hazards and risks, such as potential injuries from falling over the dog, or spilled water, or the dog's behavior, zoonotic risk factors, and judge if situations are safe for the participant and the dog.
- Dog handlers must be involved in setting up and following risk assessment procedures for the AAI work and be continuously scanning the environment for safety hazards.
- The dog handler must ensure activities/interactions are appropriate for the participant's abilities and strength. The dog handler must keep records of training/behavior of the dog for historical reference.
- The dog handler must be aware of the relevant canine laws (e.g. leash laws and public access laws) within their country or region.
- The dog and handler should be clearly identifiable, wearing uniform/carrying ID where appropriate.

Section 3: STANDARDS OF PRACTICE FOR THE ETHICAL TREATMENT AND WELFARE OF PARTICIPANTS

3.1 Human Interaction

Service Provider Responsibilities:

- All AAI personnel (healthcare/human service providers, dog handlers, etc.) supporting the participant must demonstrate positive human interaction with the participant and have appropriate social skills, verbal and nonverbal communication.

- Participant and other professionals must be treated with respect at all times
 - Providers respect the autonomy of participants and implement an informed consent process before all interactions (Bibbo, 2013; Society for Companion Animal Studies Limited, 2013; Hartwig & Smelser, 2018; Winkle & Ni, 2019).
 - Providers avoid assumptions about particular cultures and animals, as these are not universal (Every et al., 2017)

- All support staff and members of the participants team should be involved in planning and be adaptable to meet the challenges of any session
 - When possible, providers involve parents, pediatricians and other members of the participant’s care team, such as psych/allied health and zootherapist veterinarian, in planning and decision making about AAI (Society for Companion Animal Studies Limited, 2013; Baumgartner & Cho, 2014; Dice et al., 2017)
 - Discuss and plan with animal handler the activities that will enable participants to practice target skills (Baumgartner & Cho, 2014).
 - Providers are flexible in the pace of animal introduction based on individual client factors and screening (Every et al., 2017; Winkle & Ni, 2019).
 - Both participant and anyone present should have the option to terminate the intervention any time (Society for Companion Animal Studies Limited, 2013; Winkle & Ni, 2019)

- AAI team members are expected to participate in formal continuing education for the human animal bond, disability, formal session planning, etc.
 - AAI providers are expected to have specific training and supervision or mentoring in their area of AAI (Chandler, 2005; McBride, 2006; Society for Companion Animal Studies Limited, 2013; Baumgartner & Cho, 2014; Stewart et al., 2015; Winkle & Ni, 2019). Training includes clinical work, risk management and informed consent (Hartwig & Smelser, 2018):
 1. An Introduction to AAI (separate course focused on AAA/AAT/AAE) course or training (human-only) (Winkle & Ni, 2019),
 2. An AAI skills training for the human–animal team,
 3. An AAI human–animal team evaluation,
 4. An AAI practicum (either AAA/AAT/AAE) in which the human–animal team demonstrates AAI skills with volunteer (nonclinical) clients,
 5. Clinical supervision with an AAI-trained supervisor (this is more relevant for AAT/E),

- Those involved in the delivery of AAI sessions should work within their existing capabilities. They must be honest, transparent and accurate about their competence, experience and qualifications/training. The professional ethics of relevant, respective professions and organisations should be adhered to (Society for Companion Animal Studies Limited, 2013; Winkle & Ni, 2019).

