



Animal Assisted Therapy (AAT)

Standards, Accreditation Processes and Manual, Glossary and General Competencies

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. 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

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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

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Animal Assisted Therapy 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 AAT. It covers:

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The Animal Assisted Therapy (AAT) Membership Category is defined as follows:

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. AAI's promote wellbeing and benefits for humans and provide a positive experience for the animal without force, coercion, or exploitation. AAT may directly or indirectly involve the animal.

Animal Assisted Therapy (AAT) Membership Criteria

Membership in the field of Animal Assisted Therapy (AAT) is open to organizations or individuals with formal education qualifications in a relevant discipline. Examples of Full-Member licenses/degreed titles: Counseling, Mental Health Treatment Provider, Occupational Therapist, Physical Therapist, Speech and Language Pathologist, Behavior Therapist, Nurse or Nurse Practitioner, Physician, etc.

- **Full Membership Criteria**

- **Individual** healthcare or human service provider has successfully completed college level degree (bachelor, masters, doctorate, PhD or equivalent) coursework.
- **Organizations** must have a named person who meets the criteria and is effectively the holder of the AAT membership. This maybe a member of staff or a consultant.
- Active license/practice specific to human healthcare practitioner or human services provision.
- Must have completed supervised, direct client contact in human related apprentice or internship specific to the college level degree (BA, MA, Doctorate, PhD or equivalent).

- Working at advanced and expert level competencies (see AAll Member Booklet for Animal Assisted Therapy, Appendix I, Competencies).
 - Working group privileges.
 - May apply for a position on the board of directors.
 - Use of AAll Logo
 - Voting rights.
- **Associate Membership Criteria**
 - Individual healthcare or human service provider has successfully completed college level (certificate, associate degree or equivalent) coursework.
 - Organization must have a named person, actively working in the program that meets the above criteria and is effectively the holder of the membership.
 - Active licensure specific to professional supervised positions in healthcare or human services.
 - Working at entry level and intermediate level competencies (See AAll Member Booklet for Animal Assisted Therapy, Appendix 1 - Competencies).
 - Examples of licensed Associate Members: Certified assistants/technicians in therapies, social work, nursing, etc.
 - Use of AAll Logo.
 - Working group privileges upon invitation.
 - No voting rights or board of director appointment.

Collaborative Animal Assisted Education (C-AAT) Membership

C-AAT Definition

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 recognised by AAll and this element can be accredited.

C-AAT Membership Criteria

The collaborative member criteria does not change from the members original member category and criteria. Ex: If you are an AAT and AASP collaboration, the therapy member maintains their original member description and criteria from AAT, and the AASP maintains their original member description and criteria.

Animal Assisted Therapy (AAT) 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 **AAT 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.

AAT program implementation assumes the participation of three or four equally valued parties working together in a collaborative model:

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

Collaborative models involve work that is done with a qualified healthcare professional (therapist), animal professional or a trained volunteer, and animal(s) in an experiential nature.

In some cases, individual therapists may be active in AAT, but as the therapy experts in a collaborative model. AAIL will accredit individuals for this collaborative element of their AAT work.

In some cases, organizations may be active in AAT, but as the dog handler experts in a collaborative model. AAIL will accredit programs for this collaborative element of their AAT work.

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, Wellbeing and Training of Dogs**
- 5. Standards of Practice for Animal Assisted Therapy (AAT)**
- 6. Standards of Practice for Dog-related Collaborative Animal Assisted Therapy (C-AAT)** – this is relevant to an organization involved in AAT work, that does not have a licensed human healthcare practitioner or human services provider skilled in AAI, either employed by them or working for them in a consultancy role, so that they are implementing the therapy under the organizations name. In this case, AAIL is only able to accredit the organizations specific contribution to the therapy.
- 7. Standards of Practice for Therapy-related Collaborative Animal Assisted Therapy (C-AAT)** – this is where an individual licensed therapist is involved in AAT work, but does not have dog-related knowledge, skills, or experience. In this case, AAIL is only able to accredit the individuals or organizations specific contribution to the therapy.

