



European Society for Animal Assisted Therapy
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The European Society for Animal-Assisted Therapy (ESAAT) guidelines on quality assurance in animal-assisted therapy

These explanations, and their supplementary questions, are to be treated as guidelines intended to allow organisations to determine the structural, process and results quality of animal-assisted therapy (AAT). They form the basis for audits by the European Society for Animal-Assisted Therapy (ESAAT).

The entire treatment process was divided up into the currently valid categories of structural, process, and results quality as long ago as the 1960s.

Structural quality consists of the quantitative and qualitative total of health policy, organisational, financial, architectural and spatial, technical and personnel resources. It thus represents the fundamental framework conditions of the animal-assisted therapy carried out.

Process quality embodies the total of all diagnostic and therapeutic measures. These should be oriented upon the standards and guidelines of the particular field involved. Proven methods include, for example, systematic process documentation, employee questionnaires, satisfaction surveys and evaluations by colleagues.

Results quality is defined as the level of consistency between the aim of the treatment and the actual results achieved. It is therefore necessary to precisely define the desired goal in order to be able to determine and measure quality and introduce appropriate measures to further improve quality.

I. Structural quality

In the area of structural quality the persons involved, the animals used, the architectural and spatial prerequisites, as well as the personnel and financial resources are of particular interest.

A major aspect is the education and advanced training of the persons who (want to) work in animal-assisted therapy professionally. The successful completion of an appropriate part-time qualification offered in line with the regulations of the European Society for Animal-Assisted Therapy (ESAAT) (or the International Society for Animal-Assisted Therapy (ISAAT)) is therefore to be encouraged. In addition, supplementary further education measures, depending on the type of animal used, should continue in order to gain the stipulated specialist certification.

Requirements regarding the animal involved cover their selection, socialisation, training and care. Animals that, on the basis of their biographies, can be expected to have the necessary talents or be able to develop them, are preferably to be used. People who want to work with animal assistance often have animals that have

experienced a physical or mental trauma, and are thus rather shy of humans and contact. They therefore exhibit modes of behaviour that are not supportive of animal-assisted interventions.

With all animal-assisted intervention measures it is necessary to plan in advance how the animal should be integrated in the work. The animals are to be selected with great care in order to take into account the essence and needs of an animal, and not overexert it.

Particular attention must be paid to protecting the animal during animal-assisted work. The animal used must not be instrumentalised, exploited or overworked. Species-appropriate care of the animals used in animal-assisted interventions is not solely ensured by animal protection legislation or by satisfying basic needs. Species-appropriate care also includes feeding that imitates the animal's natural forms of nutrition, freedom of movement in nature, and appropriate activities. The regulations applying to organic farming serve as a guideline here.

Apart from conditions regarding care, the spatial prerequisites for human-animal interactions refer above all to how the 'meeting place' is structured in order to enable optimum human-animal encounters. It may be helpful here to obtain advice from experts.

Legal requirements originate from animal protection legislation, compulsory hygiene standards (legislation on the prevention of infectious diseases), refined by the guidelines for hospital hygiene and infection prevention established by the Robert Koch Institute as well as by health and safety legislation. Countries, counties and local authorities each have specific legal regulations regarding the use of animals. Moreover, there must also be sufficient liability (third-party) and accident insurance protection.

1. Qualification of the personnel

1. What are the professional qualifications of the internal and external personnel who work in animal-assisted therapy?
2. What specialist training in animal-assisted therapy has been successfully completed by the personnel?
3. What basic training as a therapy animal team has been successfully completed by the personnel?
4. What specific further education in animal-assisted therapy has been successfully completed?
5. Are there work instructions for employees lacking the qualifications cited in Point 1?
6. How are personnel, working in areas in which animal-assisted interventions are carried out, hired and internally trained?
7. How is the further training and supervision of personnel, working in fields in which animal-assisted interventions are carried out, structured?
8. How are personnel not directly active in the area of animal-assisted interventions provided with information?
9. How was the personnel's agreement to animal-assisted interventions gained?
 - *The roles/tasks and responsibilities of all those involved are identified, documented in writing and binding.*
 - *There is at least one person with overall responsibility who has successfully completed specialist training accredited by ESAAT or ISAAT.*
 - *There are written work instructions regulating the handling of therapy animals.*
 - *Internal training on animal-assisted interventions is available.*
 - *No applicants with allergies, fears or aversions to particular animals may be employed. Applicants must be asked whether they have a positive attitude to AAT.*
 - *Informative material must be available in writing.*
 - *Training events for newly employed personnel should be carried out regularly.*