3.2 Working with Participants, Healthcare and Human Service Professionals (If Applicable)

- AAI staff should ensure that participants are thoroughly screened or evaluated prior to participation (history with animals, allergies, physically, cognitively and psychosocially healthy/safe enough to participate) (Winkle & Ni, 2019).
 - Screening assesses allergies, comfort levels, feelings about animals, experience with animals, expectations and responsibilities related to pets, general interests, cultural views and potential for animal harm/contraindications (Bibbo, 2013; Society for Companion Animal Studies Limited, 2013; Baumgartner & Cho, 2014; Silcox et al., 2014; Hartwig & Smelser, 2018).
 - Providers understand significance and implications of a history of animal cruelty, and its link to violence and abuse within interpersonal relationships, in assessments, screening and development of individual therapy plans (Risley-Curtiss et al., 2006; Risley-Curtiss, 2010 as cited in Evans & Gray, 2012, NZ; IAHAIO, 2018). Pagani et al. (2010) suggest that abuse of animals by children or young people is often hidden from and/or minimized by parents and caregivers, therefore child and youth self-report measures are recommended. Providers acknowledge that, in addition to those with a known history of cruelty towards animals, other participants will have undisclosed histories of cruelty towards animals. Therefore, adequate staffing levels and supervision must be in place regardless of known history. (Evans & Gray, 2012, NZ; Arluke 1999 as cited in Fine)
- All AAI work must be appropriately planned and guided with clear treatment plans or educational plans for AAT or AAE produced (Winkle & Ni, 2019).
 - Goals: Providers have well developed instructional plans and clear purpose for incorporating AAI, providers assess needs of participant to set goals for AAI (Baumgartner & Cho, 2014). Screening identifies specific behaviors to address during AAI, participants have multiple opportunities to practice target skills before engaging in AAI. In AAT/AAE clear and measurable goals are established for all participants, for AAA goals are developed for the program as a whole (Baumgartner & Cho, 2014).
 - Treatment plan specific to organization standards with clear observable goals.
 - Documentation: Providers record and document observations to identify and describe participant's patterns of behavior according to discipline/ organization standards (ex. subjective, objective, measurable activities and outcomes). While a structured approach to documenting outcomes and evaluating effectiveness is advised for some programs (AAT/AAE), it is not always possible or suitable for all AAI programs. Confidentiality is maintained for all documentation and participant information (Society for Companion Animal Studies Limited, 2013).
 - Program evaluation: Providers undertake systematic program evaluation to assess efficacy (Barba, 1995; Johnson et al., 2003 as cited in Bibbo, 2013; McBride, 2006; Winkle & Ni, 2019)

- Handler must be in control of the situation and be able to attend to the dual responsibility of advocacy for both the participant and the dog(s).
 - Providers have specific training in animal wellbeing, welfare, behavior and advocacy to ensure animals well-being and participant safety (Jalongo et al., 2004 as cited in Baumgartner & Cho, 2014; Dawson and Campbell, 2005, as cited in McBride, 2006; Friesen, 2010; Stewart, Chang, Parker & Grubbs, 2016, as cited in Hartwig & Smelser 2018; Foreman et al., 2017; Winkle & Ni, 2019)
 - Providers have a respectful and mutually beneficial relationship with the animal (Stewart, Chang and Rice 2013, as cited in Hartwig & Smelser, 2018; Fine, 2015; Vanfleet, 2017), and promote the well-being of the animal, including providing adequate opportunity to rest and recover (Serpell et al., 2006; Zamiř, 2006, as cited in Evans & Gray, 2012). Providers acknowledge the potential to do harm to the animal and that animals are sentient being with needs equal to that of a person (Society for Companion Animal Studies Limited, 2013; Taylor, Fraser, Signal, & Prentice, 2014, as cited in Every et al., 2017; Fine, 2015).

- Handlers must have a strong understanding of the populations they are serving, and medical/behavioral clearance when necessary.
 - Providers understand potential impact of the animal on their participant population, such as the possibility that larger animals in AAI can induce over excitement rather than calming among some populations, e.g. individuals with ADHD (Somerville et al., 2019, as cited in Baumgartner & Cho, 2014).
 - The AAI delivery team should have undertaken any required background checks and training in accordance with latest advice from relevant national and local bodies to ensure the safeguarding of animals and participants (Society for Companion Animal Studies Limited, 2013).

- Providers assess and manage risks in all AAI activities and environments
 - All levels of organization understand risks associated with injury and zoonotic disease transmission, providers seek expert advice in these areas to assess and manage risk to ensure welfare of humans and animals (Chandler, 2005; McBride, 2006; Evans & Gray, 2012; Occupational Safety and Health Administration, as cited in Foreman, 2017)
 - A written risk assessment should be conducted where possible for every proposed inclusion of animals, using a standardized, structured format. The risk assessment should cover all aspects of an AAI session including risks to participants, risks to animals, risks to property, risks to the AAI delivery team and risks to the general public (Chandler, 2005; Society for Companion Animal Studies Limited, 2013; Foreman et al., 2017; Hartwig & Smelser, 2018).

3.3 Communication

- AAI personnel will demonstrate ability to communicate respectfully with AAI participants, families, and any other support staff, and ability to appropriately educate others about AAA, AAT, AAE and animal support (welfare and well-being).
 - Implement guidelines and rules for participants working with animals in AAI (Bibbo, 2013; Hartwig & Smelser, 2018). Providers teach participants about appropriate and inappropriate behaviors when interacting with animal/s prior to engaging with the animal/s in AAI, and do not assume participants have any knowledge about how to interact safely with animals (Society for Companion Animal Studies Limited, 2013; Baumgartner & Cho, 2014; Every et al., 2017; Winkle & Ni, 2019)
 - Providers set clear rules and model target behaviours using age appropriate materials with the participant, such as stuffed animals with younger participants (Baumgartner & Cho, 2014). Providers educate and set expectations of participants' behaviour that are appropriate to individual and context. For the well-being of the animal, participants will be expected and able to modify their behavior, utilise skills they learn and remain calm during AAI, providers set clear boundaries (Evans & Gray, 2012).
 - Participants are supervised at all times (Society for Companion Animal Studies Limited, 2013)
 - AAA Providers ensure visitors are aware an AAI program is in place, e.g. using leaflets or signs outlining the type of program and its aims, if possible. It is recommended specific routes are used to access participants and these are clearly marked. Signage stating therapy presence.

