

# Guidelines on the practice of animal-assisted interventions and interactions in Singapore

As of 13 October 2022

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## Welcome

Hello!

On behalf of aaisg, we are so excited to share with you our very own guidelines on the conduct of animal-assisted interventions and interactions (AAI) in Singapore. While there are existing guidelines from various organisations on the conduct of AAI, we have customised this document to be as relevant as possible to an individual practising AAI in Singapore, taking into account our local context, legislation, cultural and religious sensitivities. This document has been drafted to include guiding principles, accompanied by practical ways of putting these principles in action.

We would like to express our great appreciation to the following individuals for their contributions to these guidelines:

1. **Dr Nancy Gee** (Professor of Psychiatry, Bill Balaban Chair in Human-Animal Interaction, and Director of the Center for Human-Animal Interaction at Virginia Commonwealth University)
2. **Ms Maureen Huang** (Founder and Clinical Director, Pawsibility)
3. **Ms Fion Yip** (Principal Social Worker and Certified Play and Animal-Assisted Therapist, Children's Cancer Foundation)
4. **Ms Kristina Dieta Setiabudi** (Lead Dog Trainer and Senior Behaviour Consultant, Puppy Colours)

We hope that you find this set of guidelines useful in your journey in AAI. We are better together. We can't wait to embark on this journey with you!

Adele Lau and Stasha Wong

On behalf of the team at Animal-Assisted Interactions Singapore

Website: <https://aai.sg>

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## Objective

As Singapore's pioneer and leader in animal-assisted interventions and interactions (AAI), we hope to raise the standards and practice of AAI locally to ensure the health and wellbeing of all parties involved. We put together this set of guidelines based on available scientific research and existing international standards, adapted to Singapore's local context, in the hope that it would be a useful resource for those who are currently conducting AAIs, or who are interested in doing so in the future.

AAIs can be delivered in many different ways, depending on the settings, intended outcomes, and beneficiaries involved e.g. visits by volunteers and their pets to facilities, therapy sessions by qualified health professionals delivered in a structured manner with specific goals and measured outcomes. As a result, the roles and responsibilities of those involved in AAI may change or vary. This document therefore does not attempt to prescribe or define how such roles and responsibilities should be assigned.

*\*Please note that this set of guidelines is a living document, and will be updated as and when new scientific evidence or new standards of best practice in AAI are made available.*

## Who do these guidelines apply to?

These guidelines are for any organisation or individual who designs, organises, implements, or is involved in AAI programmes.

The guidelines cover only dogs and cats involved in AAI. This is because they are currently the two species most commonly involved in AAI in Singapore. However, the general principles underlying these guidelines may apply to interactions with other species as well.

## Section 1: Types of Animal-Assisted Interventions and appropriate terminology

We at aaisg follow the definitions set out in the International Human-Animal Interaction Organisations (IAHAIO) Definitions for Animal Assisted Interventions and Guidelines for Wellness of Animals' White Paper.<sup>1</sup> These guidelines are adopted by many other international organisations and in various scientific studies. We recommend that handlers familiarise themselves with the definitions offered below.

**Table 1.1. Definitions of different types of AAI**

**Definitions, *The Task Force for the IAHAIO Definitions for Animal Assisted Intervention and Guidelines for Wellness of Animals' White Paper***

### **Animal-Assisted Intervention (AAI)**

An Animal Assisted Intervention (AAI) is a goal oriented and structured intervention that intentionally includes or incorporates animals in health, education and human services (e.g., social work) for the purpose of therapeutic gains in humans. It involves people with knowledge of the people and animals involved. Animal assisted interventions incorporate human-animal teams in human services such as Animal Assisted Therapy (AAT), Animal Assisted Education (AAE) or Animal Assisted Activity (AAA). They also include Animal Assisted Coaching (AAC). Such interventions should be developed and implemented using an interdisciplinary approach.

<sup>1</sup> IAHAIO. (2021). *White Paper on Animal-Assisted Interventions* [White paper]. <https://iahaio.org/best-practice/white-paper-on-animal-assisted-interventions/>

### **Animal-Assisted Therapy (AAT)**

Animal Assisted Therapy (AAT) is a goal oriented, planned and structured therapeutic intervention directed and/or delivered by health, education or human service professionals, including e.g. psychologists and social workers. Intervention progress is measured and included in professional documentation. AAT is delivered and/or directed by a formally trained (with active licensure, degree or equivalent) professional with expertise within the scope of the professionals' practice. AAT focuses on enhancing physical, cognitive, behavioural and/or socio-emotional functioning of the particular human recipient either in the group or individual setting. The professional delivering AAT (or the person handling the animal under the supervision of the human service professional) must have adequate knowledge about the behaviour, needs, health and indicators and regulation of stress of the animals involved.

