



Standards & Competencies

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Primary Authorship

The contents of this member booklet belongs to Animal Assisted Intervention International, and the primary authorship credit for the continuous 7 years of development and production of the AAI standards, competencies and accreditation full and summary documents belong to the long standing co-founders and working board members Melissa Winkle, Jennifer Rogers, Peter Gorbing, and Danny Vancoppennolle. The AAI 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.

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Standards of Practice

The Standards of Practice (SOP) have been produced by the authors under the direction of the Members and Board of Directors of Animal Assisted Intervention International (AAII), 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 but not limited to AAA, AAE, AAT, and AASP. Note that **AAPP has a completely separate member booklet** as there are several differences in all sections. AAII considers this a living document that will undergo revisions as needed to keep up with the evolving knowledge and practice of AAI around the world.

The standards outlined in this booklet are considered a minimum of what is required to conduct different AAI programs for Animal Assisted Intervention International (AAII) 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.

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

- The participant - the human beneficiary of the service.
- The dog handler - an individual who has training and experience in dog handling, training, and behavior.
- AAI provider - in some cases, the healthcare/human service/therapy provider handles their own dog, or the dog handler may be a separate person.
- The dog- an AAI team member and also a beneficiary.

Collaborative models involve work that is done with a qualified healthcare, human service, education professional, animal professional or a trained volunteer, and animal(s) in an experiential nature. In some cases, individual therapists may be active in AAT, but only as the therapy experts in a collaborative model. AAII will accredit individuals for this collaborative element of their AAT work. In some cases, organizations may be active in AAT, but only as the dog handler experts in a collaborative model. AAII will accredit programs for this collaborative element of their C-AAT work.

The first four standards are the same for any AAI program with dogs, therefore, the term Animal Assisted Intervention (AAI) will be used. The categories numbered 5-9 represent different specialty member areas, and each organization selects what categories they are active in, which will dictate the additional standards they meet or exceed.

- 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 Activity (AAA)
6. Standards of Practice for Animal Assisted Education (AAE)
 - SOP for Educator/Teacher-related Collaborative Animal Assisted Education (C-AAE)
 - SOP for Dog Handler-related Collaborative Animal Assisted Education (C-AAE)
7. Standards of Practice for Animal Assisted Therapy (AAT)
 - SOP for Therapy/Healthcare Provider-related Collaborative Animal Assisted Therapy (C-AAT)
 - SOP for Dog Handler-related Collaborative Animal Assisted Therapy (C-AAT)
8. Standards of Practice for Special Programs (AASP)
9. Standards of Practice for Placement Programs (AAPP) – Has an completely separate Standards and Competencies Member Booklet as there are several subtle differences in all areas.

The **glossary of terms** can be found at <https://aai-int.org/aai/glossary-of-terms/>.

Standards of Practice for the Administration of Programs

The SOP for the Administration of Programs 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.
- All staff/volunteers are aware of the emergency/ fire evacuation procedures for dogs and people.
- Animal medication is handled safely and kept in appropriate, secure places.
- Spills are mopped up promptly.
- Any hazardous substances are handled and stored appropriately.
- Facilities are kept clean and tidy.
- Environment is accessible, conducive and comfortable for dogs and participants for AAI activity.
- Dogs and handlers are frequently evaluated for appropriateness for AAI's.

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 for dog training or handling, bodily injury to clients or other staff, workers compensation, 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 and not misleading. **(Documentation/Observation)**

8.2 Non-profit 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, caregivers 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, 2019; 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 within your specific disciplinary scope of work. For example, a healthcare provider would demonstrate patient/client goal oriented, appropriately treatment planned, carried out, measured, and documented. This should include general summaries, and information on the duration, nature, and content of sessions.
- Where the therapist is also acting as the dog handler during sessions, it is vital that you can demonstrate that the handler is in control of the situation and is able to attend to the dual responsibility and advocacy for both the patient/student/participant and the dog(s).
- It is vital that dog handlers (who are not the primary healthcare/human service/educational provider) have a good basic understanding of the populations they are working with. The assessor will want to talk to handlers to gauge their level of understanding for populations they work with.
- When possible, providers should involve parents, pediatricians [physicians], and other members of the participant's care team, such as other providers/allied health and if need be veterinarian, in planning and decision making about AAI (*Society for Companion Animal Studies Limited, 2019 ; Baumgartner & Cho, 2014; Dice et al., 2017*)
- Healthcare, human service and educational providers discuss with animal handler (if one is part of the team) the activities that will enable participants to practice pre-determined goals and target skills (*Baumgartner & Cho, 2014*) and ensure that activities are within the skill set of handler/dog team.
- Providers are flexible in the pace of dog introduction based on individual client and animal factors and screening (*Every et al., 2017; Winkle & Ni, 2019*) prior to introduction to the dog.
- Participant, caregivers, AAI provider, dog handler, dog or anyone present should have the option to terminate the intervention any time (*Society for Companion Animal Studies Limited, 2019; 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 and execution of the plans.
- 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.) prior to or during introduction of 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, 2019; Baumgartner & Cho, 2014; Stewart et al., 2015; Winkle & Ni, 2019*). Training includes clinical work, risk management and informed consent.
 1. An Introduction to AAI (separate course focused on AAA/AAT/AE/AASP/AAPP) course or training (human-only) (*Winkle & Ni, 2019*).
 2. An AAI skills training for the human–animal team.
 3. An AAI human–animal team yearly evaluation (or with change in setting, population, activities).
 4. An AAI practicum (either AAA/AAT/AE/AASP/AAPP) in which the human–animal team demonstrates AAI skills with volunteer (non-clinical) clients.
 5. Supervision by an AAI skilled supervisor (this is more relevant for AAT/AE).
- For accreditation, you will be asked to provide one tracking form example or how you track the CEUs for all staff (volunteer or paid).

1.5 Those involved in the delivery of AAI sessions should work within their existing capabilities and scope. They must be honest, transparent, and accurate about terminology, their role, competence, experience and qualifications/ training. For example, AAA providers do not refer to AAA sessions as formal therapy (AAT) or education (AAE), or use terms such as therapy except in sessions in which they are working with licensed/degreed providers. **(Documentation/Observation)**

Guidance Note:

- The professional ethics of relevant, respective professions and organizations should be adhered to (*Society for Companion Animal Studies Limited, 2019; Winkle & Ni, 2019*). An organization that only works within AAA should describe itself as such rather than claim ‘therapy’ or categorical AAIs which implies all AAA, AAE, AAT, AASP, AAPP. Use of accurate terminology to describe one’s role.

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 [animal, food, latex, etc.] allergies, comfort levels, feelings about animals, experience with animals, expectations and responsibilities related to pets, general interests, cultural

views and potential for animal harm/contraindications (*Bibbo, 2013; Society for Companion Animal Studies Limited, 2019; Baumgartner & Cho, 2014; Silcox et al., 2014*).

