



Animal Assisted Activity (AAA)

Standards, General Competencies, Accreditation Processes and Manual, and Glossary

The Animal Assisted Intervention International Standards of Practice most recent revision was **February 21, 2021**. This revision includes citations from articles and books, and peer-reviewed journals that identified the need for the outlined standards. The standards, competencies and accreditation procedures have been compiled into specific membership category booklets. The AAIL Board of Directors wishes to extend special thanks to the following people who made contributions to the revisions and spent hours reading and citing the literature, amongst other tedious work. AAIL has ongoing working groups that are currently developing complementary documents and are also listed here.

AAIL Standards

Chair: Melissa Winkle (USA) and Peter Gorbing.

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

General Standards Working Group: Jennifer Rogers, Melissa Winkle, Ada Tomezzoli, Federica Aste, Debra Buttram.

Standards for the Administration of Programs: Peter Gorbing, Danny Vancoppennolle, Melissa Winkle.

Standards for Participants: Melissa Winkle, Cynthia Chandler, Ellen Herlache-Pretzer, Daniela Balduzzi, Lea Devčić, Phoebe Yam, Karen Ni.

Standards of Practice for Dog Handlers and the Support of Dogs in AAILs: Melissa Winkle, Jennifer Rogers, Jan Heremans, Selina Gibsone.

Standards of Practice for the Health, Welfare and Well-being of Dogs: Melissa Winkle, Amy Johnson, Petra Van Benten, Christine Johnson, Risë VanFleet, Karen Ni.

Standards of Practice for Animal Assisted Activity: Peter Gorbing, Melissa Winkle, Lucija Katalenić and Graham Ford.

Standards of Practice for Animal Assisted Education: Melissa Winkle and Lucija Katalenić.

Standards of Practice for Animal Assisted Therapy: Melissa Winkle, Lucija Katalenić, Lea Devčić, and Selina Gibsone.

Standards of Practice for Animal Assisted Special Programs: Jennifer Rogers, Peter Gorbing, Melissa Winkle, Helen McCain, Iris Smolković, Petra van Benten, Maria Daniela Balduzzi.

Standards of Practice for Animal Assisted Placement Programs: Jennifer Rogers, Peter Gorbing, Melissa Winkle, Helen McCain, Iris Smolkovic, Petra van Benten, and Daniela Maria Balduzzi.

Standards for Affiliate Members: Melissa Winkle & Amy Johnson

AAIL Competencies

Chairs: Melissa Winkle, Jennifer Rogers & Claire Dickson.

Working Groups: Leslie A. Stewart, Melissa Winkle, Claire Dickson, Jennifer Rogers, Cynthia Chandler, Greta Kerulo, Selina Gibsone, Maria Daniela Balduzzi, Petra van Benten, Helen McCain, Iris Smolkovic and Risë VanFleet.

Original Competencies: Stewart, L. A. (2014); Stewart, L. A., Chang, C. Y., Parker, L. K., & Grubbs, N. (2016); and Stewart, L. A., Johnson, A., Bruneau, L., & Callahan, M. M. (2016).

AAIL Accreditation

Melissa Winkle, Jennifer Rogers, Peter Gorbing, Bridget Simpson, Jan Heremans, Selina Gibsone, Maria Daniela Balduzzi, Petra van Benten, Helen McCain, Iris Smolkovic.

Guest Experts: Prof. Daniel Mills, Greta Kerulo, Leslie Stewart, Helen McCain.

Additional Concept, Layout and Editing Contributions: Peter Gorbing, Melissa Winkle, Jennifer Rogers, Macy Porter, Selina Gibsone, Petra Van Benten, Phoebe Yam and Edith Bailey.

Animal Assisted Activity Standards, General Competencies Accreditation Processes and Manual, and Glossary

Introduction

This booklet provides a clear outline of Animal Assisted Intervention International's requirements for members working in the field of AAA. It covers:

	Page
Standards as laid out in the Accreditation Manual - including Accreditation Guidance Notes	4
Competencies summary	36
AAll Accreditation Process	38
Documentation required prior to assessment- Accreditation Portfolio Contents	39
Glossary of terms	41
Appendix 1 - Competencies	48

The Animal Assisted Activity (AAA) Membership Category is defined as follows:

Animal Assisted Activities (AAA): AAA incorporates specially selected and trained animals into impromptu or planned activities and interactions that may be offered by volunteer, paraprofessional or professional human-animal teams. AAA may be unstructured, or goal oriented in areas such as motivational, recreational, social, and general well-being. AAA teams have participated in a minimum of introductory preparation and training for the populations they visit and the dog they are handling. With additional preparation and training, AAA teams can work directly with a licensed, degreed, or equivalent healthcare, human service or educational professional in AAE, AAT and AASP. AAAs promote mutual wellbeing and benefits for the humans and animals involved. AAls may directly or indirectly involve the animal.

Animal Assisted Activity (AAA) Membership Criteria

Membership in the field of Animal Assisted Activities (AAA) is open to **organizations** that are active in the field of social and recreation-based animal assisted activities and visitations or work alongside healthcare, human service or education providers (who have formal education in a relevant discipline), or with animal assisted special program facilitators.

Full Membership Criteria

- Organizations should be officially registered as an entity.
- Handlers of the organization must have working experience in handling animals using positive reinforcement techniques, and direct experience/relationship with the specific animal they will be handling.
- Majority of handlers must be working at an advanced level (see Appendix I, competencies).
- May apply for a position on board of directors.
- Voting rights.
- Working group privileges.
- Use of AAll logo.

Associate Membership Criteria

- Organizations that are planning to be active in the field of social and recreation-based animal assisted activities and visitations or work alongside healthcare, social service, or education providers with formal education in a relevant discipline
- Operating at entry level or intermediate level competencies (Appendix 1) new to AAAs, looking for mentorship.
- No voting rights or board appointment.

- No working group privileges.

Animal Assisted Activity (AAA) Standards of Practice – Accreditation Manual

The Standards of Practice have been produced by the authors under the direction of the Members and Board of Directors of Animal Assisted Intervention International (AAIL), to assist and encourage individuals, organizations, institutions, and health and human service providers who are interested in, or are implementing, any animal assisted intervention (AAI) program including AAA, AAE, AAT, AASP and AAPP. AAIL considers this a living document that will undergo revisions as needed to keep up with the scope of AAI around the world.

The standards outlined in **this** booklet are a minimum of what is required to conduct an **AAA 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.

Standards are the same for any AAI program with dogs, therefore, the term Animal Assisted Intervention (AAI) will be used.

1. **Standards of Practice for the Administration of Programs**
2. **Standards of Practice for the Ethical Treatment and Welfare of Participants**
3. **Standards of Practice for Dog Handlers and the Support of Dogs**
4. **Standards of Practice for the Health, Welfare and Well-being of Dogs**
5. **Standards of Practice for Animal Assisted Activity (AAA)**

Attached to each standard is a description of the assessment method(s) that will be used during the accreditation process as follows:

Documentation	Written evidence to show compliance
Observation	Assessor observes standard during session, pre-video etc.
Interview	Discussions with people involved in the process

For those seeking accreditation, the required documentation, and the order in which they need to be organized in your accreditation portfolio may be found in the section titled **ACCREDITATION PORTFOLIO** at the end of this document.

Guidance Notes

Where appropriate, **Guidance Notes** are included to support the Standard and are there to facilitate understanding and/or clarifying the associated sentence(s).

Recording the assessment

- ✓ Each section needs to be successfully met.

In this document:

- “**Shall**” indicates a requirement.
- “**Should**” indicates a recommendation.

Standards of Practice for the Administration of Programs

These standards apply to all members/member organizations and their volunteers, staff, and anyone who is facilitating or participating in any program.

1.0 Program Structure

1.1 Members shall have an organizational chart for staff. **(Documentation)**

1.2 Where programs operate as not-for-profits, they shall be legally established with articles of incorporation/statutes/bylaws. **(Documentation)**

1.3 Where programs operate as for-profits, this shall be made clear to clients/partners. **(Documentation/Observation/Interview)**

2.0 Complaints Policy

2.1 Members shall have a written policy as to how complaints received from staff, volunteers, participants and facility partners will be addressed. **(Documentation)**

Guidance Note:

The policy must provide a clear process for resolving complaints.

3.0 Safe Working Environment

3.1 Members shall complete annual risk assessments and management plans for each location where any type of AAI (AAA, AAE, AAT, AASP, AAPP) is carried out, to ensure staff, participants, partners, and dogs are always operating in a safe environment. **(Documentation, Interview & Observation)**

Guidance Note:

This includes, but is not limited to:



4.0 Image Protection

4.1 Members shall have a procedure in place for gaining written consent from participants, staff or volunteers for any filming or photography that involves them. **(Documentation)**

5.0 Confidentiality of Information

5.1 Members shall have a written policy that ensures any sensitive information and records regarding applicants, participants, 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. **(Documentation & Interview)**

5.2 Sensitive information shall be kept secure. **(Observation)**

6.0 Insurance

6.1 Members shall have insurance in place appropriate to all activities undertaken and to deal with all key risks. This may include any or all the following: Professional liability, business liability, dog training, bodily injury to clients or other staff, etc. **(Documentation & Interview)**

7.0 Operating Partners

7.1 Where a member is working closely with another partner/organization (e.g. facility), appropriate documentation (e.g. contracts, leases, agreements, memorandum of understanding, etc.) shall be in place. **(Documentation)**

8.0 Marketing Statements and Fundraising

8.1 Members shall only make statements about their work in any form of promotional material that they know to be honest. **(Documentation/Observation)**

8.2 Members shall comply with any local fundraising regulations and, at a minimum, keep records of their fundraising activities, including the source of any money raised. **(Observation/Interview)**



Standards of Practice for the Ethical Treatment and Welfare of Participants

These standards apply to all members/member organizations and their volunteers, staff, and anyone who is facilitating or participating in any program.

1.0 Human Interaction

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

Guidance Note:

- Assessors will observe that [REDACTED]

1.2 Participants and other professionals shall be treated with respect at all times. **(Observation)**

Guidance Note:

- 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*).

1.3 All support staff and members of the participant's team shall be involved in planning and be adaptable to meet the challenges of any session. **(Interview/Observation)**

Guidance Note:

- You will need to show the assessor evidence that all your work is patient/client goal oriented, appropriately treatment planned, carried out, measured, and documented. This should include general summaries, and information on the duration, nature, and content of sessions.

Where the therapist is also acting as the dog handler during sessions, [REDACTED]

[Redacted]

- [Redacted]
- First aid kits for humans and another for dogs should be at each program location. Emergency and regular veterinary information should be posted or carried with handler at each program location. Diagram/written evacuation plans should be in view of handlers and participants.

1.4 AAI team members shall participate in at least 8 hours of annual formal continuing education covering human animal interactions/bond, dog handling, behavior and training, population disability, formal session planning etc. A minimum 4 hours should be dog focused and 4 hours human focused. **(Documentation/Interview)**

Guidance Note:

- AAI providers are expected to have specific training and supervision or mentoring in their area of AAI (*Chandler, 2005; McBride et al., 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*):

[Redacted]

1.5 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. For example, AAA providers do not refer to AAA sessions as formal therapy (AAT) or education (AAE), except in sessions in which they are working with licensed/degreed providers. An organization that only works within one member category should describe itself as providing that service rather than claim AAls which implies more than one AAA, AAE, AAT, AASP, AAPP. **(Documentation/Observation)**

Guidance Note:

- The professional ethics of relevant, respective professions and organizations should be adhered to (*Society for Companion Animal Studies Limited, 2013; Winkle & Ni, 2019*). An organization that only works within AAA should describe itself as such rather than claim AAls which implies AAA, AAE, AAT, AASP, and/or AAPP.