### **Animal-Assisted Education (or Animal-Assisted Pedagogy)**

Animal Assisted Education (AAE) is a goal oriented, planned and structured intervention directed and/or delivered by educational and related service professionals. AAE is conducted by qualified (with degree) general and special education teachers either in the group or individual setting. An example of AAE delivered by a regular education teacher is an educational visit that promotes responsible pet ownership. AAE, when done by special (remedial) education teachers is also considered therapeutic and a goal oriented intervention. The focus of the activities is on academic goals, pro-social skills and cognitive functioning. The student's progress is measured and documented. The professional delivering AAE, including regular school teachers (or the person handling the animal under the supervision of the

education professional) must have adequate knowledge about the behaviour, needs, health and indicators and regulation of stress of the animals involved.

### **Animal-Assisted Activity (AAA)**

An Animal-Assisted Activity (AAA) is a planned and goal oriented informal interaction and visitation conducted by the human-animal team for motivational, educational and recreational purposes. Human-animal teams must have received at least introductory training, preparation and assessment to participate in informal visitations. Human-animal teams who provide AAA may also work formally and directly with a healthcare, educator and/or human service provider on specific documentable goals. In this case they are participating in AAT or AAE that is conducted by a specialist in his/her profession. Examples of AAA include animal assisted crisis response that focuses on providing comfort and support for trauma, crisis and disaster survivors, and visiting companion animals for “meet and greet” activities with residents in nursing homes. The person delivering AAA must have adequate knowledge about the behaviour, needs, health and indicators of stress of the animals involved.

### **Animal-Assisted Coaching/Counselling**

Animal Assisted Coaching/Counselling is a goal oriented, planned and structured animal assisted intervention directed and/or delivered by professionals licensed as coaches or counsellors. Intervention progress is measured and included in professional documentation. AAC is delivered and/or directed by a formally trained (with active licensure, degree or equivalent) professional coach or counsellor with expertise within the scope of the professionals’ practice. AAC focuses on enhancing personal growth of the recipient, on insight

and enhancement of groups processes, or on social skills and/or socio-emotional functioning of the coachee(s) or client(s). The coach/counsellor delivering AAC (or the person handling the animal under the supervision of the coach/counsellor) must have adequate training about the behaviour, needs, health and indicators and regulation of stress of the animals involved.

**Table 1.2. Summary of different types of AAI as well as the knowledge and skills required**

Type of Animal Assisted Interventions	Who can conduct this?	Structure of Intervention	Minimum knowledge/skills requirements
Animal-Assisted Therapy (AAT)	Healthcare, education or human service professionals e.g. psychologists and qualified social workers.	<p>The intervention is planned and structured for a particular human recipient, with the aim of enhancing physical, cognitive, behavioural and/or socio-emotional functioning.</p> <p>Intervention progress is professionally measured and documented.</p> <p>Intervention is practised under ethical guidelines of the healthcare, education or human service profession.</p>	<p>The professional delivering AAT must possess formal training in healthcare, education or human services (with active licensure, degree or equivalent), and possess expertise within the scope of their professional practice.</p> <p>The professional delivering AAT must have knowledge about basic animal welfare and behaviour, including indicators of stress in animals.</p>

<p>Animal-Assisted Education (AAE)</p>	<p>Educational professionals</p>	<p>The intervention is planned and structured, with the aim of reaching academic goals, improving the social skills and cognitive functioning of students.</p> <p>Intervention progress is measured and documented.</p> <p>Intervention is practised under ethical guidelines of the education profession.</p>	<p>The professional delivering AAE must possess formal training in education (with active licensure, degree or equivalent), and possess expertise within the scope of their professional practice.</p> <p>The professional delivering AAE must have knowledge about basic animal welfare and behaviour, including indicators of stress in animals.</p>
<p>Animal-Assisted Activities (AAA)</p>	<p>Volunteers, handlers of suitable animals.</p>	<p>The intervention is planned and goal oriented, but is an <u>informal interaction</u> and visitation conducted by the human-animal team for motivational, educational and recreational purposes.</p>	<p>Human-animal teams must have received at least introductory training, preparation and assessment to participate in informal visitations. The person delivering AAA must have adequate knowledge about the behaviour, needs, health and indicators of stress of the animals involved.</p>

### 1.1. Animals involved in AAI vs working animals

Throughout human history, animals have been trained to fulfil a variety of roles or to perform specific tasks. Handlers should be informed and educated about the differences between each category of working animal in order to avoid misconceptions about what they do, to act in accordance with Singapore’s laws, as well as to improve public awareness on the field of AAI.

Guide/assistance dogs are specifically trained to perform specific tasks to assist individuals with specific disabilities. In Singapore, only guide dogs accompanying individuals with a sight or hearing impairment are recognised under the law, and are granted access to food establishments, public transport etc. Emotional support dogs are not recognised in Singapore and are not granted special rights under the law.