- 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 formal AAT and AAE work shall be appropriately planned, documented, and guided by qualified professionals and 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/AAE:
 - Screening of potential program participants identifies specific physical, cognitive or psychosocial barriers to address prior to and during any AAI, participants have multiple opportunities to practice safety with target skills before engaging in AAI with a live dog. Clear and measurable goals are established for all participants.
 - AAT/AAE providers assess needs of participant to set therapeutic or educational goals (*Baumgartner & Cho, 2014*).
 - In collaborative programs providers other than health care and human service providers may also have individual, group, or program goals.
- Documentation: Providers record and document observations to identify and describe participant's patterns of behavior, as needed, according to discipline/ organization standards (ex. subjective, objective, measurable activities, and outcomes). While a structured approach to documenting outcomes and evaluating effectiveness is advised for some programs (AAT/AAE), it is not always possible or suitable for all AAI programs. Confidentiality is maintained for all documentation and participant information (*Society for Companion Animal Studies Limited, 2019*).
- 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; Foreman et al., 2017; Winkle & Ni, 2019*).
- Providers have a respectful and mutually beneficial relationship with the animal (*Stewart, Chang and Rice 2013; 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 no harm to the animal and that animals are sentient being with needs equal to that of a person (*Society for Companion Animal Studies Limited, 2019; 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*).

2.5 Providers shall assess and manage risks in all AAI activities and environments, including typical bi-directional zoonotic risk factors, public health crisis situations, and no raw-food policies.

(Documentation/Interview/Observation)

Guidance Note:

- All levels of organization understand risks associated with injury, zoonotic disease transmission, public health crisis situations, and providers seek expert advice in these areas to assess and manage risk to ensure welfare of humans and animals (*Chandler, 2005; McBride et al., 2006; Evans & Gray, 2012; Winkle, 2016; Occupational Safety and Health Administration, as cited in Foreman et al., 2017*).
- Written Policies & Procedures will be reviewed in your accreditation portfolio that will include bi-directional zoonotic risk factors and where to obtain public health crisis information. Policies will include instructions for sanitation methods for people (handwashing) and animal waste removal. The evaluator will ask to see your “No Raw Diet” Policy, and ask to see dog food and treat storage to ensure it is covered or in a closed container, out of heat and free from insects, rodents, etc.
- A written risk assessment and management plan shall be conducted where possible for every proposed inclusion of animals, using a standardized, structured format (e.g. schools, hospitals, prisons, etc.). The risk assessment should cover all aspects of an AAI session including risks to participants, risks to animals, risks to property, risks to the AAI delivery team and risks to the general public (*Chandler, 2005; Society for Companion Animal Studies Limited, 2019; Foreman et al., 2017*).
- Providers have policies and procedures to prevent zoonotic diseases prevalent in their geographical area, and those that are common in the species of animal involved in AAI. Types of zoonoses common in dogs include internal and external parasites, viruses, bacteria, and fungi. Zoonoses can spread through direct contact (e.g., via feces, urine, skin, respiratory secretions) or indirect contact (e.g., via water or food that has been contaminated by the animal) (*Plaut, Zimmerman, Goldstein, 1996, as cited in Foreman et al., 2017; Society for Companion Animal Studies Limited, 2019; Winkle, 2016*). Providers understand children and immunocompromised individuals are at greater risk for contracting zoonoses (*Grant & Olsen, 1999*). Policies include instructions for sanitation (hand washing before and after interaction), regular deworming and vaccination, prompt removal of animal waste, and ensure animals are not consuming raw meat diets (*Robertson, Irwin, Lymbery & Thompson, 2000, as cited in Foreman et al., 2017; Ormerod, 2005 as cited in McBride et al., 2006; Baumgartner & Cho, 2014; AVMA, as cited in Linder et al., 2017*). Written documentation of all these practices is maintained for all animals and teams involved in AAI (*Murthy et al., 2015; McBride et al., 2006; Linder 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 general AAIs and animal advocacy (welfare and well-being). **(Observation)**

Guidance Note:

- Implement guidelines and rules for participants working with animals in AAI (*Bibbo, 2013*). 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, 2019; Baumgartner & Cho, 2014; Every et al., 2017; Winkle & Ni, 2019*).
- Providers set clear rules and model target behaviors using age and developmentally appropriate materials with the participant, such as stuffed animals with younger participants (Baumgartner & Cho, 2014). Providers educate and set expectations of participants' behavior that are appropriate to individual and context. For the well-being of the animal, participants will be expected to be able to modify their behavior, utilize skills they learn and remain calm during AAI, providers set clear boundaries (*Evans & Gray, 2012*).
 - Participants are supervised at all times with animals (Society for Companion Animal Studies Limited, 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, procedures and documents concerning participation and safety (*Job Accommodation Network, Michigan State University School of Law, Foreman et al., 2017*).
- Policies, procedures, and staff education are in place to ensure health and safety of humans and animals, including prevention of slips, trips and falls, evacuation procedures for humans and animals in case of emergency.
- The AAI delivery team should be trained in or have access to individuals trained in human first aid and animal first aid. Contact details of a local veterinary and medical services and any other identified support should be available in case of an emergency (*McBride et al., 2006*).
- Consider [animals perception of and preferences for] environment/physical space including flooring, lighting, noise levels, smells, ambient temperature, exit routes, opportunities, and space for the [dog] to rest, cool down, and eliminate (*McBride et al., 2006; Society for Companion Animal Studies Limited, 2019*).
- Providers consider the timing of AAI and identify times when it would not be appropriate to have a dog present, for example, meal times, ward rounds (*McBride et al., 2006;*), dispensing of medications, etc.
- Providers must ensure appropriate supports are available for transitions out of AAI services due to discharge, change in services, retirement 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/business insurance that specifically covers AAI (*Baumgartner & Cho, 2014; Winkle, 2016*) and potential [emergency transportation, bodily injury, aftercare], and understand federal, state, and local laws regarding animals in AAI, including identification, vaccination and leashing (*Job Accommodation Network, Michigan State University School of Law, as cited in Foreman et al., 2017*). Assessors will ask to see insurance policies, vaccination laws/records, and general laws for companion or working animals.
- Providers establish formal or informal procedures to assess employee attitudes, beliefs and preferences concerning animals in the workplace. Policies and procedures must be in place to accommodate for employees with special concerns (e.g., cultural/religious beliefs, fears, or phobias) in a sensitive and confidential manner (*Cash & Gray as cited in Foreman et al., 2017; Johnson et al.,*

- 2003, as cited in Bibbo, 2013).
- An assessment of staff training needs is required to ensure they not only know how to manage the animal but also are able to recognize signs of stress and illness (*Dawson and Campbell, 2005, as cited in McBride et al., 2006;*), and zoonotic risk factors. Assessors will want to see staff training records as evidence that staff undergo regular and relevant training.
 - All staff should understand the clear goals and objectives of the AAI program (*Milgate et al., 2002, as cited in Foreman et al., 2017; Baumgartner & Cho, 2014*).

