

guidelines for

# Animal-Assisted Activity & Therapy Programs

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AMERICAN VETERINARY MEDICAL ASSOCIATION

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# **GUIDELINES FOR ANIMAL-ASSISTED ACTIVITY, ANIMAL-ASSISTED THERAPY AND RESIDENTIAL ANIMAL PROGRAMS**

## **Statement of Policy**

When the AVMA officially recognized, in 1982, that the human-animal bond was important to client and community health, it acknowledged that the human-animal bond has existed for thousands of years and that this relationship has major importance for veterinary medicine. As veterinary medicine serves society, it fulfills human and animal needs. Animal-assisted activities, animal-assisted therapy, and resident animal programs are included and endorsed by human healthcare providers as cost-effective interventions for specific patient populations in various acute and rehabilitative care facilities. Veterinarians, as individuals and professionals, are uniquely qualified to provide community service via such programs and to aid in scientific evaluation and documentation of the health benefits of the human-animal bond. Animal-assisted activities, animal-assisted therapy, and resident animal programs should be governed by basic standards, be regularly monitored, and be staffed by appropriately trained personnel. The health and welfare of the humans and animals involved must be ensured. Veterinarians' involvement in these programs from their inception is critical because they serve as advocates for the health and welfare of animals participating in these programs, and as experts in zoonotic disease transmission.

## **Definitions<sup>1</sup>**

*Animal-assisted activities (AAA)* provide opportunities for motivation, education, or recreation to enhance quality of life. Animal-assisted activities are delivered in a variety of environments by specially trained professionals, paraprofessionals, or volunteers in association with animals that meet specific criteria.

*Animal-assisted therapy (AAT)* is a goal-directed intervention in which an animal meeting specific criteria is an integral part of the treatment process. Animal-assisted therapy is delivered and/or directed by health or human service providers working within the scope of their profession. Animal-assisted therapy is designed to promote improvement in human physical, social, emotional, or cognitive function. Animal-assisted therapy is provided in a variety of settings, and may be group or individual in nature. The process is documented and evaluated.

*Resident animals (RA)* live in a facility full time, are owned by the facility, and are cared for by staff, volunteers, and residents. Some RA may be formally included in facility activity and therapy schedules after proper screening and training. Others may participate in spontaneous or planned interactions with facility residents and staff.

*Human-animal support services (HASS)* enhance and encourage responsible and humane interrelationships of people, animals, and nature.

## **Benefits of AAA, AAT and RA Programs**

Interactions with animals can provide emotional and physical health benefits for diverse human populations, including the elderly, children, physically handicapped, deaf, blind, emotionally or physically ill, and the incarcerated. By serving as communication catalysts among residents, healthcare staff, and visitors, animals can socialize healthcare facilities. They also may serve as diversions during anxiety-provoking procedures, such as physical examinations. With proper training, animals can be taught to reinforce rehabilitative behaviors in patients, such as throwing a ball, walking, or verbal responses. Hippotherapy (therapeutic horseback riding) has been reported to improve posture, balance, and coordination. Sense barriers may interfere with human-human interactions and tend to isolate affected individuals; however, verbal communication and sight are not necessary for positive interactions with animals and these interactions may facilitate communication with human handlers or healthcare providers. Animals can be included in behavior modification programs as a source of support and diversion during threatening situations, such as counseling. Some therapists have suggested that animals provide a type of reality therapy (by empathizing with the animal's natural instincts, patients see their own life more objectively). The training of animals provides troubled adolescents and the incarcerated with goals and an object of contact comfort. Residential pets provide opportunities for physical activity or rehabilitation through their need for routine care, such as the construction of habitats, feeding, grooming, and exercise. The responsibility of caring for animals may also provide residents with a sense of purpose and a perceived need to take better care of themselves.

