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A Comparative Analysis of Animal-Assisted Therapy (AAT) among the U.S. and Japan: Review of Regulatory Structure and Future Directions for Application in Japan

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Abstract. This review examines animal-assisted therapy (AAT) programs in the United States and Japan, focusing on how these countries implement therapy animal interventions in healthcare settings. We compare the structure, protocols, and outcomes of programs in both countries, analyzing how cultural perspectives influence their development and effectiveness. By identifying key differences and similarities, we provide insights into how cultural factors shape animal therapy practices. The review concludes with practical recommendations for improving and expanding AAT programs, particularly in Japanese healthcare settings. This analysis addresses the growing interest in animal-assisted interventions while highlighting opportunities for cross-cultural learning to enhance program development and effectiveness.

Keywords: Animal-assisted therapy, cross-cultural comparison, healthcare interventions, therapy animals, mental health

1. Introduction

Increasing numbers of children and younger populations are experiencing mental health issues that need counseling intervention. The use of animals has been a unique yet effective approach, with Animal Assisted Interventions (AAI) as a broad term characterizing the use of animals in health, education, and human services to promote therapeutic benefits and well-being [1]. Among the types of AAI, Animal Assisted Counseling (AAT) is one involving the use of animals/pets as a therapeutic tool to improve overall well-being, and has been applied to many communities in settings like hospitals, day care centers, and therapy offices for counseling sessions with therapy animals. Animals (most often dogs) as a therapy tool paired with the patient as a support to the counselor when providing services are a great assistant to the counseling of individuals experiencing social or emotional distress and those affected by significant mental health conditions, including the effects of divorce, grief and loss, witnessing a traumatic event, mental health conditions/psychological distress, neurodevelopmental issues, bullying, neglect/abuse, relocation issues, and family substance abuse [2].

These carefully designed interactions between humans and animals can have a significant benefit to their issues because of the affectionate and nonjudgmental nature of animals, representing an

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effective complementary therapeutic modality [2]. Animals are accepting and nonjudgmental in nature, able to communicate affection and care in direct ways that communities like children or elders can easily understand. AAT can be used as a treatment for many conditions. As a therapy tool, animals can help elicit social interaction and act as a bridge between the child & therapist to connect, helping them open up to therapy. People may feel more at ease/comfort and be more open to their trauma when around animals, reducing anxiety and distress with unconditional love [3].

The process of conducting AAT requires a highly detailed and complex approach. The American Veterinary Medicine Association (AVMA) provides guidelines emphasizing that AAT programs should adhere to basic standards, be regularly monitored, and be staffed by appropriately trained personnel. The importance of ensuring the health and welfare of both humans and animals involved is emphasized, as the effectiveness, rationality, and formality need to be ensured for better results and societal recognition of AAT. AAT practice is directed and/or delivered by a professional who is educated, licensed, degreed, or equivalent in healthcare/human service and has specialized expertise within the scope of practice of his/her profession to produce effective and trustworthy results (AAII). The process is also evaluated and recorded, with clear goals and documentation of therapeutic outcomes. Moreover, AAT providers, when handling animals, generally need additional intermediate to advanced training in dog advocacy, handling, communication, behavior, husbandry, health, welfare, and well-being in both living and working situations (AII). Sessions should not fail to acknowledge the emotional state of both the animal and the human. They should also be structured, with clear objectives tailored to each patient's conditions. Following these guidelines and measures, AAT can greatly address the situations of clients while bringing mutual benefit to humans and animals when in progress [1].

Hence, this paper is centered on the great potential for development and advancement of this innovative type of therapy, considering its structure and effect. This comparative analysis will illustrate AAT’s potential as a new, revolutionary approach to therapy treatment that may bring valuable insights into human society and the mind.

2. Current AAT practices: Japan Vs. United States

As developed countries, both Japan and the U.S have some form of existing animal therapy in their society. On broad terms, the U.S. has a more established and structured guideline for Animal-Assisted Therapy (AAT), where in Japan, there is no official establishment of this specific AAT program that are offered by organizations to the public, but rather similar therapy/counseling programs involving animals–like therapy or facility animal interaction activities, hospitalized visitation, accompaniment, and education. Yet, within these broad definitions are more detailed areas of congruity and difference.

