

Helmet Use

Professional Association of Therapeutic Horsemanship International's mandatory standard *A32 requires all participants to wear protective headgear that is American Society for Testing and Materials - Safety Equipment Institute (ASTM-SEI) certified for equestrian use while mounted or driving. Every attempt must be made to use an ASTM-SEI certified helmet for equestrian activities. Information regarding helmets can be obtained from SEI at www.SEInet.org (headgear, equestrian helmet).

Guidelines for Alternative Helmet Use

Alternative helmets (helmets not ASTM-SEI approved for equestrian activities) may be acceptable under very specific circumstances, which may include:

- very small or very large head size
- extreme asymmetries in head shape
- significantly poor head control
- alternative riding positions for very physically dependent riders
- very significant sensory integrative dysfunction

If the use of an ASTM-SEI equestrian helmet has been tried and is not appropriate, then a Consumer Product Safety Commission (CPSC) approved helmet for bicycle riding or an ASTM-SEI approved helmet for other sports may be considered if it provides adequate coverage over the back of the head. In extreme circumstances, when no ASTM-SEI or CPSC certified helmet is adequate, a non-ASTM-SEI or CPSC helmet may be considered. These helmets can be made of rigid or soft flexible foam and usually are found in therapeutic equipment catalogs, custom made or available for other sports. Because they are not standardized or tested for sport impact or equestrian activities, they are to be used only with extreme caution.

PATH Intl. Centers may consider alternative helmets according to the following guidelines:

- Participants who use alternative helmets (helmets not ASTM-SEI approved for equestrian activities) **MUST** have a written evaluation/justification by an appropriate licensed/credentialed health professional (PT, OT, SLP or MD) that specifically addresses the risk of equine activities to determine whether the use of this helmet is necessary **AND** to recommend which type to use.
- A non-ASTM-SEI approved helmet may be used **ONLY** when there are a leader and two sidewalkers with the participant as minimum safety requirements.
- The equine-assisted activities and therapies must be confined to an enclosed and safe arena.
- The equine-assisted activities and therapies must be directly supervised by an occupational, physical or speech-language therapist.
- There are no state or local laws requiring ASTM helmet use.

Guidelines for Non-Use of Helmets in Interactive Vaulting

In general, helmets are required for all mounted and driving activities. These Guidelines for Non-Use of Helmets are provided for programs that are providing vaulting activities to those participants who are between an introductory vaulting level but not yet ready to participate in a sport vaulting program. It is recommended that all programs contemplating the non-use of helmets consult their local laws and insurance coverage.

Non-use of helmets can ONLY occur if **all** the following criteria are met:

1. The vaulter is of a skill level that helmets may be a safety concern. This would include more complicated moves such as a shoulder stand or two person moves that could cause interference between the two vaulters.
2. The vaulter is cognitively and physically able to practice self-preservation skills in case of a fall. This means the ability to:
 - Demonstrate a safe dismount
 - Demonstrate and describe the components of a safe fall
3. The interactive vaulting program operates under the auspices of a Professional Association of Therapeutic Horsemanship International Premier Accredited Center.
4. The person lungeing the equine is a PATH Intl. Certified Instructor.
5. The vaulter (or legal guardian if vaulter is underage) signs a waiver acknowledging the additional risk of not wearing a helmet.
6. There are no state or local laws requiring helmet use.
7. Documentation is maintained on each identified vaulter who is not using a helmet as to how the determination was made and that the vaulter meets **all** of the above requirements.

Additional Guidelines for the Selection of Equines for Therapeutic Driving

Along with the general screening criteria for equines involved with any equine-assisted activity or therapy, there are additional considerations for equines to be used in a therapeutic driving program.

Any equine placed in a driving program should have demonstrated qualifications that include but are not limited to the following:

1. Be five years of age or older
2. No stallions may be selected
3. Be in sound condition with a good temperament and good driving manners
4. Have at least two years of varied driving experience, alone and in company
5. Be reliable and obedient under all conditions
6. Stand still for harnessing, putting to, loading and unloading wheelchairs and when instructed
7. Have no objection to being overtaken from the rear or having vehicles in front or passing

These and any other criteria considered essential for the equine used for therapeutic driving should be incorporated into a written evaluation of the suitability of each equine before it participates in center activities and therapies.

