

Wellness Guidelines for Animals in Animal-Assisted Activity, Animal-Assisted Therapy and Resident Animal Programs

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Active or passive interactions with animals can be of great psychosocial and physical benefit for populations with special needs. Veterinarians who wish to be involved in human-animal interaction activities and programs must prepare themselves to play a vital role. These guidelines are designed for veterinarians just entering this exciting field, as well as those who may have experience enabling these services in their communities. Participating veterinarians will be presented with challenges and questions requiring investigation, and often further education, before appropriate decisions can be made. Some of the most common concerns facing veterinarians involved in animal-assisted activity (AAA), animal-assisted therapy (AAT), and resident animal (RA) programs are zoonotic disease risks and behavioral problems. These guidelines are not intended to address these complex issues in detail. Instead, they were developed to provide veterinarians with a platform on which to build a knowledge base, to help ensure that the animals involved are protected, and to maximize the therapeutic applications of the human-animal bond. Veterinarians should use the concepts presented here as a starting point and build on them by consulting other authoritative resources.

Definitions

Animal-assisted activities (AAA)^a—Animal-assisted activities provide opportunities for motivation, education, or recreation to enhance quality of life. Animal-assisted activities are delivered in various environments by specially trained professionals, paraprofessionals, and volunteers in association with animals that meet specific criteria. Included are "meet and greet" activities that involve pets and their handlers visiting people on a scheduled or spontaneous basis, as well as programs permitting family members or friends of facility residents to bring their own pet or the resident's pet for a visit. The same activity may be repeated with many individuals or be conducted in groups; unlike therapy programs, they are not tailored to a particular person or medical condition. Visit content is spontaneous and visits are as long or as short as necessary.

Animal-assisted therapy (AAT)^a—Animal-assisted therapy is a goal-directed intervention in which an animal that meets specific criteria is an integral part of the treatment process. These programs are usually directed and delivered by human health or human services professionals with specialized expertise and within the scope of practice of their profession. Animal-assisted therapy is designed to improve human physical, social, emotional, and cognitive (e.g., thinking and intellectual skills) function and animals may be formally included in activities such as physical, occupational, or speech therapy. Therapy programs are provided in a variety of settings and may involve individuals or groups. In AAT, specified goals and objectives are determined for each patient and their progress is evaluated and documented.

Resident animals (RA)—Resident animals 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.

Responsible person (RP)—At least one person must be responsible for the health, behavior, and welfare of the animal(s) involved in these programs on a daily basis. This individual is critically important to the wellness and welfare of the animal. In some instances, the RP will be an owner or a handler. In the case of RA, the RP may be one or more staff members to whom these responsibilities have been specifically assigned.

Guiding Principles and Dynamics

Wellness programs should be designed to provide reasonable assurance that animals used in AAA, AAT, and RA programs are 1) healthy, so as to reduce the bi-directional risk of transmission of zoonoses; 2) behaviorally appropriate for the program, and 3) protected from being harmed by participation in the

program. A wellness program goes beyond annual physical examinations and associated vaccinations and medications. Rather, it involves continuous monitoring by the RP and periodic monitoring by the veterinarian for the purpose of developing preventive care strategies that will enhance the health and welfare of the animal. Total wellness encompasses the physical and behavioral attributes of the animal, as well as the characteristics of interaction between people and animals participating in the program.