Increasing numbers of populations are experiencing mental health issues that need counseling intervention, from children to elders. The use of animals in counseling and therapy has been a unique yet practical therapeutic approach, as Animal Assisted Therapy (AAT) has grown to be a more recognized practice applied to many settings, like children’s hospitals, elderly day care centers, and/or therapy offices for counseling sessions with therapy animals. The United States and Japan are two countries that provide valuable comparative case studies in pet therapy implementation, as both countries have developed robust yet unique animal-assisted programs while operating within different healthcare and cultural contexts. There exist numerous animal visitation and therapy programs in hospital facilities and specialized centers in the U.S. that work to provide clients support and comfort before/after certain procedures or provide emotional support to those dealing with trauma. Many mental health professionals also work with animals to help counsel children in

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treating the mental disorders they may be dealing with. Simultaneously, in Japan, incorporating therapy animals (dogs) is quite common among services in hospitals or schools to work with children in both mental and physical contexts. There are many organizations in Japan that work to train facility dogs and certify dog therapists, who visit facilities across Japan – often elder care facilities, nursing centers, and hospitals – and provide emotional support to those in need of accompaniment or who are hospitalized with serious illnesses. Ultimately, as countries with a growing culture of love for animals, the U.S. and Japan both have forms of animal therapy well-integrated into the community, allowing for more ongoing discussion, comparison, and further integration to enhance their impact and accessibility.

2.1. Integration and welfare regulations

The integration of animal therapy into facilities differs significantly between the United States and Japan. In the U.S., Animal-Assisted Therapy (AAT) has been widely incorporated into hospitals, clinics, nursing homes, and schools through established protocols and guidelines from official organizations. This widespread use has resulted in substantial practice and research in the field. Japan, however, shows less integration of animal therapy in public facilities because of limited research and awareness. Japanese animal interventions tend to focus more on animal-rearing education that promotes responsibility and empathy rather than formal therapeutic applications. This difference in integration represents not only a gap in current practice but also highlights potential growth opportunities for animal therapy in Japan.

Both countries have strict safety, hygiene, and animal welfare regulations for animal therapy programs, though their approaches differ. Japan enforces animal welfare and hygiene standards through the Act on Welfare and Management of Animals, ensuring therapy animals receive proper care and meet sanitation requirements. However, these rigid regulations may sometimes limit the adoption of AAT programs. The United States implements comprehensive safety protocols based on the Guidelines for Environmental Infection Control in Health-Care Facilities, which include regular veterinary examinations and health monitoring for therapy animals [4]. Additionally, the American Veterinary Medical Association (AVMA) requires a designated Responsible Person to oversee animal welfare in AAT programs [1]. These structured U.S. measures help ensure participant safety and animal well-being while supporting the integration of AAT across various settings.

2.2. Guideline standardization

Research approaches and evaluation methods for animal therapy vary between Japan and the United States due to different guidelines across countries, universities, and organizations. Published studies typically document short-term interventions ranging from weeks to months rather than tailored, long-term treatments, partly due to confidentiality concerns. This is mostly true for animal therapy and intervention in both the U.S. and Japan, each separate study with slightly differing outcome measurements, primarily through self-report questionnaires administered before and after animal sessions to assess psychological changes, as it's the most direct and effective way to collect and compare data outcomes on psychological change.

In the U.S., common assessment tools include the State-Trait Anxiety Inventory (STAI) and the Beck Depression Inventory-II (BDI-II), as used in Ohio State University research [5]. The University of Texas at Tyler employs different but conceptually similar questionnaires: The Child & Adolescent Behavior Assessment-Youth (CABA-Y) for adolescents and the Behavior and Symptom Identification Scale (BASIS-32) for adults [6]. Japanese studies also use the STAI along with

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country-specific tools like the Mood Check List-Short form.2 (MCL-S. 2)'s scores of anxiety, pleasantness, and relaxation among issues, as seen in research on alcohol dependence in a psychiatric day care [7]. Despite these examples, standardized evaluation methods remain rare in animal therapy practice, with many programs operating without formal effectiveness assessment. The shared use of tools like STAI suggests U.S. influence on Japanese evaluation methods, and expanding such shared approaches could strengthen animal therapy programs in Japan.