- AAI personnel will ensure the safety of participants (appropriate interactions, not immunocompromised, etc.) and the dogs that work with them.
 - It is recommended that providers seek legal counsel to review all policies and procedures concerning participant safety (Job Accommodation Network, Michigan State University School of Law, Foreman, 2017).
 - Policies, procedures and staff education are in place to ensure health and safety of humans and animals, including prevention of slips, trips and falls, evacuation procedures for humans and animals in case of emergency.
 - The AAI delivery team should be trained in or have access to individuals trained in human first aid and animal first aid. Contact details of a local veterinary and medical services and any other identified support should be available in case of an emergency (McBride, 2006; Assistance Dogs International, 2018).
 - Providers have policies and procedures to prevent zoonotic diseases prevalent in their geographical area, and those that are common in the species of animal involved in AAI. Types of zoonoses common in dogs include internal and external parasites, viruses, bacteria, and fungi. Zoonoses can spread through direct contact (e.g., via feces, urine, skin, respiratory secretions) or indirect contact (e.g., via water or food that has been contaminated by the animal) (Plaut, Zimmerman, Goldstein, 1996, as cited in Foreman et al., 2017; Society for Companion Animal Studies Limited, 2013). Providers understand children and immune-compromised individuals are at greater risk for contracting zoonoses (Grant & Olsen, 1999). Policies include instructions for sanitation (hand washing before and after interaction, and regular deworming and vaccination, as well as prompt removal of animal waste, and ensuring animals are not consuming raw meat diets (Robertson, Irwin, Lymbery & Thompson, 2000, as cited in Foreman et al., 2017;

Ormerond, 2005 as cited in McBride, 2006; Baumgartner & Cho, 2014; AVMA, as cited in Linder et al., 2017 US). Written documentation of all of these practices is maintained for all animals and teams involved in AAI (Murthy et al., 2015; McBride, 2006; Linder et al., 2017).

- Consider environment/physical space including flooring, lighting, noise levels, smells, ambient temperature, exit routes, opportunities and space for the animal to rest, cool down, and eliminate (McBride, 2006; Society for Companion Animal Studies Limited, 2013).
- Providers consider the timing of AAI and identify times when it would not be appropriate to have an animals present, such as meal times and ward rounds (McBride, 2006).
- Providers must ensure appropriate supports are available for transitions out of AAI services due to discharge, change in services or death of animal (Chandler, 2005; Winkle & Fine, 2017).

3.4 Other staff/Organization structure

Participants have the right to and expect that service delivery come from qualified staff/providers which would include the following:

- Providers and participants understand liability issues, providers have liability insurance that specifically covers AAI (Baumgartner & Cho, 2014; Winkle, 2016; Hartwig & Smelser, 2018) and potentially bodily injury, and understand federal, state and local laws regarding animals in AAI, including identification, vaccination and leashing (Job Accommodation Network, Michigan State University School of Law, as cited in Foreman, 2017).
- Providers establish formal or informal procedures to assess employee attitudes, beliefs and preferences concerning animals in the workplace. Policies and procedures must be in place to accommodate for employees with special concerns (e.g., cultural/religious beliefs, fears, or phobias) in a sensitive and confidential manner (Cash & Gray as cited in Foreman, 2017; Johnson et al., 2003, as cited in Bibbo, 2013).
- An assessment of staff training needs is required to ensure they not only know how to manage the animal but also are able to recognise signs of distress and illness (Dawson and Campbell, 2005, as cited in McBride, 2006)
- All staff should understand the clear goals and objectives of the AAI program (Milgate et al., 2002, as cited in Foreman et al., 2017; Baumgartner & Cho, 2014).

Section 4 - STANDARDS OF PRACTICE FOR ANIMAL ASSISTED THERAPY

This document must be read in conjunction with the following:

- *Standards of Practice for the Health and Welfare of Dogs*
- *Standards of Practice for the Dog Handler*
- *Standards of Practice for the Dog*
- *Standards of Practice for the Ethical Treatment and Welfare of Participants*

AAT program implementation assumes the participation of four equally valued parties:

- The participant - therapy beneficiary
- The dog handler - an individual who has training and experience in dog handling, training and behavior
- Healthcare/therapy provider - in some cases, the healthcare/social service/therapy provider and the dog handler may be the same person; or they may be two separate people
- The therapy support dog

It is understood that in some cases, the handler is the healthcare or human service provider.