The term “therapy animal” enjoys popular usage, but aaisg avoids referring to animals involved in AAIs as such because it is potentially misleading. There are several reasons for this. Firstly, “therapy animal” connotes that the animal is the one providing therapy to the beneficiary, which neglects the education, skills and knowledge of the health care- or human service professional in delivering the intervention. Secondly, by using the term “therapy animal”, persons who are participating in AAI as volunteers or who are without professional health care or human service qualifications, may mislead others into thinking that they possess such professional qualifications. Thirdly, “therapy animal” gives the impression that the animal possesses the appropriate temperament and skills to be involved in clinical therapeutic work, when this may not be true.<sup>2</sup>

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<sup>2</sup> Howell et al. (2022) have offered a definition of “therapy animal” as “an animal who is included into the work of a qualified health professional in the provision of a structured, goal-directed treatment.” They similarly recommend avoiding the use of this term for animals involved in animal-assisted interventions or interactions that do not constitute therapy per se (e.g. an animal-assisted social work programme, volunteering programmes that do not engage goal-directed interventions, horsemanship programmes for persons with physical disabilities etc.).

## Section 2: Selecting an appropriate animal-handler team for AAI

### 2.1. Guiding principles

- Our animals are our partners and teammates. They are not simply “tools” for improving human health.
- In AAI, handlers have the potential to cause the greatest harm to their animals. Because of the sanctity of the human-animal bond and the clear inequalities in power between human handlers and their animals, we have the moral and ethical obligation to prioritise the animal’s well-being, welfare and quality of life in considering whether to involve them in AAI.

### 2.2. Recommendations

- When selecting an animal to participate in AAI, it is equally important to ensure that the handler has the necessary skill sets to safeguard the animal and participant’s wellbeing. Handlers must:
  - Be able to split their attention between their animal and the beneficiary, without compromising the wellbeing of either party
  - Be familiar with their animal’s likes, dislikes, stress signals, behaviours, and be able to determine when to remove the animal from the situation
  - Have undergone training or obtained relevant AAI certifications or qualifications that cover minimally:
    - The science behind AAI
    - Ethical considerations in AAI
    - Basic animal health and welfare
    - Animal behaviour and stress
    - Disease and infection control

■ Best practices when interacting with beneficiaries

- Wild animals must not be involved in AAI due to the high risk of zoonotic infection and welfare issues.
- Only animals that are in good health, enjoy interacting with new people e.g. by initiating contact, and are well-socialised should be involved in AAI. We note that there are some AAI programmes such as shelter training programmes that may involve individuals helping dogs with minor behavioural problems e.g. fear of humans. Such programmes should only be conducted under the careful supervision of qualified and experienced animal behaviourists.
- The following animals must **NOT** be involved in AAI:
  - Animals who are being fed a raw meat diet
  - Animals who have, or are being treated for, an infectious disease
  - Animals who have a history of aggression towards other people or animals
  - Animals who have been trained or encouraged to aggressively bite for protection or sport
  - Animals who are in physical or mental pain
- Animals involved in AAI must be assessed by a veterinarian and animal behaviourist to be of suitable health and temperament to participate in the intended AAI.

Questions to ask include, but are not limited to:

- What are the demands of this specific AAI that the animal will be involved in?
- What are the unique characteristics of this animal?
- Can we reasonably expect this animal to be suitable for this particular AAI?
- Will the animal benefit from the interactions?

- While the necessary temperament or skill set of the animal may differ depending on the type of AAI that it will be involved in, every animal involved in AAI programmes (Except as mentioned in section 2.2.) should be:
  - For dogs, above 18 months of age (this may differ between animal species)
  - Comfortable and confident interacting with unfamiliar humans and environments
  - Resilient i.e. able to recover from a stressful incident quickly
  - Able to interact safely and appropriately with other humans and animals
  - Toilet trained
  - Owned by its handler for at least the past 6 months
  - Be trained using positive reinforcement
- Animals should be assessed on an ongoing basis, and minimally once a year, to ensure that it remains suitable for AAI.
- Assessments of the animals should take place in a mock-up setting of the environment where the animal would participate in AAI.
- An animal should be reassessed if:
  - They are no longer in good health
  - They no longer seem to enjoy visits or sessions
  - They display aggressive or fearful behaviour, and are slow to recover from stressors
  - They display fearfulness or anxiety in settings that were formerly familiar, or are slow to adapt to new settings
  - They show disinterest in toys or activities that were formerly interesting
  - They develop sensitivity to being handled (e.g. avoids being touched around hips or neck)