The implementation protocols of AAT in Japan and the U.S. also differ in their unique approaches, while they also share some general similarities in terms of animal selection, training, and staff certification. Both countries have organizations offering certification for animal therapists and therapy animals, though with varying requirements during the certification process. In Japan, organizations like NPOs offer certification courses with minimal educational requirements for therapists, and the lack of unified accreditation guidelines may limit program sophistication [8]. The limited availability of training programs in specific regions potentially slows nationwide implementation. By contrast, U.S. organizations maintain stricter criteria for evaluating, training, and certifying therapy animals. Institutes like The Animal Assisted Interventionist (AAT-I) Credential from Tele Health provide specialized training programs that educate future AAT handlers and therapists on expertise courses, best practices, animal behavior, and safety protocols, ensuring both effectiveness and safety in therapy sessions with clients [9]. This more structured and officially bound (with the AAT-I treatment) approach in the U.S. contributes to the more widespread and regulated use of AAT in the country.

2.3. Documentation and quality assurance

Currently, Japan has specific organizations like the NPO Japan Animal Therapy Association that provide relatively more official animal therapy activities with certification opportunities for therapists and dogs. However, because they are not in a structured clinical form like the U.S. has for AAT, there is no official documentation of treatment outcomes, as the format of the interactions is centered on visits and interaction with the elderly in nursing homes [8].

Furthermore, after an AAT session/program has been conducted, there exists some form of program effectiveness evaluation to help ensure the quality and experience of patients, potentially also posing points of improvement for hosting institutions. Many U.S. organizations provide clients with additional questionnaires on session engagement & client satisfaction (Henry). Japanese animal therapy organizations also take into account patient feedback, mostly in the form of direct inquiry to clients for their thoughts and feedback. Many elders, after attending AAT, have claimed to experience improved apathy state of patients, as noted in a Japanese study of AAT in a nursing home for elders. Patients in this study enjoyed dog therapy very much [10]. Many Japanese patients/clients, after experiencing AAT treatment, have gained much interest and hope for AAT, which presents an ideal societal perception of animal therapy that has much growing potential [11].

As an indicator of progress and effectiveness, AAT documentation serves as a vital component of the procedure and is the only way to apply actionable feedback based on the record. This is also the reason AAT in the U.S. generally has a more ensured system and foundational build-up compared to that of Japan, where documentation of treatment was not as abundant and published.

3. Future directions: policy recommendations and applications

As AAT is still in the process of development worldwide, working towards more implementation and recognition, there exists much space for improvement and further expansion in the AAT field in

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both the U.S. and Japan, more so for the latter. To better integrate into society and help maximize the effect and influence of AAT, this paper also suggests future directions for AAT-related policy advancement and integration, focusing on how Japan can improve its AAT programs.

Japan faces several limitations in how AAT is currently perceived and recognized. By looking at the successful elements of American AAT programs, Japan can adapt these approaches to fit its cultural context. This paper will explain how future directions for the regulatory framework, healthcare system integration, and research-evidence building can help create better strategies for Japanese animal therapy. These improvements would address Japan's specific challenges in using animals to help with mental health treatment.

3.1. Regulatory framework and standardizations

Japan can establish a more official guideline and system for AAT, including certifications for mental health professionals. While organizations like the NPO Japan Animal Therapy Association exist, they lack structured clinical treatment formats with certified guidelines. Most programs are in the form of visitation, like the International Therapy Dog Association (ITDA), which mainly serves the elderly population for accompaniment and psychological support. Moreover, certification requirements for animal therapists in Japan are much lower than those competencies of knowledge, skills, and attitude for providers of Animal-Assisted Therapy in Counseling (AATC) in the U.S. [12].

This is partly due to the limited research and studies on general AAT-related implementations in Japan, as well as the lack of support from healthcare systems for AAT as an official treatment approach. The two aspects are also a critical direction for potential improvement, and together have been a major preventing factor to the prevalence of clinical AAT applications in counseling and the general community in Japan. Programs in the U.S., like the Nemours Children's Health Organization's ADAPT (The Assisted Dog and Pony Therapy) program offering children goal-oriented and enhanced clinical service/treatment of Animal-Assisted Treatment (AATx) [13], can be used as an example goal for Japan to progress towards as an opportunity for improvement of pet therapy initiatives there.

Another area for more potential expansion–more specific to Japan–is to have specially trained and licensed medical, mental health, or other service providers that work with qualified animals in each child's treatment process, along with establishing systematic programs for clinical AAT treatment. This can potentially also help make tailored counseling sessions with therapy animals possible, beginning with official organizations that specialize in providing clinical AAT treatment. Though in the country, there currently exist certification tests provided by special animal therapy organizations, the requirements for such tests are not set at high bars, with almost anyone able to take them [8]. A more professional certification system could improve both the effectiveness and quality of animal therapy in Japan.