The following sections of this manual are relevant to the following organizations/individuals:

| | Organizations involved in AAT | Therapist also working as the dog handler | Organizations/individuals – bringing dog skills to the Collaborative model | Therapists – bringing therapy skills to the collaborative model |
|--|-------------------------------|---|--|---|
| 1. Standards of Practice for the Administration of Programs | Yes | Yes | Yes | Yes |
| 2. Standards of Practice for the Ethical Treatment and Welfare of Participants | Yes | Yes | Yes | Yes |
| 3. Standards of Practice for Dog Handlers and the Support of Dogs | Yes | Yes | Yes | No |
| 4. Standards of Practice for the Health, Welfare, Well-being and training of Dogs | Yes | Yes | Yes | No |
| 5. Standards of Practice for Animal Assisted Therapy (AAT) | Yes | Yes | No | No |
| 6. Standards of Practice for dog-related Collaborative Animal Assisted Therapy (C-AAT) | No | No | Yes | No |
| 7. Standards of Practice for therapy-related Collaborative Animal Assisted Therapy (C-AAT) | No | No | No | Yes |

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:

- Issues relating to dog transport and/or dog holding area issues (indoor or outdoor).
- Ensuring there are first aid kits available when working at a facility.

- Environment is conducive and comfortable for dogs and participants for AAI activity.

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 the people involved in the interactions have appropriate verbal, non-verbal and social skills to ensure good communication at all stages of the intervention. This includes a respectful working relationship between members of the team, and an understanding of the human-animal bond.

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.



- Both participant and anyone present should have the option to terminate the intervention any time (*Society for Companion Animal Studies Limited, 2013; Winkle & Ni, 2019*)

- Communication between all members of the team is critical to assure good outcomes for participants and dogs. The assessor will want to observe interaction between members of the team where this is appropriate and will expect to see a good understanding of what is trying to be achieved and quality planning skills.
- The evaluator will ask for your “Rules of Engagement” or introduction to the dog, including how participants are guided for appropriate behavior and safety when interacting with the dog. This should be in written form within your accreditation portfolio but may be delivered by other means (spoken word, demonstration, sign language, etc.) when introducing the dog to participants.
- 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 text block]

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, 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

- 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*). *Pagani et al. (2010)* suggest that abuse of animals by children or young people is often hidden from and/or minimized by parents and caregivers, therefore child and youth self-report measures are recommended. Providers acknowledge that, in addition to those with a known history of cruelty towards animals, other participants will have undisclosed histories of cruelty towards animals. Therefore, adequate staffing levels and supervision must be in place regardless of known history. (*Evans & Gray, 2012, NZ; Arluke 1999 as cited in Fine 2015*).

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

- 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*).





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 appropriate and inappropriate behaviors when interacting with animal/s prior to engaging with the animal/s in AAI, and do not assume participants have any knowledge about how to interact safely with animals (*Society for Companion Animal Studies Limited, 2013; Baumgartner & Cho, 2014; Every et al., 2017; Winkle & Ni, 2019*).

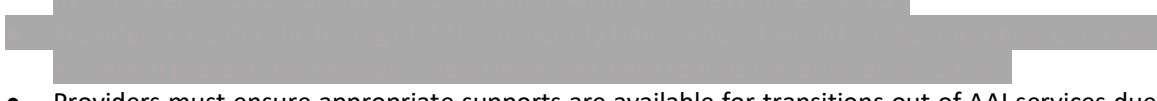


- Providers ensure visitors are aware an AAI program is in place (e.g. using leaflets or signs outlining the type of program and its aims, if possible). It is recommended specific routes are used to access participants and these are clearly marked, including signage that states the presence of the dog.

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*).



- 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*).

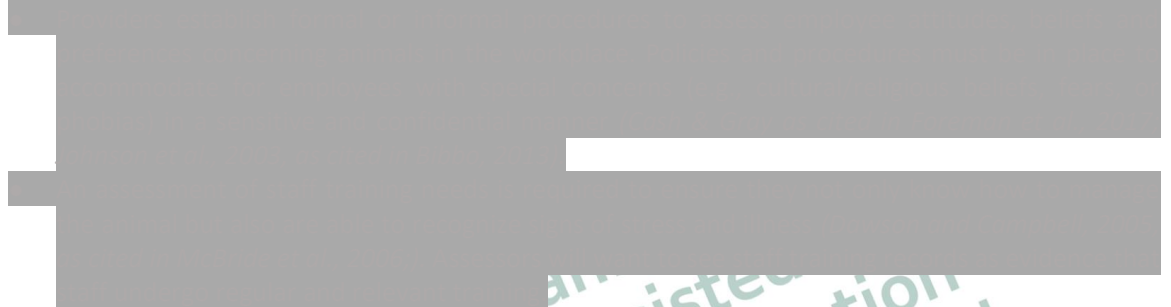
4.0 Other staff/Organization structure

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.