## **Concerns Related to AAA, AAT and RA Programs**

Occasionally program participants become so involved with the animals that they become possessive of those animals, and an atmosphere of competition rather than social cooperation develops. Patients may perceive that an animal has rejected them, usually because of unrealistic expectations of the animal's behavior toward them, and this can exacerbate low self-esteem. Death of an animal may generate intense feelings of grief and sometimes guilt in patients and staff. Human injury may result because of inappropriate animal selection, handling, or lack of supervision; likewise, animals may be abused or accidentally injured. Zoonotic diseases may be transmitted if careful veterinary supervision and sound sanitation practices are not an integral part of the AAA, AAT, or RA program, and participants' potential allergic reactions to animal dander are always a concern.

## **Veterinary Involvement**

No one is better able to monitor the health and welfare of animals involved in AAA, AAT, and RA programs than a veterinarian. Veterinarians can provide answers to fundamental questions concerning animal husbandry, health, handling, and behavior, and they are the recognized experts in zoonotic disease.

Veterinarians may become active participants in AAA, AAT, and RA programs after being approached by a client, or the director of a healthcare or human service facility for assistance. Veterinarians may also initiate such programs as cooperative projects between human and animal healthcare providers and agencies.

## **Key Components for Successful Use of Animals in AAA, AAT and RA Programs<sup>2</sup>**

*Interdisciplinary cooperation* – Successful AAA, AAT, and RA programs are inherently interdisciplinary and present a wonderful opportunity for veterinarians, physicians, nursing staff, activity directors, therapists, and volunteers to work together toward a common goal.

*Planning* – Establish realistic goals and expectations. Anticipation of possible problems and development of solutions prior to their occurrence can avoid conflicts that cause program failure.

*Supervision* – Staff and administrative supervision of AAT, AAT, and RA programs are required to protect the welfare of human and animal participants. All personnel need to be made aware that the program is in place and that it is considered to play an integral role in patient care. If an animal becomes a permanent resident of a facility, one individual should be assigned primary responsibility for its care and management, including arrangements for weekend and holiday care.

*Animal selection* – Animals should be selected on the basis of type, breed, size, age, sex, and, particularly, natural behavior appropriate for the intended use. Only animals with known medical and behavioral histories should be used, and medical and behavioral assessments should be performed prior to placing animals in a program. Animals should have been, and should be, trained by use of positive reinforcement. Animals must be chosen with the target population in mind. A boisterous, overactive dog may be friendly, but inappropriate for a nursing home in which many patients are using walkers. A visiting calf or lamb may be more effective with patients who have rural backgrounds than would a caged rodent.

*Animal health, human health, and environmental concerns* – A wellness program should be instituted for animals participating in AAA, AAT, and RA programs to prevent or minimize human exposure to common zoonotic diseases such as rabies, psittacosis, salmonellosis, toxoplasmosis, campylobacteriosis, and giardiasis. Need for specific screening tests should be cooperatively determined by the program's attending veterinarian(s) and physician(s). Animals should also be appropriately immunized and licensed. With respect to immunization for rabies, the current Compendium of Animal Rabies Prevention and Control (prepared by the National Association of State Public Health Veterinarians and published annually in the Journal of the American Veterinary Medical Association) and/or state guidelines should be followed. If the animal is to reside at a facility, provisions must be made for its feeding, watering, housing, grooming, and exercise. Associated noise and waste disposal problems must also be solved.

*Human-animal interactions and welfare* – During interactive sessions, the welfare of residents, animals, volunteers, staff, and visitors must be considered. Introductions of animals and human participants must be arranged and supervised, because some individuals may not enjoy interacting with animals or may have physical or emotional problems that contraindicate such interactions. Animals should be an integral part of a treatment program and not a reward for appropriate behavior on the part of the human participant. Animals should be monitored closely for clinical signs of stress and should have ample opportunity and space for solitude. Any problems or incidents that occur must be reported to appropriate supervisory staff.

## **Laws Governing AAA, AAT, and RA Programs**

Most states allow animals in long-term healthcare facilities and other institutions, with some restrictions. Animals are usually not allowed in food-preparation and serving rooms or in areas where sterile conditions are maintained. Health certificates for animals may be required. Program organizers should check with state and local officials for specific regulations.