Additional Guidelines for the Selection of Equines for Interactive Vaulting

Along with the general screening criteria for equines involved with any equine-assisted activity or therapy, there are additional considerations for equines to be used in an interactive vaulting program.

Any equine placed in an interactive vaulting program should have demonstrated qualifications that include but are not limited to the following:

1. Be at least six years of age or older
2. Mares or geldings are recommended
3. Trained in lungeing
4. Have conformation specific to use in interactive vaulting. This includes soundness on all four legs within the gaits used for vaulting and has non-reactive back, loin and neck areas.
5. The size of the equine should be considered in relation to the size of the vaulters.
6. The equine should have the ability to be approached from all sides.

These and any other criteria considered essential for the equine used for interactive vaulting should be incorporated into a written evaluation of the suitability of each equine before it participates in center activities and therapies.

What to Put in Your Equine First-Aid Container

One area that is examined during the center accreditation process is the management of the equines.

Accreditation considers the number of equines used in proportion to the number of participants, the appearance of the equines, the monitoring of the record keeping and the list of the materials kept in the equine first aid container. Let's talk specifically about what you should have in your equine first aid container.

In the event of an equine emergency, a bit of preparation and forethought may help to save your equine's life. The preparation and maintenance of an equine first aid container should be a part of every equine owner's responsibilities. Store your equine first aid container in an area that is not accessible to the population you serve but is readily available in the event of an emergency. Clearly label the container and restock it periodically. A list of essential emergency numbers should also be easily located throughout your barn as well as in the center's equine first-aid container. These numbers might include those for your equine owners, barn manager, veterinarian, farrier and equine insurance carrier.

The majority of injuries suffered by our equine friends are generally the result of trauma. Therefore, be sure to include a variety of materials specific to traumatic injuries in your equine first aid container. An antibacterial agent, such as Betadine™, is critical to the successful cleansing of a wound. A selection of bandaging materials is helpful in wrapping injuries and in the prevention of bleeding. These materials can include roll gauze, Vetrap™, Kling Wrap™ and adhesive tape.

Stable wraps and roll cotton are helpful for leg injuries and for support bandages. Plastic wrap is useful in creating a sweat wrap if needed. A diaper can provide bulk and is useful when wrapping hooves. Bandage scissors can make the whole business of wrapping a good deal easier.

It is also helpful if you include a few items critical to restraint with the first aid container such as a halter or lead. Having these items handy can eliminate the need to run around frantically searching for a halter while your equine is in an emergency situation.

Being familiar with an equine's "normal" behavior and vital signs (pulse, temperature and respiration) will help in knowing when he is not feeling well. Therefore, keep a stethoscope and rectal thermometer (with string attached) in the container to monitor vital signs.

There are several drugs that can be useful in various situations. Most of the drugs available to treat equines are distributed by your veterinarian. In general, you should consult your veterinarian prior to administering any drugs. It is important to develop a rapport with your veterinarian and work with him/her in treating your equines. Call your veterinarian before treatment so s/he can help you determine the safest and most effective treatment protocol. Taking this step may prevent further injury caused by guesswork.

Consider keeping a legal analgesic, such as Banamine™, in your first aid container. This drug can be essential in relieving colic discomfort. An anti-inflammatory agent, such as phenylbutazone, can help relieve swelling. A steroidal anti-inflammatory, such as dexamethasone, can be useful in a situation involving an allergic reaction.

You can keep an oral antibiotic in your equine first aid container but you should only administer it after consulting with your veterinarian. As mentioned earlier, an antibacterial cleanser, such as Betadine™ or Nolvasan™, can serve a variety of purposes. Many drugs will have an expiration date. Be sure to check these dates periodically and replace the products as necessary.

There are other materials that can be helpful if they are located with your equine first aid container. Include wire cutters because, invariably, an equine will find the only piece of wire on your property and you may need some help getting him/her free. A flashlight or penlight can be a help when examining wounds in a dark barn. Poulticing products, such as ichthamol, and drawing agents, such as Epsom salts, are both useful. Keep a dose syringe or turkey baster in the container for easy administration of medication.

The following Equine First-aid Container section lists recommended items that should be included in your equine first aid container. Being prepared with a well-stocked container is essential to maintaining a healthy herd.