- 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*).



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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, person first language (example: person with Autism, rather than Autistic person) 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:

- 1.1 – 1.5 It is clearly vital that people involved in the interactions must have very good social (verbal and non-verbal) skills. The likely evidence of this will be clear communication between everyone involved and evidence of good forward planning. Assessors will want to see evidence of this planning during their visit. They will also want to observe interactions, in person or via videos.
- Everyone involved in the interactions needs a good understanding of HAI and HAB, and evidence of how this has been developed through experience and educational work will be required. It is important you keep documentary evidence of any training you provide to your team.

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, preferences, 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:

- AAIL 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.

[Redacted content]



- 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:

3.2 Dog handlers act 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 ill, injured, 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 and how these may change over time. **(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 with experiential learning opportunities 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
- Hands-on/experiential/peer reviewed learning

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.



- The dog handler requires a working knowledge of learning theory relating to the practical training and handling of 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.



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 need 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.

[REDACTED]

[REDACTED]

[REDACTED]

- For AAT, AAE and AASP, C-AAT and CAEE, 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, transportation 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 you carry out in all the locations you work in and how this is documented.

[REDACTED]

[REDACTED]

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Standards of Practice for the Health, Welfare, Wellbeing 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:

- AAIL 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

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 AAIL 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 AAILs. **(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. (Example: children, elderly, those with cognitive impairment, etc.)
- 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:

[Redacted]

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. [Redacted]

[Redacted]

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:

[Redacted]

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:

- When participants handle the dogs, they shall be encouraged to use positive methods and respect for the dog (*Mellor, 2017; Hediger et al., 2019; Winkle & Ni, 2019*).

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)**

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

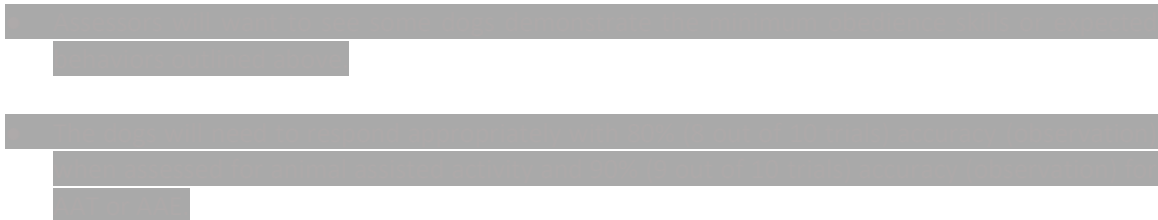
6.1 The dog shall be trained to respond to basic obedience cues including the following:

- 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:



- You will be asked for the list of cues that you use for each category (AAA, AAE, AAT) and the evaluation checklist that is used to evaluate each dog against these cues. Assessors may ask to observe some of the items from your internal list and off lead behavior, if the dog is expected to work off lead.

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).
- Assessors will want to fully understand how you evaluate your dogs for this work. It would be very helpful to record sessions on video where the dog is working under some level of typical stress. Assessors will want to talk to trainers in some detail about the tests they use to assess dogs, so it is important you document assessments well, videos are helpful and recommended but not required.

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:

- Assessors will want to ensure that handlers recognize behaviors and the implications. For example: the difference between 'aggressive behavior' versus 'aggressive dog'.

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.

- 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:

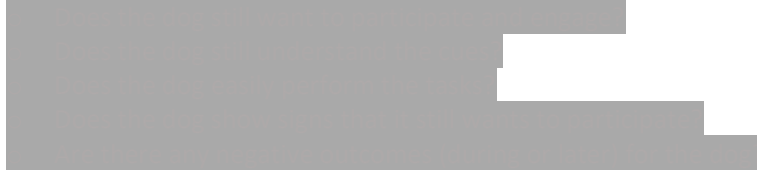
- Includes persons with unusual or brisk movements, persons using wheelchairs, crutches, or other equipment). Considerations for different handlers should be included (*Wycoff, 2014; Glenk, 2017; VanFleet & Faa-Thompson, 2017*).