Specifically,

- To ensure the welfare of human and animal participants, a veterinarian should be actively involved in all AAA, AAT, and RA programs. Positive human and animal outcomes are dependent on a close partnership and frequent communication between the veterinarian and the RP, as well as good communication with licensed therapists (e.g., occupational and physical therapists) and a qualified animal behaviorist.
- The attending veterinarian should be familiar with the types of tasks that will be expected of the animal(s) and have experience with the physical and behavioral characteristics of the species to be used in the program. This is particularly important when physical or behavioral changes are detected in animals, because this information, in addition to good communication between the veterinarian and the RP, will help the veterinarian assess whether changes are caused by participation in the AAA, AAT, or RA program.
- A mechanism should be in place to permit the veterinarian to periodically assess the physical and behavioral health and well being of the animal(s) involved. The wellness program should proactively enhance the health and well being of the animal(s) and should include regularly scheduled examinations and preventive care.
- Wellness programs should be tailored to fit the needs of individual animals. Species, age, breed, and any risk factors that could jeopardize an animal's health and welfare should be considered. Dogs and cats should not be used in these programs until they are at least six months old and are prepared for participation, and the special needs of elderly animals should be addressed. Appropriate ages for other species should also be considered, taking into account physical and zoonotic risks, behavioral appropriateness, and stressors that may adversely affect young or elderly animals in these programs.
- Access to veterinary care must be available as needed between scheduled appointments.
- Wellness programs should include regular vaccination; parasite prevention and control; selected screening for common diseases and conditions; behavioral evaluation; preventive medical, dental, nutritional, and behavioral care, including environmental enrichment; and an assessment of genetic health when appropriate.
- A decline in animal wellness may manifest itself as a physical or behavioral change. Because wellness is dynamic, wellness programs should be flexible and modified to accommodate the changing needs of animals as they age or as a result of participation in AAA, AAT, or RA programs.
- The RP must be willing to share the results of an animal's medical and behavioral evaluations (usually in summary format) with regulatory agencies that have legal oversight for the target populations of AAA, AAT, and RA programs.
- Daily recommendations concerning animal wellness must be readily available to all members of a household or facility so that everyone can be involved in maintaining the health and welfare of animal(s) involved in AAA, AAT, and RA programs. However, sharing

recommendations and encouraging others to promote animal wellness does not eliminate the need for, or duties of, a RP.

Selected Preventive Medical Strategies

- Wellness visits should include a thorough physical examination that includes assessment of nutritional and oral health, screening for selected infectious and parasitic diseases, evaluation of behavior and lifestyle factors related to the animal and others in the household or facility, a reproductive health assessment, and an evaluation for congenital diseases and/or conditions. Preexisting medical conditions or potential behavior problems that might be worsened by AAA, AAT, or RA activities should be documented and the RP informed about associated risks and medical or behavioral changes that might indicate worsening of the condition
- Animals should be vaccinated for rabies (if appropriate for that species) in accordance with local and state ordinances or regulations. Other vaccinations should be given at appropriate intervals, as determined by the veterinarian, to be in the best interest of the animal, its RP, and the individuals with whom the animal will be in contact.
- Internal and external parasite prevention and control programs should be implemented in accordance with local risks and the life stage of the animal. The practitioner should keep in mind that these animals may not be candidates for certain topical insecticides because of the degree of handling and petting associated with AAA, AAT, and RA programs.
- Disabilities should not necessarily eliminate an animal from participation in AAA, AAT, or RA programs. Amputees or deaf animals, if otherwise healthy, can have a positive impact on special populations, providing their activities do not exacerbate their disabilities and that the ability that is lacking is not necessary for safe and effective interaction with the target population. Participation of animals having conditions that may affect their mobility should be evaluated in light of the physical facilities of the AAA, AAT, or RA program (e.g., a dog with hip dysplasia may have difficulty maneuvering stairs or long hallways). Disabled animals must be monitored closely by the RP and the attending veterinarian to ensure that the animal's participation does not exacerbate an existing medical condition or adversely affect its ability to provide needed services.
- Screening tests should be selected on the basis of their ability to identify medical problems in these animals and to reduce bi-directional risks of transmission of potential pathogens between animals and humans. Results of screening tests should be evaluated with regard to realistic risks to humans and animals. Appropriate treatment and risk management should be instituted if needed. Interactions of animals with immunocompromised individuals may justify use of certain screening tests that would not be necessary if those animals were only interacting with immunocompetent populations.
- The RP should be provided with information on maintaining the animal's hair coat and nail quality, and should be taught to do a basic assessment of their animal's skin condition. Excessive grooming or bathing (including the use of harsh products) in preparation for AAA or AAT or as part of a maintenance protocol for a RA may be deleterious.
- Recommendations for health maintenance should include behavior management, daily exercise, play, diet, preventive dental care, and the potential advantages of spaying/neutering in selected species.
- Medications administered to participating animals should be reviewed for their appropriateness (e.g., animals treated with immunosuppressive medications may be at greater risk of contracting infectious agents).