2.0 Working with Participants, Healthcare and Human Service Professionals (if applicable)

2.1 AAI staff shall 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*). **(Documentation/Interview)**

Guidance Note:

- 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. Research (*Risley-Curtiss et al., 2006; Risley-Curtiss, 2010 as cited in Evans & Gray, 2012, NZ; IAHAIO, 2018*).

2.2 All AAI work shall be appropriately planned, documented and guided with clear treatment plans/ goals or educational plans/goals for AAT or AAE produced. Client performance is measured and documented. (*Winkle & Ni, 2019*). **(Documentation/ Interview/Observation)**

Guidance Note:

- Goals: Providers have well developed instructional/intervention plans and clear purpose for incorporating AAT:
 - Screening of potential program participants identifies specific behaviors to address during any AAI, participants have multiple opportunities to practice safety with target skills before engaging in AAI with a dog. Clear and measurable goals are established for all participants.

- Program evaluation: Providers undertake systematic program evaluation to assess efficacy (*Barba, 1995; Johnson et al., 2003 as cited in Bibbo, 2013; McBride et al., 2006; Winkle & Ni, 2019*).

2.3 Handler shall 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). **(Observation)**

Guidance Note:

- Providers have specific training in animal health, welfare, well-being, behavior, and advocacy to ensure animal well-being and participant safety (*Jalongo et al., 2004 as cited in Baumgartner & Cho, 2014; Dawson and Campbell, 2005, as cited in McBride et al., 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 & Faa-Thompson, 2017*),

and promote the well-being of the animal, including providing adequate opportunity to rest and recover (*Serpell, 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*).

2.4 Handlers shall have a strong understanding of the populations they are serving, and medical/behavioral clearance when necessary. **(Documentation/Interview/Observation)**

Guidance Note:

- Providers understand potential impact of the animal on their participant population, for example, the possibility that larger or more active animals in AAI can induce over excitement rather than calming among some populations (*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*).

2.5 Providers shall assess and manage risks in all AAI activities and environments, including typical bio-directional zoonotic risk factors, public health crisis situations, and no raw-food policies. **(Documentation/Interview/Observation)**

Guidance Note:

- All levels of organization understand risks associated with injury, zoonotic disease transmission, public health crisis situations, and providers seek expert advice in these areas to assess and manage risk to ensure welfare of humans and animals (*Chandler, 2005; McBride et al., 2006; Evans & Gray, 2012; Winkle, 2016; Occupational Safety and Health Administration, as cited in Foreman et al., 2017*).

Written Policies & Procedures will be reviewed in your accreditation portfolio that will include

3.0 Communication

3.1 AAI personnel shall 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 advocacy (welfare and well-being). **(Observation)**

Guidance Note:

Implement guidelines and rules for participants working with animals in AAI (*Bibbo, 2013; Hartwig & Smelser, 2018*). Providers teach participants about

- Participants are supervised at all times with animals (Society for Companion Animal Studies Limited, 2013).
- 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, including signage that states the presence of the dog.

3.2 AAI personnel shall ensure the safety of participants (appropriate interactions, not immunocompromised, etc.) and the dogs that work with them. **(Documentation/ Observation/ Interview)**

Guidance Note:

- 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 et al., 2017*).

Policies, procedures, and staff education are in place to ensure

- 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*).

4.0 Other staff/Organization structure

4.1 Participants have the right to service delivery from qualified staff/providers. **(Documentation/Interview)**

Guidance Note:

This should 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 potential 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 et al., 2017*). Assessors will ask to see insurance policies, vaccination laws/records, and general laws for companion or working animals.
- 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 et al., 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 recognize signs of stress and illness (*Dawson and Campbell, 2005, as cited in McBride et al., 2006;*). Assessors will want to see staff training records as evidence that staff undergo regular and relevant training.
- 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*).

References:

- Barba, B. E. (1995). The positive influence of animals: Animal-assisted therapy in acute care. *Clinical Nurse Specialist, 9*, 199-199. <https://doi.org/10.1097/00002800-199507000-00005>
- Baumgartner, E., & Cho, J. I. (2014). Animal-assisted activities for students with disabilities: Obtaining stakeholders' approval and planning strategies for teachers. *Childhood Education, 90*(4), 281-290. <https://doi.org/10.1080/00094056.2014.936221>
- Bibbo, J. (2013). Staff members' perceptions of an animal-assisted activity. *Oncology Nursing Forum, 40*(4). <https://doi.org/10.1188/13.ONF.E320-E326>
- Brelsford, V.L.; Dimolareva, M.; Gee, N.R.; Meints, K. (2020). Best Practice Standards in Animal-Assisted Interventions: How the LEAD Risk Assessment Tool Can Help. *Animals, 10*, 974. doi:10.3390/ani10060974
- Chandler, C. K. (2005). *Animal-assisted therapy in counseling*. New York: Routledge.
- 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. <https://doi.org/10.1016/j.prps.2017.03.001>
- 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. <https://doi.org/10.1093/bjsw/bcr091>
- 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. <https://doi.org/10.1111/cp.12071>
- Fine, A. H. (Ed.). (2015). *Handbook on animal-assisted therapy: Foundations and guidelines for animal-assisted interventions*. Academic press.
- 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. <https://doi.org/10.3390/ijerph14050498>
- Friesen, L. (2010). Exploring animal-assisted programs with children in school and therapeutic contexts. *Early Childhood Education Journal, 37*(4), 261-267. <https://doi.org/10.1007/s10643-009-0349-5>
- Grant, S., & Olsen, C. W. (1999). Preventing zoonotic diseases in immunocompromised persons: The role of physicians and veterinarians. *Emerging Infectious Diseases, 5*(1), 159. doi: 10.3201/eid0501.990121
- Hartwig, E. K., & Smelser, Q. K. (2018). Practitioner perspectives on animal-assisted counseling. *Journal of Mental Health Counseling, 40*(1), 43-57. <https://doi.org/10.17744/mehc.40.1.04>
- IAHAIO (2018). The IAHAIO definitions for animal assisted intervention and guidelines for wellness of animals involved in AAI. Retrieved from https://iahaio.org/wp/wp-content/uploads/2018/04/iahaio_wp_updated-2018-final.pdf

Linder, D. E., Siebens, H. C., Mueller, M. K., Gibbs, D. M., & Freeman, L. M. (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. <https://doi.org/10.1016/j.ajic.2017.04.287>

McBride, E. A., McNicholas, J., & Ahmedzai, S. (2006). Animal facilitated therapy: A practice of welfare concern?

Murthy, R., Bearman, G., Brown, S., Bryant, K., Chinn, R., Hewlett, A., ... & Wiemken, T. (2015). Animals in healthcare facilities: Recommendations to minimize potential risks. *Infection Control & Hospital Epidemiology*, 36(5), 495-516. <https://doi.org/10.1017/ice.2015.15>

Pagani, C., Robustelli, F., & Ascione, F. R. (2010). Investigating animal abuse: Some theoretical and methodological issues. *Anthrozoös*, 23(3), 259-276. <https://doi.org/10.2752/175303710X12750451259011>

Risley-Curtiss, C., Holley, L. C., & Wolf, S. (2006). The animal-human bond and ethnic diversity. *Social Work*, 51(3), 257-268. <https://doi.org/10.1093/sw/51.3.257>

Serpell, J. A. (2006). Animal companions and human well-being: An historical exploration of the value of Human-Animal relationships. In *Handbook on Animal-Assisted Therapy* (pp. 3-19). 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. doi: 10.1891/0047-2220.45.3.27

Society for Companion Animal Studies Limited. (2013). Animal Assisted Interventions: SCAS Code of Practice for the UK. Retrieved from <http://www.scas.org.uk/wp-content/uploads/2019/08/SCAS-AAI-Code-of-Practice-August-2019.pdf>

Stewart, L. A. (2014). Competencies in animal assisted therapy in counseling: a qualitative investigation of the knowledge, skills and attitudes required of competent animal assisted therapy practitioners.

Stewart, L. A., Johnson, A., Bruneau, L., & Callahan, M. M. (2016). Animal-assisted interventions competencies.

VanFleet, R., & Faa-Thompson, T. (2017). *Animal assisted play therapy*. Sarasota, FL: Professional Resource Press.

Winkle, M. Y. (2016) *Dogs in practice: The art and science of animal assisted therapy* [Conference presentation]. Dogwood Therapy Services, Albuquerque, NM, United States.

Winkle, M. & Fine, A.H. (2017). Losing an animal in practice: Supporting clients and ourselves during the period of loss. *OT Practice*, 23(6), 22-23.

Winkle, M. Y. & Ni, K.(2019). Animal Assisted Occupational Therapy: Guidelines for Standards, Theory and Practice. In A.H. Fine (Ed), *Handbook on animal assisted therapy: Theoretical foundations and guidelines for animal-assisted interventions*. Academic Press.

Standards of Practice for Handlers Supporting Dogs (Previously titled 'Animal Support')

These standards apply whether there is a dedicated dog handler or an AAA/AAT/AE/AASP provider is handling their own dog. These standards apply to all members/member organizations and their volunteers, staff, and anyone who is facilitating or participating in any AAI program.

1.0 Human Interaction

1.1 Dog Handlers shall acknowledge and work within their own level of competence, education, licensure, and skill set. **(Interview/Observation)**

1.2 During an AAI program, dog handlers shall demonstrate positive examples of human interaction, through appropriate social skills, including verbal and nonverbal communication. **(Observation)**

1.3 Dog handlers shall show empathy and sensitivity for the participants with whom 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. **(Observation)**

1.4 Dog handlers shall demonstrate the ability to be adaptable and flexible and demonstrate imagination and creativity when planning and carrying out activities or 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. **(Observation)**

1.5 Dog handlers shall demonstrate an understanding of human-animal interactions (HAI) and the human animal bond (HAB). **(Interview)**

Guidance Note:

2.0 Preparation for AAI Sessions

2.1 Participants shall be screened for allergies, zoonosis, medical conditions (e.g. infections, open wounds, burns, immunocompromise), 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. (Winkle, 2016; Chandler, 2017). **(Documentation)**

2.2 All involved employees shall be informed about and introduced to the AAI program prior to program implementation. **(Interview)**

2.3 Dog handlers shall be thoroughly screened prior to undertaking the role and undergo a comprehensive induction process. **(Documentation)**

2.4 Dog handlers shall show careful handling and supporting the dog when needed and encourage initiative while still maintaining control. This is important in order for the dog to learn to have genuine interactions with clients. A dog handler shall have working knowledge (knows personality, skills, etc.) of the dog they are working with, and will develop and maintain a working relationship with the dog prior to sessions. **(Interview/Observation)**

Guidance Note:

- AAI acknowledges that different elements of AAI require different levels of skills. Assessors will want to ensure that the key people working with your organization, or you if you work alone, fully understand the different AAI disciplines and the respective skills and experience required to be successful. Volunteers are unlikely to have the same kind of skill as professional handlers, but they should understand the different disciplines within AAI (AAT, AAA, AAE) and be aware of the skill levels required to undertake each intervention effectively.
- All involved employees must have the opportunity to be informed about and introduced to the AAI program prior to program implementation.

[Redacted text block]

- Where you are working with volunteers, your educational program should consist of the following at a minimum. Assessors will look for evidence of the following:

[Redacted text block]

- Procedure for reporting an incident/concern.
- Participant privacy practices.
- Evaluation of skills for their role.

- Professional staff trainers/handlers should have experience in handling/training dogs for special interventions and show how they are involved in at least 8 hours continuing education each year as previously detailed.

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

3.1 Dog handlers shall demonstrate an understanding of their role in each session and take guidance and direction from the healthcare, human service, educational or special program personnel 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 must 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. **(Observation)**

Guidance Note:

- You will be required to show assessors how you [REDACTED]

3.2 Dog handlers acts as the advocate for the dog and shall have the ability to say "no" if the dog is not suitable for or is uncomfortable during 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 and dog. **(Observation/Interview)**

Guidance Note:

- 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 abilities. 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.