4.1 Preparation

- Prior to the program, ideally, the dog handler would complete a facility visitation with the population served without the dog.
- Specific AAT areas to carry out planned sessions must be identified, as well as emergency and evacuation plans created and documented prior to program implementation.
- A dog handler must have working knowledge (knows personality, skills, etc.) of the dog they are working with, in effort to develop and maintain a working relationship with the dog prior to sessions.

4.2 Professional Qualifications and Ethical Guidelines

- AAT sessions must be practiced within the specific scope of practice context of the dog handler and the therapy provider, and under ethical guidelines of their own professions.
- The AAT healthcare or human service provider (individual who is conducting AAT program, or is named by the professional healthcare/human service provider) must have completed college level or equivalent, according to AAIL Membership Requirements.
- All information and documentation obtained during the conduction of the AAT program must remain confidential. If a dog is being placed with a healthcare or human service professional, the placement organization and recipient are expected to follow the standards set forth by AAIL.

4.3 Competencies

- Demonstrate initial Core and Intermediate Competencies. Handlers should have a designated mentor until able to demonstrate Professional Competencies, and complete at least 10 hours of formal continuing education every year in the topics of AAT, and/or animal behavior/training/handling, and human-animal bond.

This may include:

- Workshops
 - In-services
 - Webinars
 - Books
 - Formal coursework
 - Conferences
 - Mentorships/Internships
- Dog handler evaluated annually
 - Please see separate Competencies for AAll document for recommendations

4.4 Mentoring and Supervision

- Dog handlers and healthcare/human service providers who are new to AAT must identify and collaborate with a mentor who has achieved Professional Competencies with experience in reading dog behavior and AAT.
- The dog handler will participate in AAT under the direction and supervision of the qualified healthcare/human service/therapy provider with knowledge and experience in AAT.

4.5 Documentation

- All documentation of dog handler and dog must be provided and maintained, including health and behavior evaluations, participation summaries and incident reports, and discontinuation of services.
- The dog handler must demonstrate zoonotic risk/ infection control knowledge for their region, including risks to participant and environmental precautions. Written documentation should include:
 - Risk factor (example: tape worm)
 - If how it is transmitted between dogs and people (or from person to dog to another person)
 - If it is transmittable to other dogs
 - Where/How it is spread
 - How to recognize it
 - Cleaning procedures (indoors/outdoors)
 - Treatment for dog
 - Prevention for human and dog

- Professional documentation for each participant should reflect participation in AAT by healthcare or human service provider in client or dog records.
- General monthly summaries are recommended, for each dog working in therapy including an estimate of hours or schedule worked, types of activities and populations.
- Activities with participants should be goal-directed.

4.6 Goal-directed Activities

- The dog handler and healthcare/human service provider must be able to collaborate during activities that are goal-specific and measurable. The activities may or may not include direct contact with dog. The focus of treatment must be on the therapeutic process and outcomes. This may include the set-up, planning, and organizing of activity, rather than just completion of a task.

4.7 Termination of Services

- AAT services must be discontinued if the intervention is no longer supporting goals, if there any health concerns of humans or dogs, or if there are any changes to the environment, dog handler, or population that are not conducive to the dog's skills or well-being.

4.8 General Public Issues - Liability Insurance/Legislation

- Healthcare and human service professionals will obtain and maintain liability insurance as required by their county, state, and local government as well as professional/facility requirements, and will not in any way jeopardize the implementation of the service due to violation of law.

Section 5 - STANDARDS OF PRACTICE FOR ANIMAL ASSISTED ACTIVITY

This document must be read in conjunction with the following:

- *Standards of Practice for the Dog Handler*
- *Standards of Practice for the Dog*
- *Standards of Practice for the Health and Welfare of Dogs*
- *Standards of practice for the Ethical Treatment and Welfare of Participants*

AAA program implementation assumes the participation of three important parties:

- The participant– activity beneficiary
- The dog handler – person who has experience in dog handling, training and behavior
- The activity support dog

5.1 Preparation

- A dog handler must have working knowledge (knows personality, skills, etc.) of dog they are working with, in effort to develop and maintain a working relationship with the dog prior to sessions.
- The activity/social sessions must be practiced under ethical expectations for the situation.