Currently, Japan has specific organizations like the NPO Japan Animal Therapy Association that provide more official animal therapy activities with certification opportunities for therapists and dogs. However, unlike the U.S., they lack structured clinical formats and don't document treatment outcomes, as they focus on visitation and interaction with nursing home residents [8]. Hence, even though there may be visible outcomes and improvements after animal therapy sessions, the detailed outcomes are not specifically documented for each individual experiencing the therapy, with no regulatory framework. These Japanese programs typically bring animals to visit elderly people in nursing homes to provide emotional support through companionship, a common approach used by animal therapy groups in Japan.

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The U.S. also offers animal visitation programs, but some American organizations have recognized AAT as an official therapeutic Animal-Assisted Treatment (AATx) approach that can be incorporated into one's treatment plan, with all outcomes of sessions documented and evaluated. Programs like the Nemours Children's Health Organization's ADAPT (The Assisted Dog and Pony Therapy) program, offering children goal-oriented, enhanced clinical service/treatment of AAT, can be used as an example goal for Japan to progress towards as an opportunity for improvement of pet therapy initiatives there [13]. This gap in the documentation of measurable outcomes contrasts greatly between the two countries' approaches, as the varying degree of formality allows space for growth in Japan. Suppose therapy associations in Japan begin to record outcomes of animal therapy interactions and activities. In that case, data on the outcomes of animal therapy can therefore accumulate, becoming the basis for incorporating animal therapy into more personalized clinical treatment. Despite the extra work needed for documentation, especially given the large scale of Japanese animal therapy visitation sessions, it can ultimately help improve the quality of such programs through increased assurance of trusted outcomes that can be presented both to the public and within the professional field.

3.2. Integration with healthcare systems

As identified in Section 2, Japan's animal therapy programs operate mainly as visitation services rather than integrated clinical treatments. The country's universal healthcare system presents a clear opportunity to change this approach.

Japan's Statutory Health Insurance System (SHIS) covers 98.3% of citizens and includes mental healthcare benefits, creating a standardized framework that facilitates the introduction of new treatments more easily compared to the complex insurance landscape in the United States. The SHIS covers hospital care, primary care, specialty services, and mental health treatment, along with prescription drugs, which means AAT could fit naturally into existing mental health service categories [14]. This comprehensive coverage system contrasts sharply with the United States, where healthcare access depends on employment-based insurance, private marketplace plans, Medicare, Medicaid, and other fragmented options that create barriers to consistent treatment availability [15]. The standardized nature of Japan's system means that once AAT protocols are established and approved, they can be implemented consistently across the entire healthcare network without needing separate negotiations with multiple insurance providers.

Adding AAT to Japan's healthcare system could follow a strategic progression that builds evidence while minimizing risks to the existing system. First, AAT could be introduced as a supplementary benefit that citizens can choose to add to their coverage, similar to how some Japanese citizens purchase additional private insurance for extra services. This approach would allow testing without major system changes and would appeal to families interested in alternative mental health treatments for children or elderly relatives. Healthcare providers could offer AAT for specific conditions like childhood anxiety, autism spectrum disorders, or elderly depression, with clear treatment protocols and outcome measurements that demonstrate clinical value. The pilot programs should focus on conditions where traditional treatments have limitations or where AAT could provide additional benefits alongside existing therapies. As these programs gather data and demonstrate effectiveness, AAT could gradually become part of standard SHIS coverage for certain mental health conditions, following the same process used for other new treatments that gain acceptance in Japan's healthcare system. This progression would require establishing formal treatment guidelines, certification requirements for AAT providers, reimbursement rates that reflect

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the actual costs of providing these services, and quality standards that ensure patient safety and treatment effectiveness.

The financial aspects of healthcare integration favor Japan's approach over the fragmented American system. Japan spends significantly less on healthcare per capita than the United States ($5,424 versus $12,742 in 2022), as [16] indicates, which means AAT could be more affordable to implement widely in Japan's system without creating the cost barriers that limit access in American healthcare settings. The key challenge is demonstrating that AAT provides measurable benefits that justify the investment, particularly when healthcare resources are limited and other mental health needs compete for funding. The government could pilot AAT programs in select hospitals, children's facilities, and nursing homes to gather comprehensive data on effectiveness, costs, and patient satisfaction before making broader policy decisions. These pilot programs should include both clinical outcomes and economic analyses that compare AAT costs to traditional mental health treatments and measure factors like reduced medication needs, shorter hospital stays, or improved patient compliance with other treatments. The standardized nature of Japan's healthcare system makes integration more straightforward than in countries with fragmented insurance markets because policies and protocols developed during pilot programs can be scaled up efficiently across the entire system. Success in Japan's healthcare integration could also provide a model for other countries with universal healthcare systems that are considering AAT implementation, creating potential for international collaboration and knowledge sharing in this developing field.