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:



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- Milani, M. (2016). Animal welfare in human-animal interactions. Retrieved from https://habricentral.org/resources/55219/download/hc_brief_welfare_and_hai20160208access002.pdf
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- 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>

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Standards of Practice for Animal Assisted Therapy (AAT)

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

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

Collaborative processes involve work that is done with a qualified healthcare professional, animal professional or a trained volunteer, and animal(s) in an experiential nature.

Where an organization or individual is **solely** responsible for the input and outcomes of the therapy intervention, the following section applies.

1.0 Preparation and session planning

1.1 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. **(Documentation/Interview)**

1.2 Specific AAT areas/environment to carry out planned sessions shall be identified, as well as emergency and evacuation plans created and documented prior to program implementation. **(Documentation/Interview)**

Guidance Note:

[Redacted]

[Redacted]

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

Guidance Note:

- Goals: Healthcare and human service providers have well developed instructional/intervention plans and clear purpose for incorporating services, documentation should include:

[Redacted]

- 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*).

2.0 Professional Qualifications and Ethical Guidelines

2.1 AAT sessions shall be practiced within the specific scope of disciplines and special training, each having an understanding of their respective disciplines and skills, and work together as co-facilitators, complementing each other's roles. **(Observation)**

2.2 If handling their own animal, therapists working in AAT must be qualified to the levels laid out in the standards and the assessor will want to see relevant continuing education for AAT, basic dog training, dog behavior, handling and communication. Healthcare and human service providers should provide discipline specific requirements of their practice authority (such as state, regional or national board) regarding specialty practice area requirements. This should consist of at least 8 hours of continuing education in AAT and dog behavior, communication, training, enrichment, etc., annually.

2.3 The AAT healthcare or human service provider (individual who is conducting AAT program, or is named by the professional healthcare/human service provider) shall have completed discipline specific college level/equivalent, licensed/degreed/equivalent, according to AAI Membership Requirements. **(Documentation)**

2.4 All information and documentation obtained during the conduction of the AAT program shall remain confidential. If a dog is being placed with a healthcare or human service professional, the placement organization and recipient are expected to follow the standards set forth by AAI for training, placement and evaluation of team. **(Observation/Interview)**

3.0 Mentoring and Supervision

3.1 Dog handlers and healthcare/human service providers who are new to AAT shall identify and collaborate with a mentor who has achieved Professional Competencies with experience in reading dog behavior and AAT. **(Interview)**

4.0 Documentation

4.1 Professional documentation for each participant should reflect participation in AAT by healthcare or human service provider in participant records. **(Documentation/Interview)**

5.0 Goal-directed Activities

5.1 The animal professional or a trained volunteer and healthcare/human service provider shall be able to collaborate during activities that are goal-specific and measurable. The activities may or may not include direct contact with dog. The focus of treatment shall be on the therapeutic process and outcomes. This may include the set-up, planning, and organizing of activity, additional preparation for dog, rather than just completion of a task. **(Interview/Observation)**

5.2 Therapeutic activities with participants shall be goal-directed, activities that are spontaneous may be shaped into AAT or may be considered AAA. Documentation shall reflect client goals and AAT activities that may address those goals. **(Documentation/Observation)**