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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, respectful 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 Human 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, etc.), 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 (in writing, recording, in-service, etc.) 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:

- AAI acknowledges that different elements of AAI require different kinds and 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, criteria and the respective skills and experience required to be successful. Volunteers are unlikely to have the same kind of skill as professional handlers, but they should understand the different disciplines within AAI (AAT, AAA, AAE) and be aware of the skill levels required to undertake each intervention effectively.
- All involved employees must have the opportunity to be informed about and introduced to the AAI program prior to program implementation.
- Assessors will want to see evidence that you have carefully screened handlers. It is recommended that you have a comprehensive application process for the handler role that includes the following:
 - Personal contact information (address, cell and home phone, email, to include emergency contact and references (non-relatives).
 - Employment history (current-retired).
 - Skills/hobbies, special interests.
 - Previous dog/animal ownership and current dog/animal ownership.
 - Previous criminal convictions that would disqualify them for the type of work and population they are considered for (not to include minor traffic violations).
- Where possible, you should undertake background checks. All volunteers should be given a copy of your code of conduct and sign something that shows they have read it and will act accordingly. Volunteers should be carefully supervised and supported at all times.
- Where you are working with volunteers, your training and educational program should consist of the following at a minimum. Assessors will look for evidence of the following:
 - Information about how the program works.
 - Review of all required paperwork.
 - What volunteers can expect from staff.
 - Discussions on the following topics:
 - Communication between you and your dog.
 - Signs of stress or illness and what to do.
 - Dogs access to water, treats, toys, and breaks, relieving itself.
 - How to look before you or clients move to assure a safe intervention for you and your dog (assessment of environment, scanning the room before entering for possible dangers such as a wheelchair backing over a dogs tail).
 - Disabilities – what the team might experience within the program.
 - Zoonosis, public health, risk management and infection control.
 - When and how to cancel a visit (illness, etc.).
 - List of suggested things to bring on a visit.
 - Procedure for reporting an incident/concern and emergency contacts.
 - Participant privacy practices.
 - Evaluation of skills for their role.

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

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

3.1 Dog handlers shall demonstrate an understanding of their role in each session and take guidance and direction from the healthcare, human service, educational or special program personnel regarding the participant's goals/activities. If working within AAT sessions, these should be planned with involvement from the handler and the therapist. If working within AAE sessions, these should be planned with involvement from the handler and the educational provider. The handler must be able to communicate effectively with a multidisciplinary team, using appropriate language and be reliable and predictable so the professionals with whom they work know what to expect from them. **(Observation)**

Guidance Note:

- You will be required to show assessors how you organize your sessions and the planning you undertake. Dog handler should understand and operate according to their qualifications. They demonstrate ability to respond to the dog's needs and needs of the participant/group.

3.2 Dog handlers act as the advocate for the dog and shall have the ability to say "no" if the dog or client 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 safe and suited to that participant and the dog. **(Observation/Interview)**

Guidance Note:

- When planning sessions, the handler will ensure that the dog is not ill, injured, stressed, uncomfortable, overworked, or at risk of burnout. Length and frequency of sessions, and number of breaks should be suited to the individual dog's abilities with an awareness of how a dog's preferences may change and be regularly reevaluated and accommodated for. 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, cognitive 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. A dog's decision to not engage will be respected. **(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, activities, and situations. **(Observation)**

4.3 Dog handlers shall have insight and training for breed specific and individual dog 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	Formal coursework
In-services	Conferences
Webinars	Mentorships/Internships/Supervised Practice
Books	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.
- Relevant regional specific bidirectional zoonosis and vaccination protocols.
- Signs of illness, injury, aging, resistance, or stress, which would temporarily or permanently prohibit the dog from participating in the program. It must be understood that a disability of the dog is not an automatic elimination from work; modifications will be in place.
- Participant specific precautions.
- General knowledge of dog care (demonstrates basic animal first aid, provide regular feeding schedule, continuous access to water, appropriate workloads for individual dogs, time for breaks away from people, enrichment, time for toilet breaks, participation of dog is within its skill level).
- Competency with any training, therapy, educational, or activity equipment used with the dog.
- Positive training and handling methods, use of appropriate equipment.
- Thorough knowledge of each dog he/she works with in the areas of signs of stress, calming techniques, reinforcement preferences, enrichment preferences, signs of disinterest or refusal to work, and show the ability to respond appropriately to these behaviors.
- Elicit and reinforce desired behaviors, predict, and decrease probability of undesired behaviors using professional and humane techniques during the selection, management of environment, evaluation, training and handling.
- How to apply animal welfare and well-being to their living, transportation, and work situation.
- Follow public access laws of the region relating to AAI dogs versus Assistance Dogs. Understand if AAI or facility dogs are granted public access according to regional laws.
- 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). Training should include written documentation such as:

- 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/Duration of absence/Condition for return to work.
- Prevention for human and dog.

(Documentation/Interview)

Guidance Note:

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

5.0 Assessment

5.1 Dog handlers shall undertake an assessment that includes their ability to handle (and if appropriate, train) a dog in the type of situation in which they will be working. If working in AAT or AAE, this should incorporate working with therapists or educators 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 and 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, and no force or restraint. **(Observation)**

5.5 Dog handlers shall be able to walk the dog with minimal cues with an appropriately 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.

5.6 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)**

5.7 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 general session descriptions 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 additional preparation, training or incident reports and/or plans for discontinuation must be documented. **(Documentation)**

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

Guidance Note:

- Assessors will want to meet and interview a cross section of your handlers.
- Assessors will want to see your participant permission forms.
- It is important that you are aware of any handler health issues that may affect their safety to work, and you must show how you document and make modifications for this.

- Assessors will want to see how you record the health/vaccination, training, and evaluation/re-evaluation history of dogs.
- For AAT, AAE and AASP, C-AAT and C-AAE, assessors will want to see how you record AAI sessions.

7.0 Risk Assessments/Safety

7.1 Risk assessments and management plans (actions that have been taken to reduce risk) pertaining to AAI work shall be done for dogs, participants, handlers, environment, transportation, general activities 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. They should be aware and take steps to minimize risks to dogs such as making sure a surface or terrain is appropriate size or temperature for dog, or that furniture is supported before dog jumps on it, etc. **(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 or name badge/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.
- You must also have a clear written risk assessment and management plan and will need to explain to the assessor how you ensure the safety of dogs over a period of time. This could include, but not be limited to, statements on your policy for regular re-evaluations of dogs and the temperament, skills, etc. tests you use.
- You must also be able to explain to assessors what the local dog laws are and how you apply them in your work. The assessor will want to clearly see that the dog and handler are identifiable, if appropriate.