- There are noticeable declines in their perceptual or cognitive function (e.g. loss of eyesight, hearing, head-tilt, receiving a diagnosis in canine cognitive dysfunction etc.)
  - They display increased vocalisation (e.g. due to pain or startlement)
  - They experience incontinence
  - They experience a negative or traumatic event in an AAI setting, or with a member of the beneficiary population being visited
  - There are any other concerning changes in behaviour
  - Animals must be up to date on vaccinations and parasite prevention as advised by a licensed veterinarian.
    - The animal's health should be screened on an annual basis for the entire duration of its involvement in AAls
  - Where possible for the species of animals, the animal should be trained to a level of basic obedience using positive reinforcement methods e.g. clicker training
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## Section 3: Delivering AAI sessions

### 3.1. Health and hygiene of handler

- Handlers should cancel their AAI visits if they experience any of the following symptoms within 48 hours *prior* to the session
  - Fever
  - Respiratory symptoms (flu, cough, cold)
  - Diarrhoea
  - Vomiting
  - Conjunctivitis

### 3.2. Health and hygiene of animals

- An animal that attends visits while looking good and feeling good conveys to beneficiaries that the animal's wellbeing is a priority to us.
- Where suitable for the specific species, the animal should be bathed the night before visiting.
- On the day of the visit, the animal should:
  - Be brushed just before the visit, to remove as much dander as possible
  - Be clean and well-groomed, without any odour, matted fur or excessive loose fur
  - Have clean teeth, without foul or pungent breath
  - Have trimmed nails, without sharp edges that may cut skin
- Visits should be cancelled if the animal exhibits any of the following symptoms within 48 hours *prior* to a session
  - Coughing
  - Lethargy, listlessness or loss of appetite beyond normal

- Diarrhoea
- Open wounds
- Ear infections
- Skin issues requiring antibiotics or steroids (e.g. hotspots)
- In estrus (for females)

### **3.3. Wellbeing of the animal**

- Each AAI session should not last more than an hour, and the animal should be allowed to rest for at least 2 hours before taking part in the next session. We recommend that each animal participate in a maximum of 2 sessions a day. Please note that this is just a general guide, and the duration of each session and rest that should be given to the animal thereafter would depend on factors such as:
  - Intensity of AAI setting (crowdedness, noisiness, busyness, temperature), including the animal's familiarity with the setting
  - Intensity and frequency of the AAI itself
  - The animal's prior experiences with AAI
  - Number of other animals present and their proximity
  - Beneficiary's profile (e.g. youth, elderly, persons with disabilities), including their comfort around animals and familiarity with AAI
  - Number of beneficiaries supported at each session
  - The animal's energy levels
- The animal's handler must exercise responsibility for the animal at all times. During the implementation of AAI, this means to:
  - Hold on to the animal's leash
  - Avoid leaving the animal unattended with a beneficiary

- Avoid leaving the animal with another handler
- Avoid tethering the animal to other persons or objects (furniture, lamp posts, beds)
- Avoid unleashing the animal unless permitted to within the facility
- There are persons for whom AAI may be inappropriate. Beneficiaries with the potential to harm animals, either intentionally or unintentionally, can pose risks to animal welfare. Such individuals should be instructed on how to safely approach and interact with animals, and AAIs should be modified or discontinued if the animal's behaviour indicates discomfort or stress. Practitioners should note that:
  - Persons with a known history of animal abuse should not have unsupervised contact with an animal
  - Persons with mental health conditions, psychiatric or physical disabilities, or persons with over-exuberant behaviours may engage in inappropriate interactions with the animal (e.g. forcefully petting, grabbing, pulling, squeezing or pinching)
  - Beneficiaries may attempt to feed animals with inappropriate foods or toxic substances (e.g. chocolate, medications)
- Reverse zoonoses are infections transmitted from humans to animals through direct or indirect contact, including viral, bacterial, fungal or parasitic disease. We advise practitioners to consult with a veterinarian or public health specialist to ensure the safety of animals when visiting persons with illnesses. In particular, individuals who are infected with zoonotic disease<sup>3</sup> should avoid contact with animals.<sup>4</sup>

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<sup>3</sup> Refer to Pinello et al. (2022) for a list of main zoonoses of cats and dogs

<sup>4</sup> Ng, Z., Albright, J., Fine, A. H., & Peralta, J. (2015). Our ethical and moral responsibility: Ensuring the welfare of therapy animals. In *Handbook on animal-assisted therapy* (pp. 357-376). Academic Press.