6.0 Termination of Services

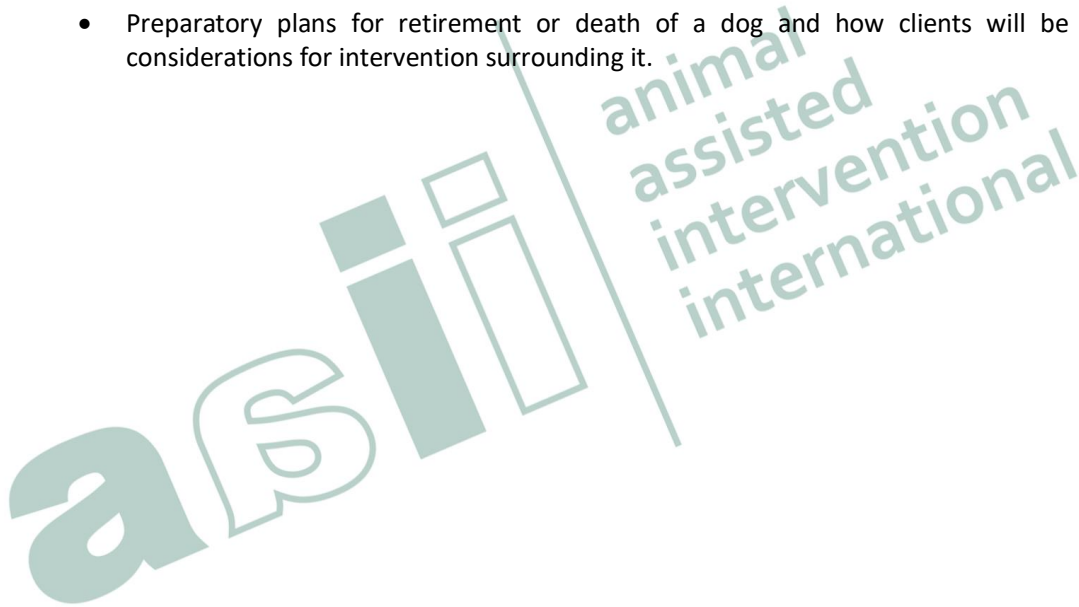
6.1 AAT services shall be discontinued if the intervention is no longer supporting goals, if there are any health concerns of humans or dogs, or if there are any changes to the environment, dog handler, or population that are not conducive to the dog's skills or well-being. Plans should include preparation for retirement or death of the dog. **(Documentation and Interview)**

Guidance Note:

[Redacted]

[Redacted]

- Preparatory plans for retirement or death of a dog and how clients will be notified and considerations for intervention surrounding it.



Standards of Practice for Dog-related Collaborative Animal Assisted Therapy (C-AAT)

AAT program implementation assumes the participation of three or four equally valued parties working together in a collaborative model:

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

Collaborative processes involve work that is done with a qualified healthcare professional, animal professional or a trained volunteer, and animal(s) in an experiential nature.

In some cases, organizations may be active in AAT, but as the **dog handler experts** in the collaborative model. AAI will accredit programs for this collaborative element of their AAT work. (Example: An organization that has experience of training assistance dogs decides to develop an AAT program to provide services to a wider range of people. As the organization does not employ or contract with a therapist, they team up with a therapist who understands the power of the AAI model and works for another organization and together, they develop a therapy program utilizing their respective skills and experience). In this case, AAI would accredit the dog training organization for the **dog-related elements** of this collaboration.

1.0 Preparation and Planning

1.1 Prior to the program, the dog handler shall complete a facility visitation (risk assessment and management plan) with the population served without the dog or liaise with the facility on managing the intervention. **(Documentation/Interview)**

1.2 Specific AAT areas/environment to carry out planned sessions shall be identified, as well as emergency and evacuation plans created and documented prior to program implementation. **(Documentation/Interview)**

Guidance Note:



2.0 Professional Qualifications and Ethical Guidelines

2.1 AAT sessions shall be practiced within the specific scope of disciplines and special training, each understanding their respective disciplines and skills, and work together as co-facilitators, complementing each other's roles. **(Observation)**

3.0 Mentoring and Supervision

3.1 Dog handlers who are new to AAT shall identify and collaborate with a mentor who has achieved Professional Competencies with experience in reading dog behavior and AAT. **(Interview)**

4.0 Goal-directed Activities

4.1 The dog handler shall be able to collaborate during activities that are goal-specific and measurable. The activities may or may not include direct contact with dog. The focus of treatment shall be on the

therapeutic process and outcomes. This may include the set-up, planning, and organizing of activity, additional preparation for dog, rather than just completion of a task. **(Observation and Documentation)**