References:

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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), [One Welfare](#), 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:

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

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

2.1 Dog waste shall be immediately picked up and disposed of in an appropriate place. The dog handler must practice hand-washing and standard precautions for hygiene and infection control on a regular basis. **(Observation)**

2.2 Dog(s) shall be under regular veterinarian supervision. The facility will maintain individual files for each dog and contain proof of current vaccinations (or titers), parasite prevention, and healthcare based on regional requirements. Routine evaluations by a licensed veterinarian and prevention procedures shall be in place for internal and external parasites (e.g. heartworm, fleas, ticks, etc.). **(Documentation/Interview)**

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 AAI has permission to exchange information with veterinary staff.
- You will need to adhere to best practice in relation to your dog procurement (where dogs are obtained) and any breeding program you are part of. This would include screening breed stock.
- It is expected that dogs will be tested at least once a year by a veterinarian to check that the dog is sound for the types of activities s/he is expected to participate in. If you are involved in breeding dogs, you will need to have clear protocols to support that activity, including full screening of the breeding stock and conditions in which they live.
- 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, Leishmania) that would be exacerbated by participating in AAI. **(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 and with any modifications necessary to ensure dog is not prematurely working (such as a part time schedule, etc.). **(Observation/Documentation/Interview)**

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 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. The same is true for the activities within which the dog will work.
- 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:

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

4.0 Preparation/Socialization

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

Guidance Note:

- The socialization program depends on the age at which the dog was obtained. If a dog was obtained as a puppy or bred by the organization, a planned socialization program must have been implemented from an early age to give the dog the best chance of success. A rescue or donated dog may be suitable for AAI work, but prior to entering a formal placement clinical environment, they must have at least six months of a known history, or be part of a training program, so its behavior (with potentially novel people, animals, environments, equipment, etcetera) can be assessed and it can be prepared for any AAI work. The dog handler may own the dog he/she handles and have brought them up in his/her own home. If this is the case, he/she should still follow a planned program of socialization to prepare his/her dog for AAI work. You must clearly show and document how you prepare a dog to work in specific environments or with specific groups of people as part of an AAI session. Socialization includes exposure to people, places and things in several environments and under different conditions, and include the dogs preferences and awareness of things it does not enjoy.

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

Guidance Note:

- Where possible, dogs should be introduced to therapy/recreational/classroom supplies and equipment, the situation, and the environment prior to working in a structured session (Hatch, 2007; Glenk et al., 2013; Glenk, 2017; Winkle, 2016; Winkle & Ni, 2019). Some examples are as follows:
 - Dogs working in hospitals must be confident with different floor surfaces, steps, and elevators.
 - Dogs required to wear identification jackets/scarves must be confident wearing them.
 - Dogs working in the presence of other animals must be socialized with animals.
 - Dogs working with children must be comfortable with children/floor activities.
 - Dogs working around therapy equipment (therapy balls, swings, etc.) must be comfortable around the equipment.

4.3 The dog shall have participated in conditioned handling/socialization with the types of behaviors participants may display (e.g. given space to meet potential participant groups with no pressure to interact), using positive/humane based methods. This will mean dogs are prepared to find the sessions and environments in which they work rewarding and enjoyable. **(Observation)**

4.4 The dog shall be able to perform previously introduced skills specifically needed for the session or demonstrate appropriate waiting behavior. Dog must only be involved in a session when its presence is planned to contribute towards the therapeutic outcomes, or if its presence is motivational, or beneficial for positive associations for the dog. **(Observation)**

5.0 Training and Handling

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

Guidance Note:

- 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 modeling 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. **(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 (*Haubenhofner & 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 if that is the expectation (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 to cues, given consideration of the context and environment. Respect must be given to the dogs perception of what is happening during an evaluation or assessment. 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:

- Assessors will want to see some dogs demonstrate the minimum obedience skills or expected behaviors outlined above.
- 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 and review evaluation processes, checklists, etc. 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 vocalize to the point of disruption of the sessions or workspace and should be able to be redirected (e.g. barking, growling, or whining when in public); however, some vocal greetings and activity vocalizations are acceptable and expected for some dogs (*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, possible breed specific traits and individual dog traits shall be taken into consideration for the work they participate in. 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 near or 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 written/digital 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)**

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 an 'aggressive behavior' versus an '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.
- There are times when a situation may be stressful for a dog and the assessor will closely observe how the handler prevents or deals with this situation. It is critical that you have a clear safe space within the facility for the dog to rest and the assessor will ask to see this.
- You must ensure that everyone involved in the interaction is fully briefed on the session, the risks and the importance of the need to meet the physical and emotional safety of the dog.

8.5 Dogs shall never be placed in situations in which they are knowingly put 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, 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)**

8.7 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)**

8.8 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)**

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

8.10 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)**

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

8.12 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)**

8.13 Dogs shall demonstrate signs of adaptability, even temperament, resilience 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*).

8.14 The dog consistently responds to cues, and when it does not, the handler is responsible for problem solving the situation, and supporting the dog. **(Observation)**

8.15 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 preference, age or ability, they shall no longer be involved in AAI (Winkle, 2016). **(Interview/ Observation)**

Guidance Note:

- The questions that need to be asked include the following:
 - Does the dog still want to participate and engage?
 - Can the dog still physically participate?
 - Does the dog still understand or hear the cues?
 - Does the dog easily perform the tasks?
 - Does the dog show signs that it still wants to participate?
 - Are there any negative outcomes (during or later) for the dog?

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Standards of Practice for Animal Assisted Activities (AAA)

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, training and evaluation 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.

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

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

1.0 Preparation

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

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

Guidance Note:

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

2.0 Competencies

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

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

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

Guidance Note:

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

3.0 Mentoring and Supervision

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

Guidance Note:

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

Standards of Practice for 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.

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

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

1.0 Preparation

1.1 Prior to the program, ideally, the dog handler would complete a facility visitation with the population served without the dog or liaise with the facility on managing the intervention and environment.

(Documentation/Interview)

1.2 Specific AAE 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:

- In cases where the educator goes to outside facilities with her/his dog, there should, ideally, be at least one pre-visit with the dog without performing any therapy. Exceptions (e.g. distance) are allowed but noted in the file. You can document this in any way you choose, but there needs to be proof of pre-visitation plans, even virtual, in the file of each project.
- In cases where the educator is the handler, there should be either the entire training/educating process prior to actually performing therapy with the dog or a process where an organization matches a dog to an educator. When the educator has raised the dog him/herself, it is reasonable to assume that he/she is familiar with the dog. If the dog was provided by an organization, there should be a matching process given by the organization which should include relationship development and practical exercises with the dog, outside the actual therapy with real participants.

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

Guidance Note:

- Goals: Educational providers have well developed instructional/education plans and clear purpose for incorporating services, documentation should include:
 - Screening identifies specific behaviors to address during any AAI, participants have multiple opportunities to practice safety with target skills before engaging in AAI with a dog. Clear and measurable goals are established for all participants.
 - AAT [AAE] providers assess needs of participant to set therapeutic goals for AAT [AAE](Baumgartner & Cho, 2014).
 - Goals may be individual or developed for the program as a whole (*Baumgartner & Cho, 2014*).
- Treatment, education, or other plan examples specific to organization or discipline specific standards with clear observable goals.
- Documentation: Providers record and document observations to identify and describe participant's patterns of behavior, as needed, according to discipline/ organization standards (ex. subjective, objective, measurable activities, and outcomes). While a structured approach to documenting outcomes and evaluating effectiveness is advised for some programs (AAT/AAE), it is not always possible or suitable for all AAI programs. Confidentiality is maintained for all documentation and participant information (*Society for Companion Animal Studies Limited, 2013*).
- Program evaluation: Providers undertake systematic program evaluation to assess efficacy (*Barba, 1995; Johnson et al., 2003 as cited in Bibbo, 2013; McBride et al., 2006; Winkle & Ni, 2019*).