### **3.4. Animal attire and equipment**

- Please avoid using the following training tools as they are inappropriate in an AAI setting and may cause injury to the participants involved:
  - Retractable leashes
  - Long lines
  - Head-halters
  - Slip leashes
- Aversive tools should not be used. Examples of such tools include but are not limited to:
  - Choke chains
  - Prong collars (metal or plastic)
  - Electric shock collars (including vibration-only collars)
- If the animal is to wear a costume (e.g. bandanas, backpacks, T-shirts), care must be taken to ensure its comfort at all times. At all times:
  - Animals should not experience stress as a result of putting on or wearing costumes
  - Animals should be able to move freely in whatever they wear
  - The costume should not depersonalise or degrade the animal in any way
  - Handlers should consider that the costume may cause the animal to become distracted, or cause tripping hazards to humans

### **3.5. Prohibition of raw diets**

- AAI sessions should be cancelled if the animal has consumed raw meat, unpasteurised milk or any by-products of this food within the last 90 days of a session. There is an abundance of scientific evidence demonstrating an association

between raw meat-based diets for animals, dogs specifically, and increased likelihood of zoonotic disease transmission.<sup>5</sup>

### 3.6. Minimising the risk of infection and injury

- When visiting, handlers must adhere to the following hygiene guidelines:
  - Washing hands with soap before and after each session. Hand sanitisers may be used if soap is unavailable
  - Sanitise the hands of beneficiaries before and after each session
  - No eating or drinking during AAI
  - All accidental cuts, scratches, bites or wounds must be attended to and reported to the facility immediately
  - Clean and disinfect surfaces if necessary

### 3.7. Considerations for location of visit

- The following should be taken into consideration when selecting a suitable location for performing AAIs, as these may be potential sources of stress or distraction to the animal:
  - Shiny, slippery or uneven flooring (e.g. marble, hardwood, metal grates)
  - Novel or alarming sounds (e.g. medical equipment beeping, traffic noise)
  - Smells (e.g. strong perfume, disinfectant products)
  - Movement of people or other animals (e.g. high foot-traffic, pigeons in the park)
  - Equipment (e.g. wheelchair, walking sticks)

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<sup>5</sup> IAHAIO. (2019). *IAHAIO position statement Zoonoses and animal-assisted interventions* [Position Statement]. <https://iahaio.org/wp/wp-content/uploads/2019/10/zoonoses-and-aai-position-paper-final.pdf>

- Practitioners should work with the staff of the facility to be visited, to identify access routes and restricted zones where animals should not enter, such as:
  - Toilets
  - Food-preparation areas
  - Prayer rooms
  - High-dependency/ palliative care wards
- Upon arrival at a facility, animals should be given sufficient time and opportunity to acclimatise to their surroundings, before commencing AAI. This could involve:
  - Allowing animal to defecate and urinate in a suitable location
  - Allowing animal to exercise, look around and/or sniff
  - Offering animals water or a snack
- Animals should be trained not to eat items off the floor of the facility, so as to minimise the risk of them ingesting medications, toxic substances, or over-eating

### **3.8. Confidentiality**

- Where possible, consent from the beneficiary or the beneficiary's legal guardian should be obtained before participating in any AAI session.
- Photographs and videos of beneficiaries must not be taken without their informed consent, or the consent of a legal guardian.

## Section 4: Compassion fatigue in AAI

### 4.1. What is compassion fatigue

- Compassion fatigue is also known as secondary traumatic stress disorder (STSD).
- Compassion fatigue can result from prolonged or intense exposure to a beneficiary's traumatic experiences, such as violence, neglect, terminal illness, and death. It is possible for a person who has not directly experienced these traumatic events to still feel the emotional burdens of those who do. Compassion fatigue is characterised by emotional and physical exhaustion, and its effects may impede the quality of relationships, social activities, work satisfaction and performance.
- This set of guidelines draws on IAHAIO's recommendations on compassion fatigue in the context of AAI. Exposure to suffering may be particularly noteworthy in certain settings. These may include:
  - Visiting with survivors of abuse, crisis or disaster
  - Palliative care environments
  - Oncology hospital wards
  - Animal shelters
- Main symptoms of compassion fatigue include:
  - Increased irritability, anxiety, poor concentration
  - Low mood, dullness, numbness
  - Loss of interest, loss of purpose, emotional disconnect
  - Inability to sleep or exhaustion
  - Recurrent headaches, stomach upset, loss of appetite
- It is important to recognise the sources or symptoms of compassion fatigue, and to take necessary steps to protect one's wellbeing.

## 4.2. Preventing and managing compassion fatigue

- The following measures can help with managing compassion fatigue:
    - Observing, and improving where necessary and possible, the relationship between work and private life (consider working hours and time-related pressures)
    - Defining one's commitments and achievable goals, instead of focusing on goals of infinite nature, such as "helping others"
    - Focusing on personal commitments to relatives and friends
    - Focusing on personal development outside of the problematic context (e.g. hobbies, exercise, practising mindfulness, spirituality)
    - Obtaining training in human and pet bereavement, as well as emotional resilience
    - Obtaining personal psychological support (e.g. therapy, social or bereavement support or therapy)
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## Section 5: Respect and consent during AAI