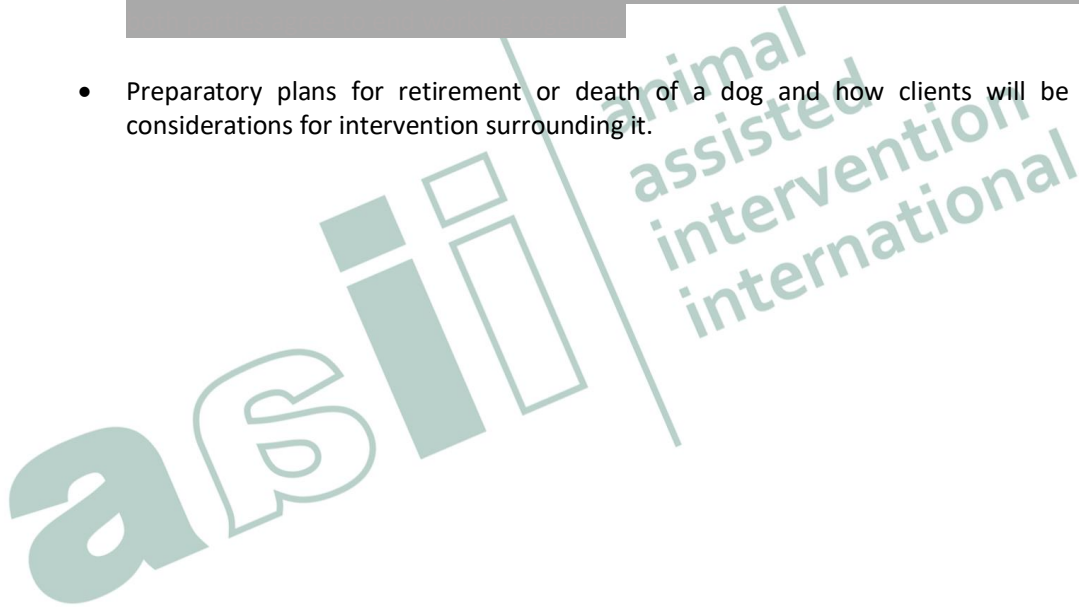
5.0 Termination of Services

5.1 AAT services shall be discontinued if the intervention is no longer supporting goals, if there are any health concerns of humans or dogs, or if there are any changes to the environment, dog handler, or population that are not conducive to the dog's skills or well-being. Plans should include preparation for retirement or death of the dog. **(Documentation and Interview)**

Guidance Notes:

AAT should be discontinued if it is no longer supporting the overall goals for the participant, or if

- Preparatory plans for retirement or death of a dog and how clients will be notified and considerations for intervention surrounding it.



Standards of Practice for Therapy-related Collaborative Animal Assisted Therapy (C-AAT)

AAT program implementation assumes the participation of three or four equally valued parties working together in a collaborative model:

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

Collaborative processes involve work that is done with a **qualified healthcare professional (therapist)**, animal professional or a trained volunteer, and animal(s) in an experiential nature.

In some cases, individual therapists may be active in AAT, but **as the therapy experts** in the collaborative model. AAll will accredit individuals for this collaborative element of their AAT work. (Example: A therapist who understands the power of the AAI model, but does not have dog training experience teams up with a professional dog training organization that trains assistance dogs and together they develop a therapy program utilizing their respective skills and experience). In this case, AAll would accredit the therapist for the therapy element of this collaboration.

1.0 Preparation and session planning

1.1 Therapists working in AAT must have a good basic education on what can be achieved through AAT and have a solid basic understanding of what is required to train dogs to be effective in AAT. **(Interview)**

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

Guidance Note:

- It is important that therapists have a solid understanding of the dog training and preparation required to work effectively as a dog in AAT.
- Goals: Healthcare and human service providers have well developed instructional/intervention plans and clear purpose for incorporating services, documentation should include:



- 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).

2.0 Professional Qualifications and Ethical Guidelines

2.1 AAT sessions shall be practiced within the specific scope of disciplines and special training, each understanding their respective disciplines and skills, and work together as co-facilitators, complementing each other's roles. **(Observation)**

2.2 Healthcare and human service providers should provide discipline specific requirements of their practice authority (such as state, regional or national board) regarding specialty practice area requirements. This should consist of at least 8 hours of continuing education in AAT and dog behavior, communication, training, enrichment, etc., annually. **(Documentation)**