2.0 Professional Qualifications and Ethical Guidelines

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

2.2 If handling their own animal, educators working in AAE must be qualified to the levels laid out in the standards and the assessor will want to see relevant continuing education for AAE, basic dog training, dog behavior, handling and communication. Educators 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 AAE and dog behavior, communication, training, enrichment, etc., annually.

2.3 The AAE healthcare educator shall have completed discipline specific college level/equivalent, licensed/degreed/equivalent, according to AAIL Membership Requirements. **(Documentation)**

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

3.0 Competencies

3.1 Have initial Core and Intermediate Competencies to begin work in AAE. Handlers in AAE should have a designated mentor until able to demonstrate professional level skills, and complete at least 8 hours of formal continuing education every year in the topics of AAE, and/or animal behavior/training/handling, and human-animal bond specific. **(Documentation)** This may include:

- | | |
|-------------|-------------------------|
| Workshops | Formal coursework |
| In-services | Conferences |
| Webinars | Mentorships/Internships |
| Books | |

3.2 Dog handler should be evaluated annually.

(Documentation)

4.0 Mentoring and Supervision

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

5.0 Documentation

5.1 Professional documentation for each participant should reflect participation in AAE by educator in participant records. **(Documentation/Interview)**

6.0 Goal-directed Activities

6.1 The animal professional or a trained educator 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 education shall be on the education 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)**

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

7.0 Termination of Services

7.1 AAE services shall be discontinued if the intervention is no longer supporting goals, if there are any health or behavior 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:

- AAE should be discontinued if it is no longer supporting the overall goals for the participant, or if there are any concerns about dog or human behavior, health or wellbeing, or any other factor that is not conducive to the well-being of the dog or participant. In this case, the reasons for termination should be clearly recorded in the relevant files.
- You should have a clear procedure on how to end a collaboration with a participant. This should be noted in the educator's policy and ideally there should be a contract for termination where both parties agree to end working together.
- 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 Handler-related Collaborative Animal Assisted Education (C-AAE)

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.

AAE 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.
- Educator - 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 educational professional, **animal professional** or a trained volunteer/handler, and animal(s) in an experiential nature.

In some cases, organizations may be active in AAE, but as the **dog handler experts** in the collaborative model. AAI will accredit programs for this collaborative element of their AAE work. (Example: An organization that has experience of training assistance dogs decides to develop an AAE program to provide services to a wider range of people. As the organization does not employ or contract with an educator, they team up with an educator who understands the power of the AAI model and works for another organization and together, they develop an education 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 and environment. **(Documentation/Interview)**

1.2 Specific AAE 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:

- Ideally, the dog handler should make at least one pre-visit with the dog without performing to acclimatize the dog to the environment. Exceptions (e.g. distance) are allowed but noted in the file. You can document this in any way you choose, but there needs to be proof of pre-visitation plans, even virtual, in the file of each project.

2.0 Professional Qualifications and Ethical Guidelines

2.1 AAE 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)**

3.0 Mentoring and Supervision

3.1 Dog handlers who are new to AAE shall identify and collaborate with a mentor who has achieved professional level competencies with experience in reading dog behavior and AAE. **(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 education 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 AAE services shall be discontinued if it is no longer supporting goals, if there are any health or behavior 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:

- AAE should be discontinued if it is no longer supporting the overall goals for the participant, or if there are any concerns about the dog's health or wellbeing, or any other factor that is not conducive to the well-being of the dog or participant. In this case, the reasons for termination should be clearly recorded in the relevant files.
- You should have a clear procedure on how to end a collaboration with a participant. This should be noted in the educator's policy and ideally there should be a contract for termination where both parties agree to end working together.
- 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 Educator/Teacher-related Collaborative Animal Assisted Education (C-AAE)

AAE 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.
- Educator - 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 educator** animal professional or a trained volunteer, and animal(s) in an experiential nature.

In some cases, individual educators may be active in AAE, but **as the education experts** in the collaborative model. AAI will accredit individuals for this collaborative element of their AAE work. (Example: An educator 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 an education program utilizing their respective skills and experience). In this case, AAI would accredit the educator for the education element of this collaboration.

1.0 Preparation and session planning

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

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

Guidance Note:

- It is important that educators have a solid understanding of the dog training and preparation required to work effectively as a dog in AAE.
- Goals: Healthcare and human service providers have well developed instructional/intervention plans and clear purpose for incorporating services, documentation should include:
 - Screening identifies specific behaviors to address during any AAI, participants have multiple opportunities to practice safety with target skills before engaging in AAI with a dog. Clear and measurable goals are established for all participants.
 - AAE providers assess needs of participant to set goals for AAE.
 - Goals may be individual or developed for the program as a whole *(Baumgartner & Cho, 2014)*.
- Education or other plan examples specific to organization or discipline specific standards with clear observable goals.
- Documentation: Providers record and document observations to identify and describe participant's patterns of behavior, as needed, according to discipline/ organization standards (ex. subjective, objective, measurable activities and outcomes). While a structured approach to documenting outcomes and evaluating effectiveness is advised for some programs (AAT/AAE), it is not always possible or suitable for all AAI programs. Confidentiality is maintained for all documentation and participant information *(Society for Companion Animal Studies Limited, 2013)*.
- Program evaluation: Providers undertake systematic program evaluation to assess efficacy *(Barba, 1995; Johnson et al., 2003 as cited in Bibbo, 2013; McBride et al., 2006; Winkle & Ni, 2019)*.

2.0 Professional Qualifications and Ethical Guidelines

2.1 AAE 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 Educators 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 AAE and dog behavior, communication, training, enrichment, etc., annually. **(Documentation)**

2.3 The AAE educator (individual who is conducting AAE program or is named by the professional education 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 AAE program shall remain confidential. If a dog is being placed with an educator, 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 Educators who are new to AAE shall identify and collaborate with a mentor who has achieved Professional Competencies with experience in reading dog behavior and AAE. **(Interview)**

4.0 Documentation

4.1 Professional documentation for each participant should reflect participation in AAE by educators in participant records. **(Documentation/Interview)**

5.0 Goal-directed Activities

5.1 The educator 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 the education program shall be on the education 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 Education activities with participants shall be goal-directed, activities that are spontaneous may be shaped into AAE or may be considered AAA. Documentation shall reflect client goals and AAE activities that may address those goals. **(Documentation/Observation)**

6.0 Termination of Services

6.1 AAE 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:

- AAE should be discontinued if it is no longer supporting the overall goals for the participant, or if there are any concerns about the dog's or human's health, behavior or wellbeing, or any other factor that is not conducive to the well-being of the dog or participant. In this case, the reasons for termination should be clearly recorded in the relevant files.
- You should have a clear procedure on how to end a collaboration with a participant. This should be noted in the educator's policy and ideally there should be a contract for termination where both parties agree to end working together.