Equine First-aid Container

Bandaging Materials

Sterile 4-inch by 4-inch pads
Non-adhering dressing (roll gauze)
Roll cotton
Stable wraps (gauze covered)
Kling Wrap™ (4-inch rolls)
Vetrap™
Adhesive tape
Plastic wrap
Diapers
Stable wraps
Bandage scissors
Cotton wool or gamgee
Cotton leg wraps - 30 inches by 36 inches
1 or more rolls of sterile cotton
Surgical sponges
Track bandages
50 cc syringe in sterile pack/needles

Drugs

Legal analgesic (Banamine™)
Antiseptic cleaner (Nolvasan™, Betadine™)
Anti-inflammatory drug (phenylbutazone or Dimethylsulfoxide [DMSO])
Antihistamine (Azium™ or dexamethasone)
Topical antibiotic (nitrofurazone)
Oral antibiotic (Tribissen™—consult your veterinarian prior to use)

Other Materials

Rectal thermometer (with string attached)
Clean towels, ice packs, Vaseline
examination gloves
Twitch
Halter and lead rope
Flashlight, penlight and batteries
Bucket
Stethoscope
Wire cutters
Bleach
Sponges
Hoof pick
Dose syringe
Eye ointments
Duct tape
Antifungal shampoo
Alcohol
Distilled water
Epsom salts
Ichthamol or other poultice materials
Emergency numbers: veterinarian, staff,
farrier, owners
Fly spray
First-aid book for horses
Cold packs
Large bucket for leg soaks/water/ice/treatment
Straight forceps
Latex or vinyl examination gloves
Shoe puller-spreader combination
Hoof knife
Hack saw
Rasp
Pliers

Guidelines for Providing Equine-Facilitated Psychotherapy

The Unique Approach of PATH Intl.

Purpose

The purpose of this document is to inform PATH Intl. members, health care professionals and education professionals about equine-facilitated psychotherapy (EFP).

EFP is a popular and emerging service provided by hundreds of PATH Intl. Centers and thousands of professionals in the United States and increasingly in other countries around the world. Evolution and growth has resulted in a wide variety of EFP approaches, methods and programs.

The unique approach of PATH Intl. to EFP provides support for a diverse group of professionals serving an increasing range of clients. Services include clinical interventions conducted by licensed mental health professionals, as well as long-term psychotherapy.

The common denominator in all PATH Intl. EFP services is the interaction with and participation by the equine.

The following information helps professionals interested in EFP interpret some of the key characteristics of the service.

EFP is defined as an interactive process in which a licensed mental health professional working with or as an appropriately credentialed equine professional partners with suitable equine(s) to address psychotherapy goals set forth by the mental health professional and the client.

I. About EFP

- a. EFP is an interactive process in which individuals of all ages participate in clinically structured equine activities to improve and enhance mental, emotional and social functioning.
- b. Through relationships with equines, humans may recognize maladaptive behaviors. In order to feel safe throughout the process of healing and growth, it is essential that trust and respect are developed between the human and the equine. Therefore, teaching clients about equines is beneficial in order to provide a deeper understanding and awareness of the equine partners.
- c. EFP professionals must obtain a signed “informed consent” from their client. This document describes the professional’s services, goals, credentials and philosophy for including equines in psychotherapeutic treatment.
- d. EFP differs from equine-facilitated learning (EFL) as it is a form of psychotherapy and thus involves the processing of experiences, feelings and thoughts while EFL involves discussion and educational content. EFP is client driven and the goals may vary, where EFL usually has an end goal in mind at the start of the lesson.
- e. The goals for EFP range from making the unconscious conscious to treating maladaptive patterns and behaviors caused by mental illness, addiction, trauma or abuse.
- f. Currently, insufficient research evidence exists to substantiate best practices or evidence-based practices in EFP. Nonetheless, EFP professionals strive to implement evidence-based interventions when possible and seek to contribute accurate data to the growing research and literature in the field.

II. The Professional

- a. EFP is provided by a mental health professional who is appropriately licensed or credentialed in his/her state of practice, is dually trained (licensed mental health professional and equine specialist/therapeutic riding instructor) or is partnering with an equine specialist or therapeutic riding instructor, and is skilled or certified to provide EFP.
- b. It is the responsibility of the mental health professional to obtain the necessary training, education, supervision and experience in any specialty area of practice.
- c. EFP is developing rapidly and therefore requires continuing education.
- d. EFP professionals may choose to provide EFP individually or may use a team approach (licensed mental health professional, equine specialist and/or other support staff). This treatment decision is to be made by the professional based upon his/her comfort with the method and the therapeutic needs of the client(s).
- e. EFP professionals are trained to interpret the equine/client interactions and provide feedback regarding the equine's behavior and in answering questions and/or assisting the client in the process of interpreting what the equine is communicating.
- f. If the needs of the client/participant exceed the training/practice of the EFP professional, procedures must be in place to refer the client to additional appropriate services.