3.3 During an AAI session, it is the dog handler's responsibility to pay attention to the dog, its behavior, communication and safeguarding the dog where necessary, not allowing people to crowd or suddenly approach 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. **(Observation)**

3.4 Dog handlers shall have training and experience interacting with different people with physical and/or developmental disabilities/conditions, mental health conditions, relevant to the participants group with whom they will be working and should show an awareness of the needs of each individual participant. **(Documentation/Interview/Observation)**

3.5 Dog handlers shall be polite and adhere to confidentiality policies. **(Interview)**

4.0 Education/Experience

4.1 Dog handlers (including healthcare/human service/educational or special program providers who handle their own dogs) shall have good, general knowledge of dogs, including learning theory, and the application of humane training methods using relationship development and positive reinforcement (e.g. clicker training, body language, behavior, stress indicators, and calming techniques). Dog handlers will NOT use aversive equipment (choke chains, prong collars, martingale collars, electronic, or any other devices that administer negative or harmful stimuli), positive punishment nor negative reinforcement techniques, as they are not allowed. **(Documentation/Observation/Interview)**

4.2 Dog handlers shall have knowledge of the human participant's social behavior and understanding of the dog's freedom of choice and preferences for persons, environments, and situations. **(Observation)**

4.3 Dog handlers shall have insight and training for breed specific traits, be knowledgeable about classical and operant conditioning, and demonstrate techniques of positive reinforcement and gentle handling rather than positive punishment and negative reinforcement or restraint (e.g. choke chains/leash corrections, leash jerks), show awareness of canine developmental milestones (mental, physical, and social), and individual skill level and range of capabilities for each dog he/she handles. The dog handler should know the dog they are working with well and understand their individual preferences, strengths, and limitations. **(Documentation/Interview/Observation)**

4.4 Dog handlers shall 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 the environment for safety. **(Interview)**

4.5 Staff and volunteers who handle dogs independently for programs (AAA, AAT, AAE or AASP), without supervision, shall have initial training as laid out in the competencies. Handlers shall have a designated mentor until able to demonstrate basic entry level skills, and complete at least 8 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

4.6 Dog handlers shall be able to demonstrate an understanding of the following areas:

- Potential dangers in the testing, educational, and/or treatment environment.
- Relevant regional specific bidirectional zoonosis and vaccination protocols.
- 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; modifications will be in place.
- 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, enrichment, 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, enrichment preferences, 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, transportation and living situation.
- 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.

(Interview/Documentation)

4.7 Dog handlers shall be trained in and demonstrate zoonotic risk/ infection control and public health crisis contact information, knowledge for their region, including risks to participant and environmental precautions (Winkle, 2016). Written documentation should include:

- Risk factor (e.g. tape worm).
- If and 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.

(Documentation/Interview)

Guidance Note:

- Assessors will want to talk to your handlers about how they have developed their skills and the approach they take during sessions. Their responses need to be in line with the standards.
- Assessors will also want proof that continuing training is in place for all handlers with at least 8 hours a year undertaken.
- Dog handlers must be able to demonstrate to assessors an understanding of the areas listed in 4.6 and 4.7.

5.0 Assessment

5.1 Dog handlers shall undertake an assessment that includes their ability to handle (and if appropriate, train) 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. **(Documentation)**

Guidance Note:

- The assessment may be part of a formal course which the handler undertakes, or through an independent body, but the organization should ensure an assessment of skills/knowledge of the dog handler takes place before they can practice.

5.2 Dog handlers shall 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. **(Observation)**

Guidance Note:

- 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 demonstrate signs of enjoying interacting with specific populations, environments and that they find 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.

5.3 Dog handlers shall be assessed for their ability to handle and train each dog they will be working with. This will involve assessment of the temperament and behavior of the dog, and responsiveness to cues to the level at which the handler works/trains the dog(s) they are working with (see competency tiers). **(Documentation/Interview/Observation)**

5.4 Dog handlers shall be able to direct the dog with a normal speaking voice or with discreet hand signals. **(Observation)**

5.5 Dog handlers shall be able to walk the dog with minimal cues with a loose lead (no choke chains, prong collars or harsh restraint). **(Observation)**

Guidance Note:

- Dog handlers needs to show considerate handling, always supporting the dog when needed, and showing consideration for the participant.

5.7 When possible, dog handler and dog shall be assessed in the environment (or similar 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). **(Observation)**

5.8 Dog handlers are responsible for ensuring that dogs are 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, etc. according to the demand of the typical working conditions for that team. The organization shall ensure assessments are consistent within the organization and between others. The dog handler shall be with the dog during these assessments so that the dog and handler are evaluated together. **(Interview/Documentation)**

6.0 Documentation

6.1 Dog handlers shall understand and follow facility policies and procedures. **(Interview)**

6.2 The service provider or educational institution shall 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. **(Documentation)**

6.3 Dog handlers shall 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. **(Documentation)**

6.4 Dog handlers shall 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. **(Documentation)**

6.5 Dog handlers shall keep regular (weekly or monthly) records for sessions he/she is involved with and identify specific areas in which the dog may require additional inquiry, preparation, 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. Tracking of incident reports and/or plans for discontinuation must be documented. **(Documentation)**

6.6 Dog handlers shall maintain vaccination records for each dog and provide proof to organizations in which the dog works, upon request. **(Documentation/Interview)**

Guidance Note:

- Assessors will want to meet and interview a cross section of your handlers.
- Assessors will want to see your participant permissions forms.

- It is important that you are aware of any handler health issues that may affect their safety to work and you must show how you document and make modifications for this.
- Assessors will want to see how you record the health/vaccination, training, and evaluation/re-evaluation history of dogs.
- For AAT, AAE and AASP, assessors will want to see how you record AAI sessions.

7.0 Risk Assessments/Safety

7.1 Risk assessments and management plans pertaining to AAI work shall be done for dogs, participants, handlers, environment, and other pertinent areas for each program site. **(Documentation)**

7.2 Dog handlers shall 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, awareness of the environment for safety issues for humans and dogs, and where to get information about potential public health crisis. **(Observation)**

7.3 Dog handlers shall ensure activities/interactions are appropriate for the participant's abilities and that they are appropriate for the dog's age, skill set and preferences. The dog handler must keep records of training/behavior issues and resolution plans of the dog for historical reference. **(Observation)**

7.4 Dog handlers shall be aware of the relevant canine laws (e.g. transportation, leash laws and public access laws) within their region. **(Documentation/Interview)**

7.5 The dog and handler should be clearly identifiable, wearing uniform/carrying ID where appropriate. **(Observation)**

Guidance Note:

Assessors will want to see what type of risk assessments and management plans

References:

Chandler, C. K. (2017). *Animal-assisted therapy in counselling*. Taylor & Francis.

Winkle, M. Y. (2016) *Dogs in practice: The art and science of animal assisted therapy* [Conference presentation]. Dogwood Therapy Services, Albuquerque, NM, United States.

Standards of Practice for the Health, Welfare, Well-being and Training of Dogs

These standards apply to all members/member organizations and their volunteers, staff, and anyone who is facilitating or participating in any program.

1.0 Basic Needs and Rights of the Dog

1.1 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](#) (Hediger et al., 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*).

Aims: “Minimize 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*).

Aims: “Minimize 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: “Minimize 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 Bio-mechanics.

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 behavior 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. **(Observation/Interview)**

Guidance Note:

- AAll members should ensure they treat these as an absolute minimum to be exceeded significantly for all dogs involved in AAI. “Animals develop a better relationship to humans if, above the quality of interactions, their life conditions are appropriate” (*Grandgeorge & Hausberger, 2011*).
- The animal welfare and well-being (see standards) are the very basic foundations of what is expected in terms of dog welfare throughout the dog’s life. It is hoped that all individuals and organizations will meet a higher standard of dog welfare and well-being. It is vital that you take care of the dogs’ physical and emotional health at all stages of its life. The AAll standards use the animal welfare and well-being as a starting point for dog welfare, although they represent the minimum expected.
- You will need to show proof that everyone involved in interactions understand animal welfare and well-being. You will need documentary proof to show that you include this in any training courses you run and in all your internal planning.

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

2.1 Dog waste shall 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. **(Observation)**

2.2 Dog(s) shall 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.). **(Documentation)**

Guidance Note:

- Assessors will ask to speak to your current veterinarian or veterinary personnel on the phone, live video or in person, please provide a signed release form stating that AAll has permission to exchange information with veterinary staff.



- You are expected to keep full documentation on all aspects of the dog’s welfare and well-being, treatments, etc.

2.3 Dogs participating in AAI shall not have any serious health problems (e.g. hip/elbow problems, Leishmaniasis) that would be exacerbated by participating in AAls. **(Documentation)**

2.4 Dogs under veterinarian care for illness, injury, or pregnancy, shall not work during the time of gestation/nursing or treatment until the veterinarian approves of the dog’s return to work. **(Observation/Documentation)**

2.5 Dogs shall 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. **(Observation/Documentation)**

2.6 Area where dogs spend a lot of time shall be regularly disinfected and treated for parasites when necessary. **(Observation)**

2.7 Dog(s) shall be kept clean and free of hair tangles, debris, and offensive odor. The same applies to all AAI equipment (e.g. toys, blankets, dishes). **(Observation)**

2.8 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 shall be manageable. **(Observation)**

2.9 AAI delivery shall be avoided in food preparation, medication, and infection sensitive areas as well any other areas specified by facility rules. **(Observation)**

2.10 Dogs shall be comfortable and safe during any of transportation used, with consideration of local laws, if any are in place. **(Observation/Interviews)**

Guidance Note:

- This includes minimal stress 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).

2.11 The *One Health Initiative* supports all Animal Assisted Interventions (*Hediger et al., 2019*). **(Interview)**

3.0 Temperament

3.1 The minimum standards for a general dog assessment include the following:

3.1.1 Environment:

- Observation of the dog with its handler in various situations based on the planned or spontaneous intervention, and natural environments.
- The dog shall remain under control and easily redirected.
- The dog shall not regularly vocalize inappropriately according to the context, population, environment, and may be easily redirected, and presents in a safe manner.
- The dog shall be comfortable with and not overreact to distractions, unusual situations (e.g. sudden noises/movement, etc.) in the environment, or equipment that is commonly present. **(Observation)**

3.1.2 Social:

- The dog shall present itself in a safe and approachable manner.
- The dog shall display genuine signs of 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 shall be assessed walking through a crowded area. The dog must not get over excited or show continual signs of stress.
- The dog shall 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 shall 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 shall be well mannered around other dogs with consideration given to normal canine communication and development.

- If the dog works off lead, it will be evaluated off lead.
- Dogs shall show a good level of adaptability and demonstrate signs that it is enjoying interacting with the population for which it is expected to work with, the environment and activities. **(Observation)**

3.1.3 Handling:

- The dog shall 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. **(Observation)**

Guidance Note:

- Assessors will want to look at how your dog works in specific sessions and observe whether they meet these standards.

4.0 Preparation/Socialization

4.1 Puppies/dogs shall complete a documented socialization/preparation program tailored to prepare it for the AAI work with which it will be involved. **(Observation/Documentation)**

Guidance Note:

- 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 six 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. You must clearly show and document how you prepare a dog to work in specific environments or with specific groups of people as part of an AAI session. Socialization includes exposure to people, places and things in several environments and under different conditions.

4.2 Dogs shall be fully prepared for the environment, participant group, and work they are doing, with prior preparation and training ideally in a similar situation to that in which the dog will be working. **(Observation)**

Guidance Note:

- 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; Winkle, 2016; Winkle & Ni, 2019). 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.
 - Dogs working around therapy equipment (therapy balls, swings, etc.) must be comfortable around the equipment.