2.3 The AAT healthcare or human service provider (individual who is conducting AAT program, or is named by the professional healthcare/human service provider) shall have completed discipline specific college level/equivalent, licensed/degreed/equivalent, according to AAI Membership Requirements. **(Documentation)**

2.4 All information and documentation obtained during the conduction of the AAT program shall remain confidential. If a dog is being placed with a healthcare or human service professional, the placement organization and recipient are expected to follow the standards set forth by AAI for training, placement and evaluation of team. **(Observation/Interview)**

3.0 Mentoring and Supervision

3.1 Healthcare or human service providers who are new to AAT shall identify and collaborate with a mentor who has achieved Professional Competencies with experience in reading dog behavior and AAT. **(Interview)**

4.0 Documentation

4.1 Professional documentation for each participant should reflect participation in AAT by healthcare or human service provider in participant records. **(Documentation/Interview)**

5.0 Goal-directed Activities

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

5.2 Therapeutic activities with participants shall be goal-directed, activities that are spontaneous may be shaped into AAT or may be considered AAA. Documentation shall reflect client goals and AAT activities that may address those goals. **(Documentation/Observation)**

6.0 Termination of Services

6.1 AAT services shall be discontinued if the intervention is no longer supporting goals, if there are any health concerns of humans or dogs, or if there are any changes to the environment, dog handler, or population that are not conducive to the dog's skills or well-being. Plans should include preparation for retirement or death of the dog. **(Documentation and Interview)**

Guidance Note:



- [REDACTED]
- [REDACTED]
- Preparatory plans for retirement or death of a dog and how clients will be notified and considerations for intervention surrounding it.



Animal Assisted Therapy (AAT) Competency Summary

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 to 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:

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 three 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, 2016 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**.

AAII has produced a detailed paper on competencies and all practitioners are urged to read it in Appendix I. 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 AAls rather than only AAT. This booklet is for AAT practitioners who will be responsible for all items in their current level of competency as detailed 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, |
| 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.

AAll Accreditation Process

Accreditation Application & Instructions

The AAll 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 AAll. 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](#).

AAll Accreditation Process

| | |
|---------------|------------|
| Step 1 | [Redacted] |
| Step 2 | [Redacted] |
| Step 3 | [Redacted] |
| Step 4 | [Redacted] |
| Step 5 | [Redacted] |
| Step 6 | [Redacted] |
| Step 7 | [Redacted] |
| Step 8 | [Redacted] |

Accreditation Portfolio Contents

To complete your accreditation application, you will need to build a portfolio containing the following items. Your **Accreditation Portfolio** should contain the following information, in this order. Programs may add additional clarifying information. Each heading is a new separate section printed portfolio, or a new separate file in the electronic version.

The following sections of your Accreditation Portfolio are relevant to the following organizations/individuals:

| | Organizations involved in AAT | Therapist also working as the dog handler | Organizations/individuals – bringing dog skills to the Collaborative model | Therapists – bringing therapy skills to the collaborative model |
|--|-------------------------------|---|--|---|
| Section 1 Standards of Practice for the Administration of Programs | Yes | Yes | Yes | Yes |
| Section 2 Standards of Practice for the Ethical Treatment and Welfare of Participants | Yes | Yes | Yes | Yes |
| Section 3 Standards of Practice for Dog Handlers and the Support of Dogs | Yes | Yes | Yes | No |
| Section 4 Standards of Practice for the Health, Welfare and Well-being of Dogs | Yes | Yes | Yes | No |
| Section 5 Standards of Practice for Animal Assisted Therapy (AAT) | Yes | Yes | No | No |
| Section 6 Standards of Practice for dog-related Collaborative Animal Assisted Therapy (C-AAT) | No | No | Yes | No |
| Section 7 Standards of Practice for therapy-related Collaborative Animal Assisted Therapy (C-AAT) | No | No | No | Yes |

AAll 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 and 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 | | |
| 5.3 | | |
| 5.8 | | |
| 6.2 | | |
| 6.3 | | |
| 6.4 | | |
| 6.5 | | |
| 6.6 | | |
| 7.1 | | |
| 7.4 | | |

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

| Standard | Portfolio Requirement | Tick when completed |
|---------------------|-----------------------|---------------------|
| 2.2/2.3/ 2.4/2.5 | | |
| 4.1 | | |
| 5.8 | | |
| 6.1 | | |
| 6.3/7.5 | | |
| 7.2-7.5 | | |