III. The Client

- a. There should be a written treatment plan in place that supports the use of EFP as a clinically appropriate intervention and includes criteria for discharge.
- b. Use of EFP as a clinically appropriate intervention should be adapted to the client's goals, personality and diagnoses. Clients should be screened for precautions and contraindications (see *PATH Intl. Standards for Accreditation and Certification* manual, section L).
- c. The EFP professional should make informed decisions about when a client is suited and emotionally ready for such an interaction and when it would be contraindicated. Continued re-evaluation of the EFP service is critical to ensure appropriate use of the method.
- d. The professional is responsible for maintaining HIPAA compliant records.
- e. EFP professionals should be educated, familiar and experienced in understanding equine behavior and the psychological and physiological factors that influence equines.

IV. The Equine

- a. There should be a procedure in practice to select appropriate equines for EFP and to periodically reevaluate each equine for suitability.
- b. EFP professionals should be highly attuned to and aware of their equine partners. When the equine is responding to stimuli, these reactions and responses can facilitate a therapeutic or learning experience for the client/participant. In this manner, the EFP professional and the equine work together in partnership to facilitate the experience.
- c. The welfare of the equine should be assured at all times and the EFP activity must cease in the event that an equine displays unhealthy stress, fear or discomfort. Continued re-evaluation is critical to ensure that both client and equine needs are met.
- d. An EFP session should count toward the work day limit for an equine.

V. The EFP Session

- a. EFP can be delivered using a variety of approaches including but not limited to; ground work activities, mounted activities, driving or vaulting.
- b. If the EFP professional uses mounted work, he or she must be certified as a PATH Intl. Registered Instructor.
- c. If the EFP professional chooses to use only ground work, he or she can be certified only as a PATH Intl. Equine Specialist in Mental Health and Learning.
- d. If driving or vaulting are utilized, the EFP professional must be certified in those areas.
- e. There must be written documentation available to support b, c and d.

VI. The Equipment

- a. The EFP professional should consider the possible psychological impact of using certain equipment with or around clients. Such equipment could include lunge whips and long-lines, wands and chains and activities equipment such as blindfolds, masks, etc.
- b. The EFP professional needs to consider the appropriateness of the equipment for his/her equine partners.

VII. The Location

- a. EFP must be provided in a confidential setting that is both physically and emotionally safe for clients.
- b. The EFP professional must ensure that the facility's practices align with safety and health guidelines as outlined by PATH Intl. Standards.

VIII. Personnel

- a. The use of a support team can be helpful to mental health professionals in some situations. Support staff may be certified therapeutic riding instructors, equine specialists, or may have other training and skills that make them appropriate in supporting an EFP provider. The responsibilities of the support team will vary with the needs of each provider, client and equine.
- b. Paid and unpaid personnel involved with EFP sessions should go through orientation training specific for the EFP service.
 - i. The training should specifically address confidentiality and basic counseling skills.
 - ii. It should address mental health diagnoses that the personnel might encounter as well as potential goals that might be addressed through the EFP service.
 - iii. It should cover roles and responsibilities for all personnel.
 - iv. There should be a pre- and post-session briefing/debriefing to ensure that personnel are supported in their efforts.

The Americans with Disabilities Act (ADA): Considerations for the Professional Association of Therapeutic Horsemanship International Center

All PATH Intl. centers deal with people with disabilities, whether participants or employees, and these individuals are covered under the Americans with Disabilities Act (ADA). Considering the beneficial services PATH Intl. centers provide, it is safe to assume that no center would knowingly discriminate against anyone with a disability; yet there are considerations that need to be made when choosing participants for inclusion at your center.

Sometimes there may be applicants whom the center staff does not feel equipped to safely serve. For instance, the center that only has small ponies may not be able to provide riding for adults, or the center with no mental health professionals on staff may not be able to provide services for those with acute mental illness. The center's responsibility is to provide safe and quality services in keeping with its mission.