4.3 The dog shall have participated in 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/humane based methods. This will mean dogs are prepared to find the sessions and environments in which they work rewarding and enjoyable. **(Observation)**

4.4 The dog shall 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. **(Observation)**

5.0 Training and Handling

5.1 All training and handling methods should be designed to promote the welfare and well-being of dogs. Dogs should be trained and handled in a positive and humane manner at all times. **(Observation)**

Guidance Note:

5.2 Trainers and handlers shall use 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 handler is able to elicit the dog to respond to verbal and/or non-verbal cues. **(Observation)**

5.3 The training technique shall be compatible with the situation in which the dog will be working. For example, down stays or 'place' cues could be taught so that the dog learns to relax in the position rather than be on high alert, waiting for the next cue. **(Observation)**

5.4 The dog handler shall 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). **(Observation)**

5.5 Choke chains, prong collars, electronic devices and any other equipment that can administer negative or harmful stimuli are NOT allowed. Training aids shall never be used in such a way as to inflict physical or psychological pain to the dog. The handler shall ensure that the dogs are not harmed, abused, or neglected in any way (Glenk et al, 2013; Houpt et al, 2007). The dog handler shall not demonstrate/use any harsh handling methods either leading up to, or during the AAI sessions. **(Observation)**

Guidance Note:

- Assessors will want to see the dogs in training sessions and monitor their responses to all the training standards. They will also want to see the dogs working in a range of different environments, indoors and outside, on-leash and off-leash according to how the dog normally works. Assessors will want to observe that the dogs are being treated in a humane way at all times.

5.6 Dogs shall be given breaks during training and work activities appropriate for activity preference, stage of training and development (Haubenhofer & Kirchengast 2007; Milani, 2016). **(Observation)**

5.7 Dogs shall show an aptitude for training, a willingness to learn, and willingness to engage with participants. **(Observation)**

5.8 Dog handlers are responsible for ensuring that dogs are 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, etc. according to the demand of the typical working conditions for that team. The organization shall ensure assessments are consistent within the organization and between others. The

dog handler shall be with the dog during these assessments so that the dog and handler are evaluated together. **(Interview/Documentation) CHANGE THESE along with Sec 5.8 in training of dogs**

5.9 Healthcare/Human Service Providers that regularly work with/handle their own or regular 'staff dogs' shall be re-evaluated as a team, 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. **(Documentation/Interview)**

Guidance Note:

- You must outline your regular re-evaluation procedures and show proof that you re-evaluate the team annually, and the dog when there is any specific change in their health, or they are working in a significantly different environment. If the dogs are tested by an internal source, you must show how some element of objectivity is present in the assessment approach.

5.10 During sessions, the dog handler shall 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). **(Observation)**

6.0 Obedience

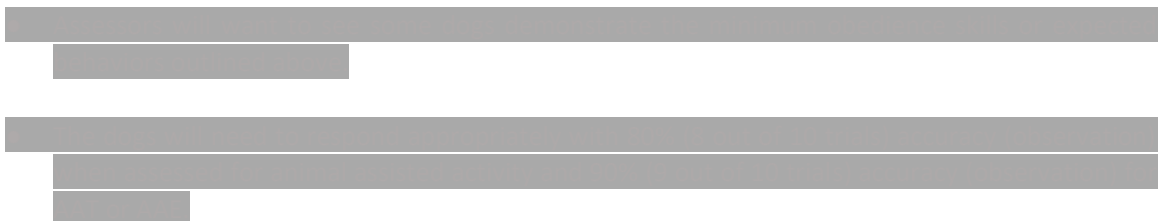
6.1 The dog shall be trained to respond to basic obedience cues including the following:

- 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. **(Observation/Documentation)**

6.2 The dog shall 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 preparation, training/socialization before being submitted to another assessment. **(Observation)**

6.3 Facility shall provide a list of expected obedience and cues appropriate for each category in which the dogs participate (AAA, AAE, AAT, AASP), with each dog having an evaluation checklist. **(Documentation)**

Guidance Note:





7.0 Evaluation, Behavior and Assessment

7.1 Dogs with a history of training or participating in bite or protection work shall **NOT** participate in any branch of AAI. **(Interview and Observation)**

7.2 Dogs working in AAI programs shall be evaluated for temperament and emotional soundness. **(Documentation/Interview)**

Guidance Note:

- Dogs must display genuine interest and demonstrate signs of enjoyment 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; Winkle, 2016; VanFleet, R., & Faa-Thompson, T. 2017; Kovacs et al., 2018).



7.3 Dogs shall 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 and activity vocalizations are acceptable (Winkle, 2016). They shall present themselves in a manageable and safe manner, with appropriate contextual social skills in response to other dogs and humans. **(Observation)**

7.4 Breed type and breed specific traits shall 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, etc. **(Documentation/Observation)**

7.5 The dog's evaluation shall include:

- reaction to strangers
- children
- people on floor
- level of obedience
- grooming acceptance/cooperative care
- 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. **(Documentation/Observation)**

Guidance Note:

- Assessors will ask to review a copy of dog evaluations that include the above items.

7.6 Where possible, the dog shall be evaluated in the environment, under similar conditions, and with a similar population and activities for which it will be working. The team will be evaluated prior to a session, and then during a mock or actual session. The dog shall 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 shall be evaluated as well. **(Documentation/Observation)**

Guidance Note:

- Assessors will ask to review a copy of dog evaluations that include the above items.

7.7 The assessment shall 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. **(Observation)**

Guidance Note:

[Redacted text]

8.0 Welfare of the Dog During an AAI Sessions

8.1 Handler shall be aware of how human emotional state (both from handlers and participants) and behavior can influence dog's emotional state/behavior and vice versa. **(Interview)**

8.2 Dogs shall be comfortable working directly with participants and interacting with strangers, while viewing the handler as a secure base in order to explore environment, play, and interact with others. (Topal, Miklosi, Csanvi & Doka, 1998; VanFleet & Faa-Thompson, 2017). **(Observation)**

8.3 Dogs shall be viewed as a subjective participant instead of an objective instrument, with the animal's behavior and interaction being assessed, not just the human's reaction. The animal is a key part to the intervention and can heavily influence the outcomes (Vitztum & Urbanik, 2016). **(Observation)**

8.4 During sessions, the welfare of dogs shall be considered. Dogs shall be monitored closely for clinical signs of stress, injury, illness, fear, and fatigue. Stress levels in dogs shall be minimized before, during, and after each AAI session, as well as in living environment. (Hediger et al., 2019). **(Observation)**

Guidance Note:

- Assessors will observe your AAI sessions. This could be done in several different ways – physically present, video footage (with blurred faces if necessary) etc. and it is for you and the assessor to agree the best way for this to happen.
- There are times when a situation may be stressful for a dog and the assessor will closely observe how the handler prevents or deals with this situation. It is critical that you have a clear safe space within the facility for the dog to rest and the assessor will ask to see this.
- You must ensure that everyone involved in the interaction is fully briefed on the session, the risks and the importance of the need to meet the physical and emotional safety of the dog.

8.5 Dogs shall never be placed in situations in which they could be at physical or emotional risk. **(Observation)**

Guidance Note:

- Dogs must not be abused, dragged, physically forced into a position, choked, or harmed in any way. Stress and anxiety must be prevented and managed for the betterment of the dog (Glenk, 2017; Palestrini et al., 2017, Hediger et al., 2019).
- Trainer and handlers must use positive reinforcement/reward-based training at all times. Equipment that administers negative or harmful stimuli is not allowed. This includes, but is not limited to choke chains, prong collars, vibrating collars, leash jerks, and electronic devices. Martingale collars must be justified (such as breeds with smaller heads in which collars may slip off). Training aids must be used appropriately, as intended, and never be used in any way to inflict physical or psychological pain on a dog.

8.6 The dog handler shall 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 shall take responsibility for the welfare of the dog and be able to advocate on the dogs behalf. **(Observation)**

8.6 The dog shall 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. **(Observation)**

8.7 The dog shall 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. **(Observation)**

8.8 Dogs shall be given breaks based on activity level, development level, stress levels, weather, etc. **(Observation)**

8.9 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 & Faa-Thompson, 2017; Winkle & Jackson, 2012; Winkle, 2016*). **(Observation)**

8.10 Interactions shall be terminated immediately if the dog's welfare is in danger of being compromised (Winkle, 2016). **(Observation)**

8.11 The dog shall not mix with unfamiliar dogs on site without careful consideration and supervision. If more than one dog is working in a working session, ideally, the dogs would have time to familiarize themselves with each other in advance. **(Observation)**

8.12 Dogs shall demonstrate signs of adaptability, even temperament, and flexibility in different situations (e.g. crowding) and interactions with the populations, environments, and activities in which they are being asked to participate **(Observation)**

Guidance Note:

- Includes 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 & Faa-Thompson, 2017*).

8.13 The dog consistently responds to all cues (e.g. 80-100% of the time). **(Observation)**

8.14 The dog's appropriate age of retirement will depend on tasks that it participates in, and its veterinary release to participate in good health. 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 or ability, they shall no longer be involved in AAI (Winkle, 2016).
(Interview/Observation)

Guidance Note:

- 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?
 - Does the dog show signs that it still wants to participate?
 - Are there any negative outcomes (during or later) for the dog?



References:

- Glenk, L. M. (2017). Current perspectives on therapy dog welfare in animal-assisted interventions. *Animals*, 7(2), 7. <https://doi.org/10.3390/ani7020007>
- Glenk, L. M., Kothgassner, O. D., Stetina, B. U., Palme, R., Keplinger, B., & Baran, H. (2013). Therapy dogs' salivary cortisol levels vary during animal-assisted interventions. *Animal Welfare*, 22(3), 369-378. doi: 10.7120/09627286.22.3.369
- Grandgeorge, M., & Hausberger, M. (2011). Human-animal relationships: From daily life to animal-assisted therapies. *Annali Dell'Istituto Superiore Di Sanità*, 47, 397-408.
- 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. <https://doi.org/10.2752/089279307780216632>
- 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. <https://doi.org/10.1163/156853007X187090>
- Hediger, K., Meisser, A., & Zinsstag, J. (2019). A one health research framework for animal-assisted interventions. *International Journal of Environmental Research and Public Health*, 16(4), 640.
- 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. <https://doi.org/10.1016/j.applanim.2007.01.005>
- Kovács, K., Virányi, Z., Kis, A., Turcsán, B., Hudecz, Á., Marmota, M. T., ... & Topál, J. (2018). Dog-owner attachment is associated with oxytocin receptor gene polymorphisms in both parties. A comparative study on austrian and hungarian border collies. *Frontiers in Psychology*, 9, 435. <https://doi.org/10.3389/fpsyg.2018.00435>
- Mellor, D. J. (2017). Operational details of the five domains model and its key applications to the assessment and management of animal welfare. *Animals*, 7(8), 60. <https://doi.org/10.3390/ani7080060>
- Milani, M. (2016). Animal welfare in human-animal interactions. Retrieved from https://habricentral.org/resources/55219/download/hc_brief_welfare_and_hai20160208access002.pdf
- Palestrini, C., Calcaterra, V., Cannas, S., Talamonti, Z., Papotti, F., Buttram, D., & Pelizzo, G. (2017). Stress level evaluation in a dog during animal-assisted therapy in pediatric surgery. *Journal of Veterinary Behavior*, 17, 44-49. <https://doi.org/10.1016/j.jveb.2016.09.003>
- Topál, J., Miklósi, Á., Csányi, V., & Dóka, 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. <https://doi.org/10.1037/0735-7036.112.3.219>
- VanFleet, R., & Faa-Thompson, T. (2017). *Animal assisted play therapy*. Sarasota, FL: Professional Resource Press.

Vitztum, C., & Urbanik, J. (2016). Assessing the dog: A theoretical analysis of the companion animal's actions in human-animal interactions. *Society & Animals, 24*(2), 172-185. <https://doi.org/10.1163/15685306-12341399>

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) *Dogs in practice: The art and science of animal assisted therapy* [Conference presentation]. Dogwood Therapy Services, Albuquerque, NM, United States.