- 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 Animal Assisted Therapy (AAT)

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.

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 and environment. **(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:

- In cases where the therapist goes to outside facilities with her/his dog, there should, ideally, be at least one pre-visit with the dog without performing any therapy. Exceptions (e.g. distance) are allowed but noted in the file. You can document this in any way you choose, but there needs to be proof of pre-visitation plans, even virtual, in the file of each project.
- In cases where the therapist is the handler, there should be either the entire training/educating process prior to actually performing therapy with the dog or a process where an organization matches a dog to a therapist. When the therapist has raised the dog him/herself, it is reasonable to assume that he/she is familiar with the dog. If the dog was provided by an organization, there should be a

matching process given by the organization which should include practical exercises with the dog, outside the actual therapy with real participants.

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:
 - Screening identifies specific behaviors to address during any AAI, participants have multiple opportunities to practice safety with target skills before engaging in AAI with a dog. Clear and measurable goals are established for all participants.
 - AAT providers assess needs of participant to set therapeutic goals for AAT (*Baumgartner & Cho, 2014*).
 - Goals may be individual or developed for the program as a whole (*Baumgartner & Cho, 2014*).
- Treatment, education, or other plan examples specific to organization or discipline specific standards with clear observable goals.
- Documentation: Providers record and document observations to identify and describe participant's patterns of behavior, as needed, according to discipline/ organization standards (ex. subjective, objective, measurable activities, and outcomes). While a structured approach to documenting outcomes and evaluating effectiveness is advised for some programs (AAT/AAE), it is not always possible or suitable for all AAI programs. Confidentiality is maintained for all documentation and participant information (*Society for Companion Animal Studies Limited, 2019*).
- 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:

- AAT should be discontinued if it is no longer supporting the overall goals for the participant, or if there are any concerns about the client or dog's behavior, health or wellbeing, or any other factor that is not conducive to the well-being of the dog or participant. In this case, the reasons for termination should be clearly recorded in the relevant files.
- You should have a clear procedure on how to end a collaboration with a participant. This should be noted in the therapist's policy and ideally there should be a contract for termination where both parties agree to end working together.
- 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 Handler-Related Collaborative Animal Assisted Therapy (C-AAT)

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 AAIL and this element can be accredited.

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. AAIL 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, AAIL 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 and environment. **(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:

- Ideally, the dog handler should make at least one pre-visit with the dog without performing to acclimatize the dog to the environment. Exceptions (e.g. distance) are allowed but noted in the file. You can document this in any way you choose, but there needs to be proof of pre-visitation plans, even virtual, in the file of each project.

3.0 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 or behavior 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 there are any concerns about the client or dog's health, behavior, wellbeing, or any other factor that is not conducive to the well-being of the dog or participant. In this case, the reasons for termination should be clearly recorded in the relevant files.
- You should have a clear procedure on how to end a collaboration with a participant. This should be noted in the therapist's policy and ideally there should be a contract for termination where both parties agree to end working together.
- 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/Healthcare/Human Service Provider -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. AAI 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, AAI 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:
 - Screening identifies specific behaviors to address during any AAI, participants have multiple opportunities to practice safety with target skills before engaging in AAI with a dog. Clear and measurable goals are established for all participants.
 - AAT providers assess needs of participant to set therapeutic goals for AAT (Baumgartner & Cho, 2014).
 - Goals may be individual or developed for the program as a whole *(Baumgartner & Cho, 2014)*.
- Treatment, education, or other plan examples specific to organization or discipline specific standards with clear observable goals.
- Documentation: Providers record and document observations to identify and describe participant's patterns of behavior, as needed, according to discipline/ organization standards (ex. subjective, objective, measurable activities, and outcomes). While a structured approach to documenting outcomes and evaluating effectiveness is advised for some programs (AAT/AAE), it is not always possible or suitable for all AAI programs. Confidentiality is maintained for all documentation and participant information *(Society for Companion Animal Studies Limited, 2019)*.
- 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:

- AAT should be discontinued if it is no longer supporting the overall goals for the participant, or if there are any concerns about the participant's or dog's health or wellbeing, or any other factor that is not conducive to the well-being of the dog or participant. In this case, the reasons for termination should be clearly recorded in the relevant files.

- You should have a clear procedure on how to end a collaboration with a participant. This should be noted in the therapist's policy and ideally there should be a contract for termination where both parties agree to end working together.
- 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 Animal Assisted Special Programs (AASP)

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

AASP implementation assumes the participation of four valued parties:

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

1.0 Preparation

- 1.1 Prior to the program, ideally, the dog handler should complete a facility visitation with the population served without the dog or liaison with the facility representative for activity and environment. **(Documentation)**
- 1.2 Specific AASP areas to carry out planned sessions shall be identified, as well as emergency and evacuation plans created and documented prior to program implementation. **(Documentation)**
- 1.3 A dog handler shall have working knowledge of the dog they are working with, in effort to develop and maintain a working relationship with the dog prior to the sessions. **(interview/observation)**

2.0 Ethical Guidelines and Professional Qualifications

- 2.1 The AASP activities shall be practiced within the specific scope of practice context of the dog handler and the professional, and under ethical guidelines of their own professions. **(Interview)**
- 2.2 All information and documentation obtained during the conduct of the AASP program shall remain confidential if required by that area of practice. **(Interview)**

3.0 Competencies

- 3.1 Demonstrate initial Core and Intermediate Competencies. **(Observation/Interview)**
- 3.2 Handlers shall have a designated mentor until able to demonstrate Professional Competencies, and complete at least 8 hours (this can be a combination of AAIL field CEUs that total 8 hours) of formal continuing education every year in the topics of AASP, and/or animal behavior/training/handling, and human-animal bond. **(Documentation)**

This may include:

Workshops	Formal Coursework
In-services	Conferences
Webinars	Mentorships/Internships
Books	

4.0 Mentoring and Supervision

- 4.1 Dog handlers and AASP providers who are new to AASP must identify and collaborate with a mentor who has achieved Professional Competencies with experience in reading dog behaviour and AASP. This works the same as in other categories-if someone is new to reading with dogs without teachers, they would try to find a mentor who has handled dogs and/or have lead similar sessions in these programs to guide them. **(Interview)**
- 4.2 The dog handler will participate in AASP under the direction and supervision of the qualified service provider with knowledge and experience in AASP. **(Interview)**