The Process:

PATH Intl. Centers need clear, written guidelines about whom they serve. Often, this can be provided in the mission statement but must be further outlined in policies and procedures. In writing, the center should have:

1. The services the center provides.

This will include a listing of the activities or services at the center such as riding, driving, ground work, hippotherapy, equine-facilitated psychotherapy, etc. Determination of activities and services will likely be based on the type and quality of equines at the facility, staff training and availability, equipment availability, the physical environment. This may vary depending on season or staffing issues.

2. Qualifications of the staff – human and equine:

There should be tracking of the training and experience of the staff/volunteers, including records of updated training such as certification status. An evaluation of abilities or limitations should be included as well. Equines should be evaluated individually regarding training for specific activities and services, conditioning, weight carrying ability and specific limitations. This should be updated regularly. Outside evaluations from qualified professionals, such as veterinarians, are helpful to objectively document.

3. Written admissions criteria. Who can the center safely serve? What are the criteria used to determine whether a potential participant qualifies? Who will perform the intake evaluation?

Once these criteria are established, they must be applied to all applicants. Consider physical, cognitive and behavioral characteristics of the participants the center is evaluating. Establish who will be doing the evaluation (for example, by participant interview, TRI evaluation, PT evaluation, psychiatric evaluation) and what criteria they will use.

Rights for All:

There is the potential for accusations of unfairness by participants (or their families) who have been denied an activity, service or employment at a PATH Intl. Center. It is very important that the decision to deny a person participation—whether due to issues such as obesity, a behavior problem, communication difficulty or a condition where riding might be contraindicated—is made fairly, based on a predetermined policy and consistently enforced to prevent accusations of bias on the part of the organization. All evalua-

tions of participants should be in writing and contain detailed explanations of specific conclusions.

Indicating that an equestrian activity “would be unsafe” in a notation is not sufficiently detailed. Explanations about why a situation may be unsafe should be noted. For example, a claim that “a rider who has a seizure disorder would cause an unsafe situation and can’t ride” would not differentiate the hundreds of riders who do ride and have seizure disorders. Explaining that the facility does not have staff and volunteers capable of handling the uncontrolled 150 lb. weight of an adult with a grand mal type seizure disorder with uncontrolled movement may help to explain why this individual is not able to participate safely at your center. Be specific.

Safety concerns should also address the well-being of the personnel, volunteers and other participants at the center. For example, if the behavior of an individual participant is such that he/she imposes undue risk to sidewalkers who are otherwise trained, or that his/her behavior may trigger a fight or flight response in the horse that could injure other individuals, then the potential risk may warrant exclusion from participation. When evaluating safety, consider individuals beyond just the participant. Unfortunately, risk to the horse is not given strong bias but safety of all humans is paramount.

Reasonable Accommodations:

Reasonable accommodations are set for both employees of organizations and participants in activities and services provided by organizations. Your center must be accessible to people with disabilities, physically by providing access through architectural modifications and via communication by providing specific technology. The exception to this is the rule of undue hardship. If providing reasonable accommodation will cause excessive financial burden or will interfere excessively with the operation of the center, then accommodations may not need to be provided. Because these factors are based on individual situations, consult with experts if your center seems to incur this situation.

Alternative Activities or Services:

It is important to create and offer alternative activities or services for individuals when safety is a concern. Examples may be providing an individual rather than a group lesson for the rider who requires undivided attention. It may be providing sidewalkers with additional training in dealing with specific safety concerns. If a participant is considered to be unsafe for mounted equine activities, then activities such as ground work or grooming, round pen work, supervised barn chores or driving may be considered. The key is to encourage the individual and to show that the exclusion from riding at this time is not intended to discriminate against the individual but that it is a safety issue. It is appropriate and helpful to be able to suggest other PATH Intl. Centers that may provide activities or services that your center does not. If driving might be a safe alternative for this potential participant and your center does not provide driving, it is helpful to know of nearby programs of which you have references.

Additional Information:

It is always possible that a PATH Intl. Center may get sued for denying activities or services or may be accused of bias against an individual, even if the denial is appropriate. That is an inherent risk and most likely cannot be totally avoided. Developing your procedures with medical and legal counsel is the surest way of anticipating such challenges and providing services fairly to all.