Winkle, M. Y. & Ni, K. (2019). Animal Assisted Occupational Therapy: Guidelines for Standards, Theory and Practice. In A.H. Fine (Ed), *Handbook on animal assisted therapy: Theoretical foundations and guidelines for animal-assisted interventions*. Academic Press.

Wycoff, K. (2014). Ethical considerations in animal assisted therapy. Retrieved from <https://suzanneclothier.com/pdfs/WYCOFF%20Ethical%20Considerations%20in%20AAT.pdf>



Standards of Practice for Animal Assisted Activities (AAA)

AAA program implementation assumes the participation of three or four important parties:

- The participant– activity beneficiary
- The dog handler – person who has experience in dog handling, training and behavior
- The activity support dog
- A collaborator in AAE, AAT or AASP

1.0 Preparation

1.1 A dog handler shall have working knowledge (relationship, 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 shall be practiced under ethical expectations for the situation. **(Documentation/Interview/Observation)**

1.2 Prior to the program, the dog handler shall complete a facility visitation with the population served without the dog or liaise with the facility on managing the intervention. (Interview)

Guidance Note:

- Assessors will want to meet some handlers and be assured that the dogs they are working with have been assessed and are appropriate for the work they are being asked to do. The dogs need to be identified in some way as activity dogs (jacket, harness etc.).
- Assessors will also want to observe handlers working with a person/group and be re-assured that they have been prepared effectively to deal and understand the key characteristics of the person/group and are able interact effectively.
- Assessors will ask about how dogs are acquainted with the work environments prior to beginning to work with participants/patients.

2.0 Competencies

2.1 The handler shall have initial training as laid out in the Core Competencies. Handlers shall have a designated mentor until able to demonstrate Intermediate Competencies, and complete at least 8 hours of formal continuing education every year in the topics of AAA, animal behavior/training/handling, disability, and human-animal bond. This may include: **(Documentation)**

- Workshops
- In-services
- Webinars
- Books
- Formal coursework
- Conference
- Mentorships/Internships

2.2 Working with healthcare, human service and educational professionals - an AAA team may participate in animal assisted therapy or education when working directly with a licensed and degreed or equivalent AAT or AAE provider as part of a goal directed session. Where this occurs, the human-dog team shall be able to demonstrate skills at the Intermediate Competency level. Dog handlers shall be evaluated annually, supervised, and monitored as needed. **(Documentation)**

Guidance Note:

- The dog handler shall show that they can plan and carry out activities with different age groups and adapt themselves and the dog, to the needs of the individual or groups according to the disabilities or limitations they have. Dogs and handlers need to be re-evaluated annually.

3.0 Mentoring and Supervision

- 3.1 During the implementation of an AAA program in a facility, the facility staff shall be educated about AAA. During implementation of AAA, the handler shall ensure they have information regarding participants who may be visited and those who may have restrictions. **(Documentation/Interview)**

Guidance Note:

- The assessor will want evidence that monitoring, and supervision is in place appropriate to the work.



Animal Assisted Activity Competencies

AAll members come from a variety of backgrounds and the scope of each member's work is different. AAll recognizes that there may be people with different expectations and skill sets from volunteer visiting through expert instructors of any given member category (AAA, AAE, AAT, AASP, or AAPP). In collaboration with Dr. Leslie A. Stewart, PhD., LCPC, AAll adopted and adapted the following competency models to meet AAll Standards:

Stewart, L. A. (2014). Competencies in animal assisted therapy in counseling: a qualitative investigation of the knowledge, skills and attitudes required of competent animal assisted therapy practitioners.

Stewart, L. A., Johnson, A., Bruneau, L., & Callahan, M. M. (2016). Animal-assisted interventions competencies.

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.

Due to the nature of our membership and the roles that people, and animals fulfil, AAll has outlined 4 tiers of competencies for each member category. The layout has changed, the competencies rearranged from 3 to four levels, and additional competencies were constructed (represented in green) to reflect AAll Standards that were not covered with the previous Competency versions (2014 and 2016). These changes allow individuals and programs to improve skills over time as required by membership standards.

Entry Level – The entry level encompasses awareness and initial implementation of skills, knowledge and attitudes reflected in the standards and competencies for those new to AAA, AAE, AAT, AASP and AAPP member categories.

Intermediate Level - The intermediate level reflects those who have mastered the entry level skills reflected within the standards and several competencies, but are still in the phase of being trained, mentored and/or supervised for AAA, AAE, AAT, AASP and/or AAPP. They are still learning the theoretical foundations of the standards and competencies and are learning to apply them to practice in their member category (or categories) and discipline. Those with a position of intern, assistant and apprentices and similar best fit this category.

Advanced Level - The advanced level reflects those who have mastered the entry and intermediate level skills reflected in the standards and many competencies of their member category (or categories). They have gained enough experience to be independent in theory and practice, and automatically implement standards and competencies into practice. Advanced level members recognize that continuing education and professional development is lifelong.

Expert Level - Members at the expert level have demonstrated mastery skills in one or more areas of AAI membership (AAA, AAE, AAT, AASP, AAPP), within their skill set and scope in the areas of theory, practice, research and constructive evaluation of people, animals or programs within their membership field. This category would include those who teach or instruct coursework, complete research, publish papers or books, etc. in their membership category or categories. Expert level members are eligible to become assessors for AAll accreditation.

See Appendix 1 for full details.

As part of the Accreditation process, Assessors will want to ensure that programs are aware of the competencies of their volunteers and staff and that people are operating within the program at the appropriate level. They will do this through reviewing **Documentation**, through **Interview** and through **Observation** during the accreditation process, as outlined in the Accreditation Portfolio contents section.

AAll has produced a detailed paper on competencies and all practitioners are urged to read this – ‘**Animal Assisted Intervention International Recommended Competencies for Animal Assisted Interactions**’. It is important to understand the function of the competencies which are detailed in this paper. Some competency sections are shared with all categories (AAA, AAE, AAT, AASP and AAPP) of AAI so the terminology includes AAI rather than only AAA. This booklet is for AAA practitioners who will be responsible for all items in their current level of competency as outlined in the Accreditation Portfolio contents section.

Competency levels can be summarized as follows:

	Entry Level (Awareness)	Intermediate Level (Trained)	Advanced Level (Experienced)	Expert Level (Expert)
Membership	New Member	Working towards Accreditation	Eligible for Accreditation	Accredited
Animal Assisted Activity (AAA)	Volunteer	Intern, Assistant, Apprentice	Professional (even if volunteering), Mentor	AAA Instructor, Researcher, Author, Mentor
Animal Assisted Therapy (AAT)	Volunteer	Intern, Assistant, Apprentice	Licensed/Degreed /Equivalent Practitioner, Mentor	Formal AAT Instructor, Researcher, Author
Animal Assisted Education (AAE)	Volunteer	Intern, Assistant, Apprentice	Licensed/Degreed /Equivalent Practitioner, Mentor	Formal AAE Instructor, Researcher, Author
Animal Assisted Special Programs (AASP)	Volunteer	Intern, Assistant, Apprentice	Professional or Practitioner, Mentor (Other than AAA, AAE or AAT)	Instructor, Researcher, Author
Animal Assisted Placement Programs (AAPP)	Volunteer	Intern, Assistant, Apprentice	Professional, Mentor	Instructor, Researcher, Author

Within AAA, AASP and AAPP, it is recommended that the minimum competency level required for lead collaborators within specific interventions are **marked in bold**. In the case of AAT and AAE, this minimum is essential as the intervention requires the active involvement of a licensed practitioner.

AAII Accreditation Process

The AAII accreditation process includes both qualitative (descriptive) and quantitative (measurable) information. This is your opportunity to develop and implement systems that ensure the maintenance of standards set forth by AAII. Organizations that wish to apply for accreditation will provide, complete, or develop documents in AAT as listed below. You may be active in more than one field in which case, you must fill in the sections of other membership category booklets that you have not previously filled in. To be eligible for accreditation, members/organizations will have been full members for at least 1 year. The actual items that will be reviewed in the accreditation process are listed under **Accreditation Portfolio Contents Section**.

AAII Accreditation Process

Step 1	
Step 2	
Step 3	
Step 4	
Step 5	
Step 6	
Step 7	
Step 8	

Accreditation Portfolio

Your **Accreditation Portfolio** should contain the following information, in this order, at a minimum. Each Heading is a new section in printed portfolio, or a new file on a computer.

AAII Accreditation Application: To be completed by every applicant.

Portfolio Requirement	Tick when completed
Letter of recommendation for accreditation from Mentor (you will put this in last- see Step 6).	
Accreditation Application	
Full Member status for at least 1 full calendar year.	

Section 1: Standards - Administration

Standard	Portfolio Requirement	Tick when completed
1.1	[Redacted]	
1.2	[Redacted]	
1.3	[Redacted]	
2.1	[Redacted]	
3.1	[Redacted]	
4.1	[Redacted]	
5.1	[Redacted]	
6.1	[Redacted]	
7.1	[Redacted]	
8.1	[Redacted]	

Section 2: Standards - Ethical Treatment and Welfare of Participants

Standard	Portfolio Requirement	Tick when completed
1.4/4.1	[Redacted]	
1.5	[Redacted]	
2.1	[Redacted]	
2.2	[Redacted]	
2.4	[Redacted]	
2.5	[Redacted]	
3.2	[Redacted]	
4.1	[Redacted]	

Section 3: Handlers Supporting Dogs (Animal Handlers)

Standard	Portfolio Requirement	Tick when completed
2.1	[Redacted]	
2.3	[Redacted]	
3.4	[Redacted]	
4.0-4.3	[Redacted]	
4.5/4.6/4.7	[Redacted]	
5.1	[Redacted]	
5.3	[Redacted]	
5.8	[Redacted]	
6.2	[Redacted]	
6.3	[Redacted]	
6.4	[Redacted]	
6.5	[Redacted]	
6.6	[Redacted]	
7.1	[Redacted]	

Section 4: Standards – Health, Welfare, Wellbeing and Training of Dogs

Standard	Portfolio Requirement	Tick when completed
2.2/2.3/ 2.4/2.5	[Redacted]	
4.1	[Redacted]	
5.8-5.9	[Redacted]	
6.1	[Redacted]	
6.3/7.5	[Redacted]	
7.2-7.5	[Redacted]	

Standards – Animal Assisted Activity

Standard	Portfolio Requirement	Tick when completed
1.1	[Redacted]	
2.1	[Redacted]	
2.2	[Redacted]	
3.1	[Redacted]	

Animal Assisted Intervention International Glossary of Terms

Accreditation: The recognition of a program or institution that maintains standards of professional practice.

Advocacy: Providing or supporting a voice for the rights, needs and preferences of the people and animals with which you work.

Agency: The capacity, condition, or state of acting or of exerting power; action or activity; operation; choice making. To have a choice between at least two desirable options in a scenario.

Advanced Level Competencies: Discipline-specific knowledge, skills, and attitudes employed in a professional capacity such as an appropriately educated and trained, experienced, qualified professional that is active in a specific area of AAIs (AAA, AAE, AAT, AASP and/or AAPP). The advanced level reflects someone who has mastered the entry and intermediate level skills reflected in the standards and many competencies of their member category (or categories). They have gained enough experience to be independent in theory and practice, and automatically implement standards and competencies into practice. Advanced level members recognize that continuing education and professional development is lifelong.

Animal Assisted Activities (AAA): AAA incorporates specially selected and trained animals into impromptu or planned activities and interactions that may be offered by volunteer, paraprofessional or professional human-animal teams. AAA may be unstructured, or goal oriented in areas such as motivational, recreational, social, and general well-being. AAA teams have participated in a minimum of introductory preparation and training for the populations they visit and the dog they are handling. AAA may be provided in a variety of settings, with a variety of ages, may be individual or group in nature. With additional preparation and training, AAA teams can work directly with a licensed, degreed, or equivalent healthcare, human service, or educational professional in AAE, AAT and AASP. AAAs promote wellbeing and benefits for humans and animals, and provide a positive experience for the animal without force, coercion, or exploitation. AAT may directly or indirectly involve the animal.