- *Indications, contraindications, hygienic prerequisites, and specific work forms, in particular, should be examined in detail during these training events.*
- *Regular specialist training of personnel active in animal-assisted therapy should amount to at least 16 hours every two years, including supervision.*
- *Information should be provided regularly in employee newsletters, for example.*
- *Regular presentations on animal-assisted therapy should be provided.*
- *Personnel should approach animal-assisted interventions co-operatively.*

2. Spatial and financial conditions

1. What premises are available for animal-assisted interventions?
2. How is the animals' care/insurance/vetinary costs financed?
3. What materials are available for animal-assisted interventions?

Sufficient space is available for animal-assisted therapy.

The animals have sufficient opportunities to withdraw from company.

The employer bears the costs for the animals arising from animal-assisted interventions.

Materials for animal-assisted interventions are available.

3. Animals in animal-assisted interventions

1. What animals are used in the animal-assisted therapy?
2. How are the animals trained?
3. How are the animals accommodated?
4. How are veterinary inspections and the general care of the animals documented?
5. How are the animals' fundamental needs provided?
6. How are the animals used in animal-assisted therapy cared for? What opportunities are there for the animals to withdraw from company?
7. What advance measures exist to prevent excessive demands being made of the animals?
8. What measures are taken when an animal is overexerted?
9. What plan of measures exists for when a stationary animal can no longer be used in animal-assisted interventions?

- *The information sheets published by ESAAT on the various types of animals apply. The measures specified within them are to be complied with.*
- *Accommodation; the keeping of animals as individuals or in groups; feeding, general care as well as the care and cleaning of coats; appropriate opportunities to withdraw from company and rest; sexual and reproductive behaviours; movement, feeding and comfort behaviours.*
- *Contact with members of the same species, exercise, shelter air = fresh air, natural daylight in the shelter, minimum areas conforming with the particular species' need for warmth and safety, participation in events taking place around them, entertainment/activity, nutrition conforming with physiological and ethological needs.*
- *Observance of the requirements of animal protection legislation during transport and the keeping of animals.*
- *Documentation of veterinary inspections of animals and their health (illness, accident and infection risks faced by the animals, etc.).*
- *Training of animals; an examination as a therapy dog (ESAAT basic training) is a prerequisite for dogs.*
- *The animals' behaviour during interventions must be observed.*
- *Written instructions to prevent overexertion.*

- *The monitoring and follow-up inspection of therapy animals must be documented.*
- *The handling and use of young animals should be specially regulated.*

4. Hygiene, risk evaluation and risk management

1. What contraindications exist regarding animal-assisted interventions? How are these documented?
2. How is the animal-assisted work included in the general hazards analysis?
3. What preventive measures are carried out to prevent hazards caused by animal-assisted interventions?
4. What preventive hygiene measures are carried out?
5. How are hygiene measures documented? Is there a hygiene plan?
6. How are accidents, injuries, etc. during animal-assisted interventions documented?
7. What is the emergency plan for accidents or injuries?

- *Written information on contraindications for animal-assisted therapy (allergies, asthma, serious forms of neurodermatitis, immunosuppressive illnesses, acute illnesses such as lung infections, cytostatic therapies, malignancies or other consumptive illnesses, infections with multiresistant pathogens, conspicuous client reactions).*
- *Hygiene risks posed by the animals should be able to be ascertained and evaluated: 1. pathogens, their origins, transmission paths, infectious doses and environmental resistances, 2. knowledge on the general state and resistance of humans coming into contact with animals, 3. possibilities for reducing and overcoming risks, such as disinfection and isolation, and 4. the possibilities of organising risk management.*
- *Areas in which animals may not enter (e.g. kitchens, rooms in which food is stored, vehicles used for the transport of food, pharmacies, particular nursing wards, sterile areas, etc.) should be determined.*
- *There must be a coherent hygiene plan capable of being implemented.*
- *Inclusions in the hazards analysis must be documented.*

5. Legislation and insurance

1. How are personnel, clients, visitors and animals insured?
2. What supervisory authorities have been informed about the animal-assisted therapy?
3. How are their approvals documented?
4. Have clients, or their representatives, consented to photographs or video recordings?