5.0 Documentation

- 5.1 All documentation of dog handler and dog must be provided and maintained, including dog health and behaviour evaluations, participation summaries and incident reports, and discontinuation of services. **(Documentation)**
- 5.2 The dog handler must demonstrate zoonotic risk/ infection control (example, monthly preventative) knowledge for their region, including risks to participant and environmental precautions. **(Interview)**
 - Risk factor (example: tape worm)
 - If how it is transmitted between dogs and people (or from person to dog to another person)
 - If it is transmittable to other dogs
 - Where/how it is spread
 - How to recognize it
 - Cleaning procedures (indoors/outdoors)
 - Treatment for dog including temporary discontinuation of presence until cleared for return
 - Prevention for human and dog
- 5.3 General summaries for AASP support dog including estimate of hours or schedule worked, types of activities and populations. **(Documentation)**
- 5.4 When appropriate for the field of work, the AASP will include professional documentation for each participant, and should reflect participation in AASP service provider in client or dog records. **(Documentation)**

6.0 Goal-directed Activities

- 6.1 The dog handler and AASP provider must be able to collaborate to create activities that are goal-specific and measurable. The activities may or may not include direct contact with dog. This may include the set-up, planning, and organizing of the activity, rather than just completion of a task. **(Interview)**

7.0 Termination of Services

- 7.1 AASP program will be discontinued if AAI is no longer supporting goals, if there are any health or behavior concerns of humans or dogs, or there are any changes in the environment, dog handler, or population that are not conducive to the dog's skills or well-being. **(Documentation and/or interview)**

Standards of Practice for Animal Assisted Placement Programs

AAPP has a separate AAI Standards and Competencies booklet as this member category is very different than the other practitioner groups.

Competencies

AAll members come from a variety of backgrounds and the scope of each member's work may have differences in theory and practice from others. AAll recognizes that there may be people with different expectations and skill sets from volunteer visiting through expert instructors of any given member category (AAA, AAE, AAT, AASP, or AAPP).

In collaboration with Dr. Leslie A. Stewart, PhD., LCPC, AAll adopted and expanded (indicated in green font) a competency model to better reflect AAll Standards of Practice for each member category. It is important to note that **competencies are NOT meant to be used as a checklist in which arbitrary completion indicates that one is qualified**. The competencies are meant to be used as a guide for ongoing, lifelong learning for theory, practice and research in any and all areas of which one participates in or practices AAls.

Secondary to the broad nature of our membership and the roles that people and animals fulfil, Stewart's competencies have been rearranged from the original three levels to four levels. AAll has outlined 4 tiers of competencies within each member category (AAA, AAE, AAT, AASP, or AAPP) that correspond to each standard. **Competency tiers include entry, intermediate, advanced and expert levels.**

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	Formal Position in Dog Training/Behavior Instructor, Program 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.

In addition to Stewart’s works being rearranged into 4 levels, **additional competencies have been constructed (represented in green) to reflect AAI 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.

AAI Competencies for Entry Level AAI

Entry Level (Awareness)	
Foundational Competencies	
<p>Definition: Entry Level Competencies: Knowledge, Skills, and Attitudes required of anyone (human or animal) that is new to AAI and extending through operating at all levels and in all capacities including AAA, AAE, AAT, AASP, AAPP (volunteer, paraprofessional, and professional). The entry level encompasses awareness and initial implementation of skills, knowledge and attitudes reflected in the standards and competencies for those new to AAA, AAE, AAT, AASP and AAPP member categories.</p>	
Knowledge	<p>Handlers/Providers new to AAI should possess general knowledge about the provision of AAI, with an awareness of the AAI Standards of Practice. They should also possess a basic working knowledge of the health, welfare, wellbeing, preparation and training of dogs (See AAI Standards of Practice for the health, well-being and training of dogs). Specifically, they should:</p> <ul style="list-style-type: none"> A. Understand the different disciplines, definition and criteria within AAI (AAA, AAE, AAT, AASP, AAPP) and be aware of the skill levels required to undertake each category effectively. B. Explain the nature of the program in which they are involved (obtained through comprehensive introduction 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 health, welfare and wellbeing, and the needs and rights of a dog (e.g. Five Freedoms, Operational Details of the Five Domains, One Health, One Welfare, etc.). E. Understand that each dog is an individual, and that skills, preferences, learning style, etc. may be different between dogs. F. Recognize the preparation, training aims and objectives of a dog working in AAI, including temperament, typical skills, and specialized skills dogs may be trained for. G. Understand communication between people and dogs. H. Recognize of signs of discomfort, stress, or illness in dogs.
Skills	<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.
Attitudes	<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).

	<p>D. Utilize a reflective approach to their own learning.</p> <p>E. Demonstrate an understanding that the dogs involved are the handler's/provider's responsibility.</p> <p>F. Demonstrate an understanding that animal health, welfare, well-being and advocacy directly impact participant safety.</p> <p>G. Demonstrate an understanding that animal advocacy is essential to the ethical practice of AAls.</p> <p>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>
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AAll Competencies for Intermediate Level AAls

Intermediate Level (Trained)	
Foundational Competencies	
<p>Definition: 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 approaching the intermediate level will have mastered most areas of entry level competencies. Those with a position of intern, assistant, apprentices and similar best fit the intermediate category.</p>	
<p>Knowledge</p>	<p>Competent handlers/providers of AAI possess in-depth knowledge about the dog on an individual, breed, and species level (see AAll Standards of Practice section 1.2-1.8, 2.1-2.5, 3.1). Specifically, in addition to entry level knowledge, they should:</p> <p>A. Have extensive, species-specific ethological knowledge about:</p> <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, and that there will be differences within dogs who are the same breed. ● Development and socialization approaches. ● Handling, behavior, preparation, and training techniques and use of appropriate equipment. ● Learning theory relating to the practical training and handling of dogs. ● Positive reinforcement/reward based, humane, non-coercive preparation and training methods. ● Management, training, supporting, and advocating for dog(s) in a variety of environments and situations. ● Socialization, desensitization, and comfort. ● Temperament traits suited to AAls 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.

	<ul style="list-style-type: none"> ● Ability to educate others about the dog’s possible perspective, preferences, and triggers. ● Ability to recognize, prevent and apply effective calming interventions to a stressed or anxious dog. ● Ability to advocate for individual dogs with understanding about <ul style="list-style-type: none"> ○ the importance of freedom of choice/agency ○ the preferences and skills of the individual dog. ● Demonstration of knowledge of signs of ill health, and how to apply basic first aid and when to seek veterinary advice to inform decisions as to dog’s participation in sessions. ● Demonstration of understanding the social, religious, and cultural factors relevant to AAI and multicultural implications of human-animal interactions: <ul style="list-style-type: none"> ● 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, One Welfare, etc. and its relevance in Animal Assisted Interventions (Hediger et al., 2019).
<p>Skills</p>	<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> <p>A. Preventing and responding to dog discomfort, stress, fatigue, and burnout. (See Standards section 1.8) (Hediger et al., 2019). Specifically, in addition to entry level skills, they should:</p> <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.
<p>Attitudes</p>	<p>Competent providers of AAIs prioritize their responsibility to dogs involved in AAI and are effective dog advocates. (See Standards section 1.8, 2.1, 2.2, 2.4, 3.3). In addition to entry level attitudes, they should demonstrate:</p> <p>A. Understanding that the dogs involved are the handler’s/provider’s responsibility.</p> <p>B. Understanding that animal welfare, well-being and advocacy directly impact participant safety.</p> <p>C. Understanding that animal advocacy is essential to the ethical practice of AAI.</p> <p>D. Respect for animal rights, animal welfare, well-being, preferences, and recognition that dogs have a right to choose their level, duration, and frequency of participation.</p> <p>E. An awareness and avoidance of the potential for dog exploitation, either accidentally or intentionally.</p> <p>F. Good judgement and be able to make decisions on behalf of the dog and not compromise the dog for the good of the participants.</p> <p>G. Ability to respond to signs of ill health or reluctance to interact and act accordingly e.g. cancel sessions, consider retirement.</p> <p>H. Consistent, appropriate promotion of AAI at micro and macro levels (individual, community, public)</p> <p>I. Awareness that AAI handlers/providers and dogs are ambassadors for the field.</p> <p>J. Consistent, appropriate professional behavior when representing AAI.</p> <p>K. Ability to accurately speak to and educate individuals, groups, and organizations/institutions about AAI.</p> <p>L. Willingness to support learning opportunities for AAI enthusiasts, students, and trainees.</p>