Animal Assisted Education (AAE): AAE incorporates specially selected and trained animals into goal directed, educationally relevant teaching plans that are designed to promote development of general or special education skills in areas such as cognition, social functioning, personal growth, responsible pet carers, etc. AAE is developed, directed and/or delivered by a person who is licensed, degreed or equivalent education professional specialized expertise in teaching/education. The process is evaluated and documented. AAE providers who handle their own dogs have additional intermediate to advanced training in dog advocacy, handling, communication, behavior, husbandry, health, welfare and well-being in both living and working situations. Alternatively, teaching/education providers may choose to work in conjunction with an AAA team, a professional dog handler or an AASP who have additional training for the scope of AAE. AAE may be provided in a variety of settings, with a variety of ages, may be individual or group in nature. AAE promotes wellbeing and benefits for humans and animals, and provide a positive experience for the animal without force, coercion, or exploitation. AAE may directly or indirectly involve the animal.

Animal-Assisted Intervention (AAI): AAI is an interdisciplinary term that describes unstructured or goal-oriented activities that intentionally incorporate animals into human services, healthcare, education, and

similar fields. AAI's may be individual or group in nature and are appropriate for a variety of ages and abilities. AAI is an umbrella term that encompasses the AAI membership fields including Animal-Assisted Activities (AAA), Animal Assisted Education (AAE), Animal Assisted Therapy (AAT), Animal Assisted Special Programs (AASP) and Animal Assisted Placement Programs (AAPP). AASP and AAPP represent member categories that reflect the wide-ranging nature of AAI, and that AAI service providers who do not fit into AAA, AAE or AAT have indicated the need for. AAI's may be provided in a variety of settings, with a variety of ages, may be individual or group in nature. AAI's promote wellbeing and benefits for humans and animals, and provide a positive experience for the animal without force, coercion, or exploitation. AAT may directly or indirectly involve the animal.

Animal Assisted Intervention Animal Handler: A person who has been trained to handle animals for the specific area and level of AAI in which they provide services (AAA, AAE, AAT, AASP or AAPP). An AAI animal handler has knowledge in animal behavior, communication, animal training skills and animal welfare.

Animal Assisted Intervention Instructor: A person who is an expert with comprehensive and authoritative Knowledge, Skills and Attitudes in theory, practice (experience) and research in one or more specific areas of AAI. Instructors frequently demonstrate expertise by teaching coursework, participating in the development of theory and research, publishing papers, research, etc. in one or more areas of AAI (AAA, AAE, AAT, AASP) expertise.

Animal Assisted Placement Program (AAPP): An AAPP involves a professional program or individual who provides specially selected and/or trained animals to professionals in AAA, AAE, AAT or AASP. AAPPs instruct animal recipients/handlers about animal advocacy, handling, training, communication, behavior, husbandry, health, welfare and well-being in both living and working situations. Some examples of AAPPs are Assistance Dogs International (ADI) (or similar) dog training organizations or similar that raise, train and place "facility dogs" or train dogs for placement with healthcare, human service, education, crisis response, clinics. AAPPs also includes individuals or organizations that offer owner-self-training classes for healthcare, education, or human service providers, etc. AAPP promotes positive, safe relationships between the handler and the animal.

Animal Assisted Special Program (AASP): AASPs offer goal-oriented programs that incorporate specially selected and trained animals to work in professional fields outside of animal assisted education and therapy or in conjunction with these licensed professionals. AASP personnel may or may not have a license, degree, or equivalent, but are delivering a professional level service or program. Examples of these programs: Prison dog training classes that teach inmates life/job skills, community programs for people with disabilities, job training, etc., formal crisis intervention department work (e.g. victim advocates), at-risk populations, camps/vocational programs/after school classes for people with disabilities that develop specific skills, a person who teaches veterans with PTSD how to train animals as part of their life skills goals, dogs that work with paramedics/fire stations and that comfort of victims, ministry dogs (dogs that work with priests, etc.). AASPs promote wellbeing and benefits for humans and animals, and provide a positive experience for the animals without force, coercion, or exploitation. AASPs may directly or indirectly involve the animal.

Animal Assisted Therapy (AAT): AAT incorporates specially selected and trained animals into goal directed therapeutic/intervention plans that are designed to promote improvement in physical, cognitive, psychosocial, behavioral, and/or emotional functioning of humans. The process is evaluated and documented. AAT is developed, directed and/or delivered by a person who has formal education, is licensed, degreed or equivalent and has specialized expertise in a specific discipline within healthcare/human service fields. AAT providers have additional intermediate to advanced continuing

education for AAT theory and practice. AAT providers who handle their own animals have additional intermediate to advanced training in dog advocacy, handling, communication, behavior, husbandry, health, welfare, and well-being in both living and working situations. Alternatively, healthcare, and human service providers may choose to work in collaboration with others in the AAI field including AAA, AAE, AASP, or AAPP or a professional dog handler who has additional training for the scope of AAT. Collaborative partners may or may not have separate goals. AAT may be provided in a variety of settings, with a variety of ages, may be individual or group in nature. AAT promotes wellbeing and benefits for humans and animals, and provide a positive experience for the animal without force, coercion, or exploitation. AAT may directly or indirectly involve the animal.

Animal abuse: Causing physical, psychological, or emotional harm to an animal.

Animal neglect: Failing to meet the basic health and welfare needs of an animal including access to water, food, shelter, adequate space for expression of normal behavior, and freedom from distress and pain.

Animal related trauma: The human experience of a traumatic event involving an animal.

Animal Trainer: A person who has skills and knowledge in animal development, husbandry, communication, behavior/behavior modification, practical skills to identify an animal's learning style, harness appropriate behaviors, teach an animal how to respond to cues and work with people of all ages and abilities. Animal trainers for AAls should have working knowledge about human-animal interactions, gather information about the specific handler, environment, population, and activities in which the animal will be living and working.

Animal Training Instructor: A person who possesses the skills of an animal trainer and can generalize and teach those skills to human recipients of professionally trained or owner self-trained animals for their work in AAA, AAT, AAE or AASP.

Assessment: The performance measurement of a program, participant, staff, or dog. May be part of the process of being accredited.

Assessor: AAI trained and approved representative who carries out the accreditation assessment.

Autonomy: Self-government; freedom to act or function independently.

Beneficence: A moral obligation to act for the benefit of others. There are 2 aspects of beneficence: 1 - providing benefits. 2 - balancing benefits and risks/harms.

Board: Board of trustees or directors – ultimately responsible for the program.

Breed specific traits: Behavior, anatomy and/or appearance typical of a specific breed of dog.

Classical conditioning: Learning concept wherein a benign stimulus and an intrinsically meaningful stimulus are repeatedly paired. The dog eventually responds to the benign stimulus alone with the behavioral response elicited by the intrinsically meaningful stimulus.

Collaborative-Animal Assisted Education (C-AAE): Where an organization contributes to AAE, for example by training dogs and acting as the dog handler but does not have a licensed human healthcare practitioner or human services provider on their staff or working with them as a consultant, the

collaborative work is recognized by AAI and this element can be accredited. CAA-E promotes wellbeing and benefits for humans and animals, and provide a positive experience for the animal without force, coercion, or exploitation. AAT may directly or indirectly involve the animal.

Collaborative-Animal Assisted Therapy (C-AAT): Where an organization contributes to AAT, for example by training dogs and acting as the dog handler but does not have a licensed human healthcare practitioner or human services provider on their staff or working with them as a consultant, the collaborative work is recognized by AAI and this element can be accredited. C-AAT promotes wellbeing and benefits for humans and animals, and provide a positive experience for the animal without force, coercion, or exploitation. AAT may directly or indirectly involve the animal.

Collaborative Program: occurs when an individual or organization collaborates with another who has complementary but different credentials, membership or skill sets and have a shared responsibility for program needs. Sessions or programs involve the joint work of each member's skills set. The work involves different skill sets in AAI collaboration, animal(s) and is experiential in nature. Examples include: A therapist who does not have an appropriate animal that calls in a skilled dog handler; AASP calls upon a therapist to build a therapy-based program, a AAA member calls upon a teacher to collaborate on an educational program, a placement program calls upon a therapist to teach AAT placement coursework to newly placed AAT teams, etc. The work involves different skill sets in AAI collaboration, animal(s) and is experiential in nature.

Conditioned handling: Graded exposure.

Confidentiality: Appropriate management of verbal, written and recorded participant information, which protects an individuals' right to privacy, as agreed by provider and participant at start of AAI service provision.

Continuing education: Individual engagement in face-to-face, online and paper resources to increase knowledge, skills competency in an area of AAI.

Developmental disability: A condition or diagnosis that impacts an individual's cognitive development and/or ability across the lifespan.

Dog burnout: An overall decrease in a dog's physical, mental, or emotional health and/or wellbeing due specifically to duration, type, or intensity of AAI work.

Dog stress relief/prevention strategies: Enriching activities embedded in the daily routine of dogs which promote typical behavior and access to diverse physical, cognitive, sensory and/or emotional stimulation.

Enrichment: Provision of activities that allow for an animal to demonstrate species-typical behaviors including physical, cognitive, sensory, or emotional stimulation designed to increase an animal's overall health, wellbeing, and quality of life.

Entry Level Competencies: Knowledge, Skills, and Attitudes required of anyone (human or animal) that is new to AAI and extending through operating at all levels and in all capacities including AAA, AAE, AAT, AASP, AAPP (volunteer, paraprofessional, and professional). The entry level encompasses awareness and initial implementation of skills, knowledge and attitudes reflected in the standards and competencies for those new to AAA, AAE, AAT, AASP and AAPP member categories.

Ethics: Overarching moral principles that guide practice.

Ethological: Understanding a situation/event via the lens of natural animal behavior and evolution.

Expert Level Competencies: Knowledge, Skills and Attitudes required of anyone who has mastery skills (continuing education/professional development) in theory, practice (experience) and research in one or more specific areas of AAI. This category would include those who teach or instruct coursework, who complete research, publish papers, research, etc. in their membership category or categories. Members at the expert level have demonstrated mastery skills in one or more areas of AAI membership (AAA, AAE, AAT, AASP, AAPP), within their skill set and scope in the areas of theory, practice, research and constructive evaluation of people, animals, or programs within their membership field. This category would include those who teach or instruct coursework, complete research, publish papers or books, etc. in their membership category or categories. Expert level members are eligible to become assessors for AAI accreditation.

Facility: A building or place that provides a service to people who are in need of specific care e.g. residential home, clinics, hospital, etc.

Facility Dog: A dog trained and placed with a primary (and secondary) handler to work in a facility such as a school, hospital, aged care facility, etc. The dog lives with the primary handler, and the primary handler meets the dogs' health and wellbeing needs during the workday and while at home. The secondary handler may share the role of caring for the dog or may perform the primary handler's role when they are absent.

Grooming: Using specifically designed tools to clean a dog (example: brushing, trimming nails, cleaning ears, brushing teeth, bathing, etc.).

Handling: Using voice, physical contact and body position for communication intention and feedback to an animal.

Healthcare/human service provider: A person who has achieved professional practice with a college degree, license or equivalent in a primary discipline such as human mental health provider, occupational therapist, social worker, speech therapist, etc.

Human-Animal Bond: Mutually beneficial emotional, psychological, and physical interactions that lead to a relationship that supports the health and well-being of both humans and animals.

Human-Animal Interaction: General reference to any exchange between a person and a non-human animal. This encompasses the human-animal bond.

Immuno-compromised: An overall decrease in the body's ability to fight infection/disease/ill health due to an existing diagnosis or condition.