- *There must be sufficient liability (third-party) and accident insurance.*
- *All important supervisory authorities must be informed. Their approvals must be obtained.*
- *Consent must be obtained for photographs and video recordings.*

II. Process quality

Process quality means the quality of the processes at the moment of provision of the services. In particular, personal services (as in the case of animal-assisted interventions) play a major role. Process quality is aimed at the structuring of professional activities and includes activities that contribute towards achieving set goals and standards. The following apply as major criteria for the assessment of process quality:

- clear and appropriate information for interested parties,
- collection of all important diagnostic data,
- appropriate documentation of medical histories as well as the progress of the interventions,
- the exchange of information in a multi-professional team in case conferences, and
- the involvement of all those concerned.

Further criteria include the following:

Indication for animal-assisted intervention: It is important to show why an animal-assisted intervention would provide a clear added value for the client, justifying the use of an animal. Guidelines in which the method for obtaining the client's consent (or that of their relatives or carers, etc.) is regulated are also necessary. At the same time, there should be a description of how contraindications on the part of the client are ascertained. It is essential that the client's attitude to an animal is also determined. Pedagogues should select suitable clients regarding both the goals (the desired effects) and any possible risks. This also applies for the animals used.

Basic documentation: This serves the aim of recording basic information (personal details, information on attachment persons, the reason for animal-assisted intervention measures, anamnestic data, medical and psychological findings, any medicines and addictive drugs taken, etc.) of relevance for the further progress of the intervention so that it can be referred to at any time. The client's positive and negative previous experiences with animals must be determined. Appropriate precautions will be necessary if there is any possibility of contraindications (animal cruelty, phobias, aggressive behaviour, etc.), whether for health reasons or due to unsuccessful socialisation.

Aims planning: It is best if there is a clear planning of goals that takes into account the state of development of the individual persons, and their practical, social, emotional, psychomotoric, cognitive and sensitive competences (resources). As far as possible, the link between the pedagogic concept, intended goal, methods applied and expected effects should be described. The support plan is co-ordinated by the specialist for animal-assisted interventions, the interdisciplinary team and the client (or their relatives).

Progress documentation: The progress of the measures is documented, and the previously defined support goals and the associated measures are considered, because the highest quality pedagogic process is characterised by a continuous consideration of the intended goals and an adaptive adjustment of the goals. The documentation must also include an estimate of the animal's behaviour. An instrument is currently being developed which will allow the determination of interaction aspects between humans and animals, and an assessment of the state of all interaction participants. The questionnaire will include a variety of aspects of the interaction in a setting. Subjective statements from clients and relatives, pedagogues and therapists, as well as (quantifiable) observations of behaviour can be included in the (progress) documentation of animal-assisted interventions. In addition, information obtained from questionnaires or accurate measurements of certain criteria (e.g. blood pressure, pulse) can be helpful.

The human-animal relationship: From our point-of-view, the process quality of animal-assisted interventions depends to a very great extent on the human-animal relationship. An animal can only have a positive effect when there is a constant, intensive, positive and co-operative relationship between the animal and the attachment figure. This means that how well an intervention progresses depends equally on the specialist, the animal and their relationships together.

A good process quality also depends on very simple aspects that are frequently overlooked, such as short waiting times, clear starting and finishing times, and rapid answers to questions. This also applies to one's own preparation for the particular session as well as the animal's preparation. In addition, there should be (as mentioned above) a plan of measures ready in case an animal is overexerted during the session. We believe that it is very important that rules of behaviour for dealing with the animal are prepared, discussed before the intervention begins, and then observed.