It is important to be familiar with the ADA, the federal law and how it is applied in your state. The ADA Disability and Business Technical Assistance Center can be reached at (800) 949-4232. ADA Information Line is toll free at (800) 514-0383. On the web, www.usdoj.gov/Icrt/ada/adahoml.html.

Adaptive Tack Guidelines

The top priority in all equine-assisted activities or therapies must be safety of the participant and the equine, regardless of the potential benefits for the participant. The first principle is always to do no harm, and any use of special equipment in equine-assisted activities or therapies must follow this principle. As the potential benefits of equine-assisted activities and therapies have become more widely accepted, more pressure is being brought to bear on programs to accommodate participants with increasingly severe disabilities. Accordingly, equipment that is designed to be more and more supportive has become available, necessitating guidelines for its safe and reasonable use.

An instructor who plans to use any adaptive equipment should always try out such equipment him/herself, under a simulated lesson situation in a controlled manner, before allowing a participant to use it.

Definition: Adaptive tack is equipment that is modified or specifically created to compensate for a participant's limitations. Examples of limitations for which adaptive tack may be used to compensate include poor trunk control, weak hand grasp, poor leg control and loss of sensation in seat and feet.

Before adaptive tack is used, the instructor/therapist should address the following questions:

- Is the original tack fitted correctly?
- Have all traditional tack options been exhausted?
- Have additional professionals/team members (other instructors, therapists, family) been consulted (about present situation/need for adaptive tack/type of adaptive tack)?
- Can sidewalker support be as effective with the adaptive tack as it is w/o adaptive tack?
- Is the need for adaptive tack related to a precaution or contraindication that applies to this participant?
- Can a less restrictive/specialized piece of equipment be used to improve the rider's skills/meet rider's needs/goals?
- What riding/driving skill will this adaptive tack allow the rider to accomplish?
- Is this rider being supported by the correct professionals (depending on need/in the correct setting/lesson type)?
- Are the instructor's goals for use of this adaptive tack related to riding/driving or horsemanship? If not, could this person be better served in an equine-assisted therapy setting?
- If adaptive tack is used in an EAT setting, how does it facilitate documented therapy goals?

Participant

- The participant should be evaluated for the presence of contraindications prior to considering the use of adaptive equipment; if a contraindication is present, mounted activities are contraindicated, regardless of equipment used. The use of adaptive tack does not override a contraindication. Precautions and contraindications that may apply include, but are not limited to, issues with poor head and trunk control, severe scoliosis, a high level of paralysis and complications of cerebral palsy including lack of range of motion of the hip.
- The tack should not interfere with the horse's movement. Overly restrictive equipment can interfere with the effects of the horse's movement on the participant, causing stress injuries above or below the areas that are restricted.

Horse

- Adaptive equipment must be safe and in good repair (*P14) well fitting and considerate of the conformation of the horse (P15). Surcingle trees if they are fixed should be fitted to each horse individually much like a traditional saddle. Surcingles with flexible trees or soft webbing should not cause stress points or soreness for the horse.
- Adaptive saddles should be screened, critically assessed for safety and assessed for the impact on the horse both with and without additional weight of the participant (P2). Conformation of the horse to be used with adaptive tack should be taken into account when choosing equipment that may put additional stress on the horse. Assessment of the equipment should be done prior to the adaptive equipment being used with a participant.

Equipment

- The equipment being considered for use as adaptive tack should first be evaluated for operation in an emergency. Safety should always be the top priority.
- The equipment should provide the minimal amount of adaptation necessary to meet the participant's needs.
- The equipment should not secure the participant to the equine in a way that interferes with an emergency dismount. Many newer adaptive saddles have a quick release mechanism, but it may only be present on one side of the saddle. In the event that the sidewalker on that side is knocked away from the horse, the participant is unable to be freed from the horse. **THIS IS UNACCEPTABLE ADAPTIVE TACK.**
- Quick release mechanisms that are effectively deployed by the participant, including those that simply require the weight of the participant to activate (e.g., Velcro fasteners), are the only mechanisms considered acceptable. In instances where immediate release is paramount to the health and safety of the participant, sidewalkers should never be placed in the position of having to decide when or how to release (and let fall) a participant. Likewise, participants using a quick release mechanism that is not activated by their own weight (e.g., Velcro fasteners) should be competent to control their own equine. Adaptive tack that is used should allow the participant to fall free of the horse without intervention by another individual. Any tack that does not allow the participant to fall free of the horse is deemed inappropriate.
- Velcro fasteners should be tested with practiced emergency dismounts that simulate the size of participant to the amount of Velcro secured. Velcro that does not allow a participant to fall free without assistance should be modified.
- The adaptive equipment should not frighten the horse if/when an emergency occurs. Adaptive equipment should not have loose straps or pieces that are likely to bang against the horse during an emergency dismount.
- Mechanisms for securing an individual in his or her wheelchair may not be appropriately quick release for securing the individual in the wheelchair when the wheelchair is secured to the driving carriage. Who would release the attachment and how easily it may be accomplished during an incident must be evaluated.