- **Respect and Consent** are two social norms guiding our interactions with each other. In the context of AAI, firstly, we should respect an AAI participant's physical and emotional boundaries, and secondly, we should continually seek consent when initiating AAI or continuing AAI.
- It is important to note that:
  - Consent is an ongoing process. A beneficiary's consent to one activity does not imply consent to future activities
  - Consent can be withdrawn
  - Consent cannot be inferred through body language. As far as possible, seek a beneficiary's verbal agreement to participate in AAI
- Through Respect and Consent, we create experiences that are meaningful and uplifting for all, create lifelong bonds that support and enrich, and help all feel secure and safe. The opposite of Respect and Consent is to violate the dignity of others, or create a hostile, degrading, humiliating or offensive environment, to insult, abuse, denigrate, victimise, demean, embarrass, or disparage other individuals.
- How to obtain consent:
  - **Consider any inequalities in power between the handler and the beneficiary:** Consent happens between equals, and is jeopardised when one party is in a position of relative power, or if one is afraid or incapable of saying no. Those in situations of power or ability must develop sensitivity to situations that might cause others comfort. For example, if the beneficiary is a young child with a speech impairment, handlers should recognise that the child may feel intimidated by an unfamiliar adult's or dog's presence, but is unable to communicate their discomfort in ways that the handler might be

accustomed to. Anticipate the child's concerns, and be proactive by asking their parents or guardians about their preferences, and how best to communicate with them.

- **Communicate physical and emotional boundaries:** Ask the beneficiary how they would like to be visited, do not assume. For example, if the beneficiary is afraid of a dog's teeth, ask if they would feel comfortable patting the back of the dog instead, and position the dog's head to face away from them. If the beneficiary says they were recently bereaved, be sure to check whether they feel comfortable being asked about their demised loved one. Do not assume that apprehensive beneficiaries do not wish to interact at all. For beneficiaries who are interested in dogs but feeling slightly apprehensive, maintain a safe distance by keeping the dog on leash, or positioning the dog on a mat or chair (if size permits) so that the beneficiary perceives a physical space beyond which the dog will not roam.
- **Find ways to be friendly and approachable:** Take the beneficiary's perspective and try to make accommodations. For example, child beneficiaries may feel alarmed by dogs approaching them at eye-level. Alternatively, the child could be asked to sit on a higher chair so that they are elevated above the dog. A beneficiary who is feeling low in mood may be reluctant to participate in high-energy group activities. Handlers could instead acknowledge their feelings and offer to sit silently beside the beneficiary, or position the animal onto the beneficiary's lap, so they do not feel obliged to "appear happy" by participating.

- Remember that all are entitled to feeling safe and secure during our activities. No means no. Do not force or attempt to persuade a beneficiary to engage in AAI or to interact if they have said “no”.
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## Section 6 : Cultural competence in AAI

- **Cultural competence** is a developmental process in which individuals or institutions achieve increasing levels of awareness, knowledge, and skills along a cultural competence continuum:<sup>6</sup>
  - We adopt a definition of **culture** as the integrated pattern of thoughts, communications, actions, customs, beliefs, values, and institutions associated, wholly or partially, with racial, ethnic, or linguistic groups, as well as with religious, spiritual, biological, geographical, or sociological characteristics
  - Culture is dynamic in nature, and individuals may identify with multiple cultures over the course of their lifetimes
  - Culture is not homogenous, as norms and values differ across individuals even within the same social group. Furthermore, certain cultural markers may not always be central to an individual's identity or experience
- Cultural competence yields benefits for AAI. Why? because
  - Cultural competence recognises that culture shapes how we frame a situation as morally or emotionally harmful and offensive. By practising sensitivity to aspects of culture that truly matter to AAI beneficiaries, we can keep interactions within appropriate moral and emotional boundaries
  - Cultural competence conveys respect for beneficiaries, builds mutual trust, and increases their adherence to the intervention
- We can put cultural competence into practice by:
  - Asking helpful questions, and not making assumptions, about how a beneficiary would like to be visited

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<sup>6</sup> US Department of Health and Human Services. (2013). *National standards for CLAS in health and health care: A blueprint for advancing and sustaining CLAS policy and practice*. <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf>

- Embracing humility, by understanding that cultures are a lens through which we see the world, and that there are indeed many different yet equally valid ways of knowing and understanding. When we are aware of cultural diversity, we can begin to meet people where they are, rather than assume that they are wrong simply because we cannot see the logic behind their actions or beliefs
  - Cultural competence *does not* mean giving up our personal systems of morals and values, or keeping quiet even if we feel that something is wrong
  - We can grow our cultural competence by<sup>7</sup>:
    - valuing diversity (Gender, religion, ethnicity, abilities, neurodivergence)
    - conducting self-assessments
    - relying on archetypes rather than stereotypes
    - managing the dynamics of difference
    - acquiring and institutionalising cultural knowledge
    - adapting to diversity and cultural contexts in communities
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<sup>7</sup> US Department of Health and Human Services. (2013).