5.2 Competencies

- Have initial training as laid out in the Core Competencies. Handlers should have a designated mentor until able to demonstrate Intermediate Competencies, and complete at least 10 hours of formal continuing education every year in the topics of AAA, animal behavior/training/handling, disability and human-animal bond.
This may include:
 - Workshops
 - In-services
 - Webinars
 - Books
 - Formal coursework
 - Conferences
 - Mentorships/Internships
- Working with healthcare, human service and educational professionals - an AAA team may participate in animal assisted therapy or education when working directly with a licenced and degreed or equivalent AAT or AAE provider as part of a goal directed session. Where this occurs, the human-dog team must be able to demonstrate skills at the Intermediate Competency level.
- Dog handler should be evaluated annually, supervised and monitored as needed.

5.3 Mentoring and Supervision

- During the implementation of an AAA program in a facility, the facility staff should be educated about AAA.
- During implementation of AAA, the handler must ensure they have information regarding participants who may be visited and those who may have restrictions.
- The dog handler will participate in AAA under the direction and supervision of a handler/trainer with at least Intermediate Competency knowledge and experience in AAA.
- All documentation of dog handler and dog must be provided and maintained, including health and behaviour evaluations, participation summaries and incident reports, and discontinuation of services.
- The dog handler will participate in AAA under the direction and supervision of a qualified handler who demonstrates Intermediate Competency and has experience in AAA.

5.4 Documentation

- The dog handler must demonstrate zoonotic risk/ infection control knowledge for their region, including risks to participant and environmental precautions. Written documentation should include:
 - Risk factor (example: tape worm)
 - If how it is transmitted between dogs and people (or from person to dog to another person)
 - If it is transmittable to other dogs
 - Where/How it is spread
 - How to recognize it
 - Cleaning procedures (indoors/outdoors)
 - Treatment for dog
 - Prevention for human and dog
- General weekly or monthly summaries are recommended, for each AAA dog including estimate of hours or schedule worked, types of activities and populations.

5.5 Termination of Services

- AAA services must be discontinued if the intervention is no longer benefiting the participant, there are any health concerns relating to the humans or dogs, or there are any changes in the environment, handler, or population that are not conducive to the development of the dog's skills or well-being.

5.6 General Public

- Dog handler will obtain and maintain liability insurance as required by their region or facilities they go to.

Section 6 - STANDARDS OF PRACTICE FOR ANIMAL ASSISTED EDUCATION

This document must be read in conjunction with the following:

- *Standards of Practice for the Health and Welfare of Dogs*
- *Standards of Practice for the Dog Handler*
- *Standards of Practice for the Dog*
- *Standards of Practice for the Ethical Treatment and Welfare of Participants*

An AAE program can be implemented in a classroom or as an educational tool outside the school or educational institution environment. AAE implementation assumes the participation of four valued parties:

- The participant - student or educational program beneficiary.
- The dog handler - an individual who has training and experience in dog handling, training and behavior.
- The educational institution or professional provider - in some cases, the educational professional and the dog handler may be the same person; or they may be two separate people.
- The education support dog.

6.1 Preparation

- Prior to the program, ideally, the dog handler would complete a facility visitation with the population served without the dog.
- Specific AAE areas to carry out planned sessions must be identified, as well as emergency and evacuation plans created and documented prior to program implementation.

6.2 Ethical Guidelines and Professional Qualifications

- The educational activities will be practiced within the specific scope of practice context of the dog handler and the educational professional, and under ethical guidelines of their own professions.
- The AAE provider (individual who is conducting AAE program, or is named by the educational institution) must have completed college level or equivalent, according to AAI Membership Requirements.
- All information and documentation obtained during the conduction of the AAE program must remain confidential.
- If a dog is being professionally trained and placed with an educational professional, the placement organization and recipient are expected to follow the standards set forth by AAI.

6.3 Competencies

- Have initial Core and Intermediate Competencies to begin work in AAE. Handlers in AAE should have a designated mentor until able to demonstrate Professional level skills, and complete at least 10 hours of formal continuing education every year in the topics of AAE, and/or animal behavior/training/handling, and human-animal bond specific (documentation). This may include:
 - Workshops
 - In-services
 - Webinars
 - Books
 - Formal coursework
 - Conferences
 - Mentorships/Internships
- Dog handler should be evaluated annually.
- Please see separate document for specific competency recommendations

6.4 Mentoring and Supervision

- All documentation of dog handler and dog must be provided and maintained, including health and behaviour evaluations, participation summaries and incident reports, and discontinuation of services.
- Professional documentation for each participant should reflect participation in AAE by educational provider in client or dog records.
- General weekly or monthly summaries are recommended, for each educational support dog including estimate of hours or schedule worked, types of activities and populations.
- The dog handler/practitioner will participate in AAE under the direction and supervision of a qualified educational provider who demonstrates Professional Competencies and has experience in AAE.