Professional Association of Therapeutic Horsemanship International Equine-Assisted Learning Guidelines 5/1/2015

I. About Equine-Assisted Learning (EAL)

- A. Equine-assisted learning (EAL) is an experiential learning approach that promotes the development of life skills applicable to educational, professional or personal goals through equine-assisted activities.
- B. This experiential approach integrates horse-human interaction that is guided by a planned learning experience to meet the identified goals or desires of the participant(s).
- C. EAL follows a process of assessment, planning and documentation.
- D. EAL can incorporate a variety of equine services such as mounted activities, unmounted activities or driving. It can involve other aspects of the equine center/facility environment.
- E. In addition to the guidelines specific to EAL, all PATH Intl. Core and Activity Standards apply to EAL.

II. The EAL Participant

- A. It is required that new participants of EAL go through an assessment or survey process to determine the goals and suitability of the group or individual. The assessment process may include input from parents/legal guardians, caregivers, teachers, organization representatives and the participant's own desired learning outcomes. The type of assessment is determined by the facilitator.
- B. All participants will have administrative documentation consistent with PATH Intl. Standards. For all EAL participants the following documentation is maintained:
 - a. The participant's assessment
 - b. Written goals
 - c. Documentation will be maintained in the participant's file that demonstrates that the participant, parent/legal guardian, caregiver and referring agency/organization is informed of the scope of EAL work.
 - d. Ongoing documentation is kept in the participants file according to the policy and/or procedures of the program.
- C. Each group or individual should have a general plan that includes goals and objectives and session documentation.
- D. There should be written evidence of on-going communication between the instructor/facilitator and participants, participant's parent/legal guardian, caregiver, referring agency/organization to ensure that goals are continually updated.
- E. There is a written policy in place for dismissing or terminating a professional relationship with a participant.

III. The Equine In EAL, Equines are viewed as partners in the EAL session.

- A. Respect and consideration is given to the equine's physical, mental and emotional well-being, stress levels and safety at all times.
- B. The center/facility has implemented procedures that are specifically related to EAL for the selec-

tion, assessment and training of equines for an EAL program.

- a. Equines are evaluated for suitability within the context of the activity(s) each day.
 - b. The center/facility has implemented procedures to periodically re-evaluate the suitability of each equine's continued involvement in an EAL program.
- C. An active EAL session, as defined in the EAL Definitions, counts toward the workday limit for an equine per the PATH Intl. Standards. A passive session does not. **Passive participation** is defined as non-contact interaction from an observational point of view where the human presence does not have a direct effect on the equine.

IV. EAL Credentialed Professionals

- A. There are three types of professionals that come to the EAL certification (See EAL Definitions document):
 - a. Equine Professional- An equine professional is defined as a professional who satisfies the equine knowledge and skills as outlined in UNIT Two of the EAL competencies. This can include a PATH certified professional in another area other than EAL.
 - b. Learning Professional- A Learning professional is defined as a professional who satisfies the knowledge and skills as outlined in UNIT One of the EAL competencies that relate to skills other than equine.
 - c. Dually-qualified- A dually qualified professional is defined as a professional who satisfies the competencies in both UNIT One and Two.
 - d. An EAL session is facilitated by an equine professional and learning professional as a team or by a dually qualified professional.
- B. EAL professionals integrate the equine sessions into a participant's broader life goals by utilizing the input of the horse and its interaction with humans as a foundation of the learning process.
- C. There is written documentation verifying that the professional has the skillsets and knowledge to meet the competencies.
- D. There is documentation demonstration the professional's ability to make appropriate decisions for both their participants and their equine partners as defined in the PATH EAL competencies.
- E. A professional may choose to specialize in one of three areas in addition to the basic certification: Education, Corporate/Professional Development or Coaching/Personal Development. It will be required to have documented training related to the area of specialty from an approved source.
 - a. Each area of concentration will have specific competencies outlined in the next phase of development.
 - b. If the EAL professional does not have the expertise for the given specialty, there is written documentation that they have partnered with a trained expert in that specialty.