6. Clients

1. How are clients/patients/residents/relatives informed about animal-assisted interventions?
2. How is the consent of the client (possibly relatives or carers) obtained?
3. How are contraindications on the part of the client ascertained?
4. How is the attitude of the client to an animal determined?
5. How is the interaction between a client and the animal planned and documented?
6. How is the active and autonomous collaboration of the client in the treatment (therapeutic working alliance) encouraged?
7. How are the clients involved in treatment decisions (indication, setting, treatment plan, prolongation, termination of the therapy)?
8. How are verbal and non-verbal client reactions to therapeutic interventions and decisions taken into account?
 - *Systematic determination of the client's handling of, and experiences with, animals, for example for health reasons or due to unsuccessful socialisation (e.g. animal cruelty, phobias, aggressive behaviour) is essential.*
 - *Appraisal of the client's biography with relatives is necessary if the client can no longer express himself/herself effectively verbally.*
 - *A brief screening on the client's relationship to animals.*
 - *There must be a description of the interaction between the client and the animal.*

7. Process and documentation

1. How is animal-assisted therapy integrated in the organisation's usual procedures?
2. How, and by whom, is the indication/allocation for the animal-assisted therapy carried out?
3. What specialist concepts and methods form the basis for the animal-assisted therapy?
4. How many units of animal-assisted therapy will be carried out per day?
5. How is the specific progress of the animal-assisted therapy documented?
6. Are feedback discussions with personnel and other clients carried out regularly?
7. Is supervision available for the therapy team?
 - *Doctors, pedagogues, carers and therapists should select suitable clients in collaboration with the specialist in animal-assisted therapy in the knowledge of the aims, desired effects, and possible risks.*
 - *The animals used are appropriately selected by the specialist in animal-assisted therapy.*
 - *The concepts and methods of the animal-assisted therapy are logically derived.*
 - *Therapy aims are defined according to the individual and specific needs of the client, the situational possibilities and the capabilities of the therapy animal.*
 - *The goals should be formulated in concrete terms.*
 - *The progress of the animal-assisted therapy is documented.*
 - *The connection between the concepts upon which the animal-assisted therapy is based, the goals, the methods applied and the effects should be clear from the documentation.*
 - *The effects of animal-assisted therapy are determined by means of differing parameters such as subjective assessments, the observation of behaviour, data gained from questionnaires or objective measurements.*
 - *Information on intervention, its implementation and the evaluation results are made known within the organisation.*
 - *Personnel are integrated in the feedback process.*
 - *Scientific projects should be carried out and external projects should be participated in.*

III. Results quality

Results quality is defined as the level of consistency between the aims of the treatment and the actual results achieved. It is therefore necessary to precisely define the desired aim in order to be able to determine and measure quality and introduce appropriate measures to further improve the quality.

For the field of animal-assisted interventions, results quality can be determined as a measurable change in the professionally and (as far as possible) client-estimated state of health, life quality and the client's level of satisfaction. Depending on the pedagogic area of use, very different processes can be used to measure results quality. The so-called Goal Attainment Scale (GAS) is particularly recommended. What is special about the GAS is that the client and the specialist together determine what goal they want to achieve and together evaluate whether the goal has been achieved. This gives the patient greater self-responsibility.

The following criteria are generally of use in assessing results quality:

- Goal attainment: Has the desired aim been achieved?
- Satisfaction: In the opinion of both the client and the specialist, did the measures involved in the animal-assisted intervention progress satisfactorily?
- Emotional relief: Did the animal-assisted intervention result in any emotional relief?
- Expansion and flexibilisation of the treatment repertoire: Has the client's ability to act become more flexible?
- Increased awareness/responsibility: Is the client more prepared to accept responsibility? Is the client now more aware of responsibilities?
- Change in attitude: Has the client's basic attitude changed? Has the client's changed perspective improved their approach to problems, insofar that such problems cannot be easily solved?

The increase in life quality is to be seen as one of the main dimensions of the goal of every animal-assisted intervention. Together with other dimensions of the goal, such as a positive development of personality, a successful socialisation or improved life situation, it forms a group of objectives of particular relevance.

8. Evaluation

1. What documentation is used to make the changes achieved through animal-assisted therapy measurable?
2. What parameters are employed to evaluate animal-assisted therapy?
3. How are the results used to improve quality?
 - *The documentation should clarify the connection between the fundamental concepts upon which the animal-assisted therapy is based, the goal, the methods applied and the effects.*
 - *The effects of animal-assisted therapy are determined by means of differing parameters such as subjective assessments, observations of behaviour, data gained from questionnaires or objective measurement.*
 - *Information on the intervention, its implementation and the evaluation results are to be made known within the organisation.*
 - *Personnel are integrated in the feedback process.*
 - *Scientific projects should be carried out and external projects should be participated in.*