Individual: Person working in an area of AAI.

Inservice: A (brief) training intended for collateral staff about AAI programs that will be taking place within the organization, center, etc.

Institution: A society or organization founded for a religious, educational, social, or similar purpose.

Intermediate AAI Competencies: Knowledge, Skills, and Attitudes required of dog-handler teams providing animal-assisted interventions including handlers who work under the direction of professional providers of AAE/AAT (paraprofessional and professional). The intermediate level reflects those who have mastered the entry level skills reflected within the standards and several competencies, but are still in the phase of being trained, mentored and/or supervised for AAA, AAE, AAT, AASP and/or AAPP. They are still learning the theoretical foundations of the standards and competencies and are learning to apply them to practice in their member category (or categories) and discipline. Those with a position of intern, assistant and apprentices and similar best fit this category.

Leishmania: Skin condition caused by specific type of sand fly bite.

Macro: Large scale.

Mentor: A person with skills, knowledge and experience in AAI who is providing guidance, feedback and passing on skills and knowledge to another, typically less experienced, person working in AAI.

Micro: Small scale.

Negative reinforcement: Removing a stimulus that the recipient enjoys/finds favorable in response to a specific behavior.

Negative punishment: Removing something positive to decrease an undesirable or bad behavior.

Non-maleficence: Means non-harming or inflicting the least harm possible to reach a beneficial outcome. Harm and its effects are considerations and part of the ethical decision-making process.

One Health Initiative: Movement promoting cross-disciplinary collaboration between all sectors relating to humans, animals, and the environment for the betterment of all.

Operant conditioning: Learning concept wherein the dog is trained to make a link between a specific behavior and consequence.

Organization: an organized body of people with a particular purpose, especially a business, society, association, etc.

Paraprofessional: a person to whom a particular aspect of a professional task is delegated but who is not licensed to practice as a fully qualified professional.

Participant: Any individual who participates in AAI services – may also be known as patients, students or clients.

Petting: Physical contact/touch of a dog that is pleasant for both human and animal.

Philosophy of practice: Personal model that informs a provider's approach to all considerations related to daily service provision.

Physical disability: A condition or diagnosis that impacts an individual's physical development and/or ability across the lifespan.

Policy: Regularly revised document pertaining to practice, which clearly outlines a provider's position and expectations of staff and/or participants.

Positive punishment: Adding a stimulus that the recipient does not enjoy/does not find favorable in response to a specific behavior.

Positive reinforcement: Adding a stimulus that the recipient enjoys/finds favorable in response to a specific behavior, i.e. reward based.

Procedure: Regularly revised document pertaining to practice, which clearly outlines a process including expectations of staff and/or participants.

Protection/bite work: Role of a dog with specific training to respond using behavior designed to prevent an individual from accessing another individual or resource.

Raw diet: Uncooked meat or animal products.

Secure base: An individual who elicits a feeling of safety, comfort, health and/or happiness in another human or animal.

Session: Instance of AAI conducted with individual or group.

Scope of practice: The limits within which a provider can ethically provide care, training, advice, or information to a participant.

Standard(s): A set of rules that describe the quality of the administration and scope of programs, the participants, the animals, and the AAI members.

Temperament: An individual's naturally offered affect or behavior.

Welfare: Refers to the state of a being; the treatment that a being receives and provision for physical, cognitive, and emotional needs.

Well-being: An individual's (human animal or other animal) state of being safe, comfortable, healthy and happy. It involves quality of life.

Zoonosis: A disease that can be passed between humans and animals.

Appendix 1

The chart below outlines the key knowledge, skills and attitudes competencies for each level of AAA: This document is a ‘work in progress’ and is intended as a guideline for members.

Knowledge	Foundational Competencies
<p>Entry Level Knowledge (Awareness)</p>	<p>Handlers/Providers new to AAI should possess general knowledge about the provision of AAI, with an awareness of the AAI Standards of Practice. They should also possess a basic working knowledge of the health, welfare, wellbeing, and training of dogs (See AAI Standards of Practice for the health, well-being and training of dogs). Specifically, they should:</p> <ol style="list-style-type: none"> A. Understand the different disciplines within AAI (AAT, AAA, AAE, AASP, AAPP) and be aware of the skill levels required to undertake each intervention effectively. B. Explain the nature of the program in which they are involved (obtained through comprehensive induction process covering paperwork, systems, participant population). C. Demonstrate basic knowledge of infection control procedures, zoonoses, standard precautions risk management, incident reporting and protocols for hygiene and infection control, and potential public health crisis e.g. cleanliness of dog and equipment, locations where AAI is appropriate. D. Understand dog welfare and wellbeing, and the needs and rights of a dog (e.g. Five Freedoms, Operational Details of the Five Domains, One Health, etc.). E. Understand that each dog is an individual, and that skills, preferences, learning style, etc. may be different between dogs. F. Recognize the preparation, training aims and objectives of a dog working in AAI, including temperament and typical skills dogs are trained for. G. Understand communication between people and dogs. H. Recognize of signs of discomfort, stress, or illness in dogs.
<p>Intermediate Level Knowledge (Trained)</p>	<p>Competent handlers/providers of AAI possess in-depth knowledge about the dog on an individual, breed, and species level (see AAI Standards of Practice section 1.2-1.8, 2.1-2.5, 3.1). Specifically, in addition to entry level knowledge, they should:</p> <ol style="list-style-type: none"> A. Have extensive, species-specific ethological knowledge about: <ul style="list-style-type: none"> • Physiology, behavior & history. • Care & husbandry: health, welfare, and well-being practices, including vaccination protocols, parasite control protocols (both dog and environment), enrichment, general quality of life. • Species specific knowledge may not necessarily generalize to other species, and that there may be intra-species differences. • Development and socialization approaches. • Handling, behavior, preparation, and training techniques and use of appropriate equipment. • Learning theory relating to the practical training and handling of dogs. • Positive reinforcement/reward based, humane, non-coercive preparation and training methods. • Management, training, supporting, and advocating for dog(s) in a variety of environments and situations. • Socialization, desensitization, and comfort. • Temperament traits suited to AAT as well as specific needs of program, and knowledge of assessment methods. B. Establish & maintain a strong working relationship with the dog(s) and: <ul style="list-style-type: none"> • Ability to work effectively as a team with the dog, understanding relationship development. • Knowledge of triggers to stress; ability to identify, prevent or remediate stress and/or anxiety responses to environmental stimuli.

	<ul style="list-style-type: none"> • Ability to educate others about the dog’s possible perspective, preferences, and triggers. • Ability to recognize, prevent and apply effective calming interventions to a stressed or anxious dog. • Ability to advocate for individual dogs with understanding about <ul style="list-style-type: none"> ○ the importance of freedom of choice/agency ○ the preferences and skills of the individual dog. • Demonstration of knowledge of signs of ill health, and how to apply basic first aid and when to seek veterinary advice to inform decisions as to dog’s participation in sessions. • Demonstration of understanding the social, religious, and cultural factors relevant to AAI and multicultural implications of human-animal interactions: • Respecting the attitudes of others, particularly those concerned with the dog’s presence. • Respecting that human-animal interaction may hold different meanings across a variety of cultures and beliefs. <p>C. Ability to maximize the potential for safe interactions between participants and dogs with knowledge about:</p> <ul style="list-style-type: none"> • Infection prevention/control and consideration of other zoonotic agents. • Allergies, phobias, history of witnessing or participating in animal abuse or, neglect, and history of animal-related trauma and incorporation in participant screening process. • Procedures for gaining consent and permissions to work with participants. • Participant groups and awareness of individual needs. • Inclusion of pre-intervention strategies e.g. familiarization visits, planned introduction with participant and dog, instructions for appropriate interaction. • Five Freedoms, Operational Details of the Five Domains, One Health, etc. and its relevance in Animal Assisted Interventions (Hediger et al., 2019).
<p>Advanced Level Knowledge (Experienced)</p>	<p>Competent paraprofessionals/providers of AAI acquire AAI specific training, assessment, and supervision. (See Standards section 2.5, 2.9, 3.1, 3.2, 3.4, 4.1). Specifically, in addition to entry and intermediate level knowledge, they should:</p> <ul style="list-style-type: none"> A. Have successfully completed formal, discipline-specific coursework. B. Have knowledge of how dogs are incorporated into therapeutic settings. C. Have skills to evaluate AAI outcomes. D. Recognize and adhere to specific AAI professional identity. E. Understand the history of AAI in general and in the paraprofessional/provider’s specific discipline. F. Be able to discuss historical and current literature (evidence-based practice) about AAI. G. Understand the impact of human-animal interactions and the human-animal bond including: <ul style="list-style-type: none"> • The physiological & neurological impact of human-animal interaction and the potential for emotional states of humans and animals to influence each other. • Human-animal interaction can elicit unexpected vulnerability and disclosure in others and understand the importance of clear procedures and reasons for termination of an intervention and/or session cancellations. • How the human-animal bond can impact the treatment process. • Advantages to AAIs. • Limitations of AAIs. • Indications & contraindications in implementing AAIs. H. Understand the vital role of effective risk management strategies and skills including: <ul style="list-style-type: none"> • Liability issues related to AAI. • Confirmation of personal and professional insurance coverage for AAI. • Completion of risk assessments and management practices. I. Demonstrate knowledge of legal issues associated with AAI such as: <ul style="list-style-type: none"> • Regional privacy/confidentiality practices. For example, in the US: HIPPA (Health Insurance Portability and Accountability Act), FERPA (Family Educational Rights and Privacy Act), and liability issues.

	<ul style="list-style-type: none"> Local public access laws relating to working dogs (assistance dogs versus dogs working in AAls), identification requirements. Relevant of local canine laws e.g. leash laws, transportation.
Expert Level Knowledge	<p>Knowledge of AAI specific techniques & principles appropriate to the provider's professional discipline. (See Standards section 3.1, 4.2, 4.4, 6.2, 6.4). Specifically, in addition to entry, intermediate and advanced level knowledge, experts in AAls should:</p> <ul style="list-style-type: none"> A. Understand the implications for specific participant populations. B. Understand the implications for specific presenting concerns. C. Participation in supervised professional practice. (See Standards section 3.1, 4.3, 4.4, 5.2, 5.3, 6.3, 6.4). Specifically, they should: D. Apply experience under the supervision of an appropriately qualified professional to supplement <i>instructional and moral</i> knowledge. E. Understand the integration of AAls into provider's personal model/philosophy of practice. F. Provide feedback and assessment of AAI skills from a mentor experienced in AAls and the provider's own discipline if possible. G. Competent providers of AAI demonstrate integrated ethics. Thus, competent providers of AAI are aware of AAI specific ethical considerations and can incorporate ethical professional practice with ethical AAI practice. (See Standards section 3.2, 4.2, 6.2). Specifically, they should: H. Be able to recognize and discuss the ethical implications of AAI. I. Inform patients/participants of purpose of AAI. J. Discuss and address potential safety issues. K. Maintain respect for the dog(s), the patient(s)/participant(s), and the treatment process. L. Be aware of the provider's personal biases, including the impact of the provider's emotional bond with the dog and its impact on the treatment process.