## Section 7: Dog Training and Behaviour Modification

For the welfare of our animals, handlers have the obligation to make the training process clear, consistent, and possible for our animals. We believe that all handlers should be informed and educated about the Least Intrusive and Minimally Aversive (LIMA) approach, and to apply LIMA's principles when engaging in animal training and behaviour modification as far as possible.

aaig follows the guidelines set out by the position statements of the International Association of Animal Behaviour Consultants (IAABC), the Certification Council of Professional Dog Trainers (CCPDT), and the Association of Professional Dog Trainers (APDT). The position statements from these organisations can be found in the **Annex**. Even though its language is tailored for a professional animal trainer audience, these guidelines remain relevant for practitioners of AAI.

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## Annex

### ***APDT, CCPDT and IAABC Position Statements on LIMA***

#### **What Is LIMA?**

“LIMA” is an acronym for the phrase “least intrusive, minimally aversive.” LIMA describes a trainer or behaviour consultant who uses the least intrusive, minimally aversive strategy out of a set of humane and effective tactics likely to succeed in achieving a training or behaviour change objective with minimal risk of producing aversive side effects. LIMA adherence also requires consultants to be adequately educated and skilled in order to ensure that the least intrusive and aversive procedure is used.

LIMA does not justify the use of punishment in lieu of other effective interventions and strategies. In the vast majority of cases, desired behaviour change can be affected by focusing on the animal’s environment, physical well-being, and operant and classical interventions such as differential reinforcement of an alternative behaviour, desensitisation, and counter-conditioning.

#### **LIMA Is Competence-Based**

LIMA requires trainers/consultants to work to increase the use of positive reinforcement and eliminate the use of punishment when working with animal and human clients. In order to ensure best practices, consultants should pursue and maintain competence in animal behaviour consulting and training through continuing education, and hands-on experience.

Trainers/consultants should not advise on problems outside the recognised boundaries of their competencies and experience.

### **Positive Reinforcement and Understanding the Learner**

Positive reinforcement should be the first line of teaching, training, and behaviour change program considered, and should be applied consistently. Positive reinforcement is associated with the lowest incidence of aggression, attention seeking, avoidance, and fear in learners.

Only the learner determines what may be reinforcing. It is crucial that the trainer/consultant understands and has the ability to appropriately apply this principle. This fact may mean that the trainer/consultant assesses any handling, petting, food, tool, and environment each time the learner experiences them. Personal bias must not determine the learner's experience. The measure of each stimulus is whether the learner's target behaviour is strengthening or weakening, not the trainer/consultant's intent or preference.

### **Systematic Problem Solving and Strategies**

The trainer/consultant is responsible for ensuring learner success through a consistent, systematic approach that identifies a specific target behaviour, the purpose of that behaviour, and the consequences that maintain the behaviour.

A variety of learning and behaviour change strategies may come into play during a case. Ethical use of this variety always depends on the trainer/consultant's ability to adequately problem solve and to understand the impact of each action on the learner, as well as sensitivity toward the learner's experience.

### **Preventing Abuse**

We seek to prevent the abuses and potential repercussions of inappropriate, poorly applied, and inhumane uses of punishment and of overly-restrictive management and confinement strategies. The potential effects of punishment can include aggression or counter-aggression; suppressed behaviour (preventing the trainer/consultant from adequately reading the animal); increased anxiety and fear; physical harm; a negative association with the owner or handler; increased unwanted behaviour; and, new, unwanted behaviours.