VI. Equipment

- A. Equipment in EAL activities is used to enhance learning outcomes.
- B. Facilitators have an understanding of the equipment used in EAL activities to create a learning experience in which the safety and welfare of both equines and humans is ensured.

VII. Center/Facility

- A. There is a written policy that defines the appropriate number of participants and the number of equines to the size of the activity area.
- B. The center/facility is able to provide an environment suitable to the various learning needs of the participants. An EAL session should consider safety, confidentiality and freedom from distrac-

tions.

- C. Center/facility has implemented procedures for activities that include working with equines at liberty to be conducted in a safe and appropriate space.

VIII. Personnel

- A. Paid and unpaid personnel involved with EAL sessions should go through orientation training specific for the EAL program including the following:
 1. Confidentiality
 2. The responsibilities with assigned roles (listed below).
 3. Discussion opportunities pre- and post-session.
 4. Awareness of goals and special considerations for the needs of each participant or group.
 5. The scope of work of an EAL session.
- B. Potential Roles in an EAL Session:
 - a. Facilitators:
 - Follow all PATH Intl. EAL Guidelines and competencies
 - b. Horse Handlers:
 - All horse handlers are trained and proficient in skills related to their role in an equine-assisted session as it pertains to the equine.
 - c. Volunteers or other support staff:
 - All volunteers or other support staff have received training specific to EAL.

New Equine-Assisted Learning Definitions

Equine-Assisted Learning (EAL) is an experiential learning approach that promotes the development of life skills for educational, professional and personal goals through equine-assisted activities.

Passive participation is defined as non-contact interaction from an observational point of view where the human presence does not have a direct effect on the equine.

Active participation is defined as direct contact with the equine where the equine is being asked to interact with the participant and where the equine does not necessarily have a choice to disengage from the process or activity. The intention or purpose of the interaction between the equine and participant also has a consideration in this definition.

Life Skills includes a broad array of competencies, as defined by the World Health Organization (WHO)¹ in collaboration with the United Nations, including the United Nations Children's Fund (UNICEF):

Life skills education is aimed at facilitating the development of psychosocial skills that are required to deal with the demands and challenges of everyday life. Following the study of many different life skills programs, the WHO Department of Mental Health identified five basic areas of life skills that are relevant across cultures:

- Decision-making and problem-solving;
- Creative thinking and critical thinking;
- Communication and interpersonal skills;
- Self-awareness and empathy;
- Coping with emotions and coping with stress

Facilitation- The act of providing indirect or unobtrusive assistance, guidance, or supervision through an experiential learning environment to groups or individuals to bring about a specific outcome related to growth in a defined area.

Facilitator- Is a person with specific training and skills to help groups and individuals bring about an outcome (such as learning, growth, or communication) by providing indirect or unobtrusive assistance, guidance, or supervision through an experiential learning environment².

Teaching/Instruction- To cause or help (a person or animal) to learn how to do something by giving lessons, showing how it is done, etc

Equine Professional is defined as a professional who satisfies the equine knowledge and skills as outlined in the EAL competencies. This can include a PATH certified professional in another area other than EAL.

Learning Professional is defined as a professional who satisfies the knowledge and skills as outlined in the EAL competencies.

Dually-Qualified Professional is defined as a professional who comes with expertise as both an Equine and Learning Professional.

Differentiated Instruction and assessment (also known as differentiated learning or, in education, simply, differentiation) is a framework or philosophy for effective teaching that involves providing different students with different avenues to learning (often in the same classroom) in terms of: acquiring content; processing, constructing, or making sense of ideas; and developing teaching materials and assessment measures so that all students within a classroom can learn effectively, regardless of differences in ability.

¹ WHO (1999), *Partners in Life Skills Training: Conclusions from a United Nations Inter-Agency Meeting*, Geneva

² <http://www.merriam-webster.com/dictionary/>