Selected Preventive Behavioral Strategies

- During wellness visits, the attending veterinarian should specifically address behavioral health. Questions about the appropriateness or inappropriateness of elimination can reveal information that may relate to other training and health issues. Reports of inappropriate elimination should be probed to determine their possible association with participation in AAA, AAT, or RA programs. Behavioral changes may occur more frequently as animals age or if medical conditions cause discomfort or pain.
- Behaviors that could be considered inappropriate must be assessed in the context of RP expectations and tolerances. For example, some RP expect dogs to chew and cats to scratch. Behaviors tolerated in the home may not be acceptable in hospital or long-term care facilities and the RP should be counseled to this effect.
- Behaviors should be evaluated in the context of the general physical and behavioral health of the animal, as well as with respect to the animal's age and any preexisting conditions. For example, aggression may be a consequence of irritability associated with a medical condition. Changes in elimination frequency or volume may be associated with an underlying medical cause or be an effect of aging.
- The RP must ensure that resident animals are provided regular opportunities for play, quiet time, and rest separate from activities involving contacts with residents and staff. Similar consideration must be afforded animals used for AAA and AAT.
- The RP and facility residents should be educated about behavioral signs that might indicate that an animal is not enjoying an activity associated with AAA, AAT, or its residence in the facility. The RP and residents must carefully observe the animal's body language to detect signs of stress, discomfort, anxiety, or fear. They must also be aware of changes in sleep and eating patterns that could reflect excess stress or lack of proper care associated with the AAA, AAT, or RA program. The appearance of such signs should be discussed with a veterinarian to determine appropriate interventions. Interventions could include more frequent breaks, a "vacation" for the animal, or discontinuing its participation depending on the factors associated with stress. Intervention options may need to be explored with a person knowledgeable in animal behavior and the operation of AAA, AAT, and RA programs to determine what is reasonable.

Other Considerations

- Animals should be trained not to pick things off the floor unless instructed by the RP. In some facilities, powerful human medications may accidentally fall to the floor or be intentionally offered to these animals.
- There should be a coding system to alert the RP to rooms that should not be entered because their occupants do not want to interact with animals or because of a greater risk of contracting or transmitting an infectious disease.
- The RP, veterinarian, and other involved parties must be aware that working animals may need to be retired because of their age, reduced enthusiasm for their job, or physical or behavioral concerns.

Footnotes

- a. 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.

Selected Resources

American Veterinary Medical Association. Guidelines for animal-assisted activity and therapy programs. *AVMA Membership Directory and Resource Manual*.

Bernard S. *Animal-assisted therapy: A guide for health care professionals and volunteers*. Whitehouse, Tex: Therapet, 1995.

Blanchard S. *Companion parrot handbook: Using nurturing guidance to create the best companion parrot possible*. Alameda, Calif: Pet Bird Information Council (PBIC), Inc;1999. (ISBN:096712980X)

Burch MR. *Volunteering with your pet: How to get involved in animal-assisted therapy with any kind of pet*. New York: Hungry Minds, Inc; 1996. (ISBN:0876057911)

Center to Study Human-Animal Relationships and Environments (CENSHARE), University of Minnesota (www.censhare.umn.edu). Live-in animals videotape series (live-in dogs, cats, birds, fish, and rabbits).

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Fine AH, ed., *Handbook on animal-assisted therapy: Theoretical foundations and guidelines for practice*. San Diego, Calif: Academic Press, ~~1999~~2000. (ISBN:0122564758)

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Nebbe LL. *Nature as a guide: Nature in counseling, therapy, and education*. Minneapolis, Minn: Educational Media Corporation, 1995. (ISBN:0932796729)

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