3.3. Research and evidence building

Section 2 revealed that Japan lacks standardized evaluation methods and systematic documentation of AAT outcomes, creating a significant barrier to professional acceptance and healthcare integration. It can be hard to conduct high-efficiency and targeted research focused on the Japanese population's–more so for children–experiences with AAT's efficacy for reducing psychological distress. Due to the limited recognition of such therapeutic approaches, finding an appropriate and trustworthy group to conduct and test on for animal therapy studies can be time-consuming and challenging. However, there are past studies that have been conducted around animal therapy effects in Japan, like one by four Japanese researchers with support from the Azabu University in Japan, focusing on Animal-Assisted Interventions through visitation and their psychological impacts on alcohol dependents [7]. Because Japanese psychiatric day care programs often lack solid evaluation methods and methodological structures, this study introduces two main questionnaire evaluation systems (through their research) as a way to track patients' mental state and psychological factors [7]. This study introduced questionnaire evaluation systems to track patients' mental state and psychological factors, addressing the gap in evaluation methods that most Japanese psychiatric programs face.

While the United States has developed research frameworks using tools like the State-Trait Anxiety Inventory (STAI) and Beck Depression Inventory-II (BDI-II), Japan has few studies on AAT effectiveness with its populations. This research gap means Japanese programs cannot identify which approaches work best for different conditions or populations, limiting program improvement and expansion. Japan needs standardized evaluation methods for all animal therapy practices, so the country should increase awareness of goal-oriented therapeutic AAT while securing government funding for research on suitable evaluation and testing methods. This foundation could lead to the development of standardized research frameworks and the expansion of public access to these programs.

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Government funding should support university-based research programs that partner with existing organizations like the NPO Japan Animal Therapy Association. These collaborations would allow researchers to study current programs while helping organizations improve their documentation and evaluation practices. Research partnerships should focus on Japanese cultural contexts and populations, particularly children and elderly patients who receive most animal therapy services, since cultural factors influence how patients respond to animal interactions. Studies should test which evaluation methods work best for Japanese patients, building on tools like STAI while developing culturally appropriate measures. Research should also address practical implementation questions: what training Japanese healthcare workers need, how to select and certify therapy animals for Japanese facilities, what safety protocols work best in Japanese hospitals and nursing homes, and how to integrate AAT with traditional Japanese mental health approaches.

Furthermore, the quality assurance and documentation methods following animal therapy interventions also contrast between the two countries, which are critical points building towards research and evidence for the broader AAT and therapeutic field. With AAT being an official, clinically structured treatment, all U.S. standard AAT session outcomes are documented and evaluated, with regular assessments of therapy animals and handlers, program evaluations, and adherence to established safety and effectiveness. Japan, on the other hand, does not always have established guidelines or requirements concerning documentation of animal therapy unless being conducted as part of a study (a rare case), as they are often not in the form of therapeutic sessions. Even with effective outcomes evident among animal therapy visits in Japan, documentation measures can be an aspect to add to the protocols of animal therapy organizations when doing treatment–which can not only benefit the quality assurance of programs, serve as evidence for potential risk occurrence or management, but also establish evidence and foundations for relative research to develop.

4. Conclusion

As a promising method of therapy with revolutionary potential, AAT approaches the world of psychology and mental health with the unique benefits of the human-animal bond. While the U.S.'s AAT system demonstrates a more mature framework with established guidelines and relatively more widespread community integration, Japan's varied and evolving system offers significant room for thoughtful adaptation. Considering this therapy's open-ended potential in framework standardization, healthcare integration, and research building, these aspects can be implemented in Japan's AAT system, especially to increase society's acceptance and trust in animal therapy—both within the country and worldwide. Together, this comparative review of AAT's structure and recommendations for future directions with regard to the U.S. and Japan ultimately provides a path for ongoing studies, cross-cultural learning, and therapeutic development in the field of animal therapy.

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