	<p>M. Willingness to support and advocate for the development and identification of AAI specialty credentials, <i>by qualified entities and educators.</i></p> <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. <i>Polite, effective, expressive and receptive communication. Respectful, non-judgmental attitude with participants, caregivers, and interdisciplinary team members.</i> E. Adequate/Appropriate empathy for humans and animals. F. Willingness to embrace the experiential nature of AAI by being cognitively present and responsive to ever-changing situational factors.
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AAII Competencies for Advanced Level AAI

Advanced Level (Experienced) Foundational Competencies	
<p>Definition: 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 AAI (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 essential and a lifelong pursuit.</p>	
Knowledge	<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 training or coursework. B. Have knowledge of how dogs are incorporated into professional sessions. 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 <i>historical and current</i> literature (evidence-based practice) <i>about</i> AAI. G. Understand the impact of <i>human-animal interactions and the human-animal bond including:</i> <ul style="list-style-type: none"> ● The physiological & neurological impact of human-animal interaction <i>and the potential for emotional states of humans and animals to influence each other.</i> ● Human-animal interaction can elicit unexpected vulnerability and disclosure in others and understand the importance of <i>clear procedures and reasons for termination of an intervention and/or session cancellations.</i> ● How the human-animal bond can impact the treatment process. ● Advantages to <i>AAIs.</i> ● Limitations of <i>AAIs.</i> ● Indications & contraindications <i>in implementing AAI.</i> 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, including bodily injury and medical care to clients directly or indirectly caused by a dog, during any AAI.

	<ul style="list-style-type: none"> ● Completion of risk assessments and updated risk 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 AAI- in many regions it is people with disabilities who have public access with their dog- dogs would not have public access with a handler of a dog working in AAI), identification requirements. ● Relevant of local canine laws e.g. leash laws, transportation, vaccinations, etc..
<p>Skills</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. ● AAIs involve more than owning/loving animals. ● AAIs involve more than simply including a dog in the treatment environment. ● AAIs require the ability to support the dog, encouraging initiative and genuine interaction with clients. ● AAIs 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. ● AAIs involve skillful selections and assessment of AAI strategies. ● AAIs require screening and selection of potential AAI participants. ● AAIs 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. ● AAIs 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 (weekly or monthly) dog records such as ‘session participation records’. ● AAIs may involve transference/countertransference considerations related to AAI i.e. awareness that situations in AAI may trigger feelings, memories, and/or experiences from the handlers’ or participants’ past that could impact therapeutic rapport. <p>Competent paraprofessionals/providers of AAI recognize that AAI is a specialty area with a learned and practiced skill set. Competent AAI providers demonstrate specialized skills and abilities that are appropriate to the specialty area of AAI. (See Standards section 2.5-2.9). Specifically, in addition to the above, they should:</p> <ul style="list-style-type: none"> ● Show sound understanding of the experiential nature of AAI. ● Have the ability to attend to/care for the participant(s) and dog(s) simultaneously. ● Effective judgment when assessing the session’s impact on the dog(s). ● Understanding of the potential emotional impact of participant disclosures, behaviors and situations on themselves, others in the environment and the dog. ● Demonstrate effective judgment when assessing the session’s impact on the participant(s). ● Demonstrate consideration of the process for successful initial introduction of participant and dog e.g. participant education appropriate interaction ● Demonstrate the ability to adapt the intervention or environment 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 risks to dog or posed by dogs. ● Evaluate and decrease environmental risks. ● Evaluate and decrease handler/staff risks. ● Evaluate and decrease activity risks.
<p>Attitudes</p>	<p>Competent providers prioritize their own formal education, assessment, and supervision for general and discipline specific AAI history, theory and practice and dog specific care, training, communication, etc. (See Standards section 3.1, 4.2, 5.2 and 6.3). In addition to entry and intermediate level attitudes, they should have:</p> <ol 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"> ● Participants ● Handlers ● Dogs ● 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.

AAI Competencies for Expert Level AAI

Expert Level Foundational Competencies	
<p>Definition: 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, 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 or workshops, complete research, publish papers or books, etc. in their membership category or categories. Expert level members are eligible to become assessors for AAI accreditation.</p>	
<p>Knowledge</p>	<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 AAI should:</p> <ul style="list-style-type: none"> A. Understand the implications for specific participant populations. B. Understand the implications for specific presenting concerns. C. Participation in supervised professional practice. (See Standards section 3.1, 4.3, 4.4, 5.2, 5.3, 6.3, 6.4). Specifically, they should: D. Apply experience under the supervision of an appropriately qualified professional to supplement <i>instructional and moral</i> knowledge. E. Understand the integration of AAI into provider’s personal model/philosophy of practice. F. Provide feedback and assessment of AAI skills from a mentor experienced in AAI 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: <ul style="list-style-type: none"> ● Be able to recognize and discuss the ethical implications of AAI. ● Inform patients/participants of purpose of AAI. ● Discuss and address potential safety issues. ● Maintain respect for the dog(s), the patient(s)/participant(s), and the treatment process. ● 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.
<p>Skills</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> <ul style="list-style-type: none"> A. Demonstrate sound awareness that AAI is not recommended for beginning-level practitioners. Practitioners should first gain the following skills: <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. B. Demonstrate knowledge and integration of theory-based interventions, including: <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. ● <i>Application of peer reviewed literature</i> outcomes for the <i>planning and implementation</i> of selected AAI.

	<ul style="list-style-type: none"> ● Skills to be reflective and continually evaluate the AAI program. <p>C. Ability to accurately read, interpret and respond to dog body language:</p> <ul style="list-style-type: none"> ● Ability to link dog-participant interactions to participant behaviors/goals/ conceptualization. ● Ability to link unexpected events or interactions to participant goals or presenting concerns. ● Ability to model appropriate, respectful, and empathetic dog care and interactions.
Attitudes	<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.

References

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The AAI glossary of terms may be found at <https://aai-int.org/aai/glossary-of-terms/>.