6.5 Documentation

- All documentation of dog handler and dog must be provided and maintained, including dog health and behavior evaluations, participation summaries and incident reports, and discontinuation of services.
- The dog handler must demonstrate zoonotic risk/ infection control (example, monthly preventative) knowledge for their region, including risks to participant and environmental precautions.
- Professional documentation for each participant should reflect participation in AAE by healthcare or human service provider in student or dog records.

- General monthly summaries are recommended, for each therapy support dog including estimate of hours or schedule worked, types of activities and populations.
- Activities should be goal-directed.

6.6 Goal-directed Activities

- The dog handler and educational provider must be able to collaborate to create activities that are goal-specific and measurable. If the activities are implemented in the school environment, they must follow the school curriculum for specific group of students. The activities may or may not include direct contact with dog. The focus of educational procedure must be on the educative process and outcomes. This may include the set-up, planning, and organizing of the activity, rather than just completion of a task.

6.7 Termination of Services

- AAE program will be discontinued if AAE is no longer supporting goals, if there are any health concerns of humans or dogs, or there are any changes in the environment, dog handler, or population that are not conducive to the dog's skills or well-being.

6.8 General Public Issues - Liability Insurance/Legislation

- Educational professionals will obtain and maintain liability insurance as required by their county, state, and local government as well as professional/facility requirements, and will not in any way jeopardize the implementation of the service due to violation of law.

Section 7: STANDARDS OF PRACTICE FOR THE ADMINISTRATION OF PROGRAMS

These standards are relevant to all members involved in AAI.

7.1 Program Structure

- Members must have an organizational chart for staff.
- Members must have an organizational chart for programs.
- Where programs operate as non-profits, they must be legally established with articles of incorporation/statutes/bylaws.
- Where programs operate as for-profits, this must be made clear to clients/partners.

7.2 Complaints Policy

- Members must have a written policy as to how complaints received by staff, volunteers, clients and facility partners will be addressed. The policy must provide a clear process for resolving complaints.

7.3 Safe Working Environment

- Members must undertake appropriate risk assessments to ensure staff, clients, partners and dogs are always operating in a safe environment. This includes, but is not limited to:
 - ensuring there are first aid kits available when working at a facility
 - all staff/volunteers are aware of the fire evacuation procedures
 - animal medication is handled safely and kept in appropriate secure places
 - spills are mopped up promptly
 - any hazardous substances are handled and stored appropriately
 - facilities are kept clean and tidy

7.4 Image Protection

- Members must have a procedure in place for gaining written consent from clients, staff or volunteers for any filming or photography that involves them.

7.5 Confidentiality of Information

- Members must have a written policy that ensures any sensitive information and records regarding applicants, clients, volunteers, staff and donors will be treated confidentially. Policy includes a statement that applicant/client information will not be disclosed to any third party unless she/he has given prior express permission.
- Sensitive information must be kept locked.

7.6 Insurance

- Members must have insurance in place appropriate to all activities undertaken and to deal with all key risks. This may include any or all of the following: Professional liability, dog training, business, etc.

7.7 Operating Partners

- Where a member is working closely with another partner/organisation (e.g. facility), appropriate documentation (e.g. contracts, leases, agreements, memorandum of understanding, etc.) must be in place.

7.8 Marketing Statements and Fundraising

- Members only make statements about their work in any form of promotional material that they know to be honest.
- Members comply with any local fundraising regulations and, at a minimum, keep records of their fundraising activities, including the source of any money raised.