## **Liability**

Most institutions should be able to include an AAA, AAT, or RA program as one of their operational programs without additional insurance riders. Individuals providing AAA, AAT, or RA programs for these institutions should be able to obtain protection for their work under their existing individual or agency personal insurance policy. They may also be covered under the institution's insurance policy as a welcomed visitor. In all cases, the institution, agency, therapist, or volunteer should consult their respective insurance agents to ensure adequate protection.

## **Getting Started**

An AAA, AAT, or RA program should be implemented only after there has been adequate advance preparation and discussion by everyone involved. Program organizers should be familiar with AAA, AAT, or RA concepts, available animal certification methods and programs, and national, state, and local laws pertaining to use of animals in facilities. Good communication among all individuals involved is essential. Roles of participants must be clearly defined and basic standards must be established to protect human and animal health, ensure the safety of participants, manage associated risks, and appropriately allocate program resources.<sup>3</sup> Workload for program and facility staff must be appropriately and carefully managed, and adequate training must be provided. Participants must understand and respect principles of confidentiality. All AAA, AAT, and RA programs should include a veterinarian as a key participant so the health and welfare of humans and animals involved are protected.

## **Checklist**

1. Assess the need for an AAA, AAT, or/RA program. Will it augment, and can it be readily incorporated into, existing treatment programs?
2. Establish realistic and measurable goals and objectives. Evaluate staff, facility, and financial resources to ensure that implementation is feasible.
3. Gain acceptance for your program by explaining its potential to key administrators and enlisting their assistance during development of protocols.
4. Determine what animals will best serve the needs of program participants. Consider the population to be served and any physical and psychological limitations. Become familiar with existing health department regulations concerning animals in facilities, because certain animals may be prohibited. If animals are to be resident, their husbandry must be addressed.
5. Develop protocols and training programs for staff, volunteers, and animals.
6. Assess zoonotic disease risks and develop appropriate procedures for minimizing those risks.
7. Measure the successes and failures of your program through medical record charting, case studies, questionnaires, videotapes, or formal research.

## **References**

1. Definitions Development Task Force of the Standards Committee. Generic terms and definitions. Handbook for animal-assisted activities and animal-assisted therapy Renton, WA: Delta Society; 1992, 48.
2. Arkow P. How to start a “pet therapy” program: a guidebook for health care professionals. Colorado Springs, CO: The Humane Society of the Pikes Peak Region; 1998.
3. International Association of Human-Animal Interaction Organizations. The IAHAIO Prague guidelines on animal-assisted activities and animal-assisted therapy. Renton, WA: Delta Society; 1998.

## **Suggested Reading**

Arkow P. Animal-assisted therapy and activities: a study resource guide and bibliography for the use of companion animals in selected therapies. Stratford, NJ (self-published but available through some bookstores and online book services); 2004.

American Veterinary Medical Association. Wellness guidelines for animals in animal-assisted activity, animal-assisted therapy, and resident animal programs. [www.avma.org/issues/policy/animal\\_assisted\\_activity.asp](http://www.avma.org/issues/policy/animal_assisted_activity.asp)

Burch MR, Bustad LK, Duncan SL, et al. The role of pets in therapeutic programmes. In: Robinson I, ed. The Waltham book of human-animal interaction: benefits and responsibilities of pet ownership. Tarrytown, NY: Elsevier Science Inc; 1995:55-69.

Delta Society. Standards of practice for animal-assisted activities and therapy. Renton, WA: Delta Society; 1999.

Fine A, ed. Handbook on animal-assisted therapy: theoretical foundations and guidelines for practice. San Diego, CA: Academic Press; 2006.

## **Other Resources**

For the most current information on zoonotic diseases, contact the American Veterinary Medical Association, 1931 North Meacham Road, Suite 100, Schaumburg, Illinois 60173 ([www.avma.org](http://www.avma.org)), or the Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Atlanta, GA 30333 ([www.cdc.gov](http://www.cdc.gov)).





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