Skills	Foundational Competencies
Entry Level Skills (Awareness)	<p>Handlers/Providers new to AAI demonstrate ability to describe the principles of AAI and demonstrate basic dog handling skills. Specifically, they should demonstrate:</p> <ul style="list-style-type: none"> A. Ability to support a dog, identify and prevent signs of stress. B. Ability to consider and meet the needs of the participants. C. Ability to evaluate their own skills for their role. D. Ability to perform a supportive role to help AAI providers to deliver services.
Intermediate Level Skills (Trained)	<p>In addition to entry level skills, competent intermediate handlers/providers of AAI demonstrate ability to support the dog and consider the needs of the participants by:</p> <ul style="list-style-type: none"> A. Preventing and responding to dog <i>discomfort</i>, stress, fatigue, and burnout. (See <i>Standards section 1.8</i>) (Hediger et al., 2019). Specifically, in addition to entry level skills, they should: <ul style="list-style-type: none"> Proactively plan stress prevention, relief, and enrichment strategies for the dog(s). Accurately predicting, preventing, and immediately addressing unexpected dog stress. Identifying and responding to dog's signals and body language, especially when the animal does not want to interact whether on or off lead. Providing for the dog's needs, both at the site and in general living conditions: <ol style="list-style-type: none"> 1. Access to water, a quiet rest/retreat area, and regular bathroom breaks. 2. Provision appropriate transportation. 3. Attending to dog's overall wellness through appropriate provision of quality nutrition, exercise, grooming, enrichment, and veterinary care, <i>making decision to stop sessions if dog is not demonstrating signs of enjoyment.</i> 4. Ability to use positive training methods effectively and skilfully showing consideration for the dog e.g. breaks, choice of skills suitable for individual dog.

	<p>B. Demonstrating ability to objectively assess a dog’s suitability, strengths, and limitations despite the handler/provider’s potential emotional bond with or personal bias towards the dog. (See Standards section 1.7). Specifically, they should demonstrate:</p> <ul style="list-style-type: none"> • Ability to identify and address personal biases towards the dog(s). • Ability to objectively assess a dog’s suitability for AAI, according to environment, population, activities, individual situation, and general situation. • Ability to objectively assess a dog’s suitability for each AAI session on an individual basis. • Ability to objectively describe and document the dog’s response to participation, overall behavior, and strengths and weaknesses on a daily or weekly basis using appropriate terminology. <p>C. Competent handlers/providers of AAI should have sound social and communication skills and the ability to adapt communication to suit participants.</p>
<p>Advanced Level Skills (Experienced)</p>	<p>Competent paraprofessionals/providers of AAI demonstrate intentional incorporation of AAI into the participant relationship, plan, and process. (See Standards section 2.3, 4.5, 4.6, 6.5, 6.6). Specifically, in addition to entry and intermediate level skills, they should fully understand and demonstrate that:</p> <ul style="list-style-type: none"> • AAI is a skillful intervention: • AAI involves more than owning/loving animals. • AAI involves more than simply including a dog in the treatment setting. • AAI requires the ability to support the dog, encouraging initiative and genuine interaction with clients. • AAI requires the ability to use positive reinforcement methods to elicit and reinforce desired behaviors, predict, and inhibit undesired behaviors using professional and humane techniques during the selection, preparation, training, handling and evaluation of dogs. • AAI involves skillful selections and assessment of AAI strategies: • AAI requires screening and selection of potential AAI participants. • AAI involves collaborative selection and planning of appropriate interventions and strategies for each participant, in each session, based on treatment goals and preferences and abilities of the dog(s) involved. • AAI involves assessment and documentation of the outcomes. • Documentation is clear and accurate; it includes participant’s performance and evaluation of progress directly related to client goals in the context of discipline specific formal documentation requirements (ex: daily treatment/progress notes or reports). • Documentation for the dog’s participation is recorded dog records such as ‘session participation records’. • AAI may involve transference/countertransference considerations related to AAI i.e. awareness that situations in AAI may trigger feelings, memories, and/or experiences from the handlers’ or participants’ past that could impact therapeutic rapport. <p>Competent paraprofessionals/providers of AAI recognize that AAI is a specialty area with a learned and practiced skill set. Competent AAI providers demonstrate specialized skills and abilities that are appropriate to the specialty area of AAI. (See Standards section 2.5-2.9). Specifically, in addition to the above, they should:</p> <ul style="list-style-type: none"> • Show sound understanding of the experiential nature of AAI. • Have the ability to attend to/care for the participant(s) and dog(s) simultaneously: • Effective judgment when assessing the session’s impact on the dog(s). • Understanding of the potential emotional impact of participant disclosures, behaviors and situations on themselves, others in the environment and the dog. • Demonstrate effective judgment when assessing the session’s impact on the participant(s). • Demonstrate consideration of the process for successful initial introduction of participant and dog e.g. participant education appropriate interaction • Demonstrate the ability to adapt the intervention to support needs of both dog and participant where necessary.

	<p>Competent handlers demonstrate beneficence, non-maleficence, and autonomy for the dog and the participant. (See Standards section 3.1, 3.2, 3.3). Specifically, they should show:</p> <ul style="list-style-type: none"> • Knowledge of potential outcomes of diagnosis for populations they may be working with. • Ability to avoid undue influences such as overlooking inappropriateness or not seeking remediation of behavioral outcomes from participant(s) or dog(s), even if they are transient. • Knowledge of dog’s preference for environments, populations, and activities. • Ability to respect consent from participants and from dogs to ensure safety. • Ability to cease AAI services if they are no longer appropriate for participant or dogs. • Ability to effectively process loss and bereavement of a dog (self and participants). • Ability to teach participant(s) appropriate interactions with dog(s) • Ability to facilitate effective and genuine interactions between the dog and participant. • Show imagination and creativity when planning and carrying out activities or intervention. <p>Competent handlers perform a risk-assessment to evaluate and eliminate/decrease risks within AAI programs (See Standards section 2.9). Specifically, they should demonstrate the ability to:</p> <ul style="list-style-type: none"> • Evaluate and decrease potential participant or population risks. • Evaluate and decrease potential dog risks. • Evaluate and decrease environmental risks. • Evaluate and decrease handler/staff risks. • Evaluate and decrease activity risks.
<p>Expert Level Skills (Expert)</p>	<p>Competent providers of AAI demonstrate a mastery of discipline-specific professional skills prior to integrating AAI interventions. AAI is practiced only within the boundaries of a provider’s professional scope of practice. (See Standards section 3.1, 3.2, 4.2-4.6, 6.2-6.6). Specifically, in addition to entry, intermediate and advanced level skills they should:</p> <p>A. Demonstrate sound awareness that AAI is not recommended for beginning-level practitioners. Practitioners should first gain the following skills:</p> <ul style="list-style-type: none"> • Knowledge and experience with basic discipline-specific skills before integrating AAI. • Familiarity and competence with participant population and presenting concerns before integrating AAI. • Demonstration of professional effectiveness without the integration of a dog. • Recognize that AAI is utilized to enhance the treatment process rather than as a stand-alone intervention. <p>B. Demonstrate knowledge and integration of theory-based interventions, including:</p> <ul style="list-style-type: none"> • Articulating the role of AAI within a provider’s personal model/philosophy of treatment. • Understanding of the goals of AAI interventions. • Application of peer reviewed literature outcomes for the planning and implementation of selected AAIs. • Skills to be reflective and continually evaluate the AAT program. <p>C. Ability to accurately read, interpret and respond to dog body language:</p> <ul style="list-style-type: none"> • Ability to link dog-participant interactions to participant behaviors/goals/conceptualization. • Ability to link unexpected events or interactions to participant goals or presenting concerns. • Ability to model appropriate, respectful, and empathetic dog care and interactions.

Attitudes	Foundational Competencies
<p>Entry Level Attitudes (Awareness)</p>	<p>Handlers/Providers new to AAI should be working under the supervision of an experienced practitioner/mentor. Specifically, they should:</p> <ul style="list-style-type: none"> A. Demonstrate awareness of their role and level of responsibility. B. Follow all procedures and policies set by the program to protect the wellbeing and safety of all involved. C. Act in the best interests of their discipline, the program, the participants, and the dog(s). D. Utilize a reflective approach to their own learning. E. Demonstrate an understanding that the dogs involved are the handler's/provider's responsibility. F. Demonstrate an understanding that animal welfare, well-being and advocacy directly impact participant safety. G. Demonstrate an understanding that animal advocacy is essential to the ethical practice of AAIs. H. Give an accurate representation of own education, training, expertise, and experience level without intentionally or unintentionally misrepresenting knowledge, qualifications, scope of practice, or credentials.
<p>Intermediate Level Attitudes (Trained)</p>	<p>Competent providers of AAIs prioritize their responsibility to dogs involved in AAI and are effective dog advocates. (See Standards section 1.8, 2.1, 2.2, 2.4, 3.3). In addition to entry level attitudes, they should demonstrate:</p> <ul style="list-style-type: none"> A. Understanding that the dogs involved are the handler's/provider's responsibility. B. Understanding that animal welfare, well-being and advocacy directly impact participant safety C. Understanding that animal advocacy is essential to the ethical practice of AAI. D. Respect for animal rights, animal welfare, well-being, and recognition that dogs have a right to choose their level, duration, and frequency of participation. E. An awareness and avoidance of the potential for dog exploitation, either accidentally or intentionally. F. Good judgement and be able to make decisions on behalf of the dog and not compromise the dog for the participants. G. Ability to respond to signs of ill health or reluctance to interact and act accordingly e.g. cancel sessions, consider retirement. H. Consistent, appropriate promotion of AAI at micro and macro levels (individual, community, public) I. Awareness that AAI handlers/providers and dogs are ambassadors for the field. J. Consistent, appropriate professional behavior when representing AAI. K. Ability to accurately speak to and educate individuals, groups, and organizations/institutions about AAI. L. Willingness to support learning opportunities for AAI enthusiasts, students, and trainees. M. Willingness to support and advocate for the development of AAI specialty credentials, by qualified entities. <p>Competent handlers/providers of AAI strive towards AAI specific professional values. (See Standards section 2.5, 3.1) by demonstrating:</p> <ul style="list-style-type: none"> A. Enthusiasm and passion for AAI. B. Flexibility, openness, and creativity. C. Calm demeanor during unexpected events/situations. D. Effective, expressive, polite, and receptive communication. Respectful, non-judgmental attitude with participants, caregivers, and interdisciplinary team members. E. Adequate/Appropriate empathy for humans and animals. F. Willingness to embrace the experiential nature of AAI by being cognitively present and responsive to ever-changing situational factors.

<p>Advanced Level Attitudes (Experienced)</p>	<p>Competent providers prioritize their own formal education, assessment, and supervision for general and discipline specific AAI history, theory and practice and dog specific care, training, communication, etc. (See Standards section 3.1, 4.2, 5.2 and 6.3). In addition to entry and intermediate level attitudes, they should have:</p> <ul style="list-style-type: none"> A. Formal general and discipline specific AAI coursework including history and current literature. B. Understanding the human-animal bond and how it impacts the intervention strategies. C. Understanding of the importance of formal education pertaining to humane care, training, communication, enrichment, and general well-being of dogs. D. Understanding of the importance of record keeping e.g. health and behavior evaluations, dog activity records, participation summaries, goals and activities to meet goals, evaluation, incident reports, and discontinuation of services. E. Understanding that AAI is a skilled service and not appropriate for everyone. (See Standards section 3.2) F. Understanding of ethics and duty to all parties (See Standards section 3). <ul style="list-style-type: none"> 1. Participants 2. Handlers 3. Dogs 4. Self/Discipline G. Genuine caring and consideration for participants, handlers, staff and volunteers privacy (relating to not taking advantage e.g. photos). H. Give accurate, honest, and professional representation of own education, training, expertise, and experience level without intentionally or unintentionally misrepresenting knowledge, qualification, scope of practice or credentials, or the AAI program.
<p>Expert Level Attitudes (Expert)</p>	<p>Competent providers of AAI have a well-developed professional identity and are professional advocates for AAI. (See Standards section 4.3, 4.4, 6.3, 6.4). Specifically, in addition to entry, intermediate and advanced level attitudes, they should have:</p> <ul style="list-style-type: none"> A. Active involvement in continuing education and engagement in professional development B. Regular consultation and collaboration with another AAI provider. C. Regular consultation and collaboration with professional dog specialists. D. Ongoing familiarity with existing and emerging discipline-specific AAI literature: E. Ongoing familiarity with current AAI language/terminology. F. Encouraging and supporting the continued development of AAI literature and continuing education.