REFERENCES

- Assistance Dogs International. (2018). Retrieved from <https://www.assistancedogsinternational.org/>
- Barba, B.E. (1995). The positive influence of animals: Animal-assisted therapy in acute care. *Clinical Nurse Specialist*, 9, 199–202.
- Baumgartner, E. & Cho, J. (July/August, 2014). Animal-assisted activities for students with disabilities: Obtaining stakeholders approval and planning strategies for teachers. *Childhood Education*, 281-290.
- Bibbo, J. (2013). Staff members' perceptions of an animal-assisted activity. *Oncology Nursing*
- Chandler, C. K. (2017). *Animal assisted therapy in counseling*. Routledge.
- Department for Environment, Food & Rural Affairs. (2017). Code of practice for the welfare of dogs [PDF file]. Retrieved from www.gov.uk/government/publications.
- Dicé, F., Santaniello, A., Gerardi, F., Menna, L. F., & Freda, M. F. (2017). Meeting the emotion! Application of the Federico II Model for pet therapy to an experience of Animal Assisted Education (AAE) in a primary school. *Pratiques Psychologiques*, 23(4), 455-463.
- Evans, N., & Gray, C. (2012). The practice and ethics of animal-assisted therapy with children and young people: Is it enough that we don't eat our co-workers? *The British Journal of Social Work*, 42(4), 600-617. doi (stable URL): <http://www.jstor.org/stable/43771673>
- Every, D., Smith, K., Smith, B., Trigg, J., & Thompson, K. (2017). How can a donkey fly on the plane? The benefits and limits of animal therapy with refugees. *Clinical psychologist*, 21(1), 44-53.
- Fine, A. H., Tedeschi, P., & Elvove, E. (2015). Forward Thinking: The Evolving Field of Human–Animal Interactions. In *Handbook on Animal-Assisted Therapy (Fourth Edition)* (pp. 21-35).
- Foreman, A. M., Glenn, M. K., Meade, B. J., & Wirth, O. (2017). Dogs in the workplace: a review of the benefits and potential challenges. *International journal of environmental research and public health*, 14(5), 498. *Forum*, 40(4), E320-E326. doi: 10.1188/13.ONF.E320-E326
- Friesen, L. (2010). Exploring animal-assisted programs with children in school and therapeutic contexts. *Early childhood education journal*, 37(4), 261-267.
- Glenk, L. M. (2017). Current perspectives on therapy dog welfare in animal-assisted interventions. *Animals*, 7(2), 7.
- Glenk, L. M., Kothgassner, O. D., Stetina, B. U., Palme, R., Kepplinger, B., & Baran, H. (2013). Therapy dogs' salivary cortisol levels vary during animal-assisted interventions. *Animal Welfare*, 22(3), 369-378.
- Grandgeorge, M., & Hausberger, M. (2011). Human-animal relationships: from daily life to animal-assisted therapies. *Annali dell'Istituto superiore di sanità*, 47(4), 397-408.

Grant, S., & Olsen, C. W. (1999). Preventing zoonotic diseases in immunocompromised persons: the role of physicians and veterinarians. *Emerging infectious diseases*, 5(1), 159.

Hartwig, E. K., & Smelser, Q. K. (2018) Practitioner perspectives on animal-assisted counseling. *Journal of Mental Health Counseling*, 40(1), 43-57.

Hatch, A. (2007). The view from all fours: a look at an animal-assisted activity program from the animals' perspective. *Anthrozoös*, 20(1), 37-50.

Haubenhofner, D. K., & Kirchengast, S. (2007). 'Dog Handlers' and Dogs' Emotional and Cortisol Secretion Responses Associated with Animal-Assisted Therapy Sessions. *Society & Animals*, 15(2), 127-150.

Haupt, K. A., Goodwin, D., Uchida, Y., Baranyiová, E., Fatjó, J., & Kakuma, Y. (2007). Proceedings of a workshop to identify dog welfare issues in the US, Japan, Czech Republic, Spain and the UK. *Applied Animal Behaviour Science*, 106(4), 221-233. Category: Animal Welfare & Well-Being.

IAHAIO. (2018). Retrieved from <http://iahaio.org/>

Jalongo, M. R., Astorino, T., & Bomboy, N. (2004). Canine visitors: The influence of therapy dogs on young children's learning and well-being in classrooms and hospitals. *Early Childhood Education Journal*, 32(1), 9-16.

Johnson, R. A., Meadows, R.L., Haubner, J.S. & Sevedge, K. (2003). Human-animal interaction: A complimentary/ alternative medical (CAM) intervention for cancer patients. *The American Behavioral Scientist* 47 (1) pp. 55-69.

Kovacs, K, Viranyi, Z, Kis, A., Turcsan, B., Hudecz, A., Marmota, M. T., ...Koller, D. (2018). Dog-owner attachment is associated with oxytocin receptor gene polymorphisms in both parties. A comparative study on Austrian and Hungarian border collies. *Frontiers Psychology*, doi.org/10.3389/fpsyg.2018.00435.

Krškova, L., Talarovičova, A., & Olexoba, L. (2010). Guinea pigs- The "small great" therapist for autistic children. *Society and Animals* 18 (2) pp. 139-151.

Linder, D., Siebens, H., Mueller, M., Gibbs, D. & Freeman, L. (2017). Animal-assisted interventions: A national survey of health and safety policies in hospitals, eldercare facilities, and therapy animal organizations. *American Journal of Infection Control*, 45(8), 883-887.

McBride, A., McNicholas, J., & Ahmedzai, S. (2006). Animal facilitated therapy: A practice of welfare concern? In *Proceedings of the VDWE International Congress on Companion Animal Behaviour and Welfare*. Vlaamse Dierenartsenvereniging, 95-102

Mellor, D. J. (2017). Operational details of five domains model and its key applications to the assessment and management of animal welfare. *Animals*, 7(8), doi: 10.3390/ani7080060.