### **Choice and Control for the Learner**

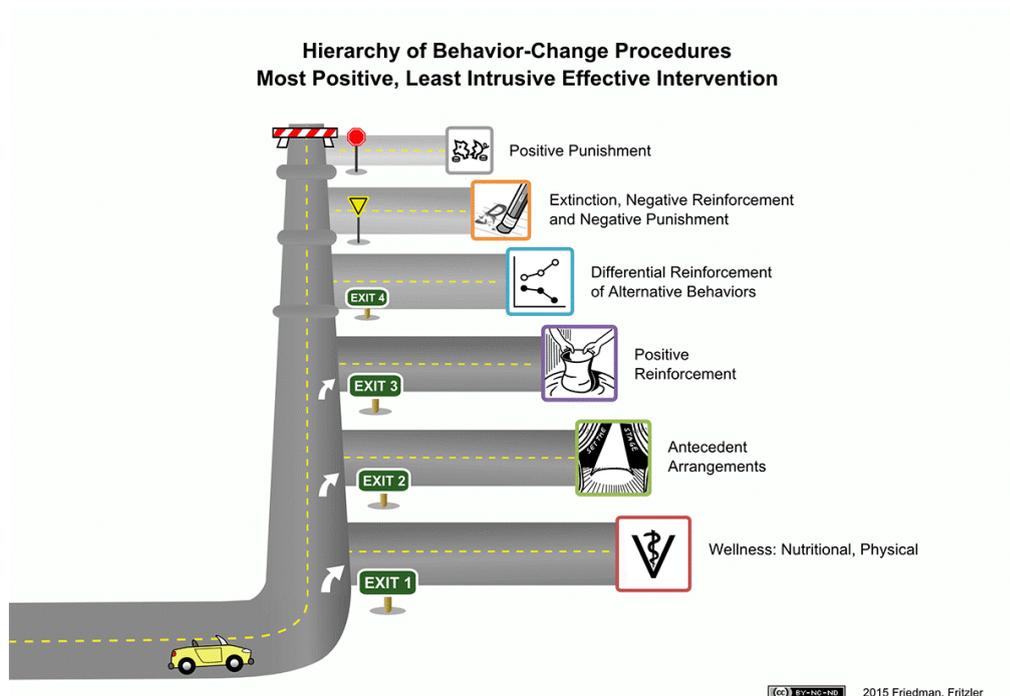
LIMA guidelines require that trainer/consultants always offer the learner as much control and choice as possible. Trainer/consultants must treat each individual of any species with respect and awareness of the learner's individual nature, preferences, abilities, and needs.

### **What Do You Want the Animal to do?**

We focus on reinforcing desired behaviours, and always ask the question, "What do you want the animal to do?" Relying on punishment in training does not answer this question, and therefore offers no acceptable behaviour for the animal to learn to replace the unwanted behaviour. These LIMA guidelines do not justify the use of aversive methods and tools including, but not limited to, the use of electronic, choke or prong collars in lieu of other effective positive reinforcement interventions and strategies.

When making training and behaviour modification decisions, trainers/consultants should understand and follow the Humane Hierarchy of Behaviour Change – Procedures for Humane and Effective Practices,<sup>7</sup> outlined in the diagram.

For these reasons, we strongly support the humane and thoughtful application of LIMA protocols, and we applaud those individuals and organisations working with animals and humans within LIMA guidelines.



### The Purpose of the Humane Hierarchy

The Humane Hierarchy serves to guide professionals in their decision-making process during training and behaviour modification. Additionally, it assists owners and animal care professionals in understanding the standard of care to be applied in determining training practices and methodologies and the order of implementation for applying those training practices and methodologies.

## Procedures for Implementing the Humane Hierarchy

Firstly, consider health, nutritional, and physical factors: Ensure that any indicators for possible medical, nutritional, or health factors are addressed by a licensed veterinarian. The consultant should also address potential factors in the physical environment.

Secondly, consider antecedents: Redesign setting events, change motivations, and add or remove discriminative stimuli (cues) for the problem behaviour.

Thirdly, consider positive reinforcement: Employ approaches that contingently deliver a consequence to increase the probability that the desired behaviour will occur.

Fourthly, consider differential reinforcement of alternative behaviour: Reinforce an acceptable replacement behaviour and remove the maintaining reinforcer for the problem behaviour.

Fifthly, consider Negative Punishment, Negative Reinforcement, or Extinction (these are not listed in any order of preference):

- Negative Punishment – Contingently withdraw a positive reinforcer to reduce the probability that the problem behaviour will occur.
- Negative Reinforcement – Contingently withdraw an aversive antecedent stimulus to increase the probability that the right behaviour will occur.
- Extinction – Permanently remove the maintaining reinforcer to suppress the behaviour or reduce it to baseline levels.

Finally, consider positive punishment: Contingently deliver an aversive consequence to reduce the probability that the problem behaviour will occur.

### **Useful Terms in the Humane Hierarchy**

Intrusiveness refers to the degree to which a procedure affects the learner's control. With a less intrusive procedure, a learner retains more control. The goal of LIMA is for its trainers/consultants to determine and use the least intrusive effective intervention which will effectively address the target behaviour. In the course of an experienced trainer/consultant's practice, he or she may identify a situation in which a relatively more intrusive procedure is necessary for an effective outcome. In such a case, a procedure that reduces the learner's control may be the least intrusive, effective choice.

Additionally, wellness is at the top of the hierarchy to ensure that a trainer/consultant does not implement a learning solution for behaviour problems due to pain or illness. The hierarchy is a cautionary tool to reduce both dogmatic rule following and practice by familiarity or convenience. It offers an ethical checkpoint for consultants to carefully consider the process by which effective outcomes can be most humanely achieved on a case-by-case basis. The hierarchy is intended to be approached in order for each case. Rationale like, "It worked with the last case!" is not appropriate. The evaluation and behaviour change program of every animal should be a study of the individual (i.e., individual animal, setting, caregiver, etc.). Changing behaviour is best understood as a study of one.