Section 5: Standards - Animal Assisted Therapy (AAT)

| Standard | Portfolio Requirement | Tick when completed |
|----------|-----------------------|---------------------|
| 1.1-1.3 | | |
| 2.3 | | |
| 4.1 | | |
| 5.2 | | |
| 6.1 | | |

Section 6: Standards – Dog-related Animal Assisted Therapy (C-AAT)

| Standard | Portfolio Requirement | Tick when completed |
|----------|-----------------------|---------------------|
| 1.1 | | |
| 1.2 | | |
| 4.1 | | |
| 5.1 | | |

Section 7: Standards – Therapy-related Animal Assisted Therapy (C-AAT)

| Standard | Portfolio Requirement | Tick when completed |
|----------|-----------------------|---------------------|
| 1.2 | | |
| 2.2 | | |
| 2.3 | | |
| 2.4 | | |
| 4.1 | | |
| 5.2 | | |
| 6.1 | | |

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 AAls (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. 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 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 mutual wellbeing and benefits for the humans and animals involved. AAEs 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. AAls 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. AAls promote wellbeing and benefits for humans and provide a positive experience for the animals without force, coercion, or exploitation. AAls 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 other 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 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. AAI's promote wellbeing and benefits for humans 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 AAIs 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.

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.

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 welling 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 AAls 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: AAIL Competencies for Animal Assisted Therapy

Due to the nature of our membership and the roles that people, and animals fulfil, AAIL has outlined 4 tiers of competencies for each member category. The layout has changed, the competencies rearranged from three to four levels, and additional competencies were constructed (represented in green) to reflect AAIL Standards that were not covered with the previous Competency versions (2014, 2016 and 2016). These changes allow individuals and programs to improve skills over time as required by membership standards. **This document is a ‘work in progress’ and is intended as a guideline for members.**

The chart below outlines the key knowledge, skills, and attitudes competencies for each level of AAT:

| Knowledge | Foundational Competencies |
|--|---|
| Entry Level (Awareness) | <p>Handlers/Providers new to AAI should possess general knowledge about the provision of AAI, with an awareness of the AAIL Standards of Practice. They should also possess a basic working knowledge of the health, welfare, wellbeing, and training of dogs (See AAIL 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 AAILs, 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. |
| Intermediate Level (Trained) | <p>Competent handlers/providers of AAI possess in-depth knowledge about the dog on an individual, breed, and species level (see AAIL 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. |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Temperament traits suited to AAT as well as specific needs of program, and knowledge of assessment methods. <p>B. Establish & maintain a strong working relationship with the dog(s) and:</p> <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. • 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. <ul style="list-style-type: none"> • 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 (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. <p>I. Demonstrate knowledge of legal issues associated with AAI such as:</p> <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. • 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 | <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 instructional and moral 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 (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 (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 discomfort, 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. |

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| | <ul style="list-style-type: none"> • 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, making decision to stop sessions if dog is not demonstrating signs of enjoyment. 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. 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: <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. C. Competent handlers/providers of AAI should have sound social and communication skills and the ability to adapt communication to suit participants. |
| <p>Advanced Level (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: • AAls involve more than owning/loving animals. • AAls involve more than simply including a dog in the treatment setting. • AAls require the ability to support the dog, encouraging initiative and genuine interaction with clients. • AAls require 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. • AAls involve skillful selections and assessment of AAI strategies: • AAls require screening and selection of potential AAI participants. • AAls involve 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. • AAls involve 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’. • AAls 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). |

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| | <ul style="list-style-type: none"> • 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 (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 AAI. • 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. |

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| | <ul style="list-style-type: none"> • Ability to link unexpected events or interactions to participant goals or presenting concerns. • Ability to model appropriate, respectful, and empathetic dog care and interactions. |
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| Attitudes | Foundational Competencies |
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| <p>Entry Level (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 AAI. 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 (Trained)</p> | <p>Competent providers of AAI 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. |

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| | F. Willingness to embrace the experiential nature of AAI by being cognitively present and responsive to ever-changing situational factors. |
| Advanced Level (Experienced) | <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 volunteer’s 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. |
| Expert Level (Expert) | <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. |