Milani, M. 2016 Animal welfare in human-animal interactions. *HABRI Central*,

- Murthy, R., Bearman, G., Brown, S., Bryant, K., Chinn, R., Hewlett, A., . . . Weber, D. J. (2015). Animals in healthcare facilities: recommendations to minimize potential risks. *Infection control and hospital epidemiology*, 36(5), 495-516. doi:10.1017/ice.2015.15
- Odendaal & Meintjes. 2003. Neurophysiological Correlates of Affiliative Behaviour Between Humans and Dogs. *The Veterinary Journal*, 165, 296-301
- One Health Initiative. (2019). Retrieved from www.onehealthinitiative.com
- Pagani, C., Robustelli, F. and Ascione, F. R. (2010) 'Investigating animal abuse: Some theoretical and methodological issues', *Anthrozoos*, 23(3), pp. 259–76.
- Palestrini, C., Calcaterra, V., Cannas, S., Talamonti, Z., Papotti, F., Buttram, D. & Pelizzo, G. (2017). *Journal of Veterinary Behavior*, 17, 44-49.
- R Arluke, A. 1999 The relationship of animal abuse to violence & other forms of antisocial behavior
- Risley-Curtiss, C. (2010). Social work practitioners and the human—companion animal bond: A national study. *Social Work*, 55(1), 38-46.
- Risley-Curtiss, C., Holley, L. C., & Wolf, S. (2006). The animal-human bond and ethnic diversity. *Social work*, 51(3), 257-268.
- Serpell, J.A., Coppinger, R. & Fine, A.H. (2006). Welfare considerations in therapy and assistance animals. In A. H. Fine (Ed.), *Handbook on animal assisted therapy: Theoretical foundations and guidelines for practice (2nd Ed.)* (pp. 453-474) San Diego, CA: Academic Press.
- Silcox, D., Castillo, Y. A., & Reed, B. J. (2014). The human animal bond: Applications for rehabilitation professionals. *Journal of Applied Rehabilitation Counseling*, 45(3), 27–37.
- Society for Companion Animals. (2013). Animal-Assisted Interventions Code of Practice for the UK. <http://www.scas.org.uk/wp-content/uploads/2013/06/AAI-Code-of-Practice-SCAS-June-2013.pdf>
- Stewart, L. A., Bruneau, L., & Elliott, A. (2016). The Role of Animal-Assisted Interventions in Addressing Trauma-Informed Care. *ACA Vistas*, Spring, 15.
- Stewart, L. A., Chang, C. Y., Parker, L. K., & Grubbs, N. (2016). *Animal-assisted therapy in counseling competencies*. Alexandria, VA: American Counseling Association, Animal-Assisted Therapy in Mental Health Interest Network. Retrieved from <https://www.counseling.org/docs/default-source/competencies/animal-assisted-therapy-competencies-june-2016.pdf?sfvrsn=14>
- Stewart, L.A., Chang, C.Y., & Rice, R. (2013). Emergent theory and model of practice in animal-assisted therapy and counseling. *Journal of Creativity in Mental Health*, 8, 329-348. doi: 10.1080/15401383.2013.844657.
- Topal, J., Miklosi, A., Csanyi, & Doka, A. (1998). Attachment behavior in dogs (canis familiaris): a new application of Ainsworth's (1969) strange situation test. *Journal of Comparative Psychology*, 112(3), 219-229.

VanFleet, R. (2017). Toward greater awareness of welfare in animal assisted interventions: the animal assisted play therapy model. Retrieved from <http://iaabc.org>

Vitztum, C. & Urbanik, J. (2016). Assessing the dog: a theoretical analysis of the companion animal's actions in human-animal interactions. *Society & Animals, 24*, 172-185.

Winkle, M., & Jackson, L. (2012). Animal kindness: Best practices for the animal-assisted therapy practitioner. *OT Practice, 17*(6), 10-14.

Winkle, M.Y. (2016, February 2). Professional applications of animal assisted therapy [webinar]. In [occupationaltherapy.com](https://www.occupationaltherapy.com/ot-ceuse/all/#/term:Winkle). Retrieved from <https://www.occupationaltherapy.com/ot-ceuse/all/#/term:Winkle>

Winkle, M., & Ni, K. (2019). Animal Assisted Occupational Therapy. In *Handbook on Animal-Assisted Therapy (Fifth Edition)*.

Wycoff, K. (2014). A look at the potential potholes and the road ahead for AAT – animal assisted therapy. *Ethical Considerations in Animal Assisted Therapy*. Retrieved from <http://suzanneclothier.com>

Zamir, T. (2006). The moral basis of animal-assisted therapy. *Society & Animals, 14